

HPG Working Paper

# Dignity and the displaced Rohingya in Bangladesh

*'Ijjot is a huge thing in this world'*

Kerrie Holloway and Lilianne Fan

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## About the authors

Kerrie Holloway is a Research Officer with the Humanitarian Policy Group (HPG) at the Overseas Development Institute (ODI).

Lilianne Fan is a Research Associate with ODI.

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Humanitarian Policy Group  
Overseas Development Institute  
203 Blackfriars Road  
London SE1 8NJ  
United Kingdom

Tel. +44 (0) 20 7922 0300  
Fax. +44 (0) 20 7922 0399  
Email: [hpgadmin@odi.org](mailto:hpgadmin@odi.org)  
Website: [www.odi.org/hpg](http://www.odi.org/hpg)

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# Contents

	<b>Acronyms</b>	v
<b>1</b>	<b>Introduction</b>	1
	1.1 Methodology and limitations	1
	1.2 Language and terminology	3
<b>2</b>	<b>Brief history of the Rohingya</b>	5
	2.1 The Rohingya in Myanmar	5
	2.2 The Rohingya in Bangladesh	6
<b>3</b>	<b>Rohingya concepts of dignity</b>	7
	3.1 Dignity as a social concept	7
	3.2 Dignity as a religious concept	7
	3.3 Dignity as an economic concept	8
<b>4</b>	<b>Humanitarian actors and dignity</b>	11
	4.1 Dignity in meeting basic needs	11
	4.2 Dignity in communicating with communities (CwC)	12
	4.3 Dignity in protection and human rights	13
	4.4 Dignity as agency	13
<b>5</b>	<b>Rohingya perceptions of aid and the humanitarian response</b>	15
	5.1 Arrival at the border as time of most and least dignity	15
	5.2 Overall perceptions of humanitarian agencies and dignity	16
	5.3 Importance of good treatment, especially by volunteers	17
	5.4 Equality vs targeting	19

5.5	Gender sensitivity and dignity	20
5.6	Desire for more variety in distributions	21
5.7	Attitudes towards cash-based interventions	21
<hr/>		
<b>6</b>	<b>Repatriation with dignity</b>	<b>23</b>
6.1	Rohingya perceptions of dignified repatriation	23
6.2	View of dignified repatriation by humanitarian actors	24
<hr/>		
<b>7</b>	<b>Conclusion</b>	<b>27</b>
<hr/>		
	<b>Annex 1 – Questions used in individual interviews</b>	<b>29</b>
<hr/>		
	<b>References</b>	<b>31</b>

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# Acronyms

<b>APPRN</b>	Asia Pacific Refugee Rights Network
<b>ARSA</b>	Arakan Rohingya Salvation Army
<b>CBI</b>	Cash-based interventions
<b>CwC</b>	Communicating with communities
<b>FGD</b>	Focus group discussion
<b>HPG</b>	Humanitarian Policy Group
<b>ICG</b>	International Crisis Group
<b>IDP</b>	Internally displaced person
<b>ICRC</b>	International Committee of the Red Cross
<b>IFRC</b>	International Federation of Red Cross and Red Crescent Societies
<b>INGO</b>	International NGO
<b>IOM</b>	International Organization for Migration
<b>ISCG</b>	Inter Sector Coordination Group
<b>MSF</b>	Médecins Sans Frontières
<b>NGO</b>	Non-governmental organisation
<b>NRC</b>	Norwegian Refugee Council
<b>ODI</b>	Overseas Development Institute
<b>PSEA</b>	Protection from sexual exploitation and abuse
<b>SGBV</b>	Sexual and gender-based violence
<b>UN</b>	United Nations
<b>UNFPA</b>	UN Population Fund
<b>UNHCR</b>	UN High Commissioner for Refugees
<b>UNSC</b>	UN Security Council
<b>WASH</b>	Water, sanitation and hygiene
<b>WFP</b>	World Food Programme



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# 1 Introduction

At the beginning of 2017, Rakhine State in Myanmar was home to almost one million stateless people, almost all of whom self-identified as Rohingya (UNHCR, 2018b). The violence that caused more than 720,000 Rohingya to flee across the Teknaf River to the district of Cox's Bazar in Bangladesh in August 2017 was rooted in centuries of shifting power dynamics, migration and fluid boundaries and decades of systematic discrimination and persecution of the Rohingya Muslim population by the Myanmar government and military. The Rohingya displacement is one of the most protracted in the world, and the Rohingya community the single largest stateless group worldwide. The first influx of refugees arrived in Bangladesh in 1978 and camp settlements have been a continuous presence in the country since the 1990s (Mahmood et al., 2017; Milton et al., 2017; Myanmar Humanitarian Country Team, 2017).

This case study is part of a two-year project by the Humanitarian Policy Group (HPG) at the Overseas Development Institute (ODI) looking at dignity in displacement. Dignity is a pervasive concept in current international humanitarian discourse. Mentioned in all foundational human rights documents and central to humanitarian principles, it is often invoked in the context of modern humanitarian action. Throughout the past two decades, dignity has appeared in most humanitarian policy and programme documents and donor requirements, has been listed among key project goals and has been used widely in advocacy campaigns (Holloway and Grandi, 2018). This study is rooted in the assumption that humanitarian agencies use the word dignity because of its positive connotations. Yet, most do not know what the affected community's idea of dignity is, nor do they provide their own definition or evaluate if and how they are supporting it.

The goal of this case study, therefore, is to explore how Rohingya refugees perceive dignity and whether they believe the humanitarian response in Bangladesh is upholding or undermining their dignity. As one interviewee, a 24-year-old man, born and raised in Nayapara, asserted: 'Dignity is a very huge thing in this world. If a person does not have dignity, he has no reason to live'. Rohingya interpretations of dignity are compared to those of humanitarian actors. What is clear through this research is that the Rohingya interviewees conceptualise dignity consistently,

although not homogenously, but their conceptions do not always correlate with those of the interviewed humanitarian actors, who tend to use 'dignity' as a synonym for the type of aid they are giving. This does not mean that the current displacement response is undignified, only that there are contrasting definitions of what dignified aid is.

The structure of this working paper is as follows. The remainder of this chapter identifies the methodology used in this case study and issues of language and translation and Chapter 2 provides a brief history of the Rohingya in Myanmar and Bangladesh. Chapters 3 and 4 present concepts of dignity from the perspective of the Rohingya and humanitarian actors working with them respectively, while Chapter 5 highlights how Rohingya perceive aid through the lens of dignity. Chapter 6 discusses Rohingya and humanitarian actors' views on dignified repatriation, and Chapter 7 concludes with recommendations for making the humanitarian response more dignified, according to the concept of dignity put forth by the Rohingya interviewees.

## 1.1 Methodology and limitations

This study uses a qualitative approach to understand how Rohingya conceptualise dignity and how closely their conceptualisation relates to that of humanitarian actors involved in the response to their displacement in Bangladesh. The study centred on three main research questions:

- How do Rohingya perceive dignity?
- How do humanitarian actors perceive dignity?
- In what ways do Rohingya see the humanitarian response as upholding/undermining their dignity?

These questions are grounded in a literature review surveying how dignity has been conceptualised generally throughout history – philosophically, legally and medically – and specifically in the humanitarian sector's responses to displacement (see Holloway and Grandi, 2018).

Seventy-five semi-structured individual interviews<sup>1</sup> and eight focus group discussions (FGDs) were

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1 See Annex 1 for a list of questions used in the individual interviews.

conducted between 18 April and 10 May 2018 with Rohingya in the Cox’s Bazar district of Bangladesh. The interviews were conducted by two different research teams, following training with HPG researchers and a pilot of the interview questions, which continued to be adjusted slightly throughout the fieldwork. The first research team consisted of five Bangladeshi researchers (two men and three women) from Restless Beings, a UK-based non-governmental organisation (NGO) that has been working with the Rohingya community in Bangladesh since 2009. The second team comprised two Rohingya researchers (one man and one woman), both of whom have lived in Nayapara for more than a decade. While the Bangladeshi researchers had undergone previous training including intensive training with HPG prior to this project, the Rohingya researchers had a shortened training session with HPG due to limitations placed on their movement and employment. This led to two separate, disjointed teams: the Rohingya researchers were more in-tune with the community, having grown up in the camps, yet lacked further training in research methods, whereas the Bangladeshi researchers were better trained, but not part of the community they were interviewing. The disconnect between the two teams was one of the main limitations of the study, although their findings were similar enough to assume that neither of these limitations – lack of training or not being Rohingya – affected the data significantly. Both teams’ findings have informed the study equally.

Participants were selected through canvassing, and pre-established criteria – gender, age, length of displacement and camp – were used to ensure a diverse sample

(see Table 1), although the sample is by no means exhaustive or representative of the entire Rohingya refugee population. Prior to participating in the study, all participants were informed about the goal of the project, the length of the interview and the confidentiality of the process. All gave verbal consent before and after being interviewed, following Mackenzie et al.’s (2007) framework of iterative consent.

The interviews took place in six camps: Kutupalong, Balukhali, Gundum, Jamtoli, Moynarghona and Nayapara (see Table 2). Camp borders are fluid and follow varying naming systems, which make definitive demographic information challenging. For example, Balukhali and Gundum are names of informal camps that have existed for years but were engulfed by the Kutupalong Expansion Site after the recent influx of refugees. Thus, in the table below, both Gundum and Balukhali are incorporated into the information for Kutupalong.

The location of the camps (see Map 1) was a limitation to the study, with the Bangladeshi researchers conducting interviews in the first five camps, while the Rohingya researchers conducted their interviews only in Nayapara. Ideally, both research teams would have been able to conduct interviews in all camps to more fully triangulate the responses. The concept of dignity was consistent across the camps, but refugees’ experiences of the humanitarian response differed greatly in Nayapara, due to its location and the conditions there.

After the interviews, three validation FGDs were held in which refugees who had been part of individual interviews were invited to listen to the initial findings

**Table 1: Individual interviews**

		Male	Female	Total
Gender		37	38	75
Age	16–24	9	8	17
	25–40	12	17	29
	41–59	7	5	12
	60+	9	8	17
Displacement	Old arrival (>1 year)	19	22	41
	New arrival (<1 year)	14	14	28
	Entire life	4	2	6
Camp	Kutupalong	20	21	41
	Nayapara	10	9	19
	Other	7	8	15

**Table 2: Camp information and demographics**

Camp	Current population	Population before 25 August 2017	Interviews conducted
Kutupalong (registered and Expansion Site)	608,857	113,146	41
Jamtoli (Camp 15)	49,298	3,452	7
Moynarghona (Camp 16)	21,590	1,274	8
Nayapara (registered and extension/Camp 26)	69,653	25,086	19

Source: UNHCR (2018a)

and analysis and respond with additional input.<sup>2</sup> This process greatly enriched the research, allowing participants to receive validation on their own contributions, further clarify their points and be involved in analysis.

Twenty-one humanitarian actors from 17 local, national and international NGOs were interviewed (see Table 3) out of the 127 in operation. This number was smaller than originally planned, as our local Bangladeshi and Rohingya researchers did not feel comfortable interviewing staff of INGOs and UN agencies, and ODI staff had limited time in the field during which to conduct interviews. No interviews with humanitarian actors could be conducted in Nayapara. While this study is not exhaustive or representative, it sheds light on the understanding of dignity by humanitarian workers and the existing gaps in understanding between the humanitarian community and the Rohingya.

