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Perception Survey in Rohingya Camps on COVID-19 Awareness and Impact

BRAC
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Executive summary

BRAC conducted this perception survey to get an overview of the COVID-19 related awareness and vulnerabilities of the Rohingya community in the camps of Cox's Bazar, Bangladesh. BRAC Humanitarian Crisis Management Programme (HCMP) staff conducted face to face interviews with 503 respondents in 10 Rohingya camps using a short structured questionnaire. The survey, although not strictly representative to all Rohingya camps in Bangladesh, suffices a snapshot of the awareness of COVID-19 among the Rohingyas and their vulnerabilities induced by it.

The survey found that almost all the Rohingya respondents had some knowledge about COVID-19. Most of them (79%) first learned about the disease through public announcements made by the NGOs and volunteers in the camps. Despite the awareness campaign, only 16% of the respondents could identify the three major ways of COVID-19 transmission, and 9% of the respondents had no idea about how the disease transmits.

The respondents have a good understanding of the symptoms of COVID-19. A majority (80%) of them were able to identify at least three symptoms. Fever is considered to be one of the most common symptoms of COVID-19, and 90% of the respondents could recognise it. Although 72% of respondents believe that the COVID-19 can infect anyone, some respondents (18%) have a misconception that the disease only infects the older population.

The respondents' knowledge about the available COVID-19 treatment options seems to be somewhat limited. 15% of the respondents do not know about any treatment option. One fifth (20%) of the respondents said there is no treatment, while another 14% have different misconceptions about treatment (i.e. treatment is available only in Dhaka, death is inevitable if one gets infected, and the government detains the infected persons). Only 28% of the respondents could mention isolation/quarantine as an effective treatment option. 18% of the respondents expressed frustration about the lack of available treatment of COVID-19 in or near the camps.

61% of the respondents said that if someone exhibits symptoms of COVID-19 infection, they would suggest them to visit the camp hospital or nearby healthcare centre. More than half of the respondents (59%) know the location of the nearest designated healthcare facility to get services if any family member shows symptoms of COVID-19. The rest 41%, of course, are unaware. In response to a separate question, 38% of the respondents expressed a lack of confidence that they can contact the healthcare facility if they (or family members) show symptoms of COVID-19.

Majority of the respondents are convinced about the generally suggested COVID-19 preventive measures– 86% of the respondents agreed to the danger of going out in public, 55% think physical contacting with others

can cause harm, and 58% believe that attending public gatherings is harmful. However, 34% of the respondents believe having physical contacting with others will not cause any problem, and 32% of the respondents do not find any harm in attending public gatherings, like praying at a mosque, attending meetings, and, funeral prayer.

There is a gap in health safety practices amongst the Rohingyas. 44% of the respondents do not regularly wash their hands with soap and water for at least 20 seconds, and 48% do not regularly cover their mouth and nose while coughing/sneezing. This gap in safety measures does not only put them in danger but also increases the likelihood of community transmission. Moreover, 40% of the respondents do not strictly follow the "staying home" principle at camps. Men (46%) are more likely to step outside than women (36%).

Interestingly, 32% of those going out are among the ones aware of the danger. 47% of respondents still tend to join public gatherings. 24% of those who show up at public gatherings regularly or occasionally do so despite being aware of the danger. 44% of the respondents mentioned they do not regularly wear masks while going out in public.

In terms of awareness and practice of COVID-19 prevention, Bangladeshi nationals seem to score better compared to Rohingyas. A recent survey on Bangladeshi citizens found that 59% of Bangladeshi respondents are fully aware of how the disease transmits, whereas only 16% of Rohingya respondents are well aware. Similarly, more Bangladeshi respondents (76%) are observant of the hygiene practices than the Rohingyas (55%).

The respondents seemed mostly satisfied with the COVID-19 preventive measures introduced in the camps. Almost two-thirds of the respondents (64%) said adequate information about COVID-19 related issues are available in the camps. Over three quarter (77%) of the respondents (82% men and 73% women) reported that NGO workers are maintaining social distance while working in the camps. While more than two-thirds (69%) of the respondents reported adequate availability of hand-washing materials, 16% of the respondents find them to be insufficient.

Most of the respondents (62%) said that necessary healthcare facilities are available in the camps to fight the COVID-19 pandemic. On another point, 54% of respondents disagreed with the government's decision of keeping mobile and internet network speed low in the camps during this emergency.

Beyond the immediate health crisis, the respondents expressed concerns about associated challenges. Temporary closure of schools hampering the learning of children is the critical concern for most of the respondents (73%). A sizeable number of respondents (52%) expressed anxiety over reduced earning opportunities in the camps. The price hike of the necessary commodities is another concern (mentioned by 45%). 39% of the respondents mentioned not getting relief goods timely. 17% of the respondents are unhappy about the treatment that they get at the healthcare centres.

The respondents are worried about the accessibility of childbirth and neonatal services–one of the critical health services that they need. Among the Rohingya respondents, 37% think that they may not get the childbirth services in the hospital/healthcare centres for their pregnant family members, while another 24% of respondents think there is no chance of getting such services amid this pandemic.

The pandemic has made women more vulnerable in general, as 15% of respondents reportedly think that there has been an increase in violence against women (VAW) during the pandemic, while 44% of the respondents are uncertain about it.

The chances of widespread COVID-19 outbreak in the camps intensified the worries of Rohingyas. 65% of the Rohingya respondents are found to be fearful of getting infected by the COVID-19. A significant portion of the respondents (61%) think that there is a high possibility of COVID-19 spreading in the camps through the host community. 46% of the respondents are fearful that if the pandemic is prolonged, it might cause a considerable shrink of humanitarian support in the Rohingya camps.

