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VIEWPOINT ON REFUGEES' SITUATION WORLDWIDE DURING COVID-19 PANDEMIC

Social Science

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ABSTRACT

COVID-19 has made Refugee Community more vulnerable besides, being the disadvantaged section of the society. In this write up, I have highlighted the impact of Covid-19 pandemic with regard to basic facets of refugee's life which now have become acute challenges to fulfill; thus, portraying the dark reality of their violence-ridden lives due to no source of income, unavailability of food, lack of resources, poor sanitation and hygiene, and absolutely no access to health care facilities. More so over ironically, these refugees are loaded with weightless measures (sanitation conditions) to help prevent the spread of COVID infection, while being cramped in densely populated camps with no provisions of any services. Conclusively, COVID-19 has destroyed all the means to fulfill their daily subsistence requirements. The perspective is given by analyzing the situation of 5 aspects, i.e., livelihood, health, nutrition, education and social-emotional wellbeing which have got severely extirpated. To combat the situation, various measures are also discussed further, facing towards International and National Humanitarian Organizations to initiate affirmative steps to give worldwide refugees a better place, space and environment to live.

KEYWORDS

Covid-19; health; refugee; social well-being

COVID-19, a pathogenic disease caused by Corona virus (SARS-CoV-2) and spread by the close unsafe touch between infector – infected individual, was recognized by World Health Organisation (WHO) at the beginning of December 2019. The percentage of its transference is extremely high especially for susceptible communities thus, making it more common via human-human interaction, resulting in high total fatalities [1].

Among this public paranoia everywhere, aren't we forgetting about the most vulnerable community which became susceptible by fleeing from life-threatening conditions and resettling in alien countries for survival, whose picture appears as a teeming adrift boat or a bloated child or shantytown reduced to rubble. Yes, we are talking about a Refugee! who is spawned when his minimal bonds of trust and protection with clan/feudal manor/modern state are ruptured.

"If anyone gets infected, the authority has to kill him/her. Because if (s)he stays alive, the virus will transfer to another person's body" [2]. This annihilation lies for humans and humanity during COVID -19 rampant when all sources are destroyed to supply services to refugees! While the time itself is indicating to join everyone together in such hard time, we are separating some seeing upon their social positions.

COVID-19 has presented an extremely gloomy image of refugees' survival and future. This community is doubly hit by the sudden high tide of pandemic since last 8-9 months, with no proper place to reside as well as prone to get infected. According to International Rescue Committee (IRC), 34 conflict-affected and fragile countries seeking refugees have destroyed healthcare infrastructures and systems thus, less prepared to combat this situation and could face up to 1 billion COVID-19 infections and 3.2 billion deaths [3]. Today, an unprecedented 79.5 million people fleeing from violence have been forcibly displaced to let alone combat this rife in terms of *health* (no medical support), *income* (loss of jobs) and *protection* (increased xenophobia and stigmatisation) [4]. As per United Nations, more than 25 million refugees live in camps of north-western Syria with lack of basic facilities [3], 3.5 million Syrians living along Turkish border [5], 850,000 Rohingyas in Cox's Bazar, Bangladesh with 16,000 quarantine zones[3] and 18,000 Rohingyas, Sri Lankan Tamil refugees and Afghan refugees in slums of Delhi and Mumbai, India [6].

This current situational analysis on the subsistence aspects of their survival, health, nutrition, education and social-emotional well-being will act as an eye opener to identify priority concerns for their integration.

Livelihood – Stringent measures of country lockdown have caused limited/no economic opportunities, paving the way to loss of income and subsistence thus, intensifying gap to cover expenses leading to stigma, unemployment and poverty [7].

Health –Children, adolescents, pregnant women, elderly and those suffering from HIV/AIDS are highly affected due to limited health care facilities in remote areas.

Nutrition – The economic, food, and health system disruptions due to COVID-19 exacerbated all forms of malnutrition with millions thrown into extreme poverty on less than $ 1.90 per day [8]. Children (prevalence of high morbidity and mortality due to Protein-energy malnutrition), pregnant and breastfeeding women (no fulfilment of vitamin B, Vitamin A, Iron, Folic Acid; according to pregnancy trimester and lactation period) and elderly people are the worst sufferers [9].

