ROHINGYA CRISIS

Secondary impacts of COVID-19: Potential consequences of the May 2021 containment and risk mitigation measures

On 5 April 2021, the Government of Bangladesh instituted a second national lockdown and imposed new containment and risk mitigations measures (RRRC 05/04/2021).[1] The second lockdown follows a steep increase in COVID-19 transmission rates. On 19 May 2021, five camps[2] with the highest number of cases were placed under complete lockdown while the remaining 34 camps were subject to heavier COVID-19 containment and risk mitigation measures. Under the new guidance, only health activities and food and liquefied petroleum gas (LPG) distributions will be allowed. Water, sanitation, and hygiene (WASH) activities but must be implemented by Rohingya volunteers under remote management or by staff adjacent to the camps. All other humanitarian activities have been temporarily suspended, including monsoon preparedness (RRRC 19/05/2021).

Methodology

This report builds upon the 2020 COVID-19 and Secondary Impacts report and the 2020 Impact of the Monsoon and COVID-19 Containment Measures report. The report includes an analysis of publicly available secondary data and focuses on the anticipated secondary impacts resulting from the lockdown measures. It does not seek to predict the direct impact of COVID-19 in Cox's Bazar or to assess the humanitarian response's capability to respond to a second wave of COVID-19.

Limitations

This document should be used with additional and more specific research to inform preparedness and response planning. As this is an evolving situation, measures are changing quickly and directives are sometimes unclear. While the long-term secondary impacts of COVID-19 remain unknown, this report anticipates the short-, medium-, and expected long-term impacts based on the current situation.

[1] The first lockdown was between March and August 2020. There was no official lifting of containment and risk mitigations measures in the camps. However, in late 2020 services slowly resumed with reasonably limited staffing in the camps.
[2] Camps 2W, 3, 4, 15, and 24.

This report analyses the potential secondary impacts of COVID-19 containment and risk mitigation measures, both generally and in the face of the upcoming monsoon and cyclone seasons. It draws attention to the following potential consequences of a reduction in humanitarian programming in the Rohingya refugee camps:

Deterioration in community engagement: Retroactive communication in 2020 played a role in the breakdown in trust between Rohingya refugees and humanitarians and resulted in confusion among the Rohingya. Clear and ongoing engagement and communication targeted towards including the most vulnerable groups is needed to avoid a further erosion of the relationship between Rohingya and humanitarians and to shape programming to evolving needs.

Decrease in safety and security: The negative socioeconomic impacts of lockdown measures and suspended protection programming will accelerate already rising protection risks, including GBV and child protection, while protection structures disappear. This will in turn exacerbate inter- and intra-communal tension.

Overall deterioration of health status: The immense breakdown in trust between the refugees and health providers in 2020 has not yet been fully rebuilt and the enforcement of more stringent lockdown measures will likely result in people avoiding COVID-19 testing and waiting longer before coming forward for healthcare.

Increase in economic and food insecurity: The combination of economic loss and challenges accessing assistance during lockdown, both last year and this year, will negatively impact the food security status of households and there may be an increase in the use of emergency and crisis negative coping strategies.

Deterioration in WASH related services: WASH-related risks are expected to increase as activities, including regular maintenance, emergency repairs, and hygiene promotion can only be carried out by trained Rohingya volunteers under remote management. This also transfers the COVID-19 risk onto unvaccinated volunteers.

Prolonged lack of access to education increases vulnerability to protection risks, such as children dropping out due to child marriage or labour.

Increased vulnerability to monsoon and other weather-related damage: This is the second year that reduced Shelter and SMSD programming precedes the monsoon season. Suspension of all activities prior to the monsoon and cyclone seasons will result in extensive shelter and infrastructural damage.

SITUATION OVERVIEW

Number of total tests conducted (as at 29 May 2021)	Confirmed COVID-19 cases	Deaths
43,425 among Rohingya refugees	1,162	17
91,402 among the Bangladeshi community in Cox's Bazar	9,045	95

Source: (Cox's Bazar IEDCR Field Lab, Civil Surgeon Office, and WHO Sub Office 29/05/2021).

The containment and risk mitigations measures implemented in 2020 significantly hampered people's ability to access critical assistance and services and contributed to a degeneration in food security, economic security, and safety and security. The current lockdown measures will exacerbate pre-existing vulnerabilities and create barriers to the accessibility, availability, quality, and utilisation of essential assistance and services. Last year, a significant proportion of Rohingya households resorted to emergency and crisis coping strategies, which risks an irreversible erosion of coping capacities (REVA 4 04/2021). The implementation of even more restrictive measures coupled with the inability to address the secondary impacts of the last lockdown will lead to the long-term deterioration of living conditions for Rohingya refugees.

