ROHINGYA REFUGEES FACT-FINDING REPORT OF

KALINDI KUNJ, SHRAM VIHAR (DELHI); BUDENA CAMP (FARIDABAD), CHANDNI CAMP (MEWAT DISTRICT, HARYANA)

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TABLE OF CONTENTS

1. INTRODUCTION..4-11
   - CONTEXT 4
   - PROBLEM..5
   - CURRENT STATUS QUO..8
   - FOCUS AND METHODOLOGY.......... 11

2. FINDINGS..12-21
3. MEWAT
   - SUMMARY OF PARAMETERS..12
   - CAMP 1..18
   - CAMP 2..23
   - CAMP 3..25
4. KALINDI KUNJ, SHARAM VIHAR, DELHI..................................25
5. BUDENA VILLAGE CAMP, FARIDABAD......................................37
6. NATIONAL AND INTERNATIONAL LEGAL PROTECTIONS.........43
7. OBSERVATION AND CONCLUSION...46
8. ANNEXURES 51

ABBREVIATION

ANC: Ante-natal Check up

ANM: Auxiliary Nurse Midwife

ASHA: Accredited Social Health Activist

AWC: Anganwadi Centre

AWW: Anganwadi Worker

BPL: Below Poverty Line

CHC: Community Health Center

HRLN: Human Rights Law Network

IFA: Iron Folic Acid (tablet)

JSY: Janani Suraksha Yojna

JSSK: Janani Shishu Suraksha Karyakram

MCT: Mother Child Tracking

NGOs: Non-governmental Organiztions

PHC: Primary Health Centre

UNHCR: United Nations High Commissioner for Refugees

1. INTRODUCTION

1.1. The Context

The Rohingyas are an ethnic community of Muslims from Myanmar who comprise the minority among a population whose majority comprises Buddhists there. In 1982, the Rohingyas became stateless when the Myanmar government enacted its Citizenship law which denied the same to the Rohingya Muslims, claiming that their original ancestry was from Bangladesh. Ever since then, the disenfranchised population had been living among much unrest and conflict, with no rights or status as such.[1]

According to the United Nations, the Rohingya comprise one of the world's most persecuted minority groups. The Rohingya people are a Muslim minority from the Rakhine state of Myanmar. Since 1982, the Government of Myanmar has officially classified the Rohingya as stateless Bengali Muslims. When Myanmar government enacted its citizenship law they failed to designate the Rohingya as an official ethic race, stripping the people of their rights and barring them from claiming citizenship and stated that their original ancestry was from Bangladesh. Unless there was conclusive evidence of ancestral links to Myanmar- an insidious ploy to ensure that the burden of evidence was upon the Rohingyas- they would be denied citizenship and of their corresponding rights. Ever since then, the disenfranchised population had been living among much unrest and conflict, with no rights or status as such; they became stateless and, according to the United Nations, the most friendless people in the world. The Rohingya people number about 800,000, a sizable minority of Myanmar's total population of about 60 million. However, because they are not considered full citizens, the Rohingya people are systematically and officially robbed of their basic civil, political, social, and cultural rights. As far back as 2004, Amnesty International reported, "[The Rohingya] are also subjected to various forms of extortion and arbitrary

[1] Refugees International, *Nationality Rights for All: A Progress Report and Global Survey on Statelessness*, 11 March 2009, available at: http://www.refworld.org/docid/49be193f2.html

taxation; land confiscation; forced eviction and house destruction; and financial restrictions on marriage."[2]

In 2009, a senior Burmese official called the Rohingya "ugly as ogres" and said that they are alien to Burma. The Genocide Prevention Advisory Network, an "international network of experts on the causes, consequences, and prevention, of genocide and other mass atrocities" has issued an alert regarding the Rohingya in Myanmar.[3]

In 2012, violence escalated in the Rakhine state where most of the Rohingya Muslims live, when Buddhist militants and the army carried out unprecedented aggressions against the Rohingyas living there, partaking in mass killings, burning of villages, rapes, and much more. The Myanmar government denied that it was a case of ethnic cleansing, even as the United Nations called out the acts as genocide and crimes against humanity. During this period, the Rohingyas had no choice but to go on a mass exodus seeking asylum and refuge in the neighbouring state of Bangladesh and subsequently, to India, where they sought refuge in Jammu, part of Haryana and Delhi, Hyderabad, Chennai, Assam, Uttar Pradesh and West Bengal.[4]

1.2. The Problem

Owing to the lack of a concrete policy or legal framework on refugees, coupled with the fact that India did not sign or ratify the 1951 Refugee Convention and the 1967 Protocol Related to the Status of Refugees, Rohingya asylum seekers in India face a plethora of problems. Their legal status is uncertain at best, with their only form of identificaion being, most of the time, UNHCR issued cards. Long Term Visas (LTVs) are issued on a case

[2] Amnesty International, Myanmar: The Rohingya Minority: Fundamental Rights Denied, 18 May 2004.
http://www.amnesty.org/en/library/info/ASA16/005/2004

[3] Genocide Prevention Advisory Network, Countries at Risk of Genocide, Politicide, or Mass Atrocities – 2012,
May 2012. http://www.gpanet.org/content/countries-risk-genocide-politicide-or-mass-atrocities-2012

[4] http://www.aljazeera.com/indepth/features/2014/01/rohingya-exiles-struggle-survive-india-201416143243337187.html

by case basis by the Foreigners Regional Registration Office (FRRO); however some say that the Visa has done little to improve their lives. In many instances, an Aadhar Card is demanded as a valid form of identification, failing to produce which, jobs and other facilities are denied to them. It is pertinent to note that the Aadhar Card and the UID is for all residents of India and not all citizens. As of December 2014, the UNHCR provided that 14,300 Rohingya refugees were legally registered with the UN in India. The UNHCR says approximately 14,000 Rohingya are spread across six locations in India — Jammu, Nuh in Haryana's Mewat district, Delhi, Hyderabad, Jaipur and Chennai. It has given Refugee Status certificates to approximately 11,000 Rohingyas in India; the remaining 3,000 are "asylum seekers". But more importantly, the Indian government has given Long Term Visas to 500 Rohingyas, which, an UNHCR official in Delhi says, will help them open bank accounts and secure admission in schools.[5]

UNHCR issued cards are meant to prevent arbitrary detentions and arrests but in many cases, goes on to contribute to them. According to the HRLN, border police arrested approximately 100 Rohingyas and charged them under the Foreigners' Act. During deportation proceedings the Burmese consulate in Kolkata refused to acknowledge the individuals as Burmese citizens, rendering them stateless. They remained in police custody without legal representation or access to the UNHCR.

