

# **SITUATION ANALYSIS OF ROHINGYAS IN MEWAT, HARYANA**

**BY**

**SOCIO-LEGAL INFORMATION CENTRE (SLIC)**

**18 to 20 October 2013**

## **EXECUTIVE SUMMARY:**

In Mewat district of Haryana, around 678 Rohingyas, tortured and persecuted by ethnic clash in Burma, reside in makeshift camps. The dwellers are earlier residents of Rakhine state in Burma who have either gone through a horrific experience or have escaped death in the unrest, having sordid tales to share about their past. The Rohingya people have long been the victims of government persecution in Burma and a minority group who are not considered full citizens by the Burmese Government. They are systematically and officially robbed and denied of their basic civil, political, social and cultural rights. Ethnic violence in Burma forced mass exodus of Rohingyas to neighbouring countries including India.

Having managed to cross border into India through Bangladesh, the Rohingyas find peace and freedom from persecution in the country of asylum but continue to experience incessant misery and uncertain future, living without adequate standard of living including food, clothing, housing or medical care and other necessary civic amenities.

The Team from Socio-Legal Information centre (hereafter the Team) visited the Rohingya dwellers' makeshift camps in Mewat between 18 to 20 October 2013. The settlements of Rewasan, Chandeni, Salehdi, Shahpur Nangli, Jogipur and Fataakpur were visited. These camps are situated in the vicinity of Nuh which is about 110 km from Delhi except for Fataakpur which is 40 km from Nuh.

The objective of the finding was to gather general information on Rohingya community in Mewat related to their demographic profile, period of stay in settlement, reasons to reside in the specific settlement and to identify their accessibility level to shelter, health care and sanitation, education and livelihood. It was also to tap the dwellers coping level and access to public services and self-reliance available in the area. Most of the

camps are temporary settlement provided by the local villagers with permission from the village authority like Sarpanch, Pradhan or individual landowners.

The shelter is the most basic element that people need to survive. But, the Rohingyas arranged their shelters propped by bamboos and covered by plastic sheets that cannot protect them from harsh weather conditions during summer, winter and rain. The limited space inside the shelters adjusts multiple families in many cases.

The community survives on bare minimum existence deprived of Safe drinking water, sanitation, and hygiene which are fundamental to health, and well-being. Safe water is most critical necessity to human survival but the community in the camp of Chandeni, use water drawn from a nearby well infested with frogs for drinking purpose without using any method of filtration.

The condition of women and children in the camps is deplorable with total absence of maternal and child health care. Pregnant women are anemic and have no post delivery care. Women give birth in camps risking unforeseen complication. One such example was during the time of the Team visit to Jogipur, one Rohingya woman was suffering from labour pain and was given some non prescribed pain killer by her family member. Children have no access to education and are malnourished without any nutrition care.

Access to safe sanitation is abhorrent in all the camps. Each camp has only one latrine which is being used particularly by the women where as men relief themselves out in the fields. Due to limited number of latrine, even women go to the fields after dark for defecation.

Lack of basic need of survival and safe environment many dwellers including women and children suffers from malaria, typhoid, jaundice, Tuberculosis, diarrhea, dysentery, asthma, pneumonia and other health problems.

In midst of all these gross living conditions, the Rohingya community expressed and craves for secure shelter and dignified living condition as crucial need of the hour.



The 678 odd Rohingyas in Mewat are surviving in despair at the mercy of the local population who provide them dwelling places and could even force them to leave anytime.

**METHODOLOGY OF THE FINDINGS:**

During the visit, the Team was assisted by Rohingya interpreters to communicate with the camps dwellers. Before initiating any task, the purpose of the Team’s visit, was explained and after clear consensus from the camp dwellers, the findings were proceed.

The Team engaged to one to one individual interviews and group interviews followed by discussion to identify the variables in the facts and versions. The community head was identified who provided the Team the general and specific conditions of the particular camp. Women individuals and group were interviewed separately. Different age group was interviewed to assess the different specific need and concern of the camp dwellers.

