

COVID 19 Protection Monitoring Mechanism



A REPORT ON THE ROHINGYA REFUGEE COMMUNITY IN INDIA

ABOUT THE PROJECT

The COVID-19 pandemic and subsequent containment measures undertaken by the Indian Government have had a severe impact on the Rohingya refugee community in India. Most Rohingya families were unable to cover their basic needs due to disruptions to their livelihoods. Deemed "illegal" by the Indian government, they do not have access to social protection programs or other forms of assistance. Many families were unable to feed themselves and there were 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, sections of the media have baselessly villainised the community, accusing them of deliberately spreading the virus.

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 those 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. The United Nations High Commission for Refugees (UNHCR) in India, its implementing partners and other NGOs have aided the community in their main regions of operation [1]. However, the issues are particularly pronounced in other locations with smaller populations 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 and associated issues. The information in this report is generated for sharing with key stakeholders to strengthen their responses and allocate available resources to help the community.

[1] Main locations of operation include Jammu (Jammu & Kashmir), Hyderabad (Telangana), Nuh (Haryana) and Delhi where the largest numbers of Rohingya reside.

DEMOGRAPHIC INFORMATION

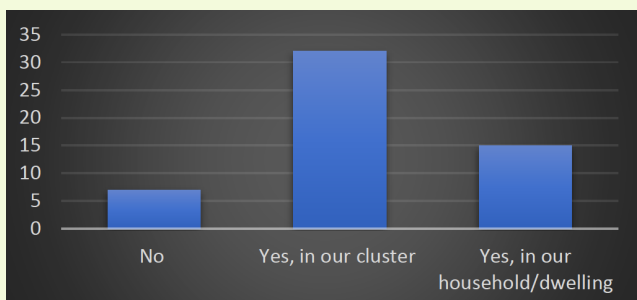
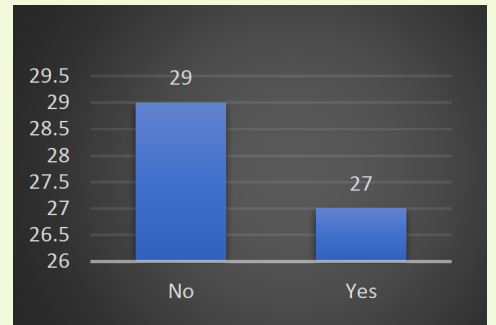
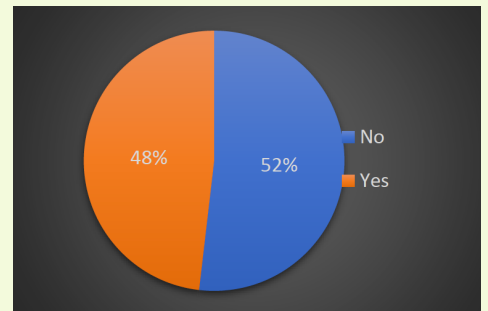
56 Rohingyas participated in this study. They belonged to Meerut (5), Mathura (17), Ghaziabad (7), Saharanpur (11) and Bangalore (16). The mean age of the participants was 34 years. 53% participants were male and 47% were female. 87% of the participants were married, 11% were single and 2% were widowed. 96% of the participants had children. All participants were from Myanmar and were Muslim.

LIVING CONDITIONS

ADEQUATE SHELTER

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.

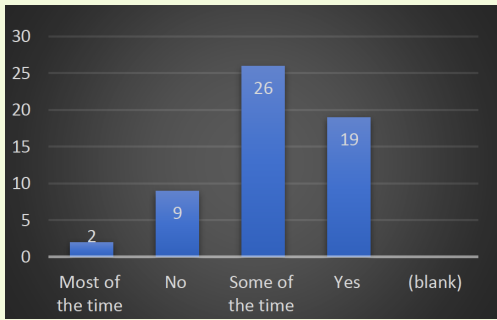
Adequate shelter (Community level): 52% of the stakeholders also reported not having access to adequate shelter at the community level and 48% of the stakeholders reported having access to adequate shelter at the community level.



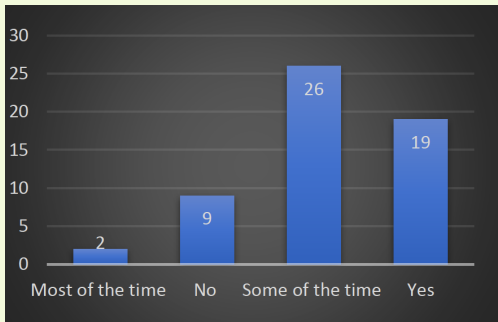
ACCESS TO LATRINES

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.

CLEAN DRINKING WATER



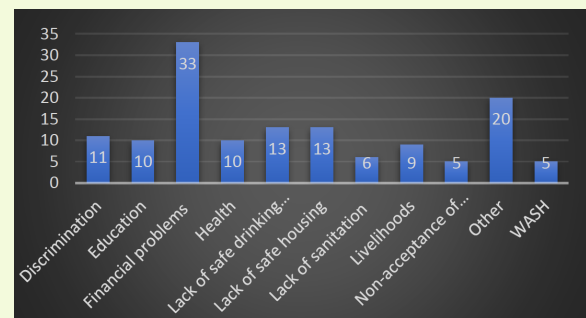
Access to clean drinking water (Individual level): 34% of the interviewees reported having access to clean drinking water, 46% reported access some of the time, 4% reported access most of the time and 16% reported that they didn't have access to clean drinking water.



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.

KEY PROBLEMS IN ACCESSING NECESSITIES BEFORE LOCKDOWN

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.

