

WASH keywords and terminologies

Find out more on page 3

Rumour Analysis

Find out more on page 4

Rohingya women need more information

Find out more on page 5

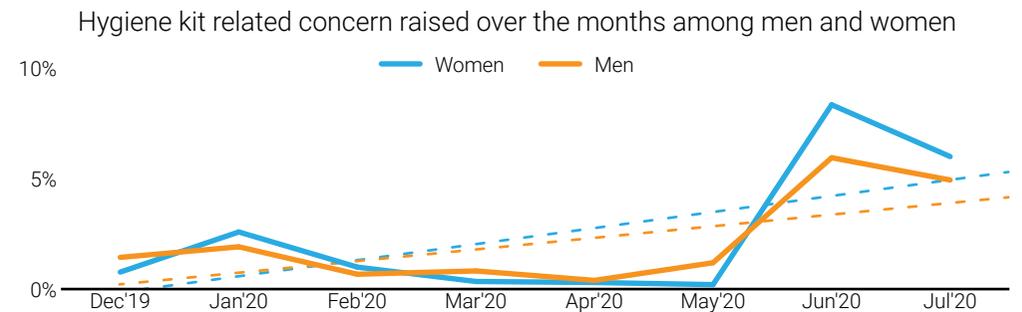
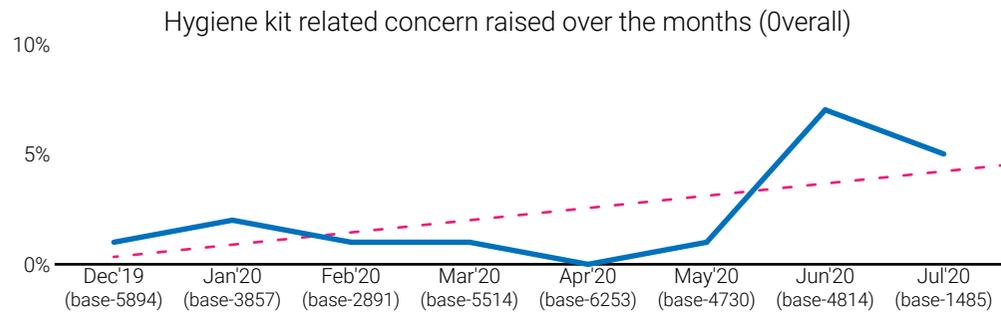
In Rohingya camps, women raise hygiene related concerns more compared to men and this is mainly about soaps

Over the last few months, Rohingya people continued to raise their concerns about hygiene kits. Their problems related to these issues have been compounded due to Covid-19, compared to previous months. Four months prior to April (from December 2019 to March 2020), only 1% of community feedback data was related to hygiene kits. However, since the start of Covid-19 (from April to July 2020), these concerns peaked as high as 7% of community feedback.

Before Covid-19, the Rohingya community mainly raised their hygiene kit related problems when they did not receive or struggled to receive the kits¹. In some cases, they mentioned problems of not getting any soap for a certain time period or the amount of soap they required for their family not being enough. However, since February 2020, the community feedback related to hygiene kits was mainly about the community's need for soap. They added that, for a certain period, some of

them had not received any soap at all. Generally, in the Rohingya camps more men raise concerns on different issues (e.g. food, relief, shelter materials) compared to women. With concerns related to hygiene kits, however, a logistic regression of the community feedback data suggests that women are 1.4 times more likely to mention concerns compared to men.

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Source: Community feedback collected in camps 1E, 1W, 2E, 2W, 3, 4, 4 Extension, 5, 6, 7, 8E, 8W, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 25, 26, 27, Kutupalong RC and Nayapara RC between December 2019 and July 2020 by Care Bangladesh, DRC, Save the Children International, Solidarity International and UNHCR (Base-35,438, Men: 58%, Women: 42%). Hygiene kit related concerns were mentioned in 2% of cases (650 cases). To identify and understand Rohingya people's concerns related to hygiene-kits, BBC Media Action conducted twelve telephone interviews, five with Rohingya men and five with Rohingya women from camps 14 and 16, and two with WASH practitioners between 29 August and 1 September.