The local villagers including the Sarpanch and the Pradhan were met who provided the Team with more informative facts. This helped the Team to understand the tolerance and acceptance level from either side of the population, also enabling the Team to extract and verify authenticity of the information gathered. The Team met the Station House Officer (SHO) of Razko Meo (near Nuh) and SHO Punahna who were aware about the presence of Rohingyas in the area. The Team interacted with them to brief on the Rohingyas situation and gather information related to legal aspect. The Team focused on building good relation with them for future reference and contact numbers were exchanged.



**DEMOGRAPHIC PROFILE**

**REWASAN:**

No. of Households	Persons in different age groups											
	Infants		Children under 5 yrs		Children 6-18 yrs		Men 19-45	Women 19-45	Men 46-65	Women 46-65	Men 65 +	Women 65+
	M	F	M	F	M	F						
11	2	2	1	2	-	2	9	8	1	-	-	-

**Disabled persons: 1**

**Total no. of individuals: 27**

Situated at about 10 km from Nuh, Rewasan camp shelters eleven (11) Rohingya households comprising of 27 individuals. The dwelling camp is located at about 200 metres diverting away from the main Mewat-Alwar road.

Limited dwelling space of the Rohingya community is being provided by Mohammad Islam, the Sarpanch of the village since past one year and six months. The local villagers contributed half of the expenses required for setting up the shelter for the community and arranged for them a temporary electricity connection. The camp is located near an agricultural land.

The camp has a cemented tank for water storage, built with assistance from the local villagers and the community procures water from private water suppliers to fill the tank on their own expenses (Rs. 700 per tank). The community has no mechanism or use method for water filtration and drinks directly from the tank which poses a threat to water borne diseases. There is a public hand pump commonly used by the villagers but the community is seldom allowed access to this hand pump.

The camp has no access to health care, safe sanitation or education for children. Children are born in the camps with the help of traditional community birth attendants or mid-wives residing around Nuh. The children lack nutritious meals and no local health care or nutrition programme for children for the community visits the camp except for the Polio immunization campaign.

The community children do not attend schools due to non acceptance by school authority in absence of documentary evidence of the child and parents. Inability to communicate in local language including harsh attitude of local children are other factors that hampers community children access of education.

The camp has only one latrine for women in fetid condition just next to the dwelling area and men have no option but to go to field for defecation.

Option for livelihood is a major concern for men. Due to limited opportunity to work, most men are engaged as daily wagers in construction sites earning Rs. 200-300 per day. The Team was informed that the employers often cheats and underpaid them for the work.

Overall, the conditions of the camp lack basic elements necessary for human survival. The dwellers do not have secure shelter for protection from harsh weather conditions. Health of women and children is poor. The community is often threatened by local population asking them to leave. This compels them to survive at the mercy of the local population any misunderstandings that could pose eviction threat.

**CHANDENI:**

No. of Households	Persons in different age groups											
	Infants		Children under 5 yrs		Children 6-18 yrs		Men 19-45	Women 19-45	Men 46-65	Women 46-65	Men 65 +	Women 65+
	M	F	M	F	M	F						
23	2	5	15	9	18	13	28	26	1	3	2	2

**Total no. of individuals: 124**

Situated at about 7-8 km from Nuh and diverting 600 metres from Mewat-Alwar road (towards the right), the camp in Chandeni is homed to 23 Rohingya households comprising of 122 individuals. Chandeni comparatively has well setting in terms of shelter surrounded by agricultural land. It has a temporary electricity connection provided by one local villager named Mohammad Eisaq.



**(Drinking Water infested with frogs)**

The overall living condition of the community is poor. They have no access to basic need of survival like secure shelter, safe water or sanitation or health care. Alarmingly, the community use water from a well infested with frogs for bathing, washing and for drinking purpose. The community do not use or have any mechanism to filter the water or even boil it before consumption. This can pose a serious threat to contracting water borne diseases. There is a public hand pump located at far distant from the camp but the community is seldom allowed access to water by the local villagers.

There is total lack of safe sanitation in the camp. The Team saw two latrines being constructed by the community. At present, the camp dwellers including women go to field for defecation before sunrise or after sunset. Health care for women and children

remains to be stagnant. The Team came across one minor girl who has a lump near her armpit but had no access to medical attention.

Limited livelihood option remains to be a major concern for male community. Most of them are engaged as daily wagers in construction site failing to feed their family with proper subsistence. Unlike other camps, the women in this camp have livelihood opportunities by working in the nearby agriculture lands owned by local villagers.

