



Essentially Abandoned: Essential Service Restrictions Go into Effect

Edition #2, 2nd April 2020

Executive summary

This past week saw a rapid implementation of guidelines that involved the cessation of all non-essential humanitarian services and activities. This has meant a massive and rapid reduction in the number of humanitarian staff and volunteers travelling to the camps for various purposes and a scale back of other services. This was intended to reduce the risk of transmission between humanitarians and the camp population, but has not been understood by most Rohingya in the camps, who report to feeling abandoned by humanitarian responders. This has created the impression that even essential services might be stopped and the reduction of activities was not out of concern for the camp population but out of fear that humanitarians themselves may contract the virus from the Rohingya since the conditions in the camp are perceived to be poor and conducive to disease.

"[Humanitarians] are showing us to get money and then they are abandoning us when there is a problem."

Alongside this, there are initial but concerning reports of rapidly deteriorating security dynamics within the camps between Rohingya and host communities. One consultation from last week revealed a tube well had been destroyed by the host community because it was near the edge of the camp and the host community did not want Rohingya coming close. Other discussions revealed that host communities were urging Rohingya to "close themselves within the camp" because they will spread diseases. Rohingya seem to have also been increasingly treated poorly by humanitarian volunteers and staff who see the Rohingya as posing a risk to themselves and host communities. Others report that host communities have begun to demand money and relief because of the risk they pose related to COVID-19 epidemics.

"If NGOs stop providing assistance, we will die soon – no need for the Coronavirus to come. In this situation. We need more NGOs to help us but most are leaving."

Edition 2 of COVID-Explained focuses on Rohingya perception of the recent withdrawal of non-essential humanitarian staff and activities in the camps, enforced to decrease their potential exposure to COVID-19, and their views on what services are essential and non-essential. It also includes information on major events reported by Rohingya about last week, what Rohingya want us to know, and what questions they have for humanitarians.



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Key findings and recommendations:

On the 29th of March, the [Community Facing Key Messages on Essential Services and Assistance](#) were published and the finding from this round of perception surveys stress the urgent need for these messages to be disseminated as quickly as possible and should be a prioritised for all responders. The findings and recommendations from this edition reinforce the need and the importance of the strategy of the [risk communication and community engagement strategy](#) that has been developed and endorsed by all stakeholders.

Accountability & Communication

- **Community Engagement cannot be reduced – existing means must be replaced with suitable alternatives.** People are feeling abandoned by humanitarians and have pointed to the lack of other forms of engagement that are within COVID-19 guidance. While the local context may make this challenging, reducing presence has harmed trust. Rohingya are desperate for information, engagement and contact with humanitarians to know more about the virus.
- **All actions taken as part of the COVID-19 response, including changes to presence in the camps and provision to services, should be communicated and consulted in advance to the affected population.** Taking action without communication has already resulted in loss of trust with the Rohingya affected population and will continue to do so. Communicating why necessary changes protect from transmission will also improve awareness of the virus and preventative measures. This communication is a collective responsibility of each sector and agency within the response.
- **Pre-emptively communicate response plans.** Rohingya can be already informed of future plans that will be implemented. This will help them trust in the preparation of humanitarians to prevent and respond to outbreaks and make sure trust is maintained in the future when these changes come into effect. This will also ensure Rohingya's participation in various stages of scenario planning.

Essential Services

- **Rohingya largely agree with essential service categorization but want to be included in future COVID-19 response planning for various stages of the response – this is vital to ensuring an effective response.** Many Rohingya agree with categorization of essential services but they feel confused and concerned about the changes they have witnessed with some thinking that even healthcare services will be stopped. Including them in these exercises in the future can mitigate confusion and ensure plans are understood.
- **Enforce codes of conduct related to communications to Rohingya camp populations.** Some humanitarians are harming dignity of refugees, showing disrespect, and spreading panic in how they address, communicate, and implement mitigation measures related to COVID-19. Humanitarians need to be provided strict guidance on how their conduct and how COVID-19 scenarios should be communicated & implemented.

Rumours & Communication with Communications

- **Rumours are now clearly driving behaviours in the camps. Practitioners need to consider how to prevent rumours from leading to behaviour changes.** Many people reported drinking coal found



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to the left/right of their door or eating tea leaves with lemon last weekend when rumours circulated (see Box “The Azan at Midnight” for more information).

