RAPID PROTECTION ASSESSMENT
BANGLADESH REFUGEE CRISIS

15 October 2017
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Acknowledgements

This rapid assessment would not have been possible without:

- The communities within the sites visited, who, despite severe hardship, warmly welcomed the assessment teams and shared their experiences and perspectives.
- The focus group facilitators from CODEC, Save the Children, TAI and UNHCR who worked hard to capture and translate the perspectives of the population.
1. ASSESSMENT LOCATION MAP
1. KEY FINDINGS AND RECOMMENDATIONS

By 11 October, an estimated 536,000 Rohingya refugees had fled from Myanmar to Bangladesh following targeted violence and human rights violations at the end of August. Between 9 and 11 September 2017, an assessment team consisting of protection staff from CODEC, Save the Children, TAI, and UNHCR undertook 16 focus group discussions (FGD) with newly arrived refugees. The main OBJECTIVE of this very rapid protection assessment is to capture the perspectives of those newly arrived on main concerns on their way to and within specific sites and identify initial recommendations on how to address these concerns. The results will inform protection programming and future data collection initiatives.

Respondents to the focus group discussions highlighted severe needs across all sectors. Although the emergency response continues to expand, significantly more efforts and commitment are needed to support refugee populations to address LIFE-THREATENING GAPS IN ACCESS TO SERVICES AND BASIC NEEDS.

In the majority of FGD, participants indicated they felt relatively safe in the site where they were residing. Some indicated that the presence of the Bangladesh Army made them feel safe. The main areas where respondents feel UNSAFE are:

- **The forest:** Respondents indicated the forest is an important source of wood, dry leaves and food and serves as a location for defecation. However, groups in five sites indicated that the forest is unsafe because of animal attacks, tensions with host communities and because they fear human trafficking and theft.

- **Outside of the site/block:** In four sites, respondents indicated they were afraid to leave the site, for fear of getting lost or because they heard stories of robberies, kidnapping and harassment outside of the block.

- **Latrine and showers:** In all sites, women and girls indicated they do not feel safe making use of the latrines, even during the day. Toilets are not segregated and far away from sheds. As a result, women and girls mentioned that they prefer waiting until the night. Afraid to go too far or into the forest in the dark, many resort to open defecation close to their shelter.

In addition to existing cultural and religious constraints to movement for Rohingya girls and women, the participants indicated that a lack of appropriate clothing, fear of harassment/trafficking/kidnapping and fear of losing the way further LIMIT THEIR MOVEMENT. The lack of light is another main obstacle to movement - respondents mentioned darkness as one of the main reasons why they are not comfortable going out at night or using showers and latrines.

In the areas where aid was provided, respondents highlighted three MAIN OBSTACLES TO ACCESSING SUPPORT: distance to distribution points, long queues in the sun, lack of information on services available and unequal delivery. According to respondents, groups facing most difficulties accessing support are those with restricted mobility, such as female headed households with small children, pregnant women, elderly and women without men in the family. They all are reliant on male guardians or porters to access aid. In all sites, children were seen carrying aid items.

Traditionally, in Rohingya communities in Myanmar, small incidents, disputes or domestic violence were addressed by community leaders. In case of larger problems, the community would turn to the chairman, police or the army. Respondents indicated that communities have re-established or are in the process of setting up the traditional leadership systems. However, support was requested with setting up MORE INCLUSIVE COMMITTEES and to provide access to law and order for cases that go beyond the scope of traditional leadership systems. When asked about available services in place to help survivors of violence, none of the respondents indicated they knew where to find such support.