By law citizenship is derived from one's parents, and birth in the country does not automatically confer Indian citizenship. Any person born in the country on or after January 26, 1950, but before July 1, 1987, obtained Indian citizenship by birth. A child born in the country on or after July 1, 1987, obtained citizenship if either parent was an Indian citizen at the time of the child's birth. Those born in the country on or after December 3, 2004, were considered citizens only if at least one parent was a citizen and the other was not illegally present in the country at the time of the child's birth. Persons born outside the

[5] http://indianexpress.com/article/india/the-most-unwanted-a-gripping-account-of-rohingya-refugees-living-in-india-4464103/

country on or after December 10, 1992, were considered citizens if either parent was a citizen at the time of birth, but those born outside the country after December 3, 2004, were not considered citizens unless their birth was registered at an Indian consulate within one year of the date of birth. Only in certain circumstances, and with the permission of the government, was it possible to register citizenship after one year. Citizenship could also be conferred through registration under specific categories and via naturalization after residing in the country for 12 years.[6]

Another pertinent fact to note would be that in September 2015, the Ministry of Home Affairs announced the decision to excempt the persecution of minorities from Pakistan and Bangladesh under the Foreigners Act of 1946 and the Passports (Entry Into India) Act, 1920.[7] Thus far, this is the only protection which has been extended towards refugees in India. Concrete domestic law and policy would ensure that all refugees have the right to get their claims verified. This is a clear violation of article 14, 15 which prohibits discrimination on the basis of caste, class, religion, etc and of article 21 which guarantees the right to life and liberty of all people. However, Rohingya refugees are still being arbitrarily detained and arrested under the Foreigners Act of 1946, and the Passports (Entry into India) Act, 1920. This in turn is a violation of a number of national and international laws, such as the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, Article 21 of the Indian Constitution guaranteeing the right to life and liberty of all persons, and more. The Convention on the Rights of the Child is also violated. A contributing factor to the plight of the Rohingya refugees is their statelessness, which prevents documentation in a number of ways.

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United States Department of State, *2014 Country Reports on Human Rights Practices - India*, 25 June 2015, available at: http://www.refworld.org/docid/559bd56312.html [accessed 16 May 2017]

7 http://pib.nic.in/newsite/PrintRelease.aspx?relid=126688

Further, as of April 3rd, 2017, the Centre has announced a plan to arrest and deport Rohingya refugees residing illegally in the country under the Foreigners Act. Although the UNHCR recognised 14000 Rohingyas as refugees, government officials do not accept this status conferred by the UN body and claims that refugees are merely foreigners who entered illegally. The Home Ministry estimates 40,000 undocumented Rohingya Muslims and does not officially recognise them as refugees. This is in fact, a violation of India's international obligations as it violates the principle of non-refoulement of the 1951 Refugee Convention, a principle which is part of customary international law and is therefore binding on India as well. The principle mandates that States cannot return asylum seekers back to territories where they face the threat of persecution and violence. Also, even if the government were to deport these refugees, they face a legal obstacle since they would have to return them to the country of origin but Myanmar no longer recognises them as citizens. The Rohingyas are thus left stateless with no proper legal identity anywhere in the world. As a result, the refugees fear a "second displacement" as they have nowhere else to go.[8]

1.3. Current Status Quo

The Constitution prohibits discrimination based on race, religion, place of birth, and other grounds, extended to all persons equality before the law and the equal protection of the law, granted protection of life and liberty, and protected against unlawful detention. Counterbalancing this however is the Foreigners Act which contains broad powers of detention and makes illegal entry into the country a crime punishable by up to five years in prison, with no exception for refugees or asylum seekers.

In 1996, the Supreme Court ruled that guarantees of life and personal liberty in the 1950 Constitution protected refugees from *refoulement* and, in August 2007, the Court affirmed this in the case of an ethnic Armenian Christian

[8] http://timesofindia.indiatimes.com/india/centre-to-identify-arrest-and-deport-rohingya-muslims/articleshow/57999515.cms

resisting return to Iran after his visa expired. However, India's Citizenship Amendment Act of 2003 defined all non-citizens who entered without visas as illegal migrants, with no exception for refugees or asylum seekers.[9]

The Constitution reserved to citizens the rights to work, practice professions, join unions, and operate businesses. As foreigners, refugees could not legally own land. Refugees and migrants could open bank accounts provided they had local addresses and an Indian referee.[10]

At present, the Rohingyas struggle for proper access to clean drinking water, jobs, food and nutrition, healthcare, and more. Though in theory they do have access to governement health and education services, facts from the field prove otherwise; further, their lack of the status of a refugee adds to these problems. They are often denied healthcare and education as their UNHCR cards are not recognised as valid identification. They live on jhuggis or rented land, or land obtained by local organizations. They live in unhygeinic conditions, having to drink water from hand pumps, with sparse or no electricity, and often, no toilets. The services promised by refugee cards remain inaccessible and in many cases, refugees are not aware of the use to which they can put their cards. They are also not aware of their entitlements under various government schemes and often have to forego or spend entire days' or months' wages to pay medical and transportation bills. Women also give birth in huts without proper access to maternal and child healthcare, leading to a number of complications which are sometimes life threatening.

The Government of India guarantees to all children, including child refugees and asylum- seekers, access to national services, in line with its *Right to Education Act* and child protection mechanisms as well as international standards. Moreover, UNHCR and its partners' advocacy work for the

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[9] United States Committee for Refugees and Immigrants, *World Refugee Survey 2008 - India*, 19 June 2008, available at: http://www.refworld.org/docid/485f50d82.html

[10] United States Committee for Refugees and Immigrants, *World Refugee Survey 2008 - India*, 19 June 2008, available at: http://www.refworld.org/docid/485f50d82.html

equitable inclusion of persons of concern into national services resulted, *inter alia*, in their increased enrolment into local *anganwadis* (government run childcare centres). However, in some geographical areas child refugees and asylum- seekers face barriers in accessing educational services as some local government authorities requests for specific documentation, which are available mostly to Indian nationals (such as Adhaar cards, which is a Unique identification document issued to residents in India), to support school admission. [11]

The Rohingyas also make lesser wages than Indians and are often vulnerable to forced labour[12]. There is little to no legal recourse available to refugees in these situations owing to their ambigious legal status. India has not signed the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families 2003, which offers protection to illegal migrants as well.

An Indian Express article best articulates the struggles of refugees in Mewat as of now. Earning a living continues to be tough. “No one is ready to give us a job, they all ask for Aadhaar cards. We have been working as daily wagers in Sohna and Gurgaon, and barely make Rs 300 a day. Some members of the Jamaat-e-Islami group had visited us in Myanmar and told us that life in Mewat will be good. That there is no discrimination between Hindus and Muslims and we will earn good money. But we can’t do anything without citizenship,” says Sona Miya, 30, a father of four, who claims to have been among the first to arrive in Mewat.