To cope with the pandemic induced crisis, the respondents emphasised on the necessity of improved healthcare centres and WASH facilities in the camps. An increase in relief goods, adequate information related to COVID-19 or infectious diseases, improved shelter, cash transfer, and proper monitoring of all response programmes have also been stressed upon by the respondents.

Introduction

The COVID-19 outbreak threatens to inflict carnage in the densely populated Rohingya camps in Cox's Bazar of Bangladesh. The camps have started experiencing the horror of COVID-19 as it has taken five lives and affected fifty-two more Rohingyas till July 4, 2020. UN agencies, local, national and international NGOs including BRAC, are extending full support to the government of Bangladesh to prepare and respond to COVID-19 in Cox's Bazar district. Response activities have been scaled down to essential life-saving services to reduce transmission of the virus. Movements have been restricted, and public gatherings have been banned in the camps. Essential awareness messages on COVID-19 (e.g. symptoms, preventive measures, testing, and treatments) have been developed both in Bengali, and Rohingya languages. Life-saving information has been disseminated through community engagement activities, including public service announcements via loudspeakers, radio, pamphlet, posters, sermons in mosques. As a part of the response, NGOs distributed soaps and hygiene kits, disinfected public buildings, installed hand-washing stations at public places, government offices, as well as at entry points. COVID-19 testing centres and facilities have been installed in Cox's Bazar. Infection Prevention and Control (IPC) training have been provided to health sector staff in all camp health facilities, and Protection Emergency Response Units (PERUs) have been activated to ensure effective referral pathways. Separate shelters have been built in the camps for facilitating quarantine. Isolation beds and treatment facilities have been expanded to respond to the COVID-19 pandemic.

After all these campaigns on COVID-19, what is the state of understanding among Rohingyas about COVID-19? How aware are they of COVID-19 prevention and treatment? How much are they concerned about the pandemic? What challenges are they facing during this pandemic? What is the perception of the Rohingyas regarding the preparedness and preventive measures introduced in the camps? What are their needs and recommendations in handling this crisis? The answers to these questions of policy interest are needed to reflect on the measures taken to fight the pandemic.

BRAC, the largest civil society responder in the Rohingya crisis, periodically conducts perception surveys in the camps and also on the host community to capture community perceptions on various policy issues related to Rohingyas. It contributes to designing and implementing quality response programmes and keeping empathy alive about the Rohingya crisis nationally and internationally. The study aims to understand the perception and level of awareness of the Rohingya community regarding COVID-19. It also aims to ensure the reflection of the Rohingya perspective in response programmes by prescribing necessary initiatives to the relevant stakeholders.

Methodology

The study is predominantly a perception survey where BRAC HCMP Health sector frontline staff working in Cox's Bazar collected data through in-person interviews. All responses were collected with the expressed consent of the participants. A structured questionnaire was used at the KOBO interface. A total of 503 interview responses were used for this report, and these interviews were conducted during 16-19 May 2020. Rohingya volunteers helped the data collectors to overcome the language barriers in data collection. A total of 10 camps (1E, 7, 8E, 9, 11, 13, 14, 15, 16, 22) for data collection were selected considering the locations of BRAC healthcare centres in the camps.

58% of the respondents are women. 9% of the respondents belong to female-headed households[1]. The mean age of the respondents is 36 years (41 years for men and 33 for women).

The findings stated in this report do not reflect the official views of BRAC. It is an analysis of the perception of Rohingyas living in camps in Cox's Bazar. The survey is representative of all camps based in Ukhiya. The study covered only one camp situated in Teknaf. Hence it is not strictly representative of the Rohingya population in Teknaf. However, the findings are adequate in reflecting a broad overview of the awareness of COVID-19 and the fear induced by it among the Rohingya population residing in Bangladesh.

[1]*Women in Rohingya society, in most cases, become household heads either because they are divorced or deserted by husbands or lost their male adult family members in Myanmar.*

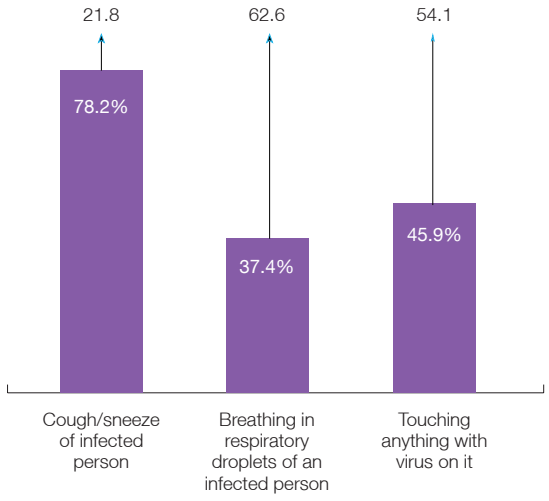
Awareness of the disease and its treatment

A. Knowledge about the COVID-19 and its treatment

The massive awareness campaigns held by the frontline workers and community mobilisers in the camps helped Rohingya people learn about the virus. 43% of the respondents first heard about COVID-19 from local announcements over microphones. Another 36% of respondents came to know about the infection from NGOs workers and volunteers in the camps. More men (49% compared to 39% of women) learned about the virus from microphone announcements and more women (40% compared to 30% of men) got information from NGO staff and volunteers. Only 8% of the respondents said they learned about the virus from Majhis (Rohingya community leaders).

According to the World Health Organization (WHO), a person can be infected by the COVID-19 by coming into direct contact with respiratory droplets of an infected person. Breathing in droplets from an infected person when s/he coughs out or exhales droplets, and touching virus-contaminated surfaces can also cause infection. Despite the continuous awareness campaign on COVID-19 by the responders and community mobilisers, only 16% of the survey respondents could recognise these three ways of transmission of COVID-19 from one person to another while 38% of the respondents could mention two ways. 9% of the respondents did not know how the virus spreads. 78% of the respondents were able to identify that COVID-19 spreads through 'coughing/ sneezing of the infected person'. Less than half (46%) of the respondents could mention 'touching infected surface' as a possible way of transmission. Only 37% of the respondents were found to know that 'breathing in the droplets of an infected person' can spread infection.