¹ In collaboration with ISCG, WASH sector and DPHE has set a minimum requirement for hygiene kit distribution. And the kit consists of bathing soap (2 per person in one month), laundry soap (1 per person in one month), jerrycan (1 time per year for 2), bucket (1 time per year), aluminium pitcher (1 time per year) and jug (1 time per year). https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/200226_wash_sector_hygiene_kit_minimum_requirements_final_endorsed.pdf

Rohingya people are concerned about the quantity of hygiene kit items

The discussions we had with Rohingya people reinforced their problems related to hygiene kits, especially laundry and bathing soap. This was principally due to several challenges brought by Covid-19, such as changes in distribution patterns and times and the reduction in livelihood opportunities. They shared that, on average, every household now receives 45 pieces of laundry and bathing soap from NGOs every three months in a bucket, equivalent to 15 bars of soap for one month. Although most people said that they had received the same amount of soap before and during Covid-19, they felt that this **quantity was not enough**. They shared that, in order to maintain cleanliness, they now use soap more frequently to take baths and wash their hands and so they feel there is a shortage, especially of bathing soap.

“ I received soap after 3 months. There were 35 bars of bathing soap and 10 bars of laundry soap. That is not enough for my family.”

– Rohingya woman, 22, camp 14, phone interview by BBC Media Action

Most Rohingya men shared that, although the items being distributed in hygiene kits were enough for some families, there was not enough for some others. They suggested that it would be better if the items were distributed based on a head count of all family members. In addition, according to practitioner interviews, some organisations provide extra items in the hygiene kits based on their own policy. Some people added that they sometimes received additional items such as children's clothing items, women's clothing item (such as burqas) and shoes.

Timely distribution of hygiene items

Rohingya people shared concerns about not receiving hygiene items at their expected scheduled times. They felt that there was a delay in the predetermined schedule of distribution. Instead of distributing the kits once in every two or three months, people (especially women) wanted hygiene kits to be distributed once every month. A few women shared that, to cope with shortage, they were sometimes using less soap.

“ During the Covid-19 period, we are using more soap to maintain hygiene and cleanliness to keep us safe from coronavirus, but we are not receiving the soap on time. That is why we need more bathing soap.”

– Rohingya man, 30, camp 16, phone interview by BBC Media Action

While hygiene items were previously distributed from a central point, with people standing in a queue to receive the items, distribution is now happening door-to-door.

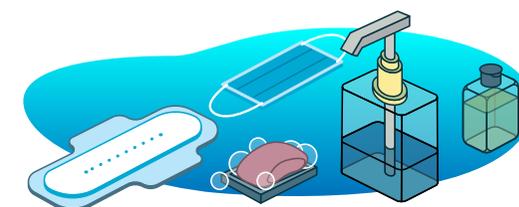
Rohingya people said that, currently, they could not **share their concerns** about hygiene kits directly with aid agencies, since NGO workers were not coming to the camps due to the lockdown. Rohingya men said that they would usually complain to mahjis or go together to the site management offices, CIC or NGO offices. However, most women shared that they didn't know who to share their concerns with (both before and during Covid-19) and suggested that it would be helpful for them to know where and how they can make complaints.

Concerns were also raised about the affordability of hygiene items during Covid-19

People interviewed said that, before Covid-19, they often used the money earned from their daily wage or through selling some food relief to buy items such as soap, blades (used instead of nail cutters), toothbrushes, toothpaste and coal (used instead of toothpaste). However, during Covid-19, people said that most men had lost their jobs, and that they could not afford to buy the items they needed. People explained that they had started to borrow money or to sell or exchange other relief items (e.g. rice, lentils, oil) with their neighbours or relatives to fulfil their needs of hygiene related items.

“ Before Covid-19, my husband worked as a day labourer and earned BDT 400-500 per day, and we could purchase hygiene items with that money. But now, he doesn't have a job because of Covid-19 and so we need to borrow to stay clean.”

– Rohingya woman, 40, camp 16, phone interview by BBC Media Action



Key words and terminologies related with WASH

Translators without Borders (TWB) has been working as part of the Rohingya response since the beginning of the influx of 2017, focusing on closing language gaps. As part of this, they have developed a glossary which will help field workers and interpreters to communicate effectively with the Rohingya refugees in the Cox's Bazar region. The glossary provides text and audio translations for five languages – Rohingya, English, Bangla/Bengali, Chittagonian, and Burmese. The glossary contains around 250 key terms relevant to water, sanitation, and hygiene (WASH) sector. This glossary can be accessed on a computer, tablet, Android, or iOS device and is available both on-and offline, allowing it to be used in the camps, where internet access is poor. It can be accessed via the following two links –

