

Concerns of extremely vulnerable individuals in the Rohingya community

Source: Since January 2018, BBC Media Action has been collating community feedback data collected by different agencies through their community feedback and response mechanisms (CFRM) and listening group discussions from different camps. Over three years, less than 1% of this feedback¹ regards concerns faced by extremely vulnerable individuals (EVI). EVI include older people, pregnant mothers, widows, orphans, people with disabilities, and women and child headed households. To better understand these concerns, BBC Media Action conducted nine telephone interviews in Camp 14 from 21- 26 April 2021. Four were with women (age 20 - 60) and five with men (age 18 - 60). Participants included elderly people, separated or unaccompanied children, and women-headed household members.

¹ 0.7% (1428 cases) of 217,149 comments (community feedback data)

Note: Over the years EVI concerns have been raised in Camps 5, 8E, 11, 12, 13, 14, 16 and occasionally in other camps. In 2021, most concerns were raised in Camp 8E. Although it would have been ideal to interview people from Camp 8E, due to logistical challenges related to the recent fire, participants for this study have been recruited from Camp 14.

WHAT MATTERS?

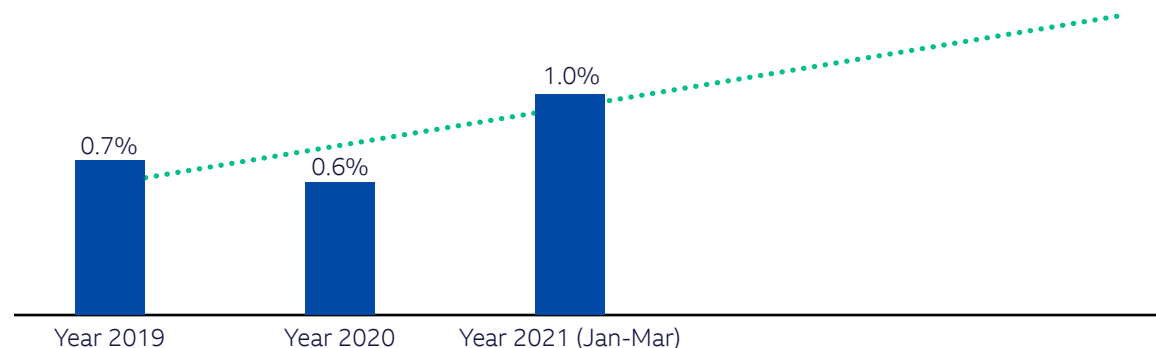
Humanitarian Feedback Bulletin
on Rohingya Response

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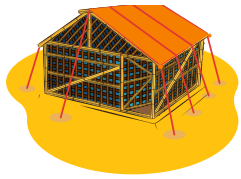
Feedback data shows that EVI, or their family members, have raised their concerns or requested additional support through community feedback and response mechanisms run by different agencies. Although the number of incidents of concerns being raised remains small, it has increased over the last year, particularly in Camp 8E. Given the Covid-19 pandemic, their suffering has increased and may worsen in upcoming months.

They have raised concerns about a range of issues including shelter, health services, food, and protection.

Proportion of feedback which has been about EVI support over the last three years



Concerns related to shelter



In both community feedback data and phone interviews, EVI participants said the condition of their shelter has deteriorated over recent months, some said their shelter has been in a bad state for over a year. In phone interviews, people said the main materials of their shelter, like bamboo and tarpaulin are deteriorating due to age, storms, and rain. As the rainy season is approaching, they are worried about the future of their shelters.

“After the last storm and heavy rain, the shelter's shed was blown away and the floor collapsed... because of that the wall is also getting more damaged day by day.”

– Rohingya female, age 50

Reporting via community feedback, EVI and their family members said they have not received shelter kits for 1-3 years. *What Matters?* has identified this concern in earlier editions, especially in regard to the number of Rohingya people living in makeshift shelters. In interviews, most participants said they only received a shelter kit when they arrived and have had not received additional shelter materials since then. They said they complained frequently to authorities including mahji, Camp in Charge (CIC) and at information hubs and the site management office, to no avail, even as they mentioned that NGOs tried to help. One participant estimated that for every 10 families who complain, two might receive a shelter kit. When NGOs can't help, families borrow money and try to repair their shelters. Some gave examples of NGOs visiting, observing the bad condition of their shelters, but subsequently, not providing any support. Sometimes people move into schools or mosques to demonstrate to NGOs that they need help to repair their shelters.

