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Rohingya community feedback on food

Recently, Rohingya people have expressed concerns about the frequency of food distributions and the quality of the food they are receiving.

The community's major concerns, identified through an analysis of feedback connected to food, relate to:

- Quality of oil; and contamination of lentils and rice
- Lack of fresh food options, which the community feel are needed for a balanced diet
- Issues with getting new ration cards for some family members
- Insufficient quantity of food being distributed
- Lack of income to buy food to supplement the rice, oil, and lentils received in distributions
- Issues with complaint and reporting mechanisms

“ The rice which has been provided to us this month is not edible because it is mixed with lots of crushed stones, rice stalks and what looks like burned rice.”

– Woman, 56, camp 4

“ The people who received rice recently found that it was bad quality once they got home. If they [those responsible for the rice distribution] would consider changing this, it would be good.”

– Woman, 32, camp 2E

Rice is one of the staple foods given in distributions. Community concerns reported included worries about the rice quality. According to some members of Rohingya community, the rice they received in January was mixed with lots of small pebbles, bran and dirt. After sifting and cleaning the rice, people said that only about half of what was in the sack was usable. Others also said that the rice still looked black, even after washing it several times, and that it smelt bad when they cooked it. Rohingya respondents shared that they had received poor quality rice like this before and, after complaining about it, the rice had been changed. The current situation had caused increased concern among the respondents as they couldn't sell or exchange this rice to buy other food for themselves. This meant that not only did they have less rice to eat, but they also didn't have access to the items that they typically barter their rice for.

WHAT MATTERS?

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on Rohingya Response

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Source: Feedback collected between January 19 and January 30 by 20 Internews community correspondents and one feedback manager using Kobo collect app in camps 1E, 1W, 2E, 2W, 3, 4 and 4-extension. In total, 240 responses from feedback collection and FGDs have been analyzed to present the significant concerns and questions of the Rohingya community, of which 25% was related to food. Community feedback is collected in Rohingya language using English and Bangla script. In addition to the community interactions by the community correspondents, two focus group discussions were conducted in camp 23 by BBC Media Action to further explore the community's opinions and perceptions regarding food distribution.

Internews

January 19 – January 30, 2019

Total Feedback

240



144



96

“ Oil which was distributed before was good quality. For the past four months, the oil has been distributed in white bottles. If we eat that oil, our body feels itchy. The previous oil was good, but the current oil tastes bad when it gets cold.”

– Woman, 35, camp 2E

The community feel that the quality of cooking oil has deteriorated over the last few months and believe that oil being distributed is causing skin irritations.

Respondents also commented on the pulses being distributed in camps. People said that, until 6-8 months ago, they used to receive small, red lentils (*moshur Dal*) and that they found these lentils tasty, particularly for children. But for the last 6-8 months they have been receiving Garbanzo Beans (*Buter Dal*), a lentil that they use to make *piyajua*, a special kind of fried food. People expressed that they don't eat this lentil except when it is cooked with meat very occasionally. Respondents added that the varieties of lentils currently provided in distributions are difficult to cook, since it takes a lot of time and fuel to boil the lentils.

“ We are facing too many problems with the lentils. It takes a long time to boil the lentils. Due to the hardness of the lentils, they don't mix and it is very difficult to eat them. Instead of hard types of lentils, if we can get easily mixable lentils, it would be great. Due to the hardness and unmixed nature of the lentils, the children don't want to eat them.”

– Woman, 40, camp 3

Some people also added that their children often don't eat the lentils provide and that they are concerned that their children might not be getting adequate nutrition because of this. Others gave feedback that their children were getting an upset stomach after eating this type of lentil. Lentils are often resold in the camps, and Rohingya people use the money they get for the lentils to buy other food.

“ We eat one packet of lentils at home and sell one packet of lentils for 100 taka. With that money, we buy something for our daughters. Since we are older, we are unable to provide for our daughters in other ways. It's easy to sell the lentil packets because buyers exist around the rice distribution point. Though the money is not enough, we can buy some other nutritious food to eat.”

– Woman, 55, camp 1E

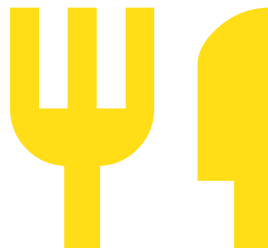
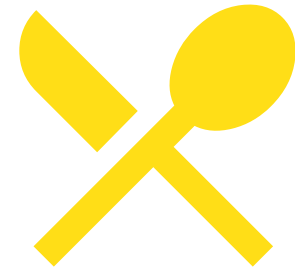
In addition to the quality of the rice, oil and lentils, camp residents also mentioned the quantity of food distributed. People said that the amount of food given to them is not adequate to feed their family throughout the month.

Another issue raised by the community was the difficulty in communicating family and household changes to the camp authorities. In the 17 months that they have been living in Bangladesh, many Rohingya people have married or set up their own households and need their own ration cards to get distributions for their new household. According to many refugees, they have been unable to change their ration cards or household status and are still receiving relief on the basis of an outdated household

ration list. This has put significant strain on some families whose numbers have increased. Families that have moved to other camps have also faced issues getting ration cards to receive distributions at their new location.

