

# COVID-19 Emergency Statelessness Fund (CESF) - Final Report

## Project Name: Rohingya Refugees in India Assessment, Sensitisation, and supporting initiative in Covid-19 responses.

**Submitted by- Rohingya Human Rights Initiative (ROHRIngya) 2021**

### Introduction

While there is a general understanding of COVID-19 and social distancing in the Rohingya community in India, levels of misinformation are also high, impacting the ability to take appropriate precautions and access health services. There is also a significant lack of information about protection measures, current developments, and what is next or how to cope with the psychosocial impact and the increased additional issues.

This scoping project granted to DAJI focuses on developing training and informative materials on COVID-19, its impact, access to healthcare, mental health care and education, available psychosocial support and access to WASH in the Rohingya language. Through building capacity and motivating 40 selected Rohingya leaders, the project supports and raises awareness in 40 Rohingya refugee settlements in Delhi, Haryana, Hyderabad and Jammu through participatory and innovative means. The project is accompanied by a small-scale distribution of hand sanitisers and face masks. The project raises awareness through video materials as well as through the distribution of posters.

### Project goals

Output/activities	Outcomes
Identify and hire one project coordinator.	Involve and train volunteers from the Rohingya community
Identify and hire four Rohingya field volunteers.	
Conduct an online training and orientation for the Rohingya field volunteers to carry out the field work and train them on COVID-related health and social distancing measures while working in the field.	
Collect and collate existing Rohingya language training and awareness materials on COVID-19 and its impacts, access to healthcare, mental healthcare, and education as well as available psycho-social support and access to WASH.	Existing learning materials on the identified topics in the Rohingya language are collected.
Create additional educational video animations and posters on the above.	Additional educational learning materials are created to complement the learning packages. 1600 informative posters on COVID-19 awareness and healthcare access were distributed among the refugee communities.
Dub existing materials into the Rohingya language.	Materials which are not available in the Rohingya language will be dubbed to give Rohingya increased access to this information
Using these materials and a community centered approach, design workshops and training manuals on COVID-19 and its impacts, access to healthcare, mental healthcare, and education as well as available psycho-social support and access to WASH.	Information on COVID-19 and access to healthcare, mental healthcare, education, psycho-social support and WASH are made available in the Rohingya language and shaped to the needs of the Rohingya refugee community in India.
Identify 40 community leaders from 40 selected Rohingya settlements across Delhi, Haryana, Hyderabad and Jammu and Kashmir to participate in the workshops.	Local community leaders are trained and mobilised to raise awareness using a community approach.
Conduct online training workshop for community leaders and disseminate prepared training materials to community leaders.	Vulnerable Rohingya refugees in the selected settlements in India increase their understanding on COVID-19 and

Accompany community leaders in delivering 40 community workshops in their communities, sharing digital materials and distributing informative posters related to particular community.	healthcare, mental healthcare, education, psycho-social support and WASH.
Hand sanitisers and masks are distributed to community leaders and participants of community awareness workshops.	Participants are given appropriate PPE during workshops.
2000 posters will be printed and displayed in the selected settlements.	Information on COVID-19 and access to healthcare, mental healthcare, education, psycho-social support and WASH are made available in the Rohingya language displayed across target communities
Conceptualise “post implementation survey” (PIS) on the impact of community workshops	
Project coordinator will carry out post implementation survey (PIS)	
R4R write up findings of PIS survey	R4R have an in-depth understanding of the impacts of the trainings on participant and have a report in which to present their findings.

**Note on project goals:**

- 40 Refugee settlements from four locations in India i.e., Jammu & Kashmir, Delhi, Haryana and Hyderabad were selected.
- Four experienced field volunteers from the Rohingya community were selected from each location and trained on the aforementioned themes.
- The field volunteers carried out a pilot survey to identify the current challenges the community has been facing to ensure better implementation of the project goals. Weekly meetings were held on Zoom and WhatsApp to discuss the progress and plan of action with the field volunteers.
- The project team collected informative materials on COVID-19 awareness, WASH, access to health care, mental health and psychosocial support in the Rohingya language and circulated the materials among the community via social media.
- We created WhatsApp groups with field volunteers and participants to disseminate information and share updates.
- Moreover, four informative videos in the Rohingya language [1. [COVID-19 awareness information and access to healthcare during the pandemic](#), 2. [Hygiene and cleanliness](#), 3. [mental health and psychosocial support](#), and 4. [access to education](#)] were created and shared on social media (WhatsApp groups, Facebook, Twitter).
- [Additionally, one extra video was created with surplus funds for awareness-raising, illustrating how the project was executed and the challenges we faced during the project.](#)
- Additionally, 1600 informative posters on COVID-19 awareness and healthcare access were distributed among the refugee communities.
- The field volunteers visited the refugee camps and identified community leaders and other volunteers willing to participate in the training programs.
- The participants/community leaders attended online training[U2] sessions to carry out workshops in their respective camps. Masks and sanitizers were provided to the participants to ensure participant's safety. Six training sessions (two with all participants and four with participants from each of the four locations) were organized on Zoom.

