

Rights Violations in the Rohingya Refugee Camps: Delhi, Mewat, and Faridabad



Human Rights Law Network

February 2018

Zahra Andalucia Wynne, Deepak Kumar Singh, Mahima Duggal, Harish PM, Oisin Galvin



TABLE OF CONTENTS

LIST OF ABBREVIATIONS.....	3
INTRODUCTION	4
BACKGROUND CONTEXT	6
Jaffar Ullah and Anr. v. Union of India and Ors.....	6
THE RESEARCH MISSION.....	7
Objectives of the Research Mission	7
Methodology	8
Limitations	9
Ethics.....	9
THE CAMPS	10
<i>Delhi</i>	11
Camp 1 – Kalindi Kunj – 21.02.18.....	11
Camp 2 – Shaheen Bagh – 21.02.18.....	18
<i>Mewat</i>	25
Camp 3 – Shahpur Nangli I – 24.02.18.....	25
Camp 4 – Shahpur Nangli II – 24.02.18	27
Camp 5 – Ward No. 7 – 24.02.18.....	32
Camp 7 – Chandini II – 24.02.18.....	39
Camp 8 – Chandini III – 24.02.18.....	41
<i>Faridabad</i>	44
Camp 9 – Budhena – 27.02.18.....	44
Camp 10 – Mujeri – 27.02.18.....	51
Camp II – Mirzapur – 27.02.18	56
KEY FINDINGS.....	60
LEGAL VIOLATIONS.....	62
National Law	62
International Law	63
RECOMMENDATIONS	67
CONCLUSION	69
ANNEXURES.....	70
Annexure 1: Interview Questionnaire	70
Annexure 2: Consent Form.....	72

LIST OF ABBREVIATIONS

ASHA	Accredited Social Health Activist
ANC	Ante-Natal Care
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CID	Central Intelligence Department
CRC	Convention on the Rights of the Child
HRLN	Human Rights Law Network
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
MCD	Municipal Corporation of Delhi
MLA	Member of the Legislative Assembly
UNHCR	United Nations High Commission for Refugees

INTRODUCTION

The Rohingya are amongst one of the most persecuted minorities of contemporary times. The Rohingya are a stateless, Muslim minority who largely reside in a Western state of Myanmar (a Buddhist-majority nation), Rakhine State, which shares a border with Bangladesh. Their population is estimated to be between 1,500,000 and 2,000,000. The Government of Myanmar maintains that the Rohingya are illegal immigrants from Bangladesh, whereas the Rohingya claim they are indigenous to Western Myanmar. Myanmar stripped the Rohingya of their citizenship in 1982 'because they could not meet the requirement of proving their forefathers settled in Burma before 1823'¹, and has historically discriminated against them by denying them access to freedom of movement, education, and government jobs. They have launched several military operations against them in attempts to push them out of Myanmar over the years – operations which feature extreme levels of violence – leading many international organizations, such as the United Nations and Human Rights Watch, to describe the actions of the Myanmar Government against the Rohingya as 'ethnic cleansing.'²³ Although many waves of violence have been targeted towards the Rohingya several decades, Ibrahim notes that 'the build up to the elections [in Myanmar] in 2015 witnessed the final destruction of their civic rights in Myanmar (completing a process that began with the 1947 Constitution) and increasingly they are detained in what are now permanent internal refugee camps, where they are denied food, work and medical care.'⁴ The Rohingya have therefore been fleeing persecution in Myanmar since the 1990s, but the crisis reached a boiling point in 2016 and garnered international attention when the Myanmar military launched a huge offensive against Rohingya villages in Rakhine state.⁵



¹ Fuller, A., Leaning, J., Mahmood, S. S., and Wroe, E. (2016) 'The Rohingya People of Myanmar: health, human rights and identity, *The Lancet*, 389(10081), pp. 1841-1850.

² Human Rights Watch (2017) 'Rohingya Crisis: Live Updates', available online at <https://www.hrw.org/blog-feed/rohingya-crisis>, accessed 23rd February 2018.

³ United Nations Human Rights Office of the High Commissioner (2017) 'Human Rights Council 36th session Opening Statement by Zeid Ra'ad Al Hussein, United Nations High Commissioner for Human Rights', available online at <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22041&LangID=E>, accessed 3rd February 2018.

⁴ Ibrahim, A. (2016) *The Rohingyas: Inside Myanmar's Hidden Genocide*, London: Hurst Publishers.

⁵ Human Rights Watch (2016) 'Burma: Massive Destruction in Rohingya Villages', available online at <https://www.hrw.org/news/2016/11/13/burma-massive-destruction-rohingya-villages>, accessed 23rd February 2018.

⁶ Swami, P. (2017) 'The Vicious Circle', *The Indian Express*, available online at <http://indianexpress.com/article/india/the-vicious-circle-myanmar-bangladesh-rohingya-muslims-refugees-4858209/>, accessed 23rd February 2018.

The sheer brutality of the efforts of the Myanmar Government to eradicate the Rohingya from the country, which features murder, rape, torture, and displacement, has led to the Rohingya fleeing the country en masse to neighbouring countries, such as Bangladesh, India, Nepal, and Pakistan. In late 2017, Amnesty International reported that '[M]ore than 530,000 Rohingya men, women and children have fled northern Rakhine State in terror in a matter of weeks amid the Myanmar security forces' targeted campaign of widespread and systematic murder, rape and burning.'⁷ However, due to their 'stateless' status, they are yet to be welcomed to any country with open arms, and have to rely on dangerous attempts by boat and foot to cross international borders.



Rohingya refugees fleeing Burma by boat⁸

India is one of the many countries where the Rohingya have sought refuge, however India is not a signatory to the 1951 Refugee Convention, and has no national law that refers to refugees. A Reuters article estimates that there are approximately 40,000 Rohingya refugees residing in India, of which the Government of India claims only 14,000 are registered with the UN Refugee Agency. They largely reside in Delhi, Haryana, Uttar Pradesh, Jammu, Hyderabad, and Rajasthan.⁹ India has utilized the fact that it is not a signatory to international conventions that are specific to refugees to largely ignore the basic needs of the Rohingya, and to justify its plans to deport them. In 2017, the Home Minister of India, Rajnath Singh, tweeted that the Government of India was not violating any international laws by deporting the Rohingyas as 'we are not a signatory to the 1951 Refugee Convention'.¹⁰

UNHCR describes India's stance towards refugees in a 2011 Global Appeal Update:

'India is not party to the 1951 Refugee Convention or its 1967 Protocol and does not have a national refugee protection framework. However, it continues to grant asylum to a large number of refugees from neighbouring States and respects UNHCR's mandate for other nationals, mainly from Afghanistan and Myanmar. While the Government of India deals differently with various refugee groups, in general it respects the principle of non-refoulement for holders of UNHCR documentation'

⁷ Amnesty International (2017) 'Myanmar: Crimes against humanity terrorize and drive Rohingya out', available online at <https://www.amnesty.org/en/latest/news/2017/10/myanmar-new-evidence-of-systematic-campaign-to-terrorize-and-drive-rohingya-out/>, accessed 23rd February 2018.

⁸ Christophe Archambault via Getty Images, available online at https://www.huffingtonpost.com/2015/05/14/boat-people-photos_n_7283178.html, accessed 23rd February 2018.

⁹ Das, K. N. (2017) 'India in talks with Myanmar, Bangladesh to deport 40,000 Rohingya', *Reuters*, August 11 2017, available online at <https://www.reuters.com/article/us-myanmar-rohingya-india/india-in-talks-with-myanmar-bangladesh-to-deport-40000-rohingya-idUSKBN1AR0MH>, accessed 23rd February 2018.

¹⁰ Singh, R. (2017) 'By deporting them we are not violating any international law as we are not a signatory to 1951 Refugee Convention [Twitter] 20 September', available online at https://twitter.com/RajnathSingh_in/status/910757275178078208?ref_src=twsrc%5Etfw&ref_url=https%3A%2F%2Fwww.hrw.org%2Fnews%2F2017%2F09%2F24%2Findia-cant-mistreat-refugees-not-signing-refugee-convention, accessed 23rd February 2018.

*'The Government of India's approach to refugee issues results in different standards of protection and assistance among refugee groups. Tibetans and Sri Lankan refugees are protected and assisted by the Government, while UNHCR is directly involved with groups arriving from other countries (notably Afghanistan and Myanmar). Holders of documentation provided by UNHCR are able to obtain temporary residence permits from the authorities. However, the rise in the number of these refugees and asylum-seekers has not been accompanied by a commensurate increase in resources, compelling UNHCR to find innovative ways to meet both existing and emerging protection needs. Refugees and asylum-seekers often live in poverty, dispersed in urban areas, where they can face violence and exploitation.'*¹¹

This report seeks to address the conditions that Rohingya Refugees are living in across 12 camps in Delhi and Haryana, which were documented on a research mission that spanned from the 21st February-27th February 2018, especially in light of the *Jaffar Ullah and Anr. v. Union of India and Ors.* case in the Supreme Court of India, which will be discussed in detail below.

BACKGROUND CONTEXT

Jaffar Ullah and Anr. v. Union of India and Ors.

Subsequent to a 2012 research mission in which health activists visited various Rohingya refugee camps in Delhi and Haryana, a public interest litigation petition was filed in the Supreme Court in 2013. The Petitioners were Jaffar Ullah, a Rohingya refugee residing in a Mewat, Haryana refugee camp, a community leader in his camp who works as a translator for the UNHCR, and another Rohingya refugee who resides in the Kalindi Kunj refugee camp, New Delhi, who works at Don Bosco School and is also a translator for the UNHCR. The Respondents were the Union of India, the Government of Delhi, and the Government of Haryana.

The research missions found severe health violations, particularly in the sectors of sanitation and reproductive health. The conditions were noted to be 'absolutely abhorrent', noting that 'camp residents bathe, wash their clothes, urinate, and defecate on the road bordering the camp. The children from the camp play amongst trash, waste, and filthy water.' Reproductive health violations were noted, with women reported having given birth on the floor of their tents with assistance from fellow Rohingyas, having to pay exorbitant private healthcare fees if they needed any pre or post natal care (if they were able to receive it at all), and having zero access to contraception. A further research mission in 2013 conducted to document potential improvements proved futile, with conditions noted to have deteriorated – hand pumped water was poisoning camp inhabitants, a baby had died from a snakebite, pregnant women having no access to ante-natal care or institutional delivery, and out of pocket expenditure for healthcare rising. Education was also being denied to children, and women reported sexual harassment from the local people in surrounding areas. They also faced impending eviction from landowners and government officials.

The Petitioners prayed for orders granting camp residents permission to stay in the camps, orders directing that pregnant women receive appropriate ante-natal, delivery, and post-delivery maternal healthcare services, orders ensuring infant health through vaccinations and regular pediatric visits to the camps, the provision of free healthcare to the residents, the enrollment of the children in public schools, the provision of safe water to the camp inhabitants, the provision of nutritional supplements through Anganwadi workers and access to Anganwadi Centres, and the provision of sanitary toilet facilities.¹²

To date there has been no interim order or final judgment given in the case, which is still ongoing, however the Supreme Court ordered the Respondents to reply the allegations stated in the PIL, in the form of status reports in the

¹¹ UNHCR (2011) 'Global Appeal Update 2011', available online at <http://www.unhcr.org/4cd96e919.pdf>, accessed 23rd February.

¹² *Jaffar Ullah and Anr. v. Union of India and Ors.* [WP (C) 859/2013].

various camps regarding sanitation, health, and housing amongst other issues. The submissions that have been given by the Respondents were largely evasive and simply pointed the finger at other actors.

'It has been submitted by the Union of India that since the Rohingya do not have documents proving that they belong to SC/ST or BPL category, JSY benefits cannot be availed by them. On the issue of helping them integrate into the community, it has been submitted that since India does not have a domestic law on refugees and is not a signatory to the 1951 United Nations Convention & the 1967 Protocol, the government is under no obligation.

The Delhi government states that since the Rohingya are foreign nationals, the jurisdiction of the Union of India is invoked under Entries 10, 13 and 17 of the Union List. Two letters have also been annexed by the government that state that bureaucratic action has been taken in trying to ensure that the camps have access to a medical team and water supply. Implementation is yet to be seen.

*The Haryana government states that the Rohingya people from the Mewat district camps are being duly covered under the Integrated Child Development Scheme (ICDS). This claim is accompanied by a loose table which has no dates, no names, no evidence of frequency of Anganwadi workers and photos that have no evidence of participation by the Rohingya or that they were even taken in the camps.'*¹³

The research mission at hand thus served as a follow-up to the tepid responses of the Union Government and the Delhi and Haryana Governments, with a view to file another status report regarding the continuing squalid and dangerous conditions in refugee camps, and the violations of a spectrum of fundamental rights, to counter the Respondents status reports.

THE RESEARCH MISSION

Over the course of three days spanning (February 21st, February 24th and February 27th 2018), four representatives from the Human Rights Law Network visited 11 refugee camps in Delhi, Mewat, and Faridabad: Advocate Deepak Kumar Singh, Senior Researcher Zahra Andalucia Wynne, Intern Oisin Galvin, Intern Mahima Duggal, and Communications Intern Harish PM. Advocate Fazal Abdali, a refugee rights lawyer who works with HRLN, was also present in the visits to the Delhi camps. The team was accompanied by various NGO and community actors at differing points during the research mission, such as representatives from the Zakat Foundation and Don Bosco, and community leaders and prominent figures in the Rohingya camps such as Jaffar Ullah.

11 camps in total were visited across Delhi, Mewat, and Faridabad, which were as follows: Kalindi Kunj and Shaheen Bagh in Delhi; Shahpur Nangli I, Shahpur Nangli II, Ward No. 7, Chandini I, Chandini II and Chandini III in Mewat; and Budhena, Mujheri and Mirzapur in Faridabad. The research team spent one day in each respective area, thus totaling a three day research mission.