- **Rumour control is already being practiced by religious leaders and may be strengthened by highlighting how rumours may harm traditions.** Rohingya have already pointed out that some rumours are harmful to existing cultural practices. While humanitarians should be cautious of endorsing traditions which may be harmful to various segments of the population, they can use these examples to discourage people from following “flying news.” This should be mainstreamed alongside other messages to help differentiate between different sources of information.
- **More information and content is demanded by the Rohingya and should be produced to meet the many information needs surrounding COVID-19 and the relevant changes occurring.** One message concerning the many changes occurring is unlikely to be sufficient to meet demands and multiple actors may need to assist in developing and disseminating messaging. Many people are still reportedly in need of information and general news surrounding COVID-19.

The Azan at Midnight

Last Thursday, a rumour went around Bangladesh and through the camps that said that a boy had just been born in Kutupalong and made a proclamation. Just after he was born, he arose and told everyone to make “Call to Prayer” (Azan) at midnight and to eat tea leaves with lemon to protect yourself from Coronavirus. After this, he reportedly passed away. Variants of this rumour were shared that made minor changes to the place, what time the Azan was to be called, and what people were supposed to eat. Across Bangladesh and in the camps, Azan was called late on Friday after the final prayer of the day – sometimes by people who were not the Imam or Muezzin (person responsible for Azan). After this happened, people were reported to frantically run around and search for tea leaves which are generally not sold within the camps. This also led to panic and fear to people who had not heard the rumour and believed that the abnormal Azan was a portent of ill omen or a sign that Coronavirus had indeed arrived to the camps.

Following the incidents there were many reports that Imams and other religious scholars denounced the event across the camps and told people that this “flying news” had caused *bedat* – when traditions outside of the Quran and Sunnah (traditions of Islam) are introduced that aren’t doctrinal. Many people in the camps were then told to do *toba*, repentance, if they believed or followed the rumours. Reportedly even *molovi* (religious scholars) and Maassab (leaders of the Tabligh) had to do *toba*. This case offers interesting insights into how people may be discouraged from following rumours if they are believed to constitute a sin or harmful to existing traditions.



Introduction

This thematic report is based on 12 focus group discussions (FGDs) with Rohingya living across camps in Ukhiya Upazila of Cox's Bazar. Discussions took place between the 24th and 27th of March and were conducted by Rohingya Communication with Communities (CwC) volunteers who recorded and transcribed discussions. The objective of these consultations is to ensure Rohingya's voices are included in all stages of the COVID-19 response and provide an avenue for Rohingya refugees to express their questions and concerns. The second COVID-19 Explained aims to provide decision makers with an understanding of the current perceptions among Rohingya of the recent shift to essential only programming as of 24th of March, as well as provide insight into what Rohingya believe are essential and non-essential programs. This information should inform response strategies and will feed into messaging and outreach strategies designed and implemented by IOM and other humanitarian agencies.

On 24 March 2020, the Government of Bangladesh has suspended non-essential activities in all 34 Rohingya refugee camps in Cox's Bazar. All shops and markets in the camps are closed and site management staff have been reduced by 50%. Non-essential programs suspended until further notice include education and learning centres, friendly spaces and community centres, and training facilities. The distribution of shelter kits and material as well as registration and verification processes are also suspended for an initial 15 days. Essential services that will remain open and staffed include: information and awareness sessions related to COVID-19, health and nutrition facilities and services, distribution of food, as well as WASH activities (RRRC, 24/03/2020).

Methodology: The information in this report reflects the findings of 12 FGDs (6 female, 5 male, and 1 mixed) between participants 20-60 years of age across 7 camps (1W, 1E, 3, 4, 5, 16, 19) from 24th to the 27th of March 2020. These consultations were conducted by a team of 15 experienced Rohingya field researchers (7 females, 8 males) that have been trained in qualitative research methods by IOM's CwC programme under Site Management. They are supported by four Bengali CwC staff with a high degree of English and Rohingya language fluency and two international researchers experienced in qualitative data collection. This report is one in a series on perceptions of the COVID-19 response, led by IOM's CwC team in collaboration with ACAPS. Data is collected by IOM and jointly analysed with the Rohingya volunteers themselves. Interviews are recorded with consent and transcribed by Rohingya volunteers and Bengali staff. Data is then analysed with qualitative data analysis software through matrices. Findings are discussed with volunteers during weekly meetings and their interviews are included as part of the dataset. General information and answers to questions were provided to participants following the focus group discussions.