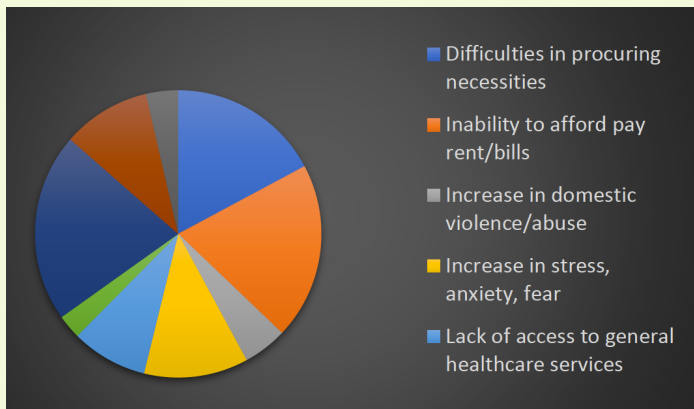


OTHER PROBLEMS: Several participants gave anecdotal accounts of their lives before lockdown. They highlighted having a job to support them in the form of daily

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.

IMPACT ON THE COMMUNITY DUE TO COVID 19

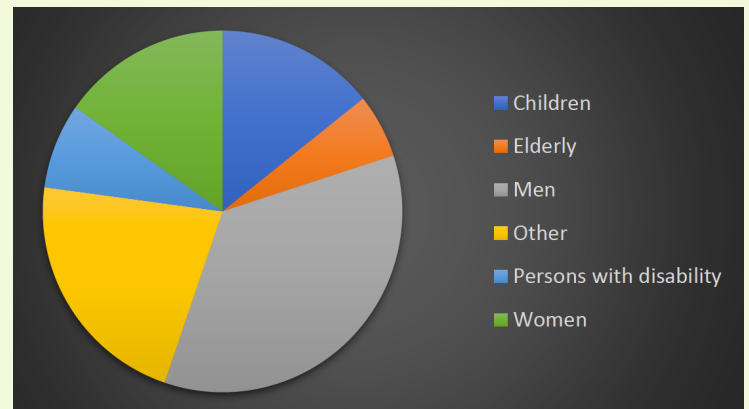
Several key issues were highlighted by the participants. Loss of livelihood/employment along with difficulties in procuring necessities were reported as key difficulties by 21% and 17% of the participants, respectively. Inability to pay rent was also found to be a major difficulty reported by 20% of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



An increase in domestic violence was reported at 5% and a lack of access to government facilities was reported at 3%.

MOST ADVERSELY IMPACTED GROUPS (BY THE PANDEMIC)

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.



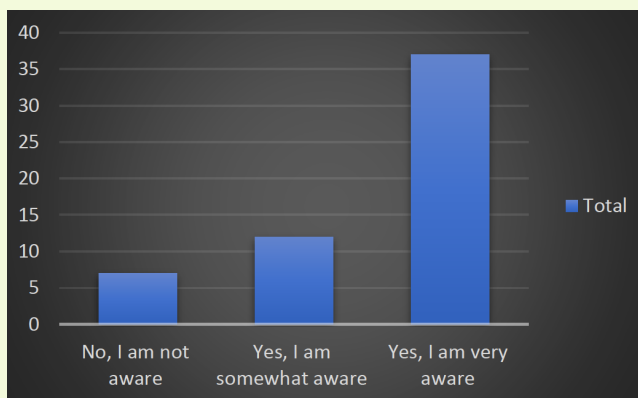
CONCLUDING REMARKS

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.

ACCESS TO INFORMATION SERVICES

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.

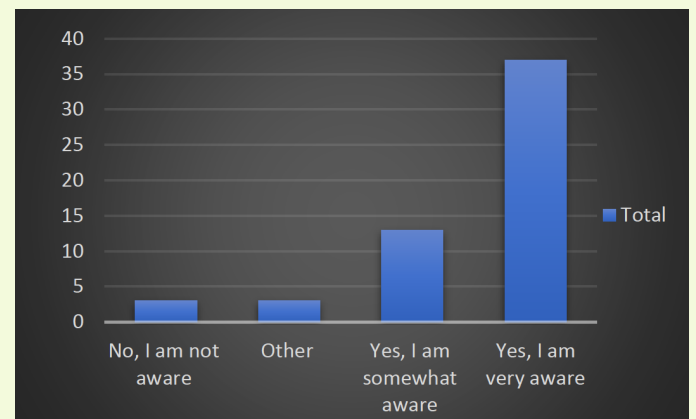


AWARENESS OF MEANS OF SPREAD

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.

AWARENESS ABOUT PRECAUTIONS

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.

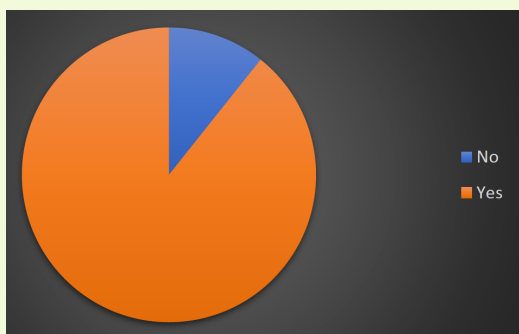
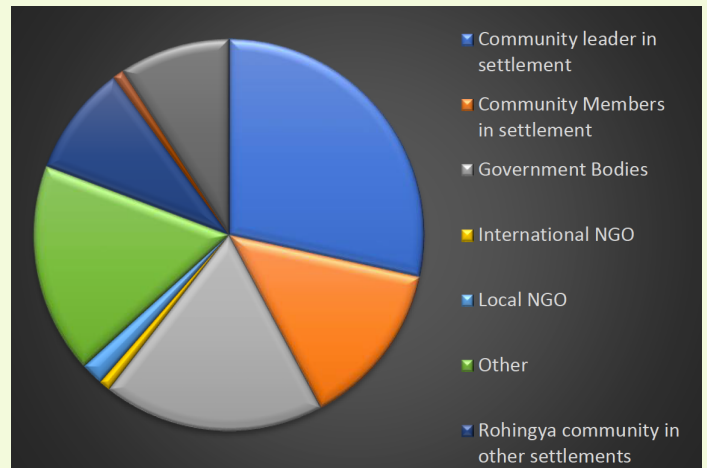


KNOWLEDGE OF WAYS OF SPREAD

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.

MODES OF RECEIVING INFORMATION ABOUT 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.

