

Shifting concerns of the Rohingya Community

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Prescription medication in the camps

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How the Rohingya community's top concerns have shifted since the beginning of the influx



Between January 2018 and mid-2019, relief-related problems were major concerns for Rohingya people, with problems related to relief cards a major issue. From January 2018 to May 2019, relief card-related problems increased gradually, with a peak in May 2019.



Since the end of 2018, concerns regarding gas stoves and related services started to increase, while cooking fuel related concerns decreased over the following months.



Concerns about shelter repair increased before the monsoon season in both 2018 and 2019, but there were more concerns about this in 2019 than in the previous year.



Worries about lack of availability of water in the camps appear to peak during the dry season, between October and January.

WHAT MATTERS?

Humanitarian Feedback Bulletin on Rohingya Response

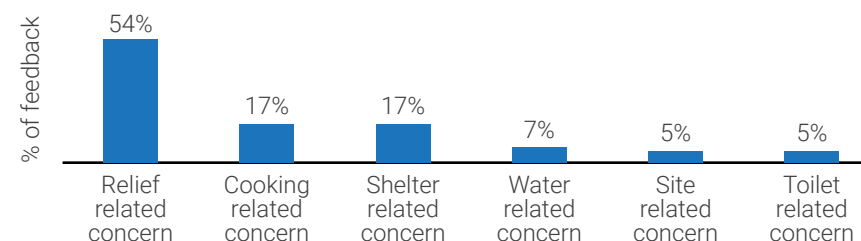
Issue 28 × Wednesday, September 18, 2019

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 and published in the last 27 issues of *What Matters?*, reflecting the priorities and concerns of Rohingya people. Two years after the beginning of the Rohingya influx, BBC Media Action has re-analysed all the data received so far, to understand how Rohingya people's priorities and concerns have shifted over time.

Major concerns of Rohingya people

Rohingya people have been concerned about different issues, including food and non-food relief, cooking fuel and equipment, shelter, water, toilets and site facilities such as roads and lighting. Across most of the camps, most feedback has been given about relief goods, followed by cooking and shelter.

Figure 1: Major concerns among Rohingya community since January 2018 (N=64,844)



Relief-related concerns

Relief-related problems have consistently been a concern for Rohingya men and women. Problems with relief cards have been a major issue and other frequently raised concerns have been related to the quality of food items and access to non-food items like hygiene kits.

People have been raising concerns related to relief cards since the beginning of 2018, but feedback related to cards has increased over the following 17 months. Issues raised include not having received a card, losing a card and not being sure how to get a new one and needing to add extra family members to existing cards. Some people also mentioned problems with receiving tokens, despite having a relief card.

Throughout 2018, people mentioned about their concerns related to the FCN card, MoHA card and WFP card. Card related concerns were highest from August to October (see figure 3). In 2019, people mentioned their concerns related to the Joint

Registration card (often called a Smartcard by the community) and the SCOPE card. In this year people also mentioned their concerns related to the FCN card.

Card-related concerns increased in May 2019, to 62% of all relief-related feedback received. It is not clear why concerns around cards have peaked in May, as many of the issues raised were similar to those raised in previous months. Some newly-emerging issues include Rohingya women asking for a separate assistance card (SCOPE card) after separating from their husband. Some people complained that they had received a Red Cross card but didn't receive any relief using this card.



A few months ago, we got the chan-tara (Red Cross) card, but until today we did not get anything from that card.”

– Man, camp 12

Figure 2: % of people raising worries about relief who mentioned concerns related to relief cards

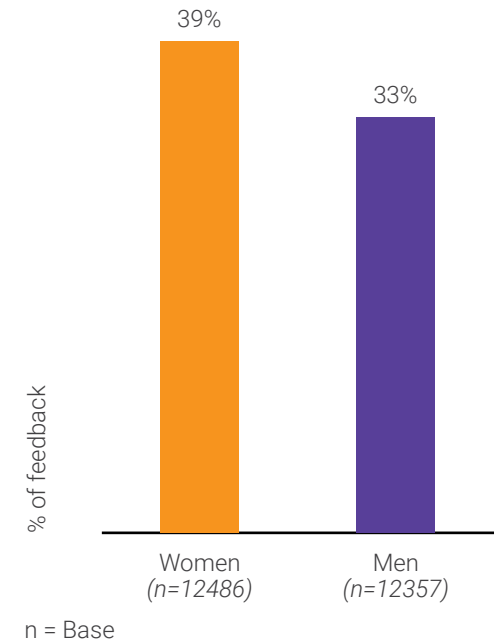
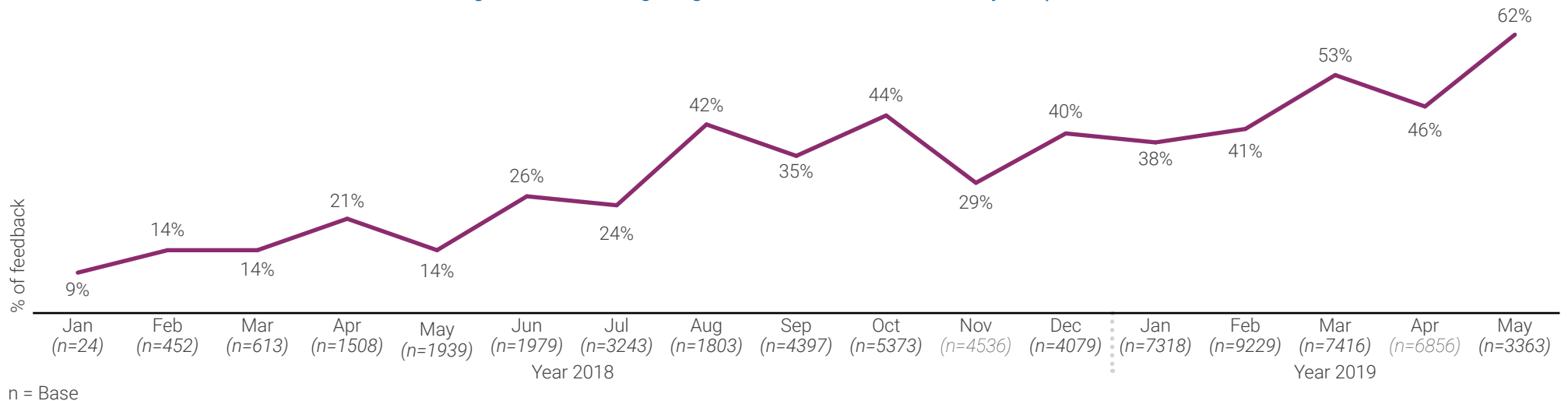