Most groups indicated they did not feel safe during the journey from the Myanmar-Bangladesh border to the site. EXPLOITATION by men bringing people by boat to Bangladesh, harassment, theft and a lack of access to basic needs all made the long journey very difficult. To support those currently arriving, respondents recommended providing transport, especially for persons with specific vulnerabilities and to share information along the way explaining where to go.
RECOMMENDATIONS

Based on the population’s perspectives and overall assessment findings, initial recommendations that are relevant for programming and advocacy in Bangladesh include:

- Ensure continued access to FOOD, SHELTER, HEALTH and CLEAN DRINKING WATER in all sites, including spontaneous settlements and in host communities.
- Specifically ensure access to HEALTH CARE for people with specific needs, including pregnant women.
- Continue set-up of sex segregated WASH FACILITIES and establish community mechanisms to ensure privacy is respected and protection is enhanced. To encourage use of the facilities by women during the day, promote set up of secure WASH facilities close to sheds that are shared and managed among a limited number of families.
- Provide (solar) street LIGHTS, lights around WASH facilities and household lights.
- Explore alternatives to fire wood as FUEL to reduce the need for collecting wood. Support measures to make cooking more fuel efficient.
- Expand KEY MESSAGING on where to receive aid, that all services are free of charge, how to prevent animal attacks etc., to be disseminated throughout the sites. Set up an announcement system through megaphones to share these key messages.
- Establish a GARBAGE collection system, for instance by using a network of volunteer residents and/or cash for work;
- Assess if the locations of the DISTRIBUTION POINTS satisfy the minimum standards and make appropriate adjustments, as required. Ensure alternative mechanisms are in place for delivery of assistance to persons with specific needs and elderly (e.g. delivery of goods to the houses by volunteers, etc.) Consider the implications of possible child protection efforts (e.g. prohibiting children from collecting goods) on vulnerable persons’ access to assistance (e.g. no adult family member able to carry the goods)
- Facilitate the review, or establishment and dissemination of REFERRAL PATHWAYS, both for protection including SGBV and child protection incidents and for assistance to most vulnerable;
- Provide dignity kits for WOMEN, culturally appropriate clothing, and targeted services for adolescent GIRLS
- Support TRANSPORT OF PERSONS WHO ARE VULNERABLE OR HAVE SPECIFIC NEEDS from the border to the site. Provide information and initial support at border crossings and at arrival in the sites.

This initial assessment confirmed that the refugees continue to face a wide range of significant protection concerns. To further inform protection programming, ADDITIONAL ANALYSIS is urgently required to enable prioritisation of resources, including on gaps in coverage of existing support structures, presence of risk factors by site and the proportion of vulnerable groups in different sites. Follow up data collection activities should specifically focus on the most vulnerable groups identified in this assessment.
2. METHODOLOGY

The rapid assessment was conducted by a team composed of 6 staff from CODEC, Save the Children, TAI and UNHCR. The team conducted 16 focus groups discussion (FGDs) with new arrivals.

Simplified analysis framework

<table>
<thead>
<tr>
<th>Underlying factors</th>
<th>Critical Consequences</th>
<th>Access to support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current and possible future risks and vulnerabilities.</td>
<td>Resulting protection concerns and human rights violations.</td>
<td>Access to community protection mechanisms and services providers</td>
</tr>
<tr>
<td>Causes and Drivers</td>
<td>Outcomes</td>
<td>Response</td>
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<tr>
<td>Priority protection concerns and response gaps</td>
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</tbody>
</table>

Scope

- Target Population groups: New Arrivals
- Disaggregation: Gender, Age (Adults and Adolescents)

The 3 assessment teams visited 6 sites to conduct the FGDs. The sites were selected based on two factors that influence needs: the type of site and the level of support\(^1\) provided in the sites by external actors.

After a training on 08 October 2017, 16 FGDs were conducted on 09-11 October 2017 with 190 participants. FGD were conducted in age- and sex-disaggregated groups\(^2\), as described in the table below:

<table>
<thead>
<tr>
<th>FGD Groups</th>
<th>Number of FGDs</th>
<th>Number of participants</th>
<th>Sites where FGDs conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult females</td>
<td>6</td>
<td>70</td>
<td>Nun Ali Para (Leda), Nature Park, KTP Extension, Unchiprang, Potibonia</td>
</tr>
<tr>
<td>Adult males</td>
<td>5</td>
<td>68</td>
<td>Nun Ali Para (Leda), Nature Park, KTP Extension, Unchiprang, Potibonia</td>
</tr>
<tr>
<td>Adolescent females</td>
<td>4</td>
<td>42</td>
<td>KTP Extension, Unchiprang, Potibonia</td>
</tr>
<tr>
<td>Adolescent males</td>
<td>1</td>
<td>10</td>
<td>KTP Extension</td>
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<tr>
<td>TOTAL</td>
<td>16</td>
<td>190</td>
<td></td>
</tr>
</tbody>
</table>

Participants were identified through random selection and invited directly by assessment teams to avoid interference by formal and informal leadership. Individuals with visible specific needs such as the elderly or disabled were specifically invited to participate.