With Audio: <https://glossaries.translatorswb.org/bangladesh/>

Without Audio: https://glossaries.translatorswb.org/bangladesh_text/

The following table contains key words and terminologies related to WASH:

Term in English	Definition	Bangla	Rohingya (Bangla and latin transliteration)	Chittagonian (Bangla and latin transliteration)	Myanmar
Hygienic	Practices that contribute towards health and preventing of disease, especially by being clean and sanitary.	স্বাস্থ্যকর	saaf-soyot সাফ-সয়ত	saaf সাফ	တစ်ကိုယ်ရည်ကျန်းမာရေးနှင့် လျော်ညီသော
Hand washing facility	A place providing an adequate supply of running potable water, soap and single use towels (or hot air-drying machines) for washing hands.	হাত ধোয়ার জায়গা	haat duwar zaga হাত দুওয়ার জাগা	haat duiber zaga হাত দুইবের জাগা	လက်ဆေးရန်အထောက်အပံ့ပစ္စည်း
Gloves	A covering for the hand having separate sections for each of the fingers and the thumb and often extending part way up the arm. Latex or rubber gloves may be used by medical practitioners to protect both patients and practitioners from dirt and disease.	হাত-মোজা	haat moza হাত মোজা	haat moza হাত মজা	လက်အိတ်များ
Soap	A substance used with water for washing and cleaning.	সাবান	sabun সাবুন	shabun শাবুন	ဆပ်ပြာ
Water container (amphora)	A container that holds water. Also known as a jug.	কলস / কলসি / ঘড়া / পানি রাখার পাত্র	ghoraa ঘরা	thilla টিলা	ရေထည့်စရာ (ရေအိုး)
Bucket	A roughly cylindrical open container with a handle, made of metal or plastic and used to hold and carry liquids.	বালতি	balthi বাল্টি	balti বাল্টি	ရေပုံး
Distribution	The process of giving things out to several people or spreading or supplying something to many people.	বিতরণ	borat gori don বরাত গরি দন	bilai don বিলাই দন	ဖြန့်ဖြူးခြင်း
Mask	A covering worn over the nose and mouth to prevent the spread of disease	মুখোশ	muk zafoni / maas মুক জাফনি / মা'স	mukosh মুকশ	မျက်နှာဖုံး

Rumour Analysis

BBC Media Action has been collating rumours, collected through several agencies in the camps, since the beginning of the coronavirus outbreak in Bangladesh. Initially, the majority of rumours related to Covid-19. Specifically, the rumours included concerns about people being killed, shot, poisoned, or taken away from the camps if they contracted coronavirus. Rohingya people also discussed rumours about how religious beliefs, consumption of certain herbs or foods or performing certain rituals would keep them safe from the virus. More recently, rumours have shifted to topics including accessing relief items, repatriation, relocation to Bhasan Char and the upcoming election in Myanmar.

Many people living in the camp discussed the rumour that they would be repatriated back to Myanmar soon. Possible dates have included after Eid-ul-Adha or before the upcoming Myanmar election. People say that they will also be allowed to participate in the Myanmar elections and that representatives from Myanmar were visiting the camps to update the voter list to include Rohingya people. Another rumour is that people from camp 2E and 2W who arrived before 2016 will be relocated to Bhasan Char.

BBC Media Action carries out analysis of rumours collected by agencies working in the Rohingya camps. WHO responded to a number of the rumors concerning the current situation of coronavirus in the Rohingya camps.

Rumour: Rohingya people have received information from news sources that the Bangladesh government had received a treatment for Covid-19 from WHO, China and America. As a result, they felt that they no longer needed to worry about the virus.

Response: There are a number of ongoing clinical trials in different countries with more than 20 vaccines in development for Covid-19. However, there are currently no licensed vaccines for Covid-19. The government, UN agencies, and humanitarian partners have set up facilities for management of people with coronavirus. Many people with symptoms of Covid-19 have been managed at these facilities and have returned to their homes to continue their usual routine life. WHO and partners are still working on vaccines. The coronavirus pandemic is still having a negative effect on many countries in the whole world.

Rumour: The heavy rain will wash out the coronavirus from the camps, so there is no need to worry about the coronavirus anymore.