Figure 3: Concerns regarding different card-related issues since January 2018



Cooking-related concerns

Over time, problems related to cooking fuel and cooking equipment have remained concerns for the Rohingya community, particularly for women. The type of concerns raised have shifted over time, with earlier worries about cooking fuel having fallen quickly since the beginning of 2019 while requests for gas stoves and related services have risen.

Lack of cooking fuel was a major concern for Rohingya people for much of 2018. The issue appears to have been particularly bad during the monsoon season, as the rain prevented people from collecting wood in the forest and the wood was too wet to burn. People mentioned that firewood distributed at first by the army and then later by humanitarian agencies had reduced in frequency and was not enough to meet their needs. While these complaints have reduced sharply as stoves have been more widely distributed, people who have not yet received a stove are still worried about lack of cooking fuel.

To address the need for cooking fuel, different humanitarian organisations started to distribute gas stoves and cylinders. Feedback suggests that people prefer gas over firewood because it is easy to use, doesn't produce smoke and doesn't take up as much space. Demand for gas stoves has grown through 2019, with those who have not yet received one expressing their need for a stove.

“ A gas stove and cylinder will be the best solution. If we are given firewood, we can't store it because we haven't enough space in our shelter; and gas cylinders don't make smoke.”
 – Man, 49, camp 10

Complaints from people who have received a gas stove and cylinder include the gas running out before the end of the month, and issues collecting gas cylinders due to long queues.

Figure 4: % of people raising worries about cooking who mentioned concerns related to cooking fuel and/or gas stoves

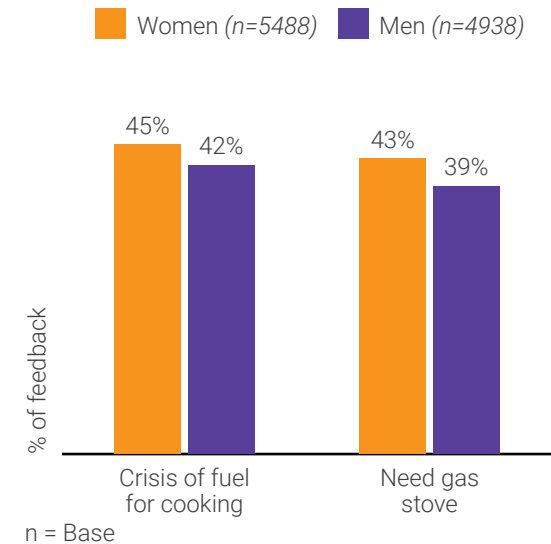
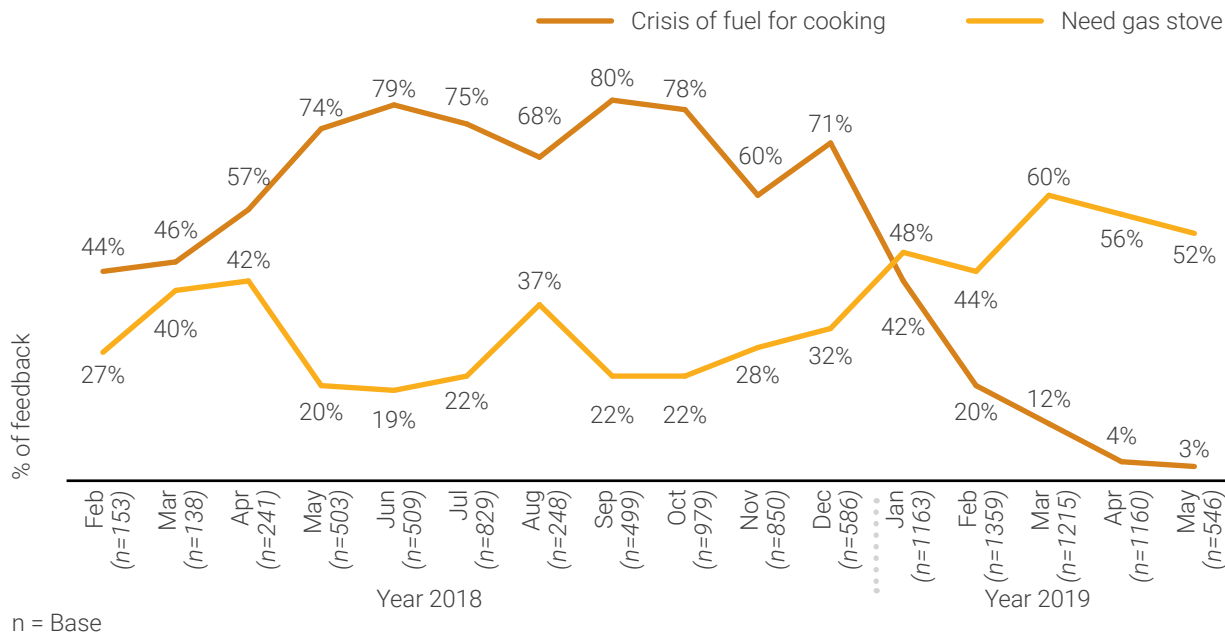


Figure 5: Concerns regarding cooking-related issues since February 2018



View of local indigenous people

Research with local indigenous people found that they used to collect bamboo from the forest to sell in local markets, but that this has now become very difficult as huge areas of forest land have been affected by the Rohingya influx. They said that Rohingya people use the remaining forest areas to collect firewood and that the locals are afraid of coming across them.

