

Searching for Social Justice: Hunger, Malnutrition and Food Insecurity of Rohingya Refugees

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Abstract

This article examines how various vulnerabilities/issues faced by Rohingya refugees living in Cox's Bazar, Bangladesh, and other camps across world have been exacerbated before, during and after the COVID-19 pandemic. Both direct and indirect repercussions of COVID-19 mitigation strategies have served to heighten pre-existing risks, preventing children and adolescents from reaching their full capabilities. This study aimed to examine the prevalence of various issues like hunger, food insecurity, Unhygienic Food, Mal-nutrition etc faced by Rohingya refugees at different refugee camps. Findings highlight that the pandemic has also lead to aggravated food insecurity, health issues, hunger and various diseases, amongst both girls and boys, old and young ones. It will assess the challenges and shortcomings of global institutions and the wider international community with relation to the Rohingya and also how the various steps were taken by these organizations from time to time to eradicate the problems faced by Rohingya refugees from many years. Additionally, it will assess how different international organizations are working around the clock to assist Rohingya refugees in order to supply them with various facilities and how they are treating refugees with justice while distributing food, financial aid, and other supplies among refugees.

Key words: Rohingya, Refugees, Food Insecurity, Mal-nutrition, Hunger, Justice.

Introduction

The Rohingya people of Rakhine State, Myanmar, have suffered systematic persecution and human rights violations for decades. Stripped of Burmese citizenship in 1982, their very

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existence as a stateless people has been defined by their lack of rights of recourse for injustice. Until a time when the international communication ensure their safe and sustainable return to Myanmar, the 1.2 million Rohingya living in Cox's Bazar, Bangladesh must have access to effective justice mechanisms to ensure their protection and recourse for rights violations. Access to systems of justice – whether community dispute resolution forums or legal systems mandated by the state – is essential to ensuring the protection to systems of justice, social tensions are increasingly irresolvable, violence becomes cyclical or used as a tool to resolve conflicts, and essential rights are eroded. Justice empowers people to make informed decisions about their lives.

Refugees are individuals forced to leave their country of origin or habitual residence and are unable to return home safely [1]. Refugee Convention, 1951 defines refugees as the people,

“Owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it”.[2]

According to the United Nations High Commissioner for Refugees (UNHCR) as of June 2020, estimated there are 26 million refugees globally, many of whom originate from Syria, Venezuela, Afghanistan, South Sudan, and Myanmar [3]. In the period from 1990 to 2020, many arrived after undertaking dangerous journeys across the borders and rivers in Bangladesh. The Rohingya refugees living in various countries are considered illegal or prohibited immigrants. The Rohingya Muslims are ethnic minority groups who have been denied citizenship and basic human rights by the government of Myanmar. After the independence of Myanmar from the British, the Rohingya have been forced to flee to Bangladesh because of their religion and ethnicity. While in Bangladesh, the Rohingya refugees live in overcrowded shelters, have minimal access to educational opportunities, healthcare, employment, and social protection or support. Some Rohingya refugees have lived for decades in Bangladesh, and established livelihoods or receive remittances from relatives resettled in other countries. The living conditions in the camps are appalling, posing significant risks to the health of the most

vulnerable people. However, they continue to live in unstable economic situations. While many Rohingya refugees experience physical ill health following injuries or hunger, far more suffer psychological harm. Therefore, there is a growing concern about the mental health consequences of these vulnerable populations. Moreover, more than 7 million people who are currently living in refugee camps and informal settlements are at greater risk of infection due to high population density and limited basic services and infrastructure such as health, water and sanitation [4]. Some problems faced by refugee camps are; Service delivery planning is not sufficient there. More than 200 health care facilities are providing different types of health services all over the settlement areas. However their distribution is not satisfactory due to the limited land availability, and high densities of population in the areas. Lack of Effective Disease surveillance is there. During humanitarian emergencies, the risk of infectious diseases is increasing rapidly, and it is crucial to establish effective disease surveillance system there to quickly detect and respond to the areas. Shortage of Health and Wash Facilities is there. Water sources are constantly contaminated as the latrines are situated near those water spots. The number of soaps for hand washing is inadequate and boiling drinking water is somewhat hard to get for refugees. There is Shortage of Vaccines and Immunizations in refugee areas. The number of routine Immunization is low. Improper vaccination and immunization creates risk of health for the refugees and at the same time, for the native people also. There is Poor Moral and Psychological health. The mental and psychological effect of being forcibly are limitless with the FDMNs facing daily stressors associated with reliance on humanitarian assistance for food and other lifesaving needs [5]. Coupled with direct health risks, indirect risks – including the disruption of ordinary camp supply chains, a restructuring of humanitarian staffing and the redirecting of resources to enable an adequate response – all have the potential to overpower systems in fragile contexts [6].