Objectives of the Research Mission

In light of the judgment received in *Jaffar Ullah v Union of India and Ors.*, the objective of this research mission was to collect data regarding the conditions of the Rohingya refugee camps in Delhi, Mewat, and Faridabad. This information was to be gathered to ascertain whether the Government had fulfilled their obligations to the refugees and

¹³ Human Rights Law Network, Reproductive Rights Unit (2014) 'Jaffar Ullah and Anr. v. Union of India and Ors; The Rights of Rohingya Refugees', available online at <http://reproductiverights.hrln.org/jaffar-ullah-and-anr-v-union-of-india-and-ors-the-rights-of-rohingaya-refugees/>, accessed 23rd February 2018.

had implemented orders given by the Supreme Court. As per the original petition, the information was to focus on issues regarding education, healthcare (particularly maternal and reproductive health), sanitation, living conditions, and access to public services. The information was to be compiled to demonstrate whether or not the Respondents in *Jaffar Ullah v Union of India and Ors.* have improved any of the violations observed in the fields of health, sanitation, housing, education and employment that was noted in the Petition. If information demonstrated a contradiction to status reports filed by the Respondents, the data collected was to be used as evidence regarding the same.

In addition to this, the data was to be compiled to generate awareness dissemination regarding the plight of the Rohingyas as a persecuted minority across the world, and more specifically the plight of the Rohingyas in India as refugees. The research conducted was less focused on the persecution and violence that they had faced in Myanmar and their journey to India, as due attention was to be given to their current living conditions, with a view to alleviate their circumstances as refugees in India.

Methodology

This research report relied heavily on primary, qualitative research methods, mainly in the form of in-depth interviews based off of a pre-designed research framework. This research method was chosen in order to garner a nuanced and comprehensive understanding of the issues that the Rohingya refugees were facing in their respective settlements in their own words, and to understand both the facts of their situation and their opinions on their conditions and treatment whilst living in India.

A detailed questionnaire designed to address particular issues but also encourage open-ended discussion was designed prior to the research mission. The research design contained 8 sections: General (Individual), General (Collective), Housing, Nutrition, Education, Healthcare, Maternal Healthcare, Gender-based violence and discrimination, and Miscellaneous (frequently arising issues). These sections had subsections pertaining to the issue, some requiring a one-word response (e.g. name, age, sex), and some requiring a more detailed response which could in turn lead to other issues (e.g. problems due to lack of ID/documentation', 'safety of people in the camp', 'access to and quality of treatment').

Although the questionnaire was specific, to encourage discussion and the uncovering of additional information, the team allowed deviation from the questionnaire if the respondents chose to address other issues. For example, when women were interviewed greater attention was given to issues of healthcare, particularly maternal health and infant health. When men were interviewed, there tended to be a focus on issues of employment and housing. All responses were filmed and recorded, and photographs and videos were taken of the respondents and of the camp conditions. HRLN Intern Mahima Duggal conducted all of the interviews that are enclosed within this report. The questionnaire that was referred to is annexed within this report.

The research team also held informal, spontaneous interviews with third parties during the research mission, to gather background information on the history of the camps, the owners of the land, and prior problems that had existed in the camps. These were either filmed on mobile phones or transcribed at the time of interview.

The interviews were subsequently transcribed and translated from Hindi to English, by HRLN representatives from the Refugee Rights and Reproductive Rights Units, including researchers Shaoni Mukherjee and Monalisa Barman, social activists Shivi Raina and Gabriel James, Intern Aprameya Manthena, and Intern Lakshika Chawla. These transcriptions were then paraphrased and integrated into the entire report by Zahra Andalucia Wynne.

In addition to this, secondary research was undertaken in the form of desk-based qualitative research to garner a view of the history of the Rohingya Refugees and the problems they were facing both internationally and within India, as well as the national and international legal provisions that govern the treatment of refugees, in order to form an understanding of the legal violations that may have been taking place within the Rohingya settlements that were visited – particularly with regards to their living conditions, health, education, and employment.

Limitations

Language was the biggest challenge that was encountered during the research mission, as a large number of the respondents speak a language that is unique to the Rohingya, and speak very little Hindi or English. Due to this, there were times during the mission where respondents had to be selected purely due to their abilities to communicate with the research team.

The section of the research framework that dealt with gender discrimination and gender-based violence often had to be downplayed or outright ignored as it was difficult to speak to the female respondents without a group of male respondents gathering outside of the room or attempting to answer for the women themselves. The safety of the respondents was a priority for the team, so the aim was to avoid putting any respondents in a position where they may feel uncomfortable or fear reprisals based on their answers if they were overheard.

Ethics

As the research team was intending to film, photograph, and transcribe the testimonies of the Rohingya refugees through interviews, ethics were of a primary concern. A consent form was designed prior to the research mission, to ensure that every refugee and third party interviewed was aware that their photograph, video or testimonial may be published within this report and circulated publicly both in hard copy and online, and all parties were given an option to either consent or opt out of this. Prior consent was therefore obtained for the recording of all testimonials and the taking of photographs in the form of the consent forms, in which each respondent had to have the form read aloud to them in a language that they understand in order to ensure that they knew and accepted the use of their photographs and testimonies in various forms of media. Respondents could check 'yes' or 'no' regarding the taking of photographs and recording of testimonies, and the subsequent use of photographs and testimonies in reports and publications, both online and offline. All respondents signed and dated the form, or used a thumb print stamp if they could not sign. The consent form is annexed within this report.

In addition to this, it was important to the research team to make the refugees and third parties that were visited and interviewed aware of the purpose of the research mission, so as to avoid any information that may be obtained through false pretences. Before any interviews took place, Advocate Deepak Kumar Singh spoke to those present to communicate the objectives of the research mission, which are detailed above, and the subsequent usage of the information gathered both in the form of this report and in the form of a public interest litigation petition. This information was communicated in Hindi, and it was ensured that the community leader of each respective camp further translated Advocate Deepak Kumar Singh's comments into a local language that all the settlement residents could understand.

THE CAMPS

Delhi, Mewat, and Faridabad



Budhena Camp, Faridabad

21.02.18 – 27.02.18

Delhi

Camp 1 – Kalindi Kunj – 21.02.18



Sign outside Kalindi Kunj Camp 1

Kalindi Kunj camp, also known by various names such as Darul Hijrat Camp and Burma Muhajreen Camp, was the first camp that the research team visited, situated in Kalindi Kunj, an area of South Delhi that is close to the Uttar Pradesh border where Noida begins. The land that the camp was on is owned by the Zakat Foundation of India, an Islamic charitable foundation. The camps were first built by the Rohingyas themselves on the land provided in 2012, where most of the residents have been ever since.



Interior of the camp



Children playing; a woman washing clothes in the camp's narrow pathways

This camp held 46 families, with a total population of approximately 228 people, in extremely cramped conditions. There were narrow, dark lanes between the rows of shanty towns. Each family had a tent where the entire family would sleep in one to two rooms, with no gas, electricity, or running water. Many families were cooking on open fires within their tents.

There was no clean running water in the camp. Residents built hand pumps, where they would pump water from the underground pipelines, despite this water being highly unsanitary and dangerous to drink. Although the UNHCR had provided with camp with three big water tanks, they were totally empty. The hand pumped water is used for bathing, washing cooking utensils, and washing clothes. In terms of personal bathing, there is a total lack of privacy.



The water pumps; women washing children, utensils, and clothes

The toilets were in a similarly dilapidated state. When building the camp, the Rohingyas were not provided with any toilet facilities, thus they built their own squat latrines. There are six latrines, of which the entire camp of 46 families shares.



Makeshift latrine

The conditions of the camp itself were unsanitary, overcrowded, and dangerous. There were several open stoves found lying on the ground, and open fires in cramped tents. Additionally, there were wires hanging from tent to tent, and dirty water and rubbish all over the ground.



A burnt out stove on the ground

The Rohingyas in this camp, due to not having Aadhaar cards or any form of identity documentation accepted by the Government of India, mainly work as ratpickers, daily wage labourers, and in some cases as auto and rickshaw drivers. Advocate Fazal Abdali informed the research team that many have been contracted into bonded labour in other parts of the country, such as Jammu, where they receive no salary and are only paid in food. The camp itself is surrounded by various informal settlements, mostly consisting of Bihari migrants.



The conditions of this camp severely affect the health of the residents. The research team was informed that several children had died from snakebites whilst living in the camp. As mentioned above, many of the children that the team encountered were covered in dirt, either half or totally naked, and would roam around barefoot in squalid, damp conditions. The children of the camp are unable to attend Government schools, as the schools have refused to accept them due to their status as Rohingya refugees. Fortunately, they are attending private schools funded by the Zakat Foundation.



Children of the camp

Overall, the conditions of this camp were such that it would be reasonable to conclude that there are severe healthcare and sanitation violations taking place. The fact that the Rohingyas are unable to work due to their lack of an Aadhaar card or even a passport means that without Government intervention, it is impossible for them to alleviate their current situation. The lack of gas, electricity, clean running water, toilet and washing facilities, and decent shelter means that the Rohingya refugees here are living in a most backward situation, despite the camp being situated in the capital city of India.

Despite being able to live relatively free from threats of demolition (a nearby camp were not so lucky – a recent demolition ousted 95 families from their settlement, who are now living on the streets), the residents of the camp are still regularly visited by police officers demanding bribes from them. Nevertheless, having lived here for over five years now, the residents have come to accept the violations taking place against them and the Government's apathetic attitude towards their situation as the status quo.

TESTIMONIALS

Mohammed Haroon



Mohammed Harun, aged 45, has been in India since 2005. He is the community leader of the Kalindi Kunj camp, and has previously lived in different camps run by the UNHCR in both Jammu and Kashmir and Haryana, having moved in Delhi in 2012. He has therefore been residing in the Kalindi Kunj camp for 5 years. He has 4 children aged 4-14 years, who were all born in different places. He told the research team that his youngest son was born within Kalindi Kunj camp – and this is his only child whose birth has been registered. Regarding the other three children, he was unable to register their births due to insufficient time – as he is the only financial provider for his family, he did not previously have time visit the birth registration office. He works as a vegetable vendor, but is unable to meet the needs of his family on this income.

Mohammed stated that no ASHA workers have visited their settlement. When children fall sick in the camp, they do not take them to Government Hospitals for treatment, as the distance is too far and is particularly difficult to get to at night, and he does not know how to go about getting an ambulance to transport them. In any case, the staff refuses to provide medicine due to their status as Rohingya refugees. He remarked that before the Government made a statement regarding the deportation of Rohingya refugees from India (mentioned in the introduction), the Rohingya children used to be able to receive vaccinations via Anganwadi Worker visits to the camps, however this has since changed and the Anganwadi Workers have stopped visiting the settlement. Don Bosco School (an NGO) are able to support the health care of the camp's residents by visiting with a health van every 15-20 days, but for any greater health issues they are forced to visit private hospitals. Deliveries of infants are always done within the camp, because they do not have the money to deliver in private facilities.

The living conditions of the camp were described as critical. He noted that there are no proper facilities for their accommodation and day to day activities and that overcrowding was a problem – with 46 families squeezing into an area of 1100 square foot. Unsurprisingly, house fires have been a problem in the past, resulting in huts burning down. As the residents of Kalindi Kunj have no gas facility to cook their food with, they have to use wood fires, and spend up to Rs 1500 per month on wood. Those who cannot afford wood have to collect it from the jungles. In addition to this, he noted that the camp residents were suffering significantly due to a lack of water, and despite continually requesting the local MLA, water is only sporadically and irregularly supplied. The water is also not purified, leading to the camp residents suffering from many kinds of diseases.

The settlement does not have a proper toilet facility, but the camp residents constructed 6 *kacha* toilets at a cost of Rs 1,70,000 which was raised by the residents themselves. 228 people have to use these 6 toilets.

Regarding education, Mohammed told the research team that 19 children from the camp were able to attend God Grace School, and 41 children attended Gyandeep School. These are both private schools, which they are able to attend due to the Zakat Foundation providing both the fees for the schools and the materials needed.

With sadness, Mohammed told the research team that he and the other residents of the camp do not feel safe in India, as they are discriminated against and targeted by outsiders. He stated that they did not want to leave Myanmar, but were left with no other option and had to flee and claim refuge in India. The challenges of living in India, according to Mohammed, had intensified.

Sanjeeda Begum



Sanjeeda, aged 25, has 2 children between the ages of 3 and 6, and has been living in Kalindi Kunj since 2012. She stated that both of her children were born in the settlement, but only her youngest child's birth was registered. She is a widow, and the sole breadwinner of her family.

She informed the research team that they face various kinds of difficulties in the settlement because their huts are too small to live in. In the summer season, the temperatures are unbearable both inside and outside. She stated that the settlement is filthy, and consequently affects the health of the people living there. She also said that many people inside the camp have been bitten by snakes and rats.

Sanjeeda remarked that drinking water is not supplied in the settlement at regular intervals, due to which many people in the camp, especially young people, suffer from diarrhea and other diseases. Even if water is supplied via a pipeline, it is highly contaminated. Within the settlement they have two hand pumps which they use on a daily basis for a range of things such as cooking, washing, and drinking.

When they first moved into the settlement in 2012, there was no toilet facility at all, so they had to resort to open defecation which she found embarrassing and shameful. There are now six makeshift toilets which they have constructed, but they are very small and unclean.

Sanjeeda claimed that if anyone in the camp is suffering from health problems, they do not go to Government hospitals as they are refused treatment on the basis of them being Rohingyas.

Anwar Shah

Anwar Shah is 30 years old, and has four children between the ages of 2 and 7. He has been living in the settlement since 2012. He works as a daily wage labourer in different places, and earns a maximum of Rs 4000 (\$61) per month.