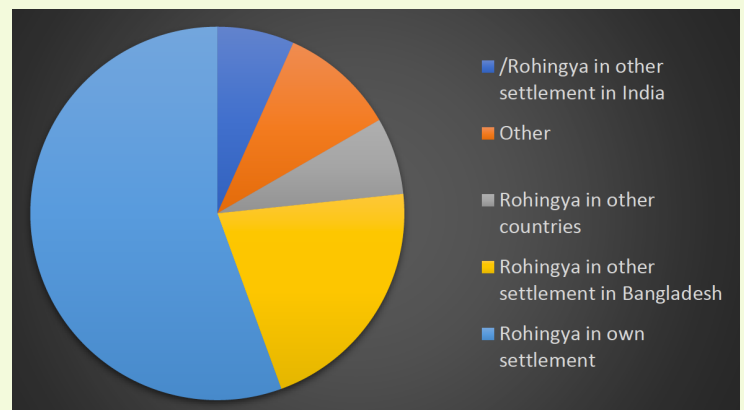


SHARING INFORMATION WITH OTHERS

89% of the participants reported regularly sharing updates and information with others.

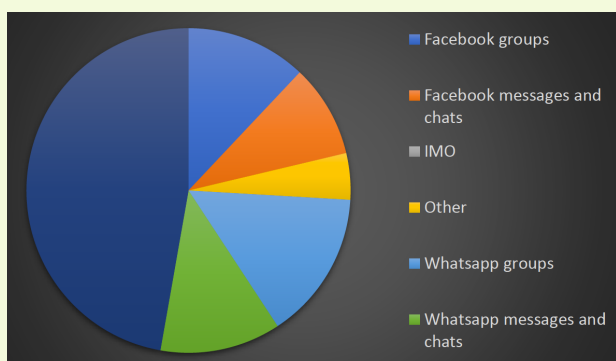
WHO IS INFORMATION SHARED WITH?

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.



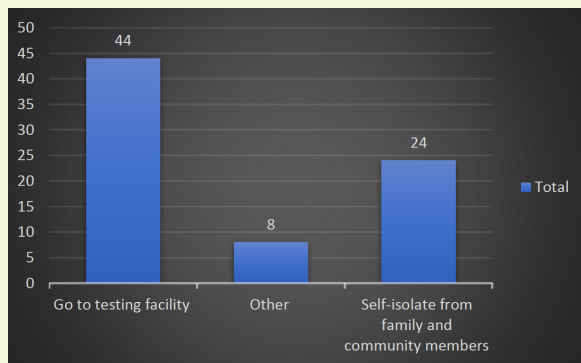
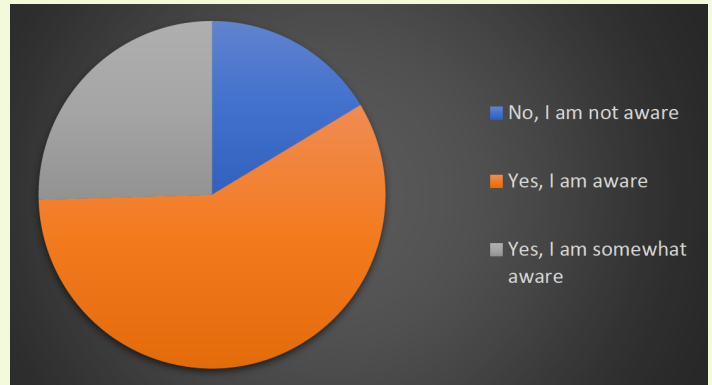
MAIN CHANNELS OF INFORMATION SPREAD

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%)



AWARENESS OF MEASURES IN CASE OF CONTRACTION

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.

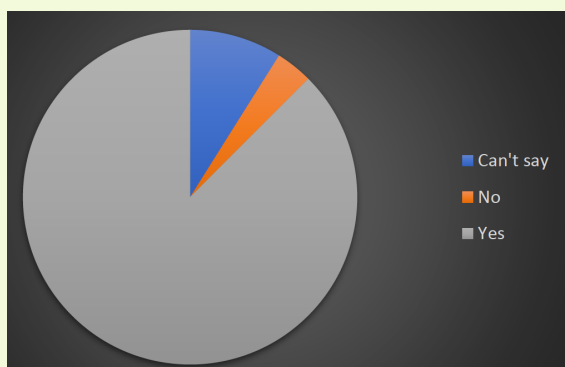
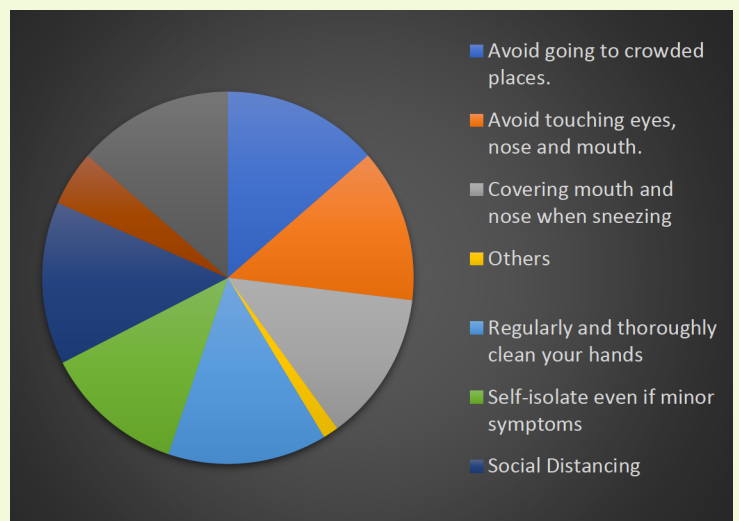


AWARENESS OF WHICH MEASURES TO TAKE

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.

PRECAUTIONS TO BE TAKEN 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%).