Figure 1: Knowledge and gaps among Rohingyas about COVID-19 transmission



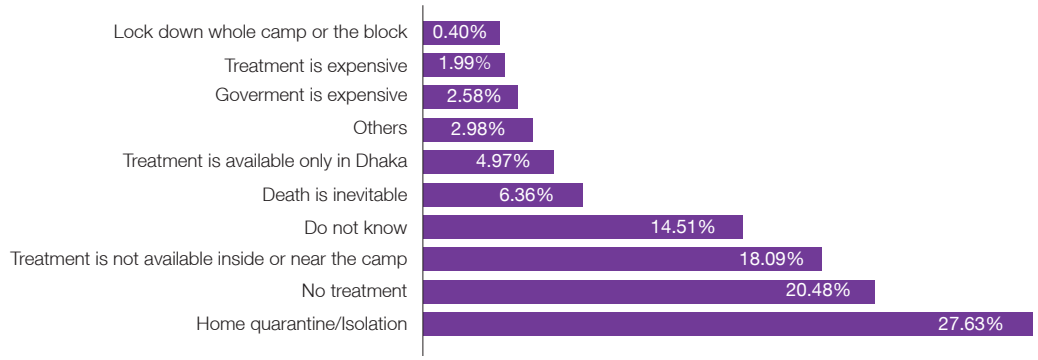
The gap in understanding about the ways of transmission can increase the vulnerability of the Rohingya population in the camps even more.

Fever, dry cough, and fatigue are the most common symptoms of COVID-19, according to WHO. Other less common symptoms include muscle ache, nasal congestion, headache, conjunctivitis, sore throat, diarrhoea, lack of appetite, and rashes. The study finds that the Rohingyas have a good understanding of the COVID-19 symptoms. 80% of the respondents were able to mention at least three symptoms of COVID-19 infection. This knowledge of the symptoms is almost the same across respondents of different gender and ages. About the symptoms, 90% of respondents mentioned fever as one of the primary symptoms. Throat pain (62%), stuffy nose (50%), breathing difficulty (47%), dry cough (39%) are other symptoms mentioned by most of the respondents. 14% of the respondents could mention one or two symptoms of COVID-19, whereas 6% of the respondents could not mention any symptom.

The majority of the respondents (72%) believe that COVID-19 can infect everyone. The rest (28%) of the respondents were found to have different misinformation about infection. 18% of respondents believe that only aged people can be affected by COVID-19.

A gap of having clear perception about the available treatment of COVID-19 is observed among the respondents. 15% of the respondents had no idea about the treatment of COVID-19. Only 28% of the respondents mentioned isolation/quarantine as a treatment option. 20% of the respondents believe that there is no treatment of COVID-19. 18% of the respondents reported that treatment is not available in or near the camps. Another 14% have different misconceptions, such as death is inevitable if one gets infected (6%), government detains the infected persons (3%), treatment is available only in Dhaka (5%).

Figure 2: Perception about the COVID-19 treatment



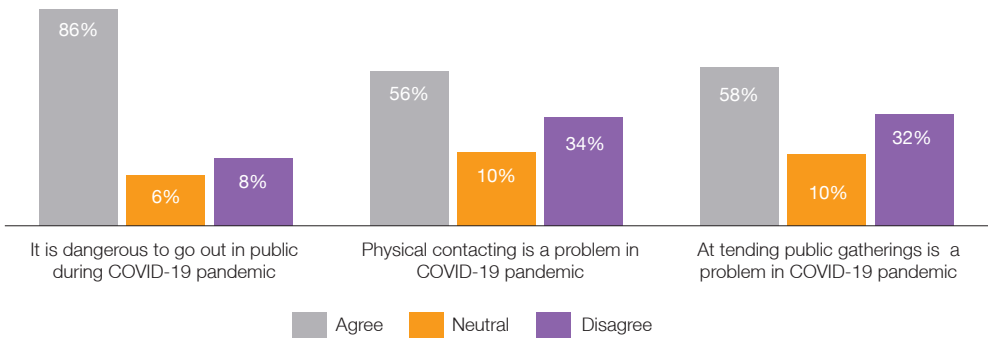
When asked about suggestions for any neighbour showing COVID-19 symptoms (e.g., fever, cough, breathing problem), 61% of the respondents mentioned that they would recommend them to go to a camp hospital/healthcare centres, 10% of the respondents said that they would instead suggest going to nearby local government hospitals. Many of the respondents (14% men and 20% of women) would recommend contacting Majhi first. Only 4% said they would suggest calling health workers in the camp.

When asked about the location of the nearest "designated" health care facility to visit in case of infection, the majority of the respondents (59%) were found to be aware. However, 41% were found to be unsure about the location.

B. Attitude towards COVID-19 preventive measures

This study attempts to understand Rohingyas' perception of COVID-19 preventive measures. 86% of the respondents agreed upon the danger associated with going out in public, while 8% of the respondents disagreed. 6% of the respondents are unsure of the danger.

Figure 3: Perception of the COVID-19 preventive measures



Findings suggest that 56% of the respondents are aware that coming into the physical contact of others during this pandemic is risky. 35% of the respondents disagreed about the danger, and 10% were found to have no idea about the potential harm it can cause.

Despite understanding the risks of going out in public, the study found that many respondents are disappointed regarding the preventive measures taken by the government to avoid public gatherings. 32% of the respondents believe that attending public gatherings, e.g. praying at the mosque, attending funeral prayer is not a problem. 10% of the respondents (13% women, compared to 5% of men) seem unsure about the risk. 58% of the respondents believe that attending public gatherings during the current pandemic is potentially risky.

