

Managing The COVID-19 Pandemic: Health and Food Security of Rohingya Refugees at Kutopalong Camp, Cox's Bazar, Bangladesh

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ABSTRACT

Research on "Managing The COVID-19 Pandemic: Health and Food Security of Rohingya Refugees in Kutopalong Camp, Cox's Bazar, Bangladesh" is a recent study that seeks to explain the managing of COVID-19 from both the Bangladesh government and international organizations to Rohingya refugees in the Kutopalong Camp, Cox's Bazar, which focuses on health security and food security. This study seeks to provide a new, more realistic approach on how Rohingya refugees are handled in Kutopalong Camp during COVID-19 and when COVID-19 ends, of course, by incorporating the concept of health security and food security as the theoretical basis of research. The discussion of this research was obtained using qualitative methods as well as comparing with previous research.

Keywords: food security, health security, Bangladesh, NGOs, Refugee.

ABSTRAK

Penelitian Mengenai “Mengelola Pandemi COVID-19: Kesehatan dan Ketahanan Pangan Pada Pengungsi Rohingya di Kamp Kutopalong, Cox's Bazar, Bangladesh” merupakan penelitian terbaru yang berupaya menjelaskan penanganan COVID-19 baik dari pemerintah Bangladesh maupun organisasi internasional kepada Para Pengungsi Rohingya di Kamp Kutopalong, Cox's Bazar, yang berfokus pada ketahanan kesehatan dan ketahanan pangan. Kajian ini berupaya memberikan pendekatan baru yang lebih realistis tentang bagaimana penanganan pengungsi Rohingya di Kamp Kutopalong selama COVID-19 dan saat COVID-19 berakhir, tentunya dengan memasukkan konsep ketahanan kesehatan dan ketahanan pangan sebagai landasan teori. Pembahasan penelitian ini diperoleh dengan menggunakan metode kualitatif serta membandingkan dengan penelitian sebelumnya.

Kata kunci: ketahanan pangan, ketahanan kesehatan, Bangladesh, NGO's, Pengungsi.

Introduction

COVID-19 (Coronavirus Disease 19) or severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a dangerous virus that attacks the respiratory system in humans. COVID-19 began in 2019 in Wuhan, China. The virus was initially an outbreak because it only struck the Wuhan region, China. It eventually turned into a pandemic as it invaded all the countries in the world. The virus can cause infections of the lungs, both mild and severe, that can lead to death. Evidently, about 116 million people are infected, and 3.4 more people in the world died due to the COVID-19 virus.¹ Without exception, the Asian continent contains most developing countries, and several countries is closest to China. One of them is Bangladesh which now has a higher rate of positive cases of COVID-19 than the state of origin of COVID-19, namely China. COVID-19 cases first developed in Bangladesh on March 8, 2020 In May 2021, more than 780,000 Bangladeshs were affected by COVID-19 and ranked 33rd most cases of COVID-19 in the world and the top three in Asia. This state is one of the less developed countries in the Asian Region. So when the COVID-19 virus spread, it certainly has a significant impact on the state both economically, socially, and politically. Coupled with Bangladesh being the largest recipient of Rohingya refugees, the result of this pandemic is more severe than in other countries. The majority of Rohingya who have just arrived in Bangladesh already have very dire conditions, such as pneumonia, Global Acute Malnutrition (GAM), Severe Acute Malnutrition (SAM), Stunting, Hepatitis, etc. Although, Rohingya refugees have been given a place to live in Cox's Bazar, health issues and food are still there. Even the problem keeps growing and expanding because Rohingya refugees have difficulty accessing food and getting various health services. This is undoubtedly a challenge for the Bangladesh government in managing Rohingya refugees in the kutupalong Camp, Cox's Bazar. The arrival of the COVID-19 virus worsens the situation and makes Rohingya refugees 10x hungrier than before the coronavirus came.²

According to data from the ISCG, there are currently about 878.00 Rohingya refugees living in 34 refugee Camps, five mixed with Bangladeshs living in Cox's Bazar. There are 472,000 members of the host community living near the refuge, which requires special attention because of the COVID-19 outbreak that has hit the world. Rohingya refugees are already short of food supplies and access to health care.³ But the Rohingya refugees have received special attention from the Bangladesh government and NGOs. So that during the COVID-19 pandemic in Bangladesh, the presence of Rohingya refugees poses a significant threat to the national security of Bangladesh, especially in the Food Security and Health Security sectors. At first the Bangladesh government accepted Rohingya refugees because humanitarian grounds and pressure from the international community, but today during the COVID-19 pandemic actually created a big problem for the Bangladeshi government, because the Bangladeshi government feel harder to handle the Rohingya refugees who came due to presence of the COVID-19 virus.