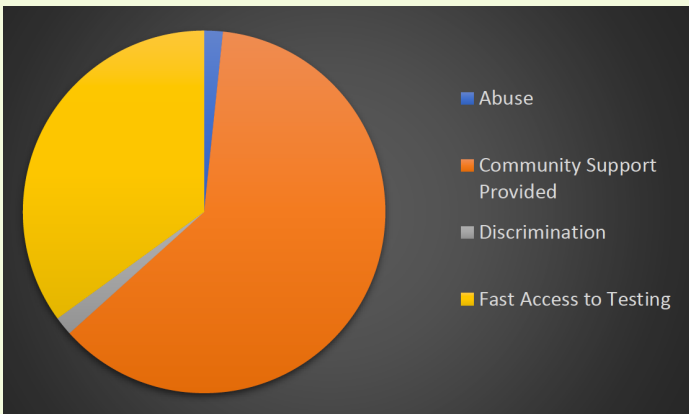
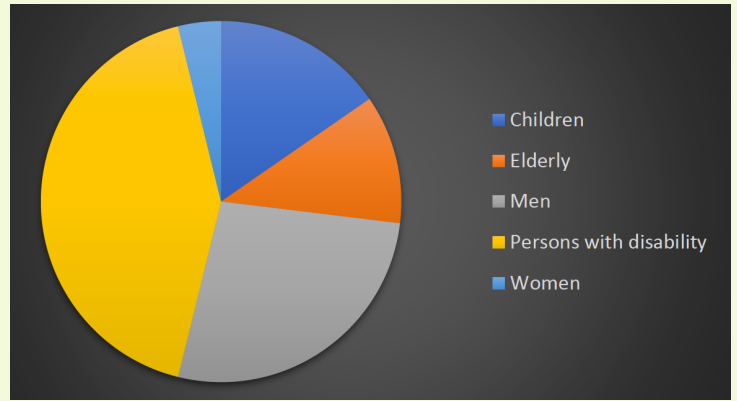


CAPACITY TO PRACTICE MEASURES

Almost all participants (87%) can take measures and practice precautions. Few participants (4%) were not able to practice these measures.

WHO IS ABLE 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%).

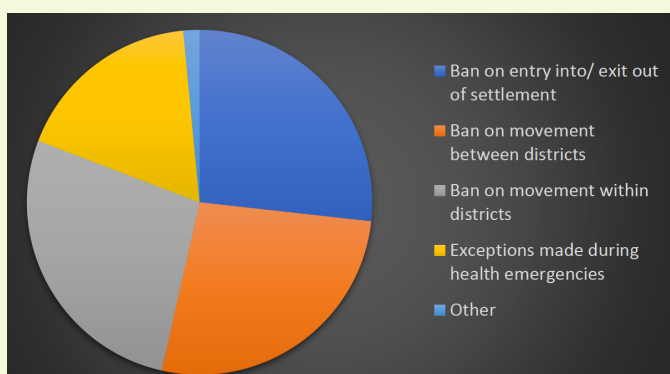
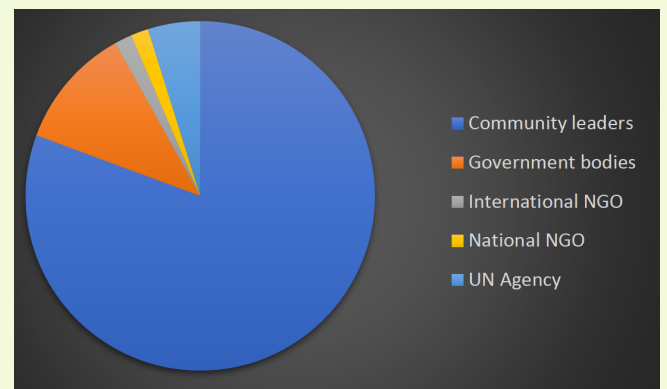


TREATMENT/PERCEPTION OF PEOPLE WITH COVID

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.

DECISION TAKERS AT THE SETTLEMENT LEVEL

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

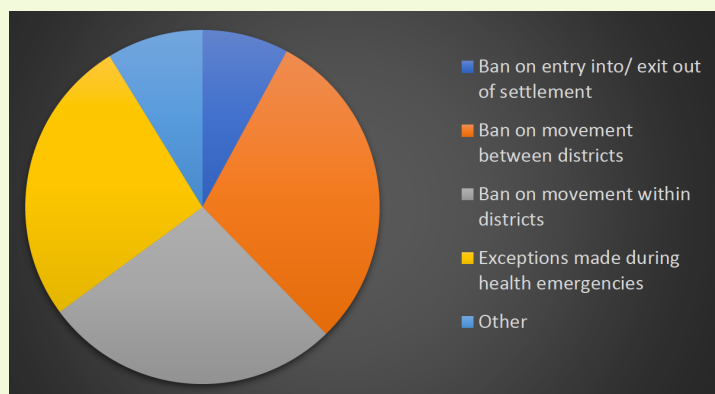


RESTRICTIONS IN FULL LOCKDOWN

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

CURRENT MOVEMENT RESTRICTIONS

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%).