In 2020, the draw-down and change in humanitarian programming was sometimes communicated retroactively, leaving the Rohingya feeling abandoned and confused (ACAPS, IOM 04/2020; BBC Media Action, TWB 04/2020). This contributed to a loss of trust which humanitarians have spent a year trying to rebuild. It can be assumed that camp residents were not informed prior to the 19 May 2021 changes. Although awareness raising and sensitization on COVID-19 is still permitted, community engagement and accountability is not. The inability to properly communicate the reasons behind the sudden changes in humanitarian programming will further increase mistrust in humanitarians. The need for improved communication has been consistently stressed by the Rohingya, who have also expressed a desire to be engaged in decision-making (ACAPS, IOM 04/2021). Community engagement cannot be reduced and alternatives must be found even during the lockdown.

Where services are being provided, humanitarians must rely on Rohingya volunteers, transferring the risk of contracting the virus from vaccinated humanitarians to unvaccinated refugees. The rollout of vaccines for Rohingya refugees is on hold pending the arrival of COVAX vaccines (UNHCR 05/2021).

Deterioration of safety and security

The combination of movement restrictions to mitigate the spread of COVID-19 and increased securitisation has negatively impacted the wellbeing of refugees (IOM 05/2021; UNHCR 02/2021[4]). The reduction in humanitarian presence and of direct implementation of most protection activities in the camps has been a barrier to effectively referring people to protection services or conducting protection monitoring (IRC 01/2021). Since the start of the pandemic, there has been an overall increase in reports of gender based violence (GBV) as levels of frustration have increased due to a reduction in assistance and livelihood opportunities (Protection monitoring 04/2021; ISCG 12/2020; UN Women 10/2020). It can be safely presumed that not all survivors of violence who wish to report incidents are able to, and not all survivors wish to report violence at all. There has also been an increase in reports of community-level child protection issues, most notably in children experiencing psychosocial distress, child labour, children going missing, child marriage, and violence against children (ISCG 12/2020). Although women and girls are disproportionately affected by GBV, there have been cases of men suffering psychological abuse but unaware of the proper channels to report such incidents (Protection monitoring 04/2021).

COVID-19 containment and risk mitigation measures have had a clear negative socioeconomic impact, with an increase in petty crimes, inter- and intra- communal disputes, and human trafficking (UNHCR 02/2021). Men and boys are more susceptible to crime-related issues such as theft/robbery and, in some cases, murder (REVA 4 04/2021). There have also been increasing concerns of armed criminal activity such as abduction, assault, extortion, and 'taxation' of civilians (UNHCR 02/2021).

Most protection work carried out during the first lockdown was done remotely, using community volunteer structures (UNHCR 05/2021). Protection actors had to resort to the same model during the second lockdown. However, the 19 May directive puts a complete stop to protection activities in all camps. The lack of a regular protection presence in the camps and the inability to implement protection programming has a negative impact on overall protection and on camp governance and access to justice. People are increasingly engaging with informal dispute resolution mechanisms (UNHCR 07/2020; Protection monitoring 04/2021). This is concerning because power is shifting

[4] Data collected in December 2020.

from traditional systems to local gangs and armed groups (IRC 03/2021). Reasons for engaging with these alternative dispute resolution mechanisms include delayed resolution processes and the fact that humanitarians lack the power to apprehend perpetrators (Protection monitoring 04/2021). The ongoing exclusion of protection actors will also lead to a situation where limited support is provided to community volunteer structures that try to fill gaps left by the absence of protection actors on the ground, diluting these structures.

The construction of the fence around the mega-camp in Ukhia has been completed and the fence around the camps in Teknaf is to be completed by June 2021 (Radio Free Asia 06/01/2021; UNHCR 02/2021). Both the fencing and the increased presence of armed security forces has caused unease among the Rohingya, likely due to trauma carried over from their experiences in Myanmar (Fortify Rights 10/2020). This contributes to feelings of being unsafe and unwanted (IOM 05/2021). Strict enforcement of lockdown measures, accompanied by risk of harassment and extortion during their enforcement, will likely impact Rohingya mental health, contributing to an overall deterioration in protection, especially for vulnerable groups.

