



Rohingya Experiences of Covid-19 in Cox's Bazar Camps

EXECUTIVE SUMMARY

The Political Settlements Research Programme (PSRP) is based in the Law School of the University of Edinburgh, in Scotland. The PSRP supports communities who are experiencing, or have experienced, violent conflict. The Programme conducts research that is broadly concerned with inclusion in peace processes and an end to violent conflict, and it also hosts the 'PA-X' database on global peace agreements. In response to Covid-19, the PSRP is carrying out a new cycle of research that explores how vulnerable populations are affected by the pandemic. This Executive Summary provides an overview of findings from a flash report on community experiences of Covid-19 in Rohingya camps in Cox's Bazar, Bangladesh. Authored by three researchers who live in Cox's Bazar and based on 34 interviews with camp residents, the study examines five dimensions of Rohingya experiences of the pandemic.

(1) Awareness and understanding of Covid-19

Many camp residents have a very basic understanding of Covid-19, but are lacking information on the specific actions they can take to protect themselves, and their families, from the spread of the virus in the camp setting. Respondents to the study proposed that messaging by megaphones in camp gathering spaces has a limited reach, particularly for female camp residents who are often based inside the home and missing the messages. Some respondents suggested that door-to-door information campaigns are needed in order to correct rumours and misunderstandings, and to convey clear messages to all camp residents. A further finding is that even where community members have an accurate understanding of Covid-19 and its transmission, they still lack essential items that would help them stop the spread: such as masks, clean water, and soap.

(2) Impact of Covid-19 and lockdown on livelihoods

With the arrival of Covid-19 in Cox's Bazar, the livelihoods of many individuals residing in the camps were adversely impacted – especially shopkeepers and those with public-facing businesses who could not function while maintaining physical distancing. The serious challenges people faced with respect to their livelihoods also exposed that many individuals do not simply rely on assistance given by the international community; instead, they count on access to local markets and on job opportunities to ensure adequate income and food for their families. This point is crucial in light of recent moves to decrease humanitarian services in the camps to 'critical services' only.

(3) Impact of Covid-19 and lockdown on family relationships and communication

Many community members reported that the lockdown had severely constrained their ability to communicate with others. The increased restrictions on movement particularly affect people

who have no phone and rely on in-person visits with family. Internet access has been restricted in the camps since September 2019; movement and communication restrictions thus create an additional layer of difficulty for camp residents already coping with crisis and social isolation. The restrictions on movement also prevent community members from seeking routine social support from friends and family – not only for coping with covid-19, but also for the daily challenges of life in the camps. The lack of contact further poses an obstacle for dealing with crisis situations that arise, as when shelters are destroyed due to natural hazards and people wish to seek the support of family.

(4) Perceptions of medical clinics and hospitals

Camp residents have been reticent to seek testing, isolation and treatment for Covid-like symptoms in the health clinics and hospitals that are available to them in the area. Interviews revealed that many fears and rumors have spread in the camps about ill treatment in the clinics and in isolation facilities: some community members even think they will be killed by the doctors in these clinics, rather than helped. In the early days of lockdown, rumours circulated that community members who were found to have Covid-19 at the clinics would be ‘disappeared’ or sent away without their families being able to find or contact them. The lack of trust between community members and the medical actors running the clinics poses a serious obstacle for attempts to stop the spread of the virus and to treat those who contract it. All of the beliefs and (mis)perceptions reported in the study suggest that more is needed in terms of messaging about Covid-19 in the camps, and the dissemination of accurate, reliable information about the clinics in particular.

(5) Messages for (international) humanitarian agencies and government actors

In many of the interviews conducted for this study, respondents expressed distrust and noted a lack of open communication between themselves and humanitarian agencies working in the camps – both national and international agencies—as well as governmental authorities. Religious leaders expressed a desire that humanitarian agencies would take more advantage of their community links, and let them be a bridge between humanitarians and camp residents. Community members were also critical of the practices of some NGO workers in the camps. On the one hand, some NGOs failed to wear masks or to maintain appropriate physical distancing when interacting with camp residents. Community members felt that this set a bad example for how those living in the camp are supposed to behave in order to stop the spread of the virus. On the other hand, where NGO workers did wear protective gear when interacting with camp residents, the latter had the impression that because they do not have access to these same materials (gloves, mask, etc.), they could hope to protect themselves properly.¹ It is evident that community members sincerely desire more opportunities to play an active part in decision-making about how Covid-19 will be dealt with in the camps, as with all decisions that affect their daily lives.

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¹ There is an initiative underway to provide 2 masks to every individual in the camps.