When asked about the living conditions of the camp, he stated that although it is very overcrowded with 50 families living in an 1100 square foot space, at least they are safer than they were in Burma. He noted many problems, but stated that for now, they have no other option.

He told the research team that water is not supplied every day. A proper water facility is not available in the settlement, therefore people have to drink unclean water, and suffer from diseases as a result. He also remarked that they have not been given ration cards to buy vegetables at a subsidized rate.



Regarding education, Anwar shared that most of the children in the camp are able to go to a private school due to the support of the Zakat Foundation. Otherwise, children remain uneducated due to insufficient funds and lack the required identity documents.

Anwar told the research team that Government medical facilities are not accessible to them, because they are refugees and do not have the required identity proof. However, every 15-20 days a van from the Don Bosco organization visit the camp and provide them with generic medicine. In cases of major health issues, they have to seek treatment in a hospital, which is very expensive for them.

Anwar mentioned that the camp residents are always living in fear of a fire destroying their camp.

Due to the extremely low wage he is earning each month, he requested the Government of India to at least provide some kind of discount or subsidy for the Rohingyas in terms of food and water.

Nur Fatma



Nur Fatima is 35 years old, and has three children aged 9-13.

Nur noted that the water they are able to pump from the underground pipeline is very dirty. There is no proper facility for fresh drinking water, which is the main cause of various diseases.

When asked about the health problems faced in the camps, Nur informed that they do not receive any Government assistance regarding healthcare. She further noted that many people go to private hospitals, because Government hospitals refuse to give any medicine to Rohingya refugees – only providing it in very rare cases. ASHA Workers never visit the camp, but Don Bosco health workers have previously come

in to help assist with infant deliveries. She told the team about an incident where a woman from the camp delivered her baby in a private hospital, and was left with a bill of Rs 15,000. After this, they do not go to private hospitals. There is an Anganwadi Centre near the settlement, but they do not visit it.

She shared that most children in the camp are enrolled in schools that the Zakat Foundation have set up. The children are not able to attend Government schools, because they are too far away and they do not have the required identity proof.



A child in the camp's narrow pathway

Camp 2 – Shaheen Bagh – 21.02.18



The shanties of Shaheen Bagh

Subsequent to the Kalindi Kunj Camp visit, the research team travelled to the nearby Shaheen Bagh camp, also known as Sharam Vihar. This camp held 90 families, and was even less developed than Kalindi Kunj. Upon arriving at the camp, the team was met by two men who claimed that they were providing funds for the camp, and were unaffiliated to any NGO. Their purpose and agenda was unclear. A Rohingya man who resided in the camp later informed the team that the men were not particularly helpful, and he suspected they were just there to get funding.

Unlike the previous camp that was situated on land provided by a non-governmental organization, Shaheen Bagh is situated on land owned by the Municipal Corporation of Delhi (MCD). On order of the MCD, a section of the camp has already been demolished, and residents had to scramble to rebuild their tents a few meters away – though their tents are now built next to an open sewer stream on a dirt road. The MCD's irrigation department is continuing their attempts to evict the Rohingyas from this area, and had recently served them with a 3-day notice to again move their tents.



Sewage stream next to the shanties

The sanitation conditions of this camp were abhorrent. The shifting of the tents running along the open sewer stream meant that disease was rife, particularly diarrhea. The camp itself had no shade, and was swarming with flies.



Sewage stream next to the shanties

As seen in the previous camp, there were no provided toilet facilities, so residents in this camp had built a makeshift squat latrine, where human waste slides straight from the toilet and into the open sewage stream. The latrine has nothing but a curtain rag for privacy, and Advocate Fazal Abdali informed us that it meant that women had experienced sexual molestation from men both in and outside the camps when they had to use the toilet.

Residents in this camp also had no access to safe, clean drinking water, and hand pumped it from an underground pipeline. What was particularly disturbing to uncover was that the water was so polluted that it had killed a child in January 2018. Shockingly, doctors from Safdarjung Hospital (a Government Hospital) and Apollo Hospital had previously visited the camp to test the water, and had concluded that it had dangerous levels of iron in it, and yet no action was taken to rectify this. As a result, an infant died.



Living conditions of the camp



Makeshift toilet with no flush system – waste runs into sewage stream behind

Camp residents noted that they often have 6 or 7 NGOs visiting the site per day, who will take photographs and ask residents questions, but not offer any actual assistance. This has made the residents of the camp rather apathetic towards NGO visits, as they feel organizations are now using the Rohingya's recent international profile to profit and gain funding.



Child playing amongst demolition debris

TESTIMONIALS

Din Mahmmod

Din Mahmmod has been in India for over four years. He previously lived in Muzzafar Nagar, but due to riots he moved to Delhi. He has 6 children, of which 3 are married and have their own families. He told the research team that the living conditions of the Shaheen Bagh settlement are horrible and tragic.



According to Din, the Government of India does not provide any kind of facilities to the Rohingyas. There are many problems with the settlement, including the fact that the water that comes out of the pipeline they use is very contaminated and has a horrible stench. Most of the time the water tanker comes to nearby areas, but due to fear of fighting with the locals, they do not go to collect for.

He told the research team that some of the camp residents have to go to the jungle to defecate, because there are only six toilets between 90 families.

He noted that nobody in the camp has a ration card, and are unable to get any discounted food or water from ration stores.

Din stated that they do not go to Government hospitals, as they are far away from their settlement and have incredibly long queues. In many cases, the medicines that the Government hospitals give them do nothing to cure their illnesses. Therefore, they have to go to private hospitals to receive proper treatment, which costs them up to Rs 400 each time – a great expense for them. In cases of emergencies, the camp residents go to Safdarjung Hospital by auto or another means of transport, as they do not know how to call an ambulance.

ASHA workers never visit the camp, and pregnant women deliver in the camp – they very rarely deliver in hospitals.

Nurul Amin

Nurul Amin is 46 years old and has been living in the camp since 2006.

He told the research team that the Rohingya refugees are in such a bad living condition that they do not 'live', they merely exist. His family consists of 7 people including himself. He has 3 sons and 2 daughters. One of his daughters is studying in Jashola Government School, but it was very difficult for her to get admission due to not having an Aadhaar card or any other form of identity proof. He subsequently applied for an Aadhaar card and managed to get one, with the help of the Don Bosco Organisation.



He stated that there are many problems in the settlement. For once, the water that they use is very dirty, and there is no water tank in the settlement, though there is one nearby. He also stated that the Government of India has not provided any gas or electricity facility.

The toilets are a major problem – they have built themselves 6 makeshift toilets which often clog. There are no washing facilities, so the women bathe inside the hut and the men and the children bathe at the hand pump. He stated that where they live is not hygienic or clean.

When asked about availability of an Anganwadi Centre in their locality, he replied that there is a centre near their location, but most of the time it is closed. He stated that they have not yet received any kind of health services from the Government, and told the research team that 4 months ago his child was suffering from severe illness, so he took her immediately to a private hospital named Al- Shifa, where the treatment cost him Rs 2200. He did not have amount of money, so had to borrow from his friend to pay the bill. He said he took his daughter to a private hospital to save her life, as their community does not trust the Government hospitals. He also noted that they have no idea what the procedure is for calling an ambulance. Due to this, many women deliver their babies inside the settlement, as they are unable to get to hospital and unable to afford treatment, although sometimes the medical staff at Don Bosco help them at the point of delivery.

When asked about the birth certificate of his child, he said that he doesn't know how and where it is done.

He shared in the interview that he is the only source of income in his family, earning a maximum of 400 rupees per day. He also noted that when applying for his Aadhaar card some errors were made, due to which he is unable to open a bank account.

Hafiz Ahmed



Hafiz Ahmed is 35 years old, and arrived in India in 2012. He has been living in the Shaheen Bagh settlement since 2014. Including him, there are 7 people in his immediate family.

Hafiz stated that employment is a serious issue that the Rohingyas are facing. Education is also a big problem, as it is very difficult for their children to get admission into Government schools. He tried to enroll his daughter into school, but she was refused. Later, his daughter was educated by Don Bosco School up until Class 7, and since then fortunately two of his daughters have gotten admission into a Government school with the help of his Indian friend.

When talking about sanitation, Hafiz explained that they only have 6 makeshift toilets which are made out of wood and covered just with clothes. The toilets are used by men, women and children. There is no public toilet provided by the Government.

There is an Anganwadi Centre close to the settlement, but every time they have visited it has been closed. ASHA Workers have never visited the camp.

Hafiz noted the extreme issues the settlement are facing with regards to the MCD, who are trying to force them to vacate the settlement. At the time of interview, he was trying to request to MCD to just give them a few days to find somewhere to move.

He also told the research team about health issues faced by his family members. His daughter was suffering very badly from a fever, and when he took her to hospital he discovered that she was suffering from typhoid due to consuming contaminated water.

Hafiz lamented that they were living in poverty and did not have enough money to solve any of the problems in their lives. His only wish was for his children to study and be able to move out from the settlement into a cleaner, better place.



Sabekun Nahar

Sabekun, aged 22, is married and has a 3-year old child.

She told the research team that she gave birth within the camp because she had no other option. No ASHA Workers visit their settlement. As she was aware of vaccinations she took her child to a hospital to receive one, but she noted that many others cannot afford even this treatment. Many times when they go to hospital for treatment, they are asked to disclose their address, phone number, and other identity

proof – which they do not have – and are subsequently denied treatment. Even when they go for vaccinations or ultrasounds, they are asked for an Aadhaar card, and refused services when they fail to produce one.

Sabekun informed the team that in the case of minor health issues, they will visit private hospitals, but if there is a major health problem they visit the Government hospital due to the lesser cost. When asked about Anganwadi Workers, Sabekun stated that they are rarely visited by them at the camp.

Even when she has tried to call an ambulance from the camp, she is asked to pay Rs 2000 up front. Unless the amount is paid, the ambulance workers refuse to transport the camp residents to hospital.

Sabekun told the research team about the various health issues they face due to the lack of proper hygiene in the camp – such as diarrhea, jaundice, and many others. She informed the team that two children in the camp had recently died from Chikungunya. They also face problems due to a lack of clean water. The landlord who they rent the land from has strictly forbidden them from making their own proper toilets, so they have to resort to open defecation in nearby fields or jungles.

They do not have gas facility for cooking, so the camp residents have to collect plants and branches to burn in order to cook.

Sabekun stated that a few of the children had attended Government schools for a short while, but were unable to continue when they could not submit Aadhaar cards.

Sabekun wanted the people of India to know that the Rohingyas are not here to spread terror, but to escape a highly insecure situation in Burma. She requested the Government to support their children with regards to education and a right to live.

Mohammad Usman

Mohammad Usman is 35 years old, and has 4 children and a wife – thus in total there are 6 people in his tent, including him.



Mohammad informed the research team of the gruesome conditions the camp residents endure in their daily lives, ranging from a lack of access to the hospitals, a lack of maternity care, poor hygiene and sanitation, and a lack of basic necessities such as clean water and a proper waste disposal mechanism, leading to various diseases spreading inside the camp.

Mohammad’s middle son died from Chikungunya. Due to a lack of money, his son was not treated properly in the Government hospital.

He stated that children do not receive basic education due to not having the documents that they are asked to submit to attend schools, such as Aadhaar cards. Other than a UNHCR Refugee card, they do not have any form of identification, and refugee cards are not accepted anywhere as a form of identity.

Mohammad told the research team that there is no difference between the camp residents’ conditions and that of animals, as they both live in the same place. They are forced to eat food in unhygienic conditions, which spreads diseases and forces people to visit Government hospitals. The settlement lacks proper toilets and washrooms, and the ones that they have constructed lack proper cleanliness.

Mohammad pointed out that due to their poverty; they are unable to provide the services of a private hospital. Because of this, they have to look to the Government hospitals to receive free medical treatment. The ambulance never comes to the settlement, and most people in the camp are not even aware of how to call for an ambulance. They are left with the option of taking an auto, which costs them approximately Rs 300 out of pocket expenditure.



A child in the camp

Mewat

The research team visited 6 camps within Mewat in a day's visit, by holding the majority of the interviews in a community room in Shahpur Nangli II with residents from various camps, and then visiting the remaining camps to document photographic and video evidence and to match this evidence to testimonials from the residents. All of the Mewat camps were in a better condition than the Delhi camps to the extent that they were at least more spacious and further away from the polluted, urban environment. When beginning interviews, it was clear that the research team had been followed into the camp by a Central Intelligence Department Officer, who proceeded to take photographs of the team and enquire as to what their purpose was. The team was later informed that every time somebody new comes into the camp, a CID officer will be there within minutes. This suggests that there are people watching the camp from surrounding areas to monitor who comes in and who goes out.

Camp 3 – Shahpur Nangli I – 24.02.18

Shahpur Nangli I houses 55 families. It is approximately half a kilometer from the nearest Anganwadi Centre. Like most of the camps in Mewat, there were open makeshift sewers running through the camp. The tents were constructed from bamboo sticks, discarded shreds of plastic, and cardboard.



Open sewers and garbage

TESTIMONIALS

Mamun Rafiq

Mamun Rafiq is 45 years old, and has a wife and 2 sons. He does not have an Aadhaar card or a ration card, only a refugee card.

He told the research team that due to poor living standards, 75% of children in the camp are unwell and having continuous coughs and common colds. Pneumonia is a major disease which young children in the camp regularly face. We stated

that they visit the nearby Government hospital, where they have to spend up to Rs 300 out of pocket expenditure just for transport. If they take a private ambulance it is even more expensive, at Rs 500-600. A medical camp comes into the settlement about once a year, but only stay for a maximum of 2 hours and the staff treat the residents badly – telling them ‘this is our Grandfather’s land and we can kick you out of here if we like’. Anganwadi Workers do not come into the camp; they have only been visited once for vaccinations. They camp residents do not attend the Anganwadi Centres as it is too far away, and the language barrier between the Anganwadi Worker and the women and children of the camp is substantial. No ASHA Worker visits the camp. If a pregnant woman is about to give birth, they take her to the hospital either by private vehicle or by ambulance.

