

Rohingya community perspectives on a Covid-19 vaccination

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Rohingya people are concerned that closures of learning spaces are impacting children's development

Source: Community feedback collected in camps 1E, 1W, 2E, 2W, 3, 4, 4 Extension, 5, 6, 7, 8E, 8W, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 25, 26, Kutupalong Refugee Camp (April-September 2020) by Care Bangladesh, Danish Refugee Council (DRC), Save the Children International, and United Nations High Commissioner for Refugees – The UN Refugee Agency (UNHCR) (Base - 20062: Men - 64%, Women - 36%). To understand the Rohingya community's concerns related to children's education and recreation in more depth, BBC Media Action conducted 15 telephone interviews on the 25th and 27th of October, 2020, five with women (age 27-43), five with men (age 32-44), and five with children who attend temporary learning centres or child-friendly spaces (TLC/CFS) in camp 20.

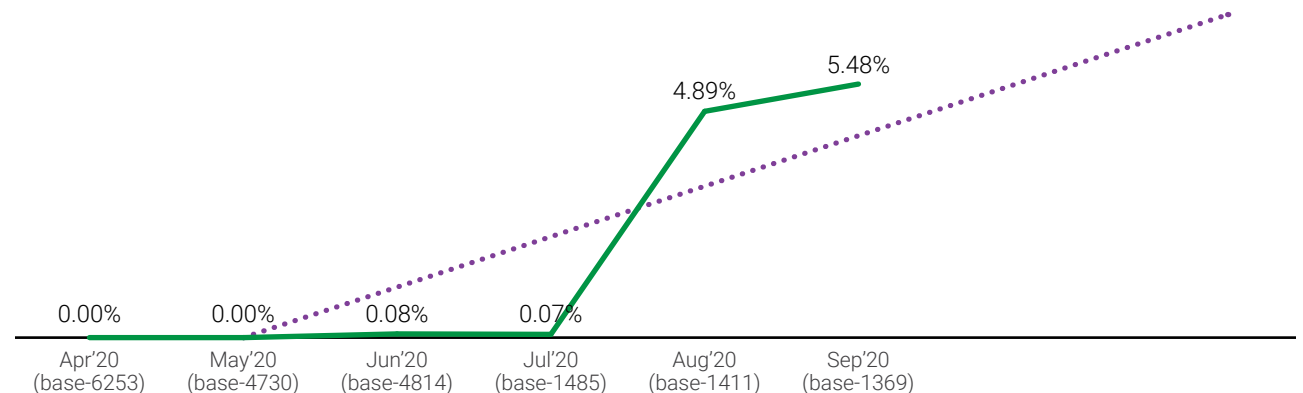
WHAT MATTERS?

Humanitarian Feedback Bulletin on Rohingya Response

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During the last eight months of the COVID-19 pandemic, Rohingya people's concerns were usually related to their living conditions and the availability of various relief items, for example, food, shelter and non-food items. However, since August 2020 Rohingya people, especially parents with children, have started raising concerns about the impact of the closure of TLC/CFS centres on the educational development of their children. Analysis of the community feedback data shows that people want the educational facilities to be reopened and need educational materials for their children. The trend analysis suggests this concern might increase in upcoming months.

Concerns related to the educational infrastructure for children among Rohingya community



Rohingya parents who were interviewed said their children are forgetting what they learned in schools/ TLCs. They are playing more, studying less, and wasting time since the closure of TLCs and CFSs. They are worried about the impact this will have on the development of their children and their futures. Some of the participants interviewed for this research said their children's behaviour has changed. For example, they are now paying less attention, not listening to their parents or elders, and sometimes disrespecting them. Children are using slang words more often than before and are forgetting what they studied.



“ Our children play the whole day as the schools are now closed. This will hamper their intelligence. They won't get any job in the future.”

– Rohingya mother (30)

“ Our children are forgetting what they learned as the schools are closed.”