¹ WHO. (2021, mei 20). Coronavirus (COVID-19) Dashboard. Retrieved from WHO: <https://COVID19.who.int>

² WHO. (2021, mei 5). COVID-19 treatment centers in Cox's Bazar: an example of joint humanitarian action in pandemic response inside and outside the refugee camps. Retrieved from World Health Organization: <https://www.who.int/bangladesh/news/detail/05-05-2021-covid-19-treatment-centers-in-cox-s-bazar-an-example-of-joint-humanitarian-action-in-pandemic-responseinside-and-outside-the-refugee-camps>.

³ ISCG. (2021). Rohingya Humanitarian Crisis Joint Response Plan . Bangladesh: Inter Sector Coordination Group.

Not only the Bangladesh government have changed their way to handle Rohingya refugees, but the NGOs as a party that cooperates with the Bangladesh government it's changed too handle Rohingya refugees, especially in Cox's Bazar. Then, the presence of the COVID-19 pandemic makes new regulations in each state to obtain its national interests related to the managing of the rate and impact of the global pandemic. Indeed this gives a big question: *How does The Pandemic COVID-19 Change The Rohingya Refugees Management in Kutopalong Camp, Cox Bazar, Bangladesh?* This is where the management arises from two aspects, namely by the Government of Bangladesh and NGOs.

Research methodology

Qualitative methods are called new methods because of their recent popularity. Also called the post positivist method because it is based on the philosophy of postpositivism. Also called the artistic method because the research process is more artistic in nature. Also called interpretive research method. While the quantitative method is called the traditional method, because it has been used for quite a long time. Qualitative method, used to examine the natural objective conditions (the opposite is the experimental method).⁴ This research focuses on handling of Rohingya refugees after COVID-19 emerged. The writing method used in this study is a qualitative method in which the author seeks to give a brief overview of the situation and the management of Rohingya refugees during COVID-19. In addition, the authors use literature such as previous research journals, reports, official documents, newspapers, articles, and official websites of the Bangladesh government and NGOs in Health and Food sectors. The literature supports and strengthens the assumptions and discussions that the authors poured into this study.

Literature Reviews

By referring to previous research, this research can complement the research. Before referring to further and detailed topics, we need to know how the latest research flow relates to the topic being studied, namely "Managing the COVID-19 Pandemic: Refugees in Kutopalong Camp, Cox's Bazar, Bangladesh" then some related literature will be reviewed first in previous journals it will help researchers find new facts and also new perspectives, especially regarding the situation of Rohingya refugees in Bangladesh, not only that researchers try to analyze the perspectives and theories written from previous research with the aim of being able to come up with a solution to the social problems that are currently being discussed. As authors, we draw on four important literatures related to the research topic:

The research journal "Managing the Refugee Crisis in the Era of the COVID-19 Pandemic", explains two arguments of his research on how COVID-19 should be handled following the demographic conditions and circumstances of each state, then came an idea where the first argument relates to the need for a new approach used by each state in addressing the COVID-19 pandemic, this new approach recognizes that there is an increase in challenges faced by refugees around the world so that international cooperation can be a solution in solving the challenges that arise to refugees during the COVID- 19 pandemic.then the second argument relates to the necessity in helping refugees to

⁴ Bogdan, Robert C., and Sari Knopp Biklen, *Qualitative Research for Education, an Introduction to Theories and Methods*, AB, Boston, 2003, Hlm 12

combat the spread of the COVID-19 virus in refugee Camps and also provide eligibility in terms of health, procurement of jobs and also opportunities in the world of education. All of that is intended for refugees during the COVID-19 pandemic.⁵

