

Different and unequal: main challenges and concerns

Edition 5 Summary: How COVID-19 affects different sex, age, ability and populations differently



Edition 5 of COVID-19 Explained explores the differences in attitudes, knowledge and understanding of COVID-19 between key demographic groups. There were 42 interviews conducted with women, girls, boys and men from Rohingya and host communities, including nine interviews with people with disabilities (PWD). This one-page document presents a summary of the second half of [Edition 5 of COVID-19 Explained](#), highlighting the main challenges and concerns raised during the consultations.

Top five challenges and concerns: During consultations respondents were asked to discuss the main challenges and concerns given the current COVID-19 context and their demographic background. Throughout the discussions the vast majority of respondents expressed the belief that COVID-19 was the most pressing concern across all population groups, regardless of gender or age. However, difference between demographic groups were identified pertaining to protection concerns and secondary impacts of COVID-19.



Access to livelihoods and employment: The disruptions on local economies and income generating activities has further decreased Rohingya refugees' ability to meet their daily needs. Many report not being able to participate in humanitarian-led income generating activities, including Rohingya volunteers within NGOs and cash for work programs. The host community also reported concerns over the lack of movement and inability to earn an income given the recent changes in humanitarian programming and the nation-wide government COVID-19 containment measures that closed markets. There is the perception that Rohingya are receiving more support than host communities from the humanitarian community during this challenging time.



Access to health and WASH: For Rohingya, lower access to healthcare was reported due to mobility restrictions and a decrease in earning needed to pay for private care. Health concerns were reported to be of higher concern for older women and women living with disabilities because services are now harder to access due to movement restrictions, lack of income, and a reduction in the number of patients accepted each day by clinics. Both host community and Rohingya women expressed challenges in accessing shared latrines during the day now that men are home all day, as opposed to at work, and struggling to access adequate menstrual hygiene items. Participants across demographic groups report that the reduced presence of humanitarian actors has impacted WASH services and camp cleanliness. The lack of upkeep of public hygiene facilities in the camps was identified as a source of stress for both Rohingya and host community participants as they believe that dirtiness will increase the risk of virus transmission.



Access to education: The vast majority of host community and Rohingya participants aged under 18 years, both female and male, highlighted access to education as a major concern. School closures are not only having an impact on children but also on parents and families who are now spending all their time together in cramped conditions during the hottest season of the year.



Protection concerns: The reduction in income and presence of humanitarian actors in the camps has reportedly led to a spike in criminal activities and concerns over safety. Both host community and Rohingya respondents gave examples of recent security-related incidents concerning crime and theft and expressed increasing feelings insecurity. Women and men report higher instances of tension and violence against women within the household as a result of the new living situation, and stress associated with sudden loss of income.



Access to information: Access to information is a key concern for the majority of participants regardless of age, gender, ability or population group. Every participant requested more information on treatment, and current status COVID-19 cases and expressed that those with mobility restrictions face the greatest barriers in accessing information, including older people and PWD. Among Rohingya, older women, adult women, and PWD report concerning low access to information about COVID-19. Megaphones, TomToms and other messaging taking place in camps is somewhat effective but is reportedly not reaching people with less access to public spaces, including women, older people, and PWD. Loudspeakers were commonly identified across all demographics as hard to understand and inadequate as a sole source of information.

Key Recommendations

1. Urgently plan to mitigate socio-economic impacts. Increased advocacy is needed to allow previously prohibited forms of programming, such as cash transfers, given the limitations and restrictions on many income generating activities.
2. Ensure that protection services are continued to mitigate GBV and support women and girls.
3. Proactively communicate what is being done to support the host community and what safety nets exist throughout the crisis to prevent growing tensions between population groups.
4. Disseminate timely information on treatment options for those infected with COVID-19, information and updates about the pandemic, the virus itself and the number of cases.
5. Women, girls, PWD and older people need targeted information tailored to their particular communication capacities and differential access to public spaces.
6. Additional consultations with specific groups of affected individuals, in particular older people, PWD, and women are needed to further explore varying impacts.

"When all the people (men and boys) go to work then we used to use the toilet. But now we can't go to toilet in the daytime as all the people are at each home. We see lots of other people when we go to toilet in the daytime because all the people are staying surrounding in one place." (Rohingya Female, under 18, KII, Camp 16)

"NGO worked in full swing before so the camp area was clean but now they reduced their activity. That's why the camp is getting dirty again. Most of drainage is blocked by water, garbage has not been cleaned for long time. That is why there is a bad smell increasing day by day. Most of the drainage is near to our house - so this dirty environment will increase more disease." (Host community, older male, Camp 24)

Methodology: data collection was conducted between 6th and 15th of April 2020. 42 qualitative interviews (15 FGDs and 27 KIIs) across 13 camps were conducted with specific demographics groups by Rohingya field researchers and IOM's CwC Bangladeshi staff. A mix between purposive sampling and convenience sampling was employed to comply with COVID-19 prevention measures and reduce risk of transmission.

Limitations: The number of consultations per demographic group and location were not consistent and used a variation of KIIs and FGDs. Therefore, the results are not directly comparable; however, general observations can be made and discussed. Greater emphasis was placed on obtaining data from groups that are less frequently consulted.

See full report for [COVID-19 Edition 5](#).

