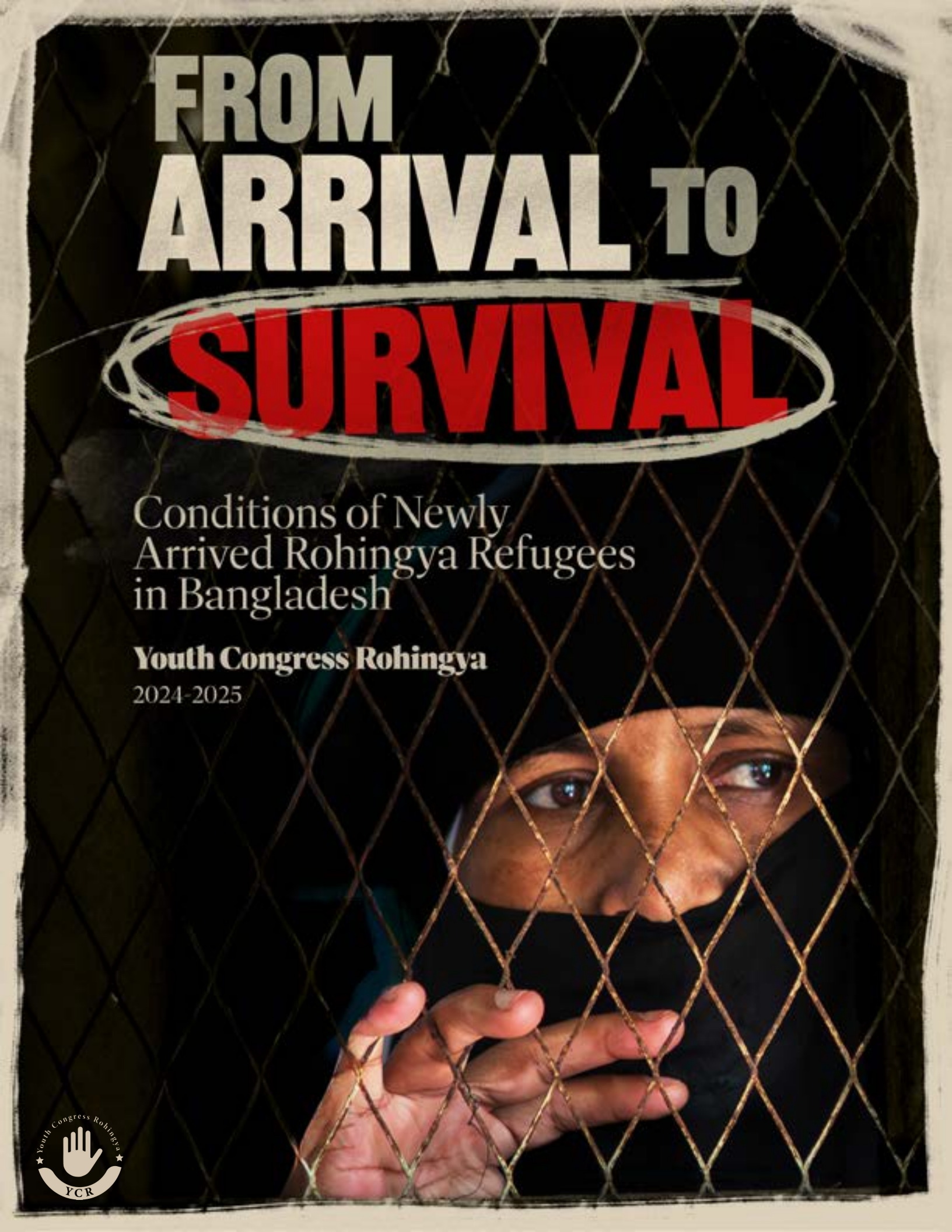
FROM ARRIVAL TO SURVIVAL

Conditions of Newly Arrived Rohingya Refugees in Bangladesh

Youth Congress Rohingya

2024-2025



TERMS/ACRONYMS

AA: Arakan Army. An armed group involved in the conflict in Rakhine State, Myanmar.
ARSA: Arakan Rohingya Salvation Army: A Rohingya armed group operating in Myanmar and Bangladesh.
BDT: Bangladeshi Taka
BGB: Border Guard Bangladesh: Bangladesh border security force responsible for border control.
CIC: Camp in Charge: Government-appointed leaders who are stationed in each refugee camp.
CSO: Civil society organisation
INGO: International non-governmental organisation
IDP: Internally Displaced Person: A person displaced within their own country.
Kobo Collect: A mobile data collection application used for surveys and research.
Maji: Government-appointed Rohingya leaders. The refugee camps are divided into small blocks, and each block has a maji that serves as its leader.
MSF: Médecins Sans Frontières: A humanitarian organisation providing medical services in the camps.
MMK: Myanmar Kyat: Currency of Myanmar.
NGO: Non-governmental organisation
New Arrivals: Rohingya refugees who newly fled Myanmar and entered Bangladesh during 2024 and 2025.
PFP: Protection Focal Point: A protection support officer or humanitarian focal person assisting refugees.
RSO: Rohingya Solidarity Organization: A Rohingya armed group operating in Myanmar and Bangladesh.
SGBV: Sexual and gender-based violence
UNHCR: United Nations High Commissioner for Refugees: the United Nations refugee agency.
USD: United States Dollar
WASH: Water, Sanitation, and Hygiene Services related to clean water, toilets, and hygiene support.
WFP: World Food Programme
Yaba: A drug made of methamphetamine laced with caffeine
YCR: Youth Congress Rohingya

ARFA'S STORY

My name is Arfa Begum. I am 40 years old, a Rohingya woman from HonyaSuri village in Buthidaung Township, Myanmar. I was a housewife, living with my husband and our eight children—two daughters and six sons. In total, our extended family had 19 members living together.

Before the violence, our village was peaceful. There was no conflict in our area. But one day, just after Eid, everything changed. The Arakan Army surrounded our village and forced us out of our homes. They gathered us in a field, and without warning, they opened fire.

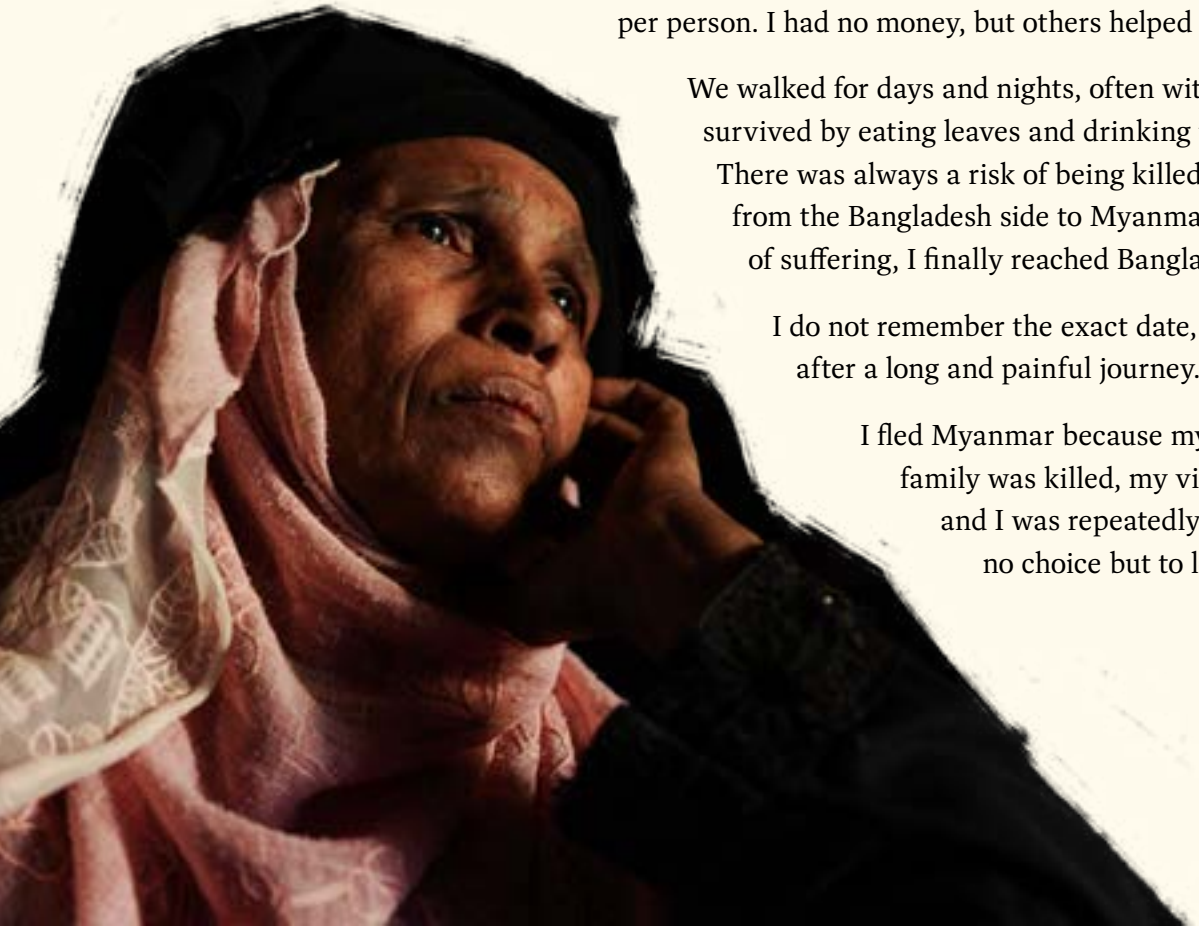
More than 600 people were killed that day. I was shot four times. I saw my husband and six of my children killed in front of me. I survived by pretending to be dead.

"MORE THAN 600 PEOPLE WERE KILLED THAT DAY. I WAS SHOT FOUR TIMES. I SAW MY HUSBAND AND SIX OF MY CHILDREN KILLED IN FRONT OF ME.

I SURVIVED BY PRETENDING TO BE DEAD."

For six days and six nights, I hid in a hole without food or water. I witnessed killings, looting, and the burning of bodies. When the situation became quiet, I crawled out at night and began my escape, injured and alone.

I later moved between villages under fear and control of armed groups. After 11 months, I was forced to flee again for my safety. I joined around 500 others, and we traveled on foot through forests, hills, and remote areas to reach Bangladesh. There was no safe transportation. Along the journey, we faced multiple armed checkpoints where money was demanded. The cost of travel was extremely high—hundreds of thousands of MMK and thousands of BDT per person. I had no money, but others helped me survive.



We walked for days and nights, often without food. We survived by eating leaves and drinking unsafe water. There was always a risk of being killed or push-back from the Bangladesh side to Myanmar. After 25 days of suffering, I finally reached Bangladesh.

I do not remember the exact date, but it was after a long and painful journey.

I fled Myanmar because my life was in danger. My family was killed, my village was destroyed, and I was repeatedly threatened. I had no choice but to leave to survive.

After arriving in Bangladesh, I went to my mother's shelter in Balokhali camp. For the first three months, I received no humanitarian assistance. Later, I began receiving food rations, but they are not sufficient. I still have to buy additional rice every month to survive.

I rely almost entirely on humanitarian aid for survival. I have no income, no savings, and no alternative source of support. I do not receive any remittances or financial help from outside.

I have not experienced direct discrimination in receiving aid, but there are clear gaps. As a newly arrived refugee, I have less access to opportunities and support compared to those who arrived earlier in 2017.

I do not have my own shelter. I live with my mother in an overcrowded space. There is no privacy, and I do not have a proper place to sleep. I have reported my situation many times, but I have not received any shelter support. The process is unclear, and no action has been taken.

For healthcare, I visited a camp hospital for my bullet injury, but I only received basic medicine for general illness. I did not receive proper treatment for my injury. I am also not aware of any mental health or psychosocial support services in the camp.

Food is limited. The rations are not enough, and I struggle to provide proper nutrition for myself and my daughter. Sometimes, I reduce meals or depend on small purchases to cope.

We have access to clean water in our area, but overall living conditions remain very difficult.

There are no stable livelihood opportunities for me. I tried to find work with NGOs, but I was not successful. My injury also limits my ability to work. Compared to refugees who arrived earlier in 2017, they have more access to jobs, shelters, and networks. As a new arrival, I face more barriers.

In Myanmar, despite discrimination, I had a home, a family, and a sense of belonging. Here in Bangladesh, I am physically safe from violence, but I have lost everything. Life in the camp is uncertain and difficult.

I feel unsafe due to overcrowding and lack of proper shelter. There are risks for vulnerable people, especially women and new arrivals. I do not feel fully secure.

For the future, I hope for a safe shelter, access to proper healthcare, and an opportunity to earn a living. I want to support my daughter and rebuild a stable life.

Right now, my biggest needs are shelter, medical treatment, and livelihood support. Without these, it is very hard to survive with dignity.

I do not want to return to Myanmar because it is not safe. I fear the same violence will happen again.

"FOR THE FUTURE, I HOPE FOR A SAFE SHELTER, ACCESS TO PROPER HEALTHCARE, AND AN OPPORTUNITY TO EARN A LIVING. I WANT TO SUPPORT MY DAUGHTER AND REBUILD A STABLE LIFE."

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EXECUTIVE SUMMARY

This study deeply explores the experiences, challenges, and needs of newly arrived Rohingya refugees in Cox's Bazar District, Bangladesh, who fled from Myanmar in 2024 and 2025 amid escalating violence and persecution. The Myanmar military conducted a clearance operation against the Rohingya minority in Rakhine State in 2017. The military committed brutal crimes against humanity, killing hundreds of people, raping women, burning down entire villages to ash and driving hundreds of survivors to Bangladesh. This mass exodus of Rohingya has been recognized as a genocide by the United States and is currently being litigated at the International Court of Justice for the crime of genocide. After the 2017 mass exodus, violence didn't end. In 2024, in the form of a civil war between the resistance Arkan Army (AA) and the Myanmar military, renewed attacks and violence have put the remaining Rohingya in Myanmar at further risk , resulting in the deaths of hundreds, abuses and the displacement of thousands. These attacks and abuses resemble the 2017 genocide. The Rohingya survivors recalled experiencing the recent violence similar to the violence and atrocities in 2017. Many Rohingya witnesses, Human rights defenders and commentators claim the renewed violence from AA and Military Junta as the second wave of genocide. The survivors claimed that AA's attacks were more brutal and inhumane against them such as mass killings of fleeing Rohingya around the border side area. Therefore, the survivors are referring this as a second wave of genocide to express similar experience to the violence in 2017.

Three hundred and seventy individuals from diverse backgrounds participated in this study. They include men and women ranging from youth to the elderly who previously resided in Maungdaw and Buthidaung townships, which were severely impacted by conflict and mass displacement. Their journeys were marked by danger, exploitation, fatalities and loss. Most of them crossed the river into Bangladesh in overcrowded and unsafe rowing boats, while a small number crossed the border on foot through the forest. The costs of travel were often exorbitant, forcing families to sell gold, deplete savings, or take loans. Many participants experienced bereavement before or during the journey, losing spouses, children, and siblings to armed violence, drowning, starvation, or lack of medical care.

Upon arrival in Bangladesh, they have encountered multiple barriers in accessing humanitarian services, struggling to cope with their new reality. Although food assistance has reached the majority, it is often insufficient in both quantity and nutritional value. Other forms of services—such as shelter, education, healthcare, water, sanitation, and hygiene items—remain unavailable or highly inadequate. Some newly arrived families have been excluded altogether due to lack of registration and documentation. Living conditions are precarious, with almost all displaced Rohingya lacking permanent shelters, often depending on overcrowded shared housing, temporary tents, or costly rented spaces.

Healthcare access is another critical gap. Many of those who arrived during this period are forced to rely on private hospitals and local pharmacies because NGO health services are limited, restricted, or unable to treat major illnesses. Mental health needs are particularly severe, with widespread reports of depression, anxiety, trauma, and hopelessness. There is only minimal access to psychosocial or counseling support from families and relatives. Education for children remains extremely limited, with very few able to access community-led schools, while the limited educational services run by NGOs are widely perceived to be of low standard or ineffective in quality and structure.

Safety and protection challenges further compound these vulnerabilities. Most participants reported feeling unsafe in the camps, citing the presence of armed groups, kidnappings, extortion, and gender-based violence. Women, children, newly arrived families, and those perceived as wealthier are particularly at risk of kidnapping, extortion and gender-based violence. With limited livelihood opportunities and legal restrictions on formal employment, most households remain dependent on humanitarian aid and loans. As a result, they resort to unsustainable coping strategies such as selling rations or valuables, or drawing from savings.

Despite these hardships, study participants voiced clear aspirations for the future. Many of them expressed a desire for repatriation to Myanmar only when conditions allow. Others focused on temporary settlement in the camp, highlighting urgent needs for improved security, access to healthcare, livelihood opportunities, education for children, and fair inclusion in humanitarian services.

RECOMMENDATIONS

TO THE GOVERNMENT OF BANGLADESH

01. The Government of Bangladesh should speed up registration and verification for newly arrived Rohingya refugees to avoid extensive wait times (months) to receive assistance. This study shows that many new arrivals are unable to access food, healthcare, and other basic services because they lack official documents. Faster and more flexible registration will help ensure timely access to essential support.

02. Provide shelter to newly arrived Rohingya refugees. Most new arrivals do not have their own shelters and are staying in overcrowded shared shelters or rented houses, which often expose them to insecurity and exploitation. The government should support the expansion of shelter construction and allocate enough space and resources to meet this need.

03. Strengthen camp security to protect Rohingya refugees, especially women, children, and newly arrived families, from violence, kidnapping, and extortion. The study shows that many refugees feel unsafe in the camps. Better security measures and community-based protection systems are needed to ensure safety and dignity.

04. Reduce restrictions on movement for medical care, particularly for emergency and serious health conditions. The research found that some refugees could not access life-saving treatment due to travel restrictions and documentation issues. Timely access to hospitals and specialized care is essential to prevent unnecessary suffering and deaths.

05. Include newly arrived children should be included in education and learning opportunities. The new arrivals expressed the importance of inclusion of their children into education services.

06. Ease restrictions on livelihood and income-generating activities so Rohingya refugees can meet their basic needs with dignity. The findings show that the lack of legal work opportunities forces families to sell food rations, take loans, and fall into debt. Controlled and safe livelihood options would reduce dependence on aid.

07. Provide newly arrived Rohingya refugees with fair and equal access to services, similar to refugees who arrived earlier. The study highlights gaps in access to healthcare, shelter, hygiene items, and education due to documentation and arrival status. Assistance should be based on needs, not on when people arrived.

08. Advocate internationally for greater responsibility-sharing and long-term financial support. Given the size and long duration of the crisis, continued international assistance is essential to sustain humanitarian services.

09. Incorporate long-term displacement considerations into national response strategies, recognizing the reality of long-term stays, the danger and difficulties in returning. This can allow refugees to integrate into society and access their rights

10. The Government of Bangladesh should continue working toward a long-term solution to the Rohingya crisis, including safe, voluntary, and dignified repatriation when conditions in Myanmar allow. Until then, ensuring the protection and dignity of Rohingya refugees in Bangladesh should remain a priority.

TO THE INTERNATIONAL COMMUNITY

01. Increase funding to address the critical needs of newly arrived Rohingya refugees, particularly for food, shelter, healthcare, water, sanitation, and mental health services.

02. Intensify diplomatic pressure on Myanmar and the Arakan Army (AA) to immediately stop violence, targeted attacks, and human rights abuses against the Rohingya population.

03. Prioritize education and youth programming should be prioritized to prevent a "lost generation".

04. ASEAN should play a stronger and more effective role in protecting Rohingya rights, including addressing cross-border displacement, advocating for civilian protection, and engaging Myanmar on accountability and access for humanitarian aid.

05. Highlight the Rohingya crisis as a priority issue in international forums, including the United Nations, to prevent global attention and funding from declining amid other global crises.

06. Continue political and diplomatic efforts toward safe, voluntary, and dignified repatriation of Rohingya refugees, based on restored rights, citizenship, and security in Myanmar.

07. Support investments in durable shelter, water systems, sanitation facilities, and other essential camp infrastructure to improve safety and living conditions for refugees.

08. Protect Rohingya who remain in Myanmar. International monitoring, humanitarian access, and accountability mechanisms should be strengthened to prevent further atrocities.

09. Increase responsibility-sharing through resettlement, humanitarian visas, education pathways, and family reunification to reduce the burden on host countries like Bangladesh.

10. Continue supporting international justice efforts to hold perpetrators accountable for crimes against the Rohingya, ensuring that impunity does not continue.

TO THE HUMANITARIAN SECTORS

01. Scale up services to meet the growing needs of newly arrived Rohingya refugees, ensuring that assistance reaches them without delay.

02. Prioritize emergency shelter assistance for new arrivals who are living in overcrowded, unsafe, or rented shelters. Immediate shelter support is essential to ensure safety and dignity.

03. Nutrition programs should prioritize children, pregnant women, and lactating mothers. Child nutrition support and hygiene kits, including menstrual hygiene materials for women and girls, should be provided regularly.

04. Construct and expand water, sanitation, and hygiene (WASH) facilities such as latrines, bathrooms, and clean water points in areas where new arrivals are living, to ensure health, privacy, and dignity.

