COVID-19 Protection monitoring and advocacy for Rohingya refugees in India
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The COVID-19 pandemic and subsequent containment measures undertaken by the Indian Government have had a severe impact on Rohingya refugees in India. Most Rohingya families are unable to cover their basic needs due to disruptions to their livelihoods. As “illegal migrants”1, they do not have access to social protection programs or other assistance offered by the government. Many families are unable to feed themselves and there are increasing reports of malnourishment in the community.

The intersectional discrimination that the Rohingya community faces in India on account of being refugees and Muslims has been exacerbated by the pandemic. Most significantly, the right-wing Indian media has been baselessly villainizing the Rohingya as deliberately spreading covid-19 within the country.

While there is a general understanding of COVID-19 and social distancing in the Rohingya community, there are also high levels of misinformation which has impacted their ability to take appropriate precautions.

Fears of being discriminated against or even attacked are preventing Rohingya refugees with ailments, including COVID-19 related symptoms, from accessing health facilities. Children of school-going age are housebound and unable to access education during the lockdown. Lack of ICT equipment limits their access to online education options.

There are also reports of intimate partner violence, gender-based violence and violence against children in households.

UNHCR, its implementing partners and other NGOs are aiding Rohingyas in their main areas of operation2. However, the issues are particularly pronounced in other locations with smaller concentrations of Rohingyas which have limited to no access to relief, support and communication initiatives.

The project aims to set up protection monitoring mechanisms in Rohingya settlements in India to assess problems such as the spread of COVID-19. The information in this report is generated for sharing with key stakeholders to strengthen their responses and allocate available resources.

Demographic Information:

56 Rohingyas participated in this study. They belonged to Meerut (5), Mathura (17), Ghaziabad (7), Saharanpur (11) and Bangalore (16). The mean of the participants was 34 years.

53% participants were male and 47% were female. 87% of the participants were married, 11% were single and 2% were widowed. 96% of the participants had children. All participants were from Myanmar and were Muslim.

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1 The official status of Rohingya refugees as per the Government of India.
2 Main locations of operation include Jammu (Jammu & Kashmir), Hyderabad (Telangana), Nuh (Haryana) and Delhi where the largest numbers of Rohingya reside.
1. Living Conditions:

1.1. Adequate Shelter

![Figure 1: Individual]

![Figure 2: Community]

Adequate shelter (Individual level): 52% of the stakeholders reported that they did not have access to adequate shelter whereas 48% of the stakeholders reported having adequate access to shelter.

Adequate shelter (Community level): 52% of the stakeholders also reported not having access to adequate shelter at the community level and 48% of the stakeholders reported having access to adequate shelter at the community level.

1.2. Access to clean drinking water:

![Figure 3: Individual Level]

![Figure 4.: Community Level]

Access to clean drinking water (Individual level): 34% of the interviewees reported having access to clean drinking water, 46% reported access some of the time, 4% reported access most of the time and 16% reported that they didn’t have access to clean drinking water.
Access to clean drinking water (Community level): 34% of the interviewees reported having access to clean drinking water, 46% reported access some of the time, 4% reported access most of the time and 16% reported that they didn’t have access to clean drinking water.

1.3. Access to toilets/latrines:

![Figure 5: Access to toilets/latrines](image)

57% of the interviewees reported having access to toilets/latrines in their cluster, 30% reported access to toilets/latrines in their dwellings and 13% reported that they did not have access to toilets/latrines.

1.4. Key problems faced in accessing necessities before lockdown:

![Figure 6: Access to necessities](image)

Several problems were reported before the lockdown by the participants. Financial problems (59%) were reported as the most prominent issue, followed by (23%) lack of safe drinking water and safe housing as key concerns to be addressed. Education, livelihoods, and health were reported as key concerns by 17%, 16%, 17% respectively. Discrimination was also highlighted by 20% of participants as crucial issue. Fewer participants reported WASH, (9%) Non-acceptance of UNHCR card in lieu of National ID (9%), lack of sanitation (11%) as issues faced before the pandemic.

