

Rohingya people's suggestions about Covid-19 testing

WHAT MATTERS?

Humanitarian Feedback Bulletin
on Rohingya Response

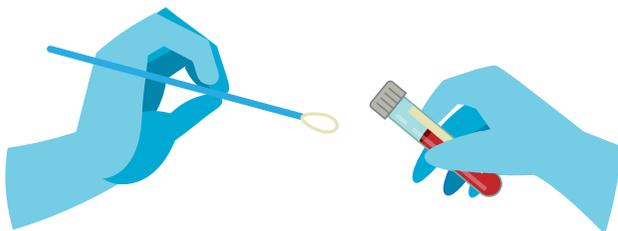
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Source: Rohingya people's perceptions of Covid-19 testing collected during 39 focus group discussions attended by community leaders alongside some other refugees (men, women, boys and girls). The discussions were conducted by Action Aid Bangladesh, BRAC, TAI and UNHCR between 24 June and 30 June in camps 1E, 2W, 3, 4, 5, 6, 7, 10, 11, 12, 13, 15, 16, 20 Extension, 22, 26, 27, Kutupalong RC and Nayapara RC. Across 39 FGDs, 381 people participated (229 men and 152 women). As the focus group discussions mostly included community leaders and mahjis, BBC Media Action spoke to individual refugees from different camps to gain a more in depth understanding of the issues. This fortnight, we conducted six telephone interviews, three with Rohingya men and three with Rohingya women, on 9 and 10 August from camps 13, 19 and 24.

Prevention is better than a cure: strong understanding of and support for testing

From both focus group discussions (mostly involving community leaders) and individual interviews with the wider Rohingya community, people feel that they have good awareness of many aspects of Covid-19. This includes the testing process, where they can be tested and why testing for Covid-19 is important. People also report good awareness about symptoms, what to do if someone shows symptoms, what to do if anyone is tested positive and other aspects of Covid-19 preparedness. People said that they had learned these things through awareness sessions, from listening to the radio, from loudspeaker announcements and from NGO volunteers. Rohingya men in the community said that they mostly received information from imams in the mosque or through meetings arranged by different humanitarian agencies. They also mentioned that information regarding Covid-19 could be heard while making phone calls, which they found helpful. Rohingya women said that they mostly received their information from their husbands. Most people expressed that they felt testing for Covid-19 was important to save lives and protect people from being infected. People also expressed their view that they were not afraid of Covid-19 and that, if people followed the rules, they could stay safe.

Community leaders and the wider Rohingya participants both said that they felt it was important to take a test for Covid-19 because of the rapid spread of the coronavirus. They explained that they had realised the importance of testing because of the contagious nature of the disease and because it could easily be transmitted from one person to another. They felt that untested, infected people were likely to affect more of the community than tested infected people and noted that, if someone was infected and not tested at the right time, this could be devastating for the community as well as the camps. People also mentioned that, without testing for coronavirus, it would be hard to isolate infected people and that testing would help confirm if someone was infected with coronavirus or not. Most felt that people should be tested as soon as symptoms were apparent, in order to protect themselves and their community from further transmission of Covid-19 – although a small number of people in the focus groups said that they felt Covid-19 testing should be combined with lung tests (for pneumonia) only after symptoms had been observed for 3-5 days. People explained that the symptoms which should trigger a test were fever, weakness, cold, an excessive cough, sneezing, runny nose, difficulty



breathing, a severe sore throat, respiratory problems or loss of smell or taste (especially when eating meat or fish). A very small number of people in the focus groups said that they thought eyesight problems were also a symptom of Covid-19.

Some of the participants in the focus group discussions pointed out other reasons why they felt that testing was important. They described how some people were getting stressed about whether they might have Covid-19 and felt that testing would help to reduce this stress. Some also felt that people could be worried that they might have come into contact with an infected person and that a test would help reduce that worry.

Responses in the focus groups and from individual interviews also suggest that knowledge about treatment and care for people with the virus is high. Rohingya people explained that, after knowing the result of a test, they would be able to take action such as isolating the patient for 14 days, starting treatment and maintaining social distance so that other people in the camps would not become infected. People understood that no medicine or vaccine had been invented yet for Covid-19; and some people said that it was important to support infected people because Covid-19 was a life-threatening disease that directly affected the lungs.

There was more mixed understanding about the testing process. Most Rohingya people in the focus groups thought that a Covid-19 test required a blood sample and, in one discussion, said that no testing was taking place in their camp and that tests could only be performed in specially equipped hospitals outside of the camps. People felt that testing should be done frequently and that it should be performed by competent people. In one of the discussions, participants said that specimens should be collected as soon as possible once a decision had been made to pursue coronavirus testing, regardless of the time of symptom onset.