“ Whenever we go outside for work, Rohingya people swear and shout at us. We are always afraid of them. We even stop working because we are afraid.”

– Man, 35, day labourer

Indigenous people also said that they have concerns regarding environmental imbalance. According to them, the temperature in their local area is increasing because of damage to the forest.

Shelter-related concerns

Over time, the pattern of the concerns raised about shelters has changed, with a clear seasonal pattern showing increased concerns about shelter repairs directly before the monsoon season in both 2018 and 2019. Other shelter-related concerns raised have included the need for a new shelter, worries that a shelter is not spacious enough and being asked to pay rent for living in the shelter (the latter particularly in camp 24).

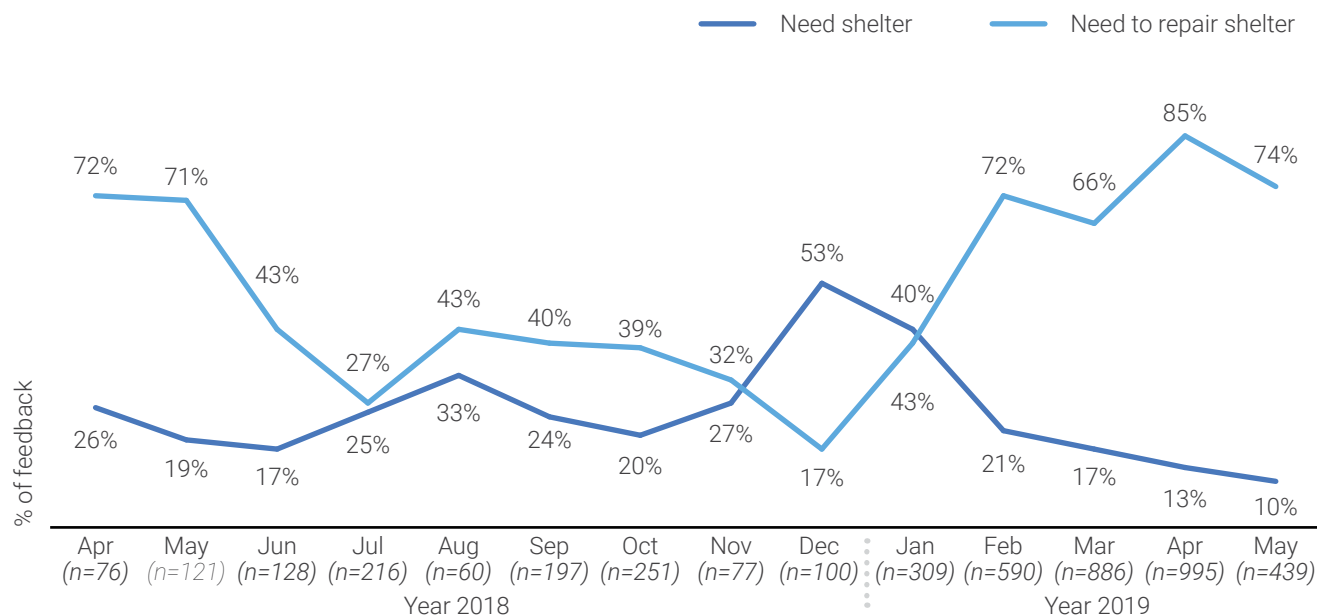
Research with Rohingya people found that they recalled receiving a shelter kit (which includes bamboo, tarpaulin and rope) only once when they first arrived in Bangladesh. Over time, they say that their shelters have become damaged: most of the tarpaulin has torn off, the bamboo used to make the roof has broken, and the bamboo used as pillars for the house has started to rot.

People have become more worried that their shelter will be destroyed by strong winds and that the monsoon season will result in damage to their shelters with rain entering their homes. People expressed their need for items to repair their shelters like tarpaulin, bamboo and rope. Research with Rohingya people found that they had informed mahjibs of their concerns and some said they had also informed NGO workers and the CIC office, but no action had been taken.

“ We need a safe place to stay during a storm. Where can we get some bamboo, wood and tarpaulin or polythene?”

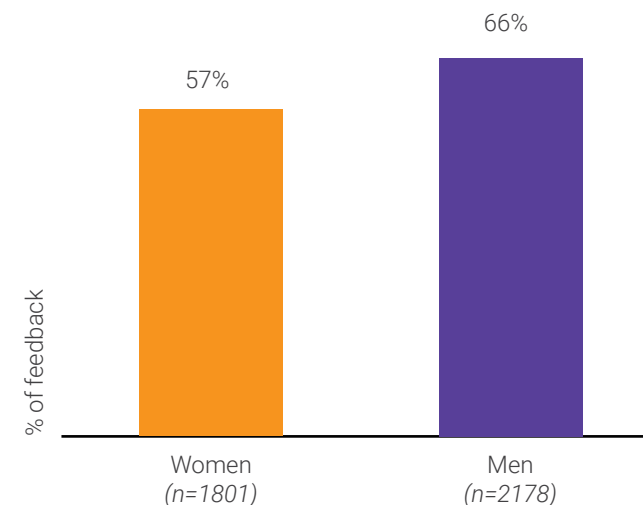
– Woman, 32, Balukhali

Figure 7: Concerns regarding shelter-related issues since April 2018



n = Base

Figure 6: % of people raising worries about shelter who mentioned concerns about shelter repair



n = Base

View of the host community

Host community research participants expressed their worry about losing their land, including agricultural land, as it has become occupied since the influx by Rohingya people.

