

Rohingya community:  
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# WHAT MATTERS?

Humanitarian Feedback Bulletin  
on Rohingya Response

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## Host Community: Perception on Covid-19

*Source:* To understand the host community's perceptions about Covid-19, BBC Media Action conducted 12 in-depth interviews (IDI) over the phone with six men and six women. Interviews took place on 4 May and 8 May 2020.

### Social media and TV are the main sources of information for both men and women in the host community.

In the discussion the participants said they had heard about Covid-19 from different television news sources as well as through Facebook pages. They said that they had learned about precautions, symptoms and the current situation in Bangladesh and around the world from television news. Both men and women said that announcements on loudspeakers were another source of information for them. Men also said that the Bangladesh government, the IECDR and the Bangladesh police were important sources of information for them.

“ We are staying in our home for a long time, so social media, Facebook and TV are now our main sources of information.”

– Man, social worker, Ukhiya

“ I have heard all this news about coronavirus from TV news, but here in our area, I have heard some of the news from miking.”

– Woman, housewife, Ukhiya

Men also said that they discussed Covid-19 in public spaces such as tea stalls, shops, bus stands, food and vegetable markets and mosques.

From information they had seen on Facebook, **men believed the virus originated in or was created by China and as punishment from God for non-Muslims.** After reading Facebook posts men said that they thought the virus had started spreading from China. Most of them believed that China created the virus and intended to spread it in Muslim countries. They said that they believed that, by the grace of God, the virus had spread in China and other non-Muslim countries.

“ This is a punishment from Allah because people kill each other. Non-Muslims always torture the Muslims and so Allah gave this virus to humans. It is necessary to open the mosques, so that people can pray and ask for forgiveness.”

– Man, farmer, Ukhiya.

Men believed it would be difficult for the government to tackle the situation because they felt that people in the community were not educated enough to understand the severity of the situation.

## People in the host community are aware about how the virus spreads, its symptoms and how to keep safe but also have misperceptions.

Both men and women said that they thought the virus spread when people sneezed or coughed, by passing through the air or when someone touched another person who was already infected.

“ If someone shares the same bus with a Covid-19 patient then they will be infected by the virus.”

– Woman, social worker, Teknaf

They said that infected people would have problems breathing and experience a fever and sore throat. They had learned about these symptoms from Facebook, television news or audio loudspeakers. People also said that they were aware that the virus was highly infectious

and could easily be transmitted from one person to another. They added that older people in their community and the Rohingya community were at higher risk from the virus. They said that they believed the virus would spread rapidly in the Rohingya community because of the very congested living conditions and that they were concerned that newly arrived Rohingya people from Myanmar might spread the virus. In addition, they expressed worries that the NGO workers and many foreigners who are working to support Rohingya people are possible carriers of the virus to the camps. They said they were worried that the NGO workers who travel between the camps and Cox's Bazar are at high risk of having the virus and spreading it to others.

The participants believed that wearing a mask, staying at home and washing their hands regularly would keep them safe from the virus. They also felt that red tea, lemon, hot water, saline and honey were an effective medicine.

Some said that they believed that China had already cured people by using medicine from Japan. Others said that they felt that the death rate in Bangladesh was low because the medicines given at hospitals were working.

“ In Bangladesh the number of patients and deaths by coronavirus are low compared to other countries. I think the medicines which are being used in the hospitals are working.”

– Man, carpenter, Ukhiya

However, both men and women expressed that they were not happy with the existing health facilities that were available around them. They said that they had heard that the upazila health facilities had prepared an isolation centre, but that the capacity was very low. They felt that they would need to go to Cox's Bazar for treatments in most cases.

## Rohingya community: Reduced NGO presence increases anxiety

*Source:* Information received through rumour tracking combined with findings from interviews conducted on 28th April and 3rd May in camps 1E, 1W, 2W, and the Kutupalong camp.

Analysis shows that people in the Rohingya community are concerned about the reduction in services since the start of the Covid-19 response. Some are finding this reduction to be just as worrying as the virus. So while there have been no reported cases of Covid-19 in the camps, the virus has already had a significant impact on the way camp residents feel about their lives.

“ In the camps, we are worried about food and gas. If distribution stops, what will happen to us? Health centres are still operating but not on a larger scale as people are scared to go to the facilities. What will happen if NGOs stop coming to the camps?”

– Rohingya woman, early 20s, camp 1W

“ What will happen to us if the NGOs stop coming to the camps? We are worried about food and LPG if the distribution stops.”

– Female Rohingya volunteer, camp 1W

Since March the camps have operated under different rules and restrictions to cope with the pandemic risk, and, recognising the danger, the Bangladeshi authorities have further limited NGO and other service providers' access to the camp. This has resulted in a perceived reduction in services.

# March and April Covid-19 rumours: An overview of trends

## Prevention, cures and remedies

Rumours related to how people can protect themselves from Covid-19 were the most reported. The number of these rumours reported was highest at the start of this period, with a smaller number reported in April, especially regarding religious protection. There were 33 reports of rumours about the protective power of religion in the second half of March, with just nine religion-based rumours reported in April.