Barriers to Covid-19 testing

In the focus group discussions, participants mentioned that some people were scared of Covid-19 testing for a number of reasons. They said that people were afraid that, if the result was positive, they would have to be apart from their family and friends for a long time. In a few of the focus groups, people said that some people were still worried that doctors and nurses would kill them by secretly giving them poison or medicines, if they were tested positive. People in individual interviews also said that they were worried that they would be shot and killed if they went for testing. A very few people said they were worried that Covid-19 positive patients would be treated as inhuman and would be kept in isolation.

Beyond worries about being separated from family and not being able to mix with other people, some Rohingya people felt that they would lose their social dignity if they were found to have Covid-19. Some participants in the focus group discussions had heard that people in the camps believed that Covid-19 was a curse rather than a disease, while others felt that the virus was just a superstition. Some people said that they were afraid that they would be affected by stigma or discrimination if they were found to have Covid-19 and would therefore avoid taking the test. Others explained that they were scared of hearing bad news and felt that, if they knew about their condition, they might never recover from the disease.

Worries about the testing procedure itself were also apparent. Some people in the focus group discussions had heard that a person could get badly hurt during the sample collection process and were worried that the testing process might affect their body in a painful way. Some people said they were afraid because of the costs of the test or concerned that they would have to wait in a long line if they went to take a test. A few people were afraid that doctors might refer to them as Covid-19 positive patients even if they only had seasonal fever.

Recommendations from Rohingya people

In both the focus group discussions and individual interviews, Rohingya people pointed out the importance of accurate information and how that would save people's lives. They felt that information provided should be specific about the symptoms and explain the severity of the disease as well as providing specific information about testing methods and clearing up misperceptions about how tests are conducted. Some people felt that it was very important to circulate only accurate information around testing and, if possible, to point out misinformation to help address incorrect perceptions.

“ A rumour has been spread in the camps that if anyone is infected with coronavirus, he or she will be shot and killed. So, they didn't go for a test. If this [that it is not the case] can be made clearer, then everyone will go for testing.”

– Man, 26, camp 19, phone interview
by BBC Media Action

People across both focus groups and individual interviews also felt that information about prevention, such as wearing a mask, sanitising and washing hands and keeping social distance, was also important. People said that efforts should be made to reach each and every person with proper information and that this would be the only way to increase people's awareness about Covid-19.

Focus group participants (mostly community leaders) felt that information provided about testing – and about Covid-19 more generally – should come from WHO, because they felt that WHO was more aware about the details of Covid-19. Respondents who were not community leaders mentioned that NGOs were an important source of information, but did not mention any specific agency as a preferred information source. A few people in the focus group discussions suggested

that WHO should check whether the information being disseminated by others was accurate and correct.

Focus groups also suggested that hospitals and testing centres could also promote accurate information around testing; and that community leaders, mahjis, imams, block leaders and other influential people in the community could play a role in circulating accurate information about testing, along with the health ministry, CiCs and NGOs. Conversely, Rohingya people interviewed directly (outside of the focus groups) thought that NGOs should distribute information directly to the community, while keeping mahjis and community leaders in the loop so that the same accurate information could circulate through different channels in the community. Some participants in the focus groups also thought that community volunteers should also promote accurate information about testing by going door to door to make people aware.

“If all the mahjis in the camps were informed by the NGOs and find out the number of people living in camps under each mahji, then each mahji could send five people on a daily basis for testing. That’s how all people in the camp could be tested.”

– Man, 21, camp 24, phone interview by BBC Media Action

“If there is any centre from NGO and government to spread information, then community people will get the right information about testing.”

– Woman, 33, camp 24, phone interview by BBC Media Action

Preferred information channels suggested in the focus groups involving community leaders included awareness sessions and meetings in the community, which they felt would be most effective in helping the community understand the importance of testing. Showing visual content or pictures in the community, and WHO information hubs were also felt, by community leaders, to be helpful for circulating important and accurate information. Some community leaders felt that setting up temporary information points and continuous and repeated dissemination of information would also be a good way to increase understanding about testing. Participants in the group discussion with community leaders also suggested that those who had been exposed to accurate information could help raise awareness among their family, friends and neighbours who were less aware.

In individual interviews, the wider community suggested that humanitarian agencies and government should work together and establish temporary centres to

spread accurate information in the camps. Both community leaders and the wider Rohingya community recommended that mobile loudspeakers and megaphones could play a vital role in raising awareness in the community and circulating information about how to stay safe.

While not mentioned in the focus groups, Rohingya people interviewed individually also highlighted the need for doctors to treat people properly. Some said that doctors were not providing what they considered to be proper treatment to people who had fever, coughing or sneezing and were sending them back home without any treatment. They suggested that NGOs should monitor these doctors so that they would provide proper treatment to every person.



BBC Media Action and Translators without Borders are working together to collect and collate feedback from communities affected by the Rohingya crisis. This summary aims to provide a snapshot of feedback received from Rohingya and host communities, to assist sectors to better plan and implement relief activities with communities’ needs and preferences in mind.

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If you have any comments, questions or suggestions regarding *What Matters?*, you are welcome to get in touch with the team by emailing info@cxbfeedback.org