Concerns regarding medical services



One of the major concerns among EVI respondents is medical services. Almost all said they did not receive proper treatment from camp medical centres. After sharing their health issues with doctors at medical centres, they said they were prescribed the same medicine (napa) for most of their complaints. This particular concern has increased due to the pandemic.

In phone interviews, both men and women said it had become harder for them to visit hospitals during the pandemic. When they managed to visit medical facilities, they felt that even after being listed as beneficiaries, they weren't receiving the medicine or treatment they needed. Due to Covid-19, home visits from health service providers have decreased, adding to their perception that they are not getting the medical care they need.

One female participant, who lost her husband in Myanmar, said that it's a struggle to visit the medical centre since she lives in a hilly area. Nonetheless, and despite the difficulties of travelling alone, she went to the centre, waited a long time, did not receive any treatment, and went home disheartened. She said she did not complain to anyone because she didn't want the doctor to get angry with her.

“I went to hospital by walking for a long time and I had to wait there for more than three or four hours, but doctors didn't give me treatment, even I cried in front of them, and then I came back.”

– Rohingya female from female headed household, age 50

Other participants said they had complained to CIC, mahji and site management about access to treatment many times, but to no avail. One male participant said he complained to the CIC office and he was advised to go outside the camp for treatment. He borrowed money and went to Chattogram for treatment. People said it is very difficult to afford treatment outside the camps, as most of them do not have a job, especially women who have lost their husbands, or families with no earning members.

“I went to the CIC office and they told me to go outside to get better treatment. I borrowed money from others and went to Chattogram after six months.”

– Rohingya male, age 51

Concerns regarding food



Concerns raised via community feedback were about needing assistance for food collection. Telephone interview participants also talked about food shortages: they said that previously they were provided enough food but currently (for over a year) they

have not been provided with enough food to feed their families. Participants said they need to sell part of their food to have money to spend on different things, like paying a guard to keep them safe at for night (since the fire incident), buying shelter kits, and getting health treatment outside of the camps. As most of them do not have jobs, they cannot buy extra food for their families. Moreover, all participants said NGOs have not been providing enough food during the pandemic. Participants (unaccompanied children and women from female headed households) said they can't buy meat or fish most days since no one in their household has an income. During the pandemic,

people haven't had enough food for *iftar* (breaking the fast at evening) and *sehri* (starting the fast at dawn).

“ Earlier I got 12 kilos of rice for four persons of my family and all of us ate the same amount of rice, but the amount has decreased. That's why every month I have to borrow seven kilos of rice from others.”

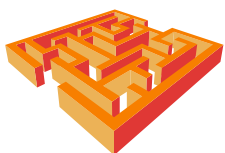
– Rohingya female, age: 55

Concerns regarding fire



One of the major concerns among interview participants, especially women, is the danger of fires, after the recent fire incident. They have heard rumours that people are deliberately setting houses on fire. One male participant said each family needs to spend more than BDT 200 per month to pay a guard to watch over their houses at night to avoid arson. This is a particular burden for female headed households with no income-earning members.

Concerns regarding problem solving



To solve problems, participants said they approach their mahji, CIC office, site management or different organizations and entities including info hubs.

Both male and female participants said mahjis do not consider their problems and complaints high priorities, and in most cases, they don't provide help. The same thing happens when they approach service providers and the CIC office.

When asked how they might mitigate their problems or ensure they get solutions, one participant suggested forming a committee of people from the Rohingya community who would pass on concerns to the NGOs/ organisations, who would, in turn, take issues up with the CIC or site management.

Most phone interview participants said they do not give feedback or make complaints to anyone as they have raised their concerns in different places many times, to no avail. That is why they now try to solve problems themselves and/or cope with their current situation. Moreover, some participants said they didn't know how and where to go to make complaints or give feedback.

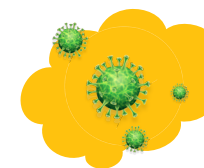
“ As they (CIC, mahji and other organisations) didn't give us anything or any solution after complaining lots of times, now we are trying to solve our problems on our own and if we can't, just try to cope up with the problems, otherwise what else can we do.”