Mamun stated that there is no nearby school, and the ones that are there will do not admit the children of the camp, because they do not have Aadhaar cards. Therefore, none of the children in Shahpur Nangli I attend school.

A major problem highlighted by Mamun was the fact that they live inside plastic tents and have to use gas canisters that they buy from the market (since the Government has not provided them with any gas facility). The smoke accumulates in the tent and they have difficulties breathing. As they do not have ration cards, they face problems with the considerable expense of groceries. There is also no water facility, so the residents of the camp have had to pool their money and ask for a tank.

The Government claims that there is a toilet 30 feet away from them, but there is in fact no public toilet near the camp. They therefore had to dig their own makeshift toilet and open sewer system.



Camp 4 – Shahpur Nangli II – 24.02.18

Shahpur Nangli II was built on land rented from the State, and housed 120 families with a population of approximately 500 people – making it the largest biggest refugee camp in Mewat. The camp was located in a quiet area away from the busy high street just a few yards away, and had a large amount of open space within and just behind the camp. Similar to the other camps visited, the makeshift residences were made from bamboo and cardboard with some plastic sheets on the roof.



A pool of sewage next to a shanty

The residents had built their own toilets and sewage system – a shallow tunnel that ran through the camp transporting raw human waste into a dug out garbage pit. This stagnant water attracts insects and snakes and clearly constitutes a highly unsanitary environment.



Makeshift sewage tunnel running next to drying fish

There was no clean water source in the camp, and water that they did have was stored in a large cement tank.



Cement water tank

The camp is approximately half a kilometer from the nearest Anganwadi Centre.



Stray dogs; children of the camp; puddles of sewage and garbage next to shanties



TESTIMONIALS

Hafiz Ahmed

Hafiz Ahmed is 45 years old, and has 4 children and a wife. He has been living in Shahpur Nangli II for 12 years. He told the team that it is very expensive for them to live in the tents.

Hafiz stated that his wife has been sick for three years. When she was admitted in a Government Hospital, she was discharged immediately and sent to a private hospital, which was hugely expensive for his family. In any

case, the private hospital did not provide much help – they just performed a few tests and then told her to leave three days later. Hafiz himself struggles with Hindi and did not know what to do in that situation, and expressed his upset at spending so much money just for his wife to be sent away with no treatment or diagnosis. In the Government Hospital, he was told that his wife had a heart problem that would cost Rs 1,00,00 to treat. Hafiz remarked that he had ‘never seen so much money in his life’.

A medical team sometimes comes into the camp at irregular intervals, but they just provide a few medicines and then leave. Hafiz told the research team that there is ‘no use with the Anganwadi Centre’, who give camp residents no food and no education.

The children of the camp are unable to attend school because they have no Aadhaar card, even though they have a UN Refugee card. When they are admitted to school, they are just moved from one classroom to another, and not actually given an education.

The camp has major issues with water. Due to large amount of families in the camp, they have to spend up to Rs 1200 each month on water – especially during the summer.

There are no toilet facilities in the camp; the residents have had to build their own inside their tents, resulting in living in very unhygienic conditions. Hafiz noted that many children have died from diarrhea.

During the monsoon season, snakes come into the camp and have killed people in the past. When they have tried to take people to hospital to treat the snakebites, the health workers simply say that they do not want to treat them, since they are Rohingya Muslims.

Nur Alam

Nur Alam is the community leader of Shahpur Nangli II. He is 47 years old, and has a family of 12. He has been in the camp since 2013.

Nur noted that the residents of Shahpur Nangli II face many problems, such as the lack of a proper latrine. As no public toilets have been constructed, the camp residents had to construct their own makeshift toilets. Mosquitoes and insects breed in the surroundings, and become the root cause of grave diseases.



None of the families receive drinking water, and there has been no pipeline or tank provided by the Government. For all 120 families, 20 tanks of water are bought per month. 1 tank costs Rs 600, and the expense is shared by the families.

Nur informed the research team that diseases such as diarrhea, common colds and coughs are common amongst the children of the camp. If anyone in the camp contracts a small disease, they take them to the private hospital, and for more serious diseases they go to the Government Hospital, which is approximately 4km away.

Nur's daughter has rashes on her skin and a problem with her knee, and is unable to walk properly or sleep properly due to the pain. The doctor informed him that her treatment and surgery would cost around Rs 15,000, which he cannot afford. The family does not even have enough money to send the children to school.

The pregnant women of the camp face a lot of problems due to the non-availability of ambulance services, which take up to 5 hours to arrive. An ambulance was called in one instance, but it never arrived and the pregnant woman gave birth on the road.

The residents do at least receive immunizations free of cost. There is an Anganwadi Centre 1.5km away, but they do not attend it, and no Anganwadi Worker or ASHA Worker visits the camp.

The children of the camp finally gained admission to a Government school in 2015 following a lot of arguments with the Government.

Nur told the research team that all he wants is benefits such as school admission, and for their children to be able to lead a normal life.



Arifa Begum

Arifa Begum is 26 years old, and has 2 children aged 7 and one and a half. She lives with 7 people in her tent, and previously lived in a camp in Nagaripura for five years.

As there are no toilet facilities available, the residents of the camp had to build their own makeshift tents beside their tents. Arifa told the research team that female residents felt scared to use the toilets at night.

During the rainy season, the camp gets flooded badly, and snakebites and insects are very common. The children of the camp are more susceptible to diseases like fever due to the unclean surroundings, which resulted in the death of 2 children 3 years ago.

When they fall sick, the residents of the camp go to the nearby Government Hospital, but they are not treated properly there. They provide only half of the medicines that they need, and give preference to the locals, making the Rohingyas wait for long periods of time. When women give birth, they are charged Rs 200 just for a birth certificate. They are only provided private ambulance services, where they have to pay up to Rs 500 for transport to and from the hospital. Despite this, the service is not prompt – and the ambulance just turns up on the whims and fancies of the staff.

There is an Anganwadi Centre, but it takes 2 hours of walking to get there, and they are not provided with the facilities they need and are often refused admission due to not having an Aadhaar card. ASHA Workers do not come into the camp at all, and there is no availability of contraceptive information and services. Government vans sometimes come into the camp to distribute medicines, but they do not give a proper diagnosis of the diseases that the residents have.

Arifa told the team that all that she and the other residents want is proper sanitation facilities, drinking water, and electricity.

Camp 5 – Ward No. 7 – 24.02.18

Ward No. 7, also known as Jogipur Camp, houses 80-90 families with a population of 288 people. This camp was built on Government land. It is approximately 3km from the nearest Anganwadi Centre, and 1km from the nearest Government Hospital.



Shanties of the camp

The camp had an open sewage tunnel built by the camp residents which flowed into a big puddle towards the back of the camp in an open space, and a significant amount of garbage strewn around.



Pool of stagnant water and sewage; garbage in a well



TESTIMONIALS

Sadiq Khan

Sadiq has three children and a wife.

He told the team that the living conditions of the camp are highly problematic. Their tents, or *jhukis*, are made of plastic, and are often surrounded by dogs and pigs that tear into the tents in the evening and come inside and take any food that they find. They are also full of mosquitoes. The police do not allow them to leave their tents after 12pm,

and Sadiq was recently hit by a policeman when he came out to use the toilet. During the rainy season, there are even more issues due to snakes coming into the tents. Last year, a person in the camp died from a snakebite.

There are two water connections in the camp, but the water is not clean so it is difficult to use and dangerous to drink. They have spoken to the man who provides the water connection, but nothing has been rectified. As a result, they have to buy a water tank every week, which costs them Rs 600 each time. This is a difficult expense for them, as the residents of the camp do not have a ration card, and have no steady employment.

Sadiq informed the research team that they have toilets that they have constructed themselves. Sadiq made his own latrine inside his tent, but it smells terrible and attracts insects, due to which they live in very unhygienic conditions. As a result, diseases are rife – especially diarrhea, which Sadiq said everyone in the camp suffers from.

Residents of the camp go to both private and public hospitals, but they face a lot of problems when there. Sadiq's son was suffering from diarrhea and was made to wait for two hours, and still no doctor came to treat him. His son condition inevitably worsened. Sadiq noted that one family from the camp visited a Government Hospital and received appalling treatment from the staff, who told them he would not issue any medicine to people from Myanmar, and sent them away. This occurred in the Government Civil Hospital.

The nearest Government Hospital is 1km away, and when pregnant women have gone into labour they have faced a lot of problem with ambulance services, that take up to 2 hours to reach the camp.

They are only visited by doctors from a medical camp once a year. They do not offer a very good service; they simply give them some medicine and then leave. They tell the residents about Anganwadi Centres and tell the pregnant women to visit them, but when they do visit if they are even a minute late the workers sent them back with no care or treatment. Sadiq informed the team that they are never deliberately late to appointments – the problem is that the men work so far away and cannot send their wives alone, as they do not understand Hindi.

The children do not attend the Anganwadi Centres, and most do not attend school, as they do not have an Aadhaar card. The few who have been admitted into schools are segregated from the Indian children, sent to a room by themselves and left alone all day to play. The teachers therefore neglect them and their education. Some other children have managed to be admitted into private schools, but have to pay for their books.

Shahana Parvin

Shahana Parvin is 21 years old, unmarried, and has 3 brothers, 2 sisters and a Mother. She does not have a Father. She has been living in Ward No. 7 since 2012.

Shahana told the research team that the living conditions are extremely bad. In 2014, her tent caught on fire. Since all the families in the camp receive electricity from one specific tower, an overload caused a spark and set the tent on fire. They have not received a penny in compensation for the loss.



There is no water pipeline in the camp, and Shahana was not aware whether this was supposed to be provided by the Government or not. Toilets were not provided by the Government; hence they have paid a considerable amount to construct their own makeshift toilets. These are situated right outside their tents, and Shahana noted that it was difficult to stay next to them due to the smell.

During the winter and during the monsoon season, the problems only get worse. Shahana remembered a time two years ago, when the rain was so severe that 80 families had to leave their tents, as they were flooded with water. They had to escape to another shelter. The amenities in the tents were totally destroyed. The monsoon season makes the whole camp muddy, and common diseases like diarrhea and fever spread like wildfire, affecting the children the most.

When the camp residents get sick, they generally go to the Government hospital, but it is far away and paying for transport becomes an issue. She was not aware of any ambulance service. When pregnant women in the camp go into labour, they deliver in their tents in most cases.

Shahana stated that no Anganwadi or ASHA Workers have ever come to visit the camp. There is an Anganwadi Centre, but the children do not go there – as the families lack the awareness needed to send the children there. Unsurprisingly, Shahana was totally unaware of contraceptive information and services. She noted that the Government medical camp visited 2 or 3 days ago (towards the end of February 2018), but they just provided one medicine and then left. The women of the camp were once provided with menstrual hygiene products, but they were of a very poor quality – they were just pieces of cloth, not pads.

When asked about education, Shahana told the research team that her brother was denied admission to school, as he was told he was too old.



Zia Bulalam

Zia Bulalam is the community leader of Ward No. 7. According to him, the children who reside in Ward No. 7 are not admitted to Government schools because they are not in possession of an Aadhaar Card. Some of the children are sent to private schools, which is a significant financial burden for the families.

There is heaps of garbage strewn around which are causing the children of the camp to catch infections. There is also a shortage of water, and no provision for electricity. There is no functioning toilet facility; the residents have had

to make their own makeshift toilets within the camp, which are filthy.

The people of camps have to buy the water from the market. The camp conditions become unbearable during the summer due to the immense heat, and the residents find it difficult to stay there.

No ASHA workers have visited the camp. There is an Anganwadi Centre 1km away, but it is not working properly as there is no provision of food or education.

The doctors or 'experts' don't visit the camps regularly.



Cement water tank

Camp 6 – Chandini I – 24.02.18

Chandini I houses approximately 60 families, and is approximately 3-4km from the nearest Anganwadi Centre. The camp lacks electricity, and reaches extremely high temperatures during the summer.



Sewage stream and open garbage

The children are facing many problems, such as road accidents on the way to school, snakes, and problems with school admission.



Children of the camp



TESTIMONIALS

Shofika

Shofika is from a family of five.

She highlighted a major problem as the tents themselves, which are made from plastic and not wood. When they cook inside the tents, the smoke stays inside the camp and makes people sick. She told the research team that they have breathing issues.

Due to not having a ration card, everything is very expensive for the camp residents, especially buying water during the summer, when they have to buy 2 tanks per month.

There is no public toilet in the camp, but separate two toilets for men and women were constructed (not inside the tents, as that would be too unhygienic). All 60 families of the camp have to share these two toilets.

When pregnant women are taken to the hospital for an emergency delivery, the staff causes them a lot of problems – demanding proof of identity and making the pregnant women wait for long periods of time. In many cases, they do not examine the patients properly and do not give appropriate medicines. The situation is so bad that just to get one ultrasound; they sometimes have to visit the hospital up to 6 times. The staff also does not provide newborn children with birth certificates, claiming they have no Aadhaar cards and are ‘from Burma’ – thus refusing to provide the certificate. The doctors and nurses often behave extremely abusively towards them, holding cloths to their faces and complaining that the Rohingyas ‘stink’ and refusing to even touch them. One doctor at the Government Civil Hospital refused to examine a medical problem someone was having, and told the patient that due to the 2013 PIL that had been filed (referred to in the background context) ‘instead of giving you medicine, we should give you poison’.

The Anganwadi Centre is far away from the camp – almost 3km away – and is across a road. In the past many children have gotten into road accidents – as recently as one month ago – so they have stopped sending them to the Anganwadi Centres. The Anganwadi Worker does not come into the camp, even when a pregnant woman is going into labour. The ambulance also never comes on time, which causes them a lot of problems. The residents of the camp have to spend Rs 600 just on transport to and from the hospital.