05. Create education and learning opportunities to newly arrived children and youth through community-based and NGO-supported education programs.

06. Health services should address chronic illnesses, mental health needs, and untreated injuries. Newly arrived refugees should be able to access healthcare without documentation barriers or administrative difficulties.

07. Include newly arrived refugees in community-based protection mechanisms , with special attention to women, children, elderly persons, and people with disabilities.

08. Include newly arrived populations in regular and updated needs assessments to ensure that services are planned based on current and real needs.

09. Allow newly arrived refugees to work as community volunteers, outreach workers, or incentive-based staff in humanitarian programs, similar to earlier Rohingya refugees.

10. Improve coordination and information sharing to ensure consistent service delivery for new arrivals across different camps and sectors.

METHODOLOGY

This research employed a convergent mixed-methods design, combining both quantitative and qualitative approaches. Focused on newly arrived refugees who fled Myanmar in 2024 and 2025, this study was based on a sample of 370 participants, residing in multiple refugee camps across Ukhiya and Teknaf in the Cox's Bazar District of Bangladesh. Quantitative surveys provided statistical insights into migration journeys, access to services and challenges, while qualitative interviews offered in-depth narratives on lived experiences, coping mechanisms, and aspirations. Integrating both datasets ensured a clear picture and deep understanding of the situation of new arrivals. Ethical considerations, including confidentiality and informed consent, were prioritized throughout the research process.

RESEARCH TEAM AND TRAINING: There are ten members in the team who carried out the research from the project proposal to the final report design. The team was formed with defined roles to ensure methodological rigor and effective coordination. The team included one coordinator, who oversaw the overall study process and ensured adherence to ethical standards and timelines. One member acted as a team lead, supervising daily activities, guiding the field team, and transcribing the in-depth interviews. Data entry, cleansing, analysis and report drafting have also been carried out by the team coordinator and team lead. The remaining eight members who worked as field researchers were selected based on their skillset, accounting for diverse representation based on their residence in different areas within the camps. This enabled the team to reach out to various different networks and experiences. Three researchers were female and the other five were males to maintain gender equality while conducting the fieldwork.

The researchers conducted fieldwork, including surveys and interviews, following a standardized training held over three days. This helped to maintain consistency and data quality. The first day of training was chaired by a volunteer research advisor of YCR on research ethics and Do No Harm. The other two days of training were facilitated by the coordinator and team lead who went over the research questionnaires and the objectives, guiding the field researchers through demonstration and interview piloting. Weekly team meetings facilitated coordination, addressed challenges, and ensured reliability throughout the research process.

TARGET GROUP: The study focused only on newly arrived Rohingya refugees in Ukhiya and Teknaf. Purposive sampling was used to capture diversity in age, gender, disability status, household composition, and vulnerability. In total, 370 individuals from different demographics and backgrounds participated in the study: 345 in quantitative surveys, and another 25 in the in-depth qualitative interviews. Participants were selected from 26 camps among 32 across both Ukhiya and Teknaf. The numbers of participants per camp was determined , based on the numbers of new arrivals residing in each area.

DATA COLLECTION METHODS: Structured questionnaires for quantitative surveys were administered to capture data on demographics, displacement journeys, humanitarian access, living conditions, health, education, and livelihoods. The questionnaire was set on the 'Kobo' Collect application. The surveys generated comparable and measurable data across the whole number of participants. Each quantitative survey duration was between 20 and 40 minutes.

In-depth qualitative interviews were conducted with selected participants to gain deeper insights into sensitive issues such as detailed journey descriptions, persecution, trauma, gender-based violence, coping mechanisms, and protection risks. Each qualitative interview's duration was between 60 minutes and 120 minutes. The durations of different interviews deferred based on how responsive and informant the participants respectively.

The interviews were conducted inside the shelters or housing of the respective participants. The venues were selected based on preference, safety and comfort of the individual participants.

DATA ANALYSIS: Quantitative data was exported from Kobo Collect and analysed by two data analysts. Data was cleaned and coded in English. Qualitative data was transcribed and translated into English, and transcription was reviewed and cleaned. The analysts created an analysis framework and coded all qualitative data by cleaning. Codes from both qualitative and quantitative data were then reviewed and combined jointly. The combined data represents both statistical information and in-depth experience, using quotes in the findings.

ETHICAL CONSIDERATIONS

INFORMED CONSENT: Participation was voluntary, and all participants provided verbal consent after being informed about the study's purpose, confidentiality, and their right to withdraw.

CONFIDENTIALITY: No personal identifiers were recorded, and all data was anonymized. The data has been treated safely with extra caution to avoid any potential breach.

DO NO HARM PRINCIPLE: Interviews were conducted with cultural sensitivity and trauma awareness in safe and private spaces. The researchers who conducted the interviews themselves are also Rohingya and victims, who have similar experiences and understanding to deal with or interact with participants in an appropriate and trustworthy manner.

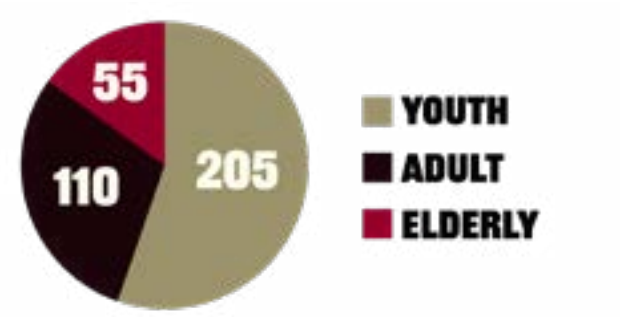
REFERRALS: Where acute needs (medical, psychosocial, or protection-related) were identified, participants were referred to appropriate humanitarian services.

GENDER CORRESPONDENCE: Female researchers conducted interviews with female participants, and the male researchers interviewed the male ones, to maintain religious and cultural sensitivity.

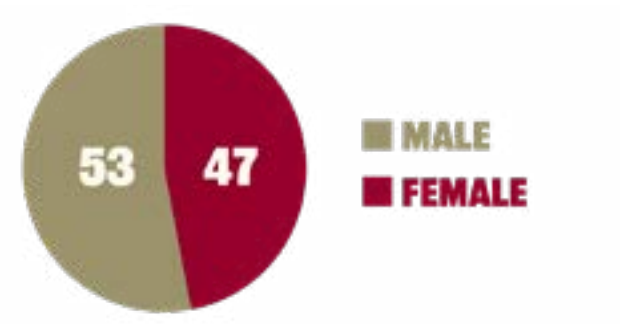
BACKGROUND & DEMOGRAPHICS

AGE

Out of 370 participants, 55% of participants were aged between 18 and 24, 30% were aged between 25 and 59, and the last 15% of participants were 60 or above.



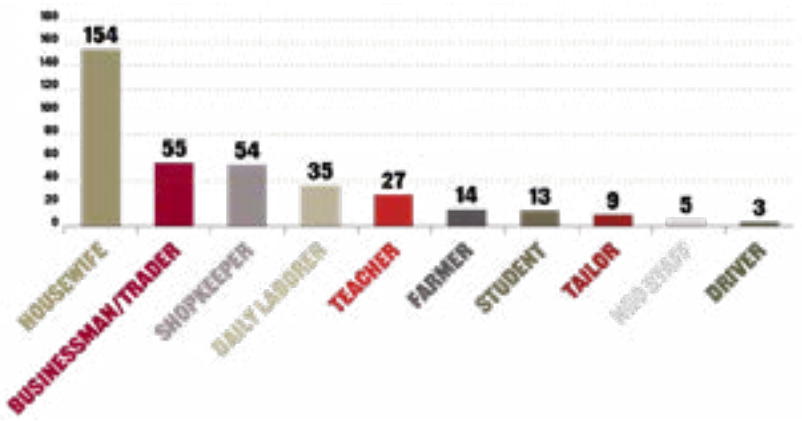
GENDER

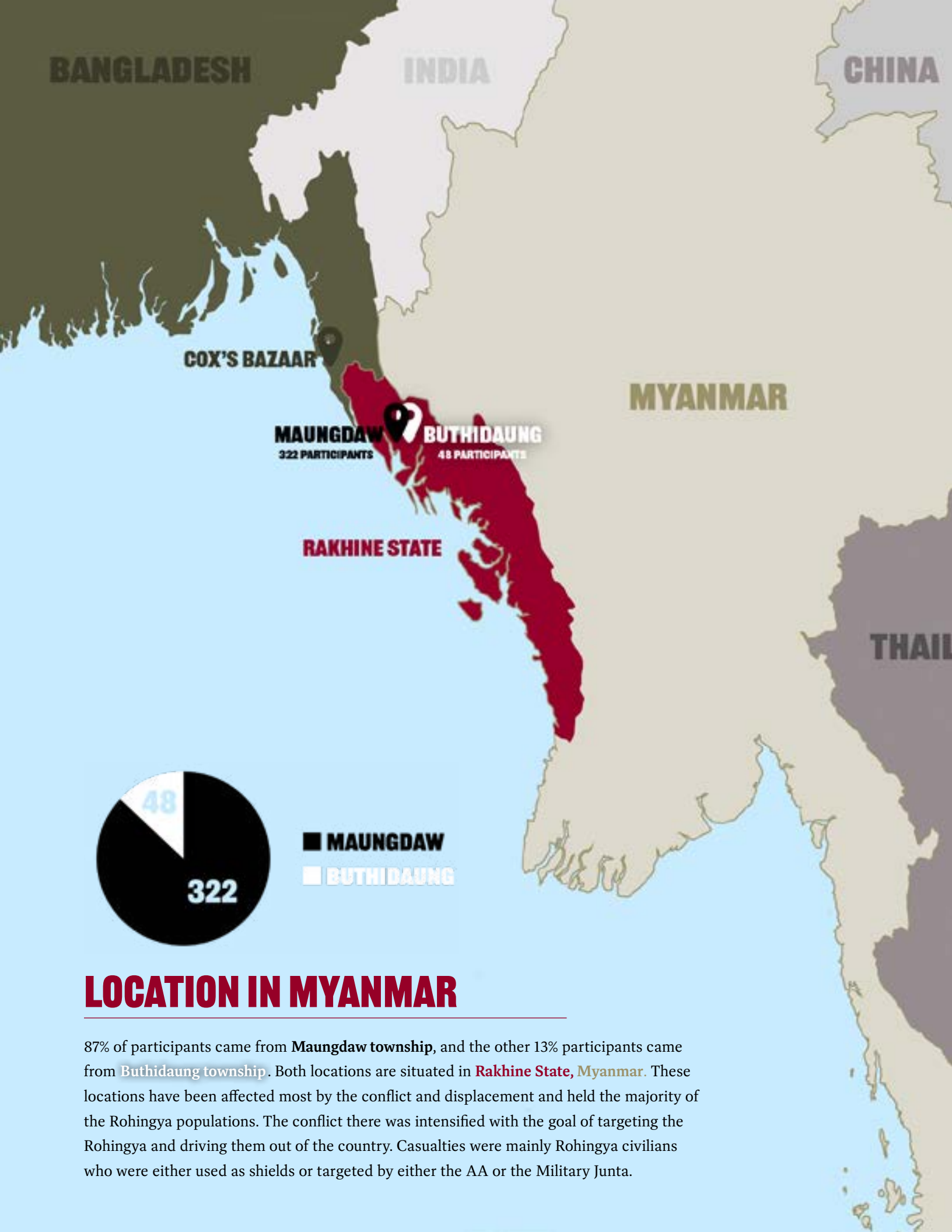


53% of participants were male, where the other 47% were female. Thus the gender distribution is relatively balanced to ensure voices and experiences from both men and women are included, strengthening the credibility and inclusiveness of the findings. This is particularly important in informing gender-responsive programming and supporting equitable access to services.

PROFESSION

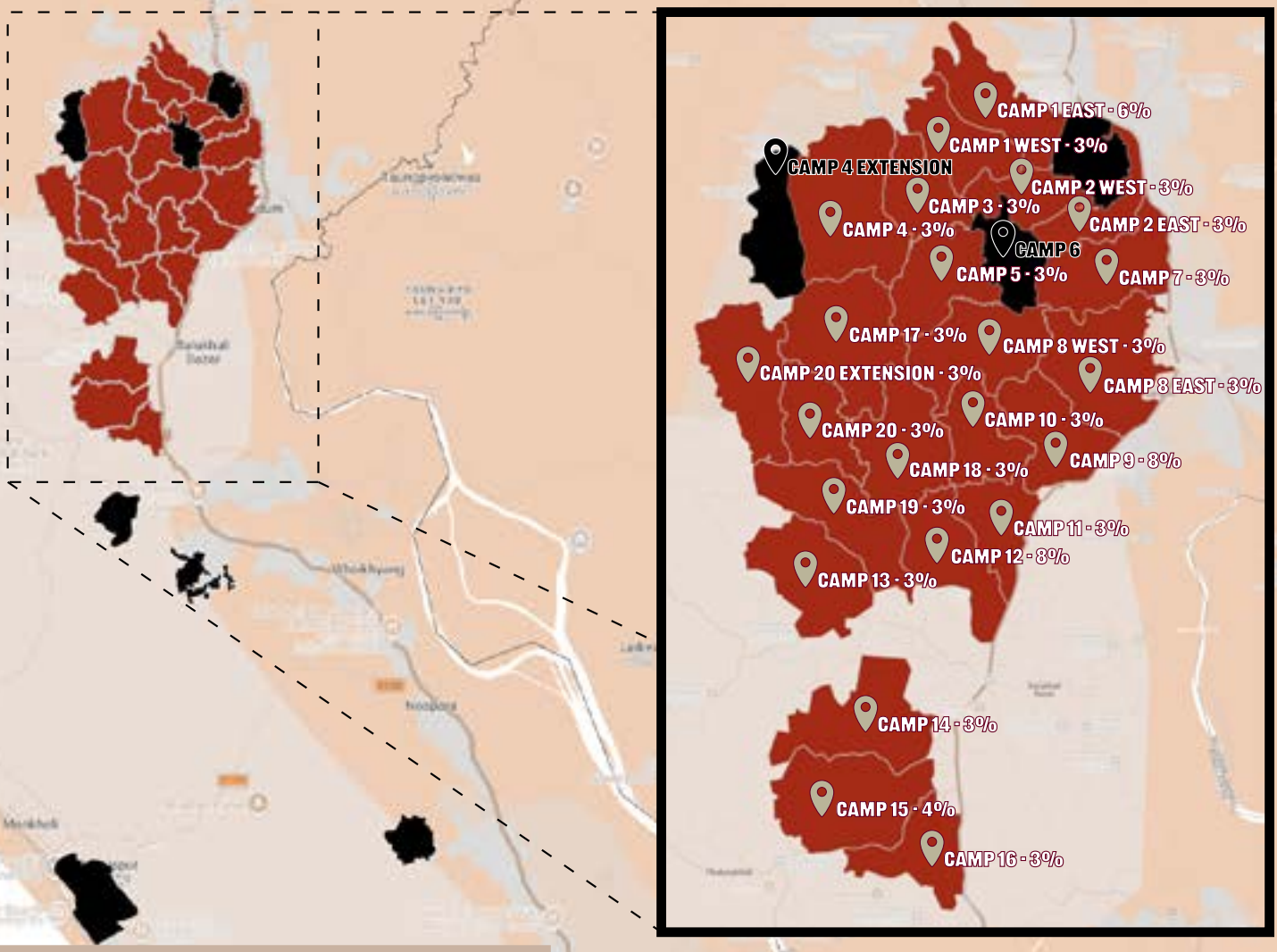
The professional backgrounds of the participants, prior to displacement, reveal a diverse range of livelihoods. Among the female group, 42% identified themselves as housewives, indicating a high proportion of non-income-earning women within family units, aligned with cultural norms within the Rohingya community. 15% of participants were businessmen or traders, 15% were shopkeepers, and 10% were daily laborers. 7% were community-based teachers, 4% were farmers, and 3.5% were students at the time of displacement. Other smaller numbers included 2% tailors, 1% NGO workers, and 0.5% drivers. All are now completely dependent on humanitarian services, social support or remittance. This highlights the varied livelihood opportunities in Myanmar, which have been shattered and disrupted by forced displacement. It indicates the importance of livelihood restoration and vocational support in humanitarian responses within the camp for temporary settlement.

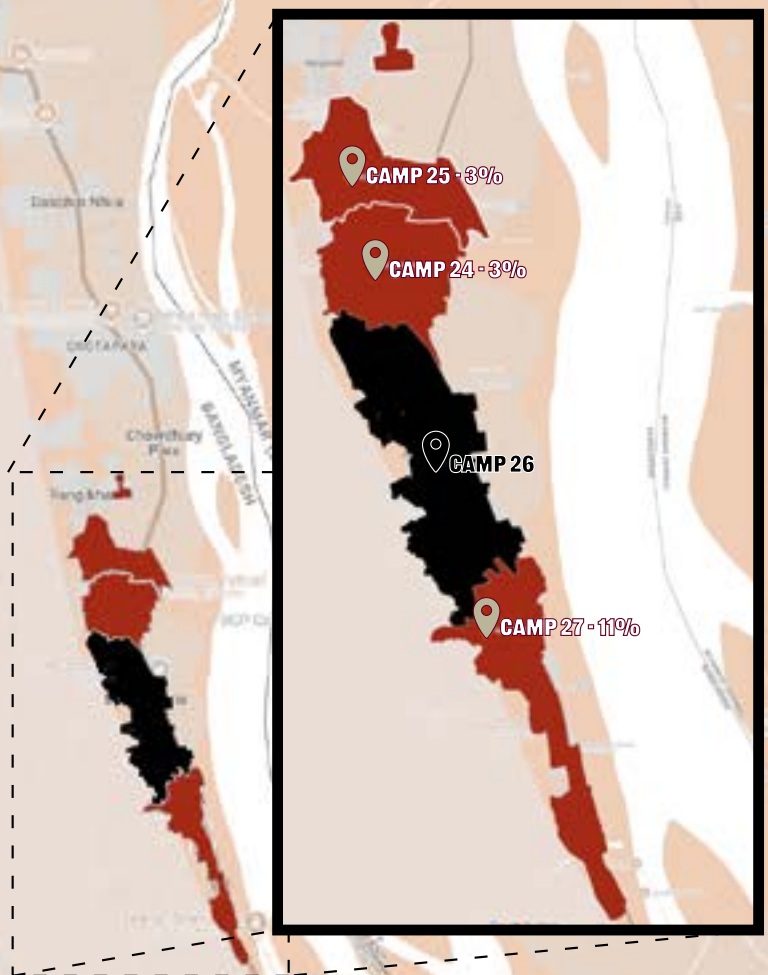




LOCATION IN MYANMAR

87% of participants came from **Maungdaw township**, and the other 13% participants came from **Buthidaung township**. Both locations are situated in **Rakhine State, Myanmar**. These locations have been affected most by the conflict and displacement and held the majority of the Rohingya populations. The conflict there was intensified with the goal of targeting the Rohingya and driving them out of the country. Casualties were mainly Rohingya civilians who were either used as shields or targeted by either the AA or the Military Junta.





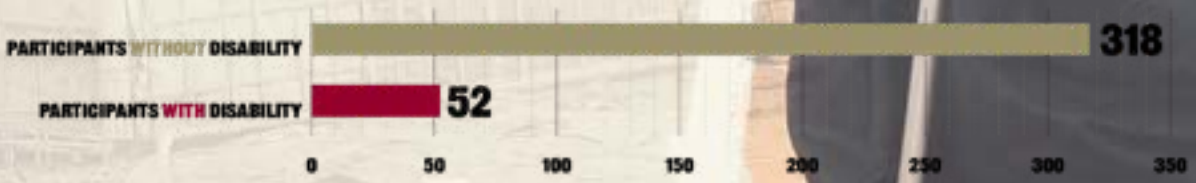
CURRENT LOCATION IN THE CAMP

The sampling focused on the participants who are staying in different refugee camps within the Cox's Bazar area and Teknaf area. 11% of the participants are staying in Camp- 27, followed by another 8% in Camp-9 and another 8% in Camp-12. 6% of participants are in Camp-1(East), another 4% is from Camp-15. Several other camps, such as Camp-1(West), Camp-2(East), Camp-3, Camp-5, Camp-16, Camp-17, Camp-8(East), and Camp-8(West), Camp-18, Camp-19, Camp-24, and Camp-25 involve 3% of participants respectively. Camps-20, Camp-20(extension), Camp-7, Camp-10, Camp-11, Camp-13, Camp-14, Camp-4, and Camp-2(West) involve 3% participants.

The goal of focusing on participants in various camps was to illustrate the diverse needs of the new arrivals in different areas. The conditions and activities sometimes differ by area, based on different administration and availability of humanitarian services. According to the findings, it highlights the importance of coordinating humanitarian services across multiple camp locations and ensuring consistency in service distributions and equality.

