



The community needs more information about lockdowns from trusted sources and in the formats they prefer

Find out more on page 3

Misperceptions about Covid-19 persist- negatively affecting compliance with safety measures

Source: Rohingya people's perceptions and concerns about Covid-19 have been collected by Oxfam during community meetings, household visits, informal conversations, key informant interviews, via hotlines and WhatsApp group discussions from Camps 3, 4, 12, 19, 22, 26, and 27 between July 2020 to May 2021. This issue looks at data collected from March to May 2021 (with a base of 988 cases) [Note- In addition, perception data was collected via group sessions from male and female individuals, community leaders, teachers, and students.] To better understand these issues BBC Media Action conducted 10 telephone interviews with six people (age 18 – 39) and four people (age 40+) living in Camps 4, 8E, 21, 22 and 26 on 28-29 June 2021.

In earlier issues, we talked about general concerns shared with us due to the pandemic. In this issue we focus on perceptions and misperceptions. While there are variations in perceptions about Covid-19 across the Rohingya community, as camps are densely populated, misperceptions spread easily, which affect people's lives.

Although Covid-19 safety measures are well known, practicing these has become a challenge

Both perception data and phone interviews reveal that the Rohingya community know about Covid-19 preventative measures such as wearing masks, maintaining distance, avoiding gatherings of people and washing hands. Some knew about the vaccine and that it prevented infections, the need to keep a distance from Covid-19 patients, that infected people spread the disease, and could identify Covid-19 symptoms. Despite knowing these facts people thought eating dirty or unhygienic food not covered by a lid, half boiled meat, and expired or rotten food might spread Covid-19.

Community perception data indicated people kept themselves safe by maintaining physical distance and hygiene practices like washing hands for 20 seconds whenever they come home. Also, those interviewed by phone said it is important to keep themselves clean,

taking showers regularly and washing hands to prevent Covid-19. Women knew the importance of hand washing but not the exact steps and when hands should be washed. Men could clearly describe the steps of handwashing. Female participants mentioned washing hands before and after meals, after coming from the toilet, before and after chopping vegetables.

“ We do not visit anyone's house and hang out like before. Also, people do not gather much, while we collect water.”
– Rohingya female, 40, Camp 4.

Even if Rohingya people knew that social distancing is vital, maintaining social distance is really challenging in the camp environment. They need to visit/go to different places like relief distribution centers, shared toilets, bathrooms and water sources which are usually crowded.

“ We need to go to crowded places such as distribution points, shops. There, we need to stay very close with each other which is challenging for us to manage distance.”
– Rohingya male, 30, Camp 8E.

WHAT MATTERS?

Humanitarian Feedback Bulletin on Rohingya Response

Issue **53** × Sunday, July 25, 2021

Perceptions and Misperceptions:

Some still believe Covid-19 is 'not real'

One misperception among Rohingya people is that there is no Covid-19 in the camps as they do not see people getting sick or infected. During phone interviews, participants said they were aware of people who didn't believe the virus exists. Some said NGO workers are lying to them about Covid-19 "being real". Furthermore, some believe that Bangladeshi doctors and the Bangladesh government are lying to them about Covid-19.

However phone interview participants said disbelief in the existence of Covid-19 is limited to less educated people.

“ People who are uneducated and do not care about any disease are the ones who don't believe about Covid-19 exists.”

– Rohingya male, 18, Camp 26.

“ Many people have not yet been infected, that's why they think Covid-19 is a normal fever and they do not wear masks anymore to keep themselves safe from Covid-19.”

– Rohingya female, 35, Camp 21.

Perception data reveals that some people think NGO workers are responsible for the virus, that the virus originated in the host community or other countries like India or Pakistan.

A few think being pious will protect them from Covid-19

Perception data reveals that some believe Muslim people cannot get Covid-19 as they pray five times a day, whereas non-Muslims, who do not pray, will get Covid-19. In phone interviews, participants mentioned this and also said those involved in fraudulent activities, who are helpless or poor may get Covid-19, which is a curse from Allah, who

is the only one who can protect them (thus it is important to pray regularly five times a day).

Furthermore, in the phone interviews, most of the male participants believe that as they perform ablution (Ozu) to keep themselves clean before prayer, they will not get Covid-19.

In one of instance, via an informal conversation, one respondent said people living in other countries and the Bangladeshi host community could get Covid-19, whereas the Rohingya community were not able to be infected.

People still have misperceptions about how Covid-19 spreads

Some believe that Covid-19 spreads through dust, waste, dirty water and dirty places. They think Covid-19 is spread by garbage, and/or when drainage and sewerage lines do not work properly. A few believe Covid-19 can spread if latrines are not clean or are broken, filled/overflowing. They also think Covid-19 can spread through dirty drinking water, and that only clean drinking water is free from Covid-19. Furthermore, some said drinking cold water can spread Covid-19.

A few said water collection points should also be clean, and that the lack of deep tube-well maintenance can spread Covid-19.

Perception data reveals some think Covid-19 came from animals like dogs, ducks, fish, bees and mosquitoes. Some think the virus cannot live in hot weather, some said cold weather. Very few think it can spread through handling money. Almost all phone participants were concerned about their children getting infected as they play in dirty places. People also think 'strong' younger people will not be affected but older 'weak people will be easily affected.

In one case, people said Covid-19 cannot spread through courtyard sessions.