Hunger and Rohingya Refugees

Hunger is the condition where both children and adults cannot access food regularly and have to decrease food intake, eat poor diets, and often go without any food. Hunger is a troubled, uncomfortable or painful physical sensation which is caused by lack of food. When a person does not consume a sufficient number of calories on a regular basis to lead a active, normal and healthy life then it becomes chronic. To many people hunger means not just symptoms that can

be diagnosed by a physician; it bespeaks the existence of a social, not a medical problem. [7] While food insecurity and hunger are related, but they are not the same. First, food insecurity is socio-economic (financial and cultural), while hunger is physiological (physical). Second, we measure food insecurity at the household level and hunger at the individual level. Hunger is the feeling someone has when they don't have food. While Food insecurity is the consistent lack of food of your economic situation. The world hunger is a big issue which must be taken seriously and should be approached with all deliberate and instant policies. There are different issues of world hunger but the three main ones are poverty, climate changes, and also weak economies. Take the example of poverty which is a condition characterized by lack of basic needs such as health care, water, foods, sufficient access to social and economic services, and few opportunities for formal income generation. It is often described in terms of the income level below which people are unable to access sufficient food for a healthy working life. The most serious forms of extreme poverty are Hunger and Food Insecurity. Hunger's seriousness can be understood easily from the fact that every year, 5.8 million children die from hunger related-causes around the world. [8] In 2021, between 702 and 828 million people in the world are facing hunger and the prevalence of undernourishment range is 8.9-10.5%. [9] More than half of the refugees (54 percent) are children. In the refugee camps in Cox's Bazar in Bangladesh, there is a high prevalence of severe acute malnutrition among children under five. Action Against Hunger has screened more than 175,000 children under the age of five for malnutrition, and has admitted 22,000 malnourished children into its nutrition programs for treatment. [10] Outside formal refugee camps, newly arriving refugees have little access to water and sanitation facilities, and there is an elevated risk of waterborne diseases. In 2017 a high-level conference was convened in Geneva, urging the international community to pledge 434 million dollars by February 2018 to meet the urgent humanitarian needs of Rohingya refugees. [11] Action Against Hunger attended the conference, emphasizing the critical need to mobilize resources to fund the humanitarian response, but also calling for political commitment to end the crisis.

Malnutrition problem in Rohingya Refugees

Malnutrition is a condition resulting from eating a diet that contains either insufficient or too much of nutrients as a result of which health problems ensue. The nutrients involved are calories, carbohydrates, vitamins, proteins or minerals. Malnutrition is an imbalance in dietary intake. It

