

Covid-19 information reaches most, but not all

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Rohingya community concerns over health services in the camps

After analysing the data collected between February 2018 and September 2020, it has been found that health-related concerns are a recurring issue for the Rohingya community in the camps. It ranked fourth after concerns related to documents, shelter and cooking. However, whilst health-related concerns have been generally consistent over time, since March 2020 people are raising more concerns on health-related issues than ever before.

Source: Since the influx of Rohingya people to Cox's Bazar in August 2017, different organisations have been collecting feedback from Rohingya people living in the camps about their concerns. BBC Media Action has been collating this feedback data, which has been analysed in several issues of What Matters?, reflecting the priorities and concerns of the Rohingya people. Almost three years after the beginning of the Rohingya influx, BBC Media Action has reanalysed all the data so far, to understand in more depth how Rohingya people are living in the camps with their own community along with the host community. To identify and understand Rohingya people's concerns about health-related issues, BBC Media Action conducted nine telephone interviews, five with Rohingya men and four with Rohingya women, from camps 20 and 25, on 11 and 12 October 2020.

In the last few months, following the onset of the Covid-19 pandemic, people's concerns regarding different health-related issues have been increasing as expected. However, there are few issues which the community have been raising through feedback mechanisms since the beginning of the influx.

For example, Rohingya people are not just worried about their health because of Covid-19. Many of them in recent months (June-September 2020) were worried about the health services they are receiving and mentioned problems around seeking/receiving better treatment (these concerns were mostly reported from Camps 25, 20, 27 (in descending order)).

WHAT MATTERS?

Humanitarian Feedback Bulletin on Rohingya Response

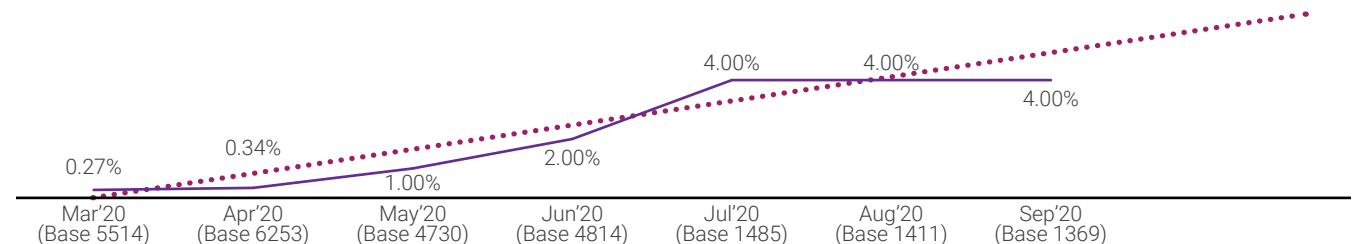
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Participants are concerned about prescribed medicines

While mentioning their struggle to visit health facilities outside the camps, participants also shared their concerns about the quantity and quality of medicines they are prescribed by in-camp hospitals.

Participants shared that, although they do receive medicines from the hospitals, they are dissatisfied about the quantity they receive for treatment thinking it is not enough for a complete recovery. In addition, **a few Rohingya men mentioned that they feel they are being provided with medicines from fake brands.** They purchase additional medicines, which they think they need, from pharmacies.

Health-related concerns raised among Rohingya people



Local Rohingya “quacks” are believed to be more effective than the in-camp doctors

People within the Rohingya community believe that they will have a faster recovery as a result of treatment from ayunku (a local term the Rohingya community use to refer to ‘quacks’, or people providing medicines or treatments without formal medical training). Many of these traditional ayunku have clinics in the camps. Some Rohingya women believe they recover more quickly because they are given injections as part of the treatment from ayunku, the medicine for which is brought in from Myanmar. Each visit costs BDT 100 – 250.

“The medicines given by the Rohingya quacks (ayunku) is better than what we receive from the in-camp hospitals. Our neighbours go there as well.”

– Rohingya woman, 38, camp 25

When people do visit the NGO-run hospitals or health facilities in the camps, the Rohingya people said it takes a long time to see the doctor as many other people are waiting to be seen. They find this tiring, and it is incredibly difficult for people who have diabetes, older people and mothers with a new-born child to wait for a consultation.