The research journal "COVID-19 and Rohingya Refugee Camps in Bangladesh", stated that the Kutopalong Camp located in Cox's Bazar, as well as being one of the largest Rohingya refugee Camps in the world today, can be an easy target for the spread of the COVID-19 virus because they live in very narrow and crowded place⁶. Indeed, to overcome the distance of the COVID-19 virus in the Kutopalong Camp, Rohingya refugees need help from many parties, both countries and international organizations to overcome the problem of the spread of the COVID-19 virus because Rohingya refugees cannot regulate themselves and if there is a lack of attention from the Bangladesh government and humanitarian organizations, it is feared that there will be no distance, food or health management in Kutopalong Camp, and this will cause a mass distribution which can result in the number of victims from Coronavirus. However, this paper describes the situation of Rohingya refugees, especially those in Cox's Bazar before and after COVID-19, and how the role or management of the government and international organizations, both intergovernmental and non-governmental organizations, in managing COVID in refugee areas.

The research journal In a previous study explaining about "COVID-19 Outbreak, Response, and Vulnerability of Rohingya Refugees in Bangladesh" explained so far lots of humanitarian aid has been provided by the Bangladesh government and also several humanitarian organizations that have helped protect Rohingya refugees in various refugee camps in Cox's Bazar.⁷ This research journal also explains that the group of Rohingya refugees living in a very crowded place and therefore are prone to the spread of COVID-19. Not only that, Rohingya Refugee Camp in Cox's Bazar also experienced various challenges and shortcomings, one of which is the refugees suffered from water scarcity, sanitation, malnutrition, and inability to meet basic needs and limited access to essential services. Then this research seeks to give depiction of the existence of Rohingya refugees in Real life where they are in desperate need of help from various parties, especially in the field of Health, Food, sanitation, and infrastructure Camp. When COVID-19 is becoming a global threat to individuals, the authors seek to map out the problem that COVID-19 increases the socioeconomic vulnerability of Rohingya refugees in Bangladesh, especially in the most vulnerable refugee groups, namely children, parents, women, and people with disabilities.

The research journal "Importance of Food Security: Rohingya Refugee in Cox's Bazar Camp" describes how vital food security is for humans, especially for Rohingya refugees in kutopalong Camp Cox's Bazar.⁸ Food is the most critical and much-needed thing for humans, and food is also very influential to human health depending on what is eaten if the food eaten is good, then the result will

⁵ MAHMOOD MONSHIPOURI, B. A. (2020). Managing the Refugee Crisis in the Era of the COVID-19 Pandemic. SET VAFKI iktisadi Isletmesi, 179-200.

⁶ AKM Ahsan Ullah, M. A. (2020). Covid-19 and Rohingya Refugee Camps in Bangladesh. Intellectual Discourse, 793-806.

⁷ Md. Fakhrul Alama, A. A. (2020). The outbreak of COVID-19, response, and the vulnerabilities of rohingya refugees in Bangladesh. International Journal of Innovation.

⁸ Ahmad, A. A. (2020). IMPORTANCE OF FOOD SECURITY ROHINGYA REFUGEE IN COX'S BAZAR CAMP. International Journal of Psychosocial Rehabilitation.

be good also for health and vice versa. Rohingya refugees, especially those in Cox's Bazar, are among the most significant number of refugees in the world- therefore, it needs nutritious food that all refugees can enjoy for refugees to have good health. One of the biggest problems for Rohingya refugees in Cox's Bazar is the availability of food, which is also one of the challenges for Bangladesh and others, such as international organizations, to meet nutrition and food availability for all Rohingya refugees in Bangladesh. However, the study focuses on the importance of Food for Rohingya refugees in Bangladesh.

The difference in the research that the author conducted is noticeable and can be seen as authenticity because it uses a different method from the previous journal, in the previous journal the method used is Mix methods which combines quantitative and qualitative research, and the subject of the discussion is very different from previous research because the work written by the author is more specific in explaining the health and food conditions of Rohingya refugees in Cox's Bazar, in the discussion it explains the situation of Rohingya refugees in Cox's Bazar with a theory approach health and food Security during Covid-19. And than this research raises the topic "Managing the COVID-19 Pandemic: Health and Food Security of Rohingya Refugees in Kutopalong Camp, Cox Bazar, Bangladesh."