occurs when a person has too much or too little food or essential nutrients. A person with malnutrition may lack minerals, vitamins and other essential substances that their body needs to function. People may become malnourished if they do not eat enough food overall. However, people who eat plenty but do not have enough variation in their diet can also become malnourished. Malnutrition occurs when a person's body does not receive nutrients or receive little nutrients. Individuals who are malnourished get sick more often and as a result in many cases die. According to Muller & Krawinkel (2005), "Malnutrition is consequently the most important risk factor for the problem of disease in developing countries. It is the direct cause of about 300,000 deaths per year and is indirectly responsible for about half of all deaths in young children" (p. 279). [12] When the people, does not eat a proper meal that provides nutrients and vitamins, it contributes to malnutrition. It harms not only body but also mind is badly impacted. Although acute malnutrition can affect anyone, it is particular concern among children below 5 years old, because if left untreated the risk of death is high. It has some types these are: Severe acute malnutrition, Moderate acute malnutrition and Global acute malnutrition. SAM requires urgent life-saving care than MAM. The immediate risk of mortality for a child with SAM is higher than a child with MAM, the total number of children affected by MAM is often much higher than those affected by SAM. Combination of both SAM and MAM gives birth to Global acute malnutrition (GAM) and together with the crude mortality rate and under-5 mortality rate, is one of the basic indicators for assessing the severity of a humanitarian crisis. Among refugees who have arrived in Bangladesh since August 25, UNICEF and partners had screened 59,604 children in 2017, with 1,970 identified as SAM, and 6,971 as moderately acutely malnourished. These numbers roughly correspond to the pre-crisis malnutrition rates – which were already above the emergency threshold – 21.2% global acute malnutrition and 3.6% severe acute malnutrition, according to a survey conducted in May 2017 in makeshift settlements. [13] Currently safe from the threat of violence, Rohingya refugees in Bangladesh now face malnutrition on an alarming scale. Nearly a quarter of all the Rohingya refugee children in the Bangladeshi camps aged between six months and five years are malnourished, an analysis conducted by UNICEF found. Worse, it found around 7.5 per cent of all children – around 17,000 youngsters – are affected by severe acute malnutrition. [14] In addition to the visible effects on the body, such as muscle wasting, the condition leads to low immunity, meaning children become much more vulnerable to other illnesses. The outcome is a toxic mix of health problems that can be mortal. And also if a child is malnourished, they can easily suffer from

diseases such as, diarrhoea or pneumonia, and have to be referred to a hospital which is so difficult for poor Rohingya refugees and in this way many Rohingyas loss their young ones while facing this problem. In the camps, food aid is being distributed by the Bangladeshi Army and World Food Programme - families are given rice, lentils and oil every fortnight - but many children are still struggling to eat properly. On the perilous journey to Bangladesh, most refugees survived on one meal a day or less, according to UNICEF. Stories abound of desperate people eating vegetation and drinking from puddles and streams. 15] In spite of the dangers presented by malnutrition, many Rohingya mothers don't understand that lack of nutritious food is the underlying health issue causing other illnesses in their children. Currently, there are many children's enrolled in the clinics with severe acute malnutrition, and more than 5,000 Rohingya children are receiving treatment for severe malnutrition at different clinics across the camps. To fix this, WFP now gives vouchers to Rohingya refugee families, which they can redeem in local markets for up to 19 different food items, including fresh vegetables, chilies, eggs, and fish, in addition to the staple rice and lentils. Still, many refugees haven't received the vouchers yet. With no work, another option would be to return to Myanmar, where Rohingya once had enough food. 16]

Food Insecurity and Rohingya Refugees

Before knowing the concept of Food insecurity it is imperative to know about what Food security is? It is intrinsically unobservable and difficult to define. As it is, related to all sorts of great and wonderful ideals like food justice, food sovereignty, and food equity. There are many definitions of food security but the current prevailing definition, agreed upon at the 1996 World Food Summit, is “a situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.” Food insecurity exists when this condition is not met. A person is food insecure when they lack regular access to enough safe and nutritious food for normal growth and development and an active and healthy life. When someone is severely food insecure, they have run out of food and gone a day or more without eating. Food insecure households may face greater health risks. Food insecurity has been linked to obesity, diabetes, nutrient deficiencies, low fruit and vegetable intake, and other indicators of unhealthy diets. [17] The United Nations' Food and Agriculture Organization (FAO) estimates that 923 million people were seriously undernourished in 2007 (FAO 2008). Food insecurity remains widespread today

in large measure because extreme poverty remains widespread, and vice versa. FAO (2006), reports that only 8 percent of hunger-related deaths worldwide in 2004 were caused by humanitarian emergencies, while 92 percent were associated with chronic hunger and malnutrition. [18] The Rohingya refugee community settled in the poorest and most vulnerable regions in Bangladesh, where most local households typically derive their livelihood from small farming plots of around a hectare or less, and fishing. The refugee settlements as well as the nearby residential areas in Bangladesh face significant food insecurity as Bangladesh police shoot refugee suspects accused of economic crimes. Areas around Rohingya refugee camps in Bangladesh are facing a worsening food security crisis, according to a report by a UN organised body. The situation with food scarcity is forcing some Rohingya into petty crime to make ends meet. [19]