Limitations: The information outlined in this report does not represent the official views of the International Organization for Migration (IOM) or ACAPS in Bangladesh, it reflects an analysis of the views of Rohingya refugees living in camps in Cox's Bazar. It should also not be read as a definitive or comprehensive account of the Rohingya's perceptions on Coronavirus or COVID-19 across all camps, and it is likely to adapt as the circumstances change and as more consultations are conducted.

Teknaf camps were not able to be reached by field researchers due to the volunteers being based in Kutupalong Balukhali Expansion; therefore, the data is not representative of the overall Rohingya refugee



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population. Findings are significant of general community perceptions between men and women though not all age-demographics have been independently consulted and included in the analysis of the report.

Perceptions of Essential Service Restrictions

All participants that consultations displayed knowledge of the key COVID-19 prevention message (cleanliness, especially hand washing, social distancing, and hygiene etiquette around coughing and sneezing, etc.). Based on the current data set, there are no definitive conclusions that can be drawn to say whether information and awareness has increased over time and many people still feel unaware and desire more information on what is happening and why it has happened. These findings support those of [COVID-19 Explained Edition 1](#) that focused on Rohingya's general understanding and perceptions of COVID-19. All consultations stated that the COVID-19 awareness raising activities were essential and stressed the need for their continuation. It should be noted that when Rohingya refer to NGOs they are generally referring to humanitarians, including UN Agencies and other groups involved in the response, because there is little understanding of the formal differences between the types of organizations.

"Nowadays, we have noticed some changes in the humanitarians work such as learning centers were closed and another one is that outside of the office and NGOs' hospital put a water bucket with water and soap for hand washing. In the earlier time, we had to do signature before entering the office but nowadays we have to wash our hands with soap there. We think that it is good for us and prevent from the virus." (Male, Camp 16)

"Hand washing and cleaning the house probably. If the NGO would not give us the messaging, from where would we hear and learn? And if we wash our hands with soaps, the virus-fuk [insect] will die." (Female, FGD, Camp 5)

"The NGOs are announcing by loudspeaker to wash our hands with soap and to be hygienic. They are also alerting us that we need to make distance with people, not to shake hands or hug and to keep clear our environment and our home. After hearing their awareness, we changed our behaviour." (Female, FGD, Camp 19)

"[Rohingya] are using mask when go to the market and hospital. They also maintain hygiene by cutting their nails and cleaning their environment and home. They are avoiding close contact with people and avoid contact with people in general keep at 3 feet distance. Alerting to people not to gather people. Now we are sharing this awareness from person to person for save our life." (Female, FGD Camp 4)

However, participants in all consultations stressed the need for more messaging and support with both more information and essential items to enable them to adhere to the instructions being shared, such as soap, masks, tissues, increased water supply, and gloves.

"NGOs should provide masks and soaps to each family. So that they can stay hygienically. If the people have no soaps at their shelters, how can they wash their hands without them? The local staffs who work in NGOs, they have different types of materials they use to protect from COVID-19 but our community couldn't afford to use them." (Male, FGD Camp 16)



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“No NGO gave or provided us any information about it, but we heard this information was discussed at the meetings with majhis in CIC offices. Like they made majhis wash their hands to enter. While we went to receive soaps and gas, they kept a computer six feet away and the person who was scanning the fingerprint was a Rohingya. But there was never a Rohingya at the scanner before and now a Rohingya was doing.” (Male, FGD, Camp 3)

The final quote illuminates how Rohingya have noted even smaller changes such as the exchange of Rohingya for Host community humanitarians at fingerprint scanners but have a complete lack of understanding as to why such changes have occurred and what they signify. Interviews coincided with the withdrawal of non-essential services and restricted access to the camps, but not everyone was aware of these changes at the time of interview. However, 7 out of 12 consultations were aware of the implementation of essential service restrictions by humanitarian agencies.