### **SALEHDI/FEROZPUR NAMAK:**

No. of Households	Persons in different age groups											
	Infants		Children under 5 yrs		Children 6-18 yrs		Men 19- 45	Women 19-45	Men 46- 65	Women 46-65	Men 65 +	Women 65+
	M	F	M	F	M	F						
<b>18</b>	<b>3</b>	<b>-</b>	<b>6</b>	<b>4</b>	<b>21</b>	<b>19</b>	<b>15</b>	<b>14</b>	<b>3</b>	<b>1</b>	<b>-</b>	<b>-</b>

### **Total no. of individuals: 86**

Situated at about 500 metres from Mewat-Alwar road towards Palwal Road. The camp in Salehdi houses 18 households comprising of 86 individuals. The settlement is located in a dusty open space provided by one local named Dr. Hanif since past one year and two months. The community has provision for a water hand pump but the water is seemingly not potable and could be arsenic. The condition of dwellers remains to be negligible with no access to health care or education for children. Few children are engaged in rag-picking to support their family members.

Sanitation is a big concern with only two unhygienic latrines situated adjacent to their dwelling place which needs to be cleared/disposed off, for which community has to shell out Rs. 4,000 per month approx.



## SHAHPUR NANGLI:

No. of Households	Persons in different age groups											
	Infants		Children under 5 yrs		Children 6-18 yrs		Men 19- 45	Women 19-45	Men 46- 65	Women 46-65	Men 65 +	Women 65+
	M	F	M	F	M	F						
38	5	2	18	16	26	35	43	39	8	6	2	2

### **Total no. of individuals: 202**

Situated at about 200 metres from Mewat-Alwar road, the camp in Shahpur Nangli shelters 38 households comprising of 202 individuals.

Unlike other camps, Shahpur Nangli dwellers are scattered but in close range within the village. The villagers have allowed them to dwell temporarily even as one of the local villagers told the Team that these people cannot stay in the village permanently.

Some community has makeshift camp settings and others make incomplete housing construction of locals as their dwelling places. The community procures water from private suppliers and store in cemented tank built within the camp and each family has to contribute Rs. 300 per month. However, this does not suffice the need of water for all the community dwellers.

There is a government school near the camp but the children have no access to formal education due to lack of documentary evidence. However, a teacher named Mohammad Yasin has made some arrangement for 33 Rohingya children and provides them with informal education. Very interestingly, these children are also availing mid-day meals with other local children. The Team found one child who was working in a hotel for over 12 hours without any week offs and was under paid.

Access to medical health care and safe sanitation and secure shelter remains to be crucial.

## JOGIPUR:

No. of Households	Persons in different age groups											
	Infants		Children under 5 yrs		Children 6-18 yrs		Men 19- 45	Women 19-45	Men 46- 65	Women 46-65	Men 65 +	Women 65+
	M	F	M	F	M	F						
34	4	4	11	7	23	26	35	22	4	4	2	-

### Total no. of individuals: 142

Situated at about 200 metres from Mewat-Alwar road, the settlement in Jogipur is homed to 34 households comprising of 142 individuals. These Rohingya families are dwelling in a ruined government building provided or allowed to stay by one local named Dr. Sahabuddin since past 6 months. This camp is one of the worst settlements the Team came across as far as living condition is concern. The camp has no access to safe sanitation or safe water, let alone medical care and education for children.

The environment around the camp is poor in hygiene. There is a garbage dumping place near the camp which can pose high chances of community susceptible to various illnesses.

The condition of women and children is disappointing. They have no access to health care and children are malnourished. Unlike other camps, Jogipur has no mid-wives in the community. Even in cases of complicated pregnancy, women do not have access to hospitals. The Team came across one full term a pregnant woman who was having labour pain for the past three days and no one in the community had knowledge or made effort to take her to any hospital. After the Team counseled the community members, they decided to take the woman to the hospital.

One child in the camp is suffering from loss of blood related illness and another mentally challenged.

The community gets water from a temporarily pipeline connected to the main public supply few metres away the camp but the supply is very irregular and comes only for an hour. The team saw queue of empty vessels waiting to be filled.

