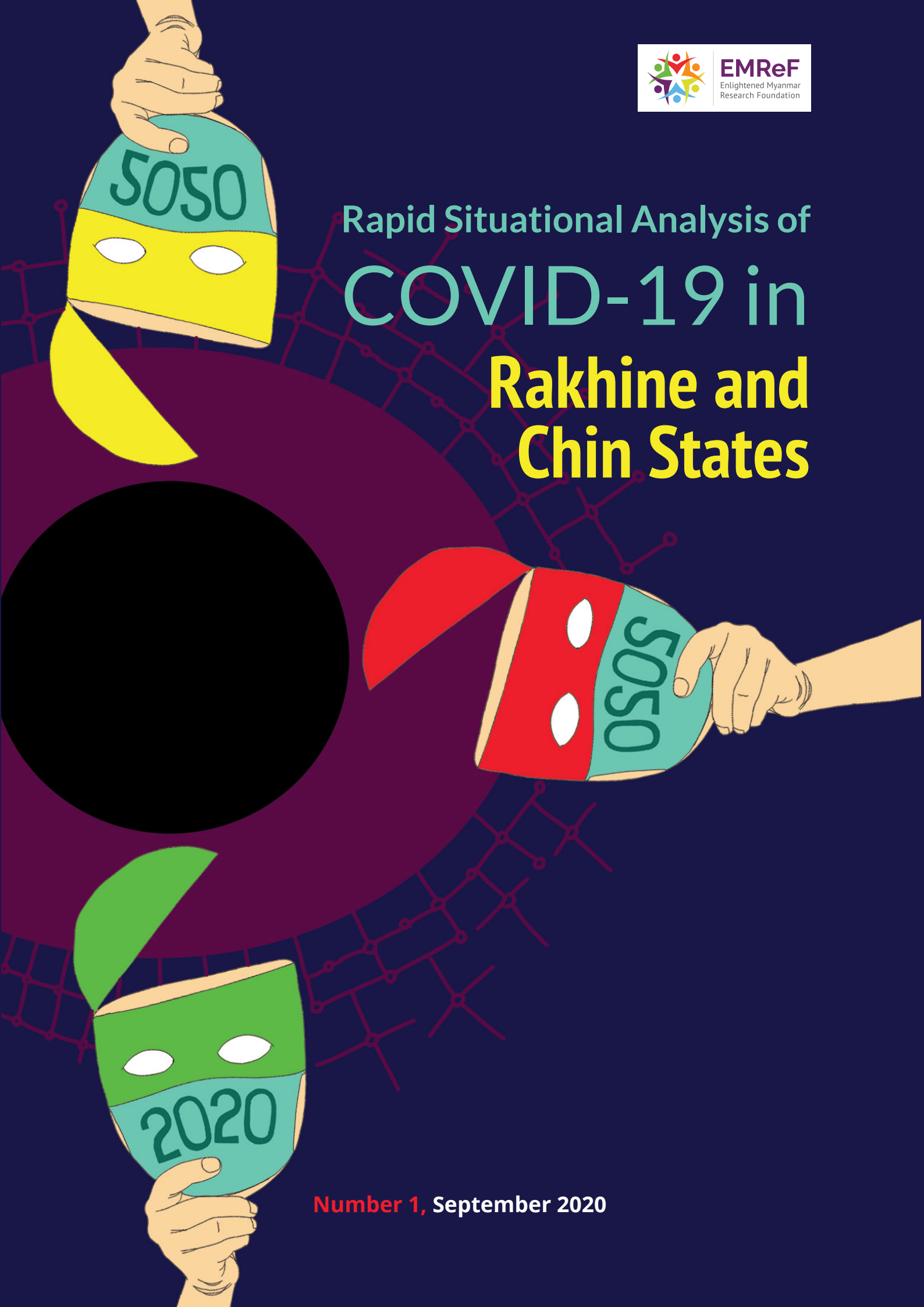

EMReF
Enlightened Myanmar Research Foundation

Rapid Situational Analysis of COVID-19 in Rakhine and Chin States

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Enlightened Myanmar Research Foundation (EMReF)

Introduction

This rapid situational analysis was conducted in three townships during early September 2020: in Sittwe and Kyauktaw in Rakhine State and Paletwa in Chin State. Its purpose is to provide updated information regarding the coronavirus disease 2019 (COVID-19) and the ongoing conflicts in the area to civil society organizations (CSOs), policymakers, governments and international audiences.