Lack of adequate healthcare facilities in the camps

There is a perception amongst the Rohingya community that the hospitals and health facilities that are located outside the camps provide better quality care. This belief is based on their own experiences or because they have heard this from neighbours and relatives. This includes higher quality check-ups and healthcare, including treatment for acute illnesses, as well as receiving better medication. Participants said they wanted to go to hospitals at Cox’s Bazar or Chittagong to receive services such as diagnostic tests and treatments for severe diseases if necessary.

“A neighbour of mine once went to Cox’s Bazar for treatment. When he came back, he told us that treatment at Cox’s Bazar is better than the camp hospitals. So, I think if any of my family members get serious health issues then I will go there.”

– Rohingya man, age- 25, Camp 20

“I really want to go to doctors outside the camp to do a check-up. There, people can do computer-tests which can identify problems in the bodies.”

– Rohingya woman, 37, camp 20

“People get cured and treated if they are taken outside. My friend’s mother was taken to a hospital at Cox’s Bazar due to her kidney problems. She recovered after that.”

– Rohingya woman, 22, camp 20

Participants said that treatment for general illnesses such as stomachache, body ache, diarrhoea, fever, cold, gastric pains, blood pressure, maternity health problems, neonatal and children’s health problems, and skin diseases are widely available inside the camps. However, treatment for acute illnesses related to the kidney, liver, gallbladder, and diabetes is only available in certain specialised hospitals in the camps. As a result, they often need to seek treatment from a hospital located in a different camp than the one they live in. In cases of emergencies and where there is a lack of facilities to treat certain cases of acute illness within the camps, Rohingya people consider the option of going outside the camp to hospitals based in Cox’s Bazar or Chittagong.

When a patient’s health condition deteriorates, they are often referred to hospitals in Cox’s Bazar by doctors at the health clinics in the camps. They also need permission from the Camp in Charge (CiC) office. However, unless they are referred from an in-camp hospital and receive

permission from the CiC, they are unable to get those services. At the same time, there are some cases where the CiC allows critically ill Rohingya people to go to a hospital outside the camps without any referral and participants also said some people still manage to go to those hospitals without a referral by paying officers at the check-post.

“If people have very bad diseases then they go to hospitals outside the camp. I don’t have one, and so I don’t go.”

– Rohingya woman, 38, camp 25

“If they don’t have references from hospitals, some people bribe officers at the check-post and get to those hospitals. Or sometimes if CiC sees the person is critically ill but doesn’t have a reference, they will permit that person to go.”

– Rohingya woman, age 22, camp 20

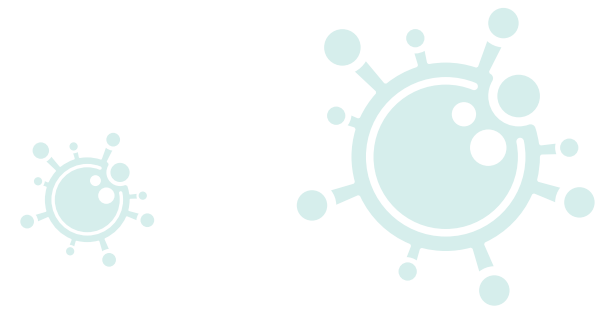
The poorest and most vulnerable often cannot afford the higher level of healthcare

Some participants also mentioned that only those who are well-off could afford to pay for those healthcare services outside the camps. According to one participant, some Rohingya people receive money from their relatives living abroad, and these people often decide to go for treatment outside the camps. Those who do not get any financial support from their relatives, for getting better treatment for acute illnesses, try to manage money either by taking out loans or selling gold jewellery.

“We want to go for treatment outside the camp, but can we go there? Is it possible? We cannot afford to pay for that and also, we don’t have permission to go there. We cannot simply follow our wish”

– Rohingya woman, age 38, camp 25

Covid-19 information reaches most, but not all



Source: To understand current community perspectives and experiences in the camps, particularly in relation to information needs in the context of Covid-19, Translators without Borders conducted interviews over the phone with 10 men and 10 women from the Rohingya community. The interviews took place in late September and early October 2020.

The Rohingya community would like specific information in formats they understand (TWB)

Since the outset of the pandemic in Bangladesh, camp residents have received regular information from the authorities and NGOs about Covid-19. Consequently, most people living in the camps are now aware of the dangers posed by Covid-19. However, five months after the first cases were confirmed in the camps, some community members still don't follow official advice. Others have specific information needs which are not being met. To gather insight into the information experiences and needs of the camp communities, TWB interviewed 20 Rohingya people living across 11 camps.