\(^1\) The level of support was first identified through the ISCG 4W mapping and reviewed on-site through direct observation and discussions with the community leader.

\(^2\) “Adolescents” refers to persons aged 12 to 18.
In addition to FGD, the assessment team conducted a **Secondary data review.** The following sources were consulted:

- The [Needs and Population Monitoring System](#), Round 5, 21 September 2017
- IRC, [Multi-Sector Assessment](#), 08 October 2017
- Social Sciences in Action, ‘Social and cultural factors shaping health and nutrition, wellbeing and protection of Rohingya people within a humanitarian context’, October 2017
- Situation updates by ISCG and UNHCR
- Several media sources, including BDNews24, Reuters and Al Jazeera.

A **joint analysis session** with 8 staff with specific expertise in protection and/or knowledge of the Rohingya community was held on 13 October to review and complement the findings.

The table below summarises the timeline of activities:

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<td>Preparation</td>
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<td>Joint Analysis</td>
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<tr>
<td>Analysis and reporting</td>
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**Limitations of the assessment findings:**

The following considerations should be borne in mind:

- **Qualitative data**: Given its purpose, the assessment was designed to collect qualitative data on the ‘what’ and ‘why’ rather than the ‘how many’. The findings therefore do not include information about how many people are affected by the issues identified.
- **Extrapolation**: The findings of the assessment pertain only to the six sites that were visited for the FGDs. They cannot be extrapolated to be applicable to other sites, where the situation may vary greatly.
- **FGDs**: The set-up of FGDs can discourage certain people from participating, particularly those who have special needs. Moreover, people may refrain from sharing personal or sensitive information in group settings, and group pressure can suppress dissenting opinions.
- **Privacy**: It was not always possible to conduct FGDs in a fully secluded and safe space due to congestion in many sites. Several FGDs took place in family shelters, which do not provide full privacy. As a result, it is possible that concerns about sensitive issues, such as SGBV, were not raised by participants.
- **Representativeness and gender/age bias**: The findings are based on FGDs with 10 groups of women and 6 groups of men. There may therefore be a bias in the findings towards issues that are of particular concern to women. No children under 12 were consulted within this assessment.
3. DETAILED FINDINGS

Situation within the site

General concerns

As seen in the figure to the right, FGD participants identified lack of access to latrines, drinking water, food, health care, lights, and showers as the main concerns. Several issues were raised specifically by women, including the lack of access to female hygiene items and clothes.

Latrines

- In all sites respondents indicated there are no or not enough latrines, and that latrines get filled up and become unusable. As an alternative, people defecate in the forest.\(^3\) However, access to the forest is limited for the the estimated 400,000 people staying in the Kutupalong extension site.
- In all sites, women and girls indicated they do not feel safe using the latrines, even during the day, mainly due to the absence of sex-segregated latrines. They also reported that men make holes in the plastic walls with cigarettes to peek through. Others claim they are embarrassed because the latrines are close to the mosque. In one site, girls mentioned that they limited their food and water consumption to avoid having to use the latrine.
- Given the above, females reported they use the toilet mostly at night, and preferably walk there with a male companion. However, females in four of the six sites report they defecate in the open because of the lack of light and fear of harassment. Open defecation close to shelters is confirmed by the findings of a recent IOM report, which found faeces around shelters in 5 of the 9 sites that were assessed, even though latrines were available in each of these sites. ([NPM 19/09/2017](https://example.com))

Drinking water

- Every site reported challenges in accessing clean water. People resort to drinking water from unsafe sources such as paddy fields, puddles, or hand-dug shallow wells. In two sites, the respondents indicated that water shortages are causing friction with the host community and within the refugee community.