For rumours about home remedies and other cures there was a smaller fall in reports when comparing late March to the month of April. There were 23 rumours in March about treating and preventing Covid-19, falling to 18 reports in April. These remedies include drinking hot water mixed with ingredients such as ginger, garlic or charcoal, and including or excluding certain food items in people's diet.

## Rumours about what happens to those suspected of having the virus

There was also a drop in the number of reports of rumours regarding the source of the virus and how it spreads with 20 in March dropping to 10 in April.

However there was an increase in rumours about what would happen to people with symptoms or those who were tested positive for coronavirus, with 13 reported in March and 25 in April. Half of these rumours were about suspected or confirmed cases being taken away by authorities to unknown locations and the possibility of never returning to the camps.

There was also a persistent rumour circulating with a claim that those who test positive would be either killed in the hospital if they attended for treatment, or would be taken away and killed by the authorities. This rumour was reported 15 times in March and seven times in April. The rumour that those who contract coronavirus will certainly die was recorded five times in April, but there were no reports of this in March.

“ We are not feeling safe. We are worried what will happen if any of us get coronavirus as we don't know whether the government of Bangladesh will take care of us or not. And if this situation goes on for a long time, we have no idea how we will survive, as we will die of hunger rather than dying because of coronavirus.”

– Male Rohingya volunteer, 18, Kutupalong camp

“ Now less people are coming to the camps, not only the NGO workers but also government people like CICs and other government officials. We are worried about our future.”

– Male Rohingya volunteer, Kutupalong camp

The apparent reduction in staffing has created concern and insecurity among the Rohingya refugee community. Community members said that they did not feel safe at the moment. The Rohingya refugee community know they already rely heavily on NGO and agency staff for services and information, and they want to know what remaining support they will have if the virus does reach the camps. They are concerned about whether medical and other services such as food, shelter, cooking gas and the ability to access outside help will continue.

“ We are worried about jobs, the virus ... Our houses are not strong ... We are thinking of food, that people have no money. How can we feel safe?”

– Man, late 20s, camp 1W

“ We are really worried about this situation. We have no idea what will happen. We have no idea whether we will survive or not.”

– Woman, mid-20s, Kutupalong camp.

The feedback gathered from the Rohingya community shows they do not feel safe right now. At the core of their insecurity about the Covid-19 situation is a lack of information about what will happen next. They do not know if they and their families will survive Covid-19, with their concern spread equally between medical concerns and their expectation that services will be withdrawn. The feedback shows that they urgently want more information about what will happen next.

*Source:* Starting in mid March, staff and volunteers working in the camps have been sharing details of Covid-19 related rumours they have been hearing from the community. This quantitative summarises trends seen in the reported rumours over that period. In the text below, March numbers refer to the period between 15 and 31 March, and April refers to the whole of April. During this period, 200 rumours were reported and logged, of which 118 were reported between 15 and 31 of March and a further 82 in April.

## Rumours about coronavirus spreading in the camp

Despite no confirmed cases of the virus in the Rohingya camps, in March there were 12 recorded rumours about suspected or confirmed cases of Covid-19 in the camps, with a further three reported in April.

## Some key Rohingya terms

Since news of the Covid-19 pandemic reached the camps, the Rohingya community have been keen to receive information in a way that they understand.

In order to ensure that communication about Covid-19 is understood by all members of the Rohingya community, it is important that information and communication about the virus uses terminology understood by the community. For instance the word Covid-19 is hardly ever used by Rohingya people, as they understand the virus by the term coronavirus.

“Everyone is worried. We have no clear information of what is coming.”

– Rohingya man, late 20s, camp 1W

This is especially important as our findings show that sections of the community, particularly children and the elderly, are not understanding some existing Covid-19 messaging, with reports of many in these age groups ignoring advice on reducing the risk of contracting the virus. At the same time, the community reports that women are desperate to get more information about the virus and how to protect them and their families from its impacts.

“Everybody in the neighbourhood is saying that there is more information (about the virus) but like many other women on the block I am always at home and I do not know what the information is.”

– Rohingya woman, late 20s, camp 1E

English	Rohingya	The literal translation in English of the Rohingya phrase
quarantine	mainshore alog gori rakon	to separate people
isolation	coronavirus oile sira gori rakon	to separate the people when they are confirmed as coronavirus cases
isolation centre / facility	coronavirus oile sira gori rakibar zaga	a place to keep the people confirmed to have coronavirus
treatment centre	dhath'tha-hana	medical centre / hospital
terminally ill	mooti biaram	terminally ill

This table outlines a collection of some of the new terms used in English in the response, and their current equivalents in Rohingya language. These may evolve as they are new terms, often being used for the first time. More Rohingya terms covering the response can be found in the TWB glossary, (text only: [https://glossaries.translatorswb.org/bangladesh\\_text/](https://glossaries.translatorswb.org/bangladesh_text/) audio version: <https://glossaries.translatorswb.org/bangladesh/>) with updates provided regularly in future issues of this *What Matters?* bulletin.

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.

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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](mailto:info@cxbfeedback.org)