The townships were selected based on the following criteria: 1) the number of confirmed positive cases, 2) the conflict context, and 3) the presence of ethnic minority groups.

- Sittwe has the highest number of positive cases in Rakhine State, which increased rapidly as of mid- August. By the end of September, over 830 people were hospitalized for COVID.

- Kyauktaw is situated in an area that has suffered renewed armed conflict while confirmed cases of COVID-19 are also increasing.

- Paletwa is home to the Chin people as well as a minority of Rakhine people; both groups are afflicted by armed conflict although there are fewer recent clashes compared to Kyauktaw.

The research team was composed of four senior researchers from Enlightened Myanmar Research Foundation who conducted phone interviews with civil society groups, Parahita (community welfare) groups, one village or ward, and one IDP camp in each township. In addition, the team conducted interviews with the following ethnic groups in Sittwe and Kyauktaw: Buddhist Rakhine and Maramagyi and Muslim Kaman and Rohingya. The team undertook a total of 38 interviews.

The COVID-19 Situation

Awareness and Access to Information

All respondents reported that they heard information about the virus via radio, television and the internet and from local health authorities and CSOs. Elder villagers rely more on the radio. Those with mobile phones, often more educated youth, share information about the virus with other villagers. People in Kyauktaw are not receiving information regularly since the internet was shut down over a year ago, and they only have slower 2G mobile network access. In a few research sites in Sittwe and Paletwa, CSOs distributed COVID-19 prevention pamphlets.

Many people are reportedly paying more attention to the second wave of COVID-19 because transmission has become local and more asymptomatic cases have occurred. For example, many shop owners do not sell to customers who do not wear a mask when they enter their shop because they are afraid of silent carriers. They worry that they would be tested if they came into contact with an infected person. This in turn would force them and their families to stay at a quarantine center, during which time they could not work and thus lose income.

Sittwe

According to MOHS data, confirmed cases have been growing slowly but steadily across the country since June whilst most people were resuming their work in the "new normal". After one case of local transmission was confirmed in Sittwe on 16 August, the town quickly became a hotspot and the number of confirmed cases rose rapidly, reaching over 200 within a week.

The Rakhine State government announced a "stay at home" policy in Sittwe with immediate effect, which included a lockdown of the streets where the positive cases were found and a nighttime curfew from 9pm to 4am, in a bid to contain the spread of the virus. The State government strictly enforced the regulation of wearing masks in public, and recommended people wash hands regularly and not visit public places. Meanwhile, townships in other parts of the country banned arrivals from Sittwe.

The stay at home policy has a significant impact on grassroots households[1] (mostly casual laborers) who make up the majority of the population in Sittwe. Grassroots households did not receive much support from the State government, and now cannot go outside and find jobs as usual.

Grassroots households do not have enough money and cannot afford to buy even one mask for a family as the price for a mask rose dramatically to 500-600 kyats. Some families face food insecurity, have only one meal per day and have reduced the amount of rice they eat. It is thus difficult for these households to follow the restrictions and rules. Some respondents observed that if the lockdown continued for another 2-3 months, they would be gravely concerned about food shortages of grassroots people. They worry that crime and robberies would inevitably follow.

[1] 'Grassroots' in Myanmar language refers to the most basic level of society.

Kyauktaw

In a Muslim research village in Kyauktaw, all villagers came down with a high fever (40 degrees) in August and thought they had been infected with the coronavirus. The village leader phoned the village tract administrator and reported the health situation in his village. Thereafter, the midwife, who is ethnic Rakhine, arrived at the village. However, she asked for 15,000-20,000 kyats per person for treatment, which most of the villagers could not afford to pay. As a result, they did not get any treatment and three elderly villagers passed away from the illness.

In addition to COVID-19, the research village is in an area where armed conflict flared up. In a Buddhist village, all houses had been burnt down by the Tatmadaw in early September. The 315 villagers fled to nearby villages. There, some residents of these neighboring villages were reluctant to accept them for fear of becoming infected with the coronavirus, but nonetheless did. Eventually, the displaced villagers returned to their village where they all been staying at the monastery, the only building that did not burn.

A nearby Rohingya village fared no better. Villagers had fled there after their own village had been burnt to the ground in 2012. Since then, they have not been allowed to move about freely. The only place they can visit is a local Muslim market five miles away. However, they need to carry a travel document in case local officials check on them. The villagers saw the Rakhine village burn but did not dare to flee because of the movement restrictions on them. Even if they did, no village would host them. They tried to hide instead.