“[Humanitarian agencies] have to provide us double rations and gas tank and soaps. And when we will get double, we don’t need to go twice for the distributions.” (Mixed, FGD, Camp 4)

All consultations where participants were aware of the restrictions expressed distress and feelings of abandonment by humanitarians. Many were confused about how they will receive support, especially medical treatment, if the virus spreads to the camps. This is a direct result of the lack of explanation as to why agencies have scaled back services. Misinformation surrounding which services have been reduced, why they have been reduced, what are the implications for regular services they rely on, and how this impacts support provided to a potential COVID-19 outbreak have led to widespread confusion and anxiety.

“Now the NGOs left. And stopped the distributions of rice and gas tanks and closed some hospitals. So, if we get virus, from whom can we take suggestions [about prevention] and where we will go for treatment? We have been worrying about it.” (Mixed, FGD, Camp 4)

“They [humanitarian agencies] were doing very good job. They were providing all the assistance to us. But now after the spread out of this disease they all gone putting us in a serious condition. Now we all are at risk. But they are not here in this crucial time.” (Female, FGD, Camp 1 E)

“If the NGOs will come on time, we will get the advice from them. And there is need to clean the places and if the NGOs don’t come, who will keep clean the places and who will do the WASH activities? The NGOs left, thus we are not getting water on time and other materials so we are worrying and thinking how can we avoid [getting sick]? We cannot live without NGOs because we will get nothing. We are not getting food timely, so what will happen if NGOs will be closed? We are in trouble with the water because there is no tube well near us.” (Mixed, FGD, Camp 4)



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“We used to attend FGD just for snacks and now we will attend meetings just to know about coronavirus and there are none.”

“People are saying ‘when there are no problems there are lots of NGOs. Now there are lots of problems and no one is here. There are no NGOs right now.’” (FGD with Rohingya enumerators, multiple camps)

“In Camp 9, the block Majhi said that people were not allowed to leave the block and people from outside the block were not allowed to enter. No other volunteers are seen in the camp. People think it is because they are worried they will get something. No one is telling us anything. We want more contact and more communication.” (FGD with Rohingya enumerators, multiple camps)

“If NGOs will stop providing assistance, we will die soon, no need for the Coronavirus to come. In this situation, we need more NGOs to help us but most are leaving.” (Male, FGD, Camp 3)

“I will charge the responsible NGOs because after the spread out of this virus they all left us” (Female, FGD, Camp 1E)

“NGOs used to help us so much with so many things before the news of coronavirus. Now, 99% of them are separated from us than before. Some people used to come to our block before, but they do not come here recently. It feels like darkness in the camp for us. We are used to seeing... [foreigners / white people] and Bangladeshi educated and well-known people – they used to visit here which made us happy. Now, we are very panicked as we do not see them. Those educated people might have understood that's why they are hidden to be protected from this disease. But for Rohingyas, we do not even have places to hide to prevent it.” (Male, FGD, Camp 3)

“The NGOs have shown us the horn of buffalo before, but we are not claw of a crab now.” (Male, FGD, Camp 3)

The final quote concerning the “horn of a buffalo” was explained to mean that the promises of humanitarians are often much greater than what they provide in reality. In this, the advent of a “big crisis” should merit a large response or “a horn of a buffalo” but Rohingya, because they are unaware and largely disconnected from what is happening, have reported only receiving “the claw of a crab” or something “small” as a response to a “big crisis.” Again, this is not to say that Humanitarians have not taken immediate measures to address and prepare for a COVID-19 outbreak but that there is a failing to communicate these measures to the wider community in an understandable way.



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How does this impact overall perceptions of the COVID-19 prevention and response?

The perception of being abandoned by humanitarian agencies were reported in 7 out of 12 consultations and impacted Rohingya's understanding of the virus. Participants in 4 consultations have taken agencies' withdrawal as evidence of the danger posed by the virus and increased their fear of it. This unexplained withdrawal has also eroded their limited trust in health clinics. This is likely to severely impact their behaviour around public health messaging that has been widely disseminated throughout the camps.