DISABILITY

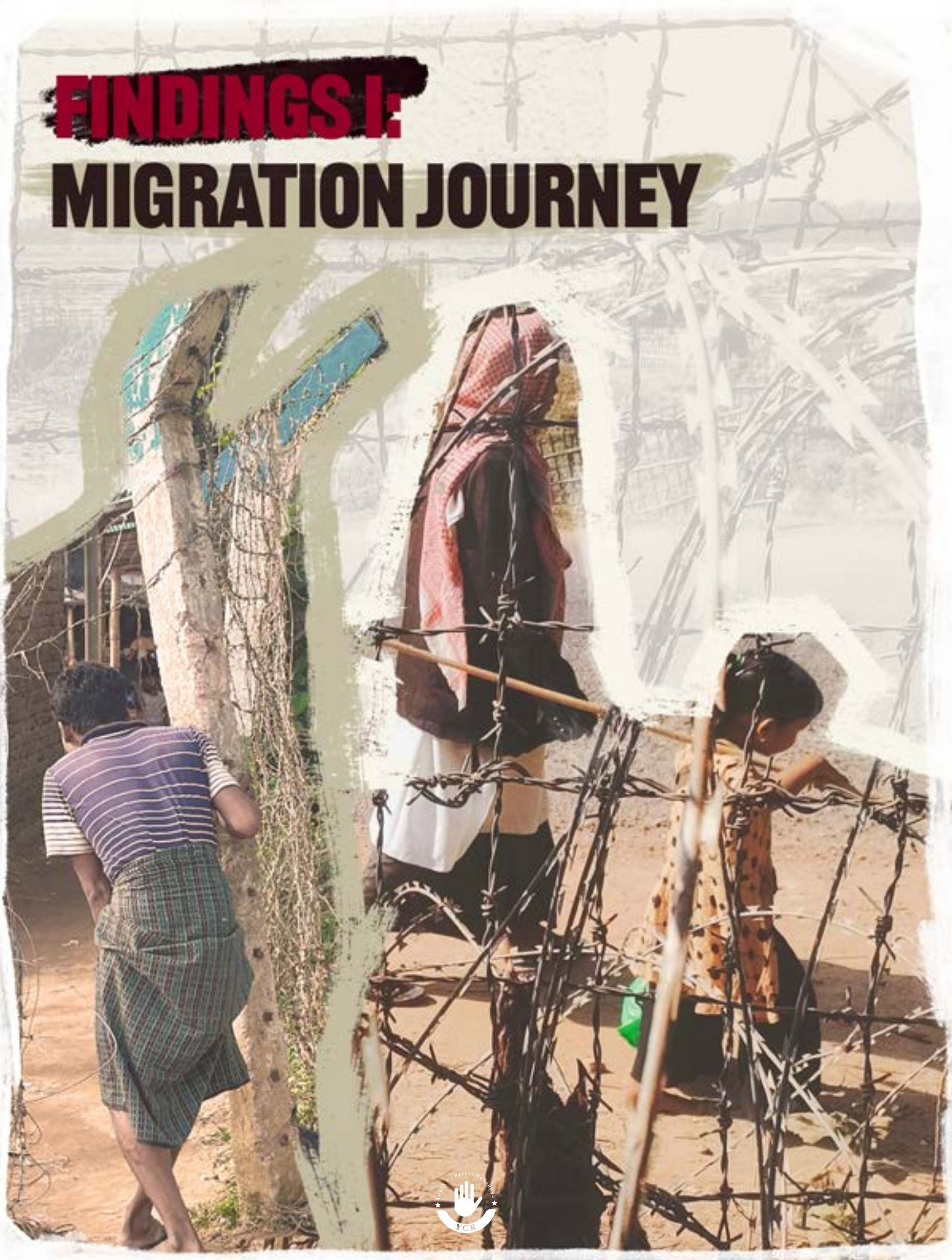
Fourteen percent of participants identified as having some form of disability. This significant number of individuals with disabilities highlights the presence of vulnerable people within the new arrivals who require specialized support and accessible services to ensure their inclusion and well-being in humanitarian programming. The number includes individuals with war wounds and injuries who require special medical care.



"MY ELDER SISTER WHO WAS COOKING IN THE KITCHEN WAS HIT BY A DRONE. SHE WAS HIT ON HER UPPER LEG ABOVE THE KNEE. SHE LOST SO MUCH BLOOD THAT SHE WAS ABOUT TO DIE. THERE WAS NO ACCESS TO BASIC CARE, SO WE HAD TO BRING HER TO BANGLADESH FOR LIFE-SAVING MEDICAL CARE".

FINDINGS I:

MIGRATION JOURNEY



PUSH-FACTORS AND REASONS OF DISPLACEMENT

Participant responses highlight multiple interrelated push factors behind their displacement from Myanmar, with insecurity and direct threats to life as the most common push-factor. Ninety nine percent of participants stated that life-threatening conditions and lack of security were the primary reasons behind their displacement. One participant said, *"AA was not letting us live peacefully for a second. They claimed that we don't belong to Rakhine State, and we could not stay there. As they were harming us by targeting, we had to flee here for our survival".*

Eighty five percent of participants specifically described violent attacks by AA, including drone airstrikes and gunfire that destroyed homes and villages, while injuring and killing many. The attacks by the AA turned their homes into danger zones and the brutality was the push-factor that drove them out of the country for the sake of survival. A participant described this danger *"The bombs that AA were launching were either destroying properties or killing people there. We left our house because it wasn't strong enough, and had to move to a building with a cemented and fortified roof so that we could not be hit by the bombs directly. Considering the situation, we could realize that there was no way for us to remain there".*

Eighty three percent of participants reported witnessing killings, massacres, and bombings during their journey to the border. Not only did the AA create a situation where they had to flee, but they also attempted to kill them as they fled. Participants reported that people from many different villages fled and AA forced them to gather in the border side area with Bangladesh. While they were waiting for boats to cross the river, AA launched drone bombs at them. A participant said, *"People from all villages approached the border and gathered on the beach. It was between 6 and 7 PM when six bombs hit the spot. When the bombs hit the border fencing, they shattered, hitting more people with fragments. We could not even notice how many people got killed there. All six bombs came upon us, one after another. I estimate those six bombs killed over 300 individuals there. All I could see was that people were crying and mourning and there were dead bodies everywhere".*

" I ESTIMATE THOSE SIX BOMBS KILLED OVER 300 INDIVIDUALS THERE. ALL I COULD SEE WAS THAT PEOPLE WERE CRYING AND MOURNING AND THERE WERE DEAD BODIES EVERYWHERE."

According to 86% participants, the conflicts caused movement restrictions and inflation in the affected regions where they also went through hardships to meet basic needs. Some of them also highlighted that food scarcity had forced people to significantly reduce their food consumption or to go without food entirely for several days of time. As well as security risks, inflation and hunger significantly affected their decisions to flee. A participant said, *"Due to ongoing fights between the military junta and AA, we had not had any income since November 2023 in Maungdaw township. So, income-generating activities or livelihood opportunities caused financial crises and livelihood challenges".*

58% of participants reported being compelled to leave their homes because of the AA. Most people had to leave their homes and move to places where they struggled to find accommodation. Some others were ordered by AA to move to designated internally displaced persons (IDP) camps where the shelter infrastructure was congested and unsafe. A participant from Bauthidaung township said, *"AA held a meeting with all of us including men and women. AA's key members announced that they would change the map of villages and would give the same size of plot to each family. They also mentioned that the houses outside the new map would be destroyed and moved within the map. Our houses were destroyed or burnt, and we became homeless".*

"I WAS TAKEN AND DETAINED IN A SCHOOL WHERE AA TORTURED US FOR 37 DAYS. SOME OF US DIED WHILE BEING TORTURED, AND SOME OTHERS HAVE NOT BEEN RELEASED YET."

Another participant said, *"AA ordered all of us to leave homes and move to the refugee camp in Dargwa village in Maungdaw. They also threatened that they wouldn't be responsible if we got harmed and killed during their fight with the military. Having no other options, we had to agree and move to the camp for the sake of our survival".*

Based on both eyewitness accounts and personal experiences of violence, **54% of participants described deliberate acts of harm by AA, including arbitrary detention, torture, and robbery.** One participant said, *"We were detained based on false allegations and tortured for 37 days by AA. We were accused of supporting a Rohingya-armed group, but we were unaware of that group's existence".* One more participant said, *"Before fleeing to Bangladesh, I was taken and detained in a school where AA tortured us for 37 days. Some of us died while being tortured, and some others have not been released yet. In the detention, we were kept tied up. We would be provided with one meal in 24 hours. We would be beaten up by different AA members all the time. 475 men from my village were taken and kept detained. We were accused of being involved in providing housing and support to extremists and gang members (ARSA & RSO). While torturing us, six of us died. 19 of us remained detained there".* Another participant said, *"Groundlessly, I was accused of supporting armed groups and taken by AA. I was tortured for 37 days. All of us got injured. My son was also taken with me who was beaten up so badly his ears got injured".* Another participant said, *"As we were surrounded, we had no way out. We were praying for a way out so that we could leave the country and flee to Bangladesh. After struggling and facing the lack of daily needs for around 20 days, we could finally escape from the war zone, and managed to reach the border area".*

80% of participants also noted a lack of access to medical care contributed to their decisions to flee, highlighting the impact of untreated health conditions and the absence of functional health facilities. According to participants, many elderly individuals and small children died of chronic diarrhea as a result of a lack of treatment. **9% of these participants highlighted the military junta's failure to prevent AA's actions.** Some participants further stated that the military junta explicitly advised them to flee and seek safety elsewhere. The retreat of the military junta left the people exposed to the threats and brutality of AA. A participant narrated, *"When we were moving to a different village, most of us in my family were suffering from chronic diarrhoea. My sister-in-law who was also pregnant died in the middle of the journey. We*

couldn't access any medical care as all the hospitals were closed and there were no doctors". Another participant narrated, *"My seven years old daughter was suffering from pneumonia and high fever for days. We were moving from one village to another under heavy rain. Besides the risk of getting shot, I moved to different places to look for medicines for my daughter. But I didn't find any meds, and my daughter finally died after suffering for eight days".*

23% of participants emphasized that displacement was intentionally caused by the AA. They reported that the AA sought to push them beyond Myanmar's borders and asserted that they did not belong in Rakhine state. An elderly woman narrated, *"It's clear that AA hit our villages intentionally with drone attacks. A village of Rakhine people is adjacent to our village. Only one bomb fell in a corner of that Rakhine village. All bombs hit our villages only. So, AA was targeting our villages with the intent of harming us and making us flee".*

11% participants stated that they were prevented by AA from seeking refuge in neighboring villages. AA also restricted internal movements within the state. People were not allowed to move from one place to another.

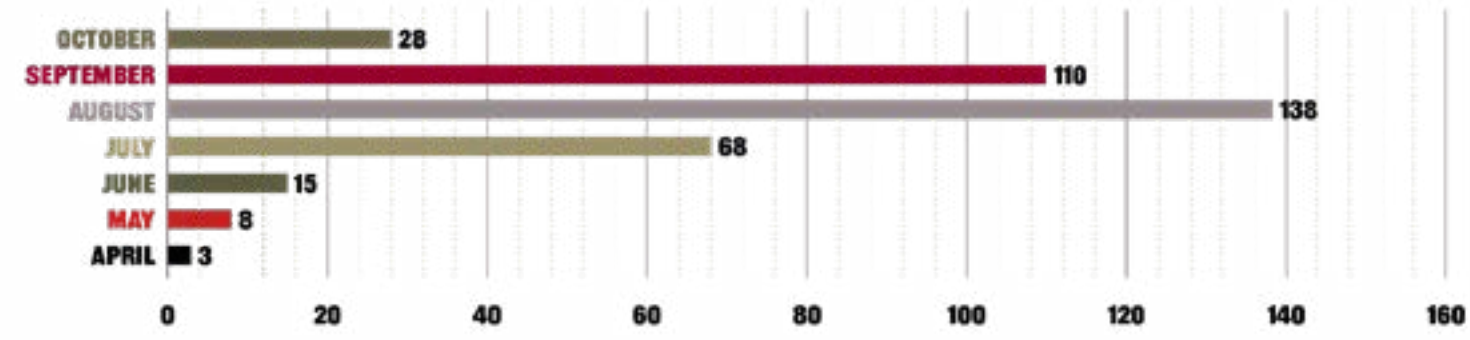
Another 9% of participants stated that AA occasionally presented themselves as assisting in relocation between villages. They believed this was to propagate the image of AA as protectors but did not represent the realities on the ground of persecution by AA. The actions were filmed and used for propaganda media purposes.

6% of participants expressed that they also had expectations of broader humanitarian services to meet immediate needs. A participant said, *"My mother is diabetic. Due to lack of medication, her blood sugars increased and caused a lot of symptoms. She was suffering and getting weaker day by day. I realized that she would die of suffering there if I didn't bring to Bangladesh for medical care as soon as possible"*. Another participant said, *"My elder sister who was cooking in the kitchen was hit by a drone. She was hit on her upper leg above the knee. She lost so much blood that she was about to die. There was no access to basic care, so we had to bring her to Bangladesh for life-saving medical care".*

TIME OF DEPARTURE FROM MYANMAR

In early 2024, the rebel group, Arkan Army (AA), publicly declared their fight against the military junta. AA openly started their fight from Buthidaung township. As the fighting intensified, the situation in Rohingya villages deteriorated.

In early June 2024, AA invaded and ambushed the Military Junta in Maungdaw township. AA used the same technique as in Buthidaung of targeting Rohingya villages as positions of attack. Due to being outnumbered, the Military Junta launched campaigns in Rohingya villages for forced conscription. This triggered AA to launch drone attacks targeting Rohingya civilians and their assets, resulting in numerous deaths and casualties. In July and August, the attacks of AA intensified, leaving the Rohingya with one option: to flee the country and seek asylum in the neighboring country, Bangladesh, for the sake of safety and survival.



According to the findings, the majority of participants reported their departure from Myanmar was between July and September 2024, reflecting a period of intensified displacement. Specifically, **38% of participants** departed the country in August, **30% of participants** in September and **18% departed** in July. **Seven and a half percent of participants** reported their departure in October, **4% in June**, **2% in May, and 0.5% in April.** Arrival numbers peaked during the mid- to late monsoon months, indicating the severity of the escalating conflict or persecution during that period as travel during monsoon season (especially over water) is perilous and avoided unless absolutely necessary.

MODE OF TRANSPORTATION

The journey from Myanmar to Bangladesh was full of challenges and risks. **65% of participants** reported using a rowing boat, which was small and unsafe for crossing the river between Myanmar and Bangladesh. One participant said, *"After reaching the border, we had to wait there for four days for the transportation to cross the river. So, we were desperate and we didn't have options. We found a small fishing ferry boat. We convinced the boatman to help us cross the river though we were aware of the risk of it capsizing and being drowned"*. Twenty seven percent of participants reported that they traveled to the border on foot before crossing the river by boat, while **4.5% of participants** reached the border by vehicle and then used a boat to cross.

However, **3% of participants** from Buthidaung township traveled entirely on foot through forested areas. One man said, *"It is more difficult and dangerous to come to Bangladesh from Buthidaung than Maungdaw. I had to pay bribes at two AA checkpoints along the journey, and we had to travel across wild forests for five days to reach the border of Bangladesh. We suffered from hunger and illness during the journey"*. **Only 0.5% of participants** reported using a motorboat, which was safer for crossing the water, but put them at risk of being intercepted. A 33 year old man said, *"I contacted my friend who was already in Bangladesh so that they could arrange and send a boat to pick us up from the Myanmar border. As it was a motor boat, it didn't go close to the border because of the risk from AA. We had to swim and use swimming rings for women and children to get to the boat. We felt that we wouldn't survive the journey".*

I HAD TO PAY BRIBES AT TWO AA CHECKPOINTS ALONG THE JOURNEY, AND WE HAD TO TRAVEL ACROSS WILD FORESTS FOR FIVE DAYS TO REACH THE BORDER OF BANGLADESH. WE SUFFERED FROM HUNGER AND ILLNESS DURING THE JOURNEY"

The findings show how perilous the journey was, with all of them relying on unsafe and life-threatening routes. Escaping from the ongoing violence was a serious barrier as they had to use small rowing boats which include natural disaster risks. The lack of safe routes left them vulnerable and exposed to more risks. It forced them to choose unreliable transportation modes.

COST OF TRAVEL

The cost of crossing the river from Myanmar to Bangladesh varied considerably among participants, reflecting differences in travel routes, boat types, and levels of vulnerability to exploitation.

A large number, **41.5% of participants**, reported paying between 15,000 and 20,000 BDT (approximately 124-165 USD) per person to the boatmen, whereas **80 participants** stated they had to pay 20,000 to 30,000 BDT (approximately 165-248 USD) per person.

Five percent of participants reported paying 45,000 BDT (approximately 372 USD) per person, and **another 5% of participants** reported costs between 60,000 and 70,000 BDT (approximately 495-578 USD).

Seven percent of participants reported paying 70,000 to 80,000 BDT (approximately 578-661 USD). This large amount was not paid individually but for a family with five to seven members.

Another 5% of participants reported paying between 90,000 and 100,000 BDT (approximately 743-826 USD) for a whole family with seven to ten members. A young woman who lost her husband said, *"After AA had killed my husband, I decided to flee to Bangladesh along with other people. When I reached the border, the boatmen asked for 25,000 BDT from me and my eldest son respectively. Even after requesting and begging them to bargain with them, they didn't listen to me because many other people were waiting for a boat who could pay more money".*

Eight percent of participants mentioned slightly lower amounts in the range of 10,000 to 12,000 BDT (approximately 83-99 USD). A man who has four small kids said, *"After waiting at the border for 2 days, I found a boatman with a boat. He was greedy and trying to take more people than the boat could carry. It was big enough to carry a maximum of 6 people. I said I would pay 80,000 BDT for my family only".*

Another 3% of participants said their families reserved motorboats for 100,000 to 130,000 BDT (approximately 826-1,074 USD). This amount was neither for a person or a family only, but they actually hired the boats entirely.

Only 0.5% of participants reported lower payments of 5,000 and 7,000 BDT (approximately 41-58 USD) per person. In contrast, **3% of participants** who traveled entirely by land and on foot did not have any travel costs. According to these disparities, desperation made participants vulnerable to extortion by smugglers, the AA, and Bangladeshi law enforcement.

ARRANGEMENT OF THE COST

According to the findings, the financial arrangements for the travel costs placed a heavy strain on participants. **Out of 97% of participants** who incurred the travel cost, **27% of participants** reported taking loans from relatives, which most of them were not yet able to repay at time of data collection, indicating ongoing financial stress. One participant said, *"we crossed the river by boat. It was a very difficult situation for us to arrange the money. I had to take a loan which I could not settle yet. A few days ago, the lender came to me to ask when I would repay the money. I am very worried about repaying the money".*

Another **30.5% of participants** mentioned that they used personal savings. Seven percent of this group further specified that they had to supplement their savings by selling or pawning gold because the cash they had was not meeting the high cost of boat fares. One participant said, *"My family could not get a boat because of insufficient money. The money we had wasn't enough for my family. We had to struggle to arrange the money for two days. After getting a loan from a relative, we could finally get on a boat".*

Another 17.5% of participants relied directly on gold. They didn't have any cash on them and offered the gold to the boatmen instead of cash. One participant said, *"We were always going through hardship and inflation for a few months before departure. We had some money which was finished previously. We were already selling gold to meet our basic needs. We didn't have any money except some gold which we gave to the boatman as fare".*

Another 22% of participants received direct financial support from relatives, either in Myanmar or abroad. A widow said, *"we are three members in my family; me and my two daughters. We would make our living by seeking donations and contributions there. We were beggars. We didn't have any means to pay the boatmen. I begged them to bring us for the sake of mercy and Allah's blessings, but they didn't pity me. I finally had to collect contributions from my villagers for many days to arrange enough money".*

"WE WERE ALREADY SELLING GOLD TO MEET OUR BASIC NEEDS. WE DIDN'T HAVE ANY MONEY EXCEPT SOME GOLD WHICH WE GAVE TO THE BOATMAN AS FARE".

According to the findings, arranging travel costs was not only a challenge but also a significant financial burden for many families. Prior to displacement, local economies shut down for months during the time of conflict, already forcing people to draw on their savings, sell gold, take loans or rely on social support. Since the outbreak of the fighting, they have spent months in the conflict zone, relying on their savings or drawing on social support to meet their basic needs. Inflation and lack of access to basic consumer goods was also a push factor for their displacement while the costs of travel compounded their financial distress.

OBSTACLES DURING THE JOURNEY

36% of participants reported experiencing detention or pushbacks by the Border Guard Bangladesh (BGB) on arrival in Bangladesh. Among this group, **18% were pushed** back to the Myanmar border, **10% were released** after paying a bribe, and **the other 8%** stated that BGB handed them over to local boatmen, who later extorted a lot of money from them. According to some participants, some of these arrests occurred after Bangladeshi local civilians captured them and handed them over to BGB. A 25 year old youth narrated, *"We were just 30 feet away from the land when BGB caught us. They stopped and asked us why we were coming to Bangladesh. We replied that we were coming to Bangladesh to flee the war in Myanmar and seek shelter in Bangladesh. Yet, they said there is no place for us and asked us to manage to live in our country by ourselves. BGB did not harm us or take any money but asked our boatman to take us back to Myanmar".*

Another participant said, *"As soon as we got off the boat, we were caught by BGB, and were later handed over to some local boatmen (robbers & local gang) who were pretending to take us back to Myanmar. But they drove the boat around for a while in the sea and brought us back and took a lot of money to be released from them".*

An elderly man said, *"Two of my sons who were crossing the river separately faced pushback, and they were brought back from the middle of the sea by some local boatmen. I heard that other people had to give bigger amounts of money such as 100,000/ 80,000 (approximately 819 / 655 USD) BDT. But I had to give 10,000 BDT (approximately 82 USD) for each of them. So, I had to give 20,000 BDT (approximately 164 USD) for both to those boatmen. I had to borrow the money from my relatives as I didn't have any at that time".*

The findings indicate that the risk of detention and pushback created a pervasive sense of fear even among those who were not directly apprehended.