Since 2012, the Rohingya village has not had any health support from the government. Those who can afford it visit a traditional healer in another Muslim village. However, most villagers do not have the means to do so. Consequently, they are very worried not only about someone in the village being infected by the coronavirus, and spreading the disease, but also about the armed conflict raging in the area and the racism they have been exposed to.

Paletwa

The research village in Paletwa has not yet suffered from the coronavirus; however, it has seen recent fighting between the Tatmadaw and the Arakan Army. A local committee led by the General Administration Department (GAD) and comprising other government departments, local civil society groups and ward administrations set up three checkpoints around Paletwa town and check anyone who is visiting or returning to the town to prevent the spread of the disease. One resident who had gone shopping to Kyaw Taw was suspected of having contracted the virus and was sent directly to the local hospital. The hospital is providing the necessary assistance, and he also receives support from relatives and a local civil society group during his stay at the hospital.

Quarantine Centers

There is a total of 15 quarantine centers in **Sittwe** township for people suspected of being infected with the virus, as well as people who came into contact with infected people: 13 by the government and two community-based centers established and managed by the Arakan Humanitarian Coordination Team (AHCT) according to government requirements. Recently, AHCT rehabilitated a building for the volunteers and police officers who serve at the quarantine centers for around 30 lakh. Visitors from outside Sittwe, such as NGO staff and

businessmen, can also quarantine in one of four hotels in town.

The State government is supporting the facilities in Sittwe adequately with water, electricity and food. Some CSOs and international NGOs have also donated food and health products although one respondent reported that some quarantine centers still lack health care products like masks, hand sanitizers and personal protective equipment. Those quarantined were at least initially not worried about their meals and treatment. Over time, however, several people who stay at quarantine centers in Sittwe, and also Kyauktaw, reportedly started to complain that they did not receive enough food whilst others received enough. They also mentioned a lack of transparency with regard to the budget quarantine centers receive for providing food. AHCT reported that all quarantine centers accept all ethnic and religious groups. At the time of interviews, however, there were no Muslims in the town quarantine center. One Maramagyi respondent in Sittwe mentioned that he was concerned about going to a center as he felt that he would be discriminated against by the Rakhine people.

Villagers who come back from Yangon and other places are sent directly to the village school that serves as quarantine center in the research village in Sittwe. They have to stay there for 21 days. At the time of the research, only four people were staying at the center. Their families and relatives were providing food. One respondent noted that the village administrator also allowed others who came from outside the village to do home quarantine.

Government health staff visit the residents at the quarantine center in **Kyauktaw,** measure the temperature and provide health advice. However, the quarantined people do not receive any food, basic commodities or health care products. Instead, they need to be supported by their families and relatives.

While people were quarantined at the center in Kyauktaw, fighting between the Arakan Army and the Tatmadaw broke out nearby. A respondent reported that the people felt very insecure and the 60 quarantined who were from Kyauktaw township ran away to their homes. The following day, health workers and GAD staff sent them back to the quarantine center. The villager said:

> *"It is not that I am not scared of COVID-19. But a bullet or bomb that hits our home can take our life away at any time. The virus would not kill us in an instant. We do not want to die separated from our families."*

Eventually, the local government in Kyauktaw allowed people to quarantine at home and the quarantine center was closed in agreement with the local population.

Similar responses have evolved in quarantine centers that have become overcrowded whilst others operate at below capacity. With a rising caseload, there are suspected patients who are sent home from overcrowded centers before the full 21 days; others just go home when they feel better before the end of the prescribed period. Consequently, villagers are concerned that weak management of quarantine centers will actually help to spread the coronavirus in the community.

Camps for Internally Displaced Persons

Both conflict and COVID have a significant impact on the internally displaced. To begin with, IDPs are restricted in their movement and are not allowed to leave the camps in search of work. People in camps can get the news via radio and television but on the whole, their access to information is more limited, and so is their awareness about the virus. Having no income, they are very worried about food security. They have been receiving food from the World Food Programme (WFP). However, WFP announced that it would need to reduce the amount of food distributed in the coming months. Without WFP food aid and without the ability to secure a job due to COVID-19, many of them may face very dire straits.