COVID-19 threatens to disrupt global food supplies and limit food choices. Many Rohingya families do not eat well enough or frequently enough, and what they do eat is of poor diversity threatening children's development, growth and even survival. To offset risks, community nutrition volunteers are now training Rohingya mothers to identify new cases of malnutrition in households using a colour coded tape, which is wrapped around children's' arms to measure the severity of malnutrition. UNICEF is now scaling up this programme to train more mothers and caregivers while the movement of aid workers to the camps remains restricted due to COVID-19 mitigation measures." Rohingya children have been exposed to many dangers such as measles, poor access to sanitation, food insecurity and weather hazards to name a few. These factors can contribute to new cases of children suffering from malnutrition, in addition to deterioration in health for those already battling with malnutrition. It is critical for UNICEF to continue providing treatment services for children suffering from malnutrition. Good nutrition has a long-lasting impact for every child, helping them to grow up healthy, learn and be active members of their community. 20]

Many of the refugees live largely on fruits and vegetables discarded by nearby vendors. The situation becomes worse when they step outside the camps. They are essentially denied access to any services that could help prevent malnutrition or even diagnose those who are suffering from it. Most expectant Rohingya mothers are blocked from access to a basic maternity benefit programme that provides pre- and post-delivery care and vaccinations for newborns. They are also locked out of the Pradhan Mantri Maternity Scheme, which provides

lactating mothers with roughly \$100, which they could use to buy food and improve their diet. 21] Rohingya children who have been allowed to attend local government schools are not included in the midday meal programs, which are run by the government to improve the nutritional status of students. One initiative, the Right to Food Campaign, is pushing for the government to extend a programme that provides poor citizens with subsidized food to include the Rohingyas. “Until the time India decides to be a part of the United Nations Convention on Refugees, we have a Right to Food Campaign which argues that basic rights for food and housing should be not just for Indian citizens, but for all residents,” said Dipa Sinha, an activist with the campaign. This also includes the Rohingya refugees. 22]

Response from various Organizations and Actors

With the influx, the situation of Rohingya refugees is getting worse every day, most precisely, their health condition. There are many International treaties and conventions which promote the right of maintaining a balanced life by balancing good condition of both Physical and mental health. According to the Article 25 of the Universal Declaration of Human Rights, 1984. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family including food, clothing, housing and medical care. Article 11 of Convention on Elimination of All forms of Discrimination against Women states that: Article 12 states that, the state parties to the present covenant recognize the right to everyone to the enjoyment of the highest attainable standard of physical and mental health. Though Bangladesh is not a signatory to the Refugee convention 1951, but those conventions bind Bangladesh with a liability of humanity and human rights. 23] It is evident that Rohingyas are suffering from lot of health issues because of their living conditions and environmental situation which is far away from the minimum standard living and side by side which is affecting the Bangladeshi nationals. To soothe the situation Governmental effort and assistance from International communities should be made more operational in regard. If these desires are met, we hope to have an upgraded picture in the Rohingya camps as well in the life of Bangladeshi nationals in respect of health. 24].

The Rohingya refugees have been provided shelter by Bangladesh but they face many appalling conditions there like Hunger, Mal-Nourishment, Food insecurity etc. The situation has drawn response from various International Organizations and Actors. Achieving Zero Hunger is

about addressing hunger and nourishing people. Enough and proper food is however not available for everyone worldwide. Take for example the Rohingya who had to flee Myanmar. In the refugee camps in Bangladesh ICCO provides food assistance to the Rohingya refugees. ICCO immediately responded to the unprecedented influx of the Rohingya in August 2017 and has opened up offices in Cox's Bazar and Teknaf to support both Rohingya and the host community. To date, they have provided assistance in the areas of Food security, Livelihoods, WASH and Psychosocial Support. The food assistance project has been carried out together with Gana Unnayan Kendra with the support of world Renew and Canadian Food Grain Bank.