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[11] UN High Commissioner for Refugees (UNHCR), *Submission by the United Nations High Commissioner for Refugees For the Office of the High Commissioner for Human Rights' Compilation Report Universal Periodic Review: 3rd Cycle, 27th Session - India*, August 2016, available at: http://www.refworld.org/docid/591971124.html [accessed 16 May 2017]

[12] United States Department of State, *2015 Trafficking in Persons Report - India*, 27 July 2015, available at: http://www.refworld.org/docid/55b73be315.html

Electricity supply to the camps is erratic and there are just two toilets per camp. “The men and children go to the fields to relieve themselves,” says Miya, holding his two-year-old son in his arms.
Last year, the government school in Nuh allowed admission to 35 children from the camps after several protests. “We don’t even get SIM cards with the UN card. There are just five phones with connections in the entire camp, which some locals got us,” Miya says.[13]

1.4. Focus and Methodology

There are seven refugee camps in the Mewat district of Haryana, these are: Shapur Nagli- I, Shahpur Nagli- II, Ferozpur Namak- I (Chandini- I), Ferozpur Namak- II (Chandini- II), Nuh (near bus stand), Jogipur, alibas (near city police station) Punhana. Two camps at Kalindi Kunj and Shram Vihar, Delhi and two camps at Budena village, Faridabad has been visited by group of Social activists and lawyers to know about the present status of the Rohingyas refugees living thereby on various parameters viz. Housing, Education, Sanitation, Health care sevices.
Team composition:

S. No.	Team Members	Place Visited	Date
1.	Madhulika, Pritisha, Sukrita, Rohitha and Jaffarullah	Mewat, Haryana	8th of May, 2017
2.	Deepak, Fazal, Deepshikha, Prateek, Shashank and Jaffarullah	Kalindi Kunj and Sharam Vihar, Delhi	17th of May, 2017
3.	Shashank, Prateek, Shadma, Manish and Jaffarullah	Budena Village camp, Faridabad	09th of June,2017

[13] http://indianexpress.com/article/india/the-most-unwanted-a-gripping-account-of-rohingya-refugees-living-in-india-4464103/

3.0. FINDINGS AT MEWAT CAMPS

3.1. SUMMARY OF PARAMETERS

The fact finding team took the help of the petitioner Jaffar Ullah, a Rohingya refugee who is also a translator for the UNHCR, to speak to the camp residents and understand their concerns. On the 8th of May, 2017, a fact finding team from HRLN visited three out of seven Rohingya settlements in Mewat district, Haryana. The key objective was to obtain information on the maternal health, sanitation, and education services available to the Rohingyas. The methodology employed by the team included individual door to door interviews, and focus group discussions. Given below is a summary of the findings. The fact finding was conducted as a follow-up to a previous one done on the 20th of February, 2016, where four settlements in Mewat were visited.

3.1.1. Housing

The camp is situated in a remote area, off the main roads at some distance into the dry fields and directly under the blazing heat. Temporary shelters were built out of wooden sticks, planks and tarp sheets, but these provided for little respite from the harsh weather conditions. There was an abundance of flies and dust everywhere. Expecting mothers and newborn children were tucked away inside the shelters, some of which were installed with electric fans. The camp presently houses around 400 people, comprising 160 families. Almost everyone in the camp has a UNHCR card.

3.1.2. Education

Every refugee between the ages of 6-14 has the right to free public education under the Right of Children to Free and Compulsory Education Act 2009. However, government schools deny enrolment of refugee children for many reasons, one of them being the lack of an Aadhar card. Several NGOs working with Rohingya refugees in Haryana complained of difficulties in enrolling Rohingya children without state-issued identification cards in government schools. Local school officials claimed all refugee children were welcome with a state-issued identity certificate.

The government did not fully fulfil a 2012 Ministry of Home Affairs directive to issue long-term visas to Rohingya. These visas would allow refugees to access formal employment in addition to education, health services, and bank accounts.[14]

The children of the Rohingya camps receive little by way of quality education. Although there are government schools available nearby, camp residents complained of little attention from teachers, being made to sit separately, bullying from the Indian students and even not having been formally enrolled in the school. In one case, all the children of the camp attended class 3 and most of them stopped going to school because of the treatment they faced there. Uniforms were provided mostly by NGOs. Schools are unfavourable in the eyes of the refugees and in the Chandini Camp number 2, it has been 3 months since anyone had gone to school. This is because the other children hit the Rohingya children, and they are made to sit separately as well. Sometimes, DAJI people come to help but most of the time, children express unwillingness to go to school. Everyone is put in class 3, and nobody even knows the name of the school where their children go. Teachers ignore these children.

Midday meals are provided, but this is not the case with books, uniforms and other supplies where the schools do not provide them to the refugees. Language is another huge barrier; schools are often rendered useless as most of the children do not understand Hindi and therefore cannot follow any

[14] United States Department of State, *2016 Country Reports on Human Rights Practices - India*, 3 March 2017, available at: http://www.refworld.org/docid/58ec8a2613.html

of their lessons. There have been no efforts to close the language gap on the part of the government, with no language tutors available for helping out in this area.

When asked about improvement in conditions over time, the team was informed that there have indeed been positive developments by way of education opportunities, with schools being available and a teacher who comes in from Delhi for tuitions. However, they lament that any help they have received has only been from NGOs and not from the government. Most of the time, the Rohingyas are left to help themselves. At several junctures, they are asked for Aadhar cards in order to be able to avail of government services like education and healthcare. When they fail to produce one, they are denied these. Their UNHCR cards are rarely recognised and further, expire within a year and are very difficult to renew. These cards also make evident their refugee status, leading to abuse and harassment by the locals and the authorities in many situations.

3.1.3. Health

The health conditions of the camp remain quite poor. The refugees do not have access to proper health care services. The resident of Shahpur Nangli 2 and Ferozpur Namak-2 shared that for illnesses, vaccination or any other check-up they visited school. The residents were not sure if the small room dispensary in the school was a PHC or a dispensary or Anganwadi.

The only time when a medical camp was organised was in January 2016 in Shahpur Nagli II. There were around 500 people who came for treatment; from adjoining settlements, but only 120 people (approx) were treated. The rest were asked to leave without treatment. This camp did not have a doctor. A pharmacist was giving out medicines to patients. There were two ANMs along with the pharmacist.

The Rohingya Refugees get basic medication free of cost from the hospital but have to purchase their own medicines if expensive when visiting these government health care services. As they are mostly working as labourers it is difficult for them to buy medicines on their own. The primary complaint received unanimously from all the camps which were visited was that

ambulances never come when they are called for and as a result, residents have given up on relying on them as a mode of transportation to the hospital in case of emergencies. They take autos for which they have to pay; at hospitals they face a range of issues varying from inattentive doctors, being told that there are no doctors to attend to them, referrals to hospitals in Delhi, name-sake treatment, free treatment but not medicines, and much more. Furthermore, a number of presently or formerly pregnant women have said that they had not received ultrasounds during the term of their pregnancies, nor have they received adequate medication for their children in the pre and ante natal stages. Immunization and vaccinations were done to some extent, but not to the extent required.