### Testimonies from respondents on impact of the project:

*"It was easy to understand because the community members explained things in our language, People did not have much information earlier, because there is hardly any information available in Rohingya language".*

- Man, 28, Delhi

*"Training the community leaders and members helped our community; posters are good means to receive information.*

- Woman, 35, Hyderabad

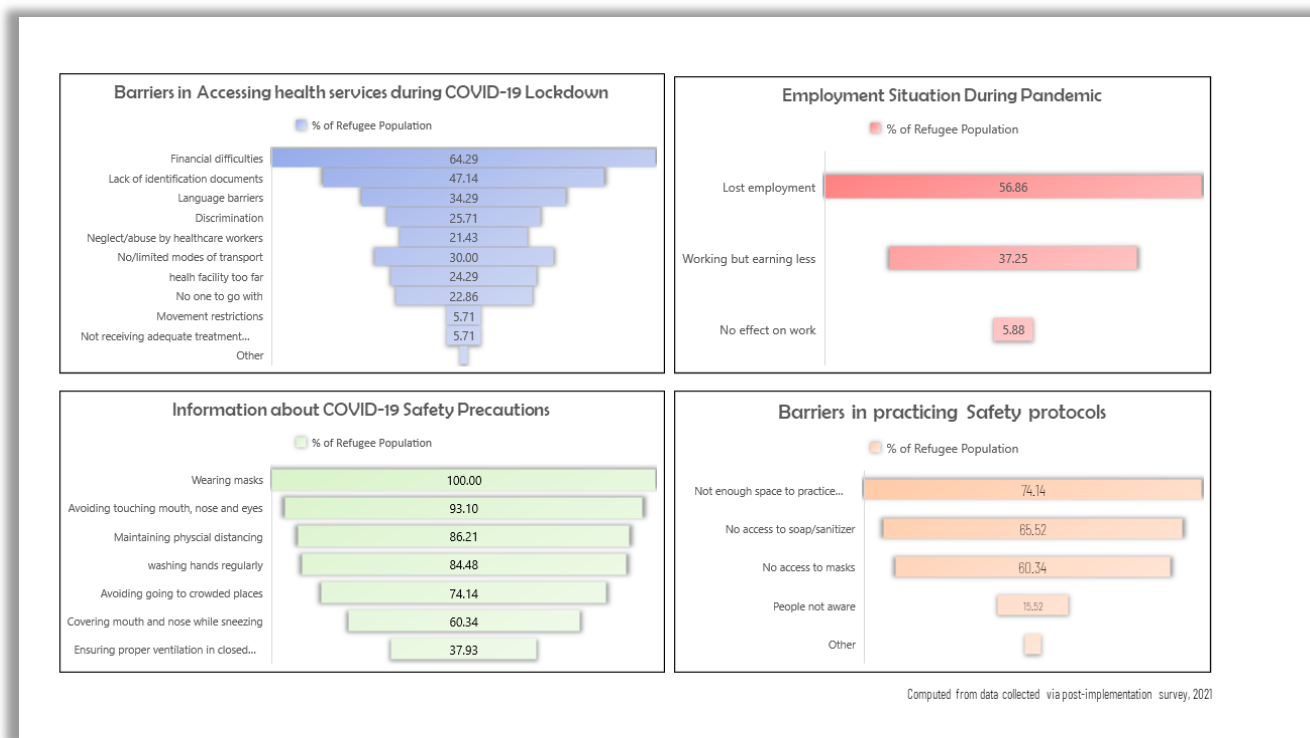
*"Initiatives like this definitely help us, it would have been better if we had this information sooner."*

- Man, 26, Mewat, Haryana

*"Information alone is not sufficient; people don't have access to masks or sanitizers. It is difficult to practice social distancing in the camps where 5-6 people live in a single room."*

- Woman, 31, Jammu & Kashmir

- Next, the community leaders organized [awareness workshops](#) assisted by field volunteers in refugee camps, where they displayed and distributed informative posters, [demonstrated social distancing and safety protocols](#) to the community members. We focused specifically on vulnerable groups, such as women, children, the elderly and persons with prolonged illness during the workshops, as these groups are least likely to be aware and receive information due to language barriers and limited mobility outside camps.
- Forty trained community leaders conducted 40 sessions at their respective settlements, and about 20 community members partook in each workshop.
- A post-implementation questionnaire was designed, and a survey was carried out to assess the impact of the project on the target group. A total of 80 beneficiaries (20 from each location) were interviewed.