– Rohingya male, age 51

Rumours, concerns, and questions

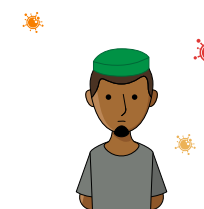
In February and March 2021, humanitarian agencies collected rumours and questions from the Rohingya community about Covid-19. These were provided to BBC Media Action as part of the rumour tracking activity conducted on behalf of the Communications with Communities (CwC) Working Group. The World Health Organisation (WHO) has addressed these rumours and frequently asked questions providing information that can be used by humanitarian agencies in discussions with the Rohingya community and when designing communications products.

× “Covid-19 doesn't exist”



Covid-19 is the disease caused by a new coronavirus. According to the Government of Bangladesh, between 8 March 2020 and 10 May 2021, 773,513 Covid-19 cases have been confirmed in the country; causing at least 11,000 deaths¹. In Cox's Bazar district itself there have been 8013 cases and 95 deaths (both in the host and Rohingya community)². In Rohingya camps there have been 525 confirmed cases including 11 deaths as of 29 April 2021³.

× “Covid-19 doesn't affect Muslims.”



Diseases like Covid-19 do not spare any religion, caste or race. This virus is highly infectious and anyone can be infected: poor, rich, women, men, boys and girls, sports personalities, film stars, artistes, and religious leaders. For example, the top 10 Muslim countries experiencing the Covid-19 pandemic include Turkey, Indonesia, Bangladesh, Afghanistan, Pakistan, Iran, Iraq, Bahrain, Saudi Arabia and Jordan. Together more than 13.5 million confirmed cases and more than 231,118 deaths have been reported in these countries as of 10 May 2021⁴.

1 <https://www.who.int/countries/bgd/> [accessed on 11 May 2021]

2 https://cdn.who.int/media/docs/default-source/searo/bangladesh/bangladesh---rohingya-crisis---pdf-reports/sitreps/2021/who-cox-s-bazar-situation-report-8.pdf?sfvrsn=dd3a85b0_9

3 *ibid*

4 <https://covid19.who.int/table> [accessed on 11 May 2021]



✘ **“Covid-19 vaccines are ineffective.”**

Covid-19 vaccines save lives. Vaccines are equally effective for all nationalities and religions. These vaccines are the result of extensive research and are thoroughly tested before getting approval for use. Vaccines protect against us from getting infected, and if we are infected can prevent severe illness, hospitalization and death. According to WHO, vaccines not only protect the individual; they protect those around us. In countries with effective vaccine programmes the rate of infection has been significantly reduced.

✘ **“Vaccines can cause serious side effects.”**

Covid-19 vaccines are very safe. Like other vaccines, some people experience mild to moderate side effects, but these are usually very minor and of short duration. According to WHO, people may experience mild fever, chills, tiredness, and headache or mild flu like symptoms. These may remain for a day or so and then go away. WHO suggested that if people have concerns, they should talk with others who have received the vaccine.



When the Rohingya community is vaccinated they are given a contact number to call to seek help if needed. They can also follow up with a health worker if they have any questions of concerns.

✘ **“You’ll get Covid-19 anyway, even if you get the vaccine.”**

According to WHO, for most people, this is not correct. As a result of the vaccine, we develop antibodies which protect us. However the time it takes to be fully protected varies from person to person, and we may be able to transmit the virus even if it doesn’t make us sick. Therefore, it is important to continue with all infection prevention measures after being vaccinated: maintain at least a one-metre distance from others, clean your hands frequently and wear a mask, particularly in enclosed, crowded or poorly ventilated spaces. In rare cases, some individuals may get re-infected, but in these cases the vaccine can prevent severe illness, hospitalisation, and death.



✘ **“Is the vaccine safe even if it is manufactured in India?”**

India is one of the largest vaccine manufacturers in the world. The Covid-19 vaccine manufactured in India (or anywhere else) is very safe and effective.

The Government of Bangladesh uses the Oxford–AstraZeneca Covid-19 vaccine developed by Oxford University and a company called AstraZeneca. If this is not available, they may decide to use a vaccine from a different manufacturer. All vaccines are produced for use by the public only after strict regulation and checks by global and national experts.

✘ **“How was the vaccine developed so quickly?”**

According to WHO it often takes a few years to develop a vaccine. Even though Covid-19 vaccines were developed at an accelerated rate all vaccines currently approved for use have been thoroughly tested to ensure they are effective and safe before being made available to the public.

If you are aware of any rumours on any issue, please contact BBC Media Action so we can provide accurate information to address rumours.