– Rohingya mother (43)

Children are playing more, studying less

Participants also said that children play more now than before. Mothers are concerned as children are running around and playing in hilly areas. Accidents are more frequent because children cannot go to CFSs to play. Fathers expressed concern that boys are going out frequently without informing their parents/guardians, using mobile phones more than before and coming in contact with 'bad' people in the bazars who introduce them to pornography. A few of them also mentioned boys (aged 16-18) are using mobile phones to watch pornography, and that it's getting worse day by day.

Participants said that after the facilities had been closed for three months, their children continued to go to moqtobs (religious study centres where young people can take Arabic lessons). Some fathers mentioned that, in their community, not all children are going due to fear of COVID-19 thus there are fewer children attending moqtobs now compared to pre-COVID-19. A few families manage to hire educated Rohingya men as private tutors to teach English and Burmese to their children, however,

not all families can afford private tutors. Those who can said they have to prioritise which of their children get the private lessons, as they can't afford lessons for all of them.

“ To study at home our children need private tutors. But we cannot afford a private tutor because of our financial situation.”

– Rohingya mother (30)

Some male participants said that although COVID-t19 is ongoing, they are sending their children to moqtobs because they think their children's intellectual development is important, and because their sons are meeting 'bad people' and becoming 'bad'.

“ The CIC and site management told us not to allow our children to play outside because of COVID-19. But they could play at school before COVID-19.”

–Rohingya father (44)



Children miss being able to attend CFSs and TLCs and are struggling to access learning materials

Children who participated in the interviews said they wished CFSs and TLCs would reopen and said they feel upset about not being able to learn and play as they did before COVID-19. Some said that not playing, studying, or meeting their friends in school makes them feel sad.

“ I can't meet my friends from school as the school is now closed. I also cannot play like before. This makes me upset.”

– Rohingya boy

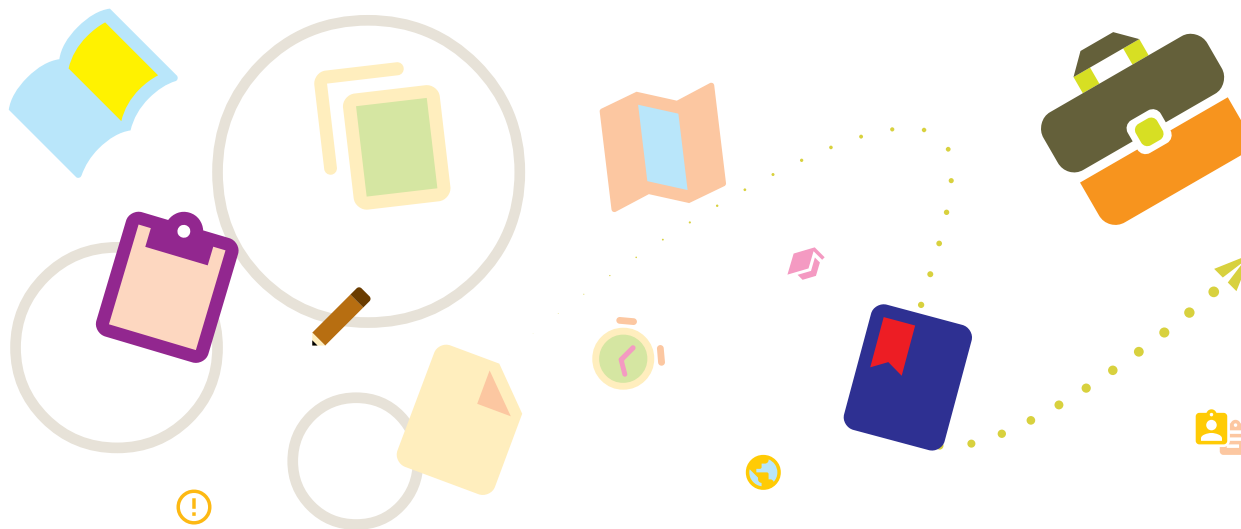
“ I remember some things which I studied before. But I also forgot some things. That makes me feel bad.”

