Virtual Workshop for NGOs: Refugee Protection in the Context of COVID-19

Session 3: Countering Stigma and Discrimination During COVID-19

Analysis and feedback on case study

NOTE:

- *The following scenario is hypothetical. Any resemblance to actual persons or events is purely coincidental. We have considered a number of complicated issues as a learning tool, so that participants can spot the issues, and apply protection principles and discuss what they would do to address the issue.*
- *The compilation of feedback from the workshop is based on the limited notes available and capture the actual discussion.*

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<tr><th>Case Study Text</th><th>Facilitator's analysis</th><th>Participants' feedback (compiled from workshop)</th></tr>
<tr><td rowspan="5">A 35-year-old refugee man living in a camp in Country X tested positive for COVID-19 and was advised by the doctor to stay in isolation at the hospital for two weeks. After two weeks, he would be tested again and if these are negative, he could return home. Initially, he wanted to go home and stay with his family and did not want to stay in the hospital. He wanted to stay at home and pray with his family as a religious leader told him that this virus infects only those who have committed sin.

At the insistence of doctors and health agencies, he finally agreed to stay in the hospital while his family comprising of his wife and three young children remained in home quarantine in the refugee camp. He was also scared that his family members will catch the virus. He had heard from NGOs announcing through megaphones throughout the day that people should be very careful about this 'killer virus', not leave their homes at all, wear masks and wash hands with soap. His wife and children did not have masks and did not have enough water to wash hands frequently. The nearest water point was two</td><td colspan="2">Could you identify some reasons why the patient hesitated to stay in hospital? How could we address his concerns?</td></tr>
<tr><td>• He wanted to stay with his family and feared separation from them
• He wanted to pray with his family as a religious duty and to avoid consequences failing these duties
• It is important to listen to and understand the concerns of persons affected so that we can speak directly to those concerns, because these concerns are likely shared by others, and to better understand what people are hearing, any rumors circulating, and whether publicly disseminated messages are reaching the community as needed.</td><td>• Family and duties were more important to him compared to going to the medical facilities
• Assume that his wife and children will be vulnerable if he leaves
• NGOs need to communicate so the man and his family has a better understanding of the situation and not make the patient afraid. The use of the term "killer virus" also led to fears and stigmatisation.
• Community is not sensitised
• Religious leaders have strong influence on the community</td></tr>
<tr><td colspan="2">What could NGOs have done differently to ensure that refugees have an accurate understanding of COVID-19?</td></tr>
<tr><td>• The message that stuck with the man was "killer virus". Was this the actual message that was delivered, or was it a rumor circulating…is this the appropriate message? How would we craft a better message?</td><td>• Use a sensitive approach. Should not see refugees as objects for testing.
• Provide relevant information to refugees and do not use language such as "killer virus" that incites fear</td></tr>
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<tr><td rowspan="2">kilometres away from their house and his family often did not feel safe to go and fetch water on their own.

→ Could you identify some reasons why the patient hesitated to stay in hospital? How could we address his concerns?