Erosion of the overall health status of the population

The diversion of resources from non-COVID-19 health services to the COVID-19 response and the global border closures in 2020 resulted in a shortage of medical personnel and resources, negatively impacting the delivery of regular health services such as routine immunization (RI), sexual and reproductive health (SRH), psychosocial support, and the treatment of non-communicable diseases. Although regular health programming has since resumed and continues under the current guidelines, there was an immense breakdown in trust between the refugees and health providers due to issues around quality of services, staff behaviour at health facilities, patient confidentiality, and contact tracing (ACAPS, IOM 05/2020). People began to associate healthcare with the authorities as the CiCs were, and remain, the focal point for contact tracing. They thus associated coming forward with symptoms with negative consequences. The enforcement of more stringent lockdown measures does little to assuage these feelings and will likely result in people not only avoiding testing, but also waiting longer before coming forward for healthcare for COVID-19 and non-COVID related issues, including non-COVID related respiratory illnesses. People will thus present with symptoms far later, when the need for treatment is more dire (Conversation with operational actor 05/2021).

COVID-19 containment and risk mitigation measures in 2020 affected the provision of mental health and psychosocial support (MHPSS) services, and most MHPSS activities remain reduced or suspended. Depending on the organisation, MHPSS may fall under either protection or health, resulting in uneven provision of services across organisations and camps. Unaddressed psychological distress over the long-term has been known to contribute to an increase in GBV, sexual and intimate partner violence, and child abuse (ISCG 12/2020). There is a risk that, if left unaddressed, deterioration in mental health will contribute to a cyclical chain of events in which the lockdown exacerbates tensions and mental health difficulties, which can result in an increase in violence, which results in further deterioration in mental health and psychological wellbeing, all while there are little to no MHPSS services. Lack of MHPSS services also contributes to the development of severe mental health symptoms. In 2020, after non-COVID related health services resumed, some medical providers noted an increase in severe health cases (physical and mental) because of the prolonged lack of mental health support. Given the breakdown in trust between refugees and health providers, the fact that some MHPSS services cannot continue, and the general degeneration in the protection environment, this can be expected to occur again in 2021.

Increase in economic vulnerability and food insecurity

The shift to only critical humanitarian services during the lockdown in 2020 resulted in the suspension or reduction of income generating activities that are crucial in supporting the consumption needs of refugees. This, combined with changes in food distribution modality and challenges accessing assistance, led to increased food insecurity and vulnerability in 2020 (86% of households are highly vulnerable, 16% more than in 2019, while overall vulnerability, both moderately and highly vulnerable, reached 96%) (REVA 4 04/2021). There was also a deterioration in Food Consumption Scores (FCS), with the proportion of households with acceptable food consumption decreasing from 58% in 2019 to 50% in 2020 (REVA 4 04/2021). More households also relied on less preferred/less expensive food (REVA 4 04/2021). At the time of writing, the value-based voucher system has resumed. However, the new restrictions may lead to new changes in food distribution modalities in the future. This would need to take into account previous challenges with the collection of assistance, frequency of distributions and complaints regarding lack of storage, receiving less preferred food, and the quality and quantity of food[5] (ACAPS, IOM 04/2021).

In 2020, some households who had been unable to update their registration during the lockdown struggled to access assistance because they could not travel across

[5] In April 2020, to minimize exposure and crowding at distribution sites, Rohingya refugees were required to redeem all monthly e-voucher entitlement at once. Fresh food corners and farmers markets managed by WFP partners were closed and e-vouchers were a fixed package to food items pre-selected to meet daily macro and micro nutrient requirements (WFP 03/2020).

camps (ACAPS, IOM 08/2020) or because their marriages took place illegally due the lack of registration. If these households have not or will not be able to register life events, they will likely experience the same issues under the current lockdown.

Anticipated economic loss and reduced access to overall assistance and services may increase food insecurity and the use of negative coping strategies. Many households have yet to recover from the impact of the 2020 lockdown, which saw an increase in emergency and crisis negative coping strategies (REVA 4 04/2021). Vulnerable households, such as female-headed households without a male of working age and households headed by older people or people with disabilities, were less likely to have savings or assets to help absorb the initial shock and to supplement assistance (IRC 01/2021; REVA 4 04/2021) and were significantly more likely to report adopting negative food-based coping strategies (2020 J-MSNA 05/2021). Given the short time period between the first and second lockdown, which barely allowed households to rebuild any sort of emergency stock, it can be expected that households that already engaged in negative coping mechanisms will be less able to supplement assistance or live with dignity during the second lockdown.