## 1.2 Language and terminology

Rohingya is an Indo-Aryan language, borrowing many words from Arabic, Burmese, Hindi, Persian, Urdu and even English (Azizul Hoque, 2015). It is an oral language and has no standardised or internationally recognised script, although four different scripts have attempted to capture the language: Urdu, Arabic, Rohingyaish and Hanifi (see Translators without Borders, 2017). Rohingya is similar to Chittagonian, the local dialect of Cox’s Bazar, and Chittagonian

2 The first validation FGD took place in Kutupalong and comprised 12 old arrivals (more than one year in the camps) – seven women and five men. The second validation FGD took place in Gundum and comprised 14 new arrivals (less than one year in the camps) – 10 women and four men. The final validation FGD was held in Nayapara with 10 women. While it is later noted that the segregation of women is key to women’s dignity, the mixed FGDs in the validation exercise did work – women felt comfortable speaking and even challenging the opinions of men in the group, and men listened to what the women had to say and reframed their own opinions around points made by women.

**Table 3: Interviews with humanitarian actors**

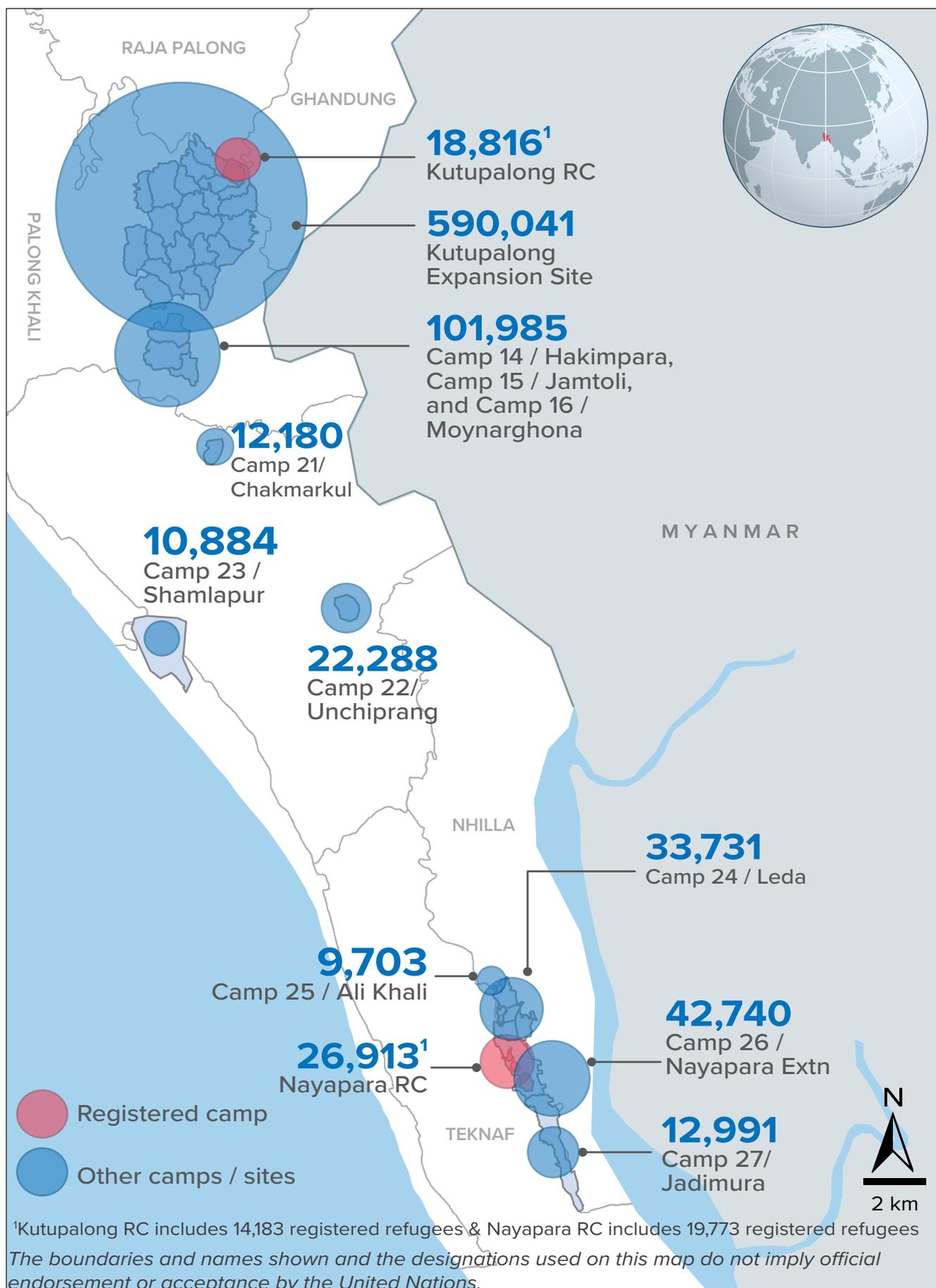
Type of organisation	Interviews
UN agency	4
International NGO	5
Red Cross/Red Crescent Movement	2
National NGO	1
Local NGO	5
Total	17

speakers are often used as local research and operational partners as Rohingya refugees face severe restrictions on employment (CARE Bangladesh, 2017). However, this leads to translation problems and misunderstandings as Chittagonian is only 70% similar to Rohingya (see Palmer, 2011; Internews, 2017; Translators without Borders, 2017).

There are two main words that are used in Rohingya for dignity – *maan-shomman* and *ijjot* – whereas Chittagonian combines these two terms into *izzot-shommon*. Although the Rohingya understand what the term *maan-shomman* means, they prefer to use *ijjot* as it is the one that is derived from Arabic (*izzat*) while *maan-shomman* is derived from Sanskrit (*maan-samman*).<sup>3</sup> Both *ijjot* and *maan-shomman* translate as ‘dignity’ when translated back to English. These words were confirmed with our research partners, both the Bangladeshi researchers who speak Chittagonian and the Rohingya researchers, as well as with linguists working with Translators without Borders, and then tested during the pilot phase of the research. When interviewing the Rohingya, both terms were used to assess interviewees’ concept of dignity, rather than employing a translated version (i.e. translating the Western concept of dignity into the Rohingya language) as the aim of the research was to analyse what the Rohingya mean by *ijjot*.

3 For more on this, see the Translators without Borders Glossary for Bangladesh at <https://glossaries.translatorswb.org/bangladesh>.

Map 1: Location of camps in Cox's Bazar District, Bangladesh\*



\*On this map, Balukhali and Gundum are incorporated into the Kutupalong Expansion Site.  
 Source: UNHCR (2018a)

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# 2 Brief history of the Rohingya

The history of the Rohingya in Myanmar is politically charged and widely debated. Most humanitarian organisations begin by looking at the Rohingya's first wave of mass displacement in the 1970s (Pattugalan and South, 2013; NRC, 2017); however, a more detailed look at their history and issues of citizenship can help understand why this occurred.

## 2.1 The Rohingya in Myanmar

While some claim that the dominant history of the Rohingya has ignored the relatively recent mass migration of Muslims from the Chittagong region of Bangladesh into Northern Rakhine after the opening of the Suez Canal in 1869 (Tonkin, 2015; Leider, 2018), the history of the Rohingya can be traced back to the ninth century when Arab merchants arrived at an Arakan port (in present-day Rakhine State) on their way to China. Fighting between the Arakan and Burmese kingdoms and the eventual victory by the Burmese triggered a mass exodus of Muslim Arakanese into the Chittagong region of Bangladesh, many of whom returned only after the British annexed Arakan in 1885 (Ullah, 2011; Uddin, 2015; Farzana, 2017; Haque, 2017; Ibrahim, 2018).

Since Myanmar's independence in 1948, there have been three main waves of displacement to Bangladesh by the Rohingya. The first came in 1977–78, when a military operation in Rakhine, 'Operation Dragon King', created a population registry to confirm Rohingya citizenship, but later forcibly evicted those registered through intimidation, rape and murder, and excluded them from the subsequent national census. Approximately 300,000 Rohingya fled to Bangladesh, only to return via a repatriation programme in 1979, labelled as foreigners or illegal immigrants. In 1982, Myanmar enacted a strict citizenship law to intentionally deny citizenship to the Rohingya, leaving them stateless (Farzana, 2015; Haque, 2017; Kyaw, 2017; Wade, 2017). Under this law, citizens of Myanmar must be members of 135 nationalities, or 'pure-blooded nationals', who had settled in Myanmar prior to 1824. Although the Rohingya claimed their ancestors have lived in the area that is now Rakhine State for several centuries, the government of Myanmar stated that the Rohingya were never part of Myanmar's history and labelled them 'Bengali'.

However, Bangladesh asserted that the Rohingya did not cross the border until the migration of 1977. When identification cards were issued in Myanmar in 1989 the Rohingya were not issued cards.

The second wave of mass migration occurred in 1991–92, when around 270,000 Rohingya fled to Bangladesh after a campaign of forced labour and rape by Myanmar's military following the failed democratic election of 1990 and the deregistration of many Arakanese civil society organisations. Between 1993 and 1997, approximately 230,000 Rohingya returned to Myanmar via a repatriation programme, although the process – conducted with the cooperation of the UN High Commissioner for Refugees (UNHCR) and pursuant to formal memorandums of understanding with the governments of Bangladesh and Myanmar – was marred by claims of forced and coerced repatriation.

Steady movements of Rohingya to other countries have occurred throughout the 2010s, as the struggle for citizenship and recognition continued. In 2014, the Myanmar government refused to allow 'Rohingya' as a category of identification in a national census. Between 2012 and 2016, approximately 168,500 Rohingya left Myanmar (UNHCR, 2017). Recently, gaining citizenship in Myanmar has been specifically linked with dignity. Citizenship is seen as 'one of the most basic human rights endorsed by the Universal Declaration of Human Rights' (Uddin, 2015: 76), and Rohingya demand to be given 'their dignity as citizens of Burma' (Farzana, 2017: 91). This connection was key in discussions around repatriation with dignity – explored further in Chapter 6 – held with Rohingya interviewed for this study.

On 24 August 2017, the peace-building report of the Kofi Annan-led Advisory Commission on Rakhine State gave wide-ranging recommendations, including that the Rohingya be allowed freedom of movement, integrated fully into society and given a pathway to citizenship, sparking a new round of attacks by the Arakan Rohingya Salvation Army (ARSA). The Myanmar army retaliated, razing villages, raping women and executing between 9,425 and 13,759 Rohingya from 25 August to 24 September (Mahony, 2018; MSF, 2018). This was labelled "ethnic cleansing" under the guise of clearance operations' by the United Nations

Security Council (UNSC) (UNSC, 2018: 4). By 12 April 2018 approximately 687,000 Rohingya had fled to Bangladesh (ISCG, 2018b).

## 2.2 The Rohingya in Bangladesh

Rohingya who have fled to Bangladesh remain stateless and are denied freedom of movement, the right to work and the right to be educated. Thus, they are driven into marginal and clandestine activities, and those who find work do so illegally and for low wages. They are unable to seek help from law enforcement, local administration or service providers outside of the camps, nor can they legally own a mobile phone. When this study was conducted, they still had no recognised identity documents or legal status, due to the lack of a refugee policy in Bangladesh and the government of Bangladesh view of the Rohingya as temporary migrants, awaiting return to Myanmar (Uddin, 2015; Milton et al., 2017; Riley et al., 2017; ISCG, 2018a).