Conceptual Framework

In this study, the authors try to use two concept, that is the concept of food security and the concept of health security. In this paper the author will try to combine the concepts of food security and health security to explain and provide solutions to the problems of the Rohingya refugees in Bangladesh during the outbreak of the covid 19 outbreak. The concept of health security seeks to explain the importance of security in the health sector because it is very important for human survival, then the concept of food security seeks to explain the importance of security in the food sector because it's related to health security. Re-discussing the previous World Health threat that began from the emergence of severe acute respiratory syndrome (SARS) outbreak in The Asian region in 2003, it proves the existence of health security threats globally, and this becomes a Warning to the countries to always be vigilant in increasing the level of security in the field of health. In addition to the occurrence of Severe Acute Respiratory Syndrome (SARS) in Asia, other outbreaks arose such as bird flu / avian influenza (H5N1) in 2004, swine influenza (H1N1) in 2009 (declared by WHO as the first pandemic in the 21st century), Middle East Respiratory Syndrome-Corona Virus (MERS-CoV) in 2012-2013, Ebola in 2014, Zika in 2015 and COVID-19 in 2019.⁹ This phenomenon signifies health security to be the Top Priority of every State at this time. The concept of Health Security needs to be emphasized by every state in the face of the threat from the global pandemic, which makes the direction of interests and security of each state shift and focuses on the interests and security in each state in the field of health.

However in practice the application of a concept of Health Security certainly requires cooperation between a state and an international organization engaged in the field of humanity and

⁹ Bersama Hadapi Ancaman Keamanan Kesehatan Global. (2018, november 5). Retrieved from Kementerian Kesehatan Republik Indonesia: <https://www.kemkes.go.id/article/view/18110500007/bersama-hadapi-ancaman-keamanan-kesehatan-global.html>

health. As for the role of the state in the concept of Health security, state has to exert national security efforts in order to provide security in the field of health to its citizens. It focuses not only on the security of its citizens but each state must also pay attention to important subjects that are in the territorial territory of their state, such as refugees where on the basis of humanity each state is emphasized must provide the same security to vulnerable groups that do not have such identity. While the function of the International Organization in the concept of health security is to give support and assistance in the form of allocation of funds and equipment assistance that encourages the realization of health security globally, so it is expected to have a positive impact on public health internationally.

Moreover, at this time, the world is faced with the COVID-19 pandemic that makes health as the main priority since the COVID-19 virus attacks the resilience of the human body in which it has a significant impact on human health. Therefore good service at health sector is needed to deal with the impacts caused by the COVID-19 virus. So it is not only health that is an essential concern of every country at this time, but food conditions must also be the main concern and priority of every state and individual in facing the COVID-19 pandemic, where food security is one of the factors. a concept that needs to be applied by every government to prevent worse conditions from arising due to the impact of the COVID-19 pandemic.¹⁰

Food security is a concept introduced by scientists in the mid-1970s. This is associated with how world conference on food security was held to discuss how security can occur in the context of food. The conference also discussed global food reserves that could be reduced if not kept safe.¹¹ According to Kuzmin (2016) Food security is related to conditions where everyone must have physical and economic access that ensures the safety and nutrition of the food they consume. Food security also tries to provide solutions to anyone who cannot meet the food needs of the community both at the National and Global levels. After the United Nations Conference on Food and Agriculture held in 1945 located in the United States and attended by 44 countries, it resulted in the emergence of FAO as an International organization engaged in food and agriculture. International Organization, which focuses on food and agriculture, provides an extraordinary response to the conception of Food Security. FAO explained that food security is a condition where all people can obtain safe and nutritious food to be active and live healthy.¹² Then at this time, the world is in the midst of pandemic COVID-19, which certainly pays special attention to the global food situation. the presence of the COVID-19 pandemic provides a narrow scope of movement so that the potential for reduced international and national food supplies is very likely to occur even more so that vulnerable groups such as refugees who have difficulty accessing adequate food and nutrition, this certainly shows continued concern with protein-energy malnutrition. Food security is determined by three key indicators, namely Food Availability, Food Access, and Reliability of food availability and reach.

Discussion

¹⁰ Aldis, W. (2008). Health Security as a public health concept: A critical analysis, Health policy and planning. Thammasat University, 396-75.