"We are also hearing that the doctors disappear and kill the patients whom they find the virus in. In this situation, if the patients with cough and cold visit clinics, then the doctors even don't see these kinds of patients." (Male, FGD, Camp 3)

"I will not take to health centre because I heard that they are killing infected people. If my relatives have coronavirus, I will keep at home because the doctors will kill him and Allah will save him. I heard that in foreign countries, doctors are killing patients because there no medicine for it and it is very dangerous and contagious." (Male, FGD, Camp 3)

"Now, when we visit clinics or hospitals, they just go away or try to stay away from us. They only let five patients enter at once, and the other patients need to stand in the queues under hot sun. They keep the gate closed and the doctors stay away from the patients." (Male, FGD, Camp 3)

"There are many good doctors who used to communicate us regularly but now they do not talk to us. They always tell us to come after some days. They are not providing us any medical support also. They all were here till the environment and situation was good but when coronavirus spread out all over the world they started to move from the camps." (Female, FGD, Camp 1E)

"Yesterday I went to hospital. All the doctors were maintaining huge distance and they were not talking to us also. They were telling to buy medicines from outside and telling us to go outside of the hospital." (Female, FGD camp 3)

Before health posts were taking something like 50 patients a day let's say and now they are only taking 20 people. Now the capacity is reduced and less at the health posts. (FGD with Rohingya enumerators, multiple camps)

In 8 consultations, questions around capacity and reliability of humanitarian agencies to respond to a potential outbreak were raised as a result of the miscommunication and gap between expectations of what should be done to prepare and what people observed and were told.

"Although, they share information to us, we can't (will not keep) rely on the NGOs, we have to try ourselves as much as we can. It is because NGOs can't save us from the disease if we have gotten it. NGOs can be able to help us before getting disease to save our lives, so we have to clean our environment, drink pure water, clean toilet and to ensure our personal hygiene" (Male, FGD, Camp 16)



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“We are in the hopes getting helps from NGOs, then what will happen if they do not take care of us? At least, we want some of the Rohingyas to be trained about Coronavirus. Send them to the blocks to provide awareness on how to prevent from the spread of coronavirus and what we have to do to prevent getting infected of it. If the Bangladeshi staffs are scared of entering here, they can substitute some educated and literate Rohingya youths by hiring them and send them to different places to approach and provide awareness about this.” (Male, FGD, Camp 3)

“Everyone is under threats of [COVID-19], and the NGOs’ workers are afraid to enter the blocks because of the risk of infection of coronavirus. Our brothers and sisters who live in the sites of Cox’s Bazar and Chittagong have also stopped visiting the camps. We panic more because they have stopped their visit. The NGOs are making us panic this way by keeping us isolated. If the coronavirus infects us, then how we can know about what to do.” (Male, FGD, Camp 3)

In addition, the lack of confidence in the humanitarian community has seemingly contributed to **feelings of hopelessness and reliance** on alternative sources of support, such as Allah.

“We think it is our last time. This disease will come to us. We don’t need to go any other country and no country should worry about us anymore. We think this disease will occur here. If it will infect us here in the camp, the entire population will be annihilated. The world and other humanitarians will be happy as they do not need to work for us if we all die.” (CO.ISO. Camp 3. AH.01)

“After hearing the news of coronavirus all are tensed. All are in panic. We are really tensed about our livelihood. Allah may not let anything happen. If anything happens, then who will listen to us, where we will go?” (Female, FGD, Camp 3)

“We are extremely panic and afraid of Coronavirus because we are very crowded here. This is our big concern about it. The people who used to dwell in almost three towns in Myanmar, but all people from whole three towns are staying in a small hill of Kutupalong in Bangladesh. So, it means we are over-populated here, and that makes us feel so panic. I hope Allah will protect us from getting infected. The people who are living their lives in luxurious ways in industrious countries, they are even quite worried as well as fearful on transmission of this disease and some are being infected. Those people are in blue situations with financial matters. Even they are in this horrible and sorrowful situation of this virus. So, we are in a place which is very crowded. We are living like a colony of fish. If this virus is occurred here, then it will affect so rapidly. That is why we want to be repatriated to our homeland as soon as possible.” (Male, FGD, Camp 3)

“We are fearing a lot because we are the victims. We have no land, no home, no country, no hope, and we are not able to control ourselves. During such conditions, most of NGOs



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have left. Also, we were heard from others about coronavirus and how dangerous is. If it comes here, everyone will die.” (Male, FGD, Camp 3)

In comparison to the previous week, some field researchers reported that overall, some people were reluctant to discuss COVID-19 because of the feeling that such conversation were futile. People felt there was no way for them to differentiate between normal flu symptoms and the Coronavirus and that there was no point in discussing it. This is perhaps indicative of the people who believe that “by not discussing something it will not come” because wider discussions revealed a desire for more information and more engagement.