Hygiene

- In four of the six sites, women highlighted that the lack of menstrual pads as a major concern.
- Most female groups indicated that it is difficult to maintain hygiene due to the lack of access to showers, the lack of garbage collection systems, and the congestion of the site.

\(^3\) During a recent IRC multi-Sector Survey, 31% of refugees reported open defecation ([IRC 08/10/2017](https://example.com)).
Access to light

- The lack of light at night on the road and around key infrastructure was a main concern in five of the six sites. Respondents in four sites recommended lights as a key required intervention.
- The lack of light is also one of the main obstacles to movement, with respondents claiming the darkness prevents them from using latrines or going out at night.

Clothes

- All female FGDs highlighted the need for more appropriate clothes and specifically mentioned underwear. The lack of appropriate clothing limits movement outside the site, as well as prayer activities.
- Women in two focus group discussions indicated that they need clothes for the winter months.

Health care

- The main concern is the distance to medical facilities i.e., services are too far away.
- One FGD with women raised a quality issue, reporting dissatisfaction with the services provided by an NGO and asking for financial support to be able to visit the public clinic. Note however that Rohingya populations in Myanmar generally experience major barriers in accessing formal healthcare (Social Sciences in Action 10/2017).

Food and livelihoods

- In three sites, the main concern was access to food aid, with respondents indicating that they have not received any food aid except for ad-hoc distributions by private actors. In sites with regular food distributions, respondents mainly requested materials to be able to cook, cooking fuel, and spices.
- In all sites, men of working age were sitting around, and most male groups requested access to a source of income.

Freedom of movement

Women and girls in all sites indicated that they limit their movement because of:

- The lack of appropriate clothing
- Fear of harassment, trafficking, or kidnapping
- Fear of getting lost

In addition, Rohingya social norms prescribe that women should stay inside. The upholding of purdah (preventing women from being seen by men other than their husbands) is reported to be a symbol of individual pride and the family’s status within the community. It is also a major determinant of the extent to which women are able to engage in work or public life outside the home (Social Science in Action 07/10/2017).

In the FGDs, women and girls also indicated that they feel uncomfortable within the home because it is hot and there are no mats or other NFIs.
Main safety concerns

- In 10 of the 16 FGDs, respondents indicated that they felt mostly safe in the site, compared to the situation in Myanmar. In two sites they specifically mentioned that they feel safe because the Bangladesh Army is present.
- The main safety concerns were fear of kidnapping/human trafficking and animal attacks by elephants, foxes and pigs. In all sites, participants shared stories of women and children almost being taken by people from outside of the refugee community.
- The one assessed community that was about to be relocated expressed anxiety over moving to a new location. Although they were informed by the Bangladesh Army and the Maji about the relocation, they did not know what kind of services would be available in the new site.

Areas perceived as unsafe

- Participants identified these three areas as those where people feel unsafe:
  - **The forest**: All groups, male, female, adults and adolescents, indicated that they are afraid of animal attacks, theft, human trafficking, and theft when they go to the forest to fetch wood, dry leaves, find food, and defecate.
  - **Outside the site**: In four sites, respondents indicated that they were afraid to leave because they did not want to get lost or they had heard stories of robberies, kidnapping, and harassment.
  - **Latrines**: Women and girls do not feel safe at the latrines because there are no sex segregated latrines and they are not lit at night.

Violence

- In half of the FGDs, participants indicated that there is no (or very limited) violence in their site. In the other half, respondents reported frequent arguments between families and within households. In all sites, respondents reported increased quarrelling between parents, children and neighbours. Tensions within the refugee community are reportedly related to perceived inequality of aid and access to latrines and water.
- In one site, male adolescent respondents highlighted that child abuse has increased following the displacement. No further details were provided.
- In two sites, respondents reported theft of items such as food and items to carry water.