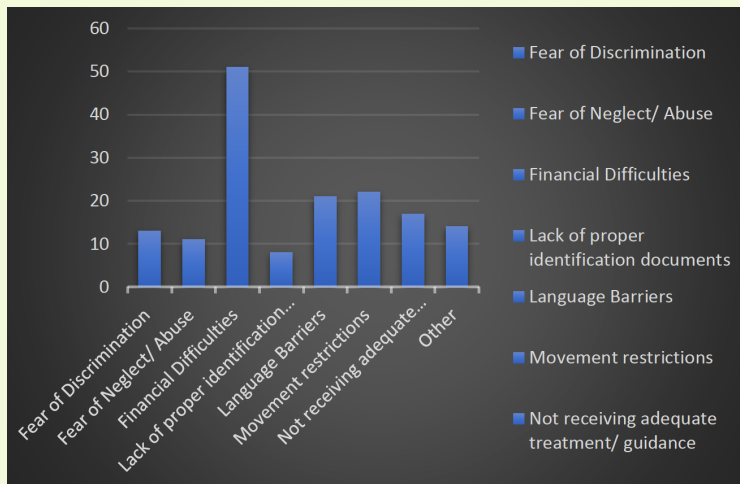
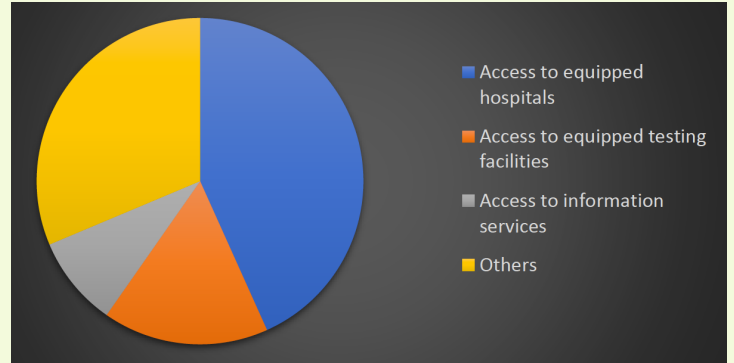
CONCLUDING REMARKS

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

ACCESS TO HEALTHCARE SERVICES

AVAILABILITY OF FACILITIES

Most participants reported access to hospitals (43%), some participants reported access to testing facilities (17%), few participants reported access to information services (9%).

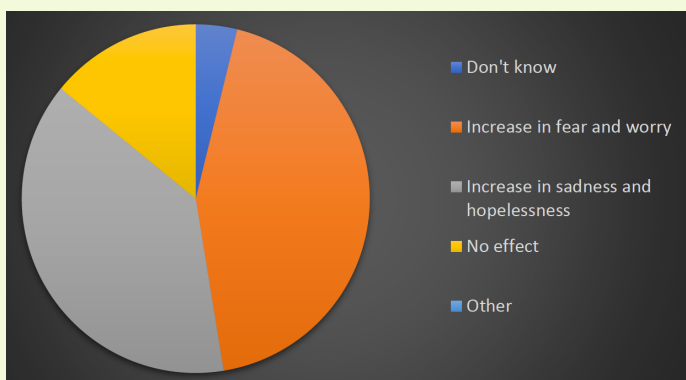
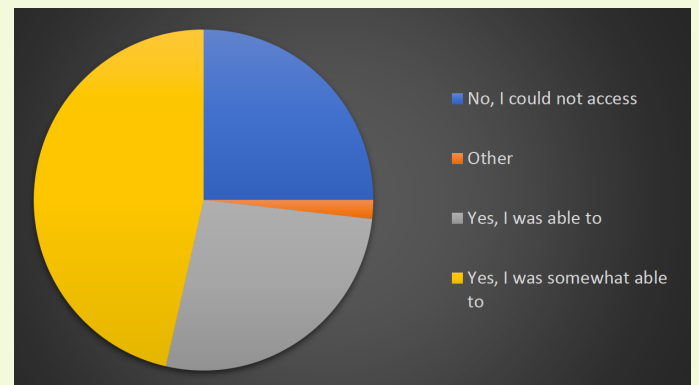


BARRIERS FACED

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%).

ACCESSIBILITY DURING LOCKDOWN

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.

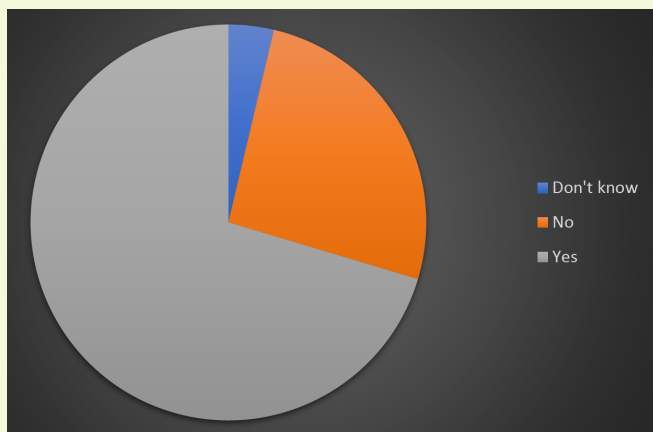
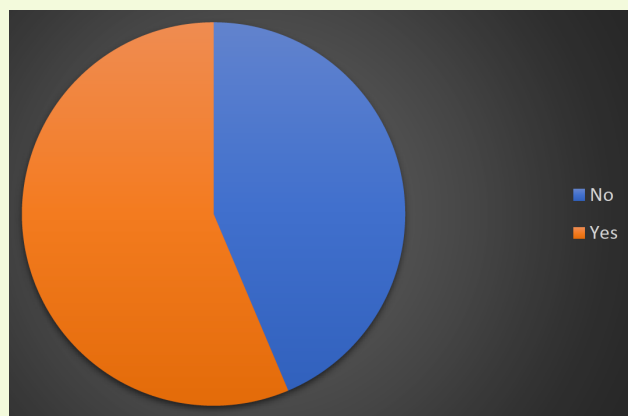


MENTAL HEALTH

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.

ADEQUATE SUPPLIES DURING MENSTRUATION

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

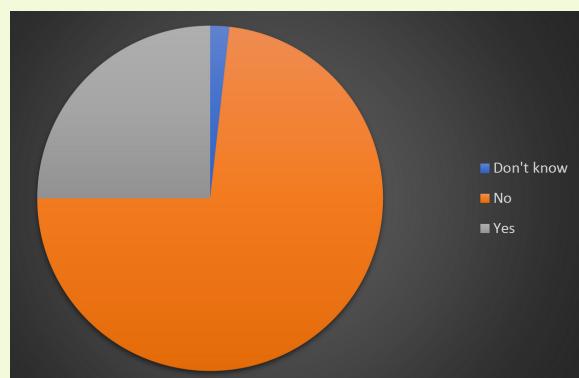
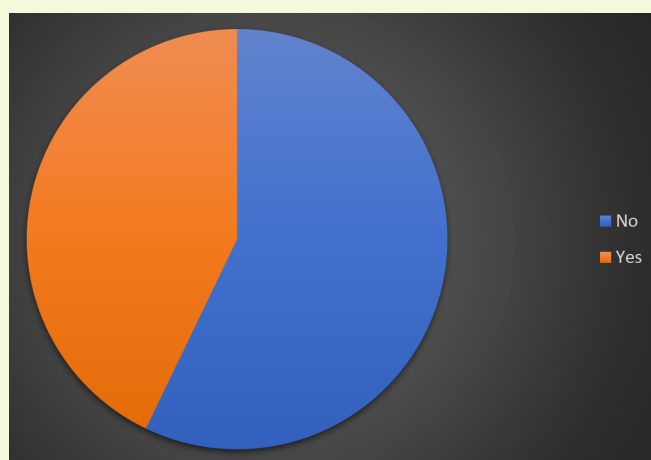