¹¹ UNCHR-WFP. (2019). UNHCR-WFP Joint Assessment Mission Report. Bangladesh: UNCHR-WFP. WHO. (2020, November 12). 6 Months later: How has COVID-19 impacted the life of the first

¹² E A Kuzmin, Food Security Modeling Biosciences Biotechnology Research Asia, volume 12, p. 773 – 781 Posted: 2015.

The managing of refugees Rohingya in Camp kutupalong Cox's Bazar before and after COVID-19 has a significant difference, especially in managing health and food. Although not wholly changed, the presence of the COVID-19 virus is enough to make the regulations made so far to deal with refugees become a little messy and overlapping, so it is necessary to bring up new realistic approaches on the current situation, wherein managing COVID-19, especially in the field of Health and Food, it is required to apply the managing of the spread of the virus. The Bangladesh government carries out this managing in cooperation with international organizations in health, humanity, and food. In addition, efforts are needed to improve health facilities and food availability and strengthen activities such as surveillance, checking, treatment, and preventive measures isolation involving Rohingya refugees and the surrounding community in Cox's Bazar.

The management of COVID-19 outbreak has been carried out intensely by the Bangladesh government as well as the international organization to the Rohingya refugees at Camp Kutupalong, Cox's Bazar. Since May 2020, the treatment looks quite significant where positive cases of COVID-19 were first confirmed at Camp Kutupalong Cox's Bazar.¹³ This certainly gives special attention to the Bangladesh government and international organizations in managing the case. One of them is the Portland-based International Nonprofit medical team. The medical team is trying to respond to urgent needs due to the favorable issue of COVID-19 in the Rohingya refugee Camp, and this is marked by opening an isolation center for the provision of 50 beds. The international medical team is also working with other international organizations that one of them is Food for the Hungry and UNHCR. This cooperation is done in raising funds for Rohingya refugees in the Kutupalong Camp. UNHCR also provides training to nurses and doctors who are on duty at the Rohingya refugee health facility in Kutupalong Camp, Cox's Bazar Camp, where this activity is also supported by the Bangladesh ministry of health as well as WHO. Not only that, the Medical Team and IOM also established the Rohingya Joint Response Program which started at the end of 2017, the program has sought to address overall health and rehabilitation in refugee Camps in Cox's Bazar district, even before, COVID-19 hit Rohingya refugees di Cox's Bazar then Based on the Joint Rohingya response program 2020 In need of medical care specifically to treat the symptoms of COVID-19 in Rohingya refugee Camps, the situation makes Rohingya refugees need help both from Bangladesh and international organizations.¹⁴

International humanitarian organizations dealing with refugees in Bangladesh, such as the IOM and UNHCR, created the Inter Sector Coordination Group (ISCG) to assist in data recording and fundraising related to aid funds to refugees. The aid comes from two sectors, the government of each state and international organizations, noted that by 2020 the Bangladesh government provided around 35 million dollars.¹⁵ Still, the data says on 2021 the Bangladesh government has not provided funding

¹³ WHO. (2021, mei 5). COVID-19 treatment centers in Cox's Bazar: an example of joint humanitarian action in pandemic response inside and outside the refugee camps. Retrieved from World Health Organization: <https://www.who.int/bangladesh/news/detail/05-05-2021-covid-19-treatment-centers-in-cox-s-bazar-an-example-of-joint-humanitarian-action-in-pandemic-responseinside-and-outside-the-refugee-camps> di ases pada 19 juli 2021

¹⁴ Piatt, K. (2020, mei 19). Medical Teams International to open COVID-19 Isolation Treatment Center in world's largest refugee camp. Retrieved from Medical Teams International: <https://www.medicalteams.org/news/medical-teams-international-to-open-covid-19-isolation-treatment-center-in-worlds-largest-refugee-camp> diakses 19 juli 2021.