→ What could NGOs have done differently to ensure that refugees have an accurate understanding of COVID-19?</td><td>• He was asked to wear a mask but did not have access to a mask. This would likely have compounded his fear as he is unable to follow the advice being given.
• He was asked to wash hands frequently, but lacked adequate water to do so, and the family would have to subject themselves to additional/different risks in order to get more water. This might change the calculation of what action to take.
• Advice given needs to be feasible for people to follow, and therefore it needs to consider the specific context and population and their needs and capacities. The advice also needs to be accompanied by messages that instill confidence and invoke the kind of actions we want people to take in order to stay healthy and safe, but balanced so as to not go too far and scare people.</td><td>• Use affirmative and positive approach for public awareness raising and messaging
• Stakeholder mapping on who to target in the community for information dissemination as information from NGOs and religious leaders are not aligned.
• Gaps in public health such as scarcity of water needs to be addressed</td></tr>
<tr><td rowspan="2">After two days in the hospital, the patient started receiving phone calls from his family saying that the neighbours were threatening to remove them from the camp. His family was being threatened and were being told that COVID-19 is a disease contracted by bad people and that the family is cursed. Community members surrounded his house shouting slogans and throwing stones and said they would burn the house down if the family did not relocate immediately. His family felt shame and were very frightened.</td><td colspan="2">Identify the secondary impacts of COVID-19 on the patient's family?</td></tr>
<tr><td>• Intense stigma against the family, as potentially cursed, that was escalating with protection risks that could result in serious harm to the family members and their shelter and livelihood.
• Intense fear and shame for the family members, with real threats against the lives and livelihood
• Loss of livelihood (loss of job)
• Break in education for children
• Loss of trust in NGOs due to lack of support when they needed it most</td><td>• Psychological impact. The family was humiliated and stigmatised.
• Loss of trust in NGOs and healthcare workers
• Loss of livelihoods
• Disruption of education for children
• Negative coping mechanism and reluctance to seek help due to rumours and fear of results</td></tr>
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<td rowspan="2">Since they were forced to flee from their country three years ago and started living in the refugee camp in Country X, his wife and children have never stepped outside the camp boundaries. He was working as a daily labourer building and repairing shelters in the camps for a small stipend and his family survived on food and other assistance provided by NGOs. His wife stays at home taking care of the children and his children attended school in the camps. Due to the pandemic, his work and school for his children stopped and they stayed in their shelter only going out for basic needs and emergencies.

When the family was threatened by community members, she asked her husband if she could reach out to NGOs working in the camps for help. Her husband refused to let her talk to NGOs as he did not think they were of much help as he received no support from NGOs when he lost his income and his children had to leave school.

The man asked his family not to go anywhere. From the hospital, he spoke on the phone to community leaders and NGO workers while sick with COVID-19. After three days of intense negotiations, the community members finally agreed to let the family stay on in the camp and follow home quarantine.

→ Identify the secondary impacts of COVID-19 on the patient's family?

→ How can the following actors in camps help in this situation?</td>
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<td>• NGO actors in the camps (Health, protection, communications)
○ As noted last week, ongoing protection monitoring of needs, vulnerabilities and risks; the urgency of those needs/vulnerabilities/risks, referrals, advocacy, counseling/empowerment, raising the alarm, etc.
○ Preparedness, better networking and referrals pathways, raising the alarm, talking with relevant parties, learning from this situation and delivering a wider message to everyone
○ Consider all policies and practices in line with the best evidence to inform and revise the response and related protocols
○ Empower staff and volunteers with correct information and messages and correct misinformation and misperceptions
○ Promote two-way communications with communities – understanding the audience and targeted messaging; inclusion of refugee voices in response planning.
• UN agencies
○ Fact-checking initiatives
○ Campaign to counter misinformation in collaboration with Government
○ Promote different ethnic groups in public messaging to avoid stereotyping
○ Psychosocial initiatives for COVID-19 patients and families.
○ Same as NGO actors above</td>
<td>• NGO actors in the camps (Health, protection, communications)
○ On healthcare, develop a common guideline and policy that NGOs, UN agencies and government agencies should follow in the camps
○ Develop trust by building communication lines
○ Address disinformation

• UN agencies
○ Develop a common guideline and policy that NGOs, UN agencies and government agencies should follow in the camps

• Government agencies (local administration; police/ military, others)
○ Develop a common guideline and policy that NGOs, UN agencies and government agencies should follow in the camps

• Community groups (religious leaders, elected representatives, volunteers, women's groups, youth groups, others)
○ Religious and community leaders have a major role to play in disseminating information in the camp. They are best placed to understand the concerns, alleviate fears and assure refugees. Work</td>
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• *NGO actors in the camps (Health, protection, communications)*
• *UN agencies*
• *Government agencies (local administration; police/ military, others)*
• *Community groups (religious leaders, elected representatives, volunteers, women's groups, youth groups, others)*
	• *Government agencies (local administration; police/ military, others)*
	  ○ Supportive messaging based on scientific evidence, human rights and solidarity
	  ○ Effective use of government websites and social media pages followed by many people to spread facts and counter misinformation.
	  ○ Campaign to counter misinformation in collaboration with UN
	  ○ Speaking out against negative behaviors and statements, including those on social media.
	  ○ Special role of public health officials in countering stigma/ positive messaging on effectiveness of prevention and treatment measures
	  ○ Work with religious leaders and faith based organisations to improve public health outcomes.
	  ○ Inclusive access to healthcare services.
	  ○ Same as NGO actors above
	• *Community groups (religious leaders, elected representatives, volunteers, women's groups, youth groups, others)*
	  ○ Same as NGO actors above, but also speaking to religious and community values as well to avoid stigma in the community; assessing and monitoring impact of COVID-19 response.
	  ○ Religious leaders – messaging through mosque megaphones and calls to prayer; messages of hope and solidarity
		with them to ensure they distribute factual information.