Other problems:
Several participants gave anecdotal accounts of their lives before lockdown. They highlighted having a job to support them in the form of daily labour or rag picking. Many participants lamented their loss of livelihoods and not being able to send their children to school. They highlighted that the lack of accessibility problems was significantly heightened in lockdown. Three accounts narrated incidents and consequences of not possessing National ID. Firstly, a participant expressed fear of going out without Aadhar card, another one in which the participant was denied wages for his work because of the absence of national ID, and the third one in which the participant couldn’t access a hospital due to lack of national ID.

1.5. Impact on community due to COVID-19:

Several key issues were highlighted by the participants. **Loss of livelihood/employment** along with **difficulties in procuring necessities** were reported as key difficulties by 21% and 17% of the participants, respectively. Inability to pay rent was also found to be a major difficulty reported by 20% of the population. **Increase in stress, anxiety and fear** were reported at 12%, lack of access to health facilities was reported at 8%, increase in domestic violence was reported at 5% and a lack of access to government facilities was reported at 3%.

1.6. Groups most adversely affected by the pandemic:

Several key issues were highlighted by the participants. **Loss of livelihood/employment** along with **difficulties in procuring necessities** were reported as key difficulties by 21% and 17% of the participants, respectively. Inability to pay rent was also found to be a major difficulty reported by 20% of the population. **Increase in stress, anxiety and fear** were reported at 12%, lack of access to health facilities was reported at 8%, increase in domestic violence was reported at 5% and a lack of access to government facilities was reported at 3%.
Men were reported to be most vulnerable at 35% by the participants. Women and children were reported to be a vulnerable group by our stakeholders at 15% and 14% respectively. Elderly and persons with disability were also reported at 6% and 8% respectively.

1.7. Concluding comments on living conditions:
Several participants expressed concerns over financial problems which have caused them to cut their spending to manage daily expenses. Some participants expressed concern over increase in rent by landlords. Several participants expressed losing their jobs due to the inability to go out and movement restrictions.

2. Access to information services:
2.1. Awareness about COVID-19:

Figure 9: Awareness about COVID-19

67% of the participants interviewed reported to be very of what COVID-19 is. 25% of the participants reported having some awareness of COVID-19. 7% of the participants reported that they were not aware of what covid-19 is.

2.2. Awareness about means of spread of the coronavirus:

Figure 10: Awareness on means of spread
66% of the participants were very aware about the means of spread of COVID-19. 21% of the participants were somewhat aware and 13% of the were not aware of the means in which COVID-19 can spread.

2.3. Awareness about the precautions to be taken during the pandemic:

![Chart showing awareness about precautions/measures](image_url)

Figure 11: Awareness about the precautions/measure

66% of the interviewees were very aware of the precautions to be taken during the pandemic to reduce the spread of the virus. 23% of the sample reported to be somewhat aware, 5% were not aware of the measures to be taken.

2.4. Knowledge of different ways in which COVID-19 is spread:

![Pie chart showing knowledge of means of spread](image_url)

Figure 12: Knowledge of means of spread

28% of the participants reported awareness that touching face, eyes and mouth frequently can increase risk of spread of COVID-19. 27% of the participants reported knowing that being in close contact with an infected person can lead to spread of the virus. Participants reported aerosol and touching infected surfaces at 16% and 24% as possible channels of spread.
2.5. Modes of receiving information on COVID-19:

Several prominent sources were identified as modes of receiving information. Community leader was the most prominent figure for dissemination of information followed by government bodies at 18%. Community members as well as UNCHR were also identified as common sources at 14% and 9% respectively.

2.6. Sharing information with others

89% of the participants reported regularly sharing updates and information with others.
2.7. Who is the information on COVID-19 shared with:

Figure 15: Sharing information with others

55% of the participants reported sharing information with community members in their own settlements. 21% of the participants reported sharing information with Rohingya in other settlement in Bangladesh and 7% of the participants reported sharing information with Rohingya in other countries.

2.8. Main channels of information spread:

Figure 16: Channels of spread of information

Word of Mouth was reported as the most prominent channel of spread of information (47%), followed by WhatsApp groups (15%), WhatsApp messages (12%), Facebook groups (12%).
2.9. Awareness on measures to be taken in case of contraction:

Figure 17: Awareness on measures if suspicion/risk of infection

58% of the participants reported that they were aware of the measures to be taken in case of contraction of the virus. 16% of the participants reported that they were not aware of what they should do in case of infection.