¹⁵ ISCG. (2020). Rohingya Humanitarian Crisis Joint Response Plan 2020. Bangladesh: Inter Sector Coordination Group.

assistance to Rohingya refugees in Cox's Bazar. It certainly impacts the refugee funding sector, especially in dealing with the Health security problem. In addition, the Bangladesh Ministry of Health revealed that not only the spread of COVID-19 positive numbers but also other diseases such as abscess, COPD, Pneumonia, Acute Watery Diarrhoea, Eye Infection, Neuro Disorder, Malaria, and some other disability refugees. So, the managing of refugees in the health field must be improved because the residence of Rohingya refugees in Cox's Bazar is very dense.¹⁶ The Camps in Cox's Bazar have an average population density of 40,000 people per square kilometer, with some areas approaching 70,000 people.¹⁷ Medical personnel recorded only 293 doctors, 186 nurses, 224 SACMO, and 1259 Community Health Workers. The number of medical personnel is significantly affecting the Health of Rohingya refugees. Compared to the number of Rohingya refugees in Kutupalong Camp, the data listed is unbalanced. It will cause a shortage of medical personnel rough managing of Health to Rohingya refugees.¹⁸

Based on WHO latest data in May 2021 (WHO, 2021), it was started that there are 83,749 people of Cox's Bazar had been checked for COVID-19, 8,118 of them confirmed positive COVID-19 where 813 guaranteed in isolation and 89 others recorded dead. While the total refugees Rohingya who have been checked COVID-19 around 39,999.670 Of them positively confirmed COVID-19, 151 people registered in isolation and 11 others declared dead. Then WHO also added that since October 2020,¹⁹ there were approximately 16,638 patients treated at sari ITCs health facilities in Cox's Bazar refugee Camp (85%) mild and moderate symptoms (14%) severe and (<1%) critical symptoms. After the first case was confirmed in May 2020, the positive level of COVID-19 continues to increase. According to Health Sector Cox's Bazar, by 2020 health facilities in Rohingya refuge there are only 37 Primary health Care and 96 health post. However, in 2021 there will be an increase in health facilities.²⁰ Based on the Bangladesh ministry of health report, there are 36 Primary Health care, 140 Health posts. With additional data, 45 ambulances are operating.²¹

Therefore, along with the increasing cases of COVID-19 in the refugee Kutupalong Camp, Cox's Bazar, there needs to be an improvement in health facilities and better management, especially the high positive number of COVID-19 Rohingya refugees will affect the local community of Bangladesh. And this indicates that health security for Rohingya refugees is still very minimal, whereas poor health care for Rohingya refugees will be fatal to other local communities. Rohingya refugees living in the Kutupalong refugee Camp also said that the health services they received were minimal and very poor. However, health protocols such as social distancing are challenging to implement because of the crowded Camp conditions. But suppose the Bangladesh government's regulations related to lockdown and social distancing are tightened. In that case, it will have both

¹⁶ ISCG. (2021). Rohingya Humanitarian Crisis Joint Response Plan . Bangladesh: Inter Sector Coordination Group.

¹⁷ Marlene Spoerri, Y. U. (2020). THE ROHINGYA AND COVID-19. Independent Diplomat.

¹⁸ DGHS. (2021, mei 28). Forcibly Displaced Myanmar National to Bangladesh, Health situation & Interventions Update. Retrieved from Directorate General of Health Services: http://103.247.238.81/webportal/pages/controlroom_rohingya.php di akses 19 juli 2021.

¹⁹ WHO. (2021, mei 20). Coronavirus (COVID-19) Dashboard. Retrieved from WHO: <https://COVID19.who.int>. Diakses 19 juli 2021.

²⁰ Health Sector Cox's Bazar. (2020). Bangladesh Emergency: Rohingya Refugee Crisis in Cox's Bazar District Reporting period. Bangladesh: Health Sector Cox's Bazar.

²¹ Opcit, DGHS. (2021, mei 28).

positive and negative impacts on their economic situation, where refugees will find it difficult to find work due to lockdown and social distancing. Because it narrows the movement of Rohingya refugees to find a job, making it difficult for them to earn money to pay for health facilities.²²

In addition to health security challenges faced by the Bangladesh government in dealing with Rohingya refugees during the COVID-19 pandemic, food security also an important sector. Because Rohingya refugees still need help and protection based on a humanitarian spirit. It can be said that 100% of the lives of Rohingya refugees depend on the results of humanitarian aid provided by Bangladesh and NGO beautification parties.²³ In this COVID-19 situation, the Bangladesh government must ensure the food security of its people and pay attention to 878,000 thousand more Rohingya refugees to be assured and able to get decent availability.²⁴ Therefore, the distribution of food containing nine items was initially distributed once a week. Still, due to the arrival of COVID-19, food distribution is done once a month to minimize the presence of crowds to prevent the spread of COVID-19 spread. According to data from ICSG, in 2019, the funds needed for food security amounted to \$255M, and by 2020 the required funds amounted to \$304.3M. That makes funding amounts more than \$50 million more than the previous year. Rohingya refugees rarely have kitchens indoors. For the majority of them, cooking outdoors can be impacted to health. In addition, many things make food health affected, such as less clean water and the availability of food staples that are not met.