Men and women have different perspectives/challenges re: masks

Perception data reveals that most believe wearing a mask can prevent the spread of Covid-19 and protect them from getting infected, but they cannot always afford masks which cost BDT 10 each. Some said they have not received enough masks for their families and have made their own from cloth.

Perception data shows that many think they do not need to wear masks as there is no Covid-19, others said whether they get infected depends on Allah. In telephone interviews, people said they do not wear masks due to hot weather, because it makes them sweat and smell bad, or that wearing a mask will affect their breathing process as both their nose and mouth are covered.

Almost all male and female participants in the phone interviews said women do not need to wear masks as they wear a niqab (veil). They think the niqab works exactly like a mask, which covers both mouth and nose. However, others mentioned that a niqab is a thin cloth which risks being blown by the wind. Female participants said that wearing both a niqab and mask is very hard in the hot weather. According to one male participant, since women rarely go out of their homes, thus they don't need to wear a mask.

When women go to the hospital, they are compelled to wear masks to enter.

Furthermore, phone participants said that people do not need to wear masks in the mosque as they perform ablution (Ozu) before prayer. Furthermore, wearing a mask might prevent their prayers from being accepted. One participant said that the imam of their mosque doesn't wear a mask while praying, so they follow his example. Some said Covid-19 cannot enter the mosque.



The community needs more information about lockdowns from trusted sources and in the formats they prefer

Source: To understand current community perspectives and experiences in the camps, particularly in relation to information needs in the context of Covid-19, Translators without Borders (TWB) conducted interviews over the phone with 13 men and nine women from the Rohingya community in camps 1E, 8W, 18 and 26. The interviews took place in late June and early July 2021.

The lockdowns in the camps are having a significant impact on the lives and livelihoods of Rohingya people living there. More than a year after Covid-19 reached the camps, there is still much to learn about the impact of the lockdowns on residents. To explore Rohingya refugees' perspectives and experiences of the lockdowns in the camps, TWB spoke to a small group of residents from four camps.

Concern about Covid-19 is high, but religious faith brings comfort for some

Eighteen of the 22 interviewees said they are concerned about Covid-19. The four respondents who said they are not believe that prayer and their faith in Allah will protect them from the virus.

“ I hear that coronavirus is spreading all over the world and people are being infected. Many people in Bangladesh are also being infected and people are dying. I also hear that some people are being infected in the camps, which is really concerning for us. As our camp is very crowded and isn't clean, I am afraid that coronavirus cases may increase and that many people will be infected.”

– Rohingya male, 49, Camp 8W.

“ I don't believe that coronavirus is spreading in our camp and I believe that if Allah blesses us we will not be affected by this virus.”

– Rohingya female, 54, Camp 1E.

Lockdowns of the sort we have seen during the pandemic are a new concept for the Rohingya community, as is the case for most communities across the globe. As there was no Rohingya equivalent, the English term 'lockdown' has been adopted into the Rohingya language. Similarly, the term *karfi* – from the English word 'curfew' – was incorporated into Rohingya when curfews were enforced in Myanmar.

Most people understand the reasons for the lockdowns but the negative impact lowers support, particularly among women

While most respondents (18) understood that the lockdowns take place to protect the community from the spread of Covid-19, the other four were unclear about the reasoning. Twelve respondents said they support the lockdown measures, while 10, including seven of the nine women interviewed, did not. Sixteen respondents said that the lockdowns have had a negative impact on them, including eight of the women interviewed. The impact on income generation and freedom of movement were the main reasons given for people not supporting the lockdowns. Eight respondents, including six women, also said that the lockdowns have impacted their ability to access services in the camps. Most reported difficulty obtaining food rations (particularly not getting them on time) and generally getting assistance from humanitarian agencies.

“ I don't support lockdowns because I can't move anywhere outside of my camp, not even for work to support my family.”

– Rohingya male, 48, Camp 26.

“ If we stay inside the house and cannot go outside, we won't get coronavirus.”

– Rohingya female, 35, Camp 1E.

“ We are not getting our food like we were before. Now we get very limited food from NGOs and only once a month.”

– Rohingya female, 46, Camp 26.

People are receiving information about lockdowns but need to know more

Interviewees receive information about lockdowns from three main sources: NGOs (and NGO volunteers), friends or family, and CiCs (Camp in Charge). More than half of the respondents felt they receive enough information about lockdowns, but eight (including five women out of nine) felt that they were not receiving sufficient information. People are receiving information about the timing and rules of lockdowns, but some said they need to know more about why they are happening, how long they will last and when they will stop.

People want to receive information about lockdowns from NGOs and CiCs over loudspeakers or face-to-face

All respondents prefer to receive lockdown information from NGOs and CiCs, two of the most trusted information sources for the Rohingya community. As highlighted in earlier research by TWB and others, the Rohingya community want to receive important information in audio format or verbally. All the respondents except one said they want to receive information about lockdowns through loudspeakers and miking or face-to-face, with women in particular preferring to receive information in person.

Low literacy rates in the Rohingya community as a whole, as well as women's restricted mobility outside of the home, limit how information can be distributed. Therefore, audio or verbal formats are the most effective means of getting information in Rohingya to the maximum number of people in the camps.



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.

This work is currently being delivered in partnership with the International Rescue Committee with funding from the United States Government. And in partnership with ACF with funding from EU humanitarian aid.

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