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Women leaders/groups – women are frontline responders in COVID-19 response as community health workers, counsellors and caregivers; women and girls' access to information is limited so women leaders/ volunteers have a key role to play
Youth groups – use of online communications effectively to spread accurate information; capacity strengthening to support vulnerable families in the community; use social media platforms to humanize stories of COVID-19 patients and families.
Linking community groups with media to amplify their voices and address fake news and stigma.

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<tr><td rowspan="2">The man reported feeling a sense of fear and helplessness while being sick and isolated in a hospital away from his family who had no community support. It seemed that everyone now knew about his condition, and many people were talking about his family, and his family even told him that they heard that his name is published in a list of COVID-19 positive persons publicly. He was scared that he would be separated from his family if they were to be forcefully relocated and that he would not be able to find them again. He was reliving the same trauma that he faced in his home country where his community and family was targeted by the military and his house was burnt down.</td><td colspan="2">How has his experience affected the patient's understanding and response to available health support?</td></tr>
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He is left with a bad experience about the message he has heard and the requirements of the process, and believes that this will only discourage others from seeking treatment. When he passes on this negative perception, then it may also discourage others to come forward.
Confidentiality violations have exposed him and his family to protection risks, and exposed them to stigma
Fear of dying alone away from family, and improper burial has made them want to resist seeking help, and affected their feelings of trust of NGOs

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Secondary trauma further aggravates the situation and leads to distrust between refugees and NGOs
Communication, education and health responses have not been developed in consideration of the community's past experience and trauma
There is a gap in understanding and addressing rumours
Fear of isolation from family adds to trauma
Fear of improper burial or not giving the body back to family
Family who were left behind were not fully empowered and wife was excluded from

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<td rowspan="3">He said that this is the reason why people hesitate to say they have COVID-19 symptoms as they may be taken away from their families and their family members may be harassed and threatened. They fear that they will die away from their families and will not receive a proper burial in the presence of their family members and friends. That is why many people are hiding their symptoms and not going to health centres for testing and treatment. They go and hide in other shelters or shift to other areas adding to the risk of spreading the virus.

→ How has his experience affected the patient's understanding and response to available health support?

→ What practical steps can NGOs take in rebuilding trust with the refugee family/community?</td>
<td>• Reliving the same trauma he had fled from may have exacerbated his trauma</td>
<td>decision making process, which adds to the fear</td>
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<td colspan="2">What practical steps can NGOs take in rebuilding trust with the refugee family/community?</td>
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<td>• Don't ignore issues that are not relevant to your role and work, consider the person that actually comes before you and their needs, vulnerabilities and risks
• Give explanations for things you do
• Minimize exposure to re-traumatising events, but don't ignore trauma
• Bear witness to personal story, be patient, and acknowledge emotions as legitimate
• Provide an independent, empathetic, non-judgmental, reliable presence
• Facilitate contact, where possible, with family and significant others. Foster links with people and organisations in the community (referrals).
• Respectful treatment informed by the IC's personal characteristics and history</td>
<td>• Home-based isolation can also be an option alongside isolation in hospital
• Personal data protection
• Improve messaging and community understanding of COVID-19 that addresses the actual fears communities have
• Be transparent about quarantine/isolation conditions and process
• Be patient and address concerns and fears
• Ensure support systems are in place for his family who are left behind
• Maintain/facilitate contact between family and patient
• Policies need to be changed to make the process less stigmatising
• Accountability to ensure policies are implemented in a non-discriminatory way</td>
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