In **Kyauktaw**, residents have to rely mostly on informal health workers in the camps and receive little other support. Following government instructions to reduce the spread of the virus is very difficult in IDP camps. For instance, a respondent in a Rohingya camp mentioned that that he had heard about the virus and wanted to follow government regulations regarding COVID-19 prevention. However, he could not afford the 600 kyats to buy a mask for each family member. He ended up buying only one mask which is being used by all family members.

In **Paletwa**, where the eight initial camps were combined into three, doctors and nurses from the township come to the camps once per week and check the residents' health. Minor diseases like cough and flu are treated without charging. If someone's health condition is serious, s/he has to go to the hospital in town, but has to pay for services. Those who do not have enough money end up borrowing from their relatives. A few people are aided financially by the church to cover the cost for treatment based on the seriousness of a sick person's needs and available church funds.

Local CSOs such as the Chin Women Organization and nurses from Paletwa hospital visit the camps to raise awareness about COVID-19, update residents about the disease and distribute pamphlets, masks and hand-gels. Camp residents are advised to stay at home as much as possible in order to prevent the spread of the virus.

The IDP camps in Paletwa are home to people from different villages and different ethnic groups. In general, the displaced had not known each other before arriving at the camps. Most are the residents are Chin but there are also some Rakhine who reside in Paletwa township. As their recent life experiences are similar, there is a good mutual understanding between them, and there are reportedly no tensions. In Kyauktaw, the displaced, who are from the same ethnic group or village, stay together. Since they know each other from before, there are no internal tensions reported among them either.

Leadership and Coordination

Government

Several respondents considered the plans of the Union and State governments to deal with the coronavirus disease weak, focused on confirmed cases, tracing the contacts of confirmed cases and referring both groups to hospitals and quarantine centers. There was seemingly little emphasis on awareness raising and supporting livelihoods. The Rakhine and Chin State governments implemented the Union government's instructions on containing the spread of the virus, and passed on instructions to the local level. Village administrators and leaders established COVID prevention committees to support the effort. A particular focus is on raising awareness and enforcing regulations, for instance regarding the wearing of masks and washing of hands.

Case Study: COVID Prevention in Action

One of the research villages is a short motorcycle ride from Sittwe town. The Kaman people represent the majority in the village, but there are also a few Rakhine and Bamar. Many villagers used to travel to Sittwe daily as casual laborers. Since the outbreak of COVID-19 and the lockdown in Sittwe, they can no longer do so.

The village administrator together with the COVID prevention committee has managed to keep the village virus-free so far. Committee members remind villagers to wear masks and wash hands. The committee also installed four gates to check people entering the village.

Not all villagers are supportive of these measures, however. There is a group of young people who question the usefulness of the regulations. However, the village administrator has been able to manage the situation by noting the government requirement for him to punish anyone who does not follow instructions.

During the first COVID wave in Myanmar, the village received 800 masks from a political party which the committee distributed to those who cannot afford to buy one. They did not receive any masks since the second wave started. However, the Myanmar Red Cross Society had trained women in mask sewing and soap making. The village thus had enough of both, and each villager received one mask and two soaps for free.

The State government issued an instruction whereby one person per household is allowed to travel outside the village. However, the village administrator has not yet received the travel cards he is supposed to issue to villagers. He is thus very concerned about families not having any income.

When the second wave of COVID-19 hit Rakhine State, the State Counselor indicated that the Union government will spend more funds there. One respondent remarked that this statement upset some of the Rakhine people. As they see it, the virus came from China and they should not be blamed for its spread. Moreover, they felt that the Union and Region governments had not managed their budgets in a transparent manner. People have voiced

criticism over the government's reportedly poor handling of the COVID-19 response.

Government and Civil Society Coordination

Civil society groups are closer to the communities they serve than government departments, as various respondents stated. This means that civil society groups can help the State government to enhance the effectiveness of its COVID-19 response. As one respondent said: *"It is time for the government to listen to the people's voices."* The same applies to private donors and international NGOs that provide support to the Rakhine State government. In contacting the communities they intend to help they would find out what people really need.

For example, the Maramagyi lack access to the internet and face local travel restrictions in addition to the national lockdown rules. Their leaders are well connected to the people and share new information, for instance updates on COVID-19, via phone every evening. At the same time, the Maramagyi people also regularly inform their leaders about the situation they are facing. Upon their request, Maramagyi leaders contacted private donors in Yangon who donated rice and basic commodities for 60 Maramagyi households who are very poor and currently without a job.