ABILITY TO MAINTAIN HYGIENE DURING MENSTRUATION

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.

WOMEN'S SAFETY WHILE ACCESSING WASHROOMS

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.



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.

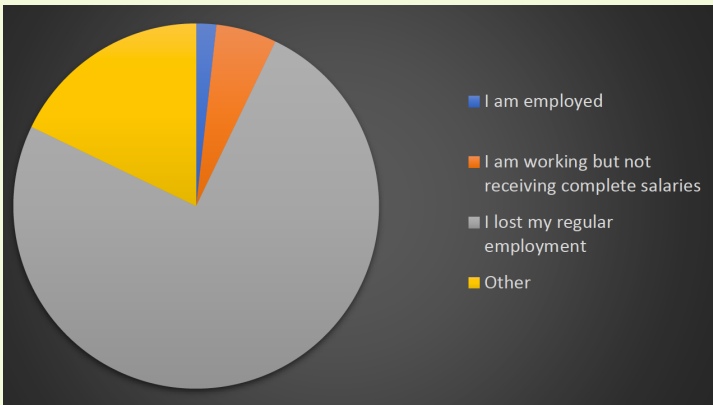
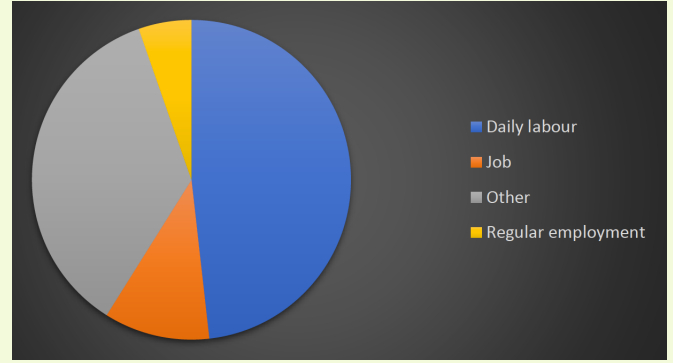
CONCLUDING REMARKS

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

LIVELIHOODS

PRE PANDEMIC SOURCES 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%).

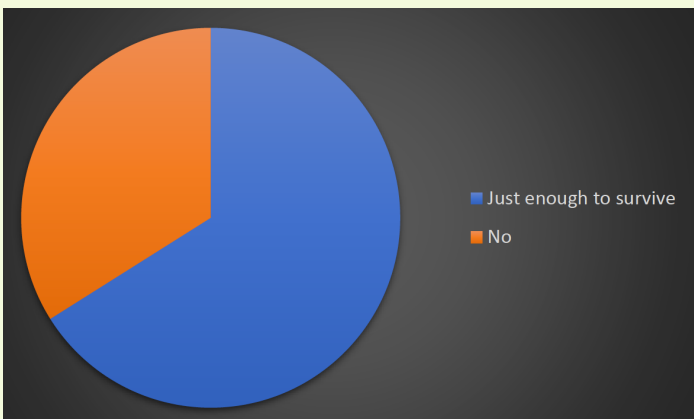
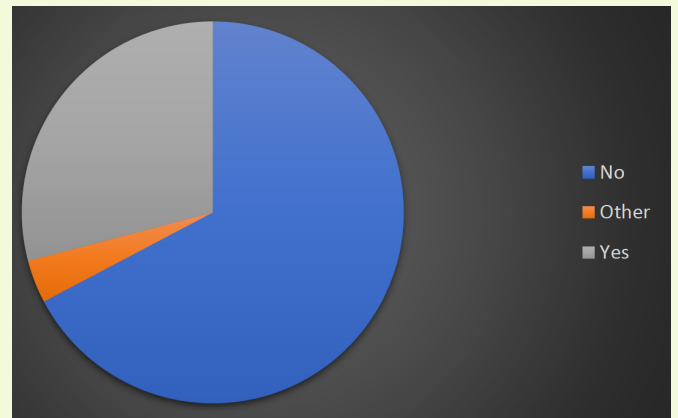


LOCKDOWN IMPACT ON WORK OPPORTUNITIES

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.

ALTERNATE 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.

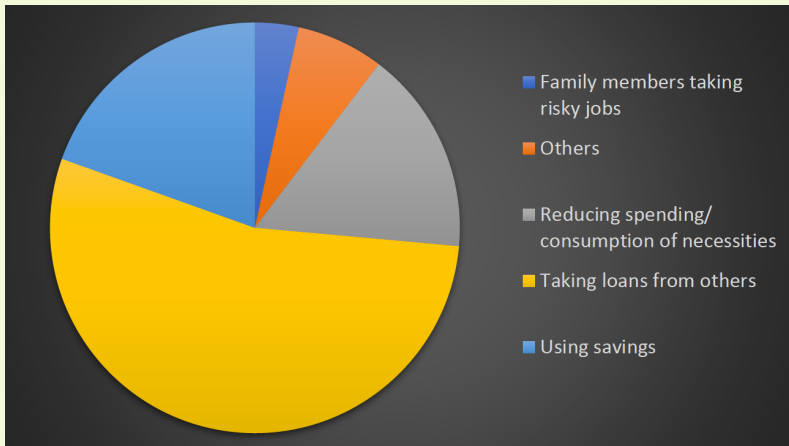
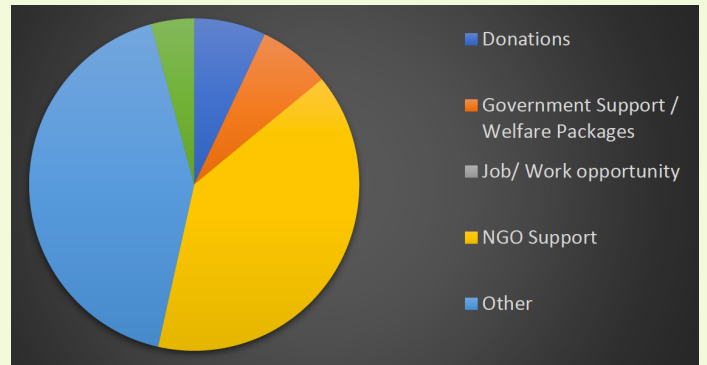