Deterioration in WASH related services

Despite the increase in handwashing stations and public health awareness raising on the importance of hygiene in 2020, staff and resources were sometimes diverted from regular operations. Humanitarians were less able to conduct regular maintenance activities at the same speed and regularity, meaning water points were not functional for longer periods and latrines were overflowing and not desludged (ACAPS, IOM 04/2020). Although WASH activities were initially allowed to continue under the second lockdown, the 19 May directive reduces WASH activities to those that can be carried out by Rohingya volunteers under remote management. This transfers the risk of contracting COVID-19 to Rohingya volunteers, puts additional strain on volunteer structures, and risks prioritising certain WASH activities over others. WASH activities may continue unhindered only in camps 8E, 8W, and 9 (the fire-affected camps).

Prolonged lack of access to education

Temporary Learning Centres (TLCs) and Madrasas remain closed and have been since March 2020, in line with the national mandate. Even under normal circumstances, access to education for Rohingya children was constrained and since the pandemic, children have faced many additional challenges regarding distance learning and home-schooling (REACH, Education Sector 03/2021). Prior to the pandemic, 29% of adolescents were enrolled in learning centres (UNHCR 12/2020). However, lockdowns and the closures TLCs have widened inequalities and exacerbated pre-existing challenges, particularly for female students (REACH, Education Sector 03/2021). Since 2020, perceptions of an increase in children dropping out from learning opportunities due to child marriage and labour have been reported and financial challenges were frequently cited as a barrier to accessing distance learning (REACH, Education Sector 03/2021). 14% of households with children previously in education said they do not plan to send all their children back to TLCs when education resumes. This was most prevalent in households with high dependency ratios (2020 J-MSNA 05/2021).

Rohingya boys aged 13-17 are particularly concerned about the lack of learning opportunities and place high importance on quality of education and education that will be recognised outside the camps. Rohingya youth also clearly link education to future opportunities and access to livelihoods (ACAPS, IOM 04/2021). Education has also been closely linked with social cohesion among the Rohingya, and lack of education may result in increased stigma towards those who are uneducated (ACAPS, IOM 04/2021).

Essential services delivered through education and skills programs, such as school feeding programs, SRH awareness and services, and child protection services, have remained suspended since the first lockdown. The overall decrease in safety and security and increased protection issues faced by children may prevent parents from sending their children to TLCs once they reopen.

Expected impact of the monsoon and cyclone season

Heavy monsoon rains have previously triggered soil erosion and landslides or flooded low-lying areas, affecting thousands of Rohingya refugees and restricting humanitarian access and access to essential services (ISCG 01/2021; IOM 07/2019). Prior to each monsoon season, the Shelter and Site Management and Site Development (SMSD) sectors carry out reinforcement activities that include strengthening shelters, drains, and roads to reduce risk of landslides, soil erosion, and waterlogging; repairing roads, culverts and other critical infrastructure to ensure access to medical and essential services; and distributing tie-down kits and providing technical follow up (ISCG 06/2020). However, because the lockdown in 2020, humanitarians were unable to complete their regular pre-monsoon reinforcement activities (RRRC 08/04/2020; ACAPS, IOM, SMSD, Shelter Sector 08/2020; WFP 05/2021). Reduced staffing in the camps meant limited capacity to assess and respond to immediate needs for shelter assistance due to weather-related damages and reduced technical support regarding the use of proper shelter repair and tie down kits. As a result, there was a 100% increase in reported shelter damages in 2020 (ACAPS, IOM, SMSD, Shelter Sector 08/2020). Between June and August 2020, weather events affected at least 27,313 households, resulting in 52 hospitalisations and 18 deaths (Data from SNFI sector 05/2021). This highlights the need for robust materials and ongoing monsoon-related preparedness activities.

Although shelter reinforcement activities resumed in August 2020, the initial lockdown guidelines in 2021 left the continuation of SMSD and shelter activities to be determined by individual Camps in Charge (CiCs)[6] (RRRC 05/04/2021). Referral schemes were also affected, resulting in delays in adequately responding to complaints around lack of shelter materials and feedback on maintenance from refugees (UNHCR 05/2021). The 19 May circular suspends all shelter and site development activities with the monsoon and cyclone season fast approaching.