Local civil society groups, religious groups and ethnicity-based groups are involved in the response to COVID-19 in their communities. They help the government by, for instance, volunteering at quarantine centers, bringing suspected patients to the centers and collaborating with individual and international donors to provide food and other items such as masks to quarantine centers. On the whole, however, coordination and cooperation between government and civil society organizations is limited.

The Rakhine State government does not actively coordinate activities, which respondents observed leads to gaps and overlaps, as well as mismanagement. By way of example, there are over ten civil society groups that actively respond to COVID-19 in Sittwe. Respondents suggested that the government should bring them together and discuss how to make the response to COVID-19 in Rakhine State more effective. In this regard, respondents encouraged the State government to be transparent regarding the budget and donations it receives, to allocate these resources across townships according to needs and to state where it has already provided materials and where gaps remain. Respondents noted that there are still wards where people have no masks.

In Paletwa, GAD formed a committee called Township IDPs and Natural Disaster Support Committee to work for the displaced and prevent the spread of COVID-19 in Paletwa town. The committee comprises all departments of the government, CSOs and village elderly and ward administrators, led by GAD. The committee is divided into three groups. Each group is assigned to one of the town's entry gates, and checks all people who come to Paletwa. If someone is suspected, s/he is sent to the hospital to confirm whether or not s/he is infected with COVID-19. The committee also gives them awareness about COVID-19 prevention measures in town. Any person who does not follow the orders issued by the Union and State governments to use masks in public spaces is given a warning or is fined 2,000 kyat. On the whole, coordination between the township authorities and CSOs in Paletwa is functional but merits strengthening, for instance by holding more consultations and regular meetings.

Social Relations

Social Pressures

Many villagers believe that COVID-19 is an extremely dangerous virus, and are very afraid of it. They fear that if they were even suspected of being infected, they would be taken away from their families and have to wear a plastic suit, and that their neighbors would shun them in disgust. As a case in point, a respondent reported that neighbors of the family of the first local transmission in Sittwe shouted in front of their house and threatened them. Consequently, families with a confirmed or suspected case feel greatly insecure.

Case Study: Ostracized Whether or Not Infected

In a ward in Sittwe, in a family of five, one member showed virus symptoms and went to the hospital to get tested; she tested positive. Then the other family members, all female and one being disabled, were also tested and stayed at the quarantine center. Their results came back negative and they returned home after the quarantine period was over. Even there, however, they chose to self-isolate in their home as they felt insecure. They felt that some neighbors wanted to drive them out of the ward and did not want to face their blaming looks.

To avoid this kind of social pressure, there are some villagers in Sittwe who have virus symptoms, such as coughing, fever and loss of taste and smell, but do not report them to health workers or village administrators, fearing that they might test positive. Instead, they are staying at their home and try to treat the disease themselves.

Similarly, one Kaman respondent in Sittwe said that people who already have experience of being discriminated against by other ethnic groups keep silent about feeling sick. They do not want to be tested or ask for help to get medication because they do not trust others. They prefer to avoid those who have been looking down on them.

Perceived Victimization

Most of the Rakhine respondent observed that people from other States/Regions and the media blamed Rakhine State and its people for the second wave of COVID-19 in the country. The other States/Regions banned travel from Rakhine State and by Rakhine people. Respondents also indicated that remarks by the State Counselor in response to the report of a confirmed case of local transmission in Sittwe, and the way the news of the COVID-19 situation in Rakhine State were being presented, have led to more social discrimination against and exclusion of Rakhine people.

Conflict and COVID-19

Challenges

Armed conflict puts enormous psychological and physical stress on affected people, a predicament that COVID-19 only exacerbates. Government instructions to contain the virus stipulate that people should stay at home. However, this is precisely what people in conflict-affected areas often cannot do. They have to flee at any time day or night in search of a safe place whenever fighting between the Arakan Army and the Tatmadaw erupts in their area. As a result, they risk spreading the coronavirus to whichever location they flee. Conflict thus makes efforts to prevent the further spread of the virus that much more difficult.

Impact on Daily Life

The pandemic is an invisible threat to food security, shelter and life. In contrast, war is a visible threat; it kills people and domestic animals and destroys houses. Respondents feel that living exposed to both the invisible and visible threats is the worst place on earth to be. The basic challenges people who are exposed to both threats encounter are food security, especially when food aid is being reduced, shelter and clothing.