“*We can’t go to the toilet at day time because it is just occupied by men. Also, the toilet is set up besides of mosque and it does not looks good to go there.*"

- Adolescent Girls, 10/10/2017

Vulnerable groups

The following groups were identified by FGD participants as being the most vulnerable:

- Elderly
- Women without a male member in the family
- Children under 12
- Disabled
- Pregnant/lactating women
Interventions

- All participants expressed urgent needs and suggested a range of interventions to address them. The most frequent pertained to WASH, NFI and shelter, namely
  - Provide more and higher quality segregated sanitation facilities
  - Immediate access to drinking water
  - Access to hygiene materials
  - Access to fuel
  - Improved access to non-food items and shelter
  - Education interventions, including a request for vocational training.
- Participants also suggested that access to aid could be improved by increasing the number of distribution points and providing porters to bring aid to vulnerable groups. In three sites, respondents specifically requested that more information be shared on the distributions, for instance through the microphones used by the mosques. Women also asked for these microphones to be used to announce when children are missing or lost.
- Girls and boys suggested they could support relief actors by sharing information on services with the rest of the community and leading recreational activities. They were also interested in raising awareness on topics such as domestic violence. However, cultural practices limiting freedom of movement for adolescent girls will make it more difficult to engage this group in such activities.

Access to services and aid

- When asked about services to help survivors of violence, none of the FGD participants indicated that they knew where to find such support.
- Participants identified distance to the distribution points and long queues as the main barriers to accessing aid. In some sites, people have to walk over unstable bridges and muddy roads for over two hours to reach distribution sites.
- In sites where no support had been provided, participants identified a lack of information on services and long distance to aid providers.
- Participants identified the groups facing most difficulties in accessing aid and services as those with restricted mobility, such as female-headed households with small children, pregnant women, the elderly, and women without men in the family. One group of women also reported access challenges when the male member of the family is ‘physically weak’. Some resort to paying porters to carry their relief, at 50 to 100 tk. In all sites, children were seen carrying aid items.
- All male FGDs expressed concern about the fact that they had not yet received a Government biometric registration card. Although an ID card is currently not required to receive aid, the Government has stated that Rohingya who are not biometrically registered will face detention and be denied assistance (DailyStar 10/09/2017).
- In one FGD, respondents claimed they knew of people who had paid for aid services, exchanged favours, or paid for a Government registration card. They did not specify who had received money to facilitate this service.
Community protection mechanisms

Before displacement

- FGD participants indicated that small incidents, disputes, and domestic violence are traditionally handled by community leaders, the Maji (male traditional leader who is elected by a committee of elders), or religious leaders. Larger issues are reviewed by the ‘Hakkutah’, i.e., the chairman of the area, who is part of the national governance system. Issues that remain unresolved are referred to the police. These structures are traditionally dominated by men, with very limited female participation. All FGD participants indicated that corruption is prevalent within this system: the higher the amount paid, the larger the chance of winning the case.

- Currently, participants reported that communities in most sites have already unofficially appointed block officials or Majis, sometimes with the help of the Bangladesh Army or humanitarian actors. They explained that small problems are addressed through this system. However, participants indicated that they would not know how to resolve issues for which they would normally turn to the Hakkutah or police.

- In one FGD, girls indicated that they did not receive enough support and protection because their Maji was not strong enough and did not speak English.

- To support existing community protection mechanisms, respondents suggested to:
  - Appoint an official (police officers or humanitarian staff) to each site to resolve issues related to insecurity.
  - Support the set-up of a community committee that would include women
  - Provide more information on the situation and humanitarian response to community leaders
  - Support access to police services in case of severe incidents.

Situation during the journey

- Most participants indicated they did not feel safe on the journey from the Bangladesh border to the site. Many severe cases of exploitation by ‘boatmen’, those transporting new arrivals over the river, were shared, including reports that several families were held hostage for multiple days when they were not able to pay for the transit. Participants also reported theft of personal belongings, especially jewellery, and disproportionally high prices to be transferred across the river. Another main concern during the journey was feelings of uncertainty as to where to go and what to expect.
• Respondents also highlighted the lack of access to food, health care and shelter, notably the need to sleep in the open during the long walk to the site. Vulnerable groups such as the elderly and pregnant women faced serious difficulties reaching the site. Because of a lack of information on where to go, people often got lost on the way. The need for transport and information booths was highlighted by almost all participants. Although most new arrivals are now being transported to sites by the Bangladesh Army, the lack of information for new arrivals remains a concern.