SUMMARY OF OVERALL RISKS AND CHALLENGES DURING THE JOURNEY

According to participants, journeys were marked by overlapping layers of violence, insecurity, exploitation and natural hazards. Participants described constant threats from armed conflict, mainly the attacks by the AA including drone attacks and gunfire. Rohingya armed groups, such as Rohingya Solidarity Organisation (RSO), further obstructed movement by preventing families from fleeing, which left many victims exposed to the AA's brutality. Moreover, some members of Rohingya armed groups are involved in extortion and robberies against the vulnerable asylee or new arrivals.

Apart from conflict-related threats, several participants reported widespread robbery and extortion by the AA, local gangs, and even boatmen. According to some families, the boatmen tricked them under the guise of assistance and finally robbed them. Dangerous travel conditions compounded these risks, such as overcrowded and fragile boats resulting in significant risk of capsizing and drowning, starvation, diarrhea, cold, fever, and harsh weather. The journey was full of exploitation and life threats.

Particularly, **72% of participants** expressed the risk of being shot or killed by bullets or bombs during the journey, especially in areas of active conflict. Out of this group, many participants recalled loved ones who were killed while they were looking for a way to cross the Naf River, which serves as the border between Bangladesh and Myanmar. The AA targeted the gatherings of people and launched drone bombs, killing hundreds of people and injuring the uncountable.

Another 41% of participants discussed fears of detention by AA, while **40% of participants** identified Rohingya armed groups, such as the Rohingya Solidarity Organization (RSO), as security threats, reporting instances of extortion, physical harm, and travel obstruction. Of those who mentioned security threats posed by Rohingya armed groups, 37.5% specifically pointed out that RSO prevented people from leaving Myanmar. Because of this, there were many families who couldn't flee at the beginning, so they became victims of the AA's brutality later.

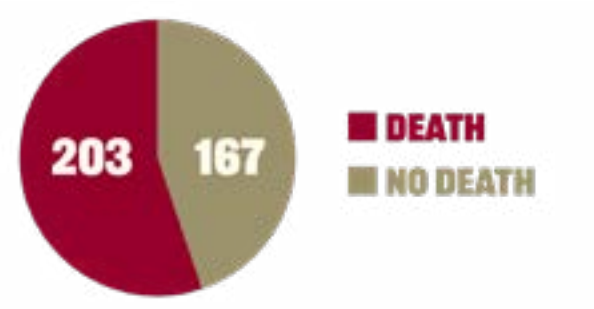
According to those who lost family members, RSO was also a significant perpetrator of violence against them. One participant said, *"I and my family attempted to flee before the military junta force retreated and AA had taken over the entire Maungdaw township. But RSO intercepted our travel and said that I would have to fight alongside them against AA, and my family had to remain in the country. Because of RSO's prevention, we had to suffer more for more days".*

Upon nearing the border, **93.5% of participants, including 36% who experienced detention,** expressed fear of arrest or pushback by the Border Guard Bangladesh (BGB), particularly during disembarkation. The detention and pushback not only poses the protection risks of repeated journeys, but also contributing to significant financial hardship as they now know how to pay all smuggling fees and other bribes necessary to enter Bangladesh again. Instead of feeling relieved upon reaching the border of Bangladesh, the fear of detention terrorized them. A participant said, *"We had to give the fare to the boatmen before getting on the boat. When the boatmen left us in the forest, it was after dawn. We had to cross around 7-8 hills because there was no one to guide us to the right route. It was inexpressibly difficult and unsafe to travel across the forest to avoid BGB".*

For **39% of participants,** robbery was another major concern during the journey and disembarkation. Many incidents were reported about many families being robbed as well as harmed by some local robber gangs. Out of this group, 5% of participants shared that they were tricked and robbed by boatmen. Upon their arrival, the boatmen told them they would provide housing, but instead robbed them of all their possessions.

89% of the participants recalled their fear on the boats. The feeling of the boat capsizing and drowning overwhelmed them while crossing the river. One participant said, *"When we were in the middle of the sea, our rowing boat nearly overturned. We believed we would drown to death. There were many women and small kids with us. We were praying and calling out to Allah to save us."* From this group, 36% expressed that they lost their family members or relatives who drowned and died in the river.

Another group of **36% of participants** expressed their struggle to find boats at the Myanmar border and **46% of participants** reported facing starvation during the journey. **4% of participants** reported experiencing adverse weather conditions, such as extreme wind and rain. A 27 year old young man said, *"Due to forced conscription, my family decided to send me to Bangladesh earlier. I came to a village near the sea beach where I looked for a boat for 11 days, but I didn't find any reliable boat. I finally returned to my family. All of us could cross the river after two months".*

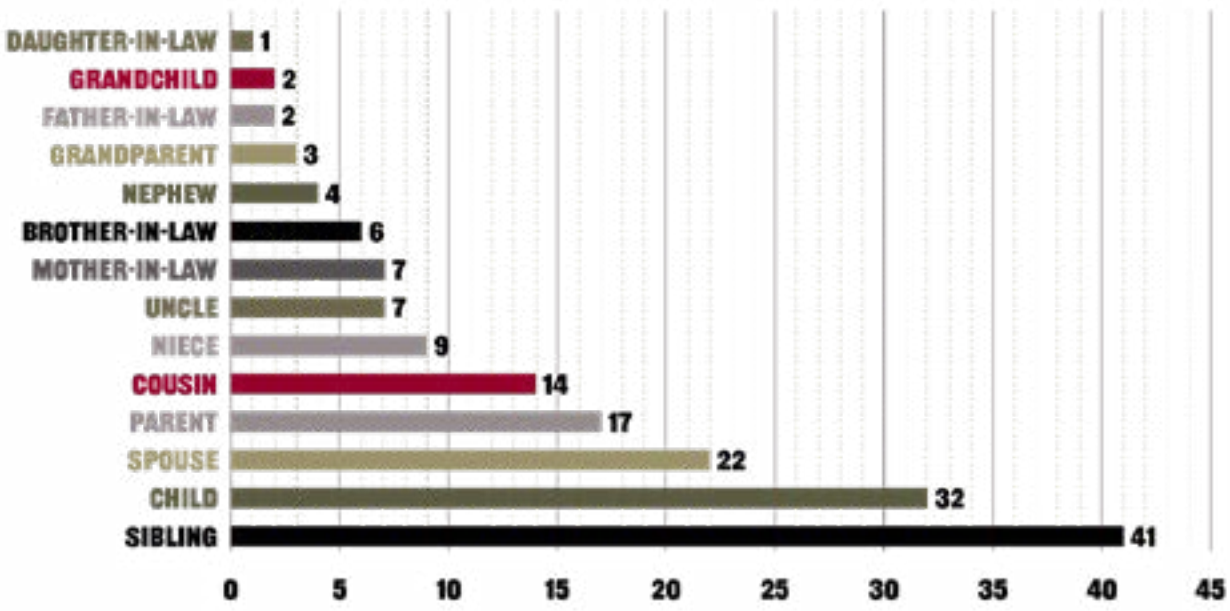


DEATH OF FAMILY MEMBERS

45% of participants reported suffering the losses of family members.

11% of them reported losing their siblings, **9% reported** the death of their children, **another 6% lost** their spouses, and **5% reported** losing their parents. Another 14% participants reported losing relatives such as cousins, grandparents or parents-in-law. A mother who lost her son explained, *"The death of my son has affected me mentally. I have been traumatised and have become forgetful. I am still in shock. I couldn't even perform the funeral and burial of my only son"*. A 23 year old woman said, *"My husband went out to look for some food as we were suffering from hunger for a long time. Since the day he said he would go to a different village to look for some food, I haven't seen him. I just heard that some people were taken by AA and my husband could be one of them"*. A woman with four children lost her husband. Compounding the impacts of witnessing such violence, her husband's death has posed practical and financial challenges for herself and their children as well. She and her children managed to escape to Bangladesh with the support from her relatives, but she has been facing substantial challenges making a living and is unable to console her children regarding their father.

The findings indicate that deaths do not only have a direct emotional toll of losing close family members but also they fragment family support systems and can cause lifelong trauma to the participants.



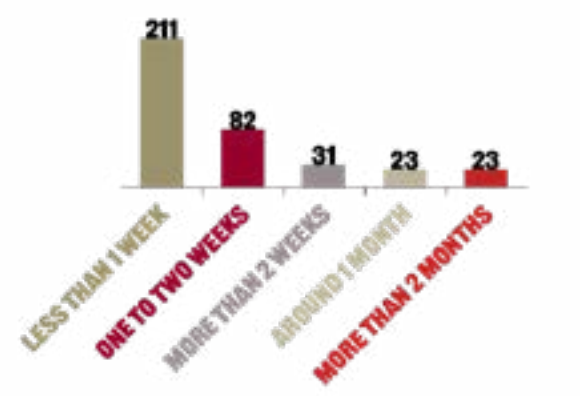
CAUSE OF DEATH

Of those who experienced the death of a family member, **25% reported** that the cause was targeted violence by AA, reporting that they were either shot or bombed by the AA. Another **6% of participants** are unsure whether the perpetrators were AA or the Military Junta but confirmed their family members were killed by gunfire or explosions. **6% of participants** reported that their relatives died due to a lack of access to medical care, reflecting the collapse of health systems during the conflict. Another **3.5% of participants** shared that their family members were taken by the AA and never seen again, indicating suspected enforced disappearances. One participant said, *"among the bombs that hit our village, the 33rd one killed my son in front of my eyes. The drone bombs, launched by AA, were hitting every village. We somehow survived and managed to reach the border area".* Another participant narrated the following incident, *"My mother was hit by a drone bomb and got killed. The bomb was launched by AA. When my brother and I went to pick up our mother's body, my brother was also shot by AA. Other people stopped me and saved me.*
I was crying as I lost my brother and mother.
I couldn't even perform funerals or burials for both of them".

Other tragic causes of death included deaths at sea; **2% of participants** said their relatives died when boats capsized during the journey. **1.5% of participants** reported that family members died from starvation, while **1% of participants** stated their relative was killed by a Rohingya armed group, and the death of a child due to suffocation in a crowded setting on the boat. One participant said,
"My brother with her family was coming on another boat. Their boat was intentionally made to capsize. Everyone on that boat died. There were five members in his family. We found the body of my sister-in-law. I didn't find my brother and his three kids".

These accounts illustrate not only the scale of loss but also the multiplicity of threats ranging from armed conflict to systemic neglect, that have caused bereavements among the victims.

DURATION OF THE JOURNEY



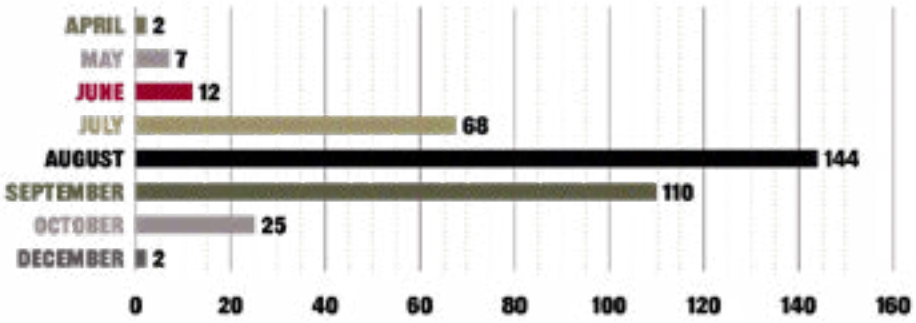
The length of the journey varied considerably among the participants, depending on factors such as distance, route, physical condition, border restrictions, and interruptions by armed groups or authorities. **57% of participants** reported that their journey took less than a week, suggesting relatively direct or expedited crossings. Maungdaw township is located near the border of Myanmar, where they only have to directly cross the Naf River to enter Bangladesh. **Another 22% of participants** reported that it took them one to two weeks, while **8% of participants** said it took more than two weeks. A participant said, *"After a week of attempts, my family somehow managed to reach Bangladesh by spending the savings and gold that I had. As soon as we got off the boat, the BGB force caught us and kept us detained for 9 days. After that, we were handed over to some local boatmen who brought us back. So, it took us almost three weeks to arrive in the camp".*

6% of participants shared that it took them around a month to arrive in Bangladesh, and **another 7% of participants** said that it took more than two months. These journeys were prolonged due to lack of access to transportation, risks, detentions, or multiple displacement episodes. A 28 year old woman narrated, *"I, my kid and my husband were crossing the river by a boat. As soon as the boat landed in Bangladesh, the BGB went to catch us. My husband and other men could escape, but I, as well as some other women, were caught. After one day, we were pushed back to Myanmar. We were only females who were unsafe and terrified. We faced detention and pushback three times. On the fourth attempt, we could escape and arrive in the refugee camp".*

The responses from the participants highlight the complexity and unpredictability of displacement journeys, as well as additional challenges, which they faced in transit for extended periods.

DATE OF ARRIVAL

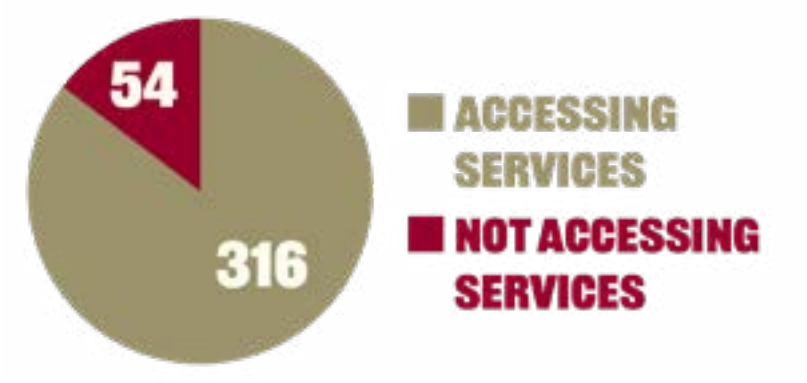
The arrival time of the participants in Bangladesh largely clustered between mid-2024 and late 2024, which reflects a period of intensified conflict in Northern Rakhine State in that period that caused most of them to flee out of the country. **39% of participants** arrived in August, **30% in September, and 18% in July.** Smaller numbers arrived in the following months, including **7% of participants** in October, **3% in June, 2% in May, 0.5% in April, and 0.5% in December.**



FINDINGS II:

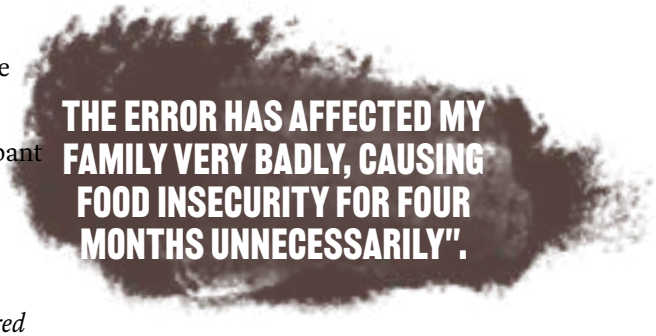
ACCESS TO HUMANITARIAN SERVICES

At time of data collection, **85% of participants** reported that they had received at least some humanitarian services while **15% of participants** reported they had not received any services. This was primarily due to the lack of official documents or registration cards. Many of these individuals did not have fixed accommodation within a designated camp, which also limited their access to services. These findings highlight the need for more inclusive registration processes and consistent service provision to ensure that all recently displaced individuals can access essential humanitarian support.



WAITING PERIOD FOR SERVICES

Among the group who reported receiving humanitarian services, the timing of access varied considerably. **31% of participants** reported accessing the services after 1–2 months of their arrival. One participant said, *"Within a month of my arrival in the camp, I started receiving food assistance. When I was trying to cross and come to Bangladesh, I previously informed my brother to take a token for me preliminarily (A token is a prerequisite document to access humanitarian aid). Then I could get registered as soon as I arrived in the camp"*. Another **33% of participants** reported they gained access to services after 2–4 months. **Another 12% of participants** received services relatively early, just within 2–3 weeks of their arrival in the camp. This group arrived just before the registration had started allowing them to be registered in less time and started receiving the services early. The registration and access to life-saving assistance started in September 2024.



9% of participants experienced prolonged delays, making them wait for 5–7 months before receiving any support. One participant said, *"Due to an error in my 'Fixing Token' which was made by the issuer, I did not receive the food assistance for the first four months. So, I have received it three times while others have received it seven times. The error has affected my family very badly, causing food insecurity for four months unnecessarily".*

These variations reveal inconsistencies and delays in the registration and distribution process. These were caused by administrative errors, delays in obtaining documentation, or disparities between different camps in service coordination. Access delays also depended on the date of arrival in the camp. Specifically, the people who arrived at periods when documents were not being issued had to wait longer to start receiving the services.

TYPES OF SERVICES RECEIVED

All 85% of participants who reported receiving humanitarian services were accessing the food assistance regularly. In terms of non-food items, **57% of participants** reported that they have received stoves and fuel, and **35% of participants** each received kitchen utensils and basic household items such as mats, blankets, and buckets. .

57% of participants had access to medical services for minor health issues. For major health problems, these individuals had to either pay for medical care from private hospitals, or remain without treatment. **Only 13% of participants** reported that one or more of their children accessed informal education. Hygiene support has also been a concern as **only 2% of participants** reported receiving soap, and **0.5% of this 2%** received it only twice since their arrival. Shelter materials reached **only 1% of participants**. Specialized services such as menstrual hygiene kits, mental health support, and child nutrition have been an unmet gap.

These findings highlight significant gaps in the breadth and consistency of service delivery beyond food and basic healthcare, especially in areas such as shelter, hygiene, education, and specialized care. There are disparities in the availability of particular services in different areas and camps, and inconsistencies in service distribution.

SUFFICIENCY OF HUMANITARIAN SERVICES

Perceptions of the sufficiency of humanitarian services varied significantly among the **85% of participants** who received it. Regarding food assistance, which **all 85%** widely accessed, **25% of them** considered it sufficient, **32% of participants** found it somewhat sufficient, **27% viewed it** as insufficient, and **1% of participants** reported it as completely insufficient. One participant said, "*We cannot manage to have enough food. For example, we are having 25 grams of rice where we should be able to have 500 grams. If we eat full food today, we will not have it for the next day. So, we have to adjust to less food".* Sufficiency of other services was perceived as notably lower. The shelter service (materials of building shelters) was received by **only 1% of participants** and all deemed it insufficient. Household items were considered inadequate by **25% of participants, 9% said** that it was somewhat sufficient, and **only 1%** said the service was sufficient. One participant said, *"I received a package of household items. The package is the same for each household whether the size of the household is small or big. My family is big. I had to buy a lot of household items by taking out loans even though I received the package".*

"IF WE EAT FULL FOOD TODAY, WE WILL NOT HAVE IT FOR THE NEXT DAY. SO, WE HAVE TO ADJUST TO LESS FOOD".

Similarly, access to education was rated poorly. Out of **13% of participants** whose children were accessing education services, **12% found** it ineffective, while **only 1% expressed** that it's somewhat sufficient. For healthcare, **20.5% of participants** described it as somewhat sufficient, **17% described it** as insufficient, and **another 9.5% reported** it as wholly inadequate. **10% of participants** expressed that the healthcare was sufficient.

Access to cooking fuel is another major concern. **Out of 57%** receiving it, **26.5% of participants** reported that the amount was insufficient, **18.5% stated** it was somewhat sufficient, and **only 10%** found it sufficient, and the **last 2% of participants** reported that it was not enough at all.

The findings show that despite the availability of food assistance, the sufficiency of the amount differs depending on the size of the household. Moreover, critical gaps persist across other services, particularly in shelter, non-food items, education, and hygiene support. This highlights the need for more balanced and comprehensive service provision for new arrivals. The needs and consumption of the participants should be assessed, and the services should be improved based on the assessment and consultation with the beneficiaries.

CHALLENGES IN ACCESSING THE SERVICES

58% of participants reported challenges in accessing humanitarian services, identifying several recurring issues. **43% of participants** noted that only the officially registered head of household is eligible to receive services. This limits access for other family members. For example, if the head of household has fallen sick or is not available during the distribution, other household members face barriers in accessing these vital services. One youth said, *"My mother is old and diseased. The food distribution centre is located far away from where we are staying. She needs to go to the centre to access the food assistance because she is the head of the household. I feel very upset when I see her facing this difficulty while I am here and available".* One woman said, "We couldn't receive the gas last month. We had to buy a gas cylinder by ourselves. During the distribution time, my husband was at a hospital in Chittagong. I couldn't access it because he is the head of household in the registration".