– Rohingya boy

The young participants said they need learning materials such as books, a table as well as a space to sit and study at home. They need notebooks (they're filling up the pages in the ones they already have), slates to practice writing, pens, pencils and colouring pencils to make drawings. According to parents the books they've been given (both from TLCs and moqtobs) are torn and the notebook pages are already filled up. Slates and colouring pencils were only provided at TLCs, children don't have them at home but said they wanted them. They received pens and pencils but wished they had more because those they were given are now lost or broken. Some mothers said they occasionally have to sell relief items to purchase pens and pencils for their children. A few young participants said they would like to have Qur'ans.

“ To study, I need books, notebooks, pens, a bag and slate, which I used before in schools.”

– Rohingya boy



The young Rohingya boys in the interviews said they like playing football but their footballs are worn out. They said they need new items to play with including footballs, bats and balls, and games such as a carrom board, ludo, etc. They explained that the space where they play is small and when they play in their neighbourhoods elder people get annoyed. Rohingya girls also said they would like more items to play with such as toy cars, cooking utensils, skipping ropes and swings.

“ I used to play before as well, but I played in the school. I don't like what we play now.”

– Rohingya girl

“ To play, I want a toy car, toy horse, toy cooking utensils, and a swing.”

– Rohingya girl

One mother who was interviewed said she fears her children will get COVID-19 if they play outside and other people will scold them. She said providing toys would be good, so children can play at home.

Generally, Rohingya parents want TLCs and CFSs to re-open, to provide their children an education and a safe place to socialise. They want to know when these facilities will reopen.

A few of the participants spoke to mahjis (Rohingya people appointed as leaders) and teachers who say they don't know when facilities will reopen. However, some participants said they are under the impression TLCs and CFSs will re-open when the COVID19 pandemic is over.

“ It would be great if NGOs provide us with the information about our children's education and games.”

– Rohingya father (32)

Some participants also suggested that NGOs arrange for private tutors for smaller groups of children in their particular camp.

Rohingya community perspectives on a Covid-19 vaccination

There is potential a vaccine against Covid-19 will be supported by the Rohingya community, as long as various social and cultural factors are considered. The Rohingya community in Cox's Bazar is particularly vulnerable to outbreaks of Covid-19 in large part due to the high population density in the camps. Discussions about preparing for distribution when a vaccine is available are already underway among health actors in Cox's Bazar. Maximising community support and uptake for a vaccination plan will be central to the success of any vaccination programme. TWB conducted interviews with 18 members of the Rohingya camp community to gather their perspectives on a potential vaccine.

Community members want a vaccine but need more information

All community members interviewed think it is important to have a vaccine against Covid-19 to keep them and their families safe. Many also noted that receiving a vaccine would remove the significant anxiety which the virus causes many camp residents. However, only three interviewees reported having any information about a Covid-19 vaccine. Two of them believed that a vaccine had already been discovered and the third noted that there was not yet a vaccine.

“ I have heard from some friends and read in the news that the coronavirus vaccine has been discovered.”

– Rohingya man (mid 30s)

“ I have heard that Bangladeshi Doctors has invented Vaccine for Coronavirus.”

– Rohingya man (early 30s)

“ I have not received any information about a vaccine against coronavirus.”

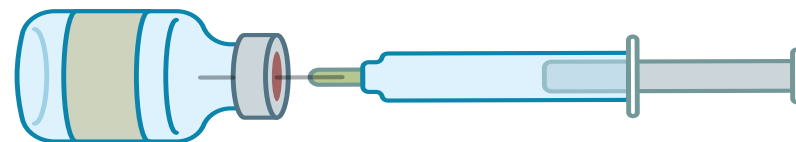
– Rohingya woman (early 60s)

An oral vaccine would be best, especially for children

Nine interviewees would prefer a vaccine that is delivered orally. Concerns surrounding injections were the main factors driving this preference. Oral vaccine delivery is particularly preferred for children with one interviewee stating that children sometimes become sick from injections. One participant said they would only take the oral vaccination because they were scared of injections. Another preferred oral vaccination because one of his children had a bad response to an injection in the past. Other interviewees noted the pain caused by injections. One interviewee stated that people in the community were afraid of injections because they believed that people often die after getting an injection at hospital.