Please email
[cxbfeedback@
bd.bbcmediaaction.org](mailto:cxbfeedback@bd.bbcmediaaction.org)



Observing Ramadan in the camps

Along with hundreds of millions of Muslims across the globe, hundreds of thousands of Rohingya Muslims are currently observing Ramadan in the refugee camps of Cox's Bazar. To better understand their experiences and challenges this Ramadan, TWB interviewed 19 community members, all of whom have now been fasting for several weeks. They want better access to nutritious foods, and information about whether support is available to them to get those foods during Ramadan and Eid al-Fitr.

People want access to sufficient nutritious food during Ramadan

When abstaining from eating and drinking from dawn to dusk for an entire month, it is important that the foods consumed during the main pre- and post-fasting eating periods (*sehri* and *iftar*) are nutritious. Of the 19 community members interviewed, 17 report that, prior to Ramadan, they did not have access to enough nutritious food. According to interviewees, nutritious foods include beef, chicken, fish, eggs, milk, and a variety of vegetables and fruits, such as fresh greens, watermelon, apples, and grapes. Thirteen respondents report that during Ramadan their level of access to nutritious foods has not changed, whilst the remaining six say they have had less access. For *sehri*, those interviewed are mostly eating a combination of rice, vegetables, and lentils and occasionally eggs, dried fish, or fresh fish. For *iftar*, people are generally having dishes made with puffed rice and chickpeas, with some also having fruit juice and fresh fruits. Of the 19 respondents, 12 are not satisfied with the food they have available for *sehri* and *iftar*, but the remaining seven are satisfied.

Many community members are facing challenges observing Ramadan

Of the 19 interviewees, 15 are facing obstacles that have affected their ability to observe Ramadan. For 12 of them, these obstacles have affected their ability to observe the

central practice of fasting. The majority report that the main obstacles they are facing relate to the cost of food and accessing the foods they want. One person said they can only afford to have water for *iftar*, another just water and chickpeas, whilst others can only afford to have rice with lentils. All except one person interviewed report that they do not have access to the foods they would like to have during Ramadan. They would like to have access to more fresh fish, meats, and fruits.

The recent hot weather has also been a challenge, with a lack of solar panels and fans causing discomfort, particularly at night. Some people are facing additional financial challenges due to a reduction in available work due to Covid-19 lockdown restrictions, while others are having problems accessing drinking water where they live due to supply issues.

“ We suffer during the night as the weather is very hot and we have no fan and sometimes we can't perform our prayers properly and can't recite the Holy Quran.”

– Rohingya female, age 30, Camp 4

“ It's very hot in the camps. We don't have solar panels or fans. We don't have access to the foods we would normally have in Myanmar during Ramadan.”

– Rohingya male, age 1, Camp 1E

“ I haven't had enough food to eat since the start of Ramadan. I haven't got any food for *iftar*. I don't have money to buy *iftar*. I have only water to drink as my *iftar*.”

– Rohingya female, age 29, Camp 1W



People want financial support for food and clothes to celebrate Eid al-Fitr

No respondents report having received information or advice from NGOs, the authorities, or community leaders about any specific provisions for Ramadan or the upcoming Eid al-Fitr. Of the 19, 17 say that they are not getting any additional support or assistance during Ramadan, with the two others reporting minimal support; one person received money from a family friend living abroad to buy food, and one received some dates from an NGO. Sixteen respondents would like more information about what support may be available to them for Eid, with most wanting support, particularly from NGOs, to buy food and clothes for Eid celebrations. One person wanted more information on the Covid-19 situation in Bangladesh, whilst two others wanted information about whether restrictions on movement will be eased to allow them to congregate to celebrate Eid.

“ I want to know whether or not we will get any support for Eid.”

– Rohingya male, age 22, Camp 3

“ I want to know if in the remaining days of Ramadan we will get any food for *iftar* or *sehri*. I heard that in other camps many Rohingya got support from a variety of sources and I wonder why we didn't get any. People in my community are very sad about this.”

– Rohingya female, age 50, Camp 3

Based on these community perspectives it is apparent that during this Ramadan people are facing challenges accessing the nutritious foods they need to comfortably observe the month of fasting. It is also evident that these community members want more information about what support is available to them during this important time of the year for Rohingya Muslims. Particularly for those community members who are unable to access sufficient food to meet basic needs, there is a need for communication on what support may be available to 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.

This work is delivered in partnership with the International Rescue Committee with funding from the United States Government.

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