The male members in the camp have limited livelihood





options and works mostly as daily wagers. Like in Salehdi camp, about 10-15 children in Jogipur are engaged in rag-picking to contribute extra income to their families.

### **Fataakpur:**

No. of Households	Persons in different age groups											
	Infants		Children under 5 yrs		Children 6-18 yrs		Men 19- 45	Women 19-45	Men 46- 65	Women 46-65	Men 65 +	Women 65+
	M	F	M	F	M	F						
<b>22</b>	7	-	10	6	15	14	20	16	4	1	-	-

### **Total no. of individuals: 93**

Situated at 40 km from Nuh, the camp in Fataakpur shelters twenty two (22) Rohingyas households comprising of 93 individuals. The dwelling camp is located at about 300 metres from Punahna and seemingly not safe area for human habitation. The local villagers have provided the space (grazing land) for dwelling purpose to the community since last six months. The camp is surrounded by tall grass and thick vegetation. Due to lack of safe environment and secure shelter, one young girl died of snake bite and another died when hit by hailstorm.



However, interestingly, the community has access to water pipeline provided by the village Sarpanch and is quite potable from rest of the other camps.

The health condition of the camp dwellers especially of that women and children remain to be negligible. Two still births in the camp were reported in the past.

There is no safe sanitation and the camp has only one latrine for the whole community.

Livelihood option for male members is exhaustive. Children do not go to school as they collect firewoods from the nearby fields and left over vegetables from the Punhana market for consumption. Unlike other camps, the community here only uses firewood for cooking purpose.

The village Pradhan informed the Team that a government middle school is located about 3 km from the camp and government hospital close by where services for pre and

post maternity care is provided to all. But it was observed that none of the community was aware of the facilities. The Pradhan provided his personal number to the Team and suggested to contact him incase of need.

**Madina Masjid, Punahna :** One family comprising of 4 members are residing near Madina Masjid at Punahna.

### **SPECIFIC FINDINGS:**

#### **Shelter:**

Each family lives in makeshift camps propped by bamboos and covered with plastic sheets. The structure cannot protect the community dwellers from soaring heat, rain or cold winter. The camps are connected to temporary electricity arranged by the local villagers. Infants and children including lactating mothers have no access to safe environment and remain unprotected from dust, fumes and smoke. The dwellers have no adequate



utensils or water storage containers. The community especially children are scantily dressed with no adequate clothing or blankets and mats to keep warm during cold winter. The dwellers either use small cylinder gas and woods for cooking purpose. The living condition and environment around the dwelling places lack total safe sanitation and hygiene which poses health risk in the community.

#### **Health Care:**

The community has no access to medical health care. Majority of the women give birth in the camps without access to any post delivery care or emergency care. At times of illness, the community approaches nearby private clinic and seldom visits the Government Medical College located at Nuh. The long waiting queue and language barriers discouraged them to visit government hospitals. Moreover, they have to pay for all the services as the hospital does not provide free medicines. The



community purchase medicines from private chemists.

Common illnesses among the community such as malaria, typhoid, jaundice, diarrhea, dysentery, asthma, pneumonia, Tuberculosis and other respiratory problems were reported to the Team. In Jogipur camp, one minor child suffered from loss of blood and her parents were unable to incur further medical treatment. Another girl also suffered from mental related illness.

The camps have no access to maternal and child health care services or covered by any other routine monitoring or immunization, nutritional rehabilitation programme organized by the local government. Though in some camps, the community reported of health workers visiting for polio campaign.

### **Sanitation:**

Access to safe sanitation is abhorrent in all the camps. Due to lack of proper lavatory system in the camps, community dwellers are compelled to go to field for defecation. Each camp has temporary squalid latrine for women. Due to limited number of latrine, even women go to the field after dark for defecation.

The camps have no access to any municipal/local authority sanitation services for disposal of garbage. Lack of dumping area for disposal of liquid or solid waste in and around the settlement areas poses high chance of contracting illness especially among children.

### **Access to safe Water:**

In most of the camps, the community has no access to safe water. The camps either have a single water pump or public tap or a well. Accessing water from public tap or hand pump is an ordeal for community as they have to encounter harsh attitude from the locals.