Shofika’s children do go to a Government school, but due to moving around a lot they have missed many classes. The headmaster of the school also sometimes refuses the children admission, claiming he will only let them come in if the District Officer allows it. Due to this, they are only sometimes allowed to attend. Shofika remarked that ‘our children’s future is being wasted.’

Shofika informed the research team that they do not receive any scheme benefits. Nobody from the Government has provided them with any information regarding issues such as contraception. Shofika said that she mostly feels bad for her children, and worries about the healthcare that they receive. She remarked that the living conditions they are in are ‘really horrible – it’s so difficult, I don’t know what to do. These are the major problems we face. After Burma, we came here, but we do not have access to any facilities and live in an extremely bad condition, especially in the rainy season when snakes come into our tents – it’s very scary for us. Mosquitoes are also everywhere. I just want to Government to help us with our children’s education, health, and living standards.’

Dil Johar

Dil Johar (age unknown) lives with her husband and her two children, and is currently 6 months pregnant.



Dil told the research team that there has been no ASHA worker or any government official made available to them in the camp. There has been no Government assistance to take her to the hospital, nor has she undergone any regular ante-natal check-ups. She visits a Government hospital, but she is not given proper treatment. For example, the health workers refuse to give her an ultrasound because the hospital asks for proof of identity in the form of an Aadhaar card, which she does not have. According to Dil, women in the camp regularly give birth within the camp and not at a hospital, because they cannot avail hospital facilities due to the lack of an Aadhaar card, which is asked for before any treatment or surgery is provided at the Government hospitals.

Dil has not been registered at an Anganwadi Centre, and was not aware of any facilities at the centre. She has gone to the centre before, but no facilities were provided to her.



Open sewage running from the latrines in the shanties

Camp 7 – Chandini II – 24.02.18

Chandini II houses 47 families with a population of 185 people, and is approximately 3-4km from the nearest Anganwadi Centre.

TESTIMONIALS

Mawmara

Mawmara (right) is 21 years old, and has one child. She did not understand Hindi very well, so had Shofika from Chandini I (left) translate the interview for her.

She faces a lot of problems with the education of her child – who has technically been going to Government school since 2013 but has never actually been admitted. The school is very far from the camp and due to money constraints, her child has to walk. The children of the camp are unable to understand what they are taught in school when they do get included in lessons, but the teachers give them no special care or attention. She worries for the future of her child.



As far as drinking water is concerned, Mawmara told the research team that the Government has not provided the camp with a pipeline or water tanks, so they have to buy their own water.

There are makeshift toilets which are simply a hole in the ground, that are unhygienic and difficult to use. During the rainy season this problem gets even worse, as the open toilets become a breeding ground for insects and mosquitoes.

Mawmara told the research team that there is a private hospital 3km away and a Government hospital approximately 5km

away from the camp. There is no ambulance service made available to them. The camp residents generally go to the private hospital, as the Government hospital keeps them waiting for long periods of time and do not prioritise their problems. They have to spend up to Rs 600 just to get to and from the Government hospital, and when they arrive they are just provided basic medicines and told to go somewhere else.

There is no Anganwadi Worker who visits the camp, and they are therefore deprived of entitlements such as nutrition, immunization, and basic education. There is no ASHA Worker to provide services to the pregnant and lactating mothers or to accompany them to ultrasounds, and naturally there have been no efforts to make anyone in the camp aware of contraceptive information and services.

Mawmara noted that very rarely, a team of Government doctors visit the camp and provide basic medicines – as they did recently on February 22nd 2018. However, they are very ignorant and extremely reluctant to listen to the problems of the residents.

During the rainy season, Mawmara claimed that the camp is plunged into deplorable conditions, and it is difficult to walk as it is so muddy.



Ali Zuhar

Ali Zuhar is 35 years old, and lives with his Mother, Father, 4 brothers and 2 sisters. He has been in Chandini II since 2012.

Ali told the research team that the tents are very uncomfortable to stay in, especially during the winters and summers. During the monsoon season, the surroundings become a breeding ground for insects and mosquitoes. A few days ago, he found a snake in his tent.

No ration card has been provided to the residents so they are unable to buy food at subsidized rates. They are not provided with drinking water, although there is a private line – but this water is not safe to drink.

Diarrhea and pneumonia are common in the camp. It costs the camp residents Rs 350 to travel to the Government Hospital by autorickshaw, and a further Rs 10 just to enter the hospital. They are made to stand in long lines, and are only provided with basic tablets.

In the past they have called 102 for an ambulance, but the phone was never picked up. The driver eventually gave his personal number, but when they do call it takes the ambulance 2 hours to arrive. Ali noted an incident that took place on January 20th 2018, where a child was in a road accident and sustained severe injuries. The child was sent to a Government Hospital, who then referred him to Safdarjung Hospital in New Delhi – but refused to provide any ambulance service. The family had to book a private cab at a cost of Rs 1500. The boy stayed in Safdarjung Hospital for 15 days, then went to a trauma centre where he was made to stay another 20 days.

Pregnant women tend to deliver in the camp, as the nearby hospitals only have male staff members, which makes the women feel uncomfortable. There is an Anganwadi Centre but it is very far away – approximately 4km away. The AWC does not provide food or education. The camp has never been visited by an ASHA Worker. Additionally, there have been no Government vans providing medical supplies visiting the camp.

The children from both Chandini I and Chandini II got admitted into Government schools. The authorities asked them to submit affidavits, which the camp residents spent Rs 120 on. However, the children were not given online admission to the schools because they did not have Aadhaar cards. Due to this, for several days the school would not provide the children with uniforms or food. The parents met with the school authorities, and despite assurances from the headmaster they were still not provided with uniforms or food because they were not enrolled on line. All of the children in the camp now study in Class 4, however Ali noted that the school does not give the children a proper education and they are not given school certificates because they do not have Aadhaar cards.

Camp 8 – Chandini III – 24.02.18

Chandini III houses 39 families, with approximately 105 people in total, making it the smallest camp visited within Mewat. It is 3km from the nearest Anganwadi Centre, and 2km from the nearest school.



Women and children in the camp



TESTIMONIALS

Enamal Hoque

Enamal Hoque is 28 years old, and has been living in Chandini III for the past month with his wife.

The problems that he noted were a lack of water and hygienic sanitary facilities, and a lack of proper toilets. Enamal and his family have to pay a rent of Rs 45,000 per year to stay in the camp. Despite this,

they do not receive even the most basic of facilities. Drinking water has to be bought at Rs 700 per tank, and the toilets constructed outside the tents smell bad and are not safe for his wife. He told the team that there is an Anganwadi Centre around 3km from the camp, but he was not particularly aware of it.

Khalida and Rasida



Khalida, 20, (left) could not speak Hindi, so she had Rasida (right) translate the interview for her. Khalida is 8 months pregnant. This is her third pregnancy; she already has 2 children – boys aged 5 and 3 years old. She told the research team that she had not been visited by any ASHA or Anganwadi Workers. She goes to the Government hospital by herself, paying Rs 80 out of pocket expenditure on transport, and often has to buy medicine outside the hospital at her own cost, as the hospital will only provide her with some medication. She has not received any immunizations whilst in the camp.

Rasida, 20, (right) is currently 5 months pregnant with her second child – she has a boy who is one and a half years old. She has never been visited by an ASHA worker, and is not registered at the Anganwadi Centre.

Noor Hassan

Noor Hassan is 28 years old, and lives with his wife and three children. He told the research team that there are 32 families living in the camp, with approximately 180 people in total.

The main problem faced by the residents of Chandini III relates to a lack of electricity and a shortage of water. The camp residents have to buy bottled water, which costs the five hundred rupees for two days – a significant cost for them. The people of the camps are not provided with any pipeline or tank by the Government. There is no toilet facility in the camp; hence they have had to build their own makeshift toilet.



The children in this camp do not go to school since they have not been provided with any Government school places. There are approximately 35 children living in the camp, of which 25 are below the age of 5.

Noor Asma

Just as the research team was about to leave, they encountered a young girl surrounded by camp residents, who was clearly extremely unwell. The girl was 11-year old Noor Asma, daughter of Sultan Amin (aged 38). On the 20th January 2018, Noor was hit by a car in a hit and run accident. **She was taken to Shaheed Hasan Khan Mewati Government Medical College Hospital in Mewat, but was refused treatment after one hour and told to go to Safdarjung Hospital.** She was eventually taken to AIIMS in Delhi, which cost her family Rs 2000 out of pocket expenditure on transport,. As of now, she is receiving free treatment, but has to pay out of pocket expenditure on medication and transport to and from Safdarjung Hospital.



She is currently unable to speak due to a tube in her voicebox, although it is expected that her voice will eventually recover.

Faridabad

The research team visited three Rohingya refugee camps in Faridabad which were in fairly close proximity to each other: Budhena Camp, Mujeri Camp, and Mirzapur Camp. The Faridabad camps were certainly in the worst condition of the three locations visited, due to the obscene amount of open garbage strewn around the camps, constituting a total flouting of even the most basic of sanitation and hygiene standards.

Camp 9 – Budhena – 27.02.18



Budhena Camp

Budhena Camp houses 35 families, who had been living there for approximately 4-5 years. This camp was in by far the worst condition of all those visited by the research team. The site of the camp was within a land fill, hence there was rubbish strewn all over the camp, which people were living amongst. The land is rented by the Rohingyas from a rag picking contractor at below market price, on the trade off that he gets a certain percentage of their profits as rag pickers. There were no standards of hygiene at all, with children playing amongst the garbage, and people eating immediately after sifting through the trash. The shanties themselves were surrounded by garbage, which featured rotting food, dead mice, broken glass and sanitary pads. This obviously constitutes a severe health hazard.

During the monsoon season, the rainwater will mix with the garbage and reach knee-deep levels, and the shanties will flood with dirty water. As a result, the residents have to sleep on rooftops and bicycle carts during the summer.



Malnourished, underweight severely ill resident of Budhena resting on his cart

The people of Budhena Camp all appeared ill and malnourished, especially with comparison to the other camps. This was undoubtedly caused by the rotting food and trash that was in every inch of the camp, as well as the animals roaming around. The man pictured above was severely underweight, stood with a hunched back, and could barely stand or walk. The child pictured below left was nine years old, exhibiting severely stunted growth and malnourishment. She was both mentally and physically disabled, but had received little help by way of medical assistance.



Malnourished children



TESTIMONIALS

Khalida Begum

Khalida, aged 26, has been residing in Budhena Camp for 6 years with her 4 family members, which includes her husband and 2 children.

She shared with the research team that within the camp, there is no provision of safe drinking water or adequate sanitation facilities. The contractor from whom they rent the land has provided a small tap,

which has low pressure, but otherwise the residents have to walk approximately 5-6km to fetch water twice a day. The Government have not provided any water pipeline or tank.

Khalida did not possess a ration card, so was unable to buy food at subsidized rates. The camp residents also have no Aadhaar cards, which has stopped the children from attending school. Instead, they have to rely on a woman who comes into the camp to teach the children.

The conditions in the camp are highly unsanitary. There are open garbage dumps throughout the settlement, which poses a serious threat to health and constitutes a safety hazard. There were initially no toilet facilities, but the residents built their own makeshift toilet within 8-9 months.

Regarding healthcare, Khalida noted that the camp has not benefitted from any visit by an ASHA or Anganwadi Worker, nor a health or medical camp, and the pregnant women have not registered themselves at any Anganwadi Centre. However, Khalida informed the team that a woman does visit the camp every 3 months for vaccinations. She added that Government healthcare facilities are very far from the camp, and that they charge a huge amount of out of pocket expenditure. There have been many times where residents of the camp have called ambulances, but they never turn up. There have been a few instances where pregnant women in the camp have given birth in an institution, but when this has taken place, the families have been denied birth certificates. Khalida stated that she would prefer to be able to have an institutional delivery, if an ambulance would turn up. However, due to a lack of access to facilities, most women in the camp have opted for non-institutional deliveries, which contribute to various complications both during and after giving birth.

Noor Khaida

Noor Khaida is 17 years old, has 1 child, and is 1 month pregnant. She has been living in the camp for one and half years with her husband and child. Noor stated that she was facing serious issues relating to the lack of sanitation facilities and the significant amount of open garbage, let alone the problems regarding education and health.

Noor was previously pregnant, but lost the infant 5 months ago during a non-institutional delivery. They had called for an ambulance, but were told by staff that they would charge Rs 30,000, which they obviously could not afford, so they declined. The camp residents have never seen an ASHA worker, and have never visited an Anganwadi Centre as it is too far from the camp.

She told the research team that the small water tap that is provided by the contractor is shared among 70-80 people, meaning she often has to wait for 2 hours for her turn to access water. She noted that there is no pipeline or water tank provided to the camp by the Government. She further added that there are significant concerns regarding sanitation, especially for the women, who at night do not feel safe to use the toilet. 60-70 people use the same toilet, which is very unhygienic. Due to this, Noor remarked that her husband is facing sanitation-related health problems, but she cannot visit a Government hospital due to the high rates that they are charging.

The trash that is strewn around the camp is contaminated, full of disease and carries a terrible stench. Noor noted that particularly during monsoon season, the scraps of garbage with come inside the tent, causing a lot of problems. The monsoon season is difficult for the camp residents as it allows insects and snakes to come inside their tents, causing them harm.

Noor told the research team that if she is able to find a different camp to move to, she will do so immediately.



Noor Habiba

Noor Habiba is 20 years old, and is 8 months pregnant. She has been residing in Budhena Camp for the past one year along with two other members of her family.

Noor complained about the lack of a drinking water facility in the camp, and noted the difficulties in being so far along in her pregnancy and having to walk so far just to get water. The small tap that was given to the camp by the



contractor often dries up, and other than this there is no Government line or water tanker available to them.