Since 2017 the number of refugees in Cox's bazaar has increased four times more than in previous years.²⁵ This makes in 2019 only 65% of refugees get their food rights. Food aid provided by each head of a refugee family every month is sufficient for 2,100 kcal per person per day. Therefore, the aid contains 30 kg of rice, 9kg of pulses, and 3 liters of fortified vegetable oil. Families with 1-3 people get one Food basketball every month, 4-7 people get two food baskets per month, families within 8-11 people get three food basketballs, and families with 11 more people get four food basketball. However, (UNCHR-WFP, 2019) the assistance provided by the government and NGOs is still insufficient for every household in the Rohingya because they cannot produce their food such as gardening and growing foodstuffs. Therefore, it is a challenge for the Bangladesh government and related parties to be able to play a more role in the distribution of food to all refugees can be fulfilled. Otherwise, refugees will use any means to get food, and it is feared it could cause more chaos.²⁶

Conclusion

Health and food management of Rohingya refugees in Kutupalong Camp requires special attention from both the Bangladesh Government and international organizations. In dealing with refugees, of course, require a proper system and regulations. This is due to the difficulty of mobilizing Rohingya refugees due to constraints on several aspects, one of which is the lack of funds to provide

²² ACAPS, I. (2021). *Añárar Báfana, Rohingya share their experience and recommendations*. Bangladesh: Acaps.

²³ ICSG. (2020). *Rohingya Humanitarian Crisis Joint Response Plan 2020*. Bangladesh: Inter Sector Coordination Group.

²⁴ UNCHR-WFP. (2019). *UNHCR-WFP Joint Assessment Mission Report Bangladesh*

²⁵ Refugee population in Bangladesh from 2011 to 2020 <https://www.statista.com/statistics/733986/bangladesh-refugee-population/> di akses pada 19 juni 2021

²⁶ Abdullahi Ayoade Ahmad, S. L. (2020). *IMPORTANCE OF FOOD SECURITY: Rohingya Refugee in Cox's Bazar Camp*. *International Journal of Psychosocial Rehabilitation*, 5155-5156.

health and food security to Rohingya refugees in their refugee Camps. The COVID-19 pandemic presents a more significant challenge in managing Rohingya refugees in the Kutupalong center. The presence of the COVID-19 pandemic have changed the way Rohingya refugees are handled, which was more common and then switched to be more specialized. The main focus of managing Rohingya refugees during COVID-19 and after COVID-19 ends is to focus on Health and Food Security, where based on a report from the Bangladesh Ministry of Health explained that the presence of Rohingya refugees makes the country threatened because of the density's refugees due to the Covid-19 pandemic, become a point of spread the virus COVID-19, therefore the government of Bangladesh is trying to maximize their performance to protect the refugees by paying attention to health and food security, of course this will change the way government of Bangladesh in dealing with Rohingya refugees in the future. However the reason is, these two things can be a significant threat to the survival of Rohingya refugees in Kutupalong Camp, Cox's Bazar. If Health and Food is left unattended and not prioritized, it will become a threat. Especially when COVID-19 is confirmed to have entered Bangladesh, health and food security have become one of Bangladesh's national security goals and are the top priorities of every state to be able to continue to meet the needs of its people. In addition to local communities, the Bangladeshi government must also pay attention to vulnerable groups in its territory, such as Rohingya refugees. When dealing with Rohingya refugees, the Bangladesh government needs cooperation with other international organizations. among them is cooperation in the health security sector that strengthens health facilities, prevention of COVID-19, medical care, and monitoring or checking COVID-19. Then, the food security sector changes the way food is fed, increases food budgets, and increases the supply of more nutritious Food to Rohingya refugees.

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