25] FAO's impreatve is to make sure no one suffers from hunger. Yet, while many people may not be 'hungry' in the sense that they are suffering physical discomfort caused by a severe lack of dietary energy, they may still be food insecure. They might have access to food to meet their energy requirements, yet are uncertain that it will last, or they may be forced to reduce the quality and/or quantity of the food they eat in order to get by. This moderate level of food insecurity can contribute to various forms of malnutrition and can have serious consequences for health and well-being. 26] To address the critical problem of malnutrition, The World Vision in 2020, opened malnutrition prevention and treatment centres in five refugee camps to reach 16,303 at-risk children, building on previous successful programmes. At the World Vision centres, which are operated in partnership with the World Food Programme and UNICEF, children are weighed, measured and their nutritional status assessed. To help prevent malnutrition, World Vision supplies all 16,300 children under age five in the five camps with monthly rations of Super Cereal. World Vision monitors the malnourished children taking PlumpySup every 14 days until they reach their normal weight-for-height. World Vision staff members teach mothers how to properly prepare the Super Cereal and to use the PlumpySup. Mothers who are pregnant or lactating also receive a ration of food to boost their nutrition while they breastfeed. Since the programme began in January 2020, 501 children assessed as having severe acute malnutrition (SAM) have been closely monitored by World Vision's nutrition team.

[27] World Vision works with WFP to provide life-saving food and nutrition assistance to refugee families. WEP support the innovative e-voucher programme that gives refugees more choice, dignity and dietary diversity—while also strengthening local markets. World Vision plays a critical role in managing the e-voucher shops, in partnership with WFP. Staff members go door-to-door in the camps to inform refugees about the new system and register them. They also handle any complaints or concerns, such as lost cards, and work with vendors to ensure that

every shopper's food is accurately measured, weighed and properly debited from the e-voucher card. "The e-voucher programme is a very effective way to ensure that refugees have more choice over the food they eat, while supporting their dignity and dietary diversity," says Geoffrey Ocen Kotchwer, World Vision's food assistance manager. 28]

Food shortages were the most recurrent issue affecting the refugees' mental health while inadequate shelter, poor sanitation and hygiene were also frequently cited as concerns. Strengthening community bonds can promote mental health, in this regard the IOM is partnering with organizations as the Red Cross and Action Against Hunger to scale up services. In a program partially funded by the European Union, they will set up mobile teams to provide counseling and help organize community groups to engage in activities such as training, theater or working for better living conditions. 29] In addition to this the UNCHR and its partners have distributed around 83,900 upgraded shelter kits that include tarpaulin, bamboo, rope, sandbags and tools as well as core relief item kits, comprising kitchen sets, plastic sheeting, buckets, blankets, solar lights, jerry cans, sleeping mats and dried food. So far, donors have helped : donors relocate 37,400 Rohingya refugees to new shelters on safe, level ground, distribute 84,584 shelter upgrade kits and 72,520 shelter tie-down kits to strengthen existing refugee homes and structures against monsoon rains, establish 22 healthcare facilities and 22 nutrition centers in Rohingya refugee settlements, provide primary healthcare to approximately 250,000 Rohingya refugees, immunize more than 431,000 children, train 2,275 community health workers, construct 440 wells and water pumps, ensuring a reliable supply of clean, safe water and build more than 4,150 latrines, improving sanitation and hygiene 30].

Conclusion

Food security is indeed important for existence of all living creatures. Although, human struggle day to day fetching for their daily need, freedom and stable atmosphere make it ever easy to do so. However, if human freedom felt under restriction to some extent that settler and food can not be adequately sought by individual, especially the refugees who have migrated into a strange location such as the refugees living in the Cox's Bazar camps. They have limited access to food; hence the food given was done through ration by the higher authority who managed them.

Furthermore, lack of food is not only causing hunger but also lead to malnutrition and vitamin deficiency. Besides, shortage of food also relates to mental health especially the women among these refugees. For the expected mothers, the baby needs to receive enough nutrients, meanwhile for the parent, they have to think on how to feed their children. All of these matters become worrisome to mother and can affect the pregnancy. In addition, the assumption of how they can sustain their level of food security is difficult, because the refugees do not have any source of food instead; they depend on the humanitarian agencies. In other words, their food is solely depending on others because they are not allowed to even leave the refugee camps and work to fetch for themselves.