Five interviewees would prefer a Covid-19 vaccine to be delivered by injection. They noted that when a vaccine is delivered via a needle, they feel it is actually 'in' their body and works more quickly. There were also concerns that some people, especially children, might spit out an oral vaccine due to the unpleasant taste. The

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 (TWB) conducted interviews over the phone with nine men and nine women from the Rohingya community. The interviews took place in mid-October, 2020.



remaining four interviewees would be satisfied with either delivery method. Two interviewees have some reservations about vaccinations. One reported hearing a rumour that tattoos of snakes, centipedes or scorpions will appear on the bodies of people who get vaccinated.

“ I’m afraid of my children being given an injection. And I myself always prefer to take all medicines orally.”

– Rohingya woman (early 30s)

“ People in my community are afraid of injection because previously many people have been killed by getting injections in the hospital.”

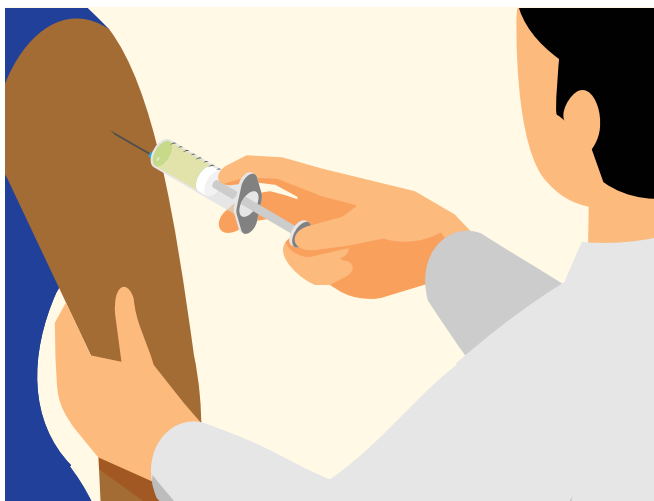
– Rohingya woman (late 20s)

“ We heard a rumour in the past when we first arrived in Bangladesh that, if we are vaccinated, tattoos of snakes, centipedes or scorpions will appear on our body.”

– Rohingya man (late 20s)

People would trust a vaccine, especially if trusted people deliver it

All interviewees are confident that if a vaccine becomes available in the camps, it will be safe and will have undergone testing. All 18 interviewees said they'd agree to vaccinations against Covid-19 for themselves and their children if a free vaccine becomes available. Sixteen of the 18 interviewees said they trust the health system and authorities to ensure that only approved vaccines are made available in the camps. One person said the community would not trust a vaccine made by Christians and that a vaccine made by Muslims would be trusted more widely.



“ I will have my entire family vaccinated even if other people don't (get vaccinated).”

– Rohingya man (late 60s)

“ I will try to get vaccinations for myself and my children too because here in the camps there are no good treatment options. So, if we get vaccinated then we are safe from this dangerous disease.”

– Rohingya woman (early 40s)

“ Our community will not trust a vaccine if it is produced by the Christians, but we will trust it more if it's produced by Muslims.”

– Rohingya man (late 30s)

The majority of interviewees would have confidence in the vaccine if they were provided with detailed information about it by NGOs and authorities. Some interviewees also said that confidence would increase if NGO or CiC volunteers administer the vaccine to people in their homes. Others suggest it would be reassuring for the community if people such as health workers, CiC volunteers and mahjis (Rohingya people appointed as leaders) take the vaccine first to demonstrate its safety.

“ After the vaccine is invented, if the NGOs go around the camps and explain to us the benefits of the vaccination then I will have more confidence in it.”

– Rohingya man (early 50s)

“ If NGO volunteers come to give us the vaccine, I will get the vaccination without hesitation.”

– Rohingya woman (early 60s)

“ I would trust the vaccine if health workers tell us about it and its advantages and also if they inform us in advance that we need to get vaccinated.”

– Rohingya man (early 50s)

There is strong community support for a vaccination programme. However, there will need to be significant efforts to educate and reassure the community about the vaccine and its safety. As always, this information will need to be presented in languages and formats which people understand and be delivered by people the community trust.

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