2.10. Awareness of which measures to be taken in case of contraction:

Figure 18: Awareness on different measure in case of risk/suspicion of infection

44% of the participants reported being aware of getting tested and 24% of the participants were also aware of self-isolation in case of possibility of infection.
2.11.  **Awareness on precautions/measures in case of contraction:**

Most participants were aware of the precautions and measures to be taken. **Wear Masks (14%), Social Distancing(14%), Regularly and thoroughly clean your hands(14%), Avoid going to crowded places(14%), Avoid touching eyes, nose and mouth(13%), covering nose with sneezing(13%), self-isolation even if symptoms are minor(12%), ventilation(5%).**

2.12.  **Capacity to practice measures:**

Almost all participants (87%) can take measures and practice precautions. Few participants (4%) were not able to practice these measures.
2.13. **Who is unable to practice measures/precautions:**

Figure 21: Who is unable to practice measures

Most participants reported persons with disability as being vulnerable to not being able to practice measures (42%), followed by men (27%), women (15%), elderly (12%) and children (4%).

2.14. **Treatment/Perception of people with suspected/known cases:**

Figure 22: Perception of suspected/known cases

Most participants reported showing community support to suspected and known cases in their community (61%), some reported fast access to testing (35%), two participants reported witnessing abuse and discrimination towards such cases.
2.15. **Decision Makers at settlement level:**

Most participants (50%) reported community leaders as main decision makers at settlement level, followed by government bodies (7%) and UN Agencies (3%).

![Decision Makers Pie Chart]

2.16. **Restrictions in full lockdown:**

Most participants reported several restrictions: ban of movement out of settlement (27%), ban on movement between districts (27%), ban of movement within districts (27%), exceptions made during health emergencies (18%). Some participants reported other restrictions.

![Restrictions Pie Chart]
2.17. **Current Movement Restrictions:**

![Figure 25: Current restrictions](image)

Most participants reported several restrictions ban of movement between districts (30%) and ban on movement between districts (27%). Ban of movement in and out of settlements (8%) was reduced substantially. Some participants reported exceptions made during health emergencies (26%).

2.18. **Concluding comments on access to information relevant to COVID-19:**

Most participants expressed awareness and the ability to practice measures such as washing hands regularly and maintaining social distancing.

3. **Access to healthcare services:**

3.1. **Availability of healthcare facilities:**

![Figure 26: Access to healthcare services](image)
Most participants reported access to hospitals (43%), some participants reported access to testing facilities (17%), few participants reported access to information services (9%).

3.2. Barriers faced while accessing healthcare facilities:

![Figure 27: Key problems faced in accessing healthcare facilities](image)

Most participants reported financial difficulties (33%), followed by movement restrictions (14%), language barriers (13%), not receiving guidance/treatment (11%). Some of the participants reported fear of neglect/abuse (7%), fear of discrimination (8%) and lack of proper identification documents (5%).

3.3. Accessibility of healthcare facilities since lockdown:

![Figure 28: Access to healthcare facilities](image)
Most participants were somewhat able to access healthcare facilities since the lockdown (46%) and 25% of the participants reported that they were not able to access healthcare facilities.

3.4. Mental Health:

![Graph showing impact on mental health since lockdown](image)

Most participants reported increased fear, anxiety, worry (44%) and increase in sadness and hopelessness (38%). 14% of the participants reported that there was not an impact on their mental health.

3.5. Adequate materials during menstruation:

![Graph showing availability of materials during menstruation](image)

56% participants reported having adequate materials available during menstruation whereas 44% of the participants reported not possessing adequate materials.
3.6. Maintain hygiene during menstruation:

Figure 31: Ability to maintain menstrual hygiene

70% of the participants reported that women were able to maintain menstrual health whereas 26% of the participants reported that women were not able to maintain menstrual health and hygiene.

3.7. Women’s safety while accessing washrooms:

Figure 32: Women’s safety in accessing spaces

57% of the participants reported that toilets/washrooms were not safe for women whereas 43% of the participants reported toilets/washrooms were safe for women.
3.8. Partition/Separation of washrooms:

![Pie chart showing safety and separation of washrooms](image)

Figure 33: Safety and separation of washrooms

73% of the participants reported that the washrooms/toilets were not separated enough whereas only 25% of the participants reported that the toilets were safely separated.