Not everyone is getting the message

Most members of the Rohingya community interviewed are aware of the dangers of Covid-19 and are taking steps to protect themselves. Most households in the camps have received advice on social distancing, wearing face masks and regular hand-washing. However, those interviewed also placed significant emphasis on other strategies. For instance, six interviewees placed great importance on regular bathing and cleaning of the home, both sensible practices. Five interviewees saw prayer and faith in God as important means of protection from the virus.

“ Only Almighty Allah can protect us from this pandemic disease.”

– Rohingya man, mid-thirties, camp 9

“ What can we do, this [coronavirus] is from God, and God alone can take it back, no human can do it. Thanks to God, the disease seems to be getting better in Bangladesh. We were hearing from the television or Facebook that the disease was increasing day by day, but it seems to be stable now.”

– Rohingya man, early thirties, camp 7

Some interviewees believed that the threat of the virus has reduced. Others incorrectly believed that there have been no Covid-19 cases in the camps. Two interviewees incorrectly suggested that drinking hot water helps

prevent and treat Covid-19. One interviewee was frustrated with such views. They noted that many people are taking extensive steps to protect their families, and are critical of those in the community who disregard official advice regarding the virus.

“ To protect against this virus, we always drink hot water at home.”

– Rohingya woman, early forties, camp 7

“ I'm personally not worried about the coronavirus (...) we haven't had any infected cases in the camps yet.”

– Rohingya man, late forties, camp 13

“ I think that in my community, people are not concerned about the coronavirus. Some people have changed (their behaviour) here, and some have not. They don't even believe that coronavirus is harmful to them, and they think everything is a rumour. And some people don't go out (from their homes) because of this virus, and they are very much afraid. They are praying to protect themselves from this virus, and they are maintaining social distance from each other. That's all (they are doing).”

– Rohingya woman, late twenties, camp 5



The community needs specific information

According to the interviewees, NGOs are the most common and the most trusted sources of Covid-19 information. Interviewees perceived that the information they receive primarily addresses prevention measures such as hand-washing, social distancing and wearing face masks. However, all interviewees said they need further information on more specific aspects of Covid-19. Most need additional information about treatment and recovery, including potential vaccines. Some also wanted more information on how to protect themselves from the virus. Others wanted more regular updates on the local Covid-19 situation.

“ I mostly trust NGO people as they are working for our betterment. They will never share any sorts of fake news or rumours.”

– Rohingya man, early fifties, camp 15

“ I need more information about coronavirus treatment and recovery. For example, if some of my family members get coronavirus, what kind of primary treatment should I give to them so they recover?”

– Rohingya woman, early sixties, camp 24

“ I want to know about the coronavirus vaccine - when it will be discovered and when we will be eligible to get it?”

– Rohingya woman, early forties, camp 7

People need information in Rohingya or in a pictorial format

All interviewees wanted to receive information in the Rohingya language and in an audio format (loudspeaker/miking, face-to-face or audiovisual). Rohingya is a predominantly verbal language, so this preference is in line with previous field research. Some interviewees prefer posters with cartoons or other images with Burmese text. While communicating information through loudspeakers or miking is a common practice in the camps, pictorial and other visual communication methods are not as widespread. Given the potential of visual communication to reach wider audiences, this method of sharing important information warrants further focus and attention from response actors (see link below for some of TWB's research on pictorial communication). Overall, the interviewees highlighted the need to provide more specific information on Covid-19 in a language and format the community understands.



TWB BLOG:

Signage language: helping Rohingya refugees find their way

[https://translatorswithoutborders.org/
blog/signage-language-rohingya/](https://translatorswithoutborders.org/blog/signage-language-rohingya/)

BBC Media Action and Translators without Borders are working together to collect and collate feedback from communities affected by the Rohingya crisis. This summary aims to provide a snapshot of feedback received from Rohingya and host communities, to assist sectors to better plan and implement relief activities with communities' needs and preferences in mind.

The work is funded by EU humanitarian aid and the UK Foreign, Commonwealth and Development Office.

If you have any comments, questions or suggestions regarding *What Matters?*, you are welcome to get in touch with the team by emailing info@cxbfeedback.org

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