Oftentimes people must flee with only the clothes they wear. They end up living in shelters that are most basic. A woman who stays at an IDP camp said, *"When it rains, the water under the house is like a lake. And when the sun shines, the smell is so bad. The kitchen is like a tent. When we cook together, everybody has tears falling down their cheeks because of the smoke of the firewood."* Such living conditions have an inevitable impact on mental health. People lose hope for a better life in the future. What matters to them is how to survive from one day to the next.

The research in Kyauktaw and Paletwa townships identified three groups of people with regard to their exposure to the coronavirus and ongoing conflict: (i) those who stay at a quarantine center in Kyauktaw, (ii) those who reside in an IDP camp in Paletwa, and (iii) those who still live in the conflict-affected areas in Kyauktaw. The problems these three groups face, the hopes they carry and the experiences they have, are markedly different.

People in quarantine centers are worried about their food security, health and other family matters. However, they are physically safe. People staying in IDP camps also feel physically safe, but do not know when they can go back home. Some want to return home as soon as possible to see what has happened to their villages and visit the graves of their relatives and friends. Others do not want to return because they lost everything they had.

Those who still live in their conflict-affected villages feel isolated and have lost hope. There are two ethnic groups with differing experiences. Rohingya Muslim villagers have been prevented from leaving their village since 2012. Thus, even as there was fighting nearby in early September, they could not flee to another village or IDP camp. They have no work and are exceedingly worried about having enough to eat. To them, the world is like a prison no one can escape from. By contrast, when the Tatmadaw burnt the neighboring Rakhine village that same night, villagers could seek refuge in the Muslim village. However, they could not flee further to Kyauktaw town or an IDP camp, where they would feel safer, because of the government's travel restrictions to prevent COVID-19.

Perspectives on COVID-19 and War

A similar distinction can be drawn from the perspectives of the respondents from Kyauktaw and Paletwa concerning conflict and disease. In general, people are afraid of both, but there are certain distinctions. The first group, who can be regarded as a minority, is more afraid of COVID-19. For them, not knowing when, where and how the invisible virus can be transmitted is very worrisome. The virus can be far or near, and everyone can be infected without knowing it, and die a slow death. At the same time, they know when and where fighting takes place, and may have time to prepare and flee to another village or camp. In other words, they feel war is more predictable, hence less disconcerting.

At the time of interviews in September, the number of deaths due to COVID-19 was less than ten whilst more than 200 people had died due to conflict. Against this background, the second group, a majority of people, fear war more than COVID-19. They rationalize their fear by arguing that war kills many people quickly – and many of their relatives and friends have died or been maimed this way. Even if they survive, disabled their lives would change forever, and all too often for the worse. In contrast, COVID-19 does not kill infected patients right away. Furthermore, cemeteries and funerals are different. When someone dies of COVID-19, even if traditional ceremonies cannot be held given government restrictions, burials are proper and respectful. Burying a loved one during conflict is often dangerous and lacks the spiritualism any religion offers to the bereaved. The psychological scars these people carry run deep.

A third group is neutral; they have difficulty deciding whether COVID-19 or the conflict is more dangerous as they are utterly afraid of and loathe both. For them, life is hard and painful. As they live in two dangerous situations, they feel that they scarred both psychologically and physically. Furthermore, they feel insecure in terms of their daily lives. They wish both would go away quickly. Many people from different faiths have also taking to praying to stop both the coronavirus and the war.

Mutual Help

After the Tatmadaw burnt down two Rakhine villages in Kyauktaw township in early September, the village tract administrator asked the leaders of the neighboring villages for donations of rice and clothes. Villagers collected 100 bags of rice and second-hand clothes and the donations were sent to the monastery where the arson victims live. Some of these villages were Rohingya Muslim. When Rakhine people burnt Muslim villages in 2012 and killed many villagers, no Rakhine offered help. Nevertheless, on this occasion, one Muslim village donated 20 bags of rice and another one donated 9 rice bags. According to a Muslim village leader, villagers donated as much as they could to maintain social cohesion.

Aid

COVID-19 Support

The Union government provided basic foodstuffs at the beginning of the pandemic including rice, cooking oil, salt, and beans. It provided local officials a list with criteria that they would use to identify beneficiary families. When the pandemic continued, the Union government also provided financial support (up to 20,000 kyats) based on the same eligibility criteria. Respondents indicated that the amounts of support did not meet the emergency needs of the people.

For example, a women CSO leader stated that 20,000 kyats help small families to partially address their needs during this challenging time. For a family of five or more members, however, it is insufficient to help them to meet even their basic food needs. The respondent also pointed out that about 60 percent of the population of Sittwe meets the eligibility criteria and the majority are day laborers.

