

Rohingya community concerned about lack of access to information, goods and services

Find out more on page 3

Terminology updates around Covid-19

Find out more on page 4

WHAT MATTERS?

Humanitarian Feedback Bulletin on Rohingya Response

Issue 40 × Monday, June 29, 2020

Documentation related problems among the Rohingya community

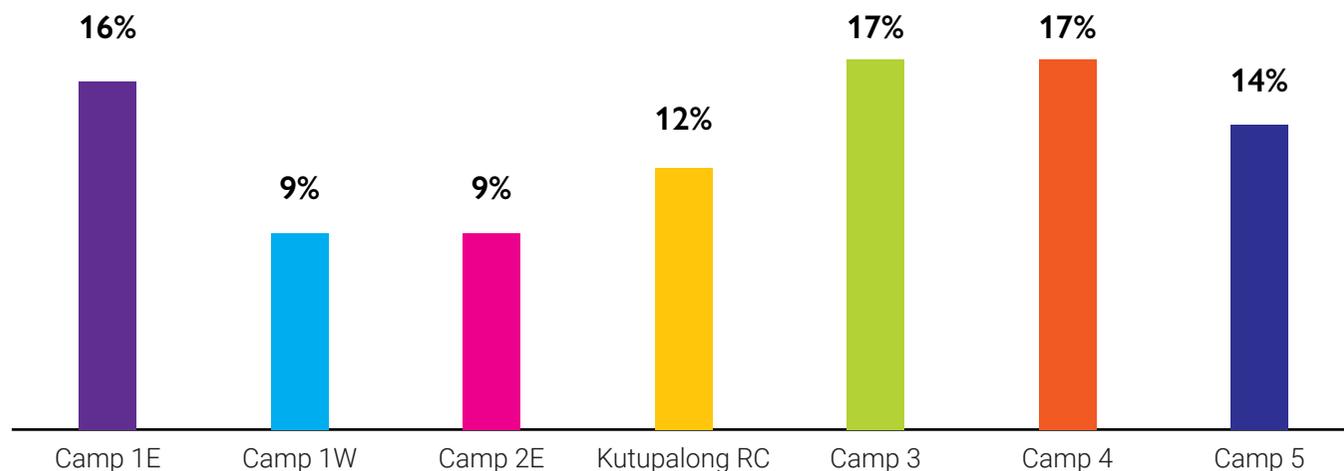
Source: Rohingya people's community feedback received in April and May 2020. This data has been collected from camps 1E, 1W, 2E, 2W, 3, 4, 4Ex, 5, 7, 8W, 8E, 11, 12, 18, 20 and Kutupalong RC) by DRC and Save the Children (Base 8554). To better understand current concerns, BBC Media Action spoke to practitioners who collected the community feedback, volunteers, mahjis and community people. This fortnight, we conducted eight telephone interviews: three with practitioners, two with volunteers, one with a mahji, and two with community members.

Although the Rohingya community are becoming more and more worried about the spread of Covid-19, other struggles that they face in their lives still remain. Community feedback data suggests that most Rohingya people are currently struggling with documents. People mentioned that they had inactive vouchers and requested tokens and cards which they said they had not received. While mentioning card related problems, people talked about having lost their cards, needing new cards, needing to update family details like adding a new member of the family or removing someone after his/her death or marriage. Some people also mentioned that they were having problems with mismatches in fingerprints or with cards not working. People who have relocated between camps said that some of their cards had not been updated and that this meant that they couldn't collect any relief despite having the card.

Concern among Rohingya community in April and May (Base - 8554)



Documentation related problems in camps (Base - 7399)



The community feedback data also suggests that people living in camp 3 and camp 4 were facing this problem more than those in other camps. Both camp 3 and 4 were the source of 17% of documentation-related feedback. The graph above indicates the case-wise distribution (top 7) of the documentation related problems raised by the Rohingya community in different camps.

The current Covid-19 situation has meant that humanitarian agencies have needed to make changes in their current operations in the camps. Practitioners highlighted how this had impacted different services in the camps. Practitioners reflect that recent changes in procedures (for example, changes in distribution using e-vouchers and differences between the SCOPE and UNHCR registration processes) might be contributing to the documentation-related problems being raised by refugees.

Rohingya people, volunteers and mahjis also talked about problems related to documentation. They said that

there were some families in the camps who were facing these problems. One example raised was of a family of eight who were only receiving food for five people, because only five were currently listed on the family's documentation. Respondents talked about how these problems had been consistent for some time and that they had expressed their concerns to site management and others, but were yet to receive any solutions. People also felt that the current coronavirus restrictions were making the situation worse.

Some of the families who are receiving less food say that they have started eating less in response, or borrowing money from relatives and neighbours to fulfil their needs. In some cases, people said that they used to work outside of the camps to earn money but that the current coronavirus outbreaks and restrictions of movement were making it difficult for them to go outside of the camp and find work.

“ It's been a while we have been facing this problem. Coronavirus might be a reason why it hasn't been resolved yet. We have informed this to different personnel working in the camps, but didn't get any solution.”

– Mahji, camp 8W

“ I have informed my problems to site management and CFRM officials and it's been months. I borrow money from relatives and neighbours and just wait for the solution.”

– Rohingya respondent, camp 11

Rohingya community concerned about lack of access to information, goods and services



Covid-19 is just one of many issues of concern for camp residents. Its arrival last month simply added to the everyday challenges of life in the camps. Related restrictions on camp access and operations present further challenges for those living in the camps.