Response: The coronavirus is transmitted from person to person mainly through close contact and respiratory droplets. Regular hand washing with soap and water for at least 20 seconds or use of hand sanitiser and other measures like masks and social distancing reduce the risk of the virus spreading. Identification of affected people by testing and isolation are effective ways of reducing coronavirus infections. We need to keep taking the necessary measures irrespective of the weather.

Rumour: In the camps, more Rohingya people have seasonal fever and coughs, so people don't need to worry about this illness.

Response: People with fever and coughs can go to the nearest facility, be examined, guided on testing for coronavirus and offered support accordingly. The services are free of charge and people will be allowed to contribute to decisions about management of their conditions, even if they are found to be infected with Covid-19. Supportive management, as per health care workers' findings, will be given even if Covid-19 is not suspected.

Rumour: Some Rohingya people believe that there are no positive coronavirus cases in the camps and that the Bangladesh government and NGOs are spreading rumours about the existence of the virus to collect donor funds.

Response: Coronavirus is still spreading in many countries around the world including Bangladesh and including in the host community and in the Rohingya camps. As of 31 August 2020, 102 Rohingya people tested positive for Covid-19 in Cox's Bazar. The majority of these people have recovered and resumed normal life. The government of Bangladesh and humanitarian organisations have set up facilities and provided support to the Rohingya population to provide essential and lifesaving care in the camps.



Throughout the response, Rohingya women appear to be receiving less information about Covid-19

There are indications that women have had less access than men to information about Covid-19. This is despite the humanitarian community's efforts to provide equal access. Regular interviews with a group of Rohingya women living in camps 1E, 1W and Kutupalong registered camp since May suggest that male counterparts have acted as gatekeepers of this important information, reducing women's access to it.

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

– Rohingya woman, mid-twenties,
camp 1E, 3 May, 2020

“Surviving everyday is a challenge these days. We have no idea what is coming.”

– Rohingya woman, early twenties,
camp 1W, 21 June, 2020

“As we are not going out and not letting anyone come to our house, we have no idea whether case numbers are increasing or not. I wish internet access was available with good speed to browse some news.”

– Rohingya woman, early twenties,
camp 1E, 21 June, 2010

Rohingya women rely on male family members for Covid-19 information

Even before the onset of Covid-19, cultural beliefs and safety concerns influenced restrictions on the movements of Rohingya women and girls in the camps. The pandemic has further restricted women's movement in the camps, in turn restricting their access to information about the virus. This is in contrast to the men, who continue to leave the home for work and essential shopping. As a result, women increasingly rely on male family members for essential errands and information.

“ Women are getting less information as not all of them have access to [smart] phones, and they are not going to the mosques, bazar, or even shops.”

– Rohingya woman, mid-twenties, Kutupalong registered camp, 28 April, 2020

“ Two people from the camp got this virus in our camp. They have been taken to the isolation centre. Their families were told to stay inside their houses. I heard from my husband. He heard in the mosque.”

– Rohingya woman, mid-twenties, camp 1E, 17 May, 2020

“ I usually ask several times to my husband, brother in law and father in law. But not every time they have answers to my questions. We need to have a good solution to check the rumours.”

– Rohingya woman, mid-twenties, camp 1E, 3 May, 2020

“ Everyone is worried about coronavirus and its after-effects. Women are more worried as they have less access to information.”

– Rohingya woman, mid-twenties, Kutupalong registered camp, 28 April, 2020

Loudspeakers become a consistent and valuable source of information for women

“ By now, we know that we can save ourselves by washing our hands, and not getting close with people. We heard this information in the miking (loudspeaker) announcements. Also I have seen some posters on Facebook.”

– Rohingya woman, mid-twenties, Kutupalong registered camp, 11 May, 2020

“ I heard the camps can experience a cyclone or its effects, like rain or wind. My brother works as a CPP volunteer. He said they received training and emergency messages to disseminate in the camps. I know there are mike announcements but I heard about this from my brother who is a CPP volunteer.”

– Rohingya woman, early-twenties, camp 1W, 17 May, 2020

While male members of households receive information from outside the home, particularly at local bazaars and mosques, Rohingya women must rely on loudspeaker announcements from vehicles circulating in the camps. These audio messages represent the most accessible information channel for women, who have limited ability to go outside of their homes. As women represent just over half of the camp population and play key roles in managing households, it is hard for them to receive the information needed to protect them and their families from Covid-19 without either dedicated engagement plans that involve women, or with systems like miking/loudspeakers that reach everybody equally.

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 Foreign, Commonwealth and Development Office.

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