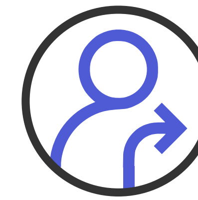
No Isolation without Consultation

Edition 3 Summary: Rohingya Perspectives of Isolation & Shielding



COVID-19 Explained

Overall Findings:

Between the 24th of March and 8th of April 2020, 16 focus group discussions (FGDs) on isolation were conducted with Rohingya living across camps in Ukhiya Upazila of Cox's Bazar. Four of those FGD also discussed the concept of 'shielding' of the most vulnerable population. This one-page document presents a summary of Edition 3 of COVID-19 Explained, highlighting the main conditions, concerns and perceptions that shape people's views on key COVID -19 containment measures such as isolation and shielding to ens ure Rohingya's voices are included in planning and implementation phases.

Refugees understand the importance of key containment measures to prevent the spread of the virus. However, Rohingya repeatedly report that there will be mixed view s among households on whether to isolate or engage in shielding plans. Despite these differences, consultations reveal common concerns and conditions that influence Rohingya's openness to the concepts of containment measures. The impact matrix highlights some of the current understandings, and beliefs that are contributing to Rohingya overall views, both positive and negative, on containment measures. The belief that health providers will kill those infected with the virus, stemming from pre-existing distrust in health services, is the most common negative perception and is likely to have the greatest impact on containment measures if left unaddressed. A minority of people expressed that COVID-19 is non-communicable, and only Allah can stop the spread, which could also negatively impact the response. The positive impact of the high level of understanding of preventative measures and their importance, and the willingness to learn more can beleveraged to support the uptake of response measures by filling critical knowledge gaps on treatments and containment.

Key Factors influencing people's willingness to shield or isolate

Adequate consultations, open dialogue and involvement in planning.

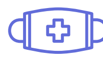
Accompaniment by family member for protection concerns.

Good quality medical care, including empathetic patient-provider interaction and treatment.

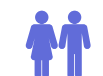
Adequate nutritious food and water to aid recovery.

Communication, including mobile phones, visitation, and Rohingya staff to translate.

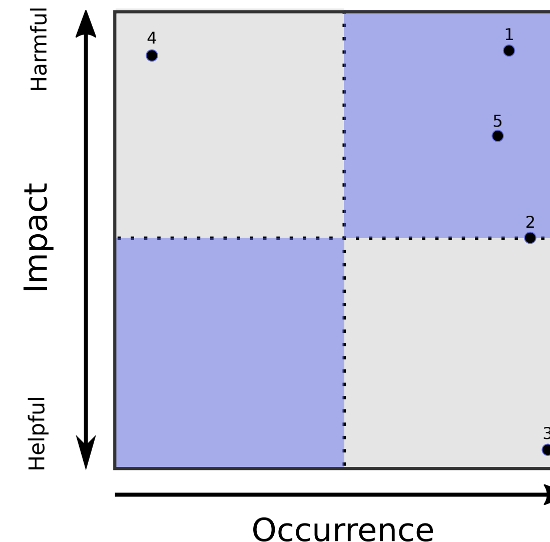
Physical protection, including Rohingya watchmen & guards at facilities.


Protective equipment, including masks, gloves and hygiene items.

Clothes and other NFIs items, including soap, mosquito nets, sleeping mats, and prayer mats.


Gender segregated facilities, especially separate sleeping rooms.

Key understandings, beliefs and experiences that impact Rohingya perception of containment measures:



1. Fear that health providers will kill those infected due to long -standing distrust.
2. Feelings of helpless, despair and disempowerment due to congested and restricted camp setting.
3. Understanding of and support for key messages and the importance of preventive measures.
4. Believe that COVID-19 is non-communicable and susceptibility is linked only to Allah.
5. Lack of understanding of treatments and key containment measures such as isolation and shielding

Main Recommendations:

Immediately finalize definitions and details of plans of key containment measures to discuss, increase overall understanding and determine their acceptability with Rohingya refugees.

Understand Rohingya refugees' collective concerns and demands as key determinants of their willingness to comply with measures and engage with those views in a proactive strategy of relationship and trust building.

Address low levels of trust in health care providers by implementing, and enforcing, stricter code of conduct in how Rohingya are treated and spoken to.

Methodology:

The information in this report reflects the findings of 16 FGDs (8 female, 7 male, and 1 mixed) between participants 20-60 years of age across camps (1W, 1E, 3, 4, 5, 16, 19, 20, 20ext.) from 24th to the 8th of April 2020. The first 12 of these consultations were conducted by a team of 15 experienced Rohingya field researchers (7 females, 8 males), and the 4 additionalFGDs focused on "shielding" by IOM's CwC staff. ACAPS provides support on analysis.

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