Out of 58%, **27% of participants** reported the long distance to distribution centers as a significant difficulty. An elderly woman from Camp-27 said, *"The food distribution centre is located outside the camp. We need to cross the checkpoint to get out and go to access the service. We need to carry the loads of ration on ourselves or by hiring porters because vehicles aren't allowed inside the camp".*

39.5% of participants complained about long waits and difficulties in the queue. Sometimes, after several hours waiting in the queue, they were asked to return without the service and visit the centre again the next day.

"SINCE WE ARE NEITHER ALLOWED TO NOR HAVE THE ABILITY TO FIND WORK OPPORTUNITIES IN THE CAMP, IT IS LITERALLY IMPOSSIBLE TO FULFILL OUR NEEDS ON OUR OWN.

9.5% of participants reported a lack of timely or clear distribution information. This group missed the distribution of household items because they didn't have distribution information. Sometimes, monthly basis services such as fuel and food were missed due to a lack of information or time. A participant said, *"I visited my parents in a different camp. I didn't hear about the distribution of household items, so I missed it. I had to buy everything on my own. I have never received the service".*

3% of participants described the barriers as discrimination against new arrivals or favoritism in service provision. **2.5% of participants** also reported technical issues, stating the problems with their assistance cards sometimes led them to return without receiving rations. **1% of participants** said that delays in distribution dates further contributed to service access issues. One participant said, *"I didn't receive the food assistance for the first four months because the service distribution said that there was an issue with my card. The issuer made an error that's why my card wasn't working in the screening machine. I unnecessarily faced food problems for four months while others were accessing it".*

REASONS FOR GAPS IN SERVICES

Of the **15% of participants** who could not access services, all described the lack of registration and documents as the primary barrier. **12% of the participants** specifically mentioned being unable to access healthcare, stating that they were unable to access medical care due to the absence of a health book (A booklet for refugees as prerequisite to access healthcare from Humanitarian Health Clinics). One participant expressed that they had previously received a Moha ID in 2017 (Moha Card was a temporary registration card, issued by Bangladeshi Army in 2017 in order to count the Rohingya population), but they were no longer eligible for services after returning to Myanmar. Due to their previous registration, they were excluded from registration as a new arrival. A participant who had not been registered narrated, *"I went to the CIC officer, UNHCR Protection Focal Point (PFP) and Food Distribution Centre. I went to the distribution center where I was referred to the CIC. The CIC officer referred me to the UNHCR PFP. PFP said that I was once registered in 2017 and returned voluntarily to Myanmar at that time. Therefore, I was told that I would be registered later after all fresh new arrivals are registered. So, I haven't been receiving any services yet".*

The findings show that timely registration and issuance of documents is vital to ensuring access to vital services. They also show the need for responsive systems that can accommodate individual circumstances and ensure no one is excluded due to any technical or situational factors.

ALTERNATIVE COPING MECHANISMS TO MEET SERVICE GAPS (SOCIAL SUPPORT, FAMILY REMITTANCE)

The majority of participants reported having no sustainable alternative coping mechanisms. **57% of participants** stated that they receive no remittance or social support from family and friends, and are completely dependent on humanitarian services. One participant said, *"Since we are neither allowed to nor have the ability to find work opportunities in the camp, it is literally impossible to fulfill our needs on our own. We are completely relying on the food assistance from WFP. We cannot even afford to have enough clothes and other personal care products"*. Another participant said, *"Considering the camp's situation, our people cannot afford to support each other here. Even our people who fled in 2017 have not improved here because they have been under so many restrictions and so much violence that most of them are dependent on humanitarian services only. They aren't also allowed to do bigger businesses or anything more profitable. So, they are unable to support us"*.

32% of participants received assistance from relatives or friends, including small contributions of rice or financial help for rent. However, this support is minimal since the relatives were also dependent on the humanitarian services. One participant said, *"Obviously, my relatives can't help me enough because they are also refugees. They are receiving humanitarian services that are somehow enough for themselves only. Because of us, they are facing more problems. They are actually carrying the burden of supporting us only because we are their relatives"*. Another participant said, *"Currently, I am staying with my sister in her shelter. The food assistance that her family is receiving isn't enough for themselves. Her family size is the same as mine. As she is sharing their food with us, their food is more insufficient"*.

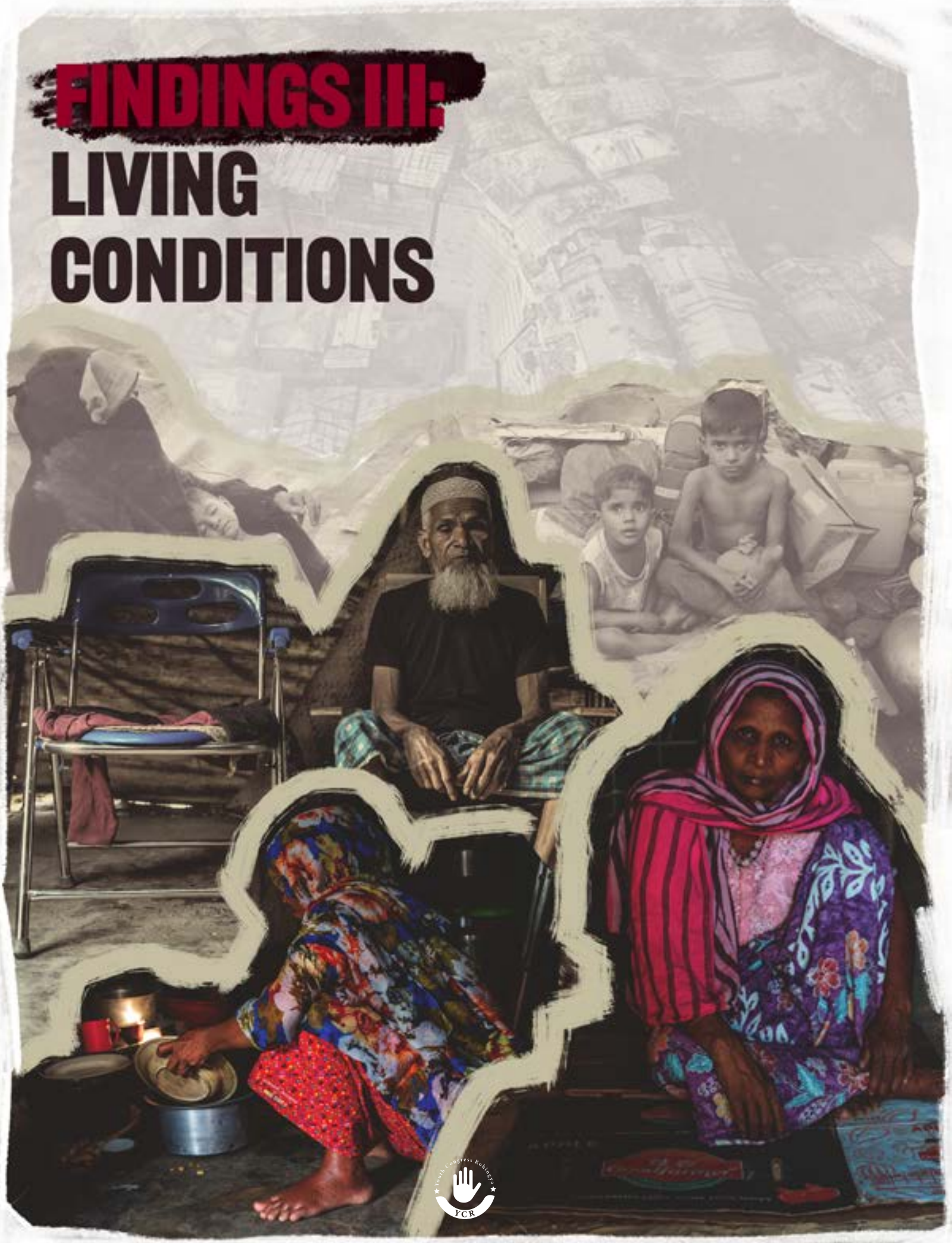
Another participant said, *"Our lifestyle has changed here completely, compared to how we lived in Myanmar before the conflict. When we arrived here, we had nothing. Different people from this area supported us with rice, used clothes and other items for some time".* Another participant narrated, *"The social support was very helpful. If I did not get it, it would be literally impossible for me to cope and survive here. It does not mean the support made it all easy. Obviously, a person cannot fully live on someone else's support".*

33% of participants reported taking loans as a coping mechanism, which presents future complications since it is uncertain how they will repay the loans. One participant said, *"When the amount of food assistance runs out earlier than the next distribution, we have to borrow some from others. When we receive the food next month, we have to repay what we borrowed last month. It makes the amount more insufficient. So, we keep facing insufficiency more and more".*

These findings highlight the fragility and insufficiency of coping strategies, leaving many households highly vulnerable to ongoing gaps in support and services. Increased humanitarian services and employment opportunities are crucial for new arrivals.

FINDINGS III:

LIVING CONDITIONS



FOOD SUFFICIENCY AND NUTRITION

Food insecurity is a significant challenge among the new arrivals. **79% of participants** reported being unable to afford or access nutritious and healthy food in the camp. Their responses highlight a range of difficulties in terms of daily life. Food is the most common basic need, which they are struggling to arrange. Several participants linked poor nutrition to deteriorating health conditions. A mother of five small children said, *"My kids used to have delicious meals and snacks back in Myanmar. Since arriving in the camp, we are even having food shortages besides other difficulties. When my children ask me to cook delicious food for them, my vulnerability and inability immensely upsets me. It makes me cry."* **4.5% of these participants** described experiencing direct food shortages because of financial constraints, delayed distributions, and gaps in assistance.

CLEAN WATER & SANITATION

Access to clean/enough water and sanitation is a widespread concern in certain areas of the camp. **63.5% of participants** mentioned having access to clean water through NGO-provided supplies. However, **29% out of this 63.5%** also highlighted that access is insufficient due to limited availability during distribution hours and high demand. **7.5% of participants** expressed that they can collect water only after long waits or after refugees who arrived in previous years, which also limits the amount they can gather. An adult woman narrated, *"There is only one water supply in this block where I am currently staying. The fixed period of water supply is four hours in a day. Considering the number of old refugees, the distribution hours fall short. Our involvement makes it more crowded. The old refugees tend to take water earlier and make us take it later. Consequently, I can access around 20 liters of water only which is not enough".*

According to this group of participants, they have access to water service from NGOs, but water supplies are insufficient for the number of refugees. The lack of sufficient storage containers is also a constraint for the new arrivals because many still have not received containers, so cannot store more water. They have a few smaller containers, which run out in a shorter time, and they again struggle to fetch water.

Conversely, another **36.5% of participants** reported not having access to clean water from NGOs at all. Some of them indicated that, in the absence of sufficient NGO water supply, they are compelled to purchase water from local sources, paying between 250 and 500 BDT per month. An elderly man said, *"There's no water supply in this block. I heard that there was one which has been controlled by the host landlord, who uses a motor and supplies water to the refugees with a fixed monthly bill, 450 BDT per household...I am forced to buy water from the landlord because I don't have other options".* This is an additional financial burden for already vulnerable households. Some of them also expressed that they need to take loans or sell belongings to pay this water bill. The reason for not accessing enough water is also contributing to health issues such as skin diseases among the new arrivals.

Beyond water access, **80% of participants** further highlighted hygiene-related challenges, such as access to bathrooms and latrines and very limited access to wash facilities. The existing facilities which are accessible are already filthy or damaged in most of the areas inside the camp. In some parts of the camps, there are some wash facilities that participants reported could minimally meet their needs but in many areas inaccessibility has become a widespread concern. The people have to line up for a long time to access the latrines. A participant said, *"Access to a proper latrine is very important to maintain dignity in day-to-day life. There are only four latrines in this block where eighty households reside. One of the latrines has been damaged which is out of order. Sometimes, I need to go to a different block to access a latrine because the latrines in this block are always busy".*

THERE ARE ONLY FOUR LATRINES IN THIS BLOCK WHERE EIGHTY HOUSEHOLDS RESIDE. ONE OF THE LATRINES HAS BEEN DAMAGED WHICH IS OUT OF ORDER. SOMETIMES, I NEED TO GO TO A DIFFERENT BLOCK TO ACCESS A LATRINE BECAUSE THE LATRINES IN THIS BLOCK ARE ALWAYS BUSY".

The existing latrines are public and mixed for both men and women. Female participants expressed how embarrassing and difficult it was for them while using the latrines. Mixed gender latrines go against religious and traditional norms. A 20 year old woman said, *"For a few days, I went to the latrine at night. When I was inside, a man came and knocked on the door. I felt so embarrassed that I didn't respond. He kept knocking on the door. I couldn't even finish my bowel movement and I was feeling uncomfortable to get out in front of him. It was so embarrassing and unsafe".*

26.5% of female participants emphasized difficulties maintaining hygiene due to the lack of menstrual hygiene kits and enough soap. Out of 100%, **63% of participants** reported being unable to afford basic personal-care items like clothing. A 43 year old woman said, *"I heard that the refugees who arrived earlier are receiving menstrual hygiene kits. But I have never received this service since arriving. I requested my husband to get me some reusable menstrual cloth which I have been using for the last five months".*

These findings point to significant gaps not only in the availability of water and sanitation infrastructure but also in the provision of essential hygiene materials such as menstrual kits. Though many participants reported accessing water and wash facilities from NGO services, the inconsistency in supply, unequal access, and lack of hygiene-related resources compromise health, dignity, and overall living conditions.

SHELTER OWNERSHIP

Shelter insecurity is a major and widespread issue among the new arrivals now. When asked about their challenges in settling in the camp, accommodation challenges was almost always mentioned first. **86% of participants** reported that they do not own a shelter. **51% of this group** reported staying in unstable and shared living arrangements with relatives, resulting in overcrowding and lack of privacy. A participant said, *"Since arriving, we have had to stay in eight shelters as we have to keep changing. We can stay in a relative's shelter for a week because we can't let our relatives face problems for a longer time. Then, we have to move to another relative. Shelter has been the major challenge we are facing right now."*

Another 35% reported staying in the rented housing. A small number of them expressed that they are receiving remittance and social support from their families or relatives which helps them manage the rent. However, most expressed that it is challenging and burdensome to arrange the rent. One participant said, *"It is very important to have a shelter of my own. At first, I heard that the NGOs would provide shelters in Camp-20 for the new arrivals. Currently, I don't hear about it. If I am supported with a shelter, then I can leave this rented house and the burden of rent will be removed from me."* This is showing precarious and often temporary housing arrangements that limit their stability, and privacy.

However, another **14% of participants** expressed that they own a shelter. Of this group, **9% expressed** that they have built the shelters by themselves, **4% said** they have purchased shelters and **only 1% of participants** mentioned receiving shelter support from NGOs. Those who own the shelter have a different and individual story of struggle behind shelter ownership. They had to use everything they had to afford the shelters. One participant disclosed, *"I had to pay 50,000 BDT (approximately 408 USD) to a Camp-in-Charge (CiC) officer besides 15,000 BDT (approximately 123 USD) to the block Mazi. Then, I could finally own this shelter."*

This reveals corruption even within the administrative infrastructure in the camp. One more participant said, *"I received some money from my brother who is abroad. But it wasn't enough. I borrowed another 10,000 BDT (approximately 82 USD) from a relative. I bought a shelter from a local landlord, which required another 25,000 BDT (approximately 204 USD) for repair. In total, I had to spend 50,000 BDT (approximately 408 USD). I am still trying to repay the amount of 35,000 BDT (approximately 286 USD) that I had to borrow."* One more participant said, *"I had to spend 110,000 BDT (approximately 898 USD) in total to have this shelter. I had some savings which I used instead of depleting for other basic needs. I sold a pair of gold earrings to arrange the remaining money besides the savings."* A participant said, *"I bought a space and built the shelter. I had to spend around 30,000 BDT (approximately 245 USD). Arranging that money was hell for me. If I was provided with a shelter by the NGO, I would not have to go through hell. It was very difficult to arrange the money. I had to take loans from my relatives."*

Shelter is the basic need and first priority for the new arrivals. Some participants shared that shelter comes before food to them. If they had accommodation, they could have a place to stay or sleep. Many of them are forced to stay in rented houses even though they do not have stable means to afford the rent easily. Most of them who do not own a shelter are staying with their relatives in the shelters which are already small and crowded. The responses point to both the lack of NGO's shelter provision and the burdensome financial costs that they must bear to secure shelter on their own.

ADEQUACY OF LIVING ARRANGEMENTS

As for 51% of participants who are staying in shared housing, **48.5% reported** that their current living arrangements are too small. However, **another 2.5%** found the shared accommodation somewhat adjustable. One participant said, *"Though I want to stay in a rented house, we cannot afford to pay the rent. So, we cannot stay in a rented house due to financial constraints. The family whom we are staying with are also facing challenges because of us. The shelter is not enough for them to give us accommodation, yet they are helping us by adjusting in a crowded situation".*

Out of **35% of participants** who are staying in rented housing, **25% found** their accommodation big enough for them, while **the other 10%** reported having crowded space in their rented living arrangement. One participant said, *"Where I am staying is not a proper house. It is just a small tent with roofing, steel walls and roof, built by a local landlord so that she could give it on rent. It's crowded for my family, yet I am forced to stay in it because I can't afford the rent for a proper house."*

As for **14% of participants** who own a shelter, **only 2%** reported that their shelters are big enough for them to adjust, but another **12% reported** having crowded and small shelters. One participant said, *"Though I own a shelter where I am staying, it is actually too small for my family. I couldn't afford to buy bigger space or more shelter materials to build a big shelter. So, we are somehow adjusting to it. I think something is better than nothing."*

These findings highlight widespread challenges of limited space, instability, and compromised living standards. Beyond this, their forced reliance on temporary, rented, or shared spaces is also exposing them to further financial challenges The participants who managed to own shelters disclosed exploitation and their struggles behind obtaining the shelters. They were supposed to receive shelter support from NGOs, but they had to face extortion from local people, from whom they had to take shelter spaces on lease, and spent more money on building the shelters by themselves.

RENT ARRANGEMENTS

The **35% of participants** staying in rented housing discussed using unstable and informal coping strategies to afford the rent. Specifically, **13% of them** reported relying on social support from relatives, and **another 4.5%** reported using remittances from their family members abroad. **Another 8%** expressed that they have been forced to sell valuable belongings, such as gold, in order to arrange the rent. **Another 1.5%** are using the savings that they had brought from Myanmar, which is unsustainable until another source of income can be accessed. **4% reported** selling a portion of their food assistance to pay the rent. This strategy is causing further complications as it directly contributes to their increased food insecurity. Furthermore, **1.5% reported** taking loans, which will later be burdensome for them to settle the loans. An elderly woman said, *"My husband and I are taking loans to pay the rent with the hope that our son will eventually get a job. And then, we will be able to settle the loans by repaying little by little. We are very concerned by seeing restrictions on employment. Though it may cause serious issues for us later, we are still taking loans from our relatives."* Surprisingly, **2.5% of the participants** mentioned that they are somehow able to pay the rent through their earnings. They also sadly added that whatever they are earning is all used for the rent, which otherwise could be used to fulfill their unmet basic needs. One participant said, *"Only a few of the new arrivals managed to own shelters in the camp. Some others are staying with their relatives. Some others are staying in rented tents, built by some local people. Each of these families has to pay around 2000 (approximately 16 USD) or 3000 (approximately 24 USD) BDT monthly as rent. I also heard that they are provided with utilities such as water and electricity. Two-third of us are staying in rented houses here. Shelter is the most important need we have now."*

"MANY OF US, THE NEW ARRIVALS, ARE CURRENTLY SUFFERING FROM DISEASES AS WE ARE NOT RECEIVING HEALTHCARE FROM NGOS OR DON'T HAVE ANY MEANS OF MONEY TO SEEK IT FROM PRIVATE HOSPITALS. A FEW INDIVIDUALS EVEN DIED OF DISEASES WHO DID NOT GET PROPER OR PROMPT MEDICAL CARE".

ACCESS TO HEALTH AND HEALTHCARE

93% of participants reported experiencing medical issues since arriving in the camp. **Out of 93%, 54% reported** taking medical care from private hospitals or local pharmacies because they could not access healthcare from NGO hospitals. **15% out of this 54%** further emphasized that they relied on savings to cover their medical costs. **Another 32%** expressed that they had to struggle to arrange the money by seeking family contributions. Many of them expressed that they couldn't afford full treatments due to financial shortages. **Lastly, 7%** turned to community doctors due to insufficient financial efforts for medical care from hospitals.