The majority of Rohingya refugees who fled Myanmar since 25 August 2017 went to the Kutupalong-Balukhali Expansion Site, swelling its previous population of just over 100,000 to 608,857 residents, and the overall population of Rohingya in Bangladesh is almost 900,000 (UNHCR, 2018a; ISCG, 2018b). For three months following this influx, only 20% of refugees could partially meet their own food needs with the rest relying heavily on humanitarian assistance (WFP, 2017). As of 25 February 2018, at least 127 humanitarian organisations (13 local, 45 national and 69 international), 12 UN agencies and the Red Cross and Red Crescent Movement were active in the camps (ISCG, 2018a). The arrival of a large-scale humanitarian response has helped to mitigate some of the problems faced by the Rohingya in Bangladesh. While they are still unable to work or leave the camps, food distribution and medical treatment exceed what was previously available.

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# 3 Rohingya concepts of dignity

Several key themes and conceptions of dignity emerged when interviewing Rohingya refugees for this study and these can be categorised into three broad groups: social identity, religious practice and economic self-reliance. First, dignity is social and collective – communal or familial – and is rooted in mutual respect. Second, dignity is religious, grounded in religious practice, particularly purdah, or the covering of women’s bodies and gender segregation. Finally, dignity is economic and related to self-reliance, which combines with and enables the first two conceptualisations. These elements constantly intersect as a woman in the validation FGD in Kutupalong explained:

*Economic freedom is so important. I feel for men, especially, this gives them the respect and dignity they seek. To be able to support their family, to not have to force their women to go to the distribution days or be in a queue with strange men to collect aid means he has protected us from unwanted situations and feelings of indignity.*

Although the last two realisations of dignity (purdah and self-reliance) are more gendered than the first, the social aspect of dignity means that Rohingya men are dignified when Rohingya women can uphold purdah, and Rohingya women are dignified when Rohingya men can support their families. Furthermore, there is a religious aspect to men’s dignity, through the freedom to practice their religion by praying five times a day and going to the mosque, and an economic aspect to women’s dignity, especially for women who are heads of household.

## 3.1 Dignity as a social concept

First and foremost, dignity for the Rohingya interviewed for this study is overwhelmingly a social concept, portrayed through collective dignity and mutual respect. As one Rohingya community leader explained: ‘In my culture, dignity is possible when we all have dignity as a community’. Similar connections were made by a 16-year-old girl: ‘I feel our dignity is very much linked to how we see ourselves in our community’. Dignity was typically expressed in terms of mutual respect and

good behaviour, and respect for others was often articulated before respect for self. According to one 23-year-old man, ‘[when] I treat others well and don’t treat them badly, then I will be respected and also have dignity’. A 39-year-old man defined dignity as ‘treating people with respect and being treated with respect ... living respectfully with my community and getting respect back’ while a 35-year-old woman remarked: ‘Everything we do for each other is related to dignity’.

Beyond respectful action towards one another, polite speech and using the right greetings and titles is another way in which many Rohingya interviewees claimed their dignity is respected. As one 25-year-old man who had been in Bangladesh since the age of 10 stated, ‘Dignity is through speech and action, and to get it, we must all give it when we live our lives and are part of a community’. An 18-year-old man, newly arrived in Nayapara, also mentioned speech when defining dignity, giving an example of two people who bump into each other on the street and show respect to one another by saying *salaam*.

Furthermore, this mutual respect is inter-generational, and dignity was described by a 46-year old man in Jamtoli as ‘living in harmony with everyone, elders respecting youth and youth respecting elders’ and a 35-year-old man in Nayapara as ‘being kind to the young and respecting the elder, also considering the younger ones as people who have the same dignity like me and respecting them’. Similarly, an FGD of Rohingya youth who arrived at Kutupalong 12 years ago said dignity has a lot to do with being respectful to and respected by the elders, while another FGD of young females newly arrived at Gundum felt their dignity was upheld when humanitarian organisations were respectful towards elderly Rohingya, highlighting again their view of collective dignity.

## 3.2 Dignity as a religious concept

Dignity also has a religious practice dimension, stemming from Rohingya experiences of facing religious persecution for practicing Islam. Many Rohingya mentioned the freedom to worship and

practice their faith, for instance by being able to pray five times a day, as examples of dignity. As one Rohingya woman explained in the validation FGD: ‘Our dignity is defined by our culture and our spiritual practice, and if we cannot exercise all these things then we have no dignity or a normal life’.

For many of the Rohingya women interviewed, the main manifestation of dignity is *purdah*. *Purdah*, an Urdu word meaning ‘curtain’, is common among Muslim and some Hindu communities across South Asia (Papanek and Minault, 1982). For Rohingya women, exercising *purdah* takes two forms: covering one’s body from the gaze of men who are not immediate family and gender segregation often achieved by remaining inside their own homes for much of the day. When women do leave home, they cover themselves with a hijab or burka (Ripoll, 2017). A 25-year-old new arrival in Gundum explained *purdah* as ‘to stay at home, not go out unnecessarily and be in front of strange men; to be the queen of my house and take care of my family; and to be a good Muslim woman’.

*Purdah* was most often described by Rohingya women in terms of privacy and choice. Rather than feel forced to stay at home, several women equated dignity with *purdah* and ‘not being forced to leave the house’ or ‘not leaving the house unnecessarily’. Others described it as having the freedom to choose whether to leave the home or not since ‘as women we prefer to stay indoors and take care of our families’. For one young woman, dignity is ‘when we do not have to go out for no reason, queue up with random men ... [or be] exposed to lots of strangers who are men’. The choice, or freedom, to wear the veil was also mentioned multiple times, as this starkly contrasts with Myanmar, where Rohingya women were forced to remove the veil at checkpoints when travelling or when applying for a marriage license.

*Purdah* is also viewed as being important for men’s dignity; many of the men interviewed believe that women who maintain *purdah* preserve the dignity of the family and, by extension, their own dignity. This demonstrates how social and religious dignity intersect, as a woman’s dignity is intrinsically linked to the dignity of her whole family via *purdah*. As a newly arrived man explained in the validation FGD in Gundum: ‘If we can provide for the family, then their *purdah* and role is not affected. So yes, *purdah* is important to us and, I think, all Rohingya men’. Thus, women’s dignity, through *purdah*, is also linked to men’s economic ability – the third dimension of Rohingya dignity.

### 3.3 Dignity as an economic concept

Many refugees described dignity in terms of being able to provide for one’s family and having financial stability, with one man saying in the validation FGD of old arrivals: ‘Working hard and earning your own livelihood is a big part of the Rohingya identity and our idea of dignity’. Several interviewees defined dignity similarly, including a 25-year-old newly arrived man who said that it was ‘being able to work and earn my own money’. The economic aspect of dignity is also important to women, particularly through familial dignity or for women who are now heads of their household and would rather work than receive aid. When her husband worked and supported the family in Myanmar, one new arrival in Balukhali explained that he had a lot of respect in the village, and this contributed to her honour and dignity. A 35-year-old woman, now living alone with her four children in Balukhali, explained: ‘If we got the chance to do something to work, it would be better for us so that we could help ourselves’.

Rohingya employment in Bangladesh is significantly restricted to informal labour markets, and those who want to work are often unable to. As a 33-year-old newly arrived man explained: ‘Living peacefully and supporting my family through my earnings are all about having dignity and living with dignity. At the moment I am not able to earn and support my family and myself. This is horrible for me’. A refugee who felt he received some respect from the Rohingya community because he was a shop owner said: ‘Dignity to me is living with respect and being able to have my own financial foundation. Being able to buy my own clothes and my own home’. To him, this small bit of financial freedom meant he could ‘live in a dignified way despite the conditions’.

The Rohingya are not the first to link dignity with self-reliance. UNHCR’s Evaluation and Policy Analysis Unit describes self-reliance as ‘the social and economic ability of an individual, a household or a community to meet essential needs ... in a sustainable manner and with dignity’ (De Vriese, 2006: 2). Similarly, the Asia Pacific Refugee Rights Network (APRRN) claims that human dignity is ensured and durable solutions are achieved only when people can attain self-sufficiency, and Crabtree recognises that ‘the denial of opportunities to practice safe livelihood strategies also hinders the ability to care for oneself and one’s family, which is intimately linked to self-worth and dignity’ (APRRN, 2014; Crabtree, 2010: 55). For the Rohingya interviewees, self-reliance also ties

together the first two concepts of dignity – economic empowerment brings the respect of the community and allows women to exercise purdah, as there is no need for them to work outside of the home. When

women do work outside the home, they often do not feel empowered, but rather guilty for not upholding their religion or devoting enough time to their home and family (Ripoll, 2017).



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# 4 Humanitarian actors and dignity

Staff of a small number of local and international humanitarian organisations were also interviewed about their conceptions of dignity. None of the workers knew if the Rohingya had a term for dignity, or how the Rohingya understood the concept, though all felt that dignity was an important concept in humanitarian action and one they took seriously and incorporated into their programming. In general, dignity was seen as central to, and synonymous with, the humanitarian response that particular actors provide to Rohingya refugees in Cox's Bazar.

Furthermore, concepts of dignity were often neither contextually nor culturally nuanced. While there was recognition among some humanitarian actors of the need for 'digging deep' to develop a more anthropological understanding of community concepts, perceptions and perspectives, most humanitarian agencies tended to conceptualise dignity through the lens of pre-determined humanitarian principles, sectors, programme approaches and goods provided (i.e. dignity kits). Humanitarian interviewees evoked dignity in everything from meeting basic needs, such as water, sanitation and hygiene (WASH) and healthcare; communicating with communities (CwC); protection and human rights; and agency.

## 4.1 Dignity in meeting basic needs

Both local and international humanitarian workers identified global humanitarian standards – the Sphere Project (2011), the Core Humanitarian Standard (CHS Alliance, 2014) and the standards for camps and camp-like settings set out in the *Camp Management Toolkit* (NRC, 2008) – that had been developed with dignity in mind, thus equating dignity with meeting basic needs. For each sector, standards are formulated based on the consideration of preserving dignity in humanitarian situations. Interviewees working in WASH, health and protection sectors for INGOs particularly saw dignity in this way.

In WASH, for example, access to a lockable latrine and a shower were mentioned by interviewed humanitarian actors as providing dignity and privacy as much as protecting public health. Yet, available land in Cox's Bazar district is severely limited, leading to densely packed living conditions (see Box 1). The speed of the influx of refugees also meant latrines were built rapidly and conjointly, so a block of two latrines comprised one for men and one for women. The Inter Sector Coordination Group's (ISCG) 2018 Joint Response Plan acknowledges the poor quality of the latrines and lack of gender segregation, noting that 'given space restrictions, latrines are shared blocks and the majority are not disaggregated by gender'; and, since there were no pre-existing WASH facilities in the expansion camps, 'emergency facilities that were put up quickly in the first phase of response have been low quality, necessitating decommissioning and retrofitting' (ISCG, 2018a: 12–14). The Joint Response Plan also affirms a focus on dignity in the WASH sector: 'Beyond the obvious importance of meeting basic sanitation needs and preventing disease, access to safe, private, and adequate WASH facilities plays an important role in the protection and dignity of affected populations, particularly girls and women', and that the way to ensure dignity is upheld is through 'people-centred, participatory approaches at all stages of the response' (ISCG, 2018a: 48). Now, one year after the most recent influx, things are slowly changing. One INGO WASH worker mentioned that as site planning occurs in areas designated for resettlement for families currently living in monsoon-prone areas, latrines are being planned in consultation with Rohingya women as one way in which more dignified conditions can be created in the camps.