There is only one washroom in the entire camp, which is a makeshift toilet, and lacks sanitation and maintenance.

With regards to medical care, Noor told the research team that she has never been to any hospital in India, and was given maternal health treatments only in the 3rd month of her pregnancy, as the Anganwadi Centre is a considerable distance away. In addition to this, no ASHA Worker or Anganwadi Worker has ever visited the camp. She remorsefully noted that if she is unable to get any assistance from the hospital, she will have to give birth in the camp.

Sitara

Sitara is 18 years old, and is pregnant. She has been residing in Budhena Camp for the past 6 months along with three other members of her family.

She told the team about a lack of proper hygiene and sanitation. The toilets are very far away and are used by at least 50-60 people each day, meaning she has to wait for a long time to use the toilet.

She also spoke about the garbage trucks, which come into the camp and rather than collecting much garbage, just scatter scrap all over the camp. This inevitably spreads diseases in the camp, with women and children in particular suffering.



Regarding medical care, Sitara noted that every 3 months medical staffs come into the camp for vaccinations. She has no registered at an Anganwadi Centre, and stated that the camp has never been visited by an ASHA Worker. She has never visited any Government hospital.

She told the research team that she hopes to deliver her child in a hospital if she is able to avail an ambulance service, but failing that will opt for a non-institutional delivery.

Anwara



Anwara is 19 years old, and has been living in the camp for the past 4 years with her 4-year old child.

Anwara spoke at length about the issues with the open garbage, stating that they have to burn it as they have no other place to put it. Her Father is also very unwell (pictured below).

Anwara had never been to an Anganwadi Centre, due to the considerable distance from the camp, and had never been visited by any ASHA Worker.

She told the interview team that if the Government of India is able to provide a safe place for the Rohingyas, they will stay there and create a hygienic place for their families. If not, she wishes to at least be able to move to somewhere slightly better than where she is now.

Mohammed Ismail

Mohammed Ismail is the community leader of Budhena Camp, and has been living there with his wife for the past four years.

He stated that his children do not receive even a basic education due to not having Aadhaar cards or any other form of documentation, though a teacher does sometimes come into the camp. He told the team that although he is childless, the community is his children, and he wants to get them the same level of education that all other children have.

Regarding hygiene and sanitation, Mohammed stated that the way they live is no different to that of animals. They eat food in unclean conditions, lack proper toilets and washrooms, and the 'toilets' that they do have are far away. At night, they have to walk across the open garbage to get to the toilet, and are sometimes met with broken glass. These toilets are used by up to 70 people per day, and as such are devoid of proper sanitation and hygiene.



Because of their poverty, the camp residents are unable to afford the services of a private hospital. They therefore have to go to Government hospitals, but even there they are treated miserably. The ambulance never comes to the camp, as the ambulance workers do not feel safe, even though Mohammed has told them many times that they will not harm them – it still never comes. They are left with the option of taking an auto, which charges up to Rs 300 to get to the hospital.

He further added that pregnant women face more problems, as there is nobody to take them to the hospital in cases of emergencies. ASHA Workers never visit the camp, and medical camp staffs only come to give them polio shots, ignoring all of their other issues.

Mohammed noted that many of their issues stem from a lack of documentation. They only have a UNHCR card, ration cards are not issued to them.

Mohammad Ayu

When the research team spoke to Mohammad Ayu, he was working by shifting through garbage, which included a dead mouse and rotten food in close proximity to him. Mohammad is 22 years old, and has resided in Budhena Camp with his 5 family members for 2 years.

The issues he and others in the camp face include a lack of access to the hospital, a lack of maternal care, and a lack of proper hygiene, sanitation, and basic necessities such as water.



Mohammed noted that they are forced to work as rag pickers as they do not have Aadhaar cards or PAN cards.

He told the research team about the problems faced by his wife. His wife delivered a child in Mewat as the hospital in Faridabad could not help her, and she was never provided with a birth certificate. The Anganwadi Centre is approximately 6km away from the camp, and getting there every day is impossible.

Monsoon season is particularly difficult, as the rainwater mixes with the garbage and enters their tents. During that time of year, they sleep outside on rooftops or on bicycle carts.

Mohammed stated that all he wants is for the Rohingya children to be able to study and eventually lead a better life.



Mohammad sifting through garbage – his only means of livelihood

Camp 10 – Mujeri – 27.02.18

Mujeri camp houses 22 families. This camp is on rented land. It also appeared to be a site for rag picking, but was in a far better condition than Budhena camp - the rubbish was at least all packed and tied up into bags which were stacked, and there was little rubbish on the ground, unlike Budhena. The camp had a small school room which the residents gathered in for interview. This room is usually used for Islamic teachings for the children of the camp. There was no water source in the camp, and only 1 shared toilet with the open sewage drainage pooling into a puddle outside.



The women and children of Mujeri Camp

The nearest hospital is 5km away, the nearest Anganwadi Centre is 2.5km away, and the nearest Government school is 1.5km away. There is no existing health camp provided to the residents, and ambulances generally will not come to the camp.



Garbage strewn around the shanties



TESTIMONIALS

Hasina Begum

Hasina Begum is 33 years old, and has been living in the camp for 4 years with her husband and 4 children.

In her interview, she stated that the Rohingya children are not allowed to study in the same class where the rest of the children study, so are segregated from the Indian children. The school authorities have told them

that only if they present Aadhaar cards will they be allowed to sit in the same classroom. The children in the camp do not attend the Anganwadi Centre because of the distance.

Hasina stated that they only have one toilet in the camp which is used by all 22 families; hence it never stays clean, which causes problems. During the monsoon season, water floods into the shanties. Many diseases are spreading throughout the camp because of both open garbage and open defecation.

Hasina told the research team that pregnant women have visited hospitals in the past, but nobody pays attention to them. No ASHA Worker or other medical professional has ever visited the camp. Often when they go to Government hospitals, they are asked to show their Aadhaar cards and denied treatment when they cannot produce one.

Sharmi

Sharmi is 25 years old. When she delivered a baby at a Government hospital, she was not provided with a birth certificate for her child.

Sharmi informed the research team that neither children nor women visit the Anganwadi Centres, as they are very far from the camp. The children do get vaccinated after 2-3 months.

Further, she discussed the problem of sanitation – as the camp has only one toilet which is used by 70-80 people every day.



The residents of the camp do not have Aadhaar cards or ration cards, only UNCHR refugee cards.



Ali Hussein

Ali Hussein is 36 years old, and has been living in the camp for the past one and a half years with 3 other family members.

Ali spoke about the poor state of education in the camp, telling the research team that their children are kept in separate rooms in the school because they do not have the required documents.

60-70 men, women and children share the one toilet that they have. It cost the camp residents Rs 7000 to construct it.

Regarding drinking water, Ali informed the research team that they receive water twice a day.

He stated that the nearest Anganwadi Centre is quite far from the camp, and neither the Anganwadi nor ASHA Workers have ever visited the camp. Pregnant women have visited the Anganwadi Centre on various occasions, but there are no facilities for them there – and even the Anganwadi Workers at the Centre have asked them to produce Aadhaar and PAN cards.

Mohammed Jamil

Mohammed Jamil is 28 years old, and has a wife and three children. He has been living in Mujeri camp for two years.

Mohammed stated that the camp residents cannot work, as they are asked for identity documents – particularly Aadhaar cards. They therefore have to resort to rag picking and garbage recycling, and are paid terrible wages. He also raised the issue of educating their children, who are denied admission to Government schools as they do not have Aadhaar cards. Even the Anganwadi Centre has refused them services due to the lack of an Aadhaar card. However, there is an Anganwadi Worker who comes into the camps to give vaccinations.



Regarding health, Mohammed told the research team that there is a Rohingya doctor who lives in Shaheen Bagh who visits their camp to help. They have never seen a Government doctor in the camp. If they go to Government hospitals, they may receive treatment for minor ailments, but for any major problem they are asked to produce an Aadhaar card.

Sometimes, there is a shortage of water in the camp, so they have to fetch it from outside. There are also significant problems regarding the toilet, as all families of the camp are sharing one toilet.

Mohammad Arif



Mohammad Arif has been living in Mujeri camp for the past year, and has a wife and two children.

He told the research team that sanitation is one of the major issues that the camp faces. It has been difficult for the children to use the only available toilet facilities – when they grow older, they generally have to resort to open defecation. This is dangerous as there are many glass

bottles lying around, which has injured both adults and children in the past. There are no proper sanitation facilities for the women and children. The whole camp only has one toilet, generally used by the women, which is a makeshift toilet. It is always dirty, and sometimes the children fall ill as a result – with vomiting and diarrhea being common symptoms.

In terms of medical care, when there is a minor ailment there are medicines available, but for bigger issues it is more difficult to get help. The hospitals sometimes ask for Aadhar cards, and insist on some form of identification proof. If they cannot produce it, they are refused treatment, and have to return back to camp and try to recover there. Due to this, the camp residents tend to save money and try to avail private services instead.

Mohammad Arif also spoke to the team about education. He mentioned that the children used to go to school, but do not attend anymore – as they are denied admission into the schools and made to sit in a separate room, left alone there for the day and then sent home at the end of the day. This only happens to the Rohingya children. There is an Anganwadi Centre, but it is quite far from the camp, and the children sometimes get lost on their way back. The children have generally not attended school for the past 5 months.

Mohammad stated that the Rohingyas are willing to work hard to enjoy the same quality of life that they once had in Myanmar, but it is difficult for them to gain employment in India due to their inability to produce documentation such as Aadhaar and PAN cards. They are forced to return to the camp with no work, branded as outsiders.

Khurshad

Khurshad is 20 years old, and has been living in the camp for the past four years.

He told the research team that he has no choice but to do rag picking work. Whenever he looks for better job opportunities, they ask him for an Aadhaar card, and label him a 'Bengali'. He has a UNCHR refugee card, but employers will not accept this – despite it being his only form of documentation.



Khurshad feels that he is stuck in no-man's land – he cannot go back to Myanmar, he has nowhere else to go, and has little means of survival. He wants to study further, but it is difficult. He wants to distance himself from rag picking work, but this is not possible.

Mohammad Rashid and Aziz UI Hassan



Mohammad Rashid (left), aged 33, and Aziz UI Hassan (right), aged 26, were interviewed together by the research team. They stated that they do not have any work, and due to the unavailability of options, are forced to work as rag pickers. Since they do not have Aadhaar cards or any other valid form of documentation, this is their only option. Their desperation for income forces them to accept work that they find unclean. The unhygienic and unsanitary work that they have to do means that their children often fall ill, which leads to more expenses and problems. It is a vicious cycle where due to a lack of work and unsanitary conditions where there is work, their health is affected, leading to more expenses and less food. They cannot even hope for social mobility in the future, as their children are not allowed to enroll in the schools.



A child next to heaps of wrapped garbage

Camp II – Mirzapur – 27.02.18

Mirzapur Camp holds 17 families, with a population of approximately 80-82 people. The nearest hospital is Ballabgarh Government Hospital, and the nearest Government school is Mirzapur Government School, which is approximately 10 minutes away from the camp.



Children running through the camp; bags of garbage

Testimonials

Kuli Mullah

Kuli Mulla is 27 years old, and is part of a family of five. He has been living in Mirzapur Camp for three years, and is the community leader.

He told the research team of many issues they are facing in the camp, including educating their children and getting them admission into schools. He noted that there is a Government school near the camp, but when they try to enroll their children, they are refused admission due to not having Aadhaar cards. The children now learn what they can from other camp residents.



Sanitation was also highlighted as a significant issue. There are no public toilet facilities in the camp, so they have constructed a makeshift toilet from tarpaulin and plastic. This toilet has since become defunct, so they have to build a new one – but the cost for this will be approximately Rs 8000 – which is a huge expense for them considering they can barely make ends meet within their families. In such a case, it is difficult to afford expenses that relate to the community at large – especially as there are around 20 families and approximately 90 people living in the camp.

Similarly, regarding drinking water, whilst there is a supply during most of the year, it becomes difficult during the summer. When there is no electricity during the summer, there is no water either. The whole camp relies on the tanker system to arrange water for their daily activities. If there is no electricity, how can the other facilities run?

Kuli stated that the difficulties relating to employment are severe – the camp residents cannot find employment anywhere. He told the research team that they are steadily losing hope. They cannot even find work in neighbouring areas, as they do not have Aadhaar cards. In addition to this, the little money that they do make cannot be kept safely as they do not have bank accounts.

Since it is difficult to find consistent work, food also becomes an everyday crisis because of the high prices of grains, vegetables, meat, and legumes. Kuli noted that none of the camp residents have been given ration cards. In the market, they buy rice for Rs 30-50 a kilo, but this is unsustainable for them – as they are only able to make a maximum of Rs 200 a day. With that sort of income, living becomes impossible.

Kuli also remarked that fevers, colds, coughs and other common illnesses were rampant in the camp. While the Government hospitals are accessible to them, they still have to pay for medicines. A local doctor from one of the neighbouring villages visits them often and provides them with treatment for minor ailments – but there have been cases of severe illnesses in the camp.

Sona Mia



Sona Mia is 30 years old, and has a wife and four children. He has been living in Mirzapur Camp for two months. He told the research team that his family is living in great difficulty.

He is not able to admit his children to school, as they do not have Aadhaar cards or birth certificates – documents which are difficult for them to obtain.

They only have one latrine, which is mainly used by the women whilst the men go outdoors. In the summer, the toilet becomes very dirty and infested with insects, leading to diseases spreading to all members of the community.

Sona stated that they have to resort to doing unsanitary work due to desperation. They cannot access the documentation that is needed to get a job, and employers will not accept their refugee cards. They are able to do rag picking because nobody questions them on their documentation, as it is the lowest form of work, therefore they are not stopped from doing this.