The Survey data shows denial, negligence, and misconception among Rohingyas regarding the danger caused by physical contact during public gatherings despite knowing the potential risk.

C. Practices of the COVID-19 preventive measures

COVID-19 preventive measures include washing hands with soap for at least 20 seconds, staying home, avoiding public gatherings. The survey data suggests that 44% of the respondents do not maintain hygiene practices such as frequent hand washing with soap water.

Many of the respondents do not follow COVID-19 preventive measures like staying home, avoiding public gatherings. 48% of the respondents mentioned they do not regularly cover their mouth and nose while coughing and/or sneezing.

Despite lockdown in the camps, 41% of the respondents do not strictly follow the "stay home" principle, and men (46%) are ahead of women (36%) in this regard. 14% of the respondents still tend to attend public gatherings regularly, and 33% of respondents mentioned attending public gatherings occasionally. Interestingly, 16% of female Rohingyas tend to attend public gatherings compared to 11% of their male counterparts. Their participation in various awareness-building sessions and meetings organised by humanitarian responders might have been reported here.

Wearing a mask while going outside is not a common practice among all the respondents. Only half of the respondents (56%) were found to wear masks regularly while going out in public, while another 37% of the respondents wear masks occasionally. Moreover, 7% of the respondents do not wear masks at all while in public. These findings suggest that Rohingyas' practice of the COVID-19 preventive measures is less than their knowledge about the virus.

A knowledge-practice gap exists among the respondents in terms of going out and attending public gatherings as well. 86% of the respondents were found to be aware of the risks associated with going out in public, yet 40% of the respondents go out regularly. 58% of the respondents have knowledge of danger associated with attending public gatherings. However, 47% of the respondents admittedly join public gatherings regularly or occasionally. Interestingly, 32% of those who often go out, and 24% of those who regularly attend public gatherings, are aware of the danger associated with it.

Table 1: Knowledge-practice gap regarding COVID-19 preventive measures

Awareness	Practice	Gap
86% of the respondents are aware of the danger of going out. 58% of the respondents are aware of the danger of public gathering.	Still 40% of the total the respondents go out regularly or occasionally. Still 47% of the total the respondents join public gathering regularly or occasionally.	Interestingly 32% of those who go out are among those who are aware of the danger. Similarly, 24% of those who take part in public gathering regularly or occasionally are aware of the danger.

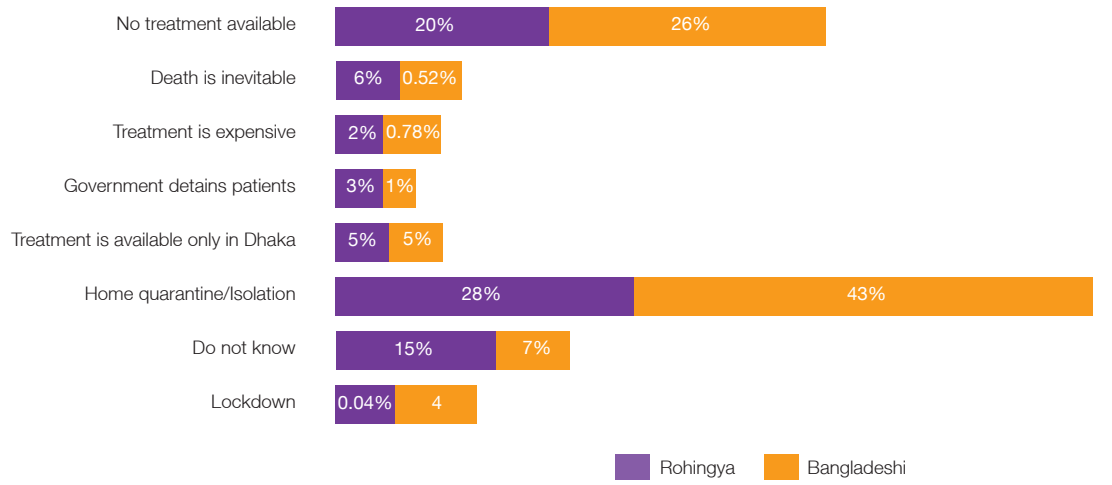
Comparison between Rohingya and Bangladeshi nationals about COVID-19 awareness

BRAC conducted two rounds of COVID-19 perception surveys among Bangladeshi nationals in April and May 2020. These surveys are not nationally representative but captured the broad perceptions of Bangladeshi citizens. The comparison regarding COVID-19 awareness among the Rohingya and Bangladeshis is drawn from these surveys.

66% of the Bangladeshi respondents first learned about the COVID-19 through television compared to only 5% of the Rohingya respondents. It is entirely plausible due to the unavailability of radio, television, and electricity in the camps and restrictions over mobile phones, internet connectivity. 79% of the Rohingya respondents first learnt about the virus through public announcements by NGOs.

In terms of knowledge regarding COVID-19 transmission, Bangladeshis (59%) are far ahead of Rohingyas (16%). Rohingya respondents (55%) were also found to have gaps in maintaining COVID-19 preventive measures compared to Bangladeshis (76%). Also, the Rohingyas (28%) are found to have less clarity on available COVID-19 treatment options in comparison to Bangladeshis (43%).

Figure 4: Perception about treatment options about COVID-19 among Rohingyas and Bangladeshis



The fear of getting infected by the COVID-19 is more amongst the Rohingyas (65%) than the Bangladeshis (22%). 79% of the Bangladeshi respondents agreed upon a high probability of community spreading inside Rohingya camps due to the congestion and overcrowding.