The well in the camp of Chandeni is infested with frogs but the community has no other option but to use it for bathing and drinking purposes. The community does not use any filtration mechanism or consume boiled water. Such condition and practices pose high risk of contracting water borne diseases among the community.

## **Education:**

The children in the camps do not attend formal schools for a number of reasons like language barrier, harassment from local children, non acceptance by school authority due to lack of documentary evidence, no resources to get to school, parental ignorance about the school system and no access to government's benefit schemes.

However, some children in Shahpur Nangli are being provided with informal education arranged by a Government teacher.



## **Livelihood:**

The male dwellers have limited option to livelihood. Most of them are engaged in construction site as daily wagers but very often cheated and underpaid by their employers. Very few are working as salesmen in small scale business enterprises. Due to low income, the male community is unable to provide good meals to their family and children. Children in camps of Jogipur and Salehdi are engaged in rag-picking to support their families. In Fataakpur, children collect waste vegetables from nearby market for consumption purpose.

## **OBSERVATIONS and RECOMMENDATIONS:**

1. Rohingya communities in Mewat are in abject living condition. They lack basic elements required for human survival with no access to secure shelter, safe drinking water or safe sanitation. The shelters are not protected from any unforeseen harsh weather conditions. The community does not possess adequate utensils or warm clothes to survive through cold winter. The children in all the camps clad scanty clothing unprotected from unhygienic environment or any threatening insects.



The community lives under despicable sanitation. There is no hygienic latrine system in the camps and there is total lack of public sanitation services or disposal of garbage in the areas. Defecating on the field or nearby dwelling areas poses high threat of illness.

Access to safe drinking water is a major concern in mostly all the camps. The community consumes unsafe water without using any filtration method.

Immediate relief intervention in terms of secure shelter, safe sanitation and safe drinking water is crucial through establishment of network and linkages with local NGOs and local government bodies.

2. Access to health care and post maternal care is the need of the hour. No government department related to child care and nutrition services or general health care visits the camps. Non availability of such services threatens lives of the community especially of women and children. An alarming fact is that 99 percent of community women give birth in camps without any post delivery care. There were cases of still births in Fataakpur camp in the past and other serious medical predicaments among the community who cannot afford medical expenses.



Networking with local NGOs and Government Medical Service Departments is vital to establish health care programme for the communities. Dissemination of information to community on availability of free services in government hospitals.

3. All children in the camps are deprived of basic right to education. Lack of documents, non-acceptance by the school authority, hostile attitude of local children and parental ignorance of education system are some factors that hampers children access to schools.



There is a need to establish link with local government schools authority for admission/acceptance of community children without making documentary evidence mandatory. Awareness about importance of children education among the community parents.

4. General health condition of the camp dwellers is poor. Children are malnourish and do not have access to nutrition care. Step need to be taken for inclusion of Rohingyas in government poverty alleviation schemes and services to subsidized food commodities through intervention in Indian legal system. The male community has limited livelihood options which deprived them to feed their family with adequate meals. Female community expressed interest in acquiring skill such as tailoring, embroidery, candle making etc. and there are in-house skills available among the women but due to lack of resources, they are unable to exercise their skill.

Self-reliance schemes or skill building trainings be provided to community for subsistence purpose by linking local NGOs and Government agencies.

5. Each community expressed concern about security and safe haven, particularly right to have a dignified existence. The attitude of the local population haunts them with constant fear and uncertain future. The community is at the mercy of the locals who could evict them at any point of time. They cannot raise their voice or resist/protest against any untoward behaviour of the locals and have to listen to their harsh insults. All the camp dwellers have tales of eviction in the past.

In almost all the camps, the Team noticed intrusion or presence of local male individuals which could pose risk factor for community women and girls. It was also observed that local villagers informed police or Village heads about the Team's visit in the camps in Mewat. During the Team's meeting with the SHO of Razko Meo, he particularly pointed out the days of visits the Team made in the areas. Another observation was that when the Team was in Fataakpur, the Sarpanch and the Pradhan already knew about the Team's presence in the village.

There is a need to conduct sensitization programme for local police and local villagers including like Sarpanchs and Pradhans on Rohingya situation.



**(The team with Rohingyas in one of the camps)**