• Male respondents also identified the low exchange rate as a main concern, with stories of people only receiving 10% of the official exchange rate at the border. Two male FGDs suggested that official exchange booths could be installed at the border.

• Respondents in half of the FGDs reported their appreciation for the support received by the Bangladeshi community and the Bangladesh Army during their journey to the sites.
ANNEX A: FGD GUIDANCE FORM

STARTING THE FGD

Present the purpose of the discussion:
- Introduce yourself and your organisation
- Purpose of the focus group discussion is to understand main concerns in the site and on the way to the site.
- Explain that your organization will use this information to improve the support
- Remind participants that contributing to the group discussion will not give them preferential treatment or access to humanitarian services
- Participation is voluntary and no one is obligated to respond to any questions if s/he does not wish. Participants can leave the discussion at any time
- There are no wrong answers, not everyone will agree, that’s okay
- Explain participants that they speak to the situation in their community, not about their personal experiences.
- Establish ground rules: show respect, only one person speaks at the same time, all the information shared is confidential

Agree on confidentiality:
- Keep all discussion confidential
- If sharing examples or experiences, individual names should not be shared

Ask permission to take notes:
- No one’s identity will be mentioned.
- The purpose of the notes is to ensure that the information collected is precise

QUESTIONS

<table>
<thead>
<tr>
<th>Introduction question</th>
<th>1. ADULTS: What are the main problems in this site?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. ADOLESCENTS: What do you like most about being here? And what are the main problems in this site?</td>
</tr>
<tr>
<td>Main concerns in site</td>
<td>3. Does the community feel safe in this site? If not, why not?</td>
</tr>
<tr>
<td></td>
<td>4. Describe what kinds of violence are taking place in this site? (physical violence fighting and wounding, sexual assault/rape).</td>
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<tr>
<td></td>
<td>5. In this community is there a place where women and children, in particular, feel unsafe or try to avoid (day/night)? What is it that makes this place unsafe? And boys and men?</td>
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<tr>
<td></td>
<td>6. Of all these issues mentioned, which are the three most serious? Why?</td>
</tr>
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<td>7. Who in the community is most affected by these problems or dangers?</td>
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<td></td>
<td>8. What measures could the government/humanitarian community take to improve the situation?</td>
</tr>
<tr>
<td>Travelling to the site</td>
<td>9. I would now like to talk about when the community was in Bangladesh but not yet at this site. From the time the community entered Bangladesh to when it settled here, what serious dangers and difficulties was the community experiencing in Bangladesh on the way to the site?</td>
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<tr>
<td></td>
<td>10. Did the community feel safe travelling to the site? If not, why not?</td>
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<tr>
<td></td>
<td>11. Of all these issues mentioned, which are the three most serious? Why?</td>
</tr>
<tr>
<td></td>
<td>12. What measures could the government/humanitarian community take to improve safety on the way to the site?</td>
</tr>
<tr>
<td>Community Protection Mechanisms</td>
<td>13. Before the violence broke out, how did your community handle/resolve cases of violence and abuse in Myanmar?</td>
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<td>14. And what happens now?</td>
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<td>15. How can we support the community to respond to these issues?</td>
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<tr>
<td>Access to support</td>
<td>16. What are the available services or mechanisms in place to help survivors of violence? Are there obstacles to accessing these services?</td>
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<td>17. Is the community able to access all aid and services? If not, what are the three main obstacles or problems that the community experiences in accessing services and aid?</td>
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<tr>
<td></td>
<td>18. Who in the community is most affected by these problems?</td>
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<td>19. Have you heard of instances of people that need to pay or exchange services to receive aid? For what kind of services or aid?</td>
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<td>20. ADOLESCENTS ONLY: Do you have recommendations on how children and youth can help organisations to provide better support?</td>
</tr>
</tbody>
</table>

CONCLUDE THE DISCUSSION

- Thank participants for their time and their contributions.
- Remind participants that the purpose of this discussion was to better understand the safety and security conditions
- Explain the next steps. Again, repeat what you will do with this information and what purpose it will eventually serve.
- Remind participants of their agreement to confidentiality.
- Remind participants not to share information or the names of other participants with others in the community.
- Ask participants if they have questions.