“ If any of the Rohingya start building makeshifts on my land and I tell them not to do so, then they go to the military or police and tell them that I asked for money. Then the military or police come to me and start to beat me. They even arrest us without doing any investigation. We are feeling left out in our own place.”

– Man, Palongkhali, Ukhiya

Water-related concerns

At the beginning of the influx, a high percentage of complaints were about problems with water sources, lack of water sources and broken sources. The percentage of concerns related to water sources decreased at the end of 2018 but has increased again since January 2019.

In October and November 2018, water source-related problems decreased, but feedback about unavailability of water was high. This is perhaps because the beginning of the dry season caused the water level to fall, making it difficult to pump water. So, even though people had water sources, they were facing water problems due to the dry season.

The main sources of water for the Rohingya community are tube wells and water taps. Sometimes people have raised concerns about the condition of the tube well, for example that the water smells bad or contains excessive levels of iron. If people are unable to collect water from those sources, they go to the nearest lake or natural spring to collect water.

Many Rohingya people use tube wells which are shared with host communities and report that, in some places, the host community is preventing Rohingya people from using their tube wells by removing key parts of the pumping machinery. In other places, Rohingya people report being shouted at when they try to collect water. As the tube wells need repairing frequently, some people say that they sell relief goods for money to buy the parts.

“ We need to repair the tube well at two to three months intervals. Therefore, to buy the parts we need to sell our rice in the local shops.”

– Man, camp 13

Other water-related concerns includes water sources being far away from home.

Figure 8: % of people raising worries about water who mentioned concerns about unavailability of water and/or water source-related problems

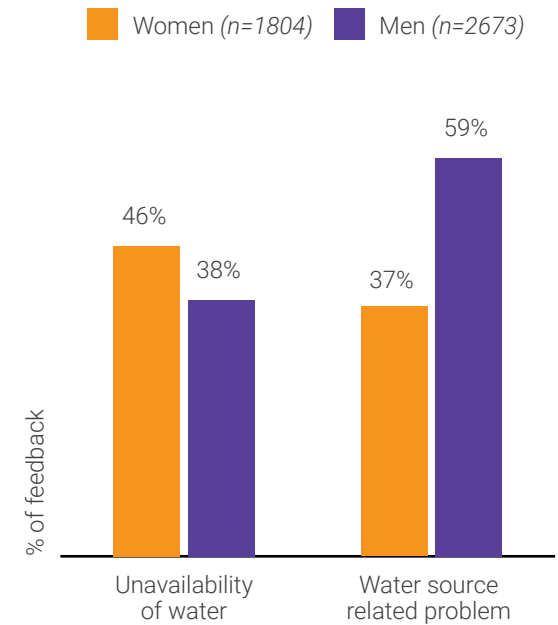
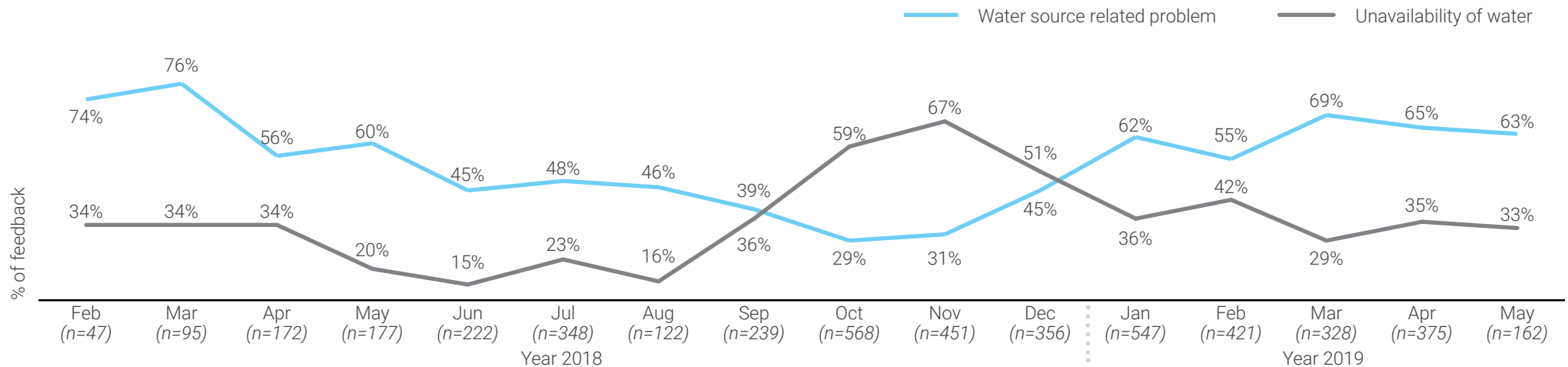