References

- 1] Elucidating Mental Health Disorders among Rohingya Refugees: A Malaysian Perspective <https://www.mdpi.com/1660-4601/17/18/6730#>:
- 2] The Refugee Convention, (1951). Convention and Protocol Relating to the Status of Refugee. <https://www.unhcr.org/1951-refugee-%20%20convention.html>.)
- 3] Op.cit
- 4] Exploring the impacts of COVID-19 on Rohingya adolescents in Cox's Bazar: A mixed-methods study
- 5] Chakma, S. 2018) *Health and Hygiene for Rohingya Refugees: Call for a Minimum Human Standard* <https://sclsb.org/health-Rohingya-camps-contiguous-places-story-beyond-objectives/#:~>:
- 6] Lau et al., (2020). COVID-19 in humanitarian settings and lessons learned from past epidemics. *Nat. Med.* 2020;26:647–648. <https://www.nature.com/articles/s41591-020-0851-2> [PubMed] [Google Scholar] [Ref list]
- 7] President's Task Force on Food Assistance. *Report of the President's Task Force on Food Assistance*. Washington, DC; 1984.
- 8 (FAO Hunger report 2008). Hunger and Poverty in India. <https://www.civildaily.com/burning-issue-hunger-and-poverty-in-india/#>
- 9] (FAO Hunger Report, 2021) Hunger and food insecurity. <https://www.fao.org/hunger/en/#>

- 10] Rohingya refugee crisis. [Rohingya Refugee Crisis | Action Against Hunger](#)
- 11] Ibid
- 12] Muller & Krawinkel (2005). Malnutrition and health in developing countries
<https://pubmed.ncbi.nlm.nih.gov/16076825/#>
- 13] ReliefWeb, (2017) Rohingya Refugee Update: Malnutrition among Rohingya child refugees <https://reliefweb.int/report/bangladesh/Rohingya-refugee-update-malnutrition-among-Rohingya-childrefugees#>
- 14] Worley, W. ‘Hunger gnaws at Rohingya children in Bangladesh's refugee camps’ [Hunger gnaws at Rohingya children in Bangladesh's refugee camps | Reuters](#)]
- 15] Ibid.
- 16] Rohingya Refugees face Mal-nutrition by Jason Patinkin (2019)
<https://www.voanews.com/a/Rohingya-refugees-facingmalnutrition/4377429.html#>
- 17] Haering SA, Syed SB. *Community Food Security in United States Cities*. Baltimore, MD; 2009.
- 18] Christopher B. et.al (2011). Food Insecurity. Cornell University
- 19] TRTWORLD, (2019). Food security crisis grows in Bangladesh Rohingya refugees camps
<https://www.trtworld.com/asia/food-security-crisis-grows-in-bangladesh-Rohingya-refugee-camps-25729#>
- 20] Malnourished Rohingya children at heightened risk during pandemic *Community nutrition volunteers push through to prevent the COVID-19 crisis from spiraling into a nutrition crisis by Kettie Jean* <https://www.unicef.org/bangladesh/en/stories/malnourished-Rohingya-children-heightened-risk-during-pandemic#:~:text=Article>
- 21] Dixit, N. (2018). For Rohingya Refugees in India, Even Basic Nutrition Services Are a Distant Dream <https://thewire.in/health/Rohingya-refugees-india-even-basic-nutrition-services-distant-dream#>

22 Ibid

23 Chakma, S, 2018). Health and Hygiene for Rohingya Refugees: Call for a Minimum Human Standard <https://sclsbd.org/health-Rohingya-camps-contiguous-places-story-beyond-objectives/#>

24 Ibid

25 What do the Rohingya eat in the refugee camps of Bangladesh? <https://www.icco-cooperation.org/en/news/what-do-Rohingya-refugees-in-bangladesh-eat/#>

26 Op.cit FAO Hunger Report, 2021)

27 World vision international, 2020). Beating malnutrition in the Rohingya camps <https://www.wvi.org/stories/world-vision-Rohingya-refugee-response/beating-malnutrition-Rohingya-camps#>

28 World Vision, 2020). Providing dietary diversity to Rohingya refugees through e-vouchers <https://www.wvi.org/stories/world-vision-Rohingya-refugee-response/providing-dietary-diversity-Rohingya-refugees#:~:>

29 Reuters, 2018) Aid Groups Seek Greater Support for Rohingya Refugees Facing Trauma, Hunger <https://www.voanews.com/a/aid-groups-seek-greater-support-Rohingya-refugees-facing-trauma-hunger/4340998.html#>

30 McConnell, A. ‘Rohingya Refugee Crisis: The Facts’ [Rohingya Refugee Crisis: The Facts](https://www.unrefugees.org/) | USA for UNHCR (unrefugees.org)