Dignity is also viewed by workers in the health sector as fundamental to the paradigm of medical ethics – the core principle for health workers in upholding the basic dignity of patients, which respects patients through practices such as consent and confidentiality (Cohen and Ezer, 2013). In healthcare, dignity is seen as individual and within the constraints of the doctor–patient relationship; yet, due to the speed and scale of the crisis, dignity is often ignored in favour

## Box 1: Density in the camps in Bangladesh

The camps in Bangladesh are the largest and most densely populated refugee settlements in the world, and overcrowding is a major problem (ICG, 2018; UNHCR, 2018b). The Sphere Handbook recommends refugee camps have at least 30m<sup>2</sup> per person, excluding gardening space (Sphere Project, 2011). The density in the camps in Kutupalong at end of May 2018, however, is extremely poor, with an average as low as 0.63m<sup>2</sup> of usable area per person in Camp 6, where only 4% of the camp was judged by UNHCR and the International Organization for Migration (IOM) to be 'usable area', or area populated by refugees and not prone to floods or landslides. At the end of May 2018, only one camp, Camp 20, exceeded the Sphere recommendations, with an average of 50.53m<sup>2</sup> of useable area per person (UNHCR, 2018a). The root of this problem lies in the initial reluctance of the Bangladesh government to allocate sufficient land for the number of refugees who arrived after August 2017 (Cairns, 2017). More land is currently being made available to the response, but population density is likely to remain high as many families living in monsoon prone areas are to be relocated here.

of saving lives and treating as many people as swiftly as possible. As one international healthcare worker explained, 'We would be kidding ourselves to say that when at the edge of our capacity we were still providing a dignified service. At that point, we were doing what we could to save lives'. Similarly, the need for new staff often outweighed the need for staff to be properly trained in sensitive practices. 'We are heavily reliant on the bedside manner of staff who have not received a lot of training', explained one respondent. 'This is a risk because if someone manages a patient in the wrong way, there is a high chance that action could result in the loss of dignity for the patient'.

In interviews with humanitarian actors working in the protection sector, dignity was directly mentioned in relation to sexual health, sexual and gender-based violence (SGBV) and protection from sexual exploitation and abuse (PSEA) programmes. One INGO integrates considerations of dignity into their approach to handling SGBV or mental health cases by using code words or symbols, such as a flower, in the place of direct terminology to signify the type of case they are seeking treatment on so patients do not

have to verbalise sensitive and traumatic experiences to strangers, which also preserves confidentiality and prevents stigma. In this way, humanitarian agencies regard privacy, protection of identity and confidentiality as key elements in the creation of an environment where people can access dignified treatment.

Many agencies also distribute 'dignity kits'. One UN agency has two separate types of dignity kit, one for new mothers and one for victims of sexual violence, with the Mama Kit including menstrual pads, underwear, sandals, soap, towel and baby clothes and the SGBV Kit replacing the baby clothes with new clothing for the women so victims can dispose of any clothing associated with the traumatic event, including a *btamein*, a traditional Rohingya garment consisting of a long piece of cloth used to cover the lower part of the body. However, these kits, while intended as a well-meaning response, must be culturally sensitive (in line with the IFRC and ICRC Code of Conduct (1994) which states: 'We shall respect culture and custom'). One donor cited an example of a dignity kit that included long pieces of white cloth resembling the kafan cloth used by Muslims for burial, which may have been interpreted in a negative and even traumatic way by Rohingya refugees who had recently fled ethnic cleansing. Thus, cultural sensitivity can be lacking in humanitarian responses, particular when the emergency is acute and sudden onset, offering agencies less time to prepare.

## 4.2 Dignity in communicating with communities (CwC)

The right to information and the issue of communication in general was also identified by many humanitarian actors working on CwC as being a key element of a dignified response. 'There's something very powerful about having a conversation, being able to actively listen to what people are discussing and reflecting on it', explained one respondent. Yet, although its importance was widely acknowledged and there has been significant progress in this area, many pointed to communication as an area where there was a big gap between need and response, with the main challenge mentioned being issues of language and translation.

At the most basic level, communication makes it possible for humanitarian actors to engage with beneficiaries, keep them informed and hear their views about how to improve humanitarian programmes. At a deeper level, communication opens a channel for aid agencies to start to understand trends, priorities and concerns as articulated by Rohingya themselves. Developing an understanding of broader issues is not

always easy, however, as many agencies tend to pose narrow questions and guide answers, designed to extract feedback from beneficiaries about particular projects. As one respondent from a communications agency said, ‘We haven’t been asking the right questions, and we’ve been satisfied with answers without probing’.

One approach to communication highlighted as good practice by several organisations is ‘What Matters?’ – a regular newsletter capturing the views of the refugee community by a coalition of agencies, including BBC Media Action, Internews and Translators without Borders. The methodology used by these agencies was active and unconditional listening, where Rohingya refugees ‘can tell us anything they want, without prescribed answers’. This method of engagement, which takes seriously what people were saying without judgement or fixed assumptions, is assumed by aid agencies to build greater trust between agencies and refugee communities and, at the same time, generate analysis about refugee perceptions and priorities that will hopefully be invaluable to the wider humanitarian community. The key innovation here is ‘the difference between listening to what people want to tell us or just focusing on what we want to ask people’. The organisations invested in Rohingya translators and worked in the Rohingya language, based on the belief that learning to speak and understand the language that communities use in their everyday life is an issue of dignity.

By contrast, one donor gave an example of undignified communication in how some agencies are using the word ‘portering’, even though there are many alternative words that would be as good, if not better, to describe the role. Currently in Bangladesh, ‘porter’ is the name given to volunteers who carry aid for vulnerable groups and for teams that are tasked with carrying supplies from warehouses to the camps during the height of the monsoon season (ISCG, 2017; CARE Bangladesh, 2017; IOM, 2018). Yet in Myanmar, ‘porter’ is a loaded term, used for Rohingya forced by the Myanmar army to carry their supplies (Petrasek, 2000; Irish Centre for Human Rights, 2010; Arakan Project, 2011). By relabelling these roles as ‘assistants’, ‘helpers’ or ‘managers’, the dignity of the Rohingya would be upheld, rather than undermined.

### 4.3 Dignity in protection and human rights

For some humanitarian actors, dignity is embodied in the concept of protection, and, accordingly, a priority for a dignified response is mainstreaming a protection

approach into humanitarian interventions. At the most basic level, this means making sure people feel safe. Safety alone, however, is not sufficient; it must be accompanied by respect for dignity and for human rights.

Agencies working on PSEA also mentioned upholding the dignity of the Rohingya as central to their objectives, in that their efforts worked to ensure respect for beneficiaries as dignified human beings and to protect them from harm and exploitation from aid workers, who have a responsibility to assist and protect them. The PSEA approach, underpinned by six core principles, recognises the fundamental power imbalance in the relationship between humanitarian workers and beneficiaries, and identifies the potential for abuse of that unequal relationship. It reminds humanitarians of their obligations towards people in need and of the rights of beneficiaries, viewing PSEA by aid workers as gross misconduct and a fundamental failure in protection (IASC, 2002).

For many respondents, the concept of dignity was inextricably linked to that of rights. As one humanitarian actor put it, ‘rights are dignity and dignity itself is a right’. All five local humanitarian workers, as well as several workers from INGOs and UN agencies, related dignity with rights, as established in the Universal Declaration of Human Rights. Several respondents believed the fundamental challenge to placing dignity at the centre of the response was that humanitarian agencies did not grasp that this was both a human rights crisis and a refugee crisis and required a response centred on the restoration of human rights as well as protection. This lack of understanding was not only conceptual: it resulted in inadequate preparedness to respond to a highly traumatised population fleeing violence and in need of protection. As one respondent remarked: ‘We are still trying to understand why there was so little preparedness, especially in the early days. Too much of the response focused on logistics to meet basic needs, but not enough on making people feel safe and preserving dignity, particularly upon arrival at the border’. Others, however, disagreed. While they believed that dignity is linked to rights, the main challenge in their opinion was not that humanitarians did not grasp the true nature of the crisis, but rather that the crisis is highly politicised, and there is zero space for rights-based advocacy.

### 4.4 Dignity as agency

Overall, in many discussions with humanitarian actors, dignity – whether defined as basic needs, communication or protection – was closely tied with

agency and the active participation of the affected community. Participation is what Slim (2015) terms a ‘dignity principle’ and is encoded in Article 7 of the IFRC and ICRC’s Code of Conduct (1994): ‘Ways shall be found to involve programme beneficiaries in the management of relief aid. Disaster response assistance should never be imposed upon the beneficiaries ... We will strive to achieve full community participation in our relief and rehabilitation programmes’. Participation is also enshrined in the Humanitarian Charter: ‘We offer our services in the belief that the affected population is at the centre of humanitarian action, and recognise that their active participation is essential to providing assistance in ways that best meet their needs’ (Sphere Project, 2011: 23). In Bangladesh, some signs of meaningful participation can be found in healthcare, communication and protection, though more could still be done to ensure the agency of the Rohingya.

In healthcare, for example, some programmes champion women as community volunteers, seeking out other women who may be in need of services or support. A number of agencies saw the provision of contraception and abortion options as interventions that were linked to dignity, since they offer women control, or agency, over their sexual and reproductive health.

In communication, informing people of their choices and the reality of their situation was seen by some respondents as an important way of ‘giving back control’ to displaced people. At the same time, the importance of the right to information went beyond restoring what had been lost, and was about ‘treating Rohingya as equals, even within a set of power relations’. Thus, as well as providing the Rohingya with information, communication also gives Rohingya the space to speak and be listened to. As one CwC worker for a UN agency explained, ‘You cannot communicate with people if you do not give them high consideration, if you do not listen to them’.

Finally, in protection, several workers from UN agencies and INGOs emphasised that communities must define their priorities, and the role of humanitarian agencies was not to directly protect crisis-affected people, but, rather, to facilitate ‘community-based protection’, rooted in a nuanced understanding of what the community wants. Such a bottom-up understanding, however, requires digging deeper into research at the community level – a challenge in a humanitarian emergency of this scale. Nevertheless, many believed it was important that communities were involved in protection and that community-based approaches were integrated into humanitarian response, as they also build trust and develop a dialogue between humanitarians and refugees, as well as between refugees and host communities.

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# 5 Rohingya perceptions of aid and the humanitarian response

The three Rohingya dimensions of dignity that came out in the interviews conducted for this study – social, religious and economic – underpin how the Rohingya interviewees perceive humanitarian assistance provided during their displacement; yet, as seen in the previous chapter, humanitarian actors often view dignified aid in terms of meeting basic needs, communication, protection and agency. Though expressed differently, enough overlap exists between humanitarian actors’ and the affected community’s ideas of dignity that most Rohingya believe aid organisations prioritise their dignity. When they receive respect and the freedom, or agency, to practice their religion, including *purdah*, they feel dignified; but the recognition that they were no longer able to support their families, or meet their basic needs, was often the moment when they felt least dignified. Once in the camps, the treatment and mutual respect from humanitarian actors is significant for Rohingya’s dignity, often expressed by humanitarians as communication, but so is equality and the protection and prioritisation of vulnerable populations, which interviewees felt deserve more respect and support than others. Even when the two conceptions of dignity align, policies aimed at upholding dignity are not always implemented and can result in its undermining.