There were two hospitals at present which most of the refugees go to- one in Nallhar and the other being Nuh Medical College- in both places there are only a few medicines available and in the former, Rohingyas who go there are more often than not transferred to Delhi. In addition, there is no ambulance which comes speedily when called. The treatment at civil hospital is also highly discriminatory and abusive towards the Rohingya Refugees, most of the times patients are referred to Hospitals in Delhi. In such cases also, people are not provided ambulance. They have to bear the cost of hiring an ambulance on their own.

The team got to know that Anganwadi workers do not respond to calls for help despite promising to be available in need. Furthermore, their last visit at the Shahpur Nagli camp was more than two months prior to the time of fact finding. Similarly, a few months ago the camp was visited by 3 or 4 doctors but there were no other visits since. Out of 35 pregnancies this year, 6 children were delivered in the camp itself. Ambulances are never available when called for; on the few occasions that they are, residents often return without having any treatment done such as one case where a pregnant woman returned from a hospital in an ambulance without an ultrasound, which was the purpose of her visit. In other cases, ultrasounds are accessible only when women travel to hospitals on foot or by other means of transport for which they have to pay.

The possession of a UNHCR card does not help either. Although it is accepted at hospitals, patients are often in a position where they have to spend their own money for medicines which is an expensive affair and often costs more than their daily or monthly wages. Certain non-basic medicines also have to be purchased outside the hospital. In the midst of all this, the refugees often face derision from hospital staff, as was detailed in one harrowing account where a woman admitted she felt ashamed to return to hospitals on account of being laughed at by the nurses. The treatment is also often inadequate and name-sake in fashion, with the prescription also following suit. Most of the residents were unaware of their entitlements under the JSY, JSSK and the Indradhanush schemes and therefore were not beneficiaries of the same. Most were not aware of any PHC or CHC nearby.

In some cases, it was discovered that the women were sent back home from hospitals which claimed that there were no doctors to attend to them. During one pregnancy, the woman had to buy blood for a complication she faced. Moreover, the treatment is done in a manner as to not inform the patient about the cause, consequences, and more and does not allow them a chance for informed consent on whatever is being done to them. Many did not know what injections or tablets they were given in hospitals. In some cases, the women admitted to feeling embarrassed at the prospect of having their maternal check-ups done by male doctors. Many don't hold MCT cards either. The issuance of birth certificates was not regular, with some children not having been registered at the time of birth. Also, distributions from rations are only given to Indians and not the Burmese. The Rohingyas are often discriminated against and called 'Burma-walon' by many people. There are never any ASHA workers who visit these camps, and most of the help they receive is by NGOs and the UNHCR.

3.1.4. Sanitation

Sanitation conditions in the camps are quite poor as well. There was no running water, and electricity was very sparse. There were no toilets in any of the camps the team visited which were constructed or provided for by the

government; any toilet was built by the refugees themselves in the form of temporary shanties. As a result, there was no proper sewage or drainage system, leading to a number of hygeine issues. They often draw from a salt water source nearby for use in toilets and for bathing. There is no water line as such which is useful for toilets and daily hygeine purposes.

Drinking water is bought by the residents for a certain amount everyday for a tank, whereas water for other purposes was obtained from a salt water source nearby. In the Chandini 2 camp, the team learned that a nearby treatment plant or some other such facility was selling water for 500 rupees a tank and, being devoid of any other means of water, the residents bought this unclean water for drinking. There was also nother Indian shop nearby with access to a waterline from where they sometimes obtained water. However, all admitted that availability of water remained a problem overall.

There was also no proper facility for sick residents to avail of; a tuberculosis patient lived in the Chandini 2 camp with no proper care, making the others vulnerable to catching the ailment as well.

3.2. CAMP 1: SHAHPUR NAGLI-II

The temperature on the day of the fact finding touched forty four degrees. The camp was situated in a remote area, off the main roads and some distance into the dry fields and directly under the blazing heat. Temporary shelters were built out of wooden sticks, planks and tarp sheets, but these provided for little respite from the harsh weather conditions. There was an abundance of flies and dust everywhere. Expecting mothers and newborn children were tucked away inside the shelters, some of which were installed with electric fans. The camp houses around 400 people, comprising 160 families. Almost everyone in the camp has a UNHCR card.

A month ago, the team was informed, a Madrassa and a shop caught fire and were destroyed; with some people killed as a result. Almas Khatun, a widow from the aforementioned fire, came forward to speak with the team regarding the medical facilities available in the camp; her son appeared malnourished and had small cuts on his face. She informed us that there were two hospitals at present- one in Nallhar and the other being Nuh Medical College- in both places there are only a few medicines available and in the former, Rohingyas who go there are more often than not transferred to Delhi. In addition, there is no ambulance which comes speedily when called.

The members of the camp self appointed a lady called Naseema Khatun as the one in charge of the women in the camp. This was due to the absence of ASHA or other health workers. However, Ms Naseema Khatun herself had fallen ill for the past month and was unable to go on her rounds and check on the residents. The team was then directed to her shelter in order to obtain more information on the medical conditions, specifically with regard to maternal health prevailing in the camp. Few more interviews were then conducted which are elaborated upon as case studies; with most of the cases being similar in nature.

Case study 1: Naseema Khatun (In-Charge)

Ms. Khatun complained of swelling in her body, among other debilitating symptoms for a prolonged period of time. She was taken to the Nallhar

hospital a month ago, where she was told that she had stomach problems and a spoilt liver and sent back. She had therefore been confined to her shelter for the past month, unable to muster the energy to go on her usual rounds of the camp. She had informed the team that a few Angadwadi women last visited two months ago and promised to be available in case any help was needed; however, they did not show up during the delivery of a pregnant woman when called for. ASHA workers do not visit the camp either. As a result, most of the children were born in the camp itself and were all delivered at home with the help of neighbours. The ambulance, she says, keeps the residents of the camp waiting when it is called but it never shows up. They are also aware that the number they needed to call was 102. In her house, there are two children, both delivered at home. The Nallhar hospital is roughly 4 kilometers away, where treatment is free but they are often referred to Safdarjung hospital in Delhi with no ambulance available or provided to take them there. Medicines have to be bought outside as well. As for health camps, there were 3 or 4 doctors who visited a few months ago, but nothing this year. There is a private clinic nearby, run by a doctor Muhsood- however, it is unclear whether there is a Public Health Centre nearby or not. Out of 35 pregnancies, 6 children were delivered in the camp this year. An ambulance arrived one day to take one of the women for an ultrasound but she returned having taken neither an ultrasound, nor receiving any treatment or medicines.