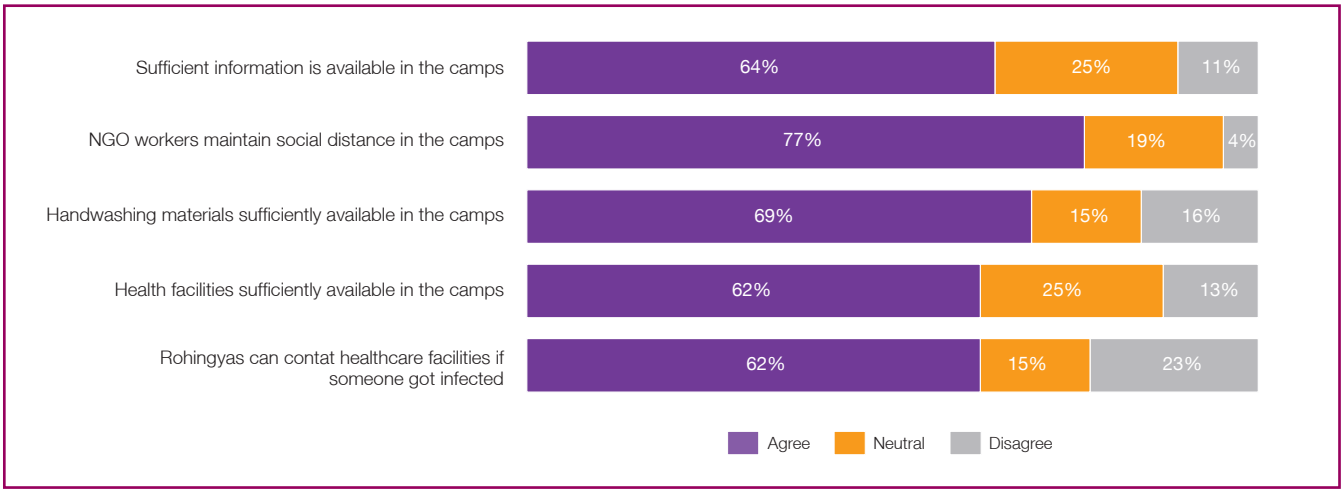
Perception about preparedness to fight COVID-19 in the Rohingya camps

The majority (64%) of the respondents agreed that information related to COVID-19 is adequately available in the camps. 11% of respondents disagreed, and 25% were found unaware of the information availability. 77% of the respondents reported that NGO workers maintain social distance while working in the camps and delivering awareness messages.

The hand-washing resources are reported to be sufficiently available by most of the respondents (69%). 16% differed and recommended to increase the supply of hand-washing materials (water, soap, sanitiser). Another 15% were found to have no idea about the availability of hand-washing materials in the camps.

62% of respondents agreed that necessary health facilities are available in the camps to fight COVID-19 pandemic. In contrast, 13% of respondents expressed disagreement and disappointment about the unavailability of necessary health facilities. When asked about the possibility of availing healthcare facilities in case someone exhibits symptoms, 62% expressed confidence that they would be easily able to get it. 38% of the respondents were found uncertain about contacting the health facilities available inside the camps.

Figure 5: Rohingyas' perception regarding the preparedness in the camps about COVID-19 prevention



The government decided to keep mobile network and internet speed low in the camps during the pandemic. The findings suggest that 54% of the respondents differed with this decision, while 34% were found to be indifferent about it, and 12% agreed with the government's decision.

Problems caused by COVID-19 pandemic in the camps

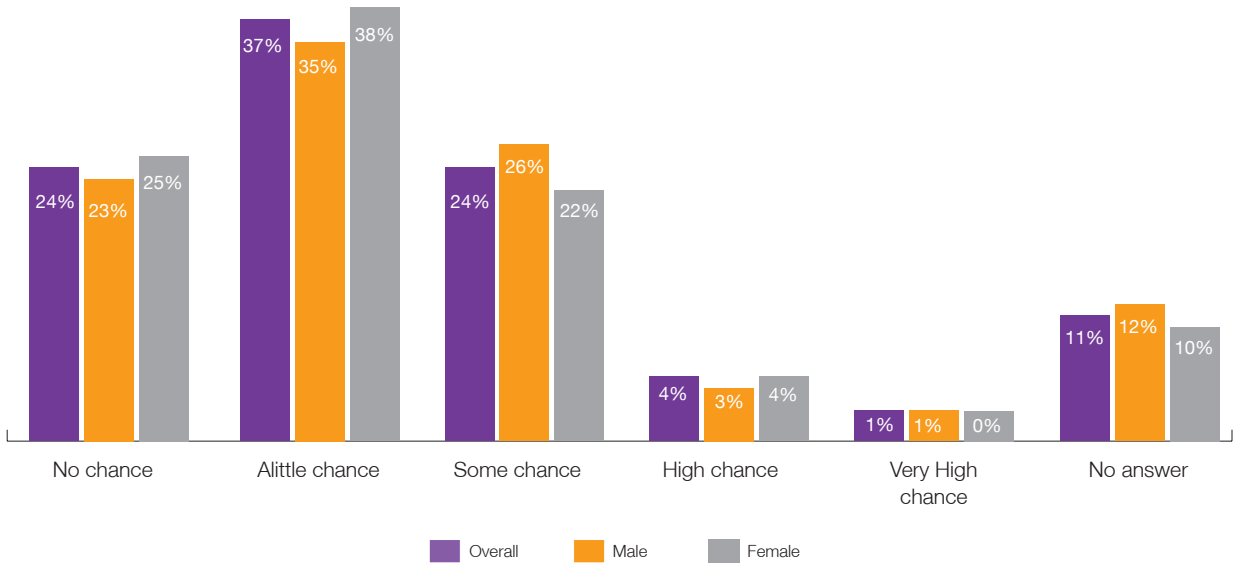
Following the COVID-19 pandemic, Rohingyas are facing a "new normal" life with restricted movements and limited services inside camps. It aggravated the woes of the already stressed Rohingya population. When asked about the challenges caused by pandemic, most of the respondents mentioned multiple concerns and problems. The majority of the respondents (73%) identified the temporary closure of children's learning as the biggest concern. Many respondents expressed economic concerns as 52% of the respondents stated that the scope of work in the camps reduced and 34% of the respondents mentioned the reduction of business opportunities in the camps. Another frequently mentioned challenge is the price hike of necessary commodities (according to 45% of the respondents).