## 5.1 Arrival at the border as time of most and least dignity

The arrival into Bangladesh was a time when many of the Rohingya experienced mixed feelings relating to their dignity. Many identified this as a time in which they felt most dignified because strangers recognised their struggle and provided them with food, water and shelter, even though they were not obligated to do so. As a man in the new arrivals validation FGD stated: ‘The people of Bangladesh did something we will never forget. They did not need to do this and never needed to, but they still did and did it because they care. This made us feel like our emotions, struggles and dignity mattered to them’. Yet, at the same time, many of the respondents – and often the same respondents –

claimed that their arrival at the border and the first time they received aid was also the time they felt least dignified since arriving in Bangladesh,<sup>4</sup> because they realised they were dependent on aid for survival. Thus, this moment of receiving aid was identified as a time when the respect of strangers, or the social dimension of dignity, was upheld while the loss of self-reliance, or the economic dimension of dignity, was undermined.

None of the Rohingya interviewed for this project mentioned the presence of INGOs or UN agencies when they crossed into Bangladesh; instead they were met by local Bangladeshis. A 27-year-old man who arrived two years ago recounted his arrival story as the point when he felt that his dignity was most strongly upheld through the efforts of a local CNG driver who persuaded the border guards to allow him to enter. Once across the border, the CNG driver took the man and his family to his house, fed them and took them to Kutupalong. Others shared similar stories and often spoke about this moment in terms of dignity as respect. A 40-year-old man in Moynarghona remarked: ‘When the people of Bangladesh came forward to help us, gave us a place of residence which they made for us, it really made me feel they love and respect us and understand what we went through’. Similarly, a 55-year-old woman in Balukhali stated:

*On the day that my family and I first came to Bangladesh, we were homeless and barely human ... but the sincerity and warmth of the people in Bangladesh was overwhelming and felt good. My family and my relatives and I were very respected, and this is when I felt most dignified.*

Others spoke about arrival in terms of acceptance. A 35-year-old man in Moynarghona stated: ‘The people of Bangladesh accepted us when we got here. This acceptance is when I felt most dignified’. The hospitality of the local, and even not-so-local,

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4 Because of the trauma Rohingya faced in Myanmar and on their journey to Bangladesh, interviewees were asked only about their experiences since arriving in Bangladesh, rather than since leaving Myanmar. For a list of questions asked, see Annex 1.

Bangladeshi population has occasionally gone unnoticed (see, for example, Humanitarian Advisory Group and Nirapad, 2017), though its presence is unsurprising. Local Bangladeshis' assistance to the Rohingya demonstrates how local people can be effective first responders and the importance of hospitality as a crucial resource in displacement (Friese, 2010; Wilson, 2013; Bennett et al., 2016; Mcnevin and Missbach, 2018).

Upon arrival in Bangladesh, the receipt of food and shelter was consistently cited as a time of feeling most dignified. For instance, a 48-year-old man who arrived 10 years ago explained: 'I started to feel most dignified from the day I received food and was able to eat in peace. After what I experienced, this moment made me feel most whole as a person in Bangladesh'. Similarly, a 40-year-old woman who arrived only nine months ago stated: 'Since arriving in Bangladesh, to be able to get some food and support and eat a meal every day and have a roof above our head is when I felt the most dignified'. Shelter also relates to purdah, giving women privacy, safety and a home to oversee. As another woman newly arrived to Gundum explained: 'Shelter meant I had my privacy again. Whatever the shelter looked like didn't matter at that point. It was ours and a safe place to call home'.

Attitudes to reliance on aid vary, and links to the most commonly cited time when Rohingya felt that their dignity was most diminished: when they received aid for the first time and realised they were no longer self-sufficient. Whereas the Rohingya interviewed who entered Bangladesh after 25 August 2017 stated that their dignity was upheld upon their arrival, this was not always the case for those who arrived between five and 25 years ago, who received practically no aid. As a 60-year-old man who arrived 10 years ago explained, 'Since arriving in Bangladesh, many of us really struggled. There was not as much aid as there is now and certainly not as much support. Now we have a bit more to eat and shelter and support. This has helped us feel more dignified'.

One Rohingya interviewee preferred the life he had in Bangladesh prior to the recent influx and arrival of aid agencies because he was able to work rather than rely on distributions. He explained:

*When I arrived in Bangladesh, we didn't get near as much aid as we do now and there were not as many Rohingya. So, before we used to be able to leave the camp and work for our food on a daily basis and return to the camp. This meant we felt we could live with dignity and earn our keep and be self-sufficient. Since the new Rohingya*

*have arrived, we can no longer leave the camps, and the rules have changed. We are stuck in the camps like prisoners and can now no longer work to earn and support ourselves. Like the new Rohingya we need to queue to get aid. Our mothers and sisters also have to queue to get aid. This is a loss of dignity for me, and it hurts we have to do this now to survive.*

Others agreed, noting that 'because of the new arrivals we get more aid sometimes and are happier about this, but overall it would be nice not to have to rely on aid at all and be able to earn our own money and support ourselves'. Similarly, a 60-year-old man newly arrived in Balukhali remarked: 'When I go to collect my relief, I feel least dignified in these moments. I cannot help myself and support my family like I used to when I was in Burma and had my own business'. As these examples demonstrate, both new and old arrivals felt a loss of dignity at being unable to provide for their families and their reliance on aid. However, this was more complex for old arrivals who had previously received very little help but were allowed to find work and support themselves.

One-fifth of respondents, however, chose not to describe the time they felt least dignified, with many stating that all their time in Bangladesh was more dignified than in Myanmar where they faced severe restrictions on movement, education, political participation, marriage, livelihoods and even reproduction<sup>5</sup> as well as forced labour, arbitrary taxation and land confiscation. In Bangladesh, though still limited in their movement with no access to employment or services, they are free to exercise their religion, and there is no fear of night checks (Lewa, 2009; Amnesty International, 2017; Ripoll, 2017; Ibrahim, 2018). Nevertheless, as Jones (2017: 26) points out, 'if you take away and continually abuse a group's rights to such a degree that their best hope is to live in a refugee camp in Bangladesh you have effectively created a situation where these people have no dignity, are disgraced, unwanted and de-humanized'.

## 5.2 Overall perceptions of humanitarian agencies and dignity

The majority of Rohingya interviewed saw aid agencies, particularly those who treat them with respect, as upholding their dignity, often because they

5 Rohingya families are restricted to two children, with at least 36 months between births. Additional children do not receive legal documentation, any access to services or appear on family lists (Mahmood et al., 2017; Ripoll, 2017; Mahony, 2018).

gave assistance without being obliged or forced. As a 48-year-old man said, 'They want to do it and come out of their way to support us. Knowing they care and want to support us gives us dignity'. Others agreed, including a 50-year-old man in Kutupalong who stated: 'If they didn't respect and care for us or our dignity then they would not come out of their way to support us like this. The fact that they do makes me believe they do prioritise our dignity'. Similar findings came out of a study on how local communities experienced the humanitarian response after Typhoon Haiyan. In this study, the Tzu Chi Foundation emerged as the 'most loved' agency in Tacloban because they used a language of 'love' and 'care', rather than that of 'accountability' and 'feedback' (Ong et al., 2015). While this point may seem obvious based on humanitarianism's first principle of 'humanity', it often gets lost in the operational aspects of delivering assistance with the humanitarian actors interviewed for this study equating dignity with meeting basic needs, focussing on the material aspect rather than the underlying motive. The link between dignity and assistance appears in the first core belief of the Sphere Charter: 'those affected by disaster or conflict have a right to life with dignity and, therefore, a right to assistance' (Sphere Project, 2011).

Four Rohingya who were interviewed individually did not believe that aid agencies prioritised their dignity and that it was not their duty to do so. As a 25-year-old Rohingya who had been in the camps since the age of 10 explained:

*I don't think [humanitarian agencies] prioritise dignity. I think they are just doing their job and want to help us. I feel they are more interested in saving our lives and keeping us alive. I don't think it's about dignity as such. I'm sure they are prioritising our lives over our dignity.*

Although he did not explicitly link dignity with aid, his response also references the desire to help, similar to the statements mentioned previously. Another 23-year-old new arrival agreed, explaining that he did not think humanitarian agencies prioritised dignity, but that their priority was meeting basic needs, though he continued: 'But they certainly are good to us and treat us with respect and recognise our dignity'.

Dependency on aid, therefore, creates a context that paradoxically upholds dignity and undermines it, as it not only provides for basic needs, but also reminds Rohingya of their lack of self-reliance – a tension that exists between humanitarian actors' view of dignity and that of the Rohingya. Yet, aid is necessary for Rohingya to feel some normalcy. As an 18-year-old

woman who came to Bangladesh at the age of seven stated:

*We are a community that is dependent on aid, so you have to understand, my friend, that we need a lot of support now to feel some degree of normalcy. The aid they give us is doing that. It's helping us feel a bit better in our current circumstances, and this makes us feel like we have some dignity.*

Similarly, one FGD of elderly Rohingya concluded that dignity makes them feel like they are living as much of a normal life as they can, under current conditions.

### 5.3 Importance of good treatment, especially by volunteers

This study confirmed that beneficiaries see dignity as less about *what* aid is given and more about *how* aid is given (Oxley, 2018). The mutual respect that was prevalent in the social dimension of dignity re-appeared, with a man who had lived in Kutupalong for more than 10 years stating: 'When others are kind to us, we will reciprocate it. Even if they aren't, we will still be kind because we understand that they are giving us aid, and it's not always easy'. A 30-year-old woman described how aid agencies cared about her dignity because they spoke with her calmly, listened to her needs and were honest about whether they would be able to help her situation. Others mentioned that when aid organisations took time to stop by their houses and ask how they and their family were doing, they felt that they had more dignity. This connects with humanitarian actors' emphasis on the need for communication in order to uphold dignity (see Chapter 4) and supports the International Committee of the Red Cross (ICRC) Professional Standards for Protection, which links the dignity of affected people with 'taking the time and having the empathy to listen to, and interact with individuals and communities' (ICRC, 2018: 28).

Aid agency staff's use of language can have a big impact on how the Rohingya perceive their treatment. Most Rohingya said that most aid agencies treat them well, say *salaam* and call them *bhai* (brother), *mama* (uncle) or *auné* (the most formal version of 'you'), depending on their age. Conversely, using incorrect salutations undermines the dignity of the Rohingya. A 65-year-old woman remarked that when aid organisations call her *tui* instead of *auné*, typically used for a young child, she felt belittled and that her dignity was not important, or upheld. Young

Rohingya agreed. When they were referred to as *tui*, they also felt their dignity was not upheld, and they prefer to be called *tūi*, a more formal address used between peers and colleagues (see also Translators without Borders, 2018a). Likewise, a 40-year-old man mentioned that ‘when aid organisations are rude to us it upsets us and makes us feel less than human. And when they are nice to us and call us brother (*bhai*), then we feel like we are part of them and not strangers who are causing them a problem or being a burden’.

There have been some instances where Rohingyas have felt that they have not been treated with dignity by humanitarian workers. As a man who has been in Kutupalong for more than 10 years explained: ‘Most organisations are great. We are so grateful to them. But some organisations hire the wrong type of people who forget simply to be nice to us’. During an FGD of seven women between the ages of 25 and 65, the women agreed: ‘If someone humiliates us, disrespects us, treats us badly or abuses us, then we feel a lack of dignity’. Similarly, a 21-year-old man who has lived in Kutupalong since the age of three and who had a bad experience at a hospital in the camp stated: ‘The way they treat us is not always good and strips us of our dignity. Their treatment has a big impact’.