Case Study 2: Saadiya, 19

Saadiya delivered 18 days prior to the visit in her house. She received help from the neighbours but the ambulance did not arrive, despite having called for it. The ambulance was called at 11 or 12 at night, but showed no signs of arriving even by 6 in the morning the next day. She was given a few medicines by the local doctor, presumably the one at the private clinic mentioned by Ms. Khatun. Saadiya holds a UNHCR issued card, and says that not

having one often leads to trouble. However, she says there are no real benefits from holding the card, as she had to spend her own money for her medicines, despite it being accepted in hospitals. It is also very difficult to renew one. She went for a check-up only twice during her pregnancy, but did not get an ultrasound done. She has not checked the weight of her child either. She complained of experiencing stomach ache, dizziness, and weakness. She does not have a ration card or an ID card, and does not work because she was refused on the basis of not holding an Aadhar card. She pays 600 rupees for one tank of water everyday, shared by 2-3 families. As for the toilets, they are makeshift and constructed by the Rohingyas themselves, using water from the tanks or salt water when needed. Electricity, she says, is half supplied, with constant tussle with the nearby villagers for the same. There is a Government school in Nangli whose name is unknown to the refugees, where small children are sent. Uniforms are issued by NGOs. Moreover, none of these children have been officially enrolled in the school; they just go and attend. Children in classes 8 and 9 attend a private school. Saadiya has been living in the camp for 4 years. She says that the hospitals behave badly and discriminate against the Rohingyas. Doctors do not pay attention to them and even ignore them. Medicines have to be obtained and purchased from outside. Language continues to be a major problem.

Case Study 3: Khushida,

Khushida was 3 months pregnant when she was sent back from a government hospital which alleged that they had no doctor to attend to her. A private hospital aborted her child. Her first child is now 3 years old; during her pregancy, she even had to buy blood. A government hospital in Panipat took no fee, but did not provide medicines either; these had to be bought. Khushida was not aware of the Indra Dhanush scheme. The hospital in Nallhar merely gave her an injection (she didn’t know what the injection was) and sent her back. Finally, a private hospital in Delhi

charged her 4000 rupees for the delivery of her child. She spoke of how the nurses laugh at them, and of the manner in which hospital staff and doctors speak to them, which makes them feel ashamed. At one time when she fell unconscious, she was taken to a hospital in an auto, as “waiting for an ambulance is waiting for death.”

Midday meals in schools are provided to the children. Upon being asked if holding a UNHCR card was useful, she replied that it wasn’t. They are labelled “Burma walon” and are sometimes even imprisoned because of the card, depending on the mood of the police. They also are not aware of the ways in which the card can be used.

Case Study 4: Sanjeeda

Sanjeeda’s baby was one month and 10 days old, and the delivery happened in a jhuggi and not a hospital because of there being no ambulance. Her mother was present at the time of delivery. She was aware of the JSY scheme for payment upon delivery in a hospital, but did not receive any such payment. At the prenatal stage of her pregnancy, she received medicines for herself but no medicines for her baby. She did not receive any ultrasound.

Case Study 5: Tasleem

Tasleem has 5 children, all of which were delivered at home. Three of her children received Indian birth certificates, while two did not. Her oldest girl goes to school, but does not have a uniform and does not understand Hindi, which makes it difficult for her. Her books came from outside sources and not the school itself. she complains that her children face discimination at school.

As for water, 1 tank lasts 10 days for drinking, is 300 litres in capacity and costs 150 rupees. For other uses, salt water is utilised. Upon being asked why she did not go to the hospital for any of her deliveries, Tasleem retorted, “How can we go to the hospital when they don’t treat us?” the ambulance, she says,

does not answer the phone either. She was not aware of the JSY scheme. She travels to the government hospital by auto if it is available; however, she had to go on foot for her ultrasound but returned without having it done. Distributions from rations, she says, are only given to Indians and not the Burmese.

Case Study 6: Mohammed's Wife

Mohammed spoke on behalf of his wife, whose hospital cards were produced upon being asked for. He informed the team that the government hospital didn't see his wife for a while; upon fighting for it, they were given a namesake check-up and a prescription. Even a private hospital in Murad did not pay any attention to them. Upon being asked if they were aware of the JSY scheme wherein women are paid for delivering at hospitals, they replied in the negative.

Case Study 7: Ameena Khatun

Ameena Khatun delivered her child at home, and didn't even attempt to call the ambulance. She said that when they were unresponsive to the others in the camp, many others lost faith and therefore did not depend on one for emergencies such as this one. She spoke of going for prenatal check-ups somewhere, presumably a nearby public health centre. However, she did not use any medicines, nor did she get an ultrasound done.

Case Study 8: Raziya

Raziya did not receive any tablets during her pre natal stage, and was only given an injection. She is now in her seventh month of pregnancy and plans on delivering the child at home. She says that her husband does not let her go to the hospital and also, male doctors make her and many others reluctant and embarrased to get check-ups done. Her oldest child is 3 and a half years old. She has lived in the camp for 6 years, and arrived in India with her mother and sister. Her father joined the interview briefly and narrated his experience of relocating to India after having earned some money in Jammu in order to be able to bring his family here. One of his sons is in a jail in Bangladesh. Raziya does not have an MCT card.

3.3. CAMP 2: CHANDINI-I

Some distance away from the first camp was Chandini 1, where 66 families are housed. The team gathered a few families and conducted a focus group discussion wherein all the participants voiced the collective opinion, as well as gave individual accounts of their plight.The conditions are much the same as the first one, with the only difference being a DAJI-UNHCR tank in plain view upon entering. There were 3 pregnant women in the camp, and the most recent delivery was 15 days ago. ASHA workers do not come; instead, a few ladies arrived a month ago, the identity of whom was unknown to the residents, who asked about the use of birth control in the camps. Sometimes, polio drops are administered to the children in the camp. Anganwadi workers come sometimes to teach the residents about helpline numbers to call when in need, and more. Most of the help they receive, however, is from DAJI-UNHCR and some other NGOs, but not the government.

Sometimes there were hospital deliveries, but mostly it was within the camp that babies were born. The ambulance is always late, and the Nallhar hospital is roughly 7 kilometers away. A childline help was mentioned. As for water, the group mentioned that it was a problem. There is an Indian shop with a water line some distance away from where they take water at times; at other times they buy it for rupees 500 for a tank, but the quality is bad. A tanker sells this water to the residents and having few other options, they opt to buy this water.

Schools are unfavourable in the eyes of the refugees and it has been 3 months since anyone had gone to school. This is because the other children hit the Rohingya children, and they are made to sit separately as well. Sometimes, DAJI people come to help but most of the time, children express unwillingness to go to school. Everyone is put in class 3, and nobody knows the name of the school where their children go. Teachers ignore these children. The group was not aware of any PHC or CHC, and also claimed that delivering at the Nallhar hospital was an expensive affair which almost always ended in referrals to Delhi. Below are the individual briefs of the group members who participated in the focus group discussion.