A related problem that respondents raised is the challenge village administrators face when receiving the aid for their villages. Whenever this support is insufficient, distributing the aid creates two kinds of problems: either some families who would be eligible do not receive it so that others receive the full amount, or the aid is distributed among all needy families, and the amounts per family are even smaller. Either way, the distribution of aid has inevitably worsened relations between village/ward leaders and villagers in Sittwe on several occasions as people feel discriminated against. For instance, a Maramagyi community of about 30 households in the middle of Sittwe township received only 18,000 kyats, which they felt was not the full amount they should have received.

The State government, CSOs and individual donors have donated much needed COVID-19 prevention materials such as masks, personal protective equipment, soap and hand gels. However, respondents observed that communities generally need a lot more of the same.

CSOs have a wide network and work closely with the communities whom they know very well. They get funding mostly from individual donors and through their networks. For example, AHCT created a Facebook page to receive donations. It also calls on volunteers to serve in the quarantine centers it manages, and calls on local businesses and individuals to provide food and prevention materials such as masks, soap, and anything else that might be needed at the quarantine centers it operates.

The research also highlighted that ethnic and religious leaders are actively involved in the COVID-19 response. A religious group in Paletwa provides mental health support and Maramagyi leaders in Sittwe provide food to their poor people.

Support to IDP Camps

Residents of IDP camps have received COVID-19 related awareness from the hospital and local CSOs. Local CSO often work together with individuals or organizations based abroad, such as Chin human rights organizations. Aid has included food – WFP has been providing rice, oil and peas to IDP camps in Paletwa once a month –, hygiene products (like hand gels, towels and soaps) and medical checkups. Civil society groups also collect used clothes and donate them to IDPs without regard to ethnicity.

Due to the lockdown in Rakhine State, CSOs and donors are not able to travel to IDP camp to provide support and raise awareness related to COVID-19 as before. However, they remain in contact with camp leaders to inform them about the evolving situation and the provision of aid.

Needs

Most of the respondents reported the following needs: food; access; management of the COVID response; and ending the armed conflict

Food

One respondent remarked that residents at the IDP camp in Kyauktaw did not leave the camp for fear of conflict and lack of work. Therefore, they are unable to work and have any income. WFP is the only source of food but IDPs do not know whether it will continue to do so as the government prohibited the movement of people and goods, including humanitarian aid. Their last WFP donation was three months ago and only lasts them until the end of September.

Villagers in Paletwa and Kyauktaw recognize that the lives of the internally displaced are difficult, but observe that they at least receive food aid. Many of the villagers are day laborers who have no job or income, live in constant fear of renewed fighting in their community, and worry about starvation. They consider themselves in a worse predicament.

One respondent said: "Even though the State Counselor promised that the Union government would provide rice to Rakhine State and that people living there need not worry about running out of rice, we have not received any support yet." Respondents suggested that day laborers are a special group that government should target more explicitly in order to limit the impacts of COVID-19.

Access

The local population in Paletwa expressed an urgent need to access the Sami-Paletwa road. Soldiers guard gates along the road and require a letter of recommendation issued by the GAD to let travelers pass. However, when people contact GAD to issue a letter, staff inform them that they need to contact the regional commander instead. But, villagers do not know where the commander's office is and without a letter, the road remains blocked to them. As a result, local commodity prices keep rising. Villagers have money to buy food and other items, but there is little being sold.

The internet in the study areas in Kyauktaw and Paletwa townships was shut down over one year ago. As a result, people cannot communicate with their relatives, who in Paletwa for instance often live abroad. Communities are also unable to access up-to-date information about the virus, which puts them at a disadvantage over other parts of Myanmar. Furthermore, people cannot easily communicate the problems and challenges they are facing to the government or CSOs. As donors do not know the real needs well, the aid effort becomes less effective. Several respondents thus deem it important to open internet access in order to manage the coronavirus better.

Management of the COVID Response

The State government built the infrastructure for the quarantine center but respondents noted that there are insufficient sanitation and other public facilities. Moreover, the government provides little support to the quarantined in Kyauktaw; family members are expected to provide food and other items. This poses a dilemma for some people who suspect they might be infected with the virus but do not want to report their health situation, and thus be forced to move to a quarantine center.