“At the moment, I am very concerned about Covid-19. As the monsoon season has arrived in Bangladesh, many shelters are at high risk in the camp. We are also not getting proper treatment in the camp, even though we are not infected by Covid-19. The hospital’s security guards even misbehave with us.”

– Rohingya woman, 29, camp 5

“Because of the coronavirus outbreak, we are getting the rations late. Rainwater leaks from the roof. Drainage systems are also broken. Garbage is floating in the street.”

– Rohingya man, 31, camp 1E

Measures to combat the spread of Covid-19 in the camps have interrupted important services, creating concern among community members. People interviewed recently expressed their frustrations with reductions in and changes to previously

available services and resources. They said that rations were less regular and services such as shelter, drainage maintenance, and rubbish collection had been interrupted or delayed. The recent cyclone and subsequent heavy rains and flooding in the camps have increased anxiety about whether their homes can withstand these frequent extreme weather events. Many camp residents in recent weeks have expressed concern about the vulnerability of their homes. Additionally, they noted that the important activities of health facilities, schools, and mosques have been restricted or put on hold, reducing the community’s access to important sources of education, information, comfort, and support.

“Thankfully, we don’t have any coronavirus cases around us but people can’t get access to health facilities for minor diseases because they have been closed for a couple of months due to coronavirus issues.”

– Rohingya man, 32, camp 1E

“Schools and mosques have been closed for three months. We are very afraid for the future of our children. They are unable to continue education.”

– Rohingya woman, 38, camp 3



Source: To understand current community perspectives and experiences in the camps, particularly in relation to information needs in the context of Covid-19, BBC Media Action and Translators without Borders conducted interviews over the phone with 7 men and 7 women from the Rohingya community. Interviews took place on 18 and 21 June, 2020.

Information & protection

“I heard that some positive cases have been found in the Rohingya camps and there is a possibility that many cases may be found because most people are unaware about the [Covid-19] information. Though NGOs are giving information, few people receive it.”

– Rohingya man, 28, camp 1W

“I have heard that some cases [of Covid-19] have been found among the Rohingya but I am very worried because the camp is crowded. We are also not getting any further information as we expected to. I am also not getting any materials such as masks, gloves, etc. from NGOs to protect us from coronavirus.”

– Rohingya man, 35, camp 1W

Community members also report limitations in the reach of important Covid-19 related information, as well as access to materials needed to help protect them and their families from the virus. People are aware and concerned about the threat of Covid-19 in the camps, and fearful that information gaps may lead to a wider spread of infection. People also report lacking essential items, such as masks, gloves, and soap to protect themselves from the virus.

“We cannot go out, we have to live in one room only all the time. We cannot go to the market to buy anything as there is a lockdown everywhere and we do not have enough masks and other things like hand gloves, enough soap, hand sanitiser, etc.”

– Rohingya woman, 22, camp 1W

Rohingya community members report needing further information and material resources to combat the threat of Covid-19. They also need access to and continuation of essential health, educational, material, and infrastructure support to meet their everyday needs.

Terminology updates around Covid-19

Many of the terms used in the Covid-19 response are either new, or not previously commonly used in Rohingya. As such Translators without Borders conducts regular linguistic research in the community to see how these terms are interpreted and used in Rohingya. This table lists key English terms used in the response in the present context and their current equivalents in Rohingya. As some of these terms are new to the Rohingya language they may evolve over time. More Rohingya terms relevant to the response are available in the Translators without Borders glossary, or directly from TWB.

English	Rohingya (roman Script)	Notes and further details of how these terms are discussed/ used in conversations within the Rohingya community
contaminated	hosara goijja or nafak	Associated with something being “dirty” or “unholy”.
shortness of breath	niyash thainte moshkil	Associated with people facing breathing difficulties.
symptom	alamot	Community members associate this term with symptoms such as fever, cough.
vaccination	kakusi maron	Particularly understood in relation to injections.
incubation period	biaramor alamot daha zaita lagede thaim	Provides a definition of the English term (the time between exposure and onset of symptoms)
underlying health condition	age loti asede bairam or butore butore maredde biaram	Particularly associated with people who have been sick for a long time
transmission	faron (biaram)	Refers to the spreading of something to others, particularly diseases.
contagious	biaram faron	Specifically refers to the spreading of diseases.

English	Rohingya (roman Script)	Notes and further details of how these terms are discussed/ used in conversations within the Rohingya community
misinformation	golot hobora-hobor or misa hobora-hobor	Refers to false or wrong information.
ICU/Intensive Care Unit	dhath'tha-hanat beshi kermos gorede kamara or oksizen kamara	The common English term "ICU" is not understood by most Rohingya speakers. Intensive Care Unit is described in the first translation (dhath'tha-hanat beshi kermos gorede kamara). The second translation refers to an "oxygen room" (a medical facility where oxygen tanks are available to those with breathing difficulties), particularly relevant to someone who has Covid-19.
community transmission	shomazot ekzonottu arekzonor heRe biaram faron	Describes the spreading of disease from one person to another in the community.
immuno-compromised	gaar biaram rukede taakot borbad zon goi	A literal translation describing someone who is particularly vulnerable to infections or disease.
contact tracing	biaraimma mainshor dhake-dhaikka aish'shile ne tuwai nelon	Refers literally to finding people who have had contact with people who have had a disease.

Text only version: https://glossaries.translatorswb.org/bangladesh_text/

Full audio version: <https://glossaries.translatorswb.org/bangladesh/>

Terminology updates are also provided regularly in 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.

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

The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Union, nor do the views expressed necessarily reflect the UK government's official policies.