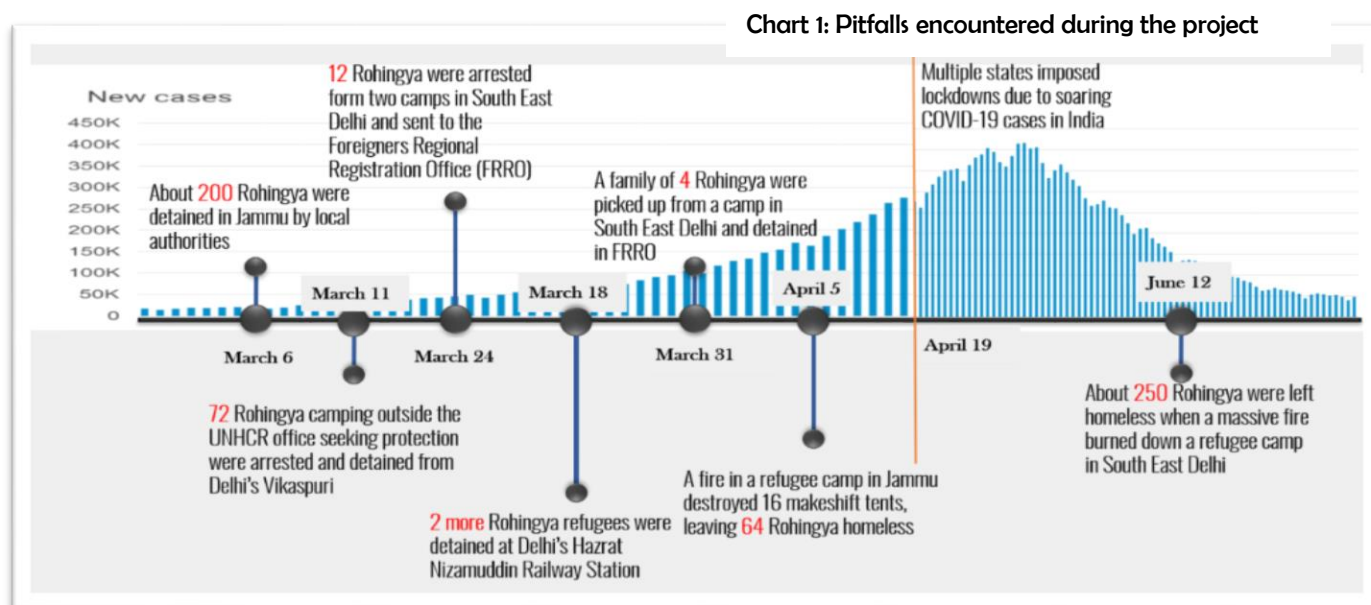


### Impact:

Among other sources of information, social media (76%) remains the highest channel from where the refugees reported receiving updates about the pandemic and associated lockdown. Among the Rohingya community, where low levels of educational attainment and unfamiliarity with the local language are significant challenges among certain groups, word of mouth is a crucial source of information for many (46%). 71% of the respondent reported receiving COVID-19-related news and updates from community leaders and other community members (57%). In situations like this, [community-based awareness campaigns](#) and training programs play a critical role in sharing and spreading information.

About 93% of the respondents interviewed during the post-implementation survey reported that the initiative helped their understanding of COVID-19 safety protocols. 81% of the participants said they would

like to see more initiatives like this in the future. At the same time, a majority of people reported having no resources to buy masks, soaps or sanitizers and suggested that distributing more masks and sanitizers would have been beneficial for the refugees.



### Challenges faced:

The current political situation in India and the **arbitrary detentions of the refugees** (see chart 1) created an environment of fear among the Rohingya which affected the community's participation. Moreover, **countrywide lockdown** in the wake of rapidly increasing COVID cases proved to be a serious impediment to the project's progress. **Travel restrictions** limited the volunteer's mobility to the refugee camps; **closed markets and suspended courier services** further delayed the delivery of posters and COVID safety kits to the locations. **Poor internet connectivity** was another challenge in reaching the participants, as most refugees do not have access to internet or smartphones.

- Collaborating with ISI and engaging with the wider consortium; interacting with experts and advocacy workers from other countries definitely helped in a better execution of the project. It not only helped the project team in designing the tools for the training programs and workshops, but it, to a great extent, also helped to understand the broader challenges faced by the refugee communities worldwide and be better equipped in dealing with the issues in the local context.

### Future:

**Chart 2: Focus areas for future initiatives**

To create a change that is sustainable, and benefits the community in the long run, it is crucial to extend the scope of the project to the locations that were not covered under this project. During the post-implementation survey, the participants were asked to identify the focus areas on which priorities should be given for future initiatives. The most common issues identified by the participants are shown in chart 2. Also, as per our



observation, Rohingya refugees living in settlements that are located in rural or isolated areas are the most vulnerable, and most of the aid organizations and humanitarian initiatives often fail to reach them. Therefore, they require urgent attention and assistance.

**Funding:** No Other Funding was received or used (next to CESF) for the execution of the project.



1

## COVID-19 awareness workshops in different locations



3



2



4



5



6

1. Delhi
2. Jammu and Kashmir
3. Hyderabad
4. Jammu and Kashmir
5. Delhi
6. Haryana