Many IDP and grassroots households cannot afford to buy masks for all family members. They end up buying one mask which they pass on from one to another member when someone needs it. Used this way, masks lose their protective value. Still, this is the only way for the poor to feel a semblance of protection. At the same time, they do not have the means to buy even basic medicine such as vitamin C or Paracetamol. IDPs and grassroots households thus need medicine, masks and other items to protect against the coronavirus.

Respondents felt that the government should issue guidelines on how to quarantine at home under the supervision of health staff when people who have virus symptoms do not want to go to the fever clinic, or been in contact with positive patients and do not want to go to a quarantine center. Neighbors should not discriminate against those who quarantine at home and at the same time, those who are under quarantine should be diligent and not leave their home. Village volunteers could be organized to provide food and other essential items for the quarantined. If the quarantined cannot afford to pay for this support, donations could come from other villagers or outside donors.

A respondent proposed that the building that AHCT rehabilitated for use by volunteers and security officials who care for the quarantined be managed by the government instead, with its proper resources.

Travel to towns should also be managed effectively, with only travelers who wear masks allowed to pass the checkpoints. Another respondent suggested that local officials undertake more regular (for instance, twice weekly) awareness and outreach activities, for example using loudspeakers. This would be important to remind villagers of the instructions and the need to abide by them, and provide updated information and guidance.

People whose houses have been destroyed during armed clashes and who remain in their village have a special challenge. As they do not have a home anymore, they cannot shelter in place, or quarantine at home, as the government has instructed people to do. They need special assistance.

Considering the many stresses COVID- and conflict-affected people are exposed to, many respondents suggested that government provide psychosocial support during these trying times.

Ending the Armed Conflict

The vast majority of respondents stressed the urgency of ending the civil war. Martial law and related movement restrictions in place since before the pandemic exacerbate human suffering from COVID-19, for instance by the internally displaced being crammed into camps in all townships and unable to work; they are exposed to higher risks of transmission and have barely any resources of their own to cope. The pervasive sense of discrimination adds to the mental stress people are exposed to as a result of fighting and the disease.

A particular concern among residents of IDP camps in Paletwa and Kyauktaw is what will happen to them when the camps are closed. They do not know what preparations are being undertaken by the government and supporting organizations for the people to return home. Respondents feel that involving IDPs in planning their return is important.

Recommendations

Based on the feedback received from respondents, three sets of recommendations can be identified. The first two focus on the "how" of the COVID effort whilst the third centers on the "what".

Coordination and Cooperation

State and township authorities should collaborate with CSOs, NGOs and international agencies more closely to make the overall COVID-19 prevention and aid effort more effective. In particular, regular, joint assessments of needs across villages, quarantine centers and IDP camps would help to identify where needs are greatest, and allocate resources accordingly.

Such collaboration would also make the use of public resources more transparent, which would help to build much-needed confidence in government institutions. CSOs and NGOs should apply similar transparency with regard to donor funds.

Community Involvement

Various levels of community involvement would warrant improvement. First, there is need for continuous awareness raising and information sharing by local authorities, to help people to cope with their worries. Without regular and open information in the local languages people are not in a position to make decisions that are in their best interest and in that of the general public.

In this regard, second, consideration should be given to issuing guidelines on how to quarantine at home under the supervision of health staff rather than in dedicted quarantine centers only. This could also reduce the stigma associated with being affected, or being perceived as having been affected, by the coronavirus.

Third, communities as well as their formal and informal leaders should be more involved in the COVID aid and prevention efforts. This relates not only to the abovementioned regular needs assessments, but also to, for instance, the identification of the most vulnerable. This inclusion would be particularly relevant for ethnic and religious minority groups.

Fourth, community members should have the opportunity to provide feedback to authorities and aid providers about any aspect of the aid and prevention efforts. Such a mechanism would help to make the efforts more relevant, and accountable to the people they serve. It would best be designed and implemented by a trusted third party.

Essential Aid and Livelihoods

The combination of conflict and COVID-19 is exacting an immense toll on the population in Rakhine and Chin States. The predicament of villagers residing in active conflict areas and IDP camps is particularly precarious. It is of paramount importance that life-saving aid continues to be provided in adequate amounts – with regard to food, shelter, health care and prevention materials and, above all, safety.

With no end to the pandemic in sight, aid inevitably insufficient even if better coordinated, and household coping mechanisms becoming ever more dire, the government should consider issuing guidelines for people to pursue their livelihoods in as safe a manner as possible. Otherwise, a devastating humanitarian crisis could be looming.