One participant said, *"My wife had a serious health issue. She even had to go through surgery for that. I had to spend a lot of money for that, and I managed the money by taking out loans. The surgery was not done in the NGO clinics, but in a private hospital in Cox's Bazar. At first, I took her to a NGO hospital where the doctors*

said they don't have necessary equipment or treatment for her. Finally, I had to take her to the private hospital. I still have to take her there once every 2 months for follow-up". Another participant said, *"There were nine members in my family. Eight of us survived the journey. After arriving here, all of us got fever. Two of us visited an NGO's health center in this camp, but we didn't access proper medical care. At that time, I had some savings as we just arrived here. All of us took treatment from a community doctor, a quack doctor, and got well".*

BARRIERS IN ACCESSING HEALTHCARE

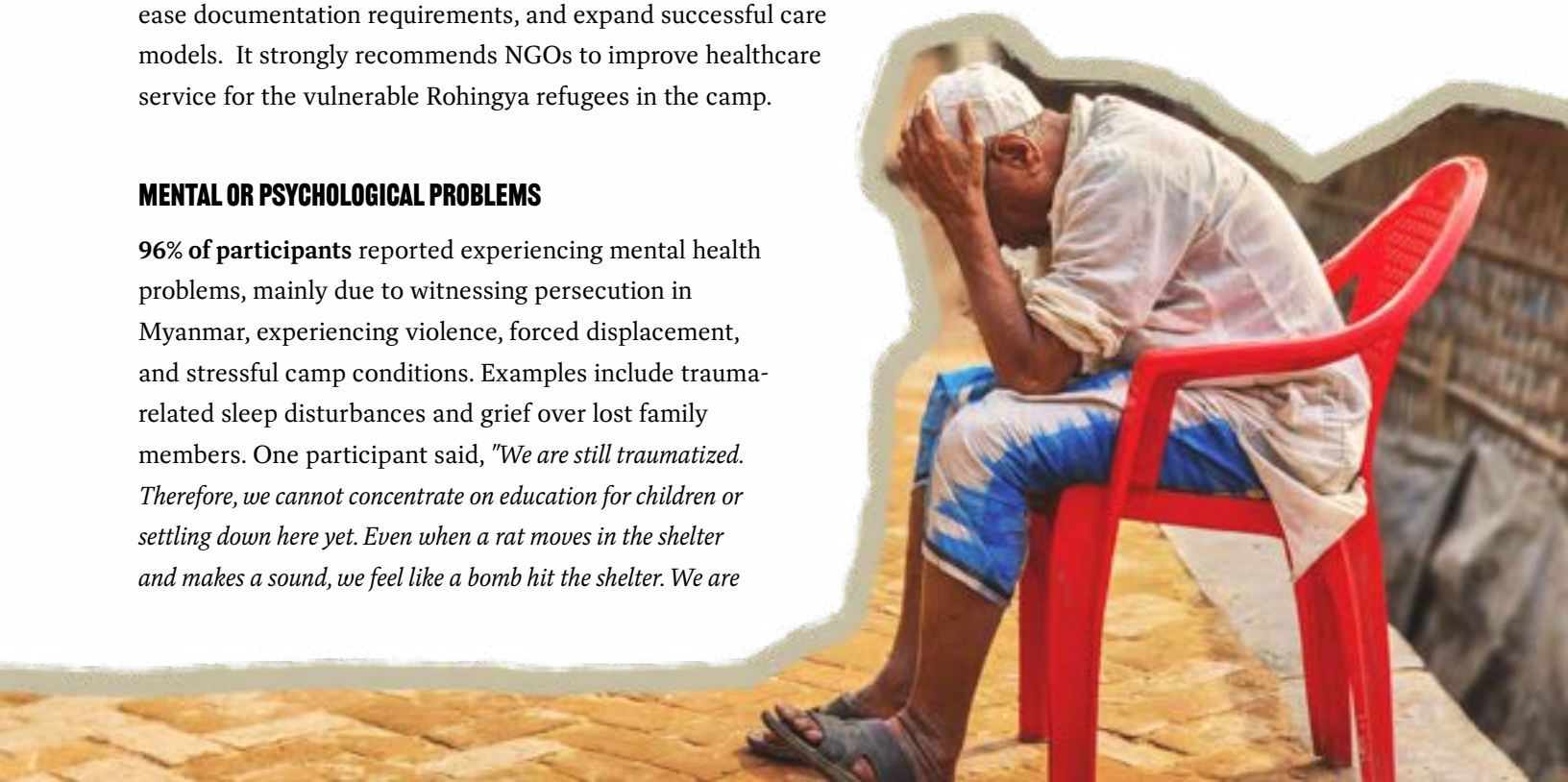
Not having necessary documentation was the primary barrier shared by participants regarding access to healthcare from NGO hospitals. **54% of the participants** expressed that they had visited the NGO hospitals first but they did not receive proper treatment or returned without any treatment at all due to lack of documents. **Out of 54%** who sought treatment from private hospitals, **25% highlighted challenges** such as movement restrictions, legal disturbances, and language barriers, besides the serious challenge of finance.

The private hospitals are located outside the refugee camps, and Rohingya aren't allowed to travel outside. An elderly woman requested, *"I am humbly requesting the humanitarian sector and the world for life-saving medical care for my grandson. I want to ask what law can be fair that prevents my dying grandson from accessing care. I don't have any other means for his medical care except hoping for healthcare from the NGO-run hospitals".* Another participant narrated, *"All of us in my family have been suffering from skin disease together. We have received one health card for all of us unlike the old Rohingya who have one card individually. When we go to the hospital with that card, only one of us is given medical care, and others are not given any care".* Another participant said, *"I did not go to the NGO hospitals inside the camp because people have already suggested that the NGOs hospitals are only for very normal diseases. They said other patients who suffered from the same problem did not access proper care from the NGO hospitals".* Another participant said, *"Many of us, the new arrivals, are currently suffering from diseases as we are not receiving healthcare from NGOs or don't have any means of money to seek it from private hospitals. A few individuals even died of diseases who did not get proper or prompt medical care".*

In contrast, **39% of the participants** reported accessing healthcare from NGO hospitals, though experiences were mixed. **Out of this 39%, 37% described** the care as insufficient, further pointing to a lack of medicines and equipment for major diseases, insufficient testing, unsatisfactory care, having to buy prescribed medicines from local pharmacies, and occasionally rude staff after long waiting in the queue. Such experiences in NGO hospitals not only upset the patients but also discourage them for future visits. One participant said, *"Sometimes, I receive some of the prescribed ones, and I am advised to buy other medications from local pharmacies on my own. If I had made the effort on my own, I would not have to take my wife to the NGO hospitals. As I couldn't afford to buy the medications, she is unable to take full doses of her medications"*. Another participant narrated their experience of seeking care, *"When we went to a NGO-run hospital for several diseases, we were provided with some paracetamol capsules only. Obviously, these capsules don't cure diseases. So, we are not accessing proper healthcare".* Another participant said, *"The many NGO-run hospitals normally provide only two types of medicines, gastric med and paracetamol capsule, for all types of diseases in the camp. I don't know whether they are misusing the funds or they don't actually have enough medications."*

However, **only 2% reported** better services, particularly from MSF hospital (Mèdicins Sans Frontières clinic) which is located in Kutupalong, adjacent to the camp's boundaries. According to the reports, some individuals with injuries received first-aid care and referrals from the MSF hospital as soon as they arrived in Bangladesh.

These findings suggest that NGO facilities are an important source of healthcare, but quality gaps and access barriers have pushed many individuals toward private or informal care despite financial hardship. Not only financial hardship but also other restrictions reveal that the Rohingya refugees are completely dependent on the healthcare from NGOs. This underscores the need to strengthen NGO health services, ease documentation requirements, and expand successful care models. It strongly recommends NGOs to improve healthcare service for the vulnerable Rohingya refugees in the camp.



MENTAL OR PSYCHOLOGICAL PROBLEMS

96% of participants reported experiencing mental health problems, mainly due to witnessing persecution in Myanmar, experiencing violence, forced displacement, and stressful camp conditions. Examples include trauma-related sleep disturbances and grief over lost family members. One participant said, *"We are still traumatized. Therefore, we cannot concentrate on education for children or settling down here yet. Even when a rat moves in the shelter and makes a sound, we feel like a bomb hit the shelter. We are*

having nightmares of what we witnessed and went through in Myanmar." Another participant said, *"I am not having any problem with housing or food, but I am so sad and worried that I don't want to have food or can't fall asleep because I have been separated from my family who are still in Myanmar."* Another participant narrated the family's separation, *"If I express the changes and challenges, it will not only upset me but also make you feel sorry for me. I was happy there as I was with my family and had an easy life. But here, I am alone. I miss my family a lot. Some people say that I will eventually go crazy because of worrying about my family too much".*

Another participant said, *"Most of us have been mentally abnormal. So, mental health support is very important for us which we aren't currently getting. Some of us don't have any education about mental health issues. They think it's just an emotional state, not an issue that should be treated with medical professionals. Education about mental health is also important for our people to have knowledge and ability to deal with mental health issues".*

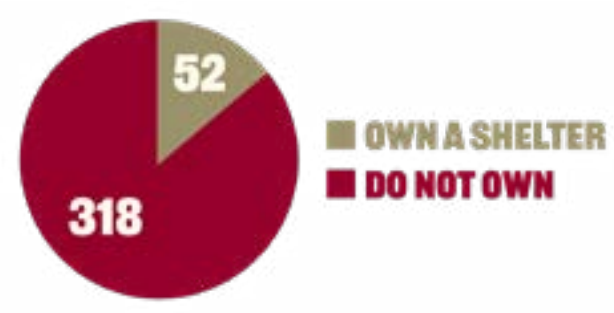
Types of mental health conditions: **96% of participants** identified and expressed different mental health conditions widely, based on their experience and understanding of mental health. Specifically, depression has been reported by **88% of participants**. Feeling hopeless about the future was described by **80.5% of participants. 61% reported** experiencing anxiety. **54% reported** having nightmares and sleep disturbances, **31% experienced** fear or panic attacks, and **2% described** persistent trauma by recalling past experiences. These findings highlight the widespread psychological impact of persecution and displacement on the new arrivals.

Access to mental healthcare: Among **96% of participants**, their access to mental health support varied considerably, based on their different understandings, beliefs, and efforts. **31% of the participants** reported that they sought consultations and psychosocial support from the family and relatives. **Another 29%** reported taking medicines from local pharmacies or community doctors. **Another 25%** sought medical care from NGO hospitals. **5% of the participants** used traditional healing as mental health support, and **only 1%** sought psychiatric counselling.

Lastly, **the other 4%** did not seek any support due to lack of awareness of available mental health support. A 24 year old young man said, *"My father was very friendly and talkative in Myanmar. Since the displacement, he has been silent and lonely. He has been losing weight and looks gloomy all the time. I took him to several NGO-run hospitals, but he was given some paracetamol capsules only. The care didn't help him at all".*

FINDINGS IV:
LIVELIHOOD & INCOME

87% of participants reported having no source of income in the camp. One participant said, *"We have become worse than slaves. The slaves at least have something to do and spend time on, that's slavery. But we have got nothing to do here. We have nothing, no land, no home, no work, no country or no rights. If we could do some work, we could spend our time. Staying idle and facing challenges are also contributing to deteriorating our trauma and depression".*



However, another **13% of participants** reported having some forms of work. As for income sufficiency, **11% of these participants** reported that their earnings are insufficient to meet basic needs, whereas **only 2% of them** expressed that their income is somehow adequate, combined with other coping mechanisms. One participant said, *"Among the new arrivals, I am the only person who is working as an online interpreter, earning and managing to meet my basic needs. 97% of the new arrivals are struggling with their livelihoods here. A few of us had some savings which they are deleting to fulfill their basic needs. We are already in trauma due to the displacement. Our experience in Rakhine state and during the journey is still haunting us. The new problems and livelihood hardships in the camp are affecting us mentally more".*

Another participant said, *"I tried to get a job, but I didn't get any due to registration status. I started teaching some students through a private class. I make 3,500 BDT from this class monthly. Obviously, this isn't enough and still helpful to meet some of the basic needs".*

"WE HAVE NOTHING, NO LAND, NO HOME, NO WORK, NO COUNTRY OR NO RIGHTS."

This shows the prevalence of financial vulnerability and lack of livelihood opportunities for the new arrivals in the camp. The findings underscores the need for enhanced livelihood opportunities as they could significantly help new arrivals settling into the camps, especially considering the demonstrated insufficiency of many humanitarian services for new arrivals.

BARRIERS TO EMPLOYMENT

Employment opportunities in the camp are extremely limited, particularly for the new arrivals. According to **all 100% of participants**, new arrivals aren't allowed to access jobs due to their recent arrival and registration status. They discussed common barriers they experienced, such as the lack of family attestation cards/ smart cards and registration status. Specifically, **59% of the participants** described lack of necessary documents as the main barrier from accessing available jobs in NGOs. Out of 100%, **46% of participants** discussed legal restrictions as refugees are still not legally eligible to work in Bangladesh. Instead, the only way that Rohingya in Bangladesh can legally earn money is to "volunteer" with a humanitarian organization for a small stipend ranging from 8,000 BDT-15,000 BDT per month (approximately 65-122 USD). An additional barrier reported by **26% of participants** was that they are not still familiar with the camp's environment and systems which they think is also a barrier, discouraging them to involve themselves in livelihood opportunities such as shops or trades. They are

not aware of the risks and restrictions around running any trade inside the camps.
An educated youth said, *"Last month, there was a vacancy announcement from IOM for a community volunteer position. When I tried to apply for that position, I was told that I am not eligible for a job because I am a new arrival. The smart card is a mandatory requirement for a job, but the new arrivals haven't received the smart cards".*

8.5% of participants shared that their experiences were overlooked by NGOs despite applying for positions. They didn't receive any explanation of why they were rejected. According to their assumptions, the recent arrival and registration status were the barriers. **2% of them** also heard that they were rejected because they had not paid a bribe. One participant said, *"I applied for a teacher post in Mukti Bangladesh. As my resume met their requirements, I was asked to share the smart card. As a new arrival, I don't obviously have the card. So, I was excluded from the candidate list".*

Out of the employment context in NGOs, **33% of participants** further discussed financial barriers, preventing them from starting shops and trades. **Another 4.5% of participants** described legal restrictions as barriers from driving vehicles in the camp. One participant said, *"I really want to do something, but I cannot afford to start anything due to my financial barriers. My inability to do any work is making us more depressed here than trauma and livelihood hardships do".*

One participant expressed the experience of extortion as a barrier who narrated, *"I applied for a teacher's position in Mukti Education Sector in camp-3. As I am a new arrival, I was told that my registration status is a barrier. But I could still get it if I would pay 30,000 BDT to the recruiter. There is only one job opportunity for Rohingya refugees which is access to underpaid jobs in NGOs, but the Rohingya have to face corruption and bribes to access this only opportunity".*

COMPARISON IN LIVELIHOOD TO OLD ROHINGYA IN THE CAMP

The participants described major differences between them and old Rohingya refugees which are causing impacts on their well-being and living conditions. They discussed specific differences when compared with old refugees who arrived in 2017. **86.5% of participants** reported exclusion from employment opportunities that are typically accessible by old refugees. They also noted that many of the old refugees have already secured jobs in NGO, while the new arrivals remain unemployed. **85.5% of the participants** expressed that their shelter conditions are far worse. The old refugees have shelters, but it has been a widespread concern and gap for the new arrivals. In terms of livelihoods, **58% of participants** stressed greater difficulties in meeting basic needs due to lack of settlement or coping mechanisms yet, but the old refugees have already settled down to some extent, developing some coping mechanisms, savings, and community networks that new arrivals lack. One participant said, *"I feel kind of regretful that I would also be able to work if I had fled in 2017. On the other hand, I feel pity for them when I think we had a better life in Myanmar where they had to go through this hard life for the past eight years".*

Another participant said, *"The youths of old refugees had the chance to join education programs earlier. Therefore, many of their youths are educated and are able to do jobs in NGOs. Now, they are supporting their families respectively. This is a difference between us and them since we don't have such opportunities".*

Access to essential services from NGOs is also uneven or not inclusive for the new arrivals, compared to access the old ones have. **31% of participants** described limited or unequal provision of NGO services, particularly in the areas of soap distribution, latrine access, household supplies, education, healthcare, and water access.

According to **84% of participants**, differences in familiarity with the camp environment are causing challenges for them. They further explained that the old refugees are better adapted to daily life, while the new arrivals struggle to navigate movement restrictions, secure work opportunities, and protect themselves from new and unfamiliar health risks and security risks. One participant said, *"According to me, our displacement was actually more horrible than those who were displaced in 2017. But we aren't receiving the same services and sympathy as they did. I think this is unfair. We should be given equal services and opportunities like the old Rohingyas".*

The documentation is also a major difference. **99.5% of the participants** emphasized that new arrivals have received different and less recognized forms of identification, unlike old refugees who arrived 2017, who hold smart cards and family attestation cards, which provide broader access to services and opportunities. This difference in registration not only discriminates against the new arrivals in accessing humanitarian services, but also creates other restrictions related to accessing work and freedom of movement. **Another 17% of participants** recounted that they were not welcomed or supported with immediate support upon arrival, unlike the old refugees, who had received more consistent assistance upon their arrival in the past. One participant said, *"I request the international community, the Bangladeshi government, and humanitarian organizations to register us properly and provide equal services, particularly safety, shelter, education, and job opportunities."*

Overall, these findings show a variety of disparities between new arrivals and old refugees, causing significant differences and challenges for the new arrivals. Differences in employment, shelter, livelihood opportunities, service access, documentation, and social integration collectively disadvantage new arrivals, which are greatly limiting their ability to rebuild lives and participate equally in camp life. It should be a priority to address these differences and make improvements to bring equality that will significantly mitigate the challenges and discrimination faced by the new arrivals. These findings strongly recommend the legal authorities and humanitarian stakeholders to take immediate initiatives to eliminate these differences and disparities.

COMPARISON IN LIVELIHOOD IN THE CAMP TO PAST LIFE IN MYANMAR

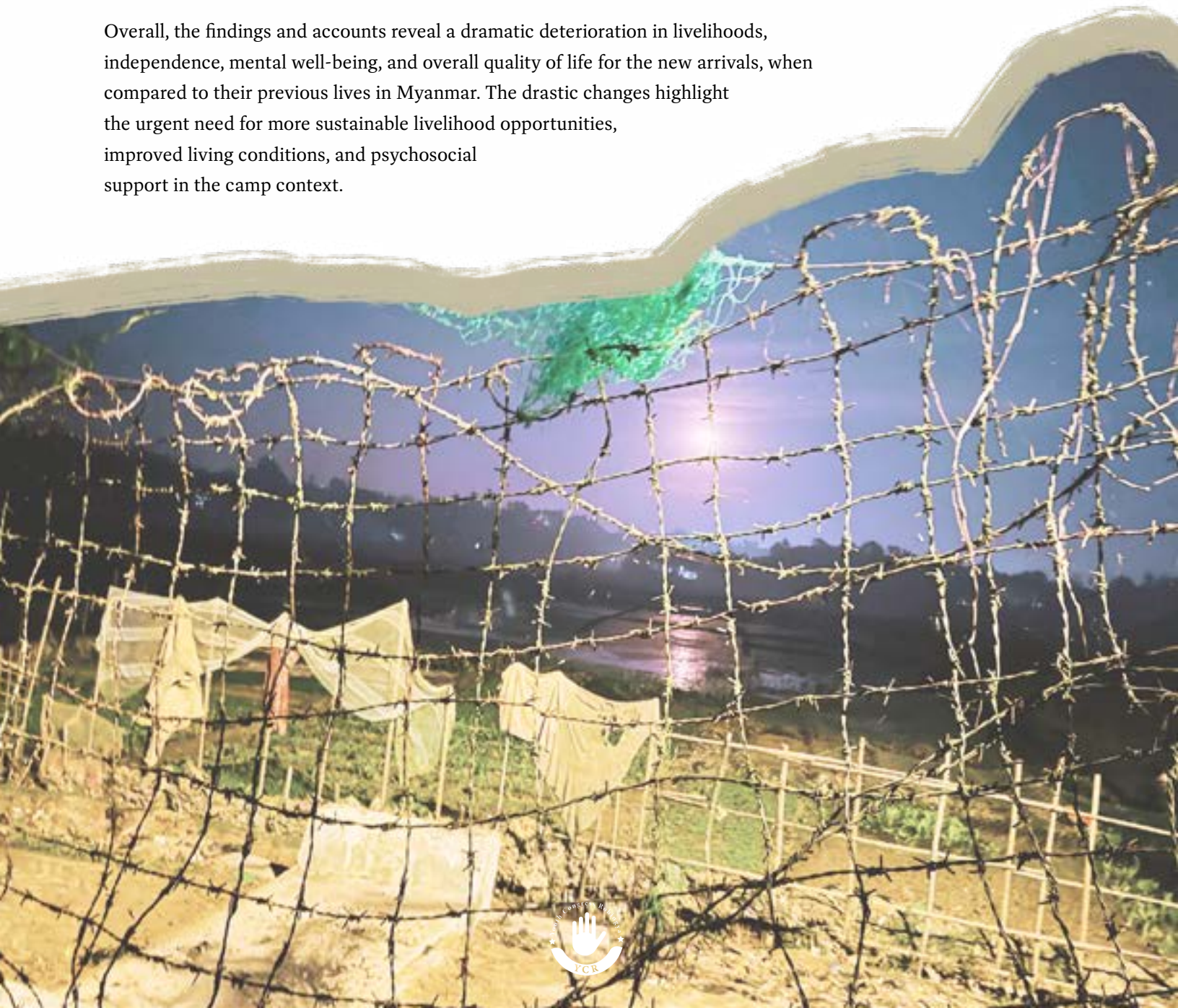
The participants provided detailed reflections on their livelihoods and living conditions in Myanmar prior to escalation of fighting, compared to their current situation in the camp. Their narrations emphasized significant losses, hardships, and reduced quality of life after displacement. **85% of the participants** reported having access to diverse income sources and livelihood opportunities in Myanmar. They further explained that life was relatively easier, enabling them to stockpile essential consumer goods on an annual basis. This group of participants reported having no work or income opportunities in the camp, which is a drastic change and decline in their economic situation. One participant said, *"The livelihood hardships make us feel that we should rather die in Myanmar than go through this dire situation in the camp. Because of these hardships and problems, we want to return there right now, but it is not safe there. If the conflict stopped there, we would return right away."*

The loss of property and assets is another recurring theme which has turned into a nightmare for many of them. **97% of participants** stated that they had their own homes and land in Myanmar, but now they don't even own a plastic shelter in the camp. They expressed about losing land, shops, or other forms of property ownership which they can never have again in the camp. **67% of them** also explained that they were once self-reliant in Myanmar in terms of livelihoods, but they have become heavily dependent on humanitarian services and social support.