RESOURCES TO SUPPORT FAMILY

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.

MODE OF PROCURING FINANCE

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.

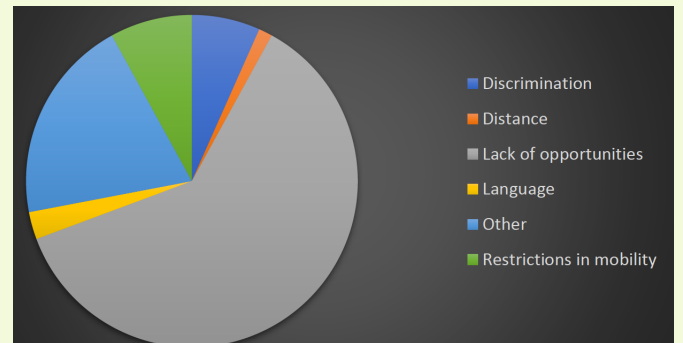


COPING MECHANISMS

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%).

BARRIERS TO ACCESS JOB OPPORTUNITIES

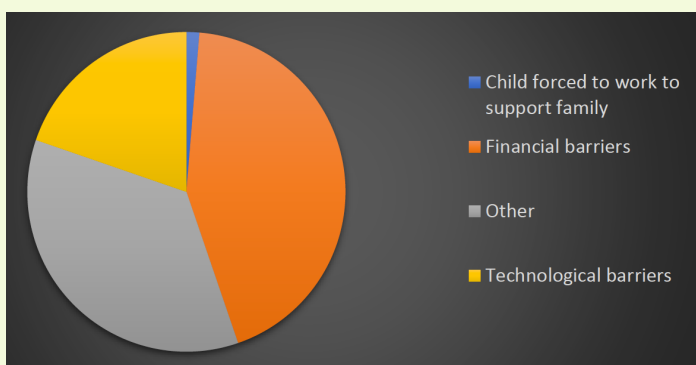
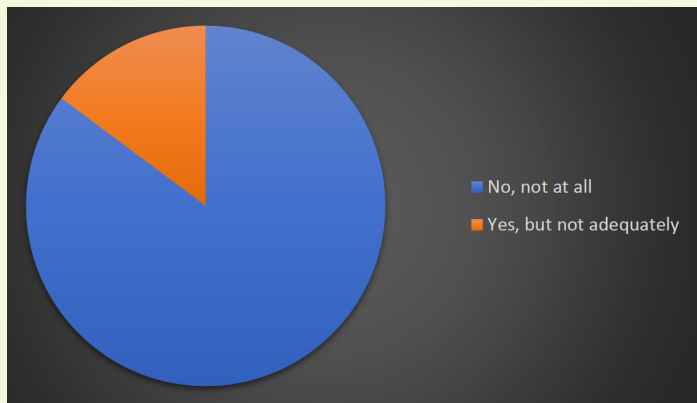
Most of the participants reported lack of opportunities as the primary reason for not being able to access job opportunities (61%) and secondly discrimination faced while applying for jobs (20%). Few participants mentioned restrictions in mobility as a barrier (8%).



EDUCATIONAL SERVICES

RECEIVING EDUCATION

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.

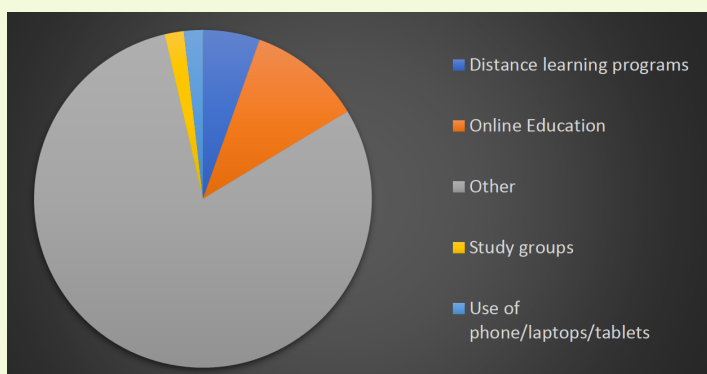
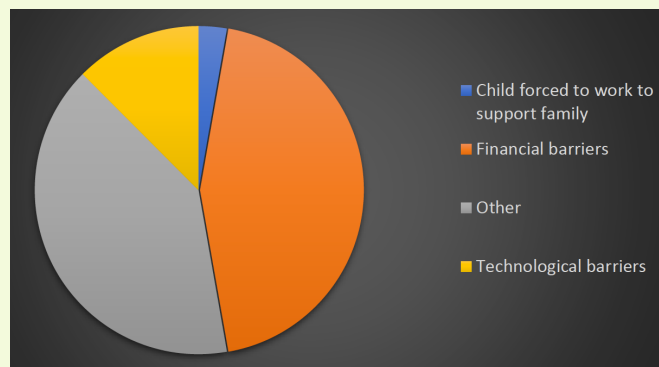


BARRIERS TO ACCESS DURING LOCKDOWN

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

BARRIERS TO ACCESS BEFORE COVID 19

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



MEANS OF EDUCATION

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.