- *Fatima*: Home delivery, 1 year old baby. The baby appeared to be malnourished. Vaccinations had been given so far.
- *Monwara*: Home delivery, 17 day old baby. She does not get check ups done because it is refused on the basis of not having an Aadhar card, even if she showed them her UNHCR card. The Nallhar hospital returned two people like that, and therefore nobody else tried going. Upon being asked about medicines, she remarked, "who gives medicines?". For a serious condition, she took an auto to the hospital in Nhu which charged 5 rupees and gave here merely two tablets. She then went to a private hospital and said that she has since stopped trying to go to government hospitals.
- *Rajuma:* 8 month old baby, fifth child. All five deliveries were at home as she was sent back due to not having an Aadhar card.
- *Habiza Begum:* 2 months pregnant; has not visited a doctor.
- *Noor Khayaz:* 3 months pregnant; first child. she did not have any checkup done as she says it is of no use.

3.4. CAMP 3: CHANDINI 2

This camp was relatively smaller than the other two, but with conditions much the same. The team visited one household where a number of women were living, and asked the group at large about their plight. They had similar stories to tell as the women of the other camps. It is worth mentioning that this particular shelter was equipped with a cooler and an electric fan, and was also attached to a small shop with some food provisioned, presumably owned by

the family living there. No ASHA workers vist the camp. Given below are the testimonies of the women in the house:

- *Samira*: 8 months pregnant
- *Minuara*: Home delivery; no ambulance.
- *Toyoba*: Home delivery; no ambulance.
- *Namaz Begum:* She went to a hospital in Mandi, where her baby was declared dead. She then went to the Nallhar hospital who referred her to Delhi, where she stayed overnight and was threatened that she would not be discharged without money. Finally, she delivered her baby in a private hospital in Sohna, where her total expenses amounted to 11,000 rupees.

4.0. FINDINGS AT KALINDI KUNJ AND SHARAM VIHAR CAMP, DELHI

(17th May, 2017)

4.1 HOUSING

Each family lives in a small room made up of cardboard, tarp & bamboo walls and improvised construction. The crude construction provides no protection from rain, high temperatures and cold winters. During winter season, the families heat their rooms with wood stoves. The acrid smoke does not have a proper ventilation, and therefore newborn infants, children, and pregnant women continuously damage their lungs, throats, and eyes by breathing in smoke and due to the heat produced they have fear that their houses might catch fire. In the summer, the families face many problems like people get sick due to hot temperature as there is no proper electricity. During the time of rain, the water drip inside their jhuggi and because of that they don't have a place to sleep because all their houses are full of water and they also have fear of mosquito bites during that period because of stagnant water in the area. Also, the construction provides no privacy for each family.

4.2 WATER & SANITATION

The camp has 2 Hand pumps surrounded by the stagnant water. The camp I are provided with the government water tanks which comes twice a month and stop there for 10-15 minutes only, on exhausting with the water given by the government which is not sufficient they rely upon the hand pump built on their own expenses which is not clean and contains sand particles. But, in camp II there were no government water tank

facilities they always rely upon the hand pumps. The people get nauseous due to the unclean water as they obtain drinking, bathing and cooking water from the pump.

The camp I do have toilet and bathing facilities which they built by themselves on their own expenses but the condition of the toilet is not good and there is no one assigned to clean the toilets and bath houses. Whereas, in camp II there was no toilet facilities available and all the people use to go in an open area which they referred as “JUNGLE” and there was no sanitation or privacy.

4.3 HEALTH CARE:

During fact finding in camp I, everyone in the camp denied the fact and expressed that one private medical van comes once in a week which is run by Holy Family Hospital (Okhla). Everyone stated that they are not aware about emergency and transportation facilities. In the camp II, they stated that no medical van or doctors comes to visit there camp. When they go to the hospitals they have to pay fees for ambulance and for consultation with the doctor. They have to purchase medicines on their own expenses because government hospital is far and they mostly prefer private hospital. The mobile van in camp I which comes there to check the people and to distribute the medicine visits the camp after every 10 days. The resident of the camp are not provided for the birth certificate of their children’s until unless they pay for it. Most of the residents are not aware about the ASHA workers and Anganwadi workers. In camp I & II, there was no ASHA workers. In camp I, Anganwadi centre was non-functional whereas, in camp II there was no Anganwadi centre. Furthermore, a number of presently or formerly pregnant women have said that they had not received ultrasounds during the term of their pregnancies, nor have they received adequate medication for their children in the pre and ante natal stages. The people residing in both the camps are not aware about the

governmental schemes like JSY, JSSK, Family planning and maternity benefits.

4.4 EDUCATION:

Children are going to private school and they have to pay for the expenses of books, transportation and fees of the school and the reason they are going to private school is because the government school is so far from their house and there is no transportation facilities. Not all children of suitable age attending school owing to various reasons like distance, language barriers, missing paperwork, limited access to benefit of schemes (Books, uniform, scholarship etc.) leaving them with no other option but to attend nearby private school. It was also observed in few cases that Government schools denied admission because of non-possession of Adhaar Card. Other issues include: absence of policy for refugee children, financial constraint, language barrier, discrimination and harassment, lack of required documents, non-possession of birth certificates and their obligation to support family by doing household work.

Case Study (at Camp- 1, Kalindi Kunj)

1. **Tasleema (Age 33)**

Tasleema is 33 years old, her husband's name is Zafar Hussain, working in 9 no. parks as a water cleaner, his salary is around Rs. 10,000/ month. She is a refugee and resident of Burma and presently living in Kalindi kunj, Delhi camp. She is living there since 5 years, and there are 5 family members out of which 3 are the children in her family. She has 3 children, all of which were delivered at hospital. Two of her children received the birth certificate and one of her child didn't receive it as the staff of the hospital refused to give birth certificate until unless they pay them and even after paying Rs. 300 they didn't give the birth certificate. When asked about what are the changes she observed in 5 yrs, her reply was that "she received help from zakat foundation in relation with admission in the private school and rest there are no changes'. When we asked do they receive food from charitable sources or there is any

adequate supply of ration, she said that they purchase food on their own expenses and no ration is provided to them through any source because they don’t have ration card. When asked about from what source they get water she said that after every 10 days tank comes to the camp and they fill the water and on exhausting with the water given by the government which is not sufficient they rely upon the hand pumps and the water is not clean enough so they boil the water and when they can’t afford to boil they use the muddy water and which makes people sick. She stated that they have toilet facility which they built by themselves but the condition of the toilet is not good and there is no one assigned to clean the toilets and bath houses. Her children are going to private school and they have to pay for the expenses of books, transportation and fees of the school and the reason they are going to private school is because the government school is so far from their house and there is no transportation facilities. She also stated that they are provided with mosquito net but the net provided by BOSCO is not of good quality and though they use it mosquitoes bite them She stated that the van comes and gives medicines after every 10 days but at the time of emergency there is no availability of ambulance and they have to hire autos for emergencies and they have to always pay fee as they are not aware about the public health system and are not aware about the medical supplies. She has 3 children, all of which were delivered at hospital. Two of her children received the birth certificate and one of her child didn’t receive it as the staff of the hospital refused to give birth certificate until unless they pay them and even after paying Rs. 300 they didn’t give the birth certificate. The mobile van comes after every 10 days but don’t provide for tikka to their children and when they go to the hospital they are charged for both transportation and fees of the hospital. Upon asking about the government schemes she said that she is not aware about the schemes such as JSY, JSSK, and National maternity benefit scheme. She was not aware about ASHA workers and none of them used to visit.