The desire to be well treated by humanitarian agencies is universal. In the interviews undertaken for this study, however, treatment seemed to vary greatly between camps. Although 12 out of 41 respondents in Kutupalong and three out of eight in Moynarghona spoke of aggressive treatment in the aid queues, including being beaten with sticks, or aid being taken by volunteers, this type of treatment was consistently mentioned in interviews conducted in Nayapara, appearing in 13 out of 19 interviews.<sup>6</sup> Almost all the interviewees living in Nayapara mentioned that they were treated with disrespect, spoken to rudely or harshly, shouted at or beaten with sticks of wood or bamboo whilst standing in aid queues. These practices were constantly linked to the idea that their dignity was not being respected.

Moreover, often these experiences were expressly linked to staff hired from the host community. One man in Nayapara explained how Bangladeshi workers hired by humanitarian agencies treated them poorly and expected bribes for aid when their supervisors were not around. Others in Nayapara agreed, noting treatment given by foreigners differed greatly from the workers who spoke Bengali, and

<sup>6</sup> Based on the location and security concerns in Nayapara, no interviews with humanitarian actors were conducted in this camp.

## Box 2: Poor treatment by aid organisations

Though it may seem obvious that Rohingya wish to be treated with respect and decency whilst in distribution queues, stories told in interviews and FGDs highlight the poor treatment that many have received. Male Rohingya youth, for example, feel disrespected when aid organisations ask why they are relying on aid rather than earning money to provide for their families. These questions make them feel like beggars and undermine their dignity, particularly as it is illegal for them to leave the camps or work – a fact that is likely known and used to make them feel uncomfortable. Similarly, in an FGD of women who had arrived more than one year ago, they spoke at length about times when distribution volunteers and staff asked them questions such as ‘Why have you come instead of your husband? Have you come because you want to rub up against men in the queue?’ They were called ‘sluts, and dirty perverted women who come to touch the men in the queue and flirt with them, using aid as an excuse’. In these instances, aid organisations gave aid to men quickly and forced the women to wait longer at the distribution point, making the participants feel like objects without dignity.

one interviewee equated the treatment of Bangladeshi workers with that of soldiers in the Myanmar army. Following the most recent influx of Rohingya, there are twice as many refugees as local Bangladeshis in the sub-districts of Ukhia and Teknaf – an increase that, when accompanied by the large humanitarian response, has caused increased prices, decreased wages, lost farmlands, longer commutes and large-scale deforestation and environmental degradation as well as fears for health and security (ICG, 2018). These tensions should not be taken lightly or dismissed when implementing programmes for the Rohingya or employing members of the host community to distribute aid that they also need but are not receiving.

By contrast, one group that received high praise for respecting and upholding dignity of the displaced Rohingya was the Bangladeshi army – findings that are consistent with recent reports by Save the Children International, Plan International, World Vision International and Translators without Borders (Severijnen and Steinbock, 2018; Translators without Borders, 2018b). As a 25-year-old man who has lived

in Kutupalong for 15 years remarked: ‘When they are around, the aid is given out fairly, and we all receive it. The organisations are more professional and give aid out properly when the army are present and helping. I wish the army was present at all aid distributions’. A 30-year-old woman who arrived in Kutupalong only seven months ago agreed: ‘Some NGO staff take away some of our aid, especially the good things. But they do not do this when the Bangladeshi army is there ... When the army is around, they respect everyone’.

## 5.4 Equality vs targeting

Equal treatment in how aid is delivered and what is provided is viewed as important by the Rohingya interviewed for this study and connects to the social dimension of dignity that emerged in the interviews. When asked why she believed humanitarian organisations prioritised dignity, a 26-year-old new arrival in Balukhali remarked: ‘They can see we are all the same with the same issues and struggles we have escaped from. They treat us all the same’. Likewise, when asked what she wished humanitarians did differently to respect her dignity, a 30-year-old new arrival in Kutupalong responded: ‘Treat us all the same ... Make sure we all get the same respect and the same things and the same amount of things’. Yet, due to the chaotic nature of the influx, the disorganisation of the camps and the lack of Rohingya translators, this often did not happen; and accountability mechanisms, such as consultations and follow-up surveys, were slow to get underway.

Experiences of inequality were often seen as undermining dignity. As a 70-year-old woman in Jamtoli explained:

*Some Rohingya get more than others. And those like me and my family have very little compared to other Rohingya, and they are not seeking out families like ours who do not have enough. They are not prioritising us, and the aid process is a little unbalanced. As a result, I do not feel our dignity is their main priority.*

Similarly, a 35-year-old man in Nayapara stated that NGOs did not prioritise dignity because they did not treat people equally. In his understanding, ‘we are Rohingyas; we all have to be treated the same’.

The desire for equality extends beyond the camp block, with refugees living in Nayapara fully aware that they lack much of the assistance given to those living closer to Kutupalong, due to the smaller international presence in Nayapara. Several

interviewees mentioned how fans, solar panels and gas stoves were distributed at Kutupalong and Balukhali, but not at Nayapara. While conditions in Kutupalong were worse than Nayapara through much of the 1990s–2000s, the most recent influx of refugees to the area near Kutupalong – and the camp’s comparative proximity to Cox’s Bazar, where INGOs and UN agencies are based – have resulted in many improvements. Less attention, however, has been paid to Nayapara and the camps further south (Ullah, 2011). Although this study did not include interviews with refugees living in Jadimura, Leda, Shamlapur and Unchiprang, other studies suggest similar trends exist in these regions (see, for example, Translators without Borders, 2018b; Xchange, 2018b).

Yet occasionally, purposeful inequality, or targeting, is understood and even appreciated. For example, as it was explained in a validation FGD, if a family has twice as many members than their neighbour, then they should receive twice as much food, as it is logical this family would need more. If, however, the larger family also receives a floor mat or another non-food item, then this type of targeting is not understood, as both families need the same items. Moreover, both the family who receives something and the family who does not feel tension with one another rather than with the organisation who has given the item. Thus, while the World Food Programme (WFP) (2017) advocates for needs-based targeting or prioritisation, this decision is likely to be unwelcome by the majority of Rohingya, even those who are included in the new distributions.

Targeting is also understood in terms of the Rohingya participants’ understanding of vulnerable populations – the elderly, pregnant women, single women with children and the chronically ill. Occasionally humanitarian agencies deliver aid directly to these populations, with many Rohingya wishing humanitarian organisations could do this more, particularly for the elderly and pregnant women as it prioritises their dignity (ISCG, 2017). In an FGD of elderly Rohingya, most had experienced having aid delivered to their house, and all agreed this upheld their dignity. One FGD participant did not receive aid directly, but his grandson collected it. For him, having aid delivered directly to his house would mean his small grandchild would not have to carry heavy distributions through the camps. Another woman, in her mid-30s and a single mother, pointed to the delivery of aid to the homes of the elderly as evidence that aid agencies prioritise their dignity, even though she herself did not benefit from this arrangement, nor did she suggest she should.

## 5.5 Gender sensitivity and dignity

Along with direct provision of aid for vulnerable populations, most spoke of their desire for gender-sensitive distribution practices, such as separate aid distribution queues for men and women. Several single women equated standing in aid distribution queues with the time in which they felt least dignified, since they could not maintain *purdah*, and many wished for women to be allowed to receive their aid first so that they could return home quickly to their household responsibilities, such as cooking and looking after the children. Although separate aid distribution queues for men and women are promoted in many humanitarian policy guidelines (see, for example, Sphere Project, 2011), in practice it does not always occur.<sup>7</sup> When separate distributions did take place, one woman felt it showed these agencies were thinking about the problems that women face on distribution days, while another stated she felt her dignity was taken into account because there was a separate queue for women that was also staffed by female volunteers. Similarly, another young woman remarked that she felt aid agencies took her dignity into consideration when they distributed ‘womanly things’ through female volunteers and staff.

Because of the importance Rohingya place on *purdah*, the dignity of women is strongly tied to privacy, especially in relation to WASH facilities. As a 30-year-old woman who has lived in Kutupalong for the past 11 years stated: ‘For me, dignity is being able to have privacy, live with my modesty and have a clean and safe and private place to bathe’. A man in the validation FGD in Gundum confirmed this view: ‘The latrine situation is so embarrassing. The latrine I use is for everyone. Women and men both use it, and it’s just awful. Women and men in the queue, and there is no privacy. Everything feels shameful now’. Moreover, on their way to the latrine, Rohingya must carry the *lota* – a small vessel used for personal hygiene and religious purification – through the camp, so that everyone who sees them knows where they are going.

To overcome the problems created by inadequate facilities, some women have resorted to unhealthy and demeaning coping mechanisms, such as using makeshift toilets in their houses or even limiting their food and water intake during the day, so they use the latrines less frequently (Cairns, 2017; CARE Bangladesh, 2017; ISCG, 2018a; UN Women, 2018). For young girls

reaching the age of puberty, the latrine situation is even more embarrassing, and they too often wait until evening to go to the latrines, which brings its own dangers after dark. These findings correlate to reports that have been published by CARE Bangladesh (2017) and Save the Children International, Plan International and World Vision International (Severijnen and Steinbock, 2018).

Yet, a solution for the latrine situation that would increase the dignity of the Rohingya does not require an entire rethink of the refugee camps. Latrines that are not currently segregated could be relabelled so that two shared blocks of latrines, currently one men’s and one women’s, become one set of four segregated latrines with two women’s in one area and two men’s latrines in a separate area. As one refugee explained in an FGD in Kutupalong, they do not need better quality latrines, only that the women’s latrines are in a different area from the men’s. Although more expensive than the previous recommendation, fitting water hoses to the latrines so that *lotas* no longer have to be carried from home to the latrines would also go a long way towards improving the dignity, as well as the hygiene, of Rohingya in the camps.

The segregation of social activities also encourages girls’ participation, but girls’ access to child-friendly or girl-friendly spaces may be restricted after puberty due to *purdah* (Ripoll, 2017). Several elderly men who were interviewed thought it undignified that young women were encouraged to attend girl-friendly spaces provided by NGOs and UN agencies, as it meant they spent less time in the home. One 60-year-old man, a former community leader in Myanmar before coming to Bangladesh seven years ago, described these spaces as ‘a place where the girls gather and just talk and catch up ... But as a result, girls are constantly leaving their house to go there. I feel this can be problematic and not always safe for them either’. Another 60-year-old man who arrived 10 years ago agreed: ‘It is encouraging them to go out when being modest and staying indoors is more our culture’. Younger generations, however, disagreed, with one young boy in Jamtoli remarking on his enjoyment of child-friendly spaces opened by various NGOs and a 33-year-old male in Kutupalong stating: ‘Other organisations have created spaces for women and children for additional support – a place for children to stay and support for pregnant women. This is all excellent and I really think are good examples of how they support us’.<sup>8</sup>

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<sup>7</sup> The ISCG *Gender profile* (2017) makes it seem as if segregated distributions are not occurring only in military distributions, but the interviews provided for this study show that it is more widespread.

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<sup>8</sup> None of the women interviewed for this study mentioned these spaces, and they were not asked about them directly.

Based on the concept of social dignity expressed by the Rohingya interviewees, these spaces – whether child-friendly, girl-friendly or women-friendly – are crucial for rebuilding a sense of community, as most of the Rohingya do not live near people they knew previously in Myanmar. As a 35-year-old man newly arrived in Nayapara explained:

*After we came to Bangladesh, people are not together anymore. Some are here, some are there. People are separated now. Allah let us live in Burma in a village together with fellow villagers. After we came here, we lost our neighbours, friends and siblings. We are all separated everywhere.*

Indeed, only 28% of the Rohingya interviewed for this study live with their former neighbours from Myanmar, although a few have taken the opportunity to reunite with and live near relatives who had previously lived in other villages. This finding is consistent with that of the International Crisis Group (2018), which found that village populations do not live together because they did not arrive together. And, as a 25-year-old male who migrated to Kutupalong at the age of 10 reminisced: ‘When I first came here, I didn’t know anyone, didn’t feel part of a community and didn’t feel wanted. That’s when I felt least dignified. It was the feeling of alienation that got to me most’.

