

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

**Session 3: Countering Stigma and Discrimination during COVID-19
15 July 2020**

CASE STUDY INSTRUCTIONS

1. Ahead of the workshop, study the case study and questions in all four sections. Note down any thoughts or answers you may have.
2. During Session 3, participants will be divided into 3 breakout groups to discuss the case study. Each group will discuss the questions related to their section of their case study.
3. If you have a preference for which group you are placed in, please indicate so in your Zoom registration or write to us and let us know. Otherwise, participants will be placed randomly in equal numbers between the groups.
4. Before you start your discussion, appoint a rapporteur from your group. The rapporteur's role is to present a summary of the group discussion and key findings after the breakout session has ended.

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.

Group 1:

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 kilometres away from their house and his family often did not feel safe to go and fetch water on their own.

Key questions:

→ *Could you identify some reasons why the patient hesitated to stay in hospital?*

→ *What could NGOs have done differently to ensure that refugees have an accurate understanding of COVID-19?*

Group 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.

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.

Key questions:

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

→ *How can the following actors in camps help in this situation?*

- *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)*

Group 3:

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.

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.

Key questions:

- *How have stigma and discrimination 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?*