The Anganwadi centre was non- functional. When asked about what are the changes she observed in 5 yrs, her reply was that “she received help from zakat foundation in relation with admission in the private school and rest there are no changes’. She also explained that she don’t feel safe in the camp and

they have constant fear that someone may burn there house and fear from snake bite. At the time of rain all their houses are full of water and they have fear of mosquito bites during that period because of stagnant water in the area.

2. **Mohd. Shakir (Age 24)**

Mohd. Shakir is 24 years old, he is living there since 5 years, and there are 8 members in his family and they live in tiny room with a trap and bamboo walls, because of the material that is used to build the house they have fear of fire that the house may catch fire because of the heat through the wood stoves.
Upon asking him about the food, he stated that there is no supply of food or nutrition's and even they have to purchase ration on their own expenses because they are not provided with the ration card. He also expressed that there is no regular supply of water and the tank comes twice a month and stop there for 10-15 minutes only, on exhausting with the water given by the government which is not sufficient they rely upon the hand pump built on their own expenses which is not clean and contains sand particles. The people get nauseous due to the unclean water.
He also explained that earlier when the NGO initiated to build the toilet, the people building the toilets and living in the camp were assaulted by the "Batwara's" and after that instance 3 people (Leaders) from the camp were arrested in Tihar jail for the assault and later they were asked to pay fine of Rs. 15,000 for their relief and they were also threatened by the Batwara's to leave the place. But after this incident they and the NGO helped them to build toilets but there is no one to maintain and clean the toilets. The people living there clean by themselves. When asked about healthcare facilities and the mobile van by the government of NCT Delhi he denied the fact and said that one private medical van comes once in a week which is run by holy family hospital, he stated that he is not aware about emergency and transportation facilities and when they go to the hospitals they have to pay fees for ambulance and for consultation with the doctor. They have to purchase medicines on their own expenses because government hospital is far and they mostly prefer private hospital. The mobile van which comes there to check the people and to distribute the medicine visits the camp after every 10

days. He was not aware about any of the government schemes like JSSK, JSY, ASHA workers, and Family planning scheme. Upon asking about the safety that does he feel safe here, he replied that “they don’t feel safe here and if something unusual happens they go and report at the police station but no one takes the initiative to come and check upon the problem”.

3. **Haseena (Age 25)**

Haseena is 25 years old. She is refugee and resident of Burma, presently living in Kalindi kunj, Delhi camp. Her husband’s name is Faizan, working as a garbage collector and earns Rs. 500/ day. There are 4 members in the family, out of which 2 are children both were delivered at home. One of her child doesn’t have birth certificate as they are asking Rs. 500 for birth certificate. During and after delivery when she approached the hospital, she complains that she was not provided with any of the medical facilities. She is not aware about ASHA workers as none of the members come and visit the camp. There is an Anganwadi centre which is non- functional since a long period of time.

4. **Jasmine (Age 24)**

Jasmine is 24 years old. She is refugee and resident of Burma, living in Kalindi kunj, Delhi camp since 5 years. There are 4 members in the family out of which 2 are children of age 3years and 2.5 years. Her husband works in a dairy and his daily earning is Rs. 350. As all of her children were delivered at home, when she approached the hospital she was provided with all the medical facilities but when she asked about the birth certificate, the hospital staff charged her with Rs. 350 for the first kid and Rs. 700 for another one. When she went to the hospital for TIKKA (Vaccination), they were charged to visit doctor even after charging them no one visited to give injection to the child. When asked about “Do you feel safe in the camp “and if not then whom do you report?” she replied that “she don’t feel safe in the camp because she is scared that any person from outside may come and attack there camp and she don’t want to report it to police station because they don’t take any kind initiative”. She even stated that she don’t feel safe in India as compared to Bangladesh.

5. **Ameena Khatun (Age 23)**

Ameena is 23 years old. She is refugee and resident of Burma, living in Kalindi kunj camp since 5-6 years. She is widow; she works as a waste collector and earns Rs. 50/100/ day. She has 1 child of 10.5 years, and he is going in private school and has limited access to benefits and face discrimination. She complains that when she was suffering from ear infection, she went to the hospital and she was charged with Rs. 10,000/-. She says that "Even for the minor injuries they have to pay a lot". She also explains that doctors don't come for checkups on the regular basis and she said that most of the women in the camp don't feel comfortable when they talk to male doctor.

6. **Rabiya Khatun (Age 60)**

Rabiya is 60 years old. She is a refugee and resident of Burma, living in Kalindi kunj camp since 5 years. There are 3 members in her family; her son who is working earns 5,000 to 6,000 per month. She expressed that during the rainy season, there is stagnant water all around the camp and because of the stagnant water there are lot of mosquitoes and people are getting sick. She also stated that they are provided with mosquito net but the net provided by BOSCO is not of good quality and though they use it mosquitoes bite them and people get sick. When asked that which hospital they visit she explained that they don't prefer public hospital as it is far from there camp and during the emergency if they call ambulance it takes 2 hrs. to come so they prefer private hospital where they are charged even after showing UNHCR card. Upon asking about what that what changes they have come across as she is living there since 5 years, she explained that "She has not seen any changes and she have no hope left and don't think that there will be any further changes."

7. **Abdul Karim**

Abdul Karim is a 38-year-old refugee belonging to the Rohingya Community. Shifted to Kalindi Kunj 05 years ago, he stays in a crudely built shack with his wife and five children. Three of his five children were born in their house and not in a hospital. For the make shift *jhuggi* that he stays in, he says he did not receive any help building it. He says the drastic weather variation in the city of

Delhi makes it very difficult to live in house made of cardboard, plastic and plywood. Being the only earning member of his 7 – member household, he says it is difficult to feed the family at times and don't know if we will even fare to get more than a meal a day. Unable to get work since the past 2 years, UNHCR provided him with Rs. 30,000/- to set up a small grocery store. The problems don't end there. The issue of poor sanitation and lack of water make lives even harder. He affirms that the drinking water tank comes once in 10 days and is inadequate for the community living there. They don't have public toilets and have to defecate in the open at times. With the collective effort of community, they saved some money and built a small toilet. He says the patchy stagnant water around the slum is breeding ground for mosquitoes and flies and leads to water borne diseases. Three of his children were born at Kalindi Kunj camp and he says that for all the three pregnancies, there was no government support provided whatsoever. Be it help from the community health workers by 'Accredited Social Health Activists (ASHA)' or any implementation of schemes like JSY or JSSK. Three of his children go to a private school by Zakat Foundation as they were denied admission at the Government School. This was denied because they did not have Aadhar card.