When these new community structures are combined with the high density of the Bangladeshi camps, women’s movements are further restricted by purdah, as there is a greater chance of being seen by male strangers. Indeed, the phrase ‘strange men’ appeared several times in the interviews with women, who stated they did not wish to leave their house and be seen by them. Now that their neighbours, and often relatives, are dispersed, the number of people with whom women feel comfortable speaking has decreased dramatically. Promoting community engagement and building relationships among new neighbours may be one way to help increase women’s movement within the camps.

## 5.6 Desire for more variety in distributions

Though many of the interview questions focused on how aid is given, what is given was also a concern to many of the Rohingya and linked to dignity. As a 39-year-old man remarked:

*Although they give us aid, they keep giving us aid that we do not need or already have. So,*

*they keep giving us the same thing rather than what we desperately need. They are not taking into consideration our needs, and therefore, I am not sure if they are promoting dignity as such. And this also makes me feel undignified at times because, rather than get the support I need, I often find myself just being given the same thing.*

More focus on what is really needed, via more consultation about the true needs of the affected community, as well as more variety, was also linked to dignity through the idea that it would make them feel more normal.

For example, fish was consistently mentioned as the main food Rohingya wished they could be given, as it was formerly the primary source of protein in their diet. As a 25-year-old man newly arrived in Nayapara stated: ‘We received ... everything a family needs to survive except for the fish’. Another male new arrival in Gundum made similar statements:

*We used to catch fresh fish daily and eat it. Now I do not know what a fish looks like. It has been seven months since I tasted fish ... Life is so difficult when you do not even have a proper meal and spend months craving things we took for granted back in Burma.*

WFP’s Refugee Influx Emergency Vulnerability Assessment supports these claims, noting low dietary diversity with rice and oil consumed daily, extremely limited access to meat, fish and eggs and no access to fruits or dairy (WFP, 2017). Even children have noticed the difference between their dietary habits in Myanmar and those in the camps, stating they no longer eat healthy foods such as fresh fruit, vegetables and fish (Severijnen and Steinbock, 2018).

## 5.7 Attitudes towards cash-based interventions

An oft-mentioned way to incorporate more variety into distributions and uphold dignity of the displaced is the introduction of cash-based interventions (CBI) because they offer more choice and agency (see Holloway and Grandi, 2018). Cash was not mentioned directly in any of the interviews, except those conducted in Nayapara,<sup>9</sup> but when the topic

<sup>9</sup> At the time of the research, CBI were not widespread in any camps, except Nayapara, although several organisations had begun looking into if and how they could be implemented.

was broached in the validation FGDs an interesting distinction emerged. After much discussion, the old arrivals in Kutupalong decided they preferred aid-in-kind because, as one woman explained:

*I think aid is better than cash. Yes, cash sounds ideal, but more than cash I would prefer if we got aid. If we get cash, then we can't depend on there always being enough stock in the local shops. Also, sometimes cash may not be enough to pay for what we want. I would prefer to continue to get aid because it's reliable and something we know is coming and that will sustain us. Even if it means we eat very little and have small portions, at least it's something regular.*

In their view, distributions are reliable and sustaining, even if it means less variety and choice. During the validation FGD with new arrivals in Gundum, however, CBI was preferred over aid-in-kind because it would allow them to buy what their families want and need. As one woman explained, 'Not all of us can eat the things they give us ... If they give money we can buy clothes and other things like spices and vegetables and fruit – things we really crave or need'.

It is possible that the old arrivals – all of whom had been in Kutupalong for at least 10 years – preferred aid-in-kind because that is the system they are accustomed to, not having lived in a cash economy since leaving Myanmar, whereas the new arrivals, all of whom had been in Gundum for less than nine months, had only recently left a cash economy and begun relying on aid. Thus, if CBI were to be rolled out, it should be accompanied by an in-depth information strategy, in which the system is explained to the Rohingya to ease their worries, such as the effect of CBI on the stock of local markets.

One exception to this trend, however, is Nayapara, where the Rohingya respondents overwhelmingly prefer aid given in cash as it is a daily necessity when some aid agencies, humanitarian actors and the host community demand bribes or payment for aid and charge rent for the land on which the refugees live. A 25-year-old woman who arrived in Nayapara nine months ago described the situation: 'When we go to get the food, they charge us. If we cannot pay, we have to come back without food. People who can pay either 50 or 100 taka<sup>10</sup> can get food and come back'. Others recounted those who could pay 20 to 50 taka were allowed to take their ration first while the others had to wait in the sun. Even more problematic than paying for rations is paying for rent. A 38-year-old new arrival has only known a system in which he must pay rent for his land in Nayapara, saying:

*Nowadays, no one gives their land without rent ... There is no such place in Bangladesh where people will not charge for their land. At least, they will definitely charge 100 or 200 taka, so people don't want to argue for that 100 or 200. They pay them by selling their stuff or whatever way they can, and they live. When the NGOs ask them, they don't tell this. They say, 'They don't charge us'. And the NGOs leave.*

Thus, selling items from distributions becomes one way in which Rohingya can live; yet, it leads to difficult choices. As a 38-year-old woman in Nayapara explained: 'Shall we pay the rent by selling the stuff we receive, or shall we eat? The assistance we receive is not enough for us. For now, we cannot pay the rent'. When both food and shelter are basic necessities that underpin dignity and survival, having to choose one over the other unsurprisingly leads to the undermining of dignity.

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10 100 taka, or BDT, equals \$1.18.

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# 6 Repatriation with dignity

Dignity has been a key component of repatriation – in principle, if not in practice – since the late 1980s. The most recent UNHCR guidance on repatriation advocates for the 4 R’s – (voluntary) repatriation, defined as ‘the free and voluntary return to one’s country of origin in safety and dignity’; reintegration; rehabilitation and reconstruction. These guidelines include not only the restoration of rights upon return, but also reconciliation between displaced people and local residents; legal, political, economic and social reintegration; the restoration of social and economic infrastructure and the re-establishment of political order, institutions and the capacity for sustainable development (UNHCR, 2004). Yet, they offer little help to understanding dignified repatriation for a population that has had no recent citizenship rights to restore and little previous political and economic integration to re-establish.

According to a 2018 investigative report by the UK House of Commons International Development Committee, Bangladesh’s main aim seems to be sending the Rohingya back to Myanmar, which has resulted in their refusal to grant formal refugee status, to allow the Rohingya the right to work or to plan for long-term accommodation. The committee – along with other governments, UN agencies and INGOs – feels return must be voluntary, safe and dignified, and it notes that ‘there are previous episodes of displacement and return of the Rohingya, and other ethnic minorities, in Burma over the last 20 years which do not inspire confidence’ (UK House of Commons International Development Committee, 2018a: 5). This chapter explores what dignified repatriation looks like in the eyes of Rohingya and humanitarian actors working in Bangladesh.

## 6.1 Rohingya perceptions of dignified repatriation

Overwhelmingly, the Rohingya interviewed for this project were unwilling to return to Myanmar without citizenship, which they linked strongly to their Muslim identity, the safety of their community and mutual respect – all of which contribute to their sense of dignity, as outlined in Chapter 2. Indeed, as one man explained in the validation FGD in Gundum:

‘Citizenship is so important for us. They called us Bangladeshi and used that to get rid of us, so we need Burmese citizenship to prove that we are from Burma and so are our forefathers’. A 23-year-old man in Kutupalong agreed: ‘I would be so happy if I could go home ... but to do so without a citizenship card would be foolish’. Likewise, a 40-year-old male new arrival stated, ‘Our dignity is our ability to be free in our home and have the citizenship card. Without it, how can we feel dignity?’

Citizenship alone, however, is not enough for most Rohingya. It must be coupled with something more: freedom and rights, land and safety or monetary compensation. One community leader who had been in the camps for eight months explained: ‘For us, dignified repatriation would look like freedom and citizenship for us in Burma’. Freedom of movement was particularly important, and even more significant when the Rohingya compared themselves to those they saw in Bangladesh. A woman who had been in the camps more than 10 years explained: ‘The way Bangladeshi people have their freedom, that is the freedom that we want’. A 73-year-old woman in Nayapara agreed: ‘In Bangladesh, people can go to Malaysia, Saudi Arabia, and they can come back as well. They have no problem. If we could move around like this, we think this is our dignity’.

Others mentioned the right to freedom of religion and that repatriation with dignity would mean the end to religious persecution, such as being fined when they are caught praying, the closing or destruction of mosques and madrasas and the creation of ‘Muslim-free’ zones in Rakhine (Amnesty International, 2017; Ibrahim, 2018; UK House of Commons International Development Committee, 2018b). For a 74-year-old man in Kutupalong, ‘our freedom and ability to be Muslims in peace is the most important thing’. Yet, without the freedom of religion, many refugees stated that they preferred to remain in Bangladesh, because they would at least receive a Muslim burial there.

Some interviewed Rohingya stated their desire to have their belongings and land returned to them. This, however, is ‘not only increasingly unlikely, but also becoming impossible in practice’ as the Myanmar army has bulldozed dozens of burned villages and has allowed other ethnicities to settle on land vacated

by the Rohingya when they fled (ICG, 2018: i). Nevertheless, Rohingya often made statements such as ‘if our dignity is important, then I would want my land, home and belongings back’ and ‘if I can get all of my stolen things, and have my home back as it was, then I would go back. All these things make me feel whole and dignified. They hold my memories and are a part of me that was forced away’. Those who understood the unlikelihood of having their belongings returned asked instead for compensation. As one new arrival in Nayapara stated: ‘They have to build our houses back for us since they have been burnt down and destroyed’.

Others questioned why they should return when there were still approximately 125,000 Rohingya internally displaced persons (IDPs) in central Rakhine, who have been forcibly interned in 36 camps or camp-like settings – surrounded by barbed-wire fences and built only to last two or three years – since fleeing violence in 2012 (Amnesty International, 2017; Myanmar Humanitarian Country Team, 2017; Wade, 2017; UNHCR, 2018b). As a 24-year-old man in Nayapara explained: ‘The refugees from Sittwe are suffering a lot. They are being kept like prisoners. They haven’t even released these people yet and given them peace. How can they give us peace now? We don’t believe that’. Only after the IDPs are released and recognised as Rohingya would he assume that he would also be accepted and agree to return.

Finally, some of those who arrived more than 10 years ago or who have previously come to Bangladesh and were repatriated before arriving again in 2017 were adamant that they do not wish to return, regardless of what is offered to them. As a 32-year-old female new arrival explained: ‘We have fled three times, and every time we have gone the Burmese government have not allowed us to live in peace. We have struggled and have been abused every time. I do not feel dignified repatriation even exists’. Others agreed. In the validation FGD with old arrivals in Kutupalong – all of whom did not wish to return under any circumstance – one woman said: ‘Ultimately, a dignified repatriation does not make sense because that repatriation is returning us to a place where our dignity holds no importance’.

Although the sample size of this project was small, these findings correlate with the much larger study recently run by Xchange (2018a), in which more than 1,700 Rohingya new arrivals (since 25 August 2017) were surveyed about their perceptions of repatriation. In this survey, 98% of respondents said they would

return to Myanmar, though less than half a per cent (5 individuals) agreed to return unconditionally. Moreover, the Xchange survey included questions about knowledge of the repatriation process and concluded that ‘the low comprehension figures and overwhelming lack of clarity reported by respondents is extremely concerning, as repatriation should be voluntary in nature and decided with full knowledge of the process and consequences’ (Xchange, 2018a).