Many respondents mentioned the difficulties in social communication and bonding. According to the respondents, the banning of transportation (25%), and lockdown (39%) which generally controls movements are two of the primary reasons why communication with friends and relatives in other parts of the camps become difficult. 17% of the respondents mentioned difficulties in arranging marriages or other social ceremonies, while 27% mentioned the closure of mosques, which is also a meeting place, to have hampered social interaction. 11% of the respondents, mostly women, said that they could not visit Shantikhana (women-friendly spaces) where they used to find peace and calmness.

14% of the respondents felt that the humanitarian workers and NGO staff do not take as much care as earlier during the COVID-19 period. A considerable number of respondents (39%) complained about not getting relief goods timely. Furthermore, 17% of the respondents stated of not getting proper treatment at the healthcare centres during the pandemic.

Respondents were asked about the chances of availing childbirth services for their pregnant family members in the hospital/health centres in the camps. 24% of the respondents believe there is no chance at all for their pregnant family members to give birth in health centres amid this crisis. Another 37% mentioned there is a little chance, and 28% said there is some chance of delivery of pregnant family member(s) in the hospital/ health centres.

Figure 6: Perception of the chances of getting childbirth delivery support in hospital/healthcare centres



When asked about the surge in violence against women (VAW) in the camps induced by lockdown, 15% of the respondents reported an increase in VAW. 41% disagreed, while 44% of the respondents were found unaware of the violence against women increased or not.

Fears and vulnerabilities in camps during COVID-19 pandemic

The respondents were questioned about COVID-19 related fears and apprehensions. A total of 65% of the respondents (where men are 61% and women 68%) informed that they feel vulnerable to COVID-19 infection. The study finds casual indifference among 35% respondents despite the high probability of transmission in the camps.

61% of the respondents expressed concern stating they believe the infection would be transmitted through the host community. Furthermore, 39% believe in no or a little possibility of getting infected with the virus by the host community.

Rohingya respondents are also concerned about the future of the humanitarian response towards Rohingyas. Almost half (46%) of the respondents expressed anxiety that the humanitarian responses will shrink significantly if the COVID-19 situation prolongs. The respondents from women-headed households (50%) are found to be more in fear than the ones from men headed households (45%).

Necessary coping mechanism

To cope with the "new normal" induced by the COVID-19 pandemic, the respondents recommended improvement in health and WASH facilities in the camps. They also suggested to increase relief goods, enhance the flow of information related to COVID-19 and other infectious diseases, improve shelters with solar light, and to increase the scope of livelihood earning. The Rohingya respondents also suggested ensuring cash transfer and proper monitoring of all response programmes. Among all these necessary coping mechanisms, 23% emphasised on improving health facilities, more precisely, improvement of healthcare centres and establishment of hospitals in the camps which will be equipped with COVID testing and treatment facilities, and adequate medicines for all diseases. 3% of respondents uttered the need for information booths inside camps where COVID-19 related information would be available and updated information would be disseminated regularly. 13% of respondents emphasised on ensuring WASH facilities, e.g. adequate water supply, hand washing materials, and washbasins in public infrastructures. They also recommended distributing COVID-19 protection wears such as masks, gloves. 20% of the respondents stressed on increasing relief goods, including nutritious foods. 7% of the respondents emphasised on the need for monitoring of all response programmes. However, almost 27% of the respondents have been found unaware of necessary coping mechanisms to adapt to the "new normal" and 4% believe that current facilities are adequate.

Policy recommendations

The infection in Rohingya camps has just started spreading. The government and other humanitarian responders need to take necessary measures to control the community transmission before the infection rate escalates further, and the death toll rises. The humanitarian agencies and the GoB need to be more strategic to increase awareness among the Rohingya community and prepare them for adapting the "new normal."

The study suggests some recommendations as follows:

- Establish information booths in each camp to provide COVID related messages. Booth representatives will disseminate information regarding COVID-19 transmission, symptoms, risks and fatality, preventive measures, and testing-treatment facilities available in the camps. Design inclusive communication materials that are easily understandable and accessible by all, especially children, women, aged, and persons with disabilities.
- Disseminate information widely in all camps through diverse and appropriate communication channels trusted among Rohingyas to reach out to different groups. Adopt a community engagement strategy for building trust and improving their knowledge and awareness regarding COVID-19. Religious leaders need to be engaged more effectively to complement their beliefs. Arranging religious sermons focused on COVID-19 and its preventive measures, supported by the interpretation from Islamic teachings and traditions, can be useful.