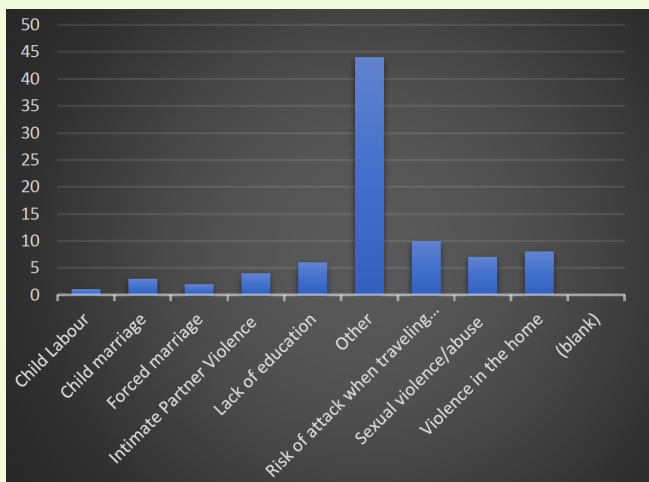
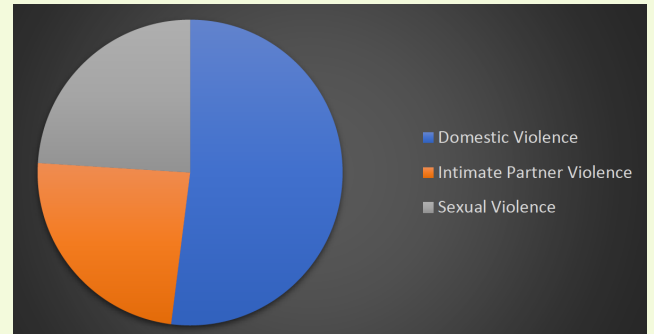
CONCLUDING REMARKS

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.

GENDER

PREVALENCE OF GENDER BASED VIOLENCE

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

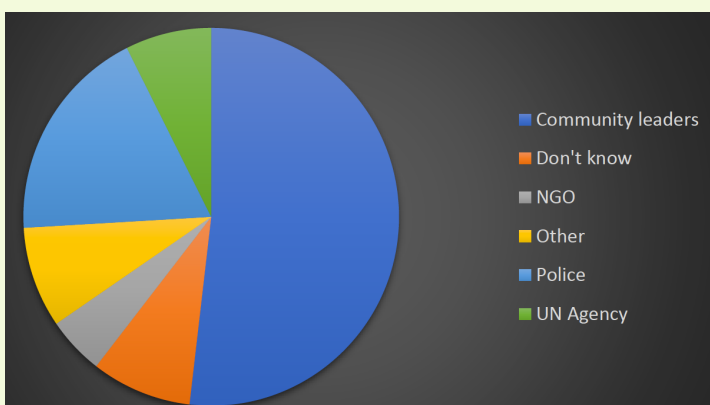
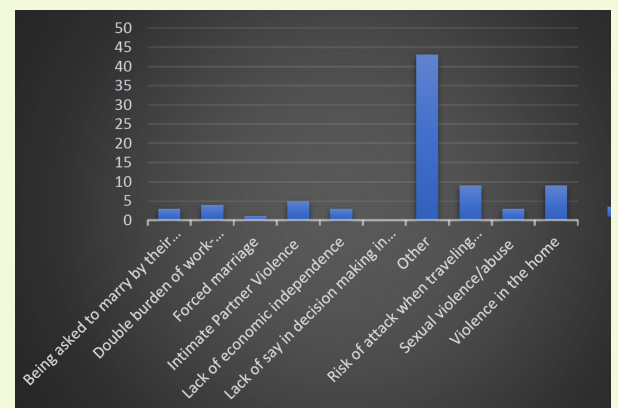


SAFETY CONCERNS FOR GIRLS

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.

SAFETY CONCERNS FOR 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.

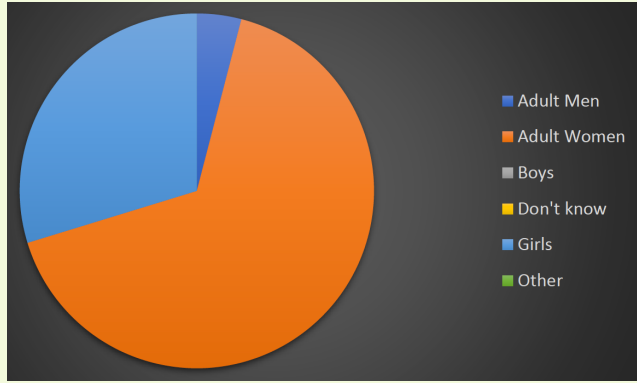


CHANNELS OF SUPPORT

Most participants reported community leaders as channels of seeking support (52%), followed by police (18%) and UN Agency (7%).

DIVISION OF HOUSEHOLD CHORES

Most participants reported women spearheading household chore division (66%), followed by girls (30%) and men (4%).



CONCLUDING REMARKS

No additional concerns were expressed by the participants apart from the desired improvement in living conditions and access to clean toilets.

ABOUT ROHINGYA HUMAN RIGHTS INITIATIVE (R4R)



Our mission is to promote the human rights of the Rohingya community residing in India, Bangladesh, and Myanmar. We highlight the oppression of minorities, especially of the Rohingya community, the most persecuted community in the world according to the UN. Our organization carries out its activities in India and monitors closely the conditions of Rohingyas all around the world as well as the recent developments in the Rohingya Refugee Crisis in Myanmar and Bangladesh. As a community

based organization, we are unique in our solid understanding of the Rohingya community's culture, needs, capacity and resilience. We have been consistently able to serve as a voice for the Rohingya community in India and represent their concerns with stakeholders. We are also a key agency consulted by humanitarian organisations, government authorities, academics, researchers, donors and philanthropists working with Rohingya refugees in India.