Figure 9: Concerns regarding water-related issues since February 2018



n = Base

Toilet-related concerns

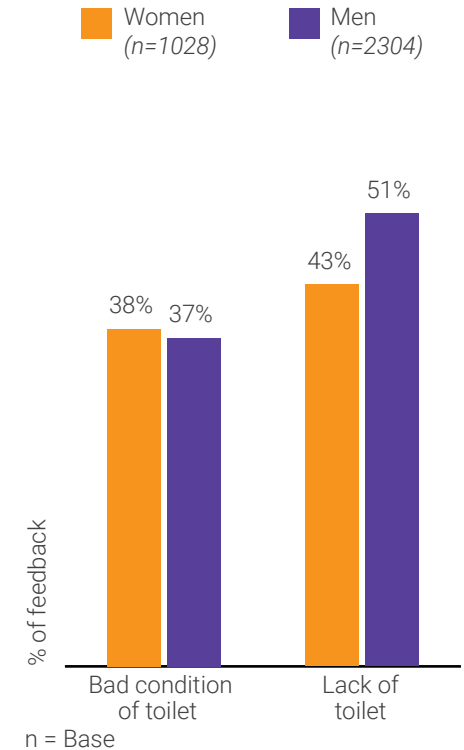
Lack of sufficient toilet facilities has been a major problem raised by Rohingya people since the beginning of the influx, although the amount of feedback on this topic decreased from November 2018 to January 2019 and again more recently. Concerns about the poor condition of toilets increased in December 2018 with people saying that, since large numbers of people are using a small number of toilets, they were becoming clogged up and broken. This concern also appears to have decreased in 2019.

People stated that they had insufficient toilets in the camps and did not have separate toilets for men and women. This results in women using the latrines and the bathrooms very early in the morning to avoid standing in the same queue as men to use the facilities. Moreover, people say that toilets often become unusable as they get filled up quickly with the number of people using them. Women say that they have to take a male family member with them if going to the toilet at night, because the toilets are usually some distance away, and they cannot go alone in the dark.

While men in some households have tried to cope with the situation by digging a hole close to the house or using one corner of the house as a latrine in case of emergency, these options are not available for the women to use. The lack of female-only bathrooms in the camps means that women also face challenges bathing and keeping themselves clean.

Rohingya women say that these daily problems are even more challenging when they are menstruating, and that they need an adequate number of pads, cloths and soap. Women mentioned that it is difficult to maintain hygiene because they have to go to the toilet wearing a burka and they don't have enough soap as they can't use the same soap to wash themselves and to wash the cloths they use as sanitary pads. Women also say that they do not have enough space to dry their cloths, which usually take at least two days to dry. Sometimes they wear the half-wet cloths again, which can lead to health issues.

Figure 10: % of people raising worries about toilet who mentioned concerns about toilet conditions and/or lack of toilets



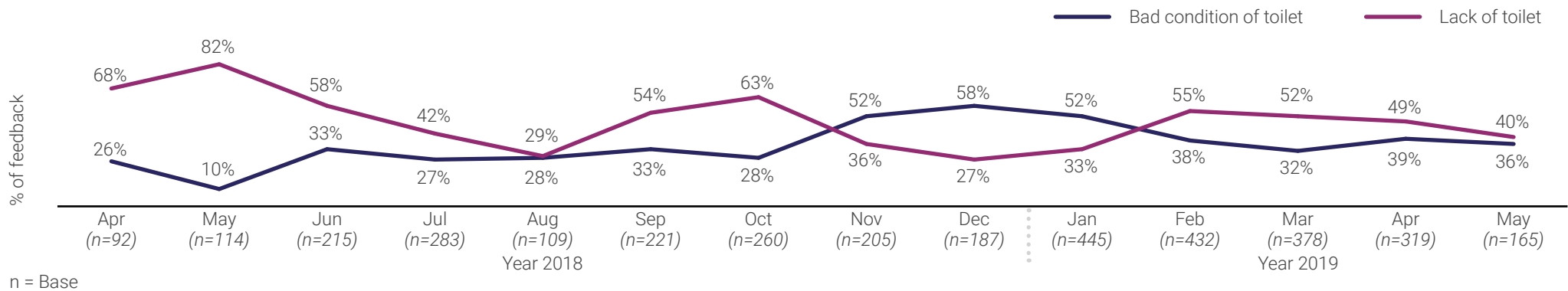
“ I feel shy to use the toilet when a man is using a toilet nearby. So, I need to wait until he leaves so that I can use it. The number of toilets needs to be increased.”

– Woman, 25, camp 2

“ During menstruation cycle, we face a lot of problems to dry our cloths as the space is small. It takes around two days to dry these cloths. Sometimes we wear the half-wet cloths which results in health issues in our private parts.”

– Woman, 18, camp 2

Figure 11: Concerns regarding toilet-related issues since April 2018



Site-related concerns

The percentage of site-related concerns about the need for repair of roads and bridges, the need for drainage systems, and the need for the repair of stairways in the camps have all increased since December 2018, while concerns about the need for streetlights have decreased.

In 2018, problems related to bridges and roads were highest in August and lowest in December. In 2019, the problem appears to have increased and was highest in March. Requests for streetlights were at their highest in March 2018 but have decreased since then, except for a spike in November 2018. Other concerns related to sewerage and drainage system and stairways were highest from February to April 2019.

In qualitative research, Rohingya people expressed their concerns about the pathways and the stairways, which they say have resulted in accidents. They said that the narrow roads inside the camps are broken and get very slippery when it rains. Women slip on those roads and get hurt when they go to collect water. They also mentioned about the staircases being broken which makes movement very risky

for older people, women and children. Some participants said that there was no staircase on the way to their mosque, which makes it very hard to get there. They also complained that staircases made of sacks have torn which has caused difficulty in movement.

“ There are bricks on the main roads but the roads inside the camp are made of mud and are broken. When it rains, these roads get very slippery. Many women have slipped on the roads while carrying water and broken their hands or got hurt.”
– Man, camp 12

People also mentioned that, in some places, there are no lights, or the lights are not working, making movement at night very hard. People also mentioned that drains close to shelters are full and are spreading bad odours. People whose houses are adjacent to the drains say that they face an overflow of water which goes into their house when it rains. They said they have asked mahjis, NGOs and the CIC about the problem but that no action has been taken yet.