Sona told the research team that there have been illnesses in his family – three of his children had coughs, colds, and stomach ailments. However, the Government hospital did not help them much, so they had to seek out other options. Luckily, the village doctor stepped in and his children were able to get treatment.

Sona lamented that the difficulties they face seem never-ending.

Mehbooba

Mehbooba is 25 years old, and has three children. She has been living in Mirzapur Camp for the past year.

Mehbooba stated that there is currently no water available in the camp, especially since Ramadan. She noted that the camp residents are always hungry or thirsty. A tanker does come, but often the village women will not allow them to take the water, meaning water is often scarce in the camp. They can sometimes arrange to get it from elsewhere, but getting water from somewhere far away from the camp becomes a problem. The conditions of the camp are terrible in the summer and



it is difficult to survive, as the air is hot, there is no electricity, and diseases increase.

The camp residents do not have any identity cards, such as Aadhaar or ration cards. There is a Government school close to the camp that they tried to send their children to, but they were sent back by the school, who told the children to 'ask their mother to bring the Aadhaar card if you want enrolment.' They could not produce one, so they were refused enrolment.

There is no vehicle to take the sick to the hospital. When camp residents are sick, they generally either go to Safdarjung Hospital or Ballabgarh Hospital. However, they have to depend on public transport in these instances, as they do not have an ambulance number or access to other ways to transport the sick to hospitals. Mehbooba was unsure about medical camps organized by the Government, but she did mention that they had been given vitamins by people from NGOs.

Mehbooba spoke about the problems that women in particular face in the camp. In terms of issues such as menstruation, adolescent health, and pregnancy, she stated that no one has come into the camp to do any work. One of the women in the camp did have a problem, and was taken to the hospital, but upon arrival she was asked to produce identity documentation and subsequently denied services. She did note that they did have access to sanitary napkins.

The women are encouraged to find work, since their earnings can help the family make ends meet. However, when they do go out looking for work, they have to deal with constant refusals since they have no documents to prove their identity. Mehbooba herself was offered a job, but when she could not produce an Aadhaar card, the offer was revoked, and told not to come anymore.

Mehbooba told the research team that the Rohingyas should be able to access as many facilities as they once had in Myanmar. She stated that they are forced to do unsanitary work out of desperation, as they have no other options. If they were given an opportunity to undertake respectable, well-paying work, they could improve their lives.



Interior of the camp

KEY FINDINGS

In every camp visited, the research team documented severe violations in the fields of health, sanitation, food, education, employment, and general living conditions. Though varying in degrees of intensity, it was clear that every camp faced the same kinds of problems, such as having no proper toilet facility, not having access to clean water, and being denied public services.

The lack of proper identity documentation seemed to form the crux of the myriad of issues being faced by those living in the settlements. A significant problem for the residents of the camps was the lack of an Aadhaar card, which was being used as an excuse by a variety of actors to deny the Rohingya refugees access to even the most basic of healthcare provisions – such as medicine or entry into an Anganwadi Centre, and was being used to deny children their right to an education. Even when residents had been provided with a refugee card issued by UNHCR, they still encountered considerable difficulties in availing public services. Nearly all of the women interviewed had given birth inside the camp, and had not received any form of ante-natal check up or post-partum services. ASHA workers were glaringly absent from the camps, and Anganwadi Centres were either non-functional or had their access denied to Rohingyas. The research team attempted to ask the women about contraceptive information and services; however most of them did not even know what contraceptives were. The lack of proper infant health was also of note. Many children – especially in Budhena Camp in Faridabad – appeared to be malnourished, underweight, and stunted in growth. The children were often filthy, half-naked, and playing amongst garbage which holds rotting food, human waste, and broken glass – clearly unsafe and highly unsanitary.

The denial of healthcare services was a great concern, with many residents becoming increasingly ill due to the hospital staff in Government hospitals either refusing to treat them or doing the bare minimum, and the prices in private hospitals being far too high for the refugees to afford. It was particularly alarming to note the blatantly abusive and disrespectful treatment of some the refugees in public healthcare facilities – such as the instance in Mewat when a Rohingya woman was told by the doctor that he should give her poison rather than medicine, and the healthcare staff treating the Rohingya patients as if they were untouchable and disgusting, in an effort to humiliate them. In addition to this, ambulance services or the equivalent to transport the Rohingyas to healthcare facilities in times of emergencies were either grossly overpriced, consistently hours late, or non-existent. This meant that the refugees were having to not only spend out of pocket expenditure – of which they already have very little – on medicines and private treatment – but on transport to and from the hospitals. The Government health workers that did infrequently (if at all) visit the camps through medical camps had an apathetic and sometimes hostile attitude towards the refugees, just dropping off basic medicines and leaving within the hour, unwilling to listen to their genuine and often serious health concerns. This seemed to be a discriminatory attitude towards them.

The conditions in all of the camps were extremely unsanitary and constituted a severe public health hazard, with all toilets being makeshift constructions, open sewers flowing through or running parallel to the camps and right next to the shanties that the refugees were living in, and a total lack of proper washing facilities. All of the camps had up to 500 residents sharing a maximum of 6 toilets – and in some camps 100 residents would share 1 toilet. These makeshift latrines were all filthy, had no flushing system, and lacked privacy – some just having rags throw over to form a 'door', which made the women in particular feel unsafe, especially at night. A correlated result to the toilets was the rapid and constant spread of disease and infection, particularly affecting young children and senior citizens. Every camp visited had problems with diarrhea, common colds, and coughs, and due to the denial of proper healthcare these diseases persisted and proliferated, and often developed into something far more serious. In addition to this, women were particularly disadvantaged by a lack of proper toilet and washing facilities, as the makeshift constructions lacked privacy and opened an opportunity for sexual predators both within and outside the camps to target women attempting to wash or relieve themselves. The children across camps were dirty, half-dressed, and often playing and eating amongst garbage strewn around the camps.

The shanties themselves were all constructed from bamboo sticks, plastic scraps, and pieces of cardboard. None of them had a proper door or other forms of privacy and security. Hardly any had electricity, apart from the communal rooms on occasion – but this was often not working. Not having adequate cooking facilities meant that all the refugees were either having to cook with open fires or small gas canisters inside their tents, which is obviously

extremely dangerous when considering gas, smoke, and fire within highly flammable, small and contained spaces that house up to 8 people. A woman from the Ward No. 7 camp in Mewat noted how an electrical overload in a nearby tower had sparked and set her tent alight, burning it to the ground. This was a concern for many residents – the fact that their living space was dangerous and unsustainable. In addition to this, the summer months made the living conditions even more unbearable, with the heat being inescapable, and monsoon season flooding the tents with stagnant water and garbage, destroying household amenities, and the makeshift latrines and open sewer tunnels overflowing and spreading across the camps. Conversely, the winter months brought freezing temperatures, and with no electricity there is little option for heating themselves other than open fires and donated blankets. Wild animals and stray dogs also roamed the camps, stealing foods and tearing the tents, and snakes terrorized the residents – and had killed a far amount of people.

None of the camps had access to clean drinking water. Many were using a hand built hand pump to access underground pipelines, which yield dangerous and contaminated water, which had resulted in disease and death. It was alarming to note that a child had died as a direct result of contaminated water in Shaheen Bagh camp in Delhi, despite Government doctors having previously visited the camp and confirmed the toxicity of the water. The most shocking aspect of these sorts of testimonies is the failure on the part of the Government to act when these sorts of conditions are uncovered, resulting in them being complicit in the aforementioned illnesses and deaths.

Despite violations and poor living conditions being documented everywhere, the conditions in the Faridabad Camps, particularly Budhena, were far worse than those of Mewat. The camps in Mewat at least had a degree of open space, whereas the Faridabad camps were covered in open garbage, and sadly featured many children playing amongst it. Interviews revealed that residents of the Mewat camps probably had the best quality of life of all residents surveyed – which is not something to idolize given that even they are living in appalling conditions.

A seemingly insurmountable hurdle that the Rohingyas are facing is their inability to even attempt to improve their quality of life due to the Government denying them any means of social mobility, through not allowing them a proper education or employment. The young men and women that the research team interviewed expressed discontent with essentially being forced to work as rag pickers just to be able to afford to feed themselves – they wanted to conduct work that was more sanitary and better paid, but were consistently denied any means to do so due to not possessing Aadhaar cards. It was a source of severe discontent, particularly with regards to the young men, who were desperate to find a better source of livelihood.

The poor living conditions of the camps were directly related to this issue, as the refugees could barely make ends meet, with those who did work earning a maximum of Rs 200 a day. Considering that none of them had been issued with ration cards, feeding families and buying water, as well as constructing toilets and paying rent, is a huge financial burden for them.

The children in the camps – with the exception of a few who were able to attend private schools with the help of outsider funding – were either totally denied an education, or were segregated from Indian students and ignored by teachers, left alone all day and taught nothing. This was again related to the lack of Aadhaar cards, and even when they produced UNCHR issued refugee cards, they were denied admission. It is a bleak situation when a minority group is downtrodden and deemed a burden to society, and yet is denied any opportunity to contribute to society or to improve their lifestyle.

Overall, it was clear that since the original public interest litigation petition filed by Jaffar Ullah in 2013, there had been absolutely no effort at all by the State Governments of Delhi NCR and Haryana, nor the Union Government, to improve the quality of life and living conditions of the Rohingya Refugees. If anything, the petition had resulted in public services upping the ante on their discriminatory attitude towards the refugees – evident when a doctor from a hospital in Mewat refused to provide services to the Rohingyas because of the case. At this point, all of the residents of the settlements that were visited are either relying on themselves or on NGOs to be able to live day-to-day. A statement made by Nurul Amin in Shaheen Bagh Camp in Delhi rang true and was applicable to all the camps visited, when he asserted that *'we are not living, we merely exist.'*

LEGAL VIOLATIONS

National Law

India has no national law that explicitly governs refugees. Nevertheless, this does not entitle the Government of India to ignore the needs of refugees, shirk their duties towards them, or violate their rights. Both the Indian Constitution and adjoining case law referring to the Constitution explicitly prohibits the current living conditions and service denials that the Rohingya refugees are facing in the settlements visited.

The Indian Constitution¹⁴

Article 21: No person shall be deprived of his life or personal liberty except according to procedure established by law.

Article 51: The State shall endeavor to:

- a) Promote international peace and security
- b) Maintain just and honorable relations between nations
- c) Foster respect for international law and treaty obligations in the dealings of organized people with one another

Applicability: As per Article 51(c), despite not being a signatory to the Refugee Convention, India is still a signatory to many other international conventions and covenants that either make explicit mention of refugees, or strictly prohibit the ill treatment or denial of healthcare and education to people purely based on their nationality (or lack thereof). The Government of India therefore cannot use the fact that it is not a signatory to the Refugee Convention to justify the current conditions that the camps visited are in.

National Human Rights Commission vs. State of Arunachal Pradesh & Anr. (1996)

Applicability: This landmark judgment regarded the situation of the Chakma refugees in Arunachal Pradesh, and held that Article 21 of the Indian Constitution affords equal protection even to those who are considered 'illegal immigrants'. Considering this, denying the Rohingyas access to healthcare and thus endangering their lives, as well as exposing them to a range of diseases due to poor sanitation and dangerous living conditions, is a direct violation of Article 21.

Francis Coralie Mullin v Union Territory of Delhi. (1981)

Applicability: In this case, the Supreme Court held that the Right to Life extends to the right to shelter, nutrition, clothing, and shelter. Of particular note is this passage of the Supreme Court judgment:

“The right to live includes the right to live with human dignity and all that goes along with it, viz., the bare necessities of life such as adequate nutrition, clothing and shelter over the head and facilities for reading writing and expressing oneself in diverse forms, freely moving about and mixing and mingling with fellow human beings and must include the right to the basic necessities of life and also the right to carry on functions and activities as constitute the bare minimum expression of human self.”

All of the camp residents that the research spoke to gave testimonies regarding their appalling living conditions in shanties made of bamboo sticks and scraps of plastic and cardboard, and not one person that the research team spoke to was in possession of a ration card – which is necessary given their extremely low income due to the denial of employment. This clearly contravenes the 'right to live with human dignity' put forth above as they are denied

¹⁴ The Constitution of India (as of 9th November, 2015) available online at <http://lawmin.nic.in/olwing/coi/coi-english/coi-4March2016.pdf>, accessed 7th March 2018.

adequate nutrition, shelter, and the basic necessities of life, such as toilet and sanitation facilities and clean water. Denying them education and employment also can constitute a denial of 'the right to carry on functions and activities as constitute the bare minimum of expression of human self.'

International Law

The two main international conventions governing refugee laws and obligations are the 1951 Convention on the Status of Refugees and the 1967 Protocol attached to this convention. India is not a signatory to either of these, but that does not absolve them of all duties towards refugees, as there are various Conventions and Covenants that India is a party to which runs in contrary to the living conditions and service denials that the Rohingyas in India are being subjected to.

The 1948 Universal Declaration of Human Rights (UNDHR)¹⁵

India voted in favour of the 1948 Universal Declaration of Human Rights (UNDHR), which affirms the rights to life, liberty, equality, and dignity (amongst others) in 'all members of the human family' – not just citizens of a particular nation. The UNDHR is referred back to in such a breadth of legislation that it can be argued that it has formed a part of international customary law.

Of particular relevance to the Rohingya refugees in India are:

Article 1: All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3: Everyone has the right to life, liberty and security of person.

Article 4: No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 14 (1): Everyone has the right to seek and to enjoy in other countries asylum from persecution.

Article 15 (1): Everyone has the right to a nationality.

Article 15 (2): No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 22: Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23 (1): Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

Article 23(2): Everyone, without any discrimination, has the right to equal pay for equal work.

¹⁵ Universal Declaration of Human Rights, 1948. Available online at http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf, accessed 3rd March 2018.