As the time between the lifting of last year's restrictions and implementation of this year's restrictions was so short, and because the March fire required the mobilisation of emergency shelter support, only limited shelter and site development reinforcements could be conducted prior to the second lockdown. This is the second year in a row that reduced programming precedes the monsoon season, likely to result in even lower resilience in the face of natural disasters. Given the limited shelter support humanitarian partners could provide before 19 May 2021, shelter damage is expected to be extensive and some shelters could become unliveable. When no shelter emergency assistance is provided, people remain unprotected from the elements and may seek shelter in neighbouring households, increasing the risk of COVID-19 transmission.

While emergency shelter construction in the fire affected camps remains unaffected (RRRC 19/05/2021) and SMSD was able to carry out some reinforcements, risk of slope failure, soil erosion, and mudslides remains high due to structural damages to the ground from the fire (Energy and Environment technical working group 03/2021). Accessing essential services and receiving assistance becomes even more challenging and dangerous during the monsoon season, particularly for populations with pre-existing physical and social mobility challenges (ACAPS, IOM, SMSD, Shelter Sector 08/2020; ACAPS 02/2021). In 2021, heavy rainfall and slope failure is likely to increase damage to bridges and pathways due to the suspension of monsoon preparedness activities.

Heavy rainfall during the monsoon season can make it difficult for households to access WASH facilities due to muddy and slippery pathways, waterlogging, etc. Flooding can also contaminate water sources. This could further deteriorate the population's health status and lead to an increase in acute watery diarrhoea (AWD), cholera, and other waterborne diseases. Unsafe WASH services can negatively impact child health and is a contributing factor to malnutrition and stunting. As at 16 May 2021, a total of 31 Rapid Diagnostic Tests[7] (RDTs) were reported positive, of which eight were confirmed to be cholera. This is concerning because in all of 2020, only 28 RDTs were reported positive, of which five were cholera (WHO 05/2021). Following a cholera outbreak in late 2019 there was a mass Oral Cholera Vaccine (OCV) vaccination campaign and 160,000 children between 1 and 5 were vaccinated across the camps (WHO 05/2021). However, discrimination in Myanmar suggests that children born in Myanmar were unlikely to have been vaccinated before the 2017 influx (Rahman et al. 07/2020). Older children and adults thus remain at risk of contracting the disease.

The risk of mosquito vector-borne diseases such as dengue, malaria, and chikungunya is higher during the pre-monsoon and monsoon seasons (Islam et al. 02/2020). Health is inextricably tied to shelter, NFIs, and WASH. Current restrictions on shelter reinforcement, NFI distributions, and WASH programming could contribute to an increase in vector-borne and waterborne diseases. Operational actors have said that the distribution of critical NFIs such as mosquito nets was irregular even prior to the pandemic. Suspension of NFI distributions means many households will not be able to protect themselves from vector-borne diseases.

Bhasan Char

Thousands of refugees have been relocated to Bhasan Char, a previously uninhabited low-lying silt island off the southern coast of Bangladesh. Further relocations are ongoing and the Government of Bangladesh aims to relocate an estimated 100,000 refugees to the island (BBC 10/2020; Reuters 01/2021; UNHCR 12/2020). At the end of March 2021, the UN conducted its first visit to undertake a protection and technical assessment to evaluate the safety and sustainability on the island and acknowledged that the Government of Bangladesh had made extensive investment in infrastructure (WFP 04/2021; Radio Free Asia 04/2021). The upcoming monsoon season will be the first major test for the island since it has become inhabited.

Impact on host community

Throughout the response, there has been little to no distinction between host community households living inside the camps and those living outside. Host community households inside the camps are rarely assessed and there is little to no information about how the first lockdown impacted them. However, fears of COVID-19 and the economic impact of the first lockdown led to an overall deterioration in security and fuelled tensions between the host and refugee communities (IOM 05/2021). Tensions remained high after the first lockdown was lifted and only started to decline recently. This second lockdown, along with the complete lockdown of Teknaf upazila

[6] Government camp administrators.

[7] Rapid Diagnostic Tests are not enough to confirm cholera, further culture tests are needed.

and predicted lockdown of Ukhia upazila, will likely result in another increase in tensions.

The new restrictions are likely to impair efforts to improve social cohesion between both communities. Without the provision of protection and social cohesion programming, there may be an increase in tensions between both communities residing within camp boundaries. At the time of writing, it remains unclear how host community households living within camp boundaries will be able to access food and other services. However, overall vulnerability (moderate and highly) in the host community increased from 41% in 2019 to 51% in 2020 (REVA 4 04/2021). Host community households do not all receive blanket food assistance and rely on markets which are currently experiencing increased food prices due to increased transaction costs for transportation. Prolonged lockdown could further drive prices upwards (WFP 05/2021).