“Health posts have no treatments for these things [COVID-19] so why discuss them?” (Discussion notes from field researchers)

Rohingya’s perception of essential and non-essential services

Participants in all consultations expressed their support for changes to “essential” program implementation given the current circumstances. All people stressed the need for food services, healthcare, LPG gas distributions, water and hygiene services to continue alongside awareness and information dissemination on COVID-19. Everyone also stressed the capacity of health services and said that capacity should be increased to support the population should an outbreak occur.

It is important to note that Rohingya’s definition of essential services are in line with decisions made by the RRRC and the wider humanitarian response; however, because the Rohingya have not been made aware of this decision, they are extremely concerned about what will happen to them if these essential services also stop. They think that as the disease progresses, other essential services will also stop. They must be urgently provided with clear information about the continuation of essential services, what services are included and reassured that the humanitarian community remains by their side during this time in order to stem the spread of panic and anxiety throughout the camps. This was an opportunity to show mutual agreement between the humanitarian responders and Rohingya but has instead become for Rohingya another instance of not being informed or consulted about large decisions that affect them.

Just over half of the consultations also identified additional NFIs that they believe are essential to prevent them from contracting the virus. The NFIs that were commonly requested included mosquito nets and sleeping mats which would allow families to sleep separately, as many explain that because they have to share these items they were unable to follow social distancing advice. As a result, this has increased their risk of spreading the virus between family members.

“The clinic and hospital can't be closed, it should keep open continuously because it is quite necessary for the health.” (Male, FGD, Camp 16)

“The health centers and LGP providing center and food assistance shouldn't be stop. If providing ration will stop, we will die because of starvation.” (Female, FGD, Camp 19)

“Water, medicine, internet and mosquito net, we need.” (Female, FGD, Camp 5)



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Participants clearly understood that large gatherings represent a risk for virus transmission and used this as criteria for categorizing essential and non-essential services. Most agreed that non-essential meetings, child friendly spaces, schools, roadside shops, and markets should stop.

“The child's friendly space and the roadside shops are where many people are gathering. This should stop. The market is overcrowded with people, so we should avoid going to the market.” (Female, FGD, Camp 19)

To the same effect, many also make suggestions to adjust essential activities such as food distributions to reduce the crowds of people by distributing a larger amount of food per distributions and increasing the number of distribution points to make the process. This would allow for more localised distributions so that fewer people would be required to come to each distribution point. They reported that this would enable them to adhere to the social distancing advice provided in COVID-19 prevention messages.

“The [food] ration should give us for two or three months directly block by block. If many blocks will give together, there will be crowd.” (Female, FGD, Camp 19)

“The suji hana (Nutrition center) needs to be closed as there always remain mass gathering. Otherwise disease will spread.” (Female, FGD, Camp 3)

The opinion of whether or not Mosques and Arabic schools should close differs between participants in various consultations. Some people believed that they should close because of the crowds they draw while others stressed their importance even during times of crisis because they believed piety would save them from the virus.

“Arabic schools and mosque [should close]. The cash for work must be continue.” (Female, FGD, Camp 19)

“One that is the most important is the madrasa and masjid. We should perform more deeds and prayers this time, but now the madrasa has been closed. It would be good if these are opened. The Coronavirus which we are talking about – we should ask advice from Allah about it. Because we are performing deeds and prayers for Allah in these places, Aabah disease will run away [and not come] because of the holiness of the Quran. Coronavirus means Aabah disease in Rohingya language. Aabah disease means a disease of natural phenomenon of Allah.” (Male, FGD, Camp 3)

“We need to stop gathering where there are more people – school, madrasa, shop, market.” (Male, FGD, Camp 3)

Rising Temperatures: Social Cohesion & Conduct

Alongside answers were other concerning reports regarding changes to relationships with host communities and changes in the behaviour of humanitarians towards Rohingya in how they speak and behave. These concerns included reports that host communities and humanitarians telling Rohingya that they were a risk to the host and surrounding communities because of the conditions of the camp – something they have little control over. These instances were clearly experienced as humiliating and contributing towards a sense of being isolated and abandoned during a difficult time. Host community



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relations, which were already poor, also seem to be deteriorating as COVID-19 progresses around the world.

“The cleaners [WASH service providers] do not come timely.... Sometimes they don’t come also and we need to pay some money to them. The cleaners say that ‘we also need to stay protected from disease. If we clean your waste, then what about our own waste.’”