## 6.2 View of dignified repatriation by humanitarian actors

All the humanitarian actors interviewed for this project believe repatriation should be voluntary, and roughly half agreed with the Rohingya – repatriation must include citizenship, freedom of movement and safety and security – based on what they have heard from the Rohingya themselves, who have been strong advocates for their own conditions for repatriation. There was little difference between local and international organisations in their view of repatriation, with several claiming that dignified repatriation could only be achieved if the UN was involved in and oversaw the process.

Most of the actors interviewed believe repatriation will not be possible for years, due to conditions of deep-seated racism and the apartheid-type system that currently exist in Myanmar, which are unlikely to change soon. As one actor from an INGO remarked:

*They, quite rightly so, don’t want to return back unless they are given full citizenship of the country they feel they are a citizen and that was their home. And they want to be able to choose to go back to where they had been, which is impossible because half of it’s been bulldozed. And I heard the other day that they’re moving people there from different parts of the country. So, I don’t know that dignified repatriation can happen currently.*

By contrast, some actors – predominantly from UN agencies – were unwilling to discuss what dignified repatriation would look like, either because they did not know or could not foresee a dignified solution to the current situation.

Other humanitarian actors went further and highlighted agency and desire in the process of repatriation as key elements for dignity. As one respondent from an INGO stated: ‘If they’re just being herded around, how can there be dignity in that?’

Another respondent from an INGO agreed:

*You cannot have dignified response unless the people who are being repatriated are the driving force behind it happening. Unless they have the direction in it, unless they're the ones pushing for it, unless they have a meaningful ability to influence it, it's not going to be dignified.*

The ability to influence repatriation discussions has been severely lacking for the Rohingya. Whereas many Rohingya made the point that if the conditions were

ideal, they would repatriate themselves, demonstrating their own sense of agency, some humanitarian actors still believe their role to be essential. As a humanitarian actor from an INGO remarked, based on Myanmar's reduction of the initial list of 8,000 potential returnees to 1,000, it would take 15 years of working 24 hours a day, 7 days a week, 365 days a year to repatriate all the Rohingya living in Bangladesh. This view of the Rohingya as passive objects that need to be moved, rather than an active community with agency to move themselves, continues to undermine the dignity of the Rohingya.



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# 7 Conclusion

HPG's 'Dignity in displacement' project set out to answer three questions – what dignity means to the affected population, what dignity means to humanitarian actors working in the response and how the affected population sees their dignity as being upheld or undermined by the response – in order to position dignity more centrally in the humanitarian response. In Bangladesh, dignity for displaced Rohingya has social, religious and economic dimensions; and while these dimensions appeared consistently in interviews with Rohingya, inherent tensions between them exist that necessitate a delicate navigating of the humanitarian space by aid workers. Not every Rohingya prioritises the same things, and some Rohingya place more emphasis on one aspect of their dignity than another. For example, as seen in this study, some women believe that their dignity is upheld by purdah, or the covering of women's bodies and gender segregation, and they wish to remain in their homes, while others prioritise self-reliance and would be willing to break purdah to work outside the home if that meant they could support their families.

Humanitarian actors working in this response who were interviewed for this study evoke dignity in terms of meeting basic needs, communicating with communities, protecting vulnerable populations and giving agency back to Rohingya. While this view of dignity falls more in line with the traditional view of dignity in humanitarian action, it is more generic and impersonal than understandings expressed by Rohingya in this study. Respect and good treatment were not cited by humanitarian actors when asked about dignity, and dignity seems to have become synonymous with aid provided and divided into clusters (e.g. food security, WASH, health, communicating with communities and protection). Religion was rarely mentioned, and while some understood the importance of purdah in the lives of Rohingya women, others saw it as oppressive and the impetus behind many women's empowerment programmes. Those who have carried out focus groups and consultations with Rohingya since the beginning of the crisis are still grappling with questions of how, or even if, the typical humanitarian response can accommodate this aspect of Rohingya culture, particularly in conversations around cash distributions and gender norms. A better understanding of purdah and its importance in the lives of Rohingya women, who see it as their dignity, would be a good starting point.

Yet, the interviewed Rohingya overwhelmingly felt the response in Bangladesh did prioritise their dignity, despite the disconnect between Rohingya ideas of dignity and those of humanitarian actors. Thus, the project's initial hypothesis that a better understanding of what dignity means for the affected population will lead to a response that better upholds their dignity may need to be reconsidered. A response that maintains dignity – as perceived by the affected community in light of their current and past situation – can occur even if there is little understanding of their idea of dignity. For Rohingya in Bangladesh, the end of the persecution they faced in Myanmar is often enough to make them feel more dignified, despite their current situation seeming far from dignified in eyes of international aid workers. Conversely, in other situations, a lack of dignity may occur even when the affected community's idea of dignity is understood. Questions should be posed as to whether upholding dignity is an obtainable goal for the humanitarian community since, for the affected community, dignity is highly subjective. When the concept of dignity is unpacked and contextualised, it may not be completely achievable. Rather than speak of upholding or preserving dignity, as an end in itself, perhaps the aim should be to make the situation more dignified. In this aspect of the response, there is still much that could be done.

In terms of dignity, how aid is given is just as important as what is given, and agencies need to go back to the basics to make sure they are upholding the principle of humanity in their work. Many of the interviewed Rohingya spoke of verbal and physical abuse by humanitarian staff and volunteers, which is at odds with a community that seeks to alleviate suffering and protect the world's most vulnerable. Aid organisations and their partners should treat the Rohingya with respect, refraining from inappropriate verbal and physical treatment in distribution queues. More training for staff and volunteers and monitoring their interactions with Rohingya should take place, and funds should be allocated to this end. If not already in place, a Code of Conduct for volunteers should be established, and volunteers and staff held accountable for their actions.

Respecting the affected community also means taking into consideration their cultural and religious practices, but these practices must be known to be respected. Organisations must take time at the beginning of a

humanitarian crisis to identify points of tension that may exist between the affected population's religion and culture and traditional humanitarian responses. For the Rohingya response, these points of tension manifest mainly in gender norms. The importance of purdah and gender segregation means dignified aid for the Rohingya would be separate distribution queues and latrine blocks for men and women. While some interviewed aid workers claimed operational pragmatism and the need for speed at the beginning of the crisis response led to joint queues and latrines, segregation may not have taken more time, and there is little excuse as to why either still occurs one year later.

An important constraint that continues to prevent many agencies from understanding the cultural and religious practices of the Rohingya or involving them in their own response is the lack of available translators. Translators without Borders has been working with different agencies to increase the availability of translators and provide an avenue for effective communication, but the scale of the displacement has created an overwhelming need and too little supply. More needs to be done to solve this problem. Organisations need to provide training for translators within the camps, and donors should be willing to fund these initiatives.

With better communication and more consultation, many of the misunderstandings that currently occur in the camps could be prevented, and Rohingya could take a more meaningful role in their own response. Many interviewed Rohingya expressed dismay and did not understand when one family or portion of their block received more aid than they did. Since aid is limited by funding, the ability to better communicate with Rohingya would allow them to be involved in the decision-making process, so the community decides how supplies are distributed in a way everyone understands, as not all the Rohingya need nor want the same items. This avenue of agency is particularly important since Rohingya have been and are still being denied the ability to decide other things in their lives, due to systemic persecution in Myanmar and a lack of rights in Bangladesh, and it seems unlikely that the Government of Bangladesh will allow Rohingya to be formally employed, attend schools and move freely throughout the country in the near future. Though many humanitarian actors pointed to the lack of advocacy space in Bangladesh, humanitarian organisations should work together to encourage

the Government of Bangladesh to ease restrictions on Rohingya, particularly around employment and education, so they can support themselves and prepare for their future in the ways in which they choose.

Finally, the Rohingya crisis is both acute and protracted. Those who are currently in camps are likely to stay there for many years to come, particularly when taking into consideration their feelings on repatriation. Thus, like Rohingya before them who fled in the 1970s, 1990s and 2010s, the most recent influx of Rohingya must not be forgotten once the next pressing crisis comes along. Humanitarian agencies have, and will continue to have, a role to play in the camps in Cox's Bazar, from the vast Kutupalong Expansion Site to the smaller and currently more neglected camps further south, such as Nayapara. Conditions between the host community and Rohingya are likely to remain strained, and programmes that also benefit the host community may help ease these tensions and decrease the likelihood of mistreatment and the asking of bribes for aid, as mentioned in Chapter 5. This is already being considered by several organisations interviewed for this study, particularly in CBI, and should be encouraged by donors. As the focus moves to protracted displacement, more time should be taken to learn about Rohingya culture and consult with Rohingya in all stages of programming, from planning to implementation to evaluation. Only then will the dignity of the Rohingya have a better chance of being upheld in displacement.

This case study is but one example of how dignity plays out in a humanitarian response. The findings are contextual, and unlikely to be comparable to other crises around the world, though the issues of cultural sensitivity, respect and communication will undoubtedly remain constant. The next case study, looking at Syrians in Lebanon, should provide a good counterpoint, as a once-acute crisis sparked by an ongoing armed conflict has become protracted; the affected population does not reside homogeneously in refugee camps, but is spread among informal tented settlements and urban locales; and the humanitarian community plays a much smaller role in their lives than it does in the lives of the Rohingya. Four other, smaller case studies from Afghanistan, Colombia, the Philippines and South Sudan will also be compiled before the final synthesis report seeks to determine what humanitarian actors need to keep in mind to better understand dignity in a crisis response.

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# Annex 1

## Questions used in individual interviews

### Demographic information

- Location of interview
- Date
- Age
- Gender
- What kind of place do you come from?
- What was your livelihood before you came?
- How many years of schooling do you have?
- How long have you been in Bangladesh?
- With whom are you living now?
- Who are your neighbours now? Are any of them the same neighbours you had in your home village? Do you know where your former neighbours are now?

### Questions about dignity

- What is dignity to you?
- What does dignity look like and feel like?
- Since arriving in Bangladesh, when have you felt most dignified? Why?
- Since arriving in Bangladesh, when have you felt least dignified? Why?

### Questions about the humanitarian response

- What kind of assistance have you received in the camp? From whom?
- How have these organisations treated you, and are there any differences between organisations? Does the way they treat you relate to dignity? How?
- Do you think that humanitarian assistance has helped promote dignity?
- In your opinion, do humanitarian agencies prioritise dignity when providing assistance? If yes, what aspects of what they do make you think so? If no, why not?
- Can you think of any good or bad examples of this? Any organisations/project/programmes in particular?
- Do humanitarian agencies respect the dignity of everyone? Are there people whose dignity is better upheld than others?
- What do you wish humanitarian agencies did differently to respect your dignity?
- If humanitarian agencies were to respect your dignity in the process of repatriation, what would that look like in your opinion?



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Humanitarian Policy Group  
Overseas Development Institute  
203 Blackfriars Road  
London SE1 8NJ  
United Kingdom

Tel. +44 (0) 20 7922 0300  
Fax. +44 (0) 20 7922 0399  
Email: [hpgadmin@odi.org](mailto:hpgadmin@odi.org)  
Website: [www.odi.org/hpg](http://www.odi.org/hpg)

Cover photo: On International Women's Day 2017 in Kutupalong, UN Women encouraged Rohingya women to write their wishes on kites and fly them. However, because women choose to stay in their homes, the kites were flown by youth.  
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