Figure 12: % of people raising worries about site infrastructure who mentioned concerns related to bridges and roads, sewerage and drainage, street lights and/or stairways

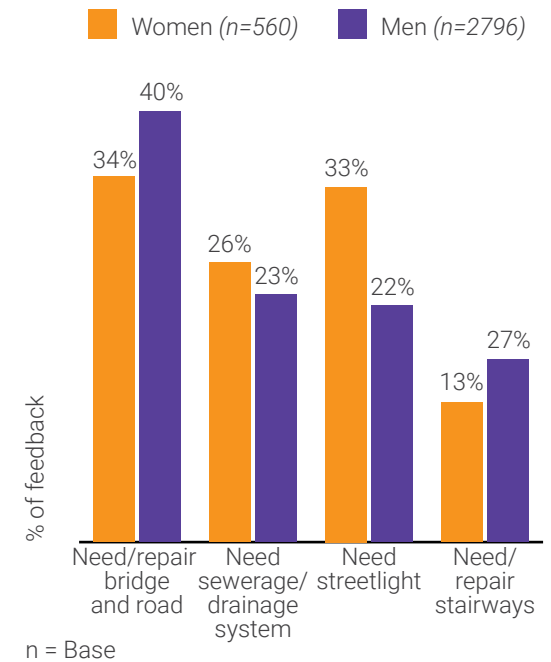
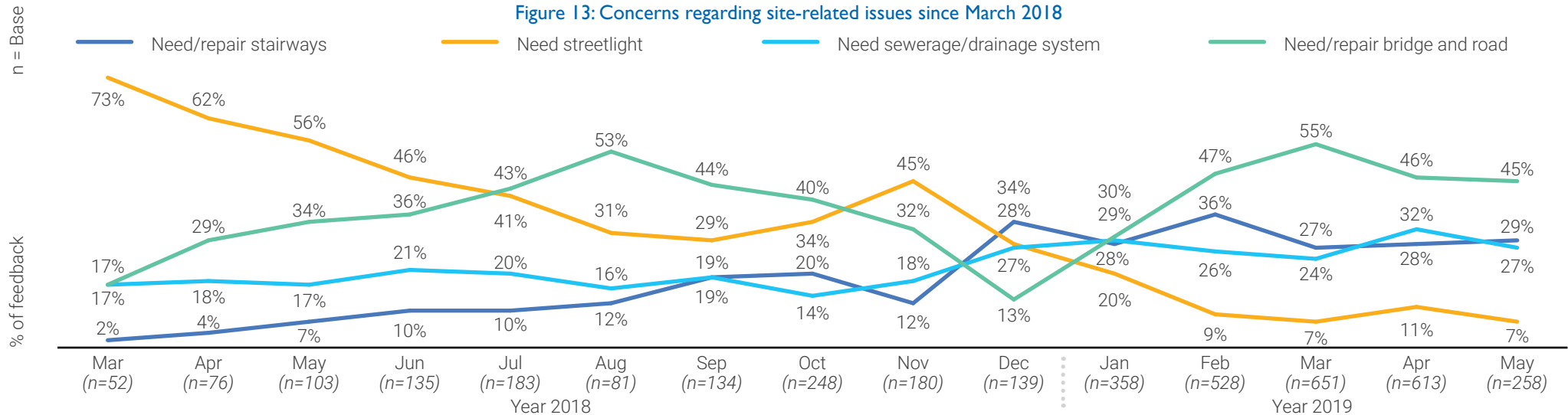
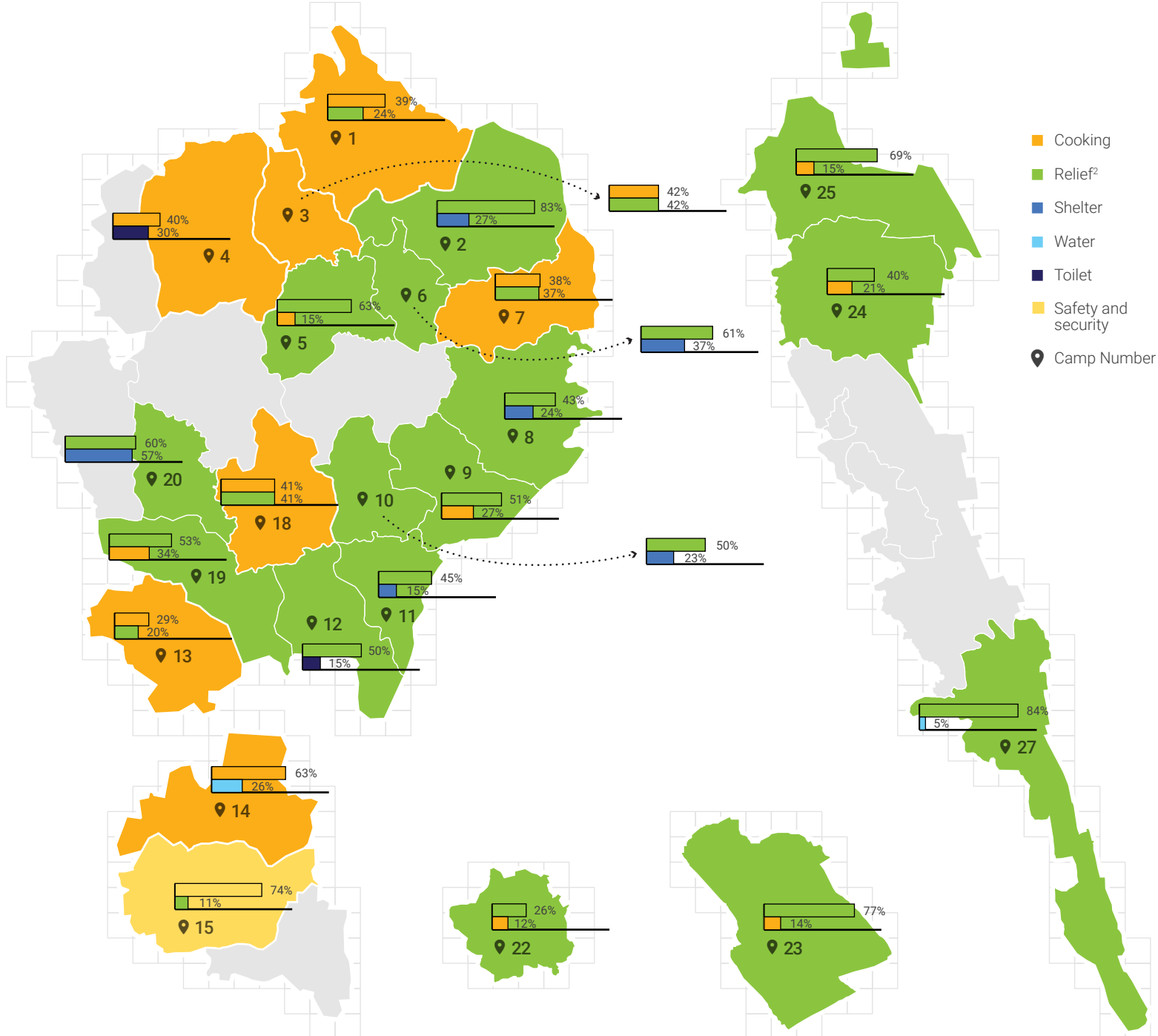