Education–It is highly affected due to the lack of infrastructural access, hardware and connectivity, living conditions and remoteness that inhibit refugee children access to national distance learning programmes put in place by governments as part of COVID-19 response [10].

Social-Emotional Wellbeing – Low socio-economic status along with food insecurity, fallen support system and family connections, high levels of unemployment have resulted in depression, low mood, irritability, insomnia, anger and emotional exhaustion among refugee community [11] and thus, increase in Sexual and Gender based Violence (SGBV).

These above conditions clarify quantitatively how and how many of the world's refugees today are living life on the verge of desolation, facing deprivation from services to food to livelihood. The crisis of COVID-19 pandemic has caused a sudden smack on their lives extirpating the rooted pillars on which their lives are based. Are they responsible if they are from that corner of the world where the place is without peace, the colonies are without residents, the schools are without students and the land is without buildings? These 70-80 million refugees are cramming themselves in some thousands of camps all around the world *just to stay alive!*

Psychological stress, cry and helpless situation of adults on not able to find a job and bearing high living expenses, societal challenges of xenophobia and stigmatisation, violence on girls and women, seeing people dying in front due to illness and hunger have the worst of the effects on growing children and adolescents in such communities. They, having experienced such adverse events might develop anxiety and adopt dysfunctional strategies to manage COVID-19 and further challenges in life. This is directly related to higher risk of mental ill-health as there is increased emotional reactivity but decreased emotional regulation [11].

The current scenario arouses a need to take everyone together especially the neglected communities because unity always had rooted strengths to come up with prosperity even in the most difficult circumstances too. So, to achieve the same, the only face looked towards is that of "Authorities and Organisations" who can help in combating these situations.

Mitigation Measures: This worst hit section of the society needs an intensive "Grassroot approach" by the officials and volunteers of National/ International agencies to involve themselves with the very community (while taking care of safety measures) so as to recognize and analyse the in-depth situation and take stringent, effective but realistic measures accordingly to avoid an evil face of community transmission. The authorities can help in providing relaxation in immigration rules and call medically trained or qualified refugees like nurses, doctors and clinical assistants to help combat COVID-19 by offering their expertise. A toolkit developed by WHO PHAME (Public Health Aspects of Migration in Europe) for assessing large influxes of refugees would, therefore, help national ministries of health in leading multi-sectoral collaboration to improve refugees' health and reduce health inequities. Besides this, providing livelihood by giving refugees the contracts to setup small business like producing face masks, protective gears, soaps and sanitisers, create art and music that promote messages of hope, solidarity and awareness, etc. would lead them to have access to some source of income [4]. Social media platforms like Facebook, Twitter, WhatsApp, Google, Microsoft which enable collaborative collaboration via video and text messaging [1] can help in disseminating the authentic information about COVID-19 and the government's mitigation measures, especially for parents on how to talk to their children (handle the pandemic situation, access to home schooling, catering the diverse needs of children and adolescents); procure sanitation measures via washing hands, use of hand sanitizers; for people to manage daily life during quarantine (maintaining social distancing) would help to prevent them from panic situations and comply with the safety rules to fight the Corona virus crisis.

Grassroot participatory approaches could be used such as setting up of Community Radio (to make announcements and spread information and news to people in each and every cluster of refugee camps) as well as Picture Display (a picture or an info-graph describing events or information regarding safety measures, the do's and don'ts in cartoon form to attract people and children to spread relevant information and messages) in their native languages. It is also important to collect and document the data regularly to understand the risk of infection, condition of nutritional health of the most vulnerable individuals in refugee communities and identify culturally acceptable methods to communicate prevention and control messages to promote full integration of individuals in society [9]. This exercise would be useful to the officials in formulating their working policies.

CONCLUSION

It becomes a privilege for refugees to *socially distant* themselves in densely populated camps and *washing hands* for more than 20 seconds, while having less/no access to mere basic subsistence, i.e., survival means, food, water, education or health facilities. In such conditions of utmost emergency, we emphasise on implementation of a coordinated response focusing on situational awareness, public health messages, transmission reduction and care of high-risk people. The dire need grows for all the national and international humanitarian agencies and organizations to join hands together and come forward with contingency plan to provide intensive help and care to people of this worst affected refugee community so that they would be able to cope up with such circumstances generated due to COVID-19 crisis, with minimal loss and negative repercussions on their health and well-being.

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