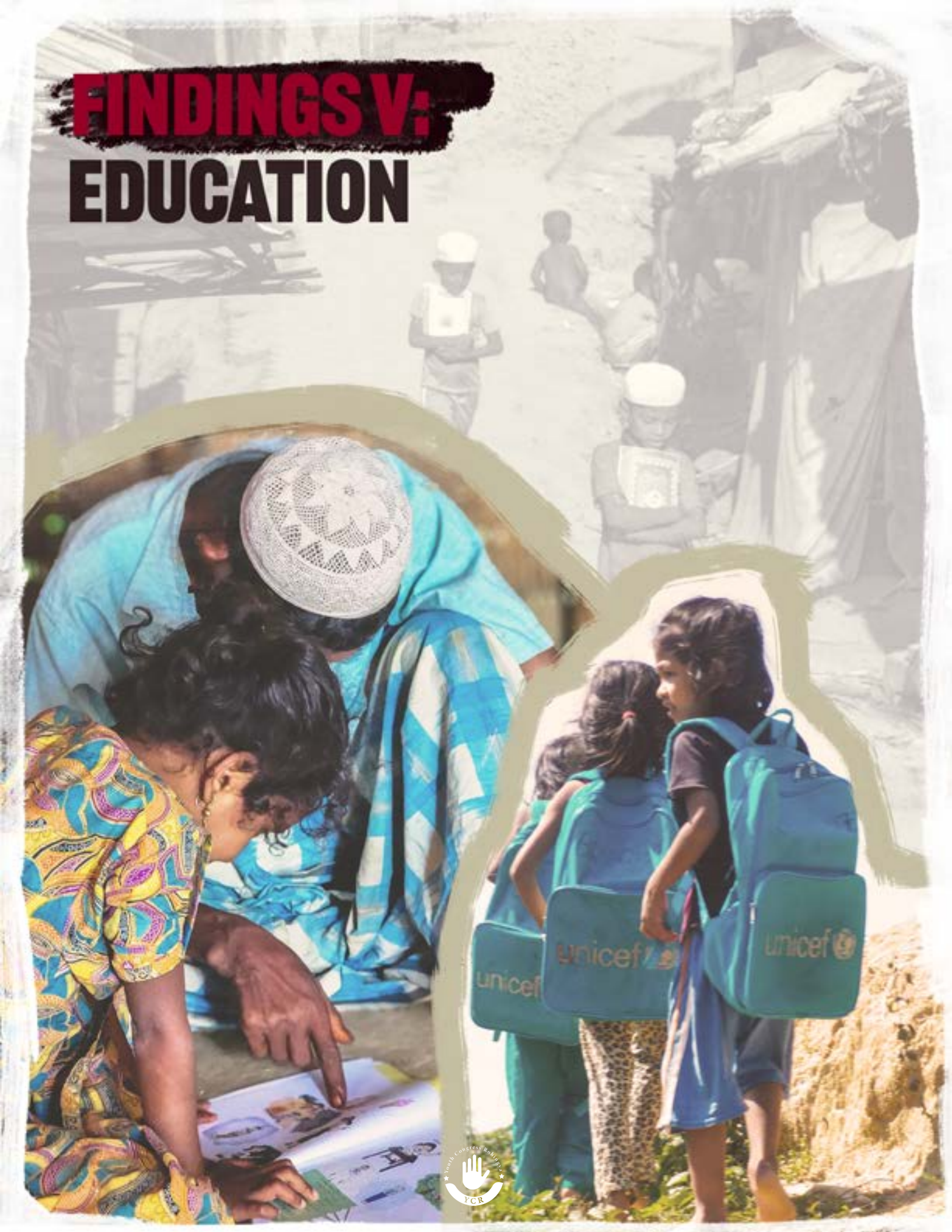
One participant said, *"When we were in Myanmar, we had a stable and established lifestyle. We had homes to live and livelihood opportunities to make living there respectively. The displacement has changed every aspect of our lifestyle. We are facing challenges to access everything such as water, food, medical care, etc. We are sleeping on the bare cement floor, causing diseases".*

When compared to the situation in Rakhine State after escalation of violence, **93% of participants** acknowledged that the camp environment is generally safer than Myanmar. They also emphasized that the camp is not a completely safe zone due to anti-social elements such as armed gangs and other security risks.

Overall, the findings and accounts reveal a dramatic deterioration in livelihoods, independence, mental well-being, and overall quality of life for the new arrivals, when compared to their previous lives in Myanmar. The drastic changes highlight the urgent need for more sustainable livelihood opportunities, improved living conditions, and psychosocial support in the camp context.



FINDINGS V:
EDUCATION



ACCESS TO EDUCATION FOR CHILDREN

88.5% of participants stated that their children are not accessing any form of education from humanitarian education services. One participant shared their experience, *"The teachers in NGO-run schools said to me that they have been instructed by the government officials not to enroll new arrival children. A female humanitarian said to me that I would be given the chance to participate in meetings/sessions, be provided with other services to fulfill my needs and my children would access education, if I have a shelter and am staying inside the camp. She also said that they cannot provide any services if I am staying outside the camp."*

A 52 year old man said, *"Education is very powerful. A person without education is like a world without moon and sun. We have to go through all these persecutions and challenges only due to lack of education. Our children aren't allowed to access education even in the refugee camp in Bangladesh. We don't hope our children will ever be able to access education".*

However, **11.5% of participants** expressed that their children are accessing education through community-led schools.

The findings highlight the urgency of expanding education services. The new arrivals are clearly facing restrictions which should be removed, and provided access to education services. The systemic barriers that hinder access to learning should be addressed and resolved. Due to the lack of necessary documents and registration status, the children of new arrivals aren't enrolled in NGO-run learning centres which should be changed. Their views on quality of education also recommend thorough improvements in education services, provided by NGOs.

COMPARISON TO EDUCATION IN THE CAMP AND IN MYANMAR

The participants shared mixed views and perceptions when comparing the current educational experiences in the camp with those in Myanmar. **16% of participants** felt that education in Myanmar was of higher quality because of stricter and more effective teaching methods, formal curricula, and systematic delivery. A woman said, *"My elder son could study in university after completing matriculation in Myanmar. Considering the education system in the camp, I can't even imagine that my other kids will ever access education systematically or complete matriculation".*

Conversely, **72% of participants** viewed education in the camp as higher quality, particularly pointing to the community-led initiatives. Many of them further explained that teaching here is clearer and more effective because of language similarity. A few participants emphasized that the government schools in Myanmar were less effective due to discriminatory practices, highlighting that teachers were from the Rakhine community. One participant said, *"According to me, education from community-led schools is quite qualitative and effective as I can see students improving. However, it isn't official education. These schools aren't government-improved, so students can't pursue higher education after matriculation. So, school level education is qualitative in the camp, accessible from the community-led schools".*

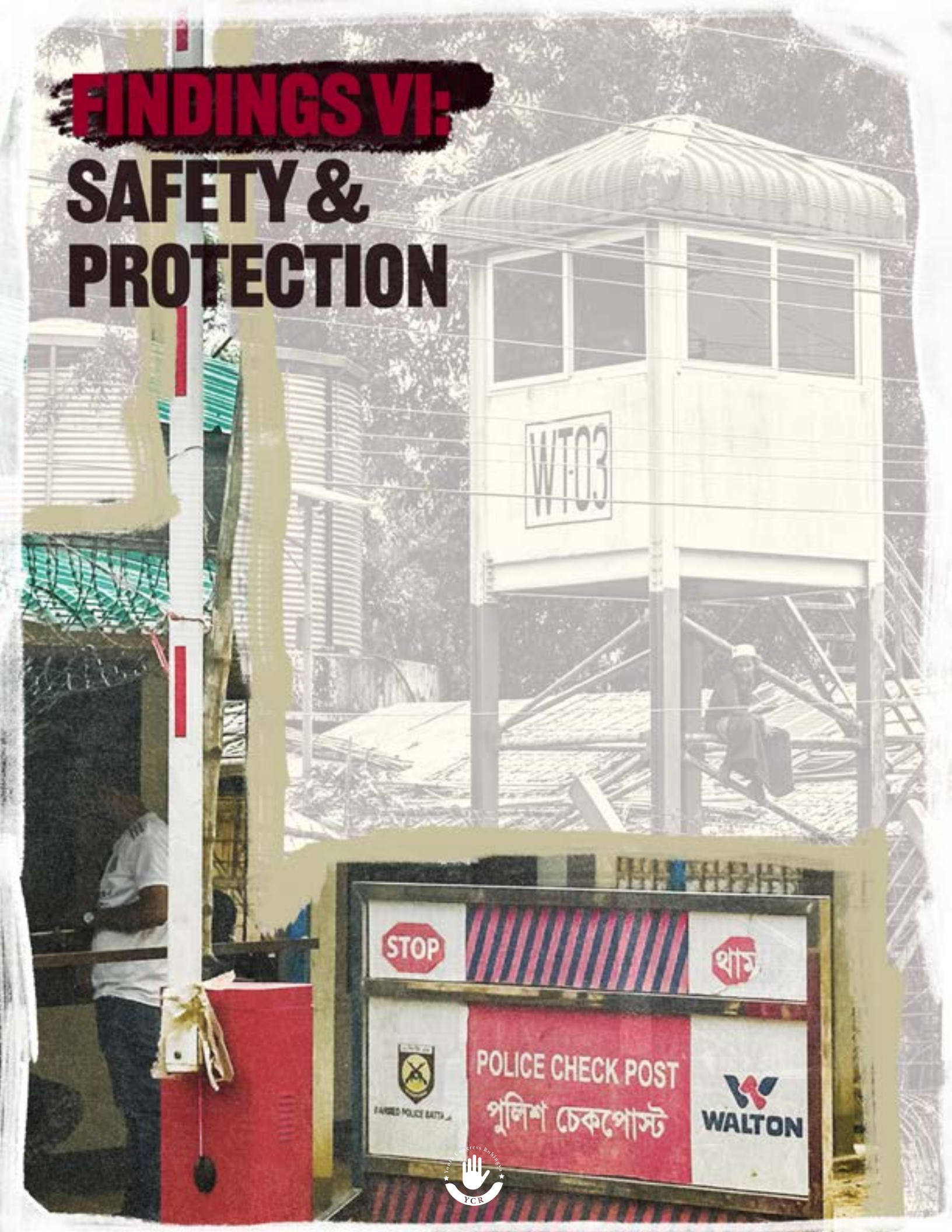
Another 12% of participants highlighted the lack of access to higher education in the camp. They pointed out that higher education was available in Myanmar in recent times prior to their displacement. NGOs in the camp do not offer formal or advanced educational opportunities as access to higher education has been banned legally for the Rohingya refugees by the government of Bangladesh.

One participant said, *"I can see many youths from old refugees who arrived in 2017, have improved in education in the camp unlike in Myanmar. But they aren't accessing university level education. Access to higher education doesn't exist for the Rohingya in the camp. I want to ask the government of Bangladesh what loss there is in providing access to higher education in the camp. The government of Bangladesh is doing the same to us as the Myanmar government did".*

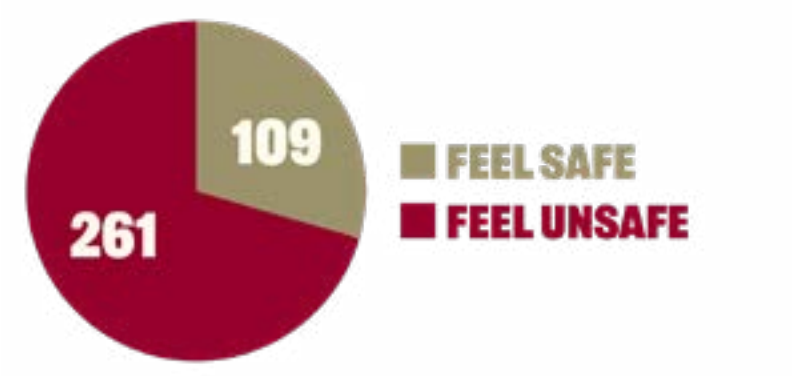
When it comes to education services from NGO-run learning centers, **all 100% of participants** claim that education is neither effective nor systematic. These centers are more generally considered as friendly spaces for children to play and spend time rather than study.

FINDINGS VI:

SAFETY & PROTECTION



PERCEPTION OF SAFETY IN THE CAMP



Perceptions of safety among the new arrivals reveal a high level of concern in Bangladesh. **70.5% of the participants** reported feeling unsafe within the camp due to the presence of anti-social elements. They mentioned ongoing incidents such as killings, kidnappings, conflicts, and gang-related violence as key safety concerns. The existence of safety risks in the camp are not only exposing them to new traumatic experiences but also aggravating the trauma from their experiences in and displacement from Rakhine state. One participant said, *"We feel so unsafe in the camp that we cannot even sleep at night. I feel unsafe most, especially when I am traveling due to the risk of kidnapping. I don't see any part of the camp is safe. Safety and security are very important here. The camp is free for criminals to commit crimes."*

Another participant narrated, *"My own father was killed by these Rohingya armed gangs in Myanmar. That's why I am always afraid of them. I was advised to seek protection, but I don't feel safe going and complaining against them. Many victims like me have already been resettled to a third country from here. Moreover, I don't actually know where I can go to seek protection and resettlement".*

In contrast, **another 29.5% expressed** that they feel safe inside the camp, noting that they have not personally experienced violence or exploitation since arriving in Bangladesh. Though there are risks and hardships in the camp, they find it safer compared to how they were oppressed, persecuted and went through displacement. One participant said, *"I feel safe here because I don't have any fear about any war or conflicts here. We were in the war zone in Myanmar. I can at least sleep here peacefully with the fear of gunshot and bombs from AA".*

These findings highlight a widespread perception of insecurity within the camp, shaped largely by visible or reported acts of violence and crimes. They also point to the need for strengthened protection measures both inside and around the camp, including community policing, conflict mediation, mitigation of crimes, and safe mobility options.

EXPERIENCES OF VIOLENCE OR EXPLOITATION IN BANGLADESH

17% of participants shared that they had been exposed to various forms of harm within the camp or during their journey. According to the participants who experienced violence, kidnapping emerged as a major concern.

Out of this 17%, **5.5% reported** being abducted or having family members abducted who were tortured, and ransom payments had to be paid to secure release. These incidents took place in the Taknaf area. Some of them got abducted just after they landed in the border of Bangladesh where

some others experienced it on the way to the camps in Cox's Bazar area. One participant shared that he was forced to pay 50,000 BDT (approximately 408 USD) to free his brother from local fishermen near the border. Another participant paid 150,000 BDT (approximately 1,225 USD) to secure the release of a cousin. **1% of participants** narrated their experience that included deceptive kidnapping attempts and abductions that occurred during work or travel. One participant narrated a kidnapping attempt, *"Some days ago, an unknown boy came to my wife and said that someone was calling her away. I was at work at that time. I said over the phone that I would come and meet him. As my work is far away, I could not come home from the middle of work. I asked my wife to say that he could come the next day and meet me. Then, he disappeared and never came again. He was trying to trick and kidnap my wife. When he first came, he said to my wife that someone was looking for new arrivals for financial assistance."*

Another participant narrated, *"A cousin of mine was invited by his friend to a place where he was asked to stay with some other boys. His friend went somewhere. Those boys took him and tortured him. They extorted 1.5 Lakh (approximately 1,225 USD) BDT and also snatched his phone which cost 45,000 BDT (approximately 367 USD). He had around 30,000 BDT cash (approximately 245 USD) on him while he was being taken. So, that money was taken from him first. He runs a cloth shop".*

"WE FEEL SO UNSAFE IN THE CAMP THAT WE CANNOT EVEN SLEEP AT NIGHT... I DON'T SEE ANY PART OF THE CAMP IS SAFE. SAFETY AND SECURITY ARE VERY IMPORTANT HERE. THE CAMP IS FREE FOR CRIMINALS TO COMMIT CRIMES."

Another participant narrated their experience of being robbed during the journey, *"Suddenly, a man came and ambushed the vehicle driver physically and snatched the phones. The man took us to another place where we were kept detained. All of us had to pay around 300,000 BDT to get released. Finally, we could come to the camp".*

Another participant reported, *"A girl was also kidnapped from this block. I came to know that she was exploited sexually. She also had some gold on her. Her gold was also taken. She was released after giving another 2 lakh BDT (approximately 1,633 USD). She is 30. She is married. She has not had any kids yet. She went to the gold shop. While she was returning, she might have been followed and got kidnapped from the middle of the route".*

Another participant narrated an incident of kidnapping, *"A friend of mine who stays in camp-19 came to Kutupalong a few days ago. When he was returning to camp-19, five boys blocked and took him into the forest from the area of the TV tower in Kutupalong. He was beaten there, and they demanded 5 Lakhs BDT (approximately 4,082 USD) for his release. His family don't have any income or savings here. His mother had a piece of gold which they sold and borrowed some other money. His family somehow managed 130,000 BDT (approximately 1,061 USD) which was given for his release".*

Another 3.5% of participants discussed forced conscription from Rohingya armed gangs. This indicates a troubling pattern of recruitment under duress, especially among young males. This was also a push factor, forcing many families to flee from Rakhine state as both the AA and the military junta were engaging in the forced conscription of Rohingya at that time. Upon their arrival in Bangladesh

with a vision of temporary asylum and safety, they are facing the same risk in the refugee camp. Due to this, some respondents expressed regret to undertake a risky journey to escape the dangers they were experiencing in Rakhine State only to face many of the same risks here in Bangladesh.

Another 3.5% of participants mentioned extortion. Specifically, **2% stated** that they were forced to pay rent to Bangladeshi locals for shelter space. This shows a power imbalance from the locals where vulnerable families are subjected to economic exploitation even within humanitarian settings. The host locals take money from the vulnerable Rohingya for the shelter spaces who have built shelters in the camp. At first, they had to pay a big amount to take the spaces temporarily and keep paying the rent and a share of the humanitarian services monthly. The majority of the new arrivals have not been able to build the shelters not because of permission issues but because of the money to pay for the spaces and extortions.

Another 2% of participants described incidents of violence and exploitation during their journey to the camp. These included kidnappings by unidentified groups, robbery, and ransom demands made by armed gang members. One participant reported that they had to pay 170,000 BDT (approximately 1,388 USD) after being detained by an armed gang during the journey. One participant said, *"When we were kidnapped upon reaching the border of Bangladesh, we could not even identify who kidnapped us. At first, they demanded 40 Lakh MMK (approximately 1,900 USD). We bargained and agreed to pay 4 Lakh (approximately 190 USD). They asked us to transfer the money through the online transfer. We had a familiar Bangladeshi whom we contacted. He negotiated with the kidnappers again and made it into 3 Lakh (approximately 143 USD). We paid the money and they released us. None of us was harmed. But they snatched two phones, some gold and 8 Lakh MMK (approximately 381 USD)."*

Lastly, **another 2% of participants** described that the individuals in the camp who experienced kidnapping, exploitation, or robbery were targeted and kidnapped because they were believed to possess valuable belongings.

These findings reflect both direct and indirect threats to the safety of the vulnerable individuals and suggest the need for stronger protective measures to prevent further threats, legal support, and trauma-informed services for the victims. The persistence of organized crime and extortion networks highlights urgent gaps in camp security and governance. Security should be improved systematically. The security officials should be sincere and more active. There should be a surveillance team to prevent the officials from committing any misconduct or corruption. The criminals should be hunted down and eliminated to restore peace and tranquility for the previously troubled people.

"THE GOVERNMENT AUTHORITIES DON'T TAKE NECESSARY ACTIONS TO RESOLVE THE CONFLICTS. I DON'T SEE THE PERPETRATORS OR BAD PEOPLE BEING PUNISHED IN ORDER TO PREVENT WHAT THEY ARE COMMITTING. THIS ENCOURAGES THEM TO COMMIT WRONGDOINGS MORE".