“ We are facing problems with food. The food which is being distributed is not sufficient for us, because there are six members in the family and we get only 30 kilos of rice twice in a month. That amount of food is not even sufficient for one month. We don't get any other food items and we have to purchase the rest of the food items for ourselves.”

– Man, 33, camp 1E



Mental health in the camps

Many members of the Rohingya community experience mental health problems. This is partly due to the trauma of fleeing from their homes in Myanmar and subsequently living in difficult conditions in the camps. Understanding the complexities of mental health problems is in its early stages, even in many more developed countries. Communities that have traditionally had less access to health information tend to have the most limited understanding. In Cox's Bazar, it is difficult to observe and address mental health problems due to socio-linguistic barriers between the Rohingya people and the humanitarian community. A better understanding of Rohingya terminology and culture can help humanitarian agencies to bridge communication gaps regarding mental health.

Stigmas and spirits

Because mental health problems can be abstract and hard to define, it is sometimes helpful to consider pre-existing cultural concepts within the Rohingya community. A significant stigma (*bodnaam*) is still associated with any form of mental health problem. This makes it difficult to directly discuss anything to do with mental health (*dhemaki aramiyot*). The community differentiates between general sadness or being upset (*fereshani*) and a prolonged state of sadness or depression (*asor'e doron*). However, *asor'e doron* literally means to be 'affected by' the spirits, so the concept of depression is spiritual rather than clinical. Many diagnosable mental health problems are referred to as *faul*, a broad term meaning 'madness' or 'lunacy.'

Historically, many cultures blurred the line between spirituality and medicine. They explained illnesses and diseases as being the workings of supernatural entities (*zin-fori* in Rohingya), and therapies for these ailments came in the form of sanctified herbal remedies. Access to and awareness of health information has decreased this belief in many societies. However, in many marginalized communities, belief in spiritual illnesses is still common. Many Rohingya people still see psychological conditions as tests from God. They treat a variety of mental health problems by using exorcisms (*zaara-fua*) conducted by spiritual healers (*boiddo*).

Discussing emotions

It is difficult to discuss mental health treatments or therapies with Rohingya patients and their families, as the Rohingya language lacks words related to even general health and anatomy. For example, heart palpitations due to anxiety are described as *hoilla duf-dofar*, which literally means 'liver is shaking'. There isn't a clear word to describe the physical heart. Some people say '*dil*', but that term is closer to 'mind' than 'heart'. Abstract concepts – like imagination (*baafon*) or triggers – are also challenging for many Rohingya people to conceptualize. This makes it difficult to provide comprehensive therapies for people experiencing mental health problems.

The English word 'emotion' is also difficult to explain to Rohingya speakers as there is no direct translation for it. The phrase *ken-ken lagon*, which means 'how does it feel?', would typically be used instead. When asked how they

feel, Rohingya people often talk about physical health, rather than mental or emotional health. Some interpreters and programmes use *dilor haaloth* ('condition of the heart-mind'), a newly coined term that Rohingya speakers could understand to mean emotions.

Chittagonian versus Rohingya

Knowing the similarities and differences between Chittagonian and Rohingya language terms is important because many interactions with Rohingya patients occur through Chittagonian interpreters. Chittagonian borrows many scientific and medical terms from standard Bangla, which the Rohingya community generally does not understand. For example, the word 'mental' is different in the two languages: while Chittagonian speakers borrow *manashik* from Bangla, Rohingya speakers say *dhemaki*.

However, certain health-related words used colloquially in Chittagonian are similar to, if not the same as, Rohingya. This is because historically they both borrowed words from languages like Arabic, Farsi, and Urdu. For example, Chittagonian uses both *maazuri* (same as in Rohingya, via Urdu) and *fungota* (derived from Bangla *pungota*) to mean 'physical disability'.



Host community feedback: Ramu

Source: Feedback collected from the host community audience of the radio discussion programme Betar Sanglap, recorded in Alhaj Fazal Ambia High School, Ramu, Cox's Bazar on 14 February 2019. These concerns were documented from questions asked during the programme by the audience. The programme is produced by Bangladesh Betar with support from BBC Media Action and UNICEF. Total feedback 42: male 55% and female 45%.

The community in Ramu feel the Rohingya influx has impacted on their social and economic life. They perceive that due to the Rohingya influx, they have lost a huge amount of their agricultural land. They feel that Rohingya people have also taken over small businesses that they used to run. They also expressed their worries about the price increase of daily commodities. The host community in Ramu were particularly worried about their livelihood, as many of them depend on the forest to earn a living. A large amount of the forest is now occupied by Rohingya people, which has left them unemployed. The audience of Betar Sanglap were seeking solutions to this problem.

The host community in Ramu are also worried about diseases spreading from the Rohingya community. One of the participants mentioned that the Rohingya community has different kinds of skin diseases which may spread among local people. He asked the panelists how this problem could be resolved and what measures the local community could take.

Local people are also concerned about their safety and security: one of the participants in the programme mentioned that people from the Rohingya community had taken money from her husband and also tortured him.



BBC Media Action, Internews, 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 being delivered in partnership with IOM, the UN migration agency, and 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