Figure 13: Concerns regarding site-related issues since March 2018

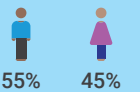




Source: 64,844 pieces of community feedback collected from Rohingya people from January 2018 to June 2019 from 27 camps by Action Aid Bangladesh, ACF, DRC, Help Age International, IOM and Solidarities International. Qualitative community feedback by 800 BRAC Rohingya community volunteers collected in Ukhiya and Teknaf upazilas in February 2018. In-depth interviews and focus group discussions conducted by BBC Media Action in camps 1, 2, 9, 10, 12, 13 and 24 between August 2018 and July 2019. Betar Sanglap (host community radio discussion programme) conducted between February 2018 and March 2019.

Overview of data¹

Gender of people providing feedback (n=51,501)



- a. Gender distribution in age categories
- b. Age of people providing feedback²

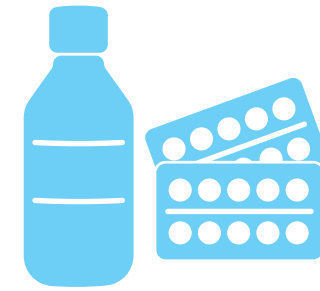
	a (n=43,384)		b (n=43,415)
	Men	Women	
Under 18	43%	57%	2%
18-40	51%	49%	69%
40-60	57%	43%	25%
60 & above	67%	33%	4%

Camp #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	18	19	20	22	23	24	25	27
Base	850	10,660	684	216	3,744	636	496	7,336	2,667	4,528	2,858	2,062	982	817	491	5,218	3,023	2,097	3,115	4,101	6,117	891	664

1. Some pieces of feedback do not include the age and/or gender of the person giving the feedback. The total number of pieces of feedback therefore vary, depending on which aspect is being analysed.
 2. 'Relief' refers to both food relief and non-food items such as hygiene kits

Prescription medication in the camps

The health and medicine practices that Rohingya people experienced in Myanmar can differ from those in the camps in Bangladesh. Health literacy among the Rohingya community in Bangladesh is generally very low. This, combined with their low overall rates of general literacy, makes it challenging to explain the proper use of medication prescribed by clinics and hospitals. TWB research shows that most (71%) health facilities in the camps use health interpreters or community volunteers to verbally explain prescription use to patients. However, many interpreters speak Chittagonian or use Chittagonian and Bangla terms to explain information relating to a prescription, which Rohingya people have difficulty understanding.



Medicine in Myanmar

In Myanmar, it was uncommon for a Rohingya person to go to a government-run hospital, because they feared being mistreated. Hospitals were also typically great distances from Rohingya villages. When Rohingya people were ill in Myanmar, they preferred to go to local spiritual healers (*boiddo*), traditional healers (*hakimi dattor/faishada dattor*), or medical practitioners (*faraila dattor*) in their community. The medical practitioners usually had some formal education or training, but were not licensed physicians. The medical practitioners sometimes gave injections (*indishin*) to patients. They prescribed tablets (*bori*) or other oral medications, such as syrups (*haibar fainna dabai*), less commonly.

Rohingya people usually only went to a government hospital as a last resort. They went only if their treatment from healers or the local medical practitioner was not effective, or if their symptoms worsened over time. Treatment in Myanmar was costly. If they could afford it, Rohingya people would go to private pharmacies (*dabair duan*) to get medication.

Taking medicine in the camps

There are many health services available to Rohingya people in the camps, from field hospitals to smaller health outposts or clinics. Due to the availability of these services, Rohingya people now consult with doctors and other health workers more than they did in Myanmar. However, as Rohingya people were used to going to private pharmacies for medication (*dabai*), some believe that free services provided by humanitarian organisations are less effective. This can lead to distrust in the efficacy of prescribed medication.