SECURITY RISKS

Security concerns in the camp are widespread and deeply concerning as expressed by the participants. **63% of participants** identified the lack of a proper security mechanism in the camp, which is mainly contributing to security issues. The absence of effective law enforcement or preventive systems has allowed criminal networks to flourish, often acting with impunity which causes significant insecurity and instability for all living in the camps. One participant said, *"The government authorities don't take necessary actions to resolve the conflicts. I don't see the perpetrators or bad people being punished in order to prevent what they are committing. This encourages them to commit wrongdoings more".*

Another participant said, *"Though any of us has money to invest and start a business, we don't hope we can succeed by doing a business. It is also risky to do a big business because anyone can come to harm and rob us. An old Rohingya, a local or even a government official can do anything to us".*

Gang activities emerged as one of the most dominant concerns throughout the camp. According to **60% of participants**, groups such as ARSA, RSO, Munna Gang, and ARA are active across the camp. Rivalries between these gangs frequently escalate into violent clashes, placing the broader community at risk. One participant distinguished the gangs into two types, *"One type of gangs are engaged in political mobilization, but another type is involved in criminal activities such as abduction and extortion".*

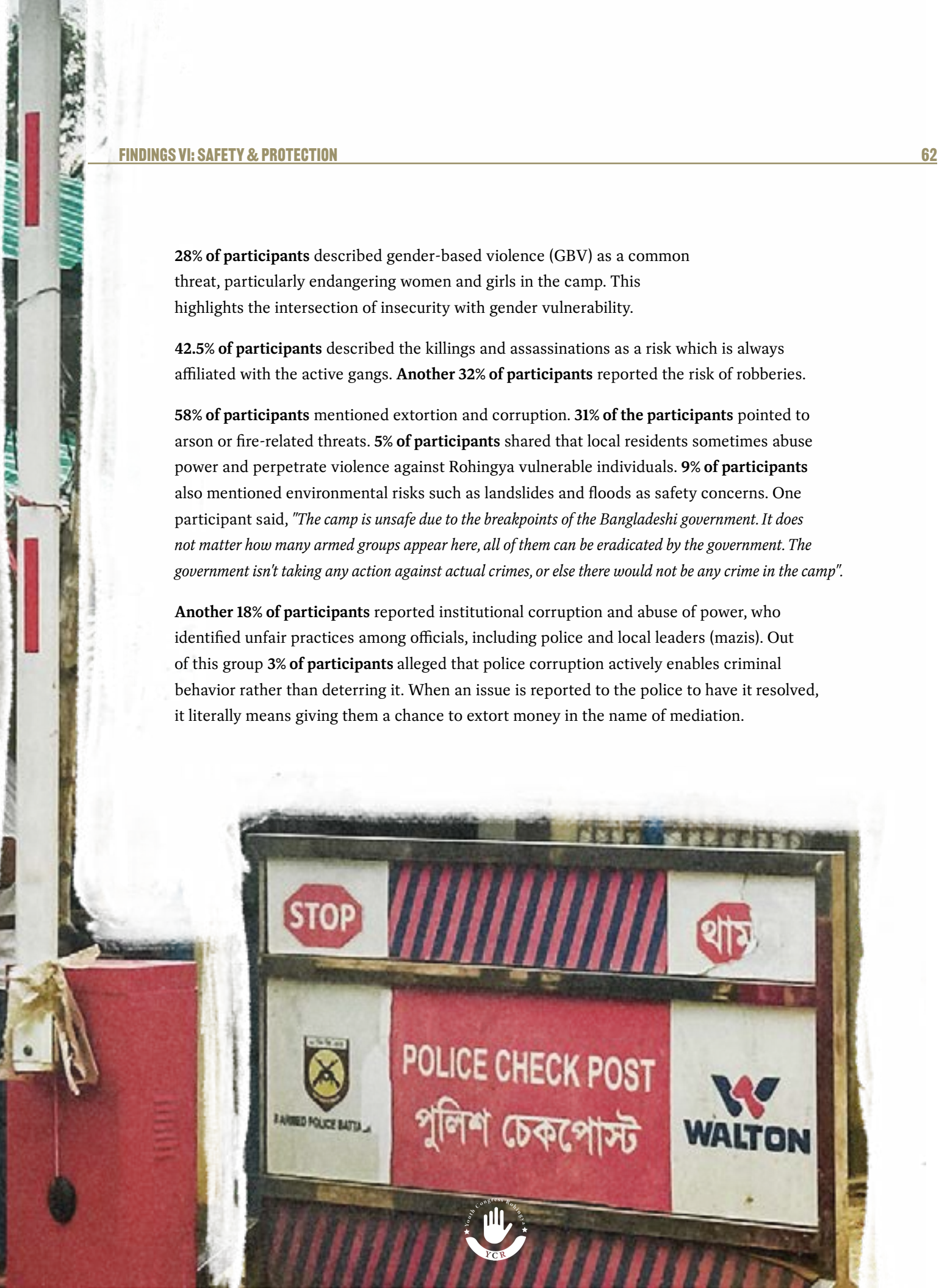
Violence in various forms was reported **by 57% of participants**, including kidnapping, robbery, and physical attacks. Kidnapping was reported as a key threat **by 37% of participants** and the fear of this risk causes people to restrict their own mobility both within and beyond the camp boundaries in an attempt to keep themselves safe. One participant narrated an incident of kidnapping, *"I know a boy who was also kidnapped from Kutupalong. The whereabouts of the kidnapper was traced. So, all these kidnappers can be traced and caught that would stop kidnapping, yet necessary actions are not taken against them".*

28% of participants described gender-based violence (GBV) as a common threat, particularly endangering women and girls in the camp. This highlights the intersection of insecurity with gender vulnerability.

42.5% of participants described the killings and assassinations as a risk which is always affiliated with the active gangs. **Another 32% of participants** reported the risk of robberies.

58% of participants mentioned extortion and corruption. **31% of the participants** pointed to arson or fire-related threats. **5% of participants** shared that local residents sometimes abuse power and perpetrate violence against Rohingya vulnerable individuals. **9% of participants** also mentioned environmental risks such as landslides and floods as safety concerns. One participant said, *"The camp is unsafe due to the breakpoints of the Bangladeshi government. It does not matter how many armed groups appear here, all of them can be eradicated by the government. The government isn't taking any action against actual crimes, or else there would not be any crime in the camp".*

Another 18% of participants reported institutional corruption and abuse of power, who identified unfair practices among officials, including police and local leaders (mazis). Out of this group **3% of participants** alleged that police corruption actively enables criminal behavior rather than deterring it. When an issue is reported to the police to have it resolved, it literally means giving them a chance to extort money in the name of mediation.



VULNERABLE GROUP

According to experience and witnesses of the participants, certain groups face even higher risks. Specifically, **42% of participants** described that new arrivals are vulnerable to kidnapping and ransom demands. **22.5% participants** reported that richer families are frequent targets of robbery and child abduction, and 6.5% of participants reported that young girls face threats of forced marriage and sexual abuse. One participant narrated an incident of forced marriage, *"A gang member asked the parents to give away their daughter first. As the parents refused, he with others came with guns and took her forcibly. Then, he married her forcibly. No one could stop or oppose him."*

57% of participants shared that individuals with adversarial histories are at risk of retaliatory harm. 53.5% of participants also described that children and youth face dangers of kidnapping and forced recruitment into armed gangs. One participant made a recommendation about improving safety and security, *"There are key members in our community who should work actively to eradicate all these kidnappings, violence and others. They should also work and raise voices to make changes and improve healthcare services and food service. No one else out of our community can solve this issue, but our own community can".*

Another participant said, *"The youths are at risk of getting conscripted into an armed gang. If the only man or boy from a household is taken for conscription, it can be more serious than how it looks. If the man or boy is taken who is feeding or supporting the family, the rest of the family members would struggle to cope here besides emotional loss".*

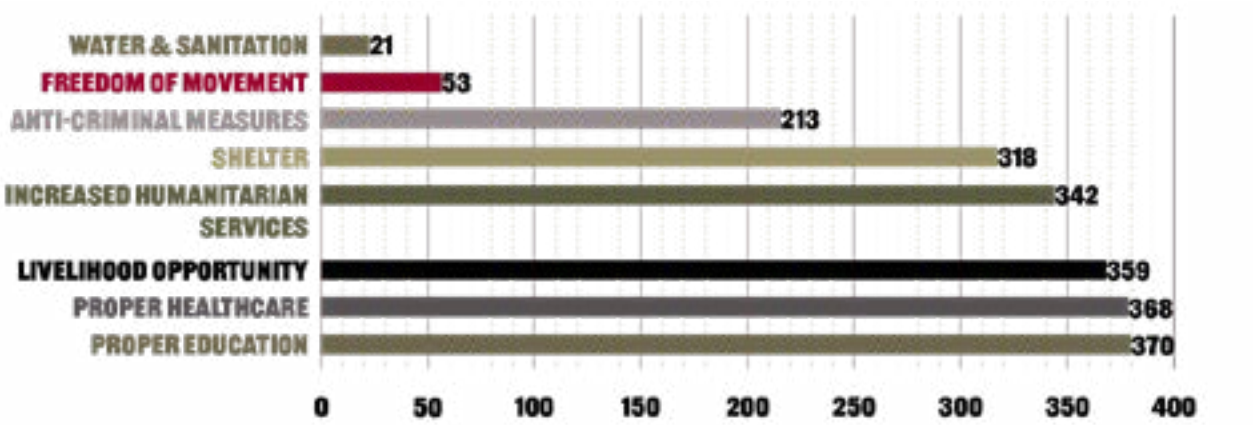
These findings reveal a complex security environment within the camp, in which criminal violence, weak protection systems, and gender-based risks combine to place already vulnerable populations at heightened risk. These perceptions about vulnerable groups underscore the need for targeted protection strategies that address the specific risks faced by distinct groups within the camp.

SAFETY COMPARISON BETWEEN THE CAMP AND MYANMAR

When comparing safety conditions, **83% of participants** reported feeling less safe in the camp than they did in Myanmar prior to escalation of conflict in Rakhine state. Some of the risks exist in both countries such as forced conscription, extortion, killing, and other violence. However, abduction for ransom is an additional risk in the camp. In Myanmar these threats to safety and security exist because there is no law and order, but in Bangladesh, these incidents appear to occur due to government negligence.

Conversely, **17% of participants** expressed that they feel safer inside the camp compared to their previous experiences in Myanmar, especially during the life-threatening situation from the conflicts. They think it's safer in the camp because they don't have the life threats that caused them to flee from Rakhine State.

Overall, these findings suggest that despite displacement, many new arrivals continue to face significant security challenges that impact their sense of safety and well-being in the camps in Bangladesh.



COPING NEEDS FOR SETTLEMENT IN THE CAMP

All 100% of participants expressed several urgent needs that are essential for settling down temporarily in the camp. Their expectations and concerns reveal a multidimensional landscape of coping needs, shaped by both immediate survival and long-term services from both the humanitarian sector and the government of Bangladesh.

Denied access to proper education, education has always been a major gap that should be improved immensely. Therefore, **all 100% of participants** highlighted access to education, expressing aspirations for education for their children in the refugee camp. While most of them referred to access to formal education within the camp, only a few participants mentioned a desire for opportunities abroad through scholarships as they aspire to attend higher education abroad.The quality of education services from the humanitarian sector has always been questionable, and the old Rohingya refugees have tirelessly raised complaints and concerns against existing ineffective education services. The new arrivals find it ineffective as well. The lack of quality and accessible education has not only been driving the children to ruin, but it will also have a destructive impact on the future. Considering this, access to formal education is a top and crucial priority for the Rohingya children in the camp.

Access to healthcare was raised by **99.5% of participants**, which indicates an overall change and improvement in the current healthcare service. The majority of the participants further explained that new arrivals are still not allowed to seek healthcare from NGO-run hospitals due to the lack of registration and necessary prerequisite documents. It was also highlighted that, although basic healthcare is accessible in the camp, there is still a gap in accessible care for chronic conditions like heart disease and high blood pressure.

97% of participants raised that employment or income-generating activities are a key to meeting basic needs and achieving self-reliance in the camp because the available humanitarian services are largely insufficient. **14% of this group** openly discussed the legal restrictions on businesses such as shops and trades inside the camp and that they should be removed. One participant said, *"The most important thing is a job for me so that I can fulfill education, healthcare, food and other basic needs for my family. The humanitarian services are not enough to fulfil all basic needs. Therefore, I need to have a job".*

Another participant suggested, *"The work opportunity and pay rate should be equal for both Rohingya and local people. I don't mean to say that local people should not be working for Rohingya in the Rohingya camp. Logically, Rohingya should be the ones to be working in the camp because we are not allowed to do any work outside the camp. What I want to say is that we and the locals can work here together. But I don't understand why there is discrimination in the payment. In a team, there are eight locals and two Rohingya. But it should be equal, five locals and five Rohingya. If Camp in-charge, RRRC and UNHCR consider this change, then the camp will automatically be a better place for us in terms of livelihood needs."*

92.5% of participants recommended improvement in the current humanitarian services. **4.5% of them** specifically requested for equal humanitarian services between new arrivals and the old refugees. **4% of them** also highlighted that the amount of food assistance they are currently receiving is not enough to sustain themselves and their families and requested that the amount should be increased.

86% of participants expressed that shelter is the main priority as it is the most current and pressing concern among the new arrivals. Their emphasis on housing shows precarity and desperation for more stable and safer shelter. For the majority of the new arrivals, shelter service from the humanitarian response is the first and main priority regarding needs for new arrivals in the camp.

In consequence of widespread crimes and security risks in the camp, **57.5% of participant**s recommended that the security measures should be increased and improved in the camp to preserve safety and protection for the vulnerable Rohingya refugees. **10% of this group** specifically expressed that they are exposed to violence and threats from the armed gangs, and there should be protection for them from these gangs. The existence of these gangs is the main threat to safety and peace in the camp, and there is widespread belief that this threat can be eliminated by the government easily.

Another 14% of participants highlighted the importance of freedom of movement within the camp and also outside for emergency reasons such as medical emergencies. 6% of the participants requested improved access to clean water, and another 5% highlighted the need for better WASH facilities such as bathrooms and latrines.

Taken together, participants revealed an interconnected set of urgent needs spanning shelter, safety, infrastructure, livelihoods, and basic services, stressing that addressing these comprehensively is essential for immediate relief as well as for fostering long-term resilience and integration within the camp.

ADDITIONAL COMMENTS

Participants expressed a range of urgent requests to the Bangladesh government, the donor organizations, and the international community, reflecting priorities for security, livelihoods, and well-being.

36% of participants expressed a strong desire for repatriation to Myanmar, reflecting their continued attachment to their homeland and hopes for a safe and voluntary return. They desire for repatriation not only for their attachment to the homeland but also because of the difficult and dangerous environment in the camp in Bangladesh. The threats from the ongoing conflict were quick and devastating, causing casualties, injuries and property damages, but the restrictions, congestion and oppression in the camp are slow and effective, causing a prison-like environment, livelihood hardships and security risks. The deteriorating condition of the camp will eventually ruin the future of the entire community. In short, the life in the camp can be neither sustainable nor prosperous. The camp is just a temporary settlement until a sustainable solution to this crisis can be achieved. One participant expressed their hopes about repatriation, *"Obviously, we cannot stay here forever. We will have to return to Myanmar someday. We should not let any bad things happen among us that would defame our entire community. We have to raise our voice and seek justice".*

Another participant said, *"Actually, when people face livelihood hardships, it influences their mentality. To restore peace among us, we should get back our homes and lives respectively. So, we should be repatriated to Myanmar with rights and possessions. I think all these problems will end if we can be repatriated to our country".*

Another participant said, *"The government of Myanmar can conduct an investigation to see whether we are bad people or not. As we have never done anything bad, I hope we will be repatriated there in the future."*

70.5% of participants emphasized the need for improved safety and security mechanisms within the camps. They have witnessed or even experienced several ongoing risks and instability in the camp such as armed gangs, kidnapping, killing, extortion, gender based violence and many more. With collaboration with Rohingya leaders and humanitarian protection actors, the government of Bangladesh has to pay attention and take necessary measures against all types of anti-social elements and criminals that have been harming the vulnerable Rohingya community. **5.5% of these participants** emphasized the importance of addressing gang-related violence.

Another 5.5% of participants requested freedom of movement within and beyond the camps. **17 participants specifically** requested the freedom to work or start small businesses as long as they are in the camp.

4.5% of participants expressed interest in resettlement opportunities in third countries. According to them, there will never be peace restoration in Myanmar, so repatriation will not be possible. The camp's environment is also not considered a place where they can settle and have a better future. There are three possible sustainable solutions to the crisis of the Rohingya community; repatriation to Myanmar, local integration within Bangladesh or resettlement to a third country. Since repatriation and local integration are not possible at this moment, they desire for resettlement to a third country where they can settle and have a better life than what they have had in Bangladesh and Myanmar. One participant expressed gratitude, *"We are thankful to the government of Bangladesh for providing asylum, thankful to UNHCR for considering us, thankful to NGOs whichever are providing services."*

67% of participants requested that the donor organizations and international community take urgent and coordinated actions to respond to the hardships and service gaps faced by the newly arrived Rohingya refugees in Bangladesh. They requested to ensure protection and safety for all newly arrived Rohingya, prevent pushbacks at the border, and guarantee fair inclusion in all services and opportunities in the camp. They also expressed the need for more livelihood and job opportunities, such as skills training and small-scale income generation to reduce dependency and restore dignity. Stronger coordination among humanitarian actors, sustained funding, and diplomatic efforts to hold perpetrators of violence in Myanmar accountable, while supporting conditions for safe and voluntary repatriation is also needed. Finally, a small number of participants shared requests for donors and humanitarian actors to prioritize mental health and psychosocial support.

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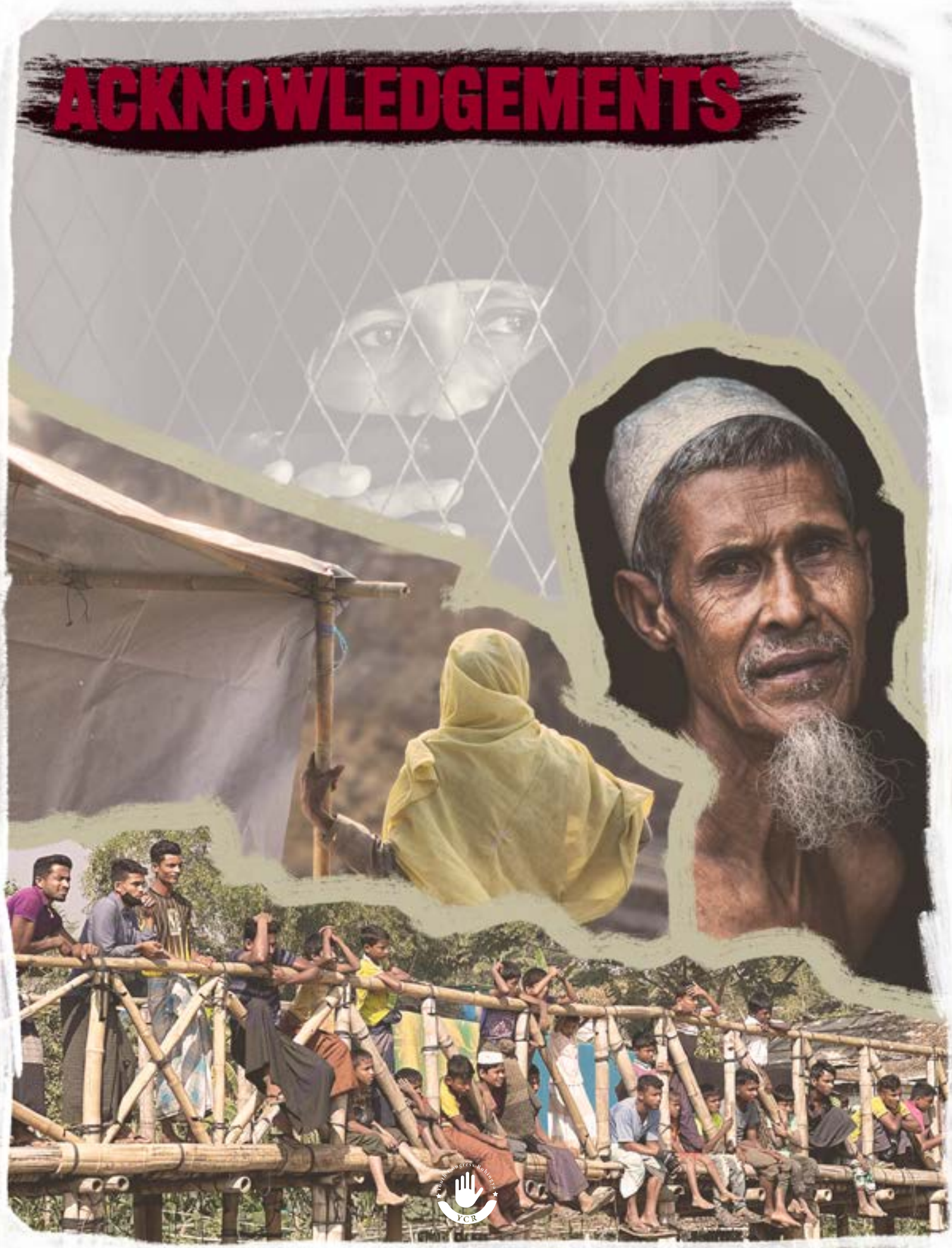

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Zahid Uddin supported data collection, transcription, and translation, contributed to team training, and assisted with report writing and dissemination efforts.

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