Covid-19 response measures to reduce staff and use fewer volunteers also reduce communication with Rohingya people

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Dynamics between the host community and Rohingya people during Covid-19

Source: To understand the nature of the current relationship between Rohingya people and those from the host community, as well as how Covid-19 is affecting that relationship, BBC Media Action and Translators without Borders (TWB) conducted 16 in-depth interviews (IDI) over the phone with seven men and nine women. Among the participants, seven were from the Rohingya community and nine from the host community. Interviews took place between 14-17 May.

Currently, Covid-19 and livelihoods are the issues that are most concerning both communities.

In the discussions, participants from both communities said that coronavirus was seriously impacting their lives and livelihood. They said it was disrupting their movements and causing them difficulties in earning money and feeding their family properly. In addition, Rohingya participants spoke about how recent fire incidents had damaged some of their houses – they said that this had caused them serious problems and that they were having to live under the open sky. Other Rohingya people also expressed their worries about the condition of their shelters and said that they feared their homes might not survive the upcoming rainy season.

Getting food relief once a month is also becoming a problem for some in the Rohingya community. People said that the amount of food they were receiving in a month was not enough for them to meet their family’s needs. Above all, Rohingya people said that they were most concerned about movement restrictions, which they feel is preventing them from earning money which they could use to meet their unmet needs.

For the last two months I couldn’t go to work because of the lockdown and so I lost my job. My father used to work as a daily labourer and currently has no work.”

– Woman, host community, Ukhiya

“The amount of food we are receiving is not sufficient. Earlier we used to go outside and earn money to fulfil the unmet needs. Currently we are not allowed to go anywhere.”

– Man, Rohingya community, camp 1E

Furthermore, participants from both communities said that they were worried about their children. Due to the lockdown, all schools, learning centres and madras remained closed and so people said they were worried that their children couldn’t study properly. Another issue raised by people from Rohingya communities was that they would not be able to buy new clothes for their children at Eid, due to lack of money.
Dispary between relief available for Rohingya people and the host community affects the relationship between them

Since soon after the influx in 2017, people from the host community have raised concerns about insufficient work or increases in living cost. Many have complained in the past about the disparity between Rohingya people - who receive food, shelter, NFI and other relief items, and host communities, who work to earn their livelihood. In the current situation, members of the host community said that, while they have coped with this situation up to now, restrictions related to Covid-19 have made their situation dire. Host community participants talked about how NGOs were providing relief to the Rohingya community but that they had not received anything, even though they had heard that the Bangladesh government was distributing relief to host communities in many areas. Discussions with Rohingya people resonated with these findings. They said that, when they first arrived from Myanmar, they had enjoyed a good relationship with the host community but that, as the host community were not getting any assistance from the government, local administration or NGOs, the host community were no longer showing any sympathy to them.

“In our community we all think that Rohingya brought this disease here with them, so we are trying to avoid all kinds of contact with Rohingya.”

– Woman, host community, Ukhiya

“Many Rohingya community people are coming outside of the camp regularly for work, for shopping or to roam around and for this reason coronavirus is spreading in our community.”

– Man, host community, Ukhiya

The participants from the host community also said that they thought many Rohingya people were involved in different criminal activities, such as illegal drugs, robbery, threatening people and murder.

Some people from the host community perceive that Rohingya people are spreading Covid 19 and involved in criminal activities

Covid-19 response measures to reduce staff and use fewer volunteers also reduce communication with Rohingya people

To protect the Rohingya community in Cox’s Bazaar, only critical staff are now working in the camps, a reduction of up to 80 percent in some sectors. However, recent interviews with Rohingya community members show how this reduction impacts their health care experiences. With the restrictions, community members are now denied the ability to maintain relationships with trusted staff who previously had regular contact with the Rohingya community but are now unable to enter the camps. Many of these NGO workers were a regular source of information and comfort. The Rohingya people can no longer access facilities such as women- and child-friendly spaces, because those facilities are now either closed or have reduced staffing. This has also led to problems with communication.

Source: To understand gaps in services and the impact on understanding, language and communication, Translators without Borders (TWB) and BBC Media Action conducted 15 in-depth interviews (IDI) over the phone. Eight men and seven women took part. Interviews took place between the 28 April and 11 May.
Community members have spoken about a noticeable reduction in the numbers of volunteers present during health consultations and at nutrition centres. Volunteers from the Rohingya community assist humanitarian staff in a variety of roles, including as cultural and linguistic interpreters between the Rohingya community and service providers. Community members say that women who attend health centres and nutrition centres with their babies face challenges understanding the staff. Information posters and other printed materials used there are of limited use as most people cannot read.

In health care settings, their role is particularly significant because few doctors working in the camps speak Rohingya. Refugees said they have met doctors who speak Chittagonian, but mostly they meet Bangla-speaking doctors from other regions of Bangladesh. Rohingya volunteers with Bangla or English language skills often act as interpreters in health consultations to ensure that patients are heard and understood in a two way communication process, which can help health outcomes.

To address this problem, community members asked for more in-person or audio communication in the Rohingya language. This would facilitate the provision of services in the camps, especially in health care.

Community concerns about reduced humanitarian staffing in the camps and less access to volunteer interpreters have been increasing and will probably persist. Ensuring that the staff who remain working in camps can meet the language and communication needs of affected people is critical to the success of more distantly managed humanitarian services.