- Engage self-organised Rohingya groups and community leaders to observe community practices regarding COVID-19 preventive measures. They can also help to enforce quarantine, monitor outsiders' movement inside the camps, and work as part of community feedback mechanism on different service provisions.
- Establish adequate hand-washing points in bazaars, mosques, in front of learning centres, children centres, women centres, public toilets, and government and humanitarian agency offices. Ensure availability of hand-washing materials at the points and their appropriate use through monitoring. Install banners, and billboards displaying COVID-19 related messages and hand-washing guidelines near the hand-washing points for visual depiction.
- Rohingya houses being congested, home quarantine cannot be adequately maintained. New quarantine houses in each camp or learning centres need to be established. Child-friendly spaces can be turned into a house-like place where home quarantine can be adequately maintained and monitored.
- The ten planned Severe Acute Respiratory Infection Isolation and Treatment Facilities (SARI ITCs) need to be functional at earliest, and the number of isolation units in the hospitals needs to be increased to facilitate the isolation of the suspected and the infected patients. The COVID-19 testing facilities need to be installed inside or near the camps. Pregnant mothers and neonates should be given priority care.
- Try to lessen the concerns among Rohingyas regarding the continuation of essential services and relief items. Ensure the essential services to be supplied timely and effectively.
- Humanitarian responders need to exhibit more transparency and communicate clearly and proactively to the Rohingyas to build trust and reduce rumours. More humane behaviour of the humanitarian workers is necessary to diminish negative perceptions and to increase health-seeking behaviour, and compliance with preventative measures.
- Communication is key to the timely and effective management of this situation. The normal speed of mobile network and internet needs to be reinstalled to facilitate better communication in the face of COVID-19 pandemic and the upcoming cyclone and monsoon seasons.
- The government of Bangladesh should create a special section in the national budget for the Rohingyas considering the possibility of shrinking international aid flow. The government should also incorporate a special provision in the "National Preparedness and Response Plan for COVID-19" for Rohingyas sheltered in Cox's Bazar.

Annex-1: Knowledge about the COVID-19 and its treatment

Table 1: How did you first hear about COVID-19?

Response	Overall (%)	Men (%)	Women (%)
Microphone announcement	42.94	48.83	38.62
NGO workers	27.04	22.07	30.69
Volunteer	8.75	7.98	9.31
Majhi (traditional leaders)	8.15	7.98	8.28
Family members	4.97	1.41	7.59
Leaflet	1.79	3.29	0.69
Radio	1.79	1.88	1.72
Mobile SMS/voicemail	1.59	2.35	1.03
Social media (YouTube, Facebook, WhatsApp)	0.99	1.88	0.34
Television	0.6	0.94	0.34
Others	0.4	0.47	0.34
Did not hear	0.99	0.94	1.03
Total	**100**	**100**	**100**

Table 2: Perception about ways of COVID-19 transmission (multiple responses)

Response	Number of responses	Percentage
Coughing/sneezing of an infected person	393	78.13
Breathe in respiratory droplets of an infected person	188	37.38
Touching anything with the virus on it	231	45.92
Do not know	45	8.94

Table 3: Perception about symptoms of COVID-19 infection (multiple responses)

Response	Number of responses	Percentage
Fever	453	90.06
Sore throat	314	62.43
Runny or stuffy nose	251	49.90
Difficulty breathing or shortness of breath	237	47.12
Dry cough	197	39.17
Headache	106	21.07
Diarrhoea	38	7.55
Fatigue	37	7.36
Muscle/body pain	31	6.16
Do not know	30	5.96

Table 4: Perception about who can be infected with COVID-19

Response	Overall (%)	Men (%)	Women (%)
Everyone	71.77	73.71	70.34
Old people	18.29	15.96	20.00
Children	2.39	2.82	2.07
People who have a pre-existing health condition	2.19	2.35	2.07
Old and young people	1.59	2.35	1.03
Women	0.4	0.47	0.34
Others	0.2	0	0.34
Do not know	3.18	2.35	3.79
Total	**100**	**100**	**100**

Table: 5: Treatment suggestion to someone who exhibits COVID-19 symptoms

Response	Overall (%)	Men (%)	Women (%)
Go to camp hospital or facilities	60.83	61.5	60.34
Go to Majhi	17.3	13.62	20.00
Go to the local government hospital	9.94	12.21	8.28
Call health workers	4.37	5.16	3.79
Go to Cox's Bazar government hospital	2.19	1.41	2.76
Stay home	1.59	2.35	1.03
Will stop communication with him/her	0.6	0.47	0.69
Go to site management	0.4	0.47	0.34
Go to pharmacy	0.2	0.47	0.00
Do not know	2.58	2.35	2.76
Total	**100**	**100**	**100**

Table 6: Knowledge about the location of the nearest "designated" health care facility to visit in case of COVID-19 infection

Response	Overall (%)	Men (%)	Women (%)
Yes	59.05	60.09	58.28
No	26.44	26.29	26.55
Not sure	14.51	13.62	15.17
Total	**100**	**100**	**100**

Annex-2: Attitude towards COVID-19 preventive measures

Table 1: "It is dangerous to go out in public during this COVID-19 pandemic"

Response	Overall (%)	Men (%)	Women (%)
Agree	86.09	86.38	85.86
Disagree	7.75	8.92	6.9
Uncertain	6.16	4.69	7.24
Total	**100**	**100**	**100**

Table 2: "Physical contacting is not problematic during a pandemic"

Response	Overall (%)	Men (%)	Women (%)
Agree	34.39	35.68	33.45
Disagree	55.46	58.22	53.45
Uncertain	10.14	6.1	13.1
Total	**100**	**100**	**100**

Table 3: "Attending public gatherings is not a problem during this COVID-19 situation"

Response	Overall (%)	Men (%)	Women (%)
Agree	32.41	33.8	31.38
Disagree	58.05	61.03	55.86
Uncertain	9.54	5.16	12.76
Total	**100**	**100**	**100**

Annex 3: Practices of the COVID-19 preventive measures

Table 1: Practice of handwashing with soap and water for at least 20 seconds

Response	Overall (%)	Men (%)	Women (%)
Not at all	0.99	0.94	1.03
Sometimes	42.54	40.38	44.14
Regularly	56.46	58.69	54.83
Total	**100**	**100**	**100**