3.9. Concluding comments on access to healthcare:

Most participants expressed concern over financial difficulties and their inabilities to procure toiletries and sanitary napkins. Some participants expressed that they were able to receive these materials by UNHCR and Local NGO’s.

4. Livelihoods:

4.1. Sources of income prior to the pandemic:

![Pie chart showing different means of income](image)

Figure 34: Different means of income

Most participants reported **daily labour as their major source of income (48%)** and few participants reported regular employment as their source of income (5%).
4.2. Impact on work opportunities since the lockdown:

Figure 35: Employment status since lockdown

Majority of the participants reported **losing their regular employment** since the lockdown (75%) and only 2% of the participants reported that they were employed since the lockdown.

4.3. Opportunities for other sources/alternate sources of income:

Figure 36: Opportunities of other sources of income

Most participants reported that they have not found any alternate sources of income since the lockdown (67%) whereas 29% of the participants reported that they have found alternate sources of income since the lockdown.
4.4. Resources to support family members since the lockdown:

![Figure 37: Availability of resources for survival](image)

Majority of the participants reported that they found financial resources that were just enough for them to survive (66%) whereas 34% of the participants reported that they did not have adequate resources.

4.5. Modes of procuring finances:

![Figure 38: Means of support](image)

Most participants reported that **NGO support** has been a major source for procuring funds (40%) and some participants reported that government support helped them procure finances. None of the participants reported finding any work opportunities.
4.6. Coping Mechanisms:

Majority of the participants reported taking loans from others as coping mechanisms (54%), some described using saving (20%) and few reported reducing consumption of necessities (16%).

4.7. Barriers in accessing job opportunities:

Most of the participants reported lack of opportunities as the primary reason for not being able to access job opportunities (61%) and secondly discrimination faced while applying for jobs (20%). Few participants mentioned restrictions in mobility as a barrier (8%).
5. Educational Services:

5.1. Receiving educational services:

Figure 41: Children receiving educational services

Most participants reported that children were receiving educational services but not adequately (85%) whereas 15% of the participants reported that no educational services were received by children.

5.2. Barriers in accessing educational services in lockdown:

Figure 42: Barriers to accessing education in lockdown

Most participants reported financial (43%) and technological barriers (20%) as key barriers towards accessing education since the lockdown.

5.3. Barriers in accessing education before Covid-19:
Most participants reported financial (44%) as well as technological barriers (13%) as key issues while accessing educational services before covid-19.

5.4. Means of education for students:

While describing means of education for the students it was known that few participants reported using online (11%) and distance learning programs (5%). Most participants described using other modes for receiving education.

5.5. Concluding comments on accessing educational services:

Most participants expressed that they did not own technological equipment such as a smartphone for continuing their children’s education along with a lack of identification documents which further their burden of seeking educational services.
6. Gender

6.1. GBV Prevalence in community:

Most participants reported domestic violence (52%) and some participants reported sexual (24%) and intimate partner violence (24%) as being prevalent in the community.

6.2. Security Concerns since lockdown:

Most participants did not report an increase in security concerns for women and girls (84%) whereas 9% of the participants reported an increase in security concerns.

6.3. Significant security concerns girls:
Most participants reported other concerns in security issues for girls whereas risk of attack was reported at 12% by the participants, forced marriage (9%), sexual violence (8%) and violence at home (9%) were reported as key concerns.

6.4. Significant security concerns women:

Most participants reported other concerns in security issues for women whereas risk of attack was reported at 11% by the participants and violence at home (11%) were reported as key concerns.

6.5. Channels of seeking support:
Figure 49: Channels for seeking guidance/support
Most participants reported community leaders as channels of seeking support (52%), followed by police (18%) and UN Agency (7%).

6.6. Household Chores Division:

Figure 50: Division of chores in the household
Most participants reported women spearheading household chore division (66%), followed by girls (30%) and men (4%).

6.7. Concluding comments on gender:
No additional concerns were expressed by the participants apart from the improvement in living conditions and access to clean toilets.