Article 23(3): Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

Article 25(1): Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Article 25(2): Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26(1): Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)¹⁶

Article 12 (1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

Article 12 (2): Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Article 14(2): States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right:

h) To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications

Convention on the Rights of the Child (CRC)¹⁷

Article 2(1): States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Article 2(2): States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Article 3(1): In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 3(2): States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

¹⁶ Convention on the Elimination of All Forms of Discrimination against Women (1981), available online at <http://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf>, accessed 14th March 2018.

¹⁷ Convention of the Rights of the Child (1990), available online at <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>, accessed 14th March 2018

Article 3(3): States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Article 6(1): States Parties recognize that every child has the inherent right to life.

Article 6(2): States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 7(1): The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.

Article 7(2): States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

Article 8(2): Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

Article 22(1): States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

Article 23(1): States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

Article 23(2): States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

Article 23(3): Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

Article 24(1): States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Article 24(2): States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

- a) To diminish infant and child mortality;
- b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
- c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
- d) To ensure appropriate pre-natal and post-natal health care for mothers;

- e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
- f) To develop preventive health care, guidance for parents and family planning education and services.

Article 27(1): States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

Article 28(1): States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

- a) Make primary education compulsory and available free to all;
- b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
- c) Make higher education accessible to all on the basis of capacity by every appropriate means;
- d) Make educational and vocational information and guidance available and accessible to all children;
- e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

Article 28(2): States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.

Article 30: In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.

International Covenant on Economic, Social and Cultural Rights (ICESCR)¹⁸

Article 2(2): The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 6(1): The States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right.

Article 7: The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular:

- b) Safe and healthy working conditions;

Article 11(1): The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.

Article 11(2): The States Parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific programmes, which are needed.

Article 12(1): The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

¹⁸ International Covenant on Economic, Social and Cultural Rights (1976), available online at <http://nhrc.nic.in/documents/International%20Covenant%20on%20Economic%20Social%20and%20Cultural%20Rights.pdf>, accessed 14th March 2018.

Article 13(1): The States Parties to the present Covenant recognize the right of everyone to education. They agree that education shall be directed to the full development of the human personality and the sense of its dignity, and shall strengthen the respect for human rights and fundamental freedoms. They further agree that education shall enable all persons to participate effectively in a free society, promote understanding, tolerance and friendship among all nations and all racial, ethnic or religious groups, and further the activities of the United Nations for the maintenance of peace.

Article 13(2): The States Parties to the present Covenant recognize that, with a view to achieving the full realization of this right:

- a) Primary education shall be compulsory and available free to all;
- b) Secondary education in its different forms, including technical and vocational secondary education, shall be made generally available and accessible to all by every appropriate means, and in particular by the progressive introduction of free education;
- c) Higher education shall be made equally accessible to all, on the basis of capacity, by every appropriate means, and in particular by the progressive introduction of free education;
- d) Fundamental education shall be encouraged or intensified as far as possible for those persons who have not received or completed the whole period of their primary education;
- e) The development of a system of schools at all levels shall be actively pursued, an adequate fellowship system shall be established, and the material conditions of teaching staff shall be continuously improved.

International Covenant on Civil and Political Rights (ICCPR)¹⁹

Article 6(1): Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

Article 16: Everyone shall have the right to recognition everywhere as a person before the law.

Article 24(1): Every child shall have, without any discrimination as to race, colour, sex, language, religion, national or social origin, property or birth, the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State.

Article 24(2): Every child shall be registered immediately after birth and shall have a name.

Article 24(3): Every child has the right to acquire a nationality.

RECOMMENDATIONS

A prominent theme that arose throughout the research mission was the lack of an Aadhaar card causing the refugees to have access to all matters of services and benefits denied to them. It is strongly recommended that public services, particularly in the fields of health and education, as well as employers, are directed to accept UNHCR issued refugee cards as a valid identity proof. This would solve a lot of the problems that are being faced at the systemic level, and would be in adherence to the various international conventions and covenants listed above.

Education

During the course of discussion with the Rohingya refugees, the research team could see the acute poverty and distress which has led to almost all of the children not attending school. There is a strong need to facilitate primary and secondary education as it is a human rights violation and the only means of which their situation can be alleviated. It is recommended that the concerned Government actors take action to ensure that inspections are carried out within the camps to identify which children are being denied education, and that the schools that have

¹⁹ International Covenant on Civil and Political Rights (1976), available online at <https://treaties.un.org/doc/publication/unts/volume%20999/volume-999-i-14668-english.pdf>, accessed 14th March 2018.

denied admission are identified and directed to accept UNCHR refugee cards as documentation, enabling the children to be enrolled. Further to this, regular and random inspections are to take place within schools known to have refugee children enrolled, to ensure that they are not being segregated and that they are receiving the same levels of education as their Indian counterparts. Schools that continue to deny admission or segregate the children should be subject to punitive measures, such as fines.

Employment

None of the camps residents had proper jobs or any financially secure livelihood sources. As a result of this, the men are relegated to the settlements, with no movement or social mobility whatsoever. As refugees, and as per various international conventions and covenants, the state has a responsibility to provide employment or at least a sustainable means of livelihood to all people, which will take care of their families in the various settlements. The UNHCR refugee card that most of the refugees were in possession of should constitute valid identity documentation, allowing them to work in India. In addition to this, it is recommended that the Government roll out schemes that facilitate the employment of refugees, or, enable the refugees themselves to be self-sufficient by providing them with agricultural and industrial means.

Housing

All of the houses in the settlements are shanties, and built with bamboo sticks, mud, and plastic and cardboard scraps. In all three locations, the settlement was built on a piece of wasteland. It was shocking to see that people were living in such subhuman conditions – the Rohingyas themselves drew parallels with the way that animals live. There is a need to provide them with adequate infrastructure and housing and a level of security, especially since they are fleeing violence and hardship. It is recommended that the concerned Government actors provide the Rohingya refugees with sustainable and safe housing made out of appropriate materials, such as brick and cement.

Hygiene and Sanitation

All of the shanties in the settlements were built either near or on top of an open sewer drainage, which had been constructed by the residents themselves. All across these settlements, one could see open, raw human waste. What was shocking was the fact that none of the women, men, or children had toilet facilities or access to clean water. As done in many of the slums in Delhi, there is a need to build portacabin toilet facilities which would ensure the safety – especially of women – who had stories to share of how they had been molested when attempting to relieve themselves. In addition to this, the water that they do have is either running parallel to open sewers, or is contaminated to the point that it has killed people. One could see the filthy conditions that were endured as a result of a lack of clean drinking and washing water, as well as sanitation. The concerned Government actors are recommended to ensure that all the respective camps have access to a consistent water supply that has safe, uncontaminated drinking water. Failing this, the water tanker should be compelled to attend all camps and provide the water at discounted rates.

Health

Not one of 42 people that the research team interviewed had ever been visited by an ASHA Worker, nor received sustained services from any healthcare providers or public health institutions. They faced discrimination and outright abuse in hospital settings, and majority of the deliveries took place within the settlements through untrained traditional birth attendants, if at all. Ambulances rarely come to the settlements, and those that do take up to 5 hours to arrive, or charge outrageous out of pocket expenditure that the settlement residents simply cannot afford. One could see that all the women, children and infants in the settlement were emaciated or malnourished, and a majority of them had not received vaccinations. No women have received any contraceptive information or services. It is important to establish a chain of referral to health services as all the interviews shared stories of death as a result of inadequate healthcare. The Government must ensure that they are adequately supported through the various schemes and programmes of nutrition that has been rolled out across the country. Mobile medical camps and health camps should be organized and regulated properly – as they are currently delivering a poor service to the settlement dwellers, merely providing one or two medicines and then leaving, and often insulting or ignoring the residents. What is ironic is that the majority of settlement dwellers have been denied services due to not having adequate identity proof (mainly with regard to

Aadhaar Cards). The Government could roll out a specific initiative to ensure that a special status is accorded to the refugees so that they can access various schemes and programmes.

CONCLUSION

The research conducted through this mission demonstrates the clear and crucial need to provide the Rohingya refugees with basic amenities that may serve to drastically improve their quality of life. Such amenities are directly related to the rights to life, and the adjoining right to health – and the Government of India cannot shirk these duties purely by reason of not being a signatory to the Refugee Convention, as the mistreatment of refugees is in direct contravention to other international conventions and national laws.

This report will serve as an evidential basis to the condition that the Rohingyas were living in as of February 2018, and will hopefully successfully contradict attempts by Government Hospitals and the State and Union Governments to sugarcoat the reality that Rohingya refugees are facing in India. Additionally, this report will circulate with a view to provide a baseline of advocacy to improve the dreadful living conditions of the Rohingya refugees.

The Rohingyas are a group that have been persecuted for the better part of a century, and have faced extreme levels of violence, torture, discrimination, and exclusion from society and in turn a right to live freely and with dignity. All human beings deserve to have their basic rights to life, health, freedom, shelter, food, water, education, and employment both defended and upheld, no matter their religion, caste, nationality, ethnicity, race, sex, gender, or political views.

ANNEXURES

Annexure 1: Interview Questionnaire

Refugee Camp Fact Finding Questions

1. General- Individual

- 1.1 Name
- 1.2 Sex
- 1.3 Age
- 1.4 Number of Children
 - > How many born in the camp
 - > How many born in Indian hospital
 - > Do they have birth certificates
- 1.5 Source and Amount of Income
 - > Is this enough for needs
 - > Is work regular/ frequent
 - > Labour conditions
- 1.6 ID and Documentation
 - > Has a lack of ID/ Documentation caused problems
- 1.7 Journey from Myanmar
- 1.8 Level of education & occupation in Myanmar
- 1.9 Individual problems due to living in camp/ being a refugee

2. General- Collective

- 2.1 Quality of living conditions
- 2.2 Number of people/ families in camp
 - > Is it overcrowded
- 2.3 Safety of people in camp
 - > Have there been instances of harassment/ abuse from police
- 2.4 Morale level
- 2.5 Day to day life
- 2.6 Accessing community and facilities outside camp
 - > Have you experienced discrimination by locals
- 2.7 Presence of government services, police, NGOs in Camps
- 2.8 Has the situation improved?
- 2.9 Main problems faced by occupants of camp

3. Housing

- 3.1 Quality of housing
 - > How did you build houses
- 3.2 Access to electricity
- 3.3 Heating homes
 - > Has home fires caused health problems
- 3.4 Cost of above
- 3.5 Ownership of land & Rent Amount
- 3.6 Snakes, mosquitoes, ants etc.
- 3.7 Problems caused by poor housing or camp location

4. Nutrition

- 4.1 Sufficiency of food
- 4.2 Access to govt rations, NGO/ UNHCR provisions
- 4.4 Cooking facilities
- 4.3 Running water
- 4.4 Drinking water
- 4.5 Toilet facilities
- 4.6 Bathing, sanitation
- 4.7 Health problems caused by food & water
 - > Espc. elderly people, pregnant women, young children

5. Education

- 5.1 Access to public schools
- 5.2 Reasons for not attending
 - > On school side (discrimination, lack of ID etc)
 - > On student side (cost of attendance, opportunity cost of not working)
- 5.3 Discrimination, harassment, segregation
- 5.4 Provision of supplies
- 5.5 Language of instruction
- 5.6 Education in camp
- 5.7 Cost
- 5.8 Post primary and post secondary education
- 5.9 Problems caused by lack of education

6. Healthcare

- 6.1 Availability of health care/ services/ facilities
- 6.2 Access to and Quality of Treatment: public & private hospitals
 - > If refused, why?
- 6.3 Emergency services
- 6.4 Access to and Quality of HC in camp
- 6.5 Specialist services
- 6.6 Anganwadi centre and workers
- 6.7 Access to prescription medicine
- 6.8 Contraception
 - > Types of contraception
 - > Attitudes towards contraception
 - > Consultation/ information
 - > Side effects, health problems
 - > Cost
 - > Effectiveness
- 6.9 Vaccinations for children
- 6.10 Cost of HC
- 6.11 Problems due to lack of ID/ Documentation
- 6.12 Health problems due to all of the above
- 6.13 Attitudes of health workers towards beneficiaries

7. Maternal Healthcare

- 7.1 Number of pregnancies, spacing, age
- 7.2 Family planning & contraception
- 7.3 Prenatal care
- 7.4 Post pregnancy care
- 7.5 Specialist care inside/ outside camp, mobile medical van
- 7.6 Delivery in hospital
- 7.7 Delivery in camp
- 7.8 Cost of all of above
 - > JSSK, JSY, National Maternity Benefit, National Rural Health mission
- 7.9 Health problems due to all of above
 - > Pregnancy complications: baby side (still birth, birth defects etc)
mother side (infection, mortality etc)

8. Gender-based violence and discrimination

- 8.1 Domestic violence
- 8.2 Child Marriage
- 8.3 Sexual harassment (both within and outside the camps)
- 8.4 Lack of decision-making power
- 8.5 Education of girls/adolescent women
- 8.6 Employment allocated to girls/adolescents/women

9. Miscellaneous/other frequently arising issues

Annexure 2: Consent Form

PHOTOGRAPH AND TESTIMONIAL RECORDING CONSENT FORM

This consent form refers to the recording and potential publication of information collected by representatives of the Human Rights Law Network (HRLN), also known as Socio-Legal Information Centre (SLIC), which is a registered Non-Governmental Organization under the Registration of Societies Act, 1860. Information is recorded and published purely for research and awareness purposes, which may be used for public interest litigation petitions and academic reports and books.

	YES	NO
I consent to having my photograph taken		
I consent to my photograph being published in online and/or hard copy format		
I consent to giving my recorded testimony		
I consent to my testimony being published in online and/or hard copy format		
I consent to being named in a publication in online and/or hard copy format (if you would like to remain anonymous, please select 'no')		
This information has been conveyed to me in a language that I understand		

Date:

Name:

Signature:

Additional comments:



Human Rights Law Network, 576 Masjid Road, Jangpura, New Delhi, India, 110014