Some Rohingya people say that they mostly received injections when they visited a doctor in Myanmar. So when doctors prescribe tablets or liquid medication in Bangladesh, many Rohingya people doubt that this medicine will be effective.

During a consultation in a health facility in Bangladesh, doctors often use the generic Bangla term *shomosa* (problem) to ask about a patient's symptoms. The equivalent Rohingya word is *moshkil*. However both these terms are more typically used in a broader context, such as referring to a problem with equipment for example, so could be confusing for patients in a healthcare context. The Rohingya phrase *Onottu gaat ken lagerde?* ("What are you feeling in your body?") is likely to be more effective when meeting with a patient.

Consulting with a pharmacist

Following a consultation with a doctor, a Rohingya patient is given a prescription that is usually written in English or Bangla. A majority of health partners (71%) report using English to write prescription use instructions, despite very low English literacy in the camp. A much lower percentage (14%) use Burmese and Bangla, and a further 14% don't write anything at all. The instructions are explained by the pharmacist or health worker in Chittagonian or Rohingya. However, patients often do not have any written record of the instructions after they leave the health facility.

When TWB asked patients (via an exit interview) if they understood how to take prescribed medicine, 56% of Rohingya people consulted said they understood "a little" about how to take their prescribed medicine. Few (26%) said they understood "fully", and 14% did not understand how to take their medicine at all.

When they do not understand how to take their prescribed medicine, a patient prefers to ask an educated person in their community for help. Some people say that they also ask an NGO worker, and some return to the health clinic for further assistance. However, when instructions are not clear, some Rohingya people take their medication incorrectly or stop taking it altogether. Rohingya people also report that they may also go to a private pharmacy or clinic if they don't know how to take the medicine prescribed to them by a humanitarian health facility.

To communicate that a patient should take their medication with food, many health workers say *haiddo*, a Bangla word with a Chittagonian pronunciation, to mean “food”. The equivalent Rohingya word is *hana. Bat* (“rice”) also works in this context, because the diet of the Rohingya people is mainly rice.

When conveying information about dosage, *shamish* is the Rohingya word for “spoon.” *Bori* is the word for “tablets.” While many health workers use *bela*, the Bangla word for “time,” Rohingya people understand the English word “time” better.

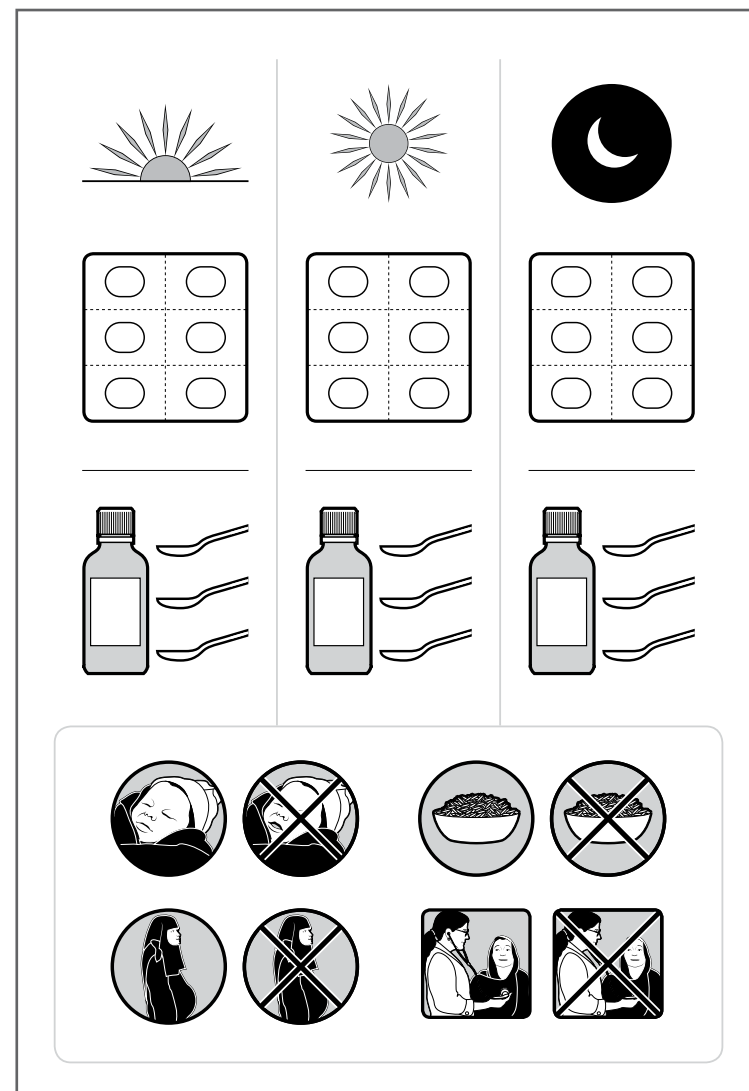
Using pictures

It has been reported that 40–80% of information communicated verbally during a health care consultation is forgotten almost immediately. This communication challenge is further exacerbated by terminology differences between Chittagonian and

Rohingya, and low health and overall literacy in the Rohingya refugee population.

According to TWB research, 64% of health partners do not use visual aids or pictograms to explain prescription use. Those that do use pictograms typically do not localize them to suit the Rohingya community’s communication needs and preferences. This affects whether prescription medication is taken properly, for the right amount of time, which affects the impact of health intervention programs in the camps.

TWB worked with the Rohingya community to develop a pictogram tool to help health workers better explain prescription medication instructions. This tool is available to all health facilities. Health workers can print the pictogram tool, shown on the right, circle or tick the appropriate instructions and provide it to each patient to take home with them.



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 Department for International Development.

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