Table 2: Practice of covering mouth and nose when coughing and/or sneezing

Response	Overall (%)	Men (%)	Women (%)
Not at all	5.57	4.23	6.55
Sometimes	42.74	43.66	42.07
Regularly	51.69	52.11	51.38
Total	**100**	**100**	**100**

Table 3: Practice of "staying home" during the pandemic

Response	Overall (%)	Men (%)	Women (%)
Not at all	3.18	2.82	3.45
Sometimes	37.38	43.66	32.76
Regularly	59.44	53.52	63.79
Total	**100**	**100**	**100**

Table 4: Practice of avoiding public gatherings during COVID-19 pandemic

Response	Overall (%)	Men (%)	Women (%)
Not at all	13.52	10.8	15.52
Sometimes	33.2	34.74	32.07
Regularly	53.28	54.46	52.41
Total	**100**	**100**	**100**

Table 5: Practice of wearing a mask while going out in public

Response	Overall (%)	Men (%)	Women (%)
Not at all	6.76	5.16	7.93
Sometimes	36.78	38.03	35.86
Regularly	56.46	56.81	56.21
Total	**100**	**100**	**100**

Annex 4: Perception about preparation to fight COVID-19 in the camps

Table 1: "COVID-19 related information sufficiently available in the camps"

Response	Overall (%)	Men (%)	Women (%)
Agree	63.62	66.67	61.38
Disagree	11.13	11.74	10.69
Uncertain	25.25	21.6	27.93
Total	**100**	**100**	**100**

Table 2: "NGO workers deliver COVID-19 related messages by maintaining social distance"

Response	Overall (%)	Men (%)	Women (%)
Agree	77.14	82.16	73.45
Disagree	4.18	5.16	3.45
Uncertain	18.69	12.68	23.1
Total	**100**	**100**	**100**

Table 3: "Sufficient hand washing materials (water, soap, sanitiser, etc) are available in the camps"

Response	Overall (%)	Men (%)	Women (%)
Agree	68.99	70.9	67.59
Disagree	16.1	18.31	14.48
Uncertain	14.91	10.8	17.93
Total	**100**	**100**	**100**

Table 4: "Necessary health facilities are available in the camps to fight COVID-19 pandemic"

Response	Overall (%)	Men (%)	Women (%)
Agree	61.82	61.98	61.72
Disagree	12.92	12.68	13.11
Uncertain	25.25	25.35	25.17
Total	**100**	**100**	**100**

Table 5: Can Rohingyas quickly contact healthcare facilities if someone shows symptoms of COVID-19?

Response	Overall (%)	Men (%)	Women (%)
Yes	62.23	61.97	62.41
No	23.06	22.54	23.45
Uncertain	14.71	15.49	14.14
Total	**100**	**100**	**100**

Table 6: Is there any chance of getting services in hospital/healthcare centres, if any Rohingya woman goes with labour pain?

Response	Overall (%)	Men (%)	Women (%)
No chance	24.06	23.00	24.83
A little chance	36.78	34.74	38.28
Some chance	23.86	25.82	22.41
High chance	3.78	3.29	4.14
Very high chance	0.8	1.41	0.34
No answer	10.74	11.74	10.00
Total	**100**	**100**	**100**

Table 7: Do the Rohingyas agree with the government's decision of lowering mobile and internet speed in the camps?

Response	Overall (%)	Men (%)	Women (%)
Agree	11.73	12.2	11.38
Disagree	53.87	55.4	52.76
Uncertain	34.39	32.39	35.86
Total	**100**	**100**	**100**

Annex 5: Problems caused by COVID-19 pandemic in the camps

Table 1: Problems during COVID-19 pandemic (multiple responses)

Response	Total (%)
Learning of children stopped	73.36
Reduced scope of work in the camps	51.69
Price hike of necessary goods	44.93
Cannot communicate with friends, family members or relatives	39.36
Delay in getting relief goods	38.57
Reduced scope of business in the camps	34.00
Cannot pray at the mosque	26.64
Transportation in the camps stopped	25.25
Cannot marry/give marriage	17.10
Do not get treatment at the healthcare centres	16.70
Humanitarian workers and NGOs do not take care of us as they did earlier	13.72
Cannot go to Shantikhana (common space)	10.93
Others	0.60
No problem	1.99

Table 2: Do the Rohingyas think that the VAW incidences increased recently in the camps during the pandemic?

Response	Overall (%)	Men (%)	Women (%)
Yes	14.91	13.15	16.21
No	40.76	46.01	36.90
Uncertain	44.33	40.85	46.90
Total	**100**	**100**	**100**

Annex 6: Fears and vulnerabilities of Rohingyas in COVID-19 pandemic

Table 1: Chances of Rohingyas getting infected of COVID-19

Response	Overall (%)	Men (%)	Women (%)
Very high chance	6.36	6.10	6.55
High chance	23.26	25.35	21.72
Some chance	35.19	29.58	39.31
A little chance	28.83	32.86	25.86
No chance	6.36	6.10	6.55
Total	**100**	**100**	**100**

Table 2: Chances of Rohingyas getting infected of COVID-19 through host community

Response	Overall (%)	Men (%)	Women (%)
Very high chance	11.93	14.08	10.34
High chance	16.30	15.96	16.55
Some chance	33.20	35.68	31.38
A little chance	31.41	29.58	32.76
No chance	7.16	4.69	8.97
Total	**100**	**100**	**100**

Table 3: "Humanitarian response will shrink if COVID-19 situation prolongs"

Response	Overall (%)	Men (%)	Women (%)	Men HH head	Women HH head
Agree	45.53	44.13	46.55	45.07	50.00
Disagree	15.71	16.43	15.18	15.1	21.74
Uncertain	38.77	39.44	38.28	39.82	28.26
Total	**100**	**100**	**100**	**100**	**100**

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