“We are concerned about it. We are getting a lot of flying news. People are being killed, shoot down with gun. People are burned down. That is why we are worried. We are afraid of losing our lives before it lost naturally.”

“The host community came to a tube well nearby the edge of the camps and broke it. They said they did not want Rohingya coming close to them because they would spread the virus. They said it was gozob [punishment] for Rohingya.”

“But in the hospital they are asking to stay far. They are yelling at us. More than before. Their language is bad. I don’t like to go there. Their communication is bad.”

“We want to leave [the health clinic] throwing them stone. But what to do! We come back home; we tell others our experiences. And we decide we won’t go to them. But after 10 days we get sick again, and we have to go. We are sad of that.” (Male, FGD, Camp 1W)

What do you want the humanitarian agencies to know right now?

At the end of the consultation, one of the closing questions posed to all participants was: *what do you want the humanitarian agencies to know right now?* This open-ended question allowed participants the opportunity to express their feelings and communicate something anonymously with no non-Rohingya humanitarians or agency staff present.

Analysis of responses to this question revealed that participants across all 12 consultations expressed that information was their greatest need and all wanted more awareness and education on COVID-19 to address this gap. This includes information about the virus itself, on treatment and recovery, infection, identification, and more instructions on what steps to follow if there is a suspected case. The majority also took the opportunity to stress the need for the continued presence of humanitarian agencies in this difficult time. Additionally, half of the consultations outlined their need for additional items such as soap, water and masks to help protect them from COVID-19; and 5 consultations stressed the need for the mobile network to be enabled so they can have increased access to information as the situation develops.

“We need every NGO here right now. But among them bigger NGOs... should be here. As the people from these used to visit blocks to discuss about the disease and health issues, then... [they] should try to teach and provide awareness about the symptoms of Coronavirus. That would be very good for us now.” (Male, FGD, Camp 3)



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“The most important thing we want agencies to tell us right now is whether the Coronavirus has happened in the camp or not? And if it does happen in the camp, what should we do about it at that time? If not, what should we do to prevent it?” (Male, FGD, Camp 16)

“NGOs should buy masks for the people who can't afford to buy masks and check all the water service in each block, and if there are any difficulties with water or not.” (Male, FGD, Camp 16)

“I want to learn more about the coronavirus to give awareness to our community. If we can teach each other, we can be improve.” (Female, FGD, Camp 4)

“They should inform us what we have to do to prevent the disease. And if somehow, we got the disease, what should we do to cure from it. And there should be more people to teach us this information. Specially we want to know how we could identify if someone got coronavirus. And if someone get it, what we should do, where should we take him. We want to know the process.” (Male, FGD Camp 1W)

“We have another request. If any NGO can afford to do anything, they must go to every single household to provide awareness about this disease with individual families for one hour. Like about how we can avoid and prevent coronavirus and how the Coronavirus can be stopped from infecting us. It will be good if we try to spread the information door to door.” (Male, FGD, Camp 3)

“Actually, there is no virus still in the camp and the virus is spreading to other places. If we get virus, we don't know where we have to go, what to do and who will take to go to hospital! You have to tell us.” (Female, FGD, Camp 5)

Conclusion & Way Forward

The findings of this report reveal that while the actions taken within the response are not necessary out-of-line or in disagreement with what Rohingya think are necessary steps. However, the failure to communicate these changes and include Rohingya in these discussions is evident at all levels of the implementation of essential service restrictions. Joint analysis with the enumerators found that the sentiment among the Rohingya has been one of mistrust and abandonment. Agencies who have “come to help them” have disappeared overnight without any explanation to the affected population as to why this was happening and whether the Rohingya themselves agreed. If localized actions by Rohingya volunteers are the key towards preventing the spread of COVID-19, this can only be achieved if they are included in the discussion and decisions concerning COVID-19. It is understandable that the essential service restrictions have been implemented rapidly and without much foresight, but future decisions can and should be include Rohingya in their design and implementation. This includes response plans for the construction and operation of isolation facilities, burial management, and implementation of “critical service” restrictions. Knowing that this has become an issue at this stage of the response, it is advisable to already start discussing, planning and communicating the general progression of the response and what is being done now to avoid the Rohingya's opinions becoming an afterthought and further harming trust.