8. Kulsum:

Living at Kalindi Kunj camp since 2012, Kulsum is a 30-year-old married woman with five children. Two of her children were born at the camp and she recollects the struggle she had to go through for the homebirth of both of her children. No government support was extended during antenatal or postnatal stage. She also recalls 4-5 trips she made to Badarpur for Polio vaccination of her children. Kulsum's family has to manage with two buckets of water for a week and sometimes even more. They get water through tankers that run for 15-20 minutes and the whole community has to manage with that. They don't have to pay for the water they receive; however survival of family of seven on two buckets of water for a week is unthinkable. Moreover, her husband, Shofi Aalam works as a daily labourer making his job temporary and with no security and surety of constant income. Her children go to a private school Gyandeep Vidya Mandir School nearby.

9. **Jameela**

25-year-old Jameela has been living in abysmal conditions at the Kalindi Kunj camp since the past 06 years. She narrated her story about the deplorable conditions at the camp with her 5-month-old child in her arms who was crying throughout because of hunger. She has three children and all three of them were born at the camp. She says that the health of children in area is very poor and getting vaccination is not viable. We have to go very far to a dispensary and paying for it is not affordable for us. Though she was not aware about the directive by Additional Director (Health Services) of GNCTD for deputation of medical team at Kalindi Kunj camp on every Tuesday and Friday, she said a medical van comes once every 15 days and provides some medicines. However, on further query at the camp, findings oscillated on frequency of medical van visits, kinds of medicines provided and the authority where it comes from.

CAMP II: SHARAM VIHAR

Some distance away from the first camp was Sharam vihar, where 67 families are housed. The team gathered a few families and conducted a discussion wherein all the participants voiced the opinion, as well as gave individual accounts of their plight. The conditions in the second camp are worse than the Kalindi kunj camp. ASHA workers don’t come; there is no Anganwadi centre

for helping the pregnant women's. Most of the help they receive from UNHCR and NGO, but not the government. When asked about the mobile van and hospital facilities, all of them stated that "there are no mobile van facilities and no doctor's visits the camp, but for the polio of the children's doctors come into the camp and they are also send by the NGO's not by the government.

As for the group mentioned, there are no water tank facilities, the tank comes to the other part where people of Bihar have settled and they don't allow the Rohingya refugee's to take water because of which they use the tap water which is not clean enough. Schools are unfavorable in the eyes of the refugees because teachers discriminate and make the Rohingya children to sit separately. There are no toilet facilities in the camp, people residing there go in an open area i.e. JUNGLE. Most of the families residing in the camp are aware about the governmental schemes like JSY, JSSK, and Family planning. Moreover, they don't prefer to go to police station if any issue arises because police don't help them and says "Burma waalo ka hum kuch nhe kar sakte". Below are the individual briefs of the group members who participated in the discussion.

Case Study

1. **Hapsa begum**

Hapsa is 17 years old. She is refugee and resident of Burma, living in Sharam vihar camp since 1 year. There are 4 members in the family. Her husband's name is Mohd. Kasim is a carpenter and his monthly earning is Rs. 10,000/-. She told that she doesn't feel safe even to go to hand pump during the night time because of snake bites and fear from the outsiders. She stated that "one person threatens and harasses her and whole camp people know about it, but when they complained about it to the police station police didn't help her. There was no help from police or UNHCR. She also stated that every year police comes and prepares the agenda but there is no further action taken by them.

2. **Mohd. Siraj**

Siraj is 26 years old. He is refugee and resident of Burma, living in Sharam vihar camp since 2013. There are 3 members in the family, out of which one is child. He is doing a part time job and earns Rs. 5,000 to 6,000 every month. As for the water, he mentioned that there is only one tank for the 6 communities present in the camp and other communities fights and quarrels and don't allow Rohingyas to collect water. So, they use hand pump water which is not clean and is attached with drainage water line because of it the water is stale and people are falling sick because of the dirty water. His child goes to the private school, and he feels that schools are unfavorable as teachers discriminate among the students and makes the Rohingya people to sit separately in the class. Even they have built their own school in the camp itself so they can educate their students who can't afford to go in private school and don't prefer to go school because of the discrimination.

3. **Raseeda**

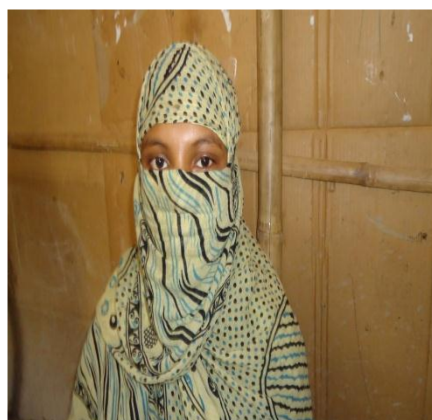
Raseeda is 30 years old. She is refugee and resident of Burma, living in Sharam vihar camp since 2 years. There are 6 members in her family out of which 2 are children and she is pregnant now. She said that she aware about the family planning scheme and other governmental schemes. The knowledge about the schemes was provided by UNHCR. She stated that there are no ASHA workers, Anganwadi centre and there is no mobile medical van facility. Raseeda holds a UNHCR issued card, and says that not having one often leads to trouble. However, she says there are no real benefits from holding the card, as she had to spend her own money for her medicines, despite it being accepted in hospitals. It is also very

difficult to renew one. She does not have a ration card or an Aadhar card. There are no toilet facilities in the camp and she have to go in the open area which is not safe as she is pregnant and during the rainy season because of the fear of snake bites and infections.

4. Alima Khatoon

Alima is 47 years old, w/o Syed Karim who is daily construction labour and earns Rs. 300/ day. She is refugee and resident of Burma, living in Sharam vihar camp since 4 years. There are 5 members in the family, out of which 3 boys are there and 2 goes to Madarsa for education. She delivered her child at home with the help of neighbors. The ambulance, was charging Rs. 1000 to 1200/-. So she went to the safdarjung hospital, Bhogal for after delivery medications. ASHA workers do not visit the camp either. As a result, most of the children were born in the camp itself and were all delivered at home.

5. Laila Begum



Staying at Sharam Vihar camp since 2013, Laila Begum, age 20 is a migrant refugee from Myanmar. Both her children were born in the *jhuggi* and she, too, did not receive any help from Government and had to go to a Private Hospital nearby. Defecation is the biggest problem for us, She said.

5.0 BUDENA VILLAGE CAMP, FARIDABAD

(09/06/2017

FINDINGS:

5.1 Housing

In the camps of Budena Village, 29 families reside with a total number of 125 people. Their primary source of income is ragpicking and working as knackers (kabadivalas) which doesn't earn them much but out of their little incomes, they have to pay rent to the landlord. In one case of *Saiyaad*, he told the fact finding team that he along with 2 families have to pay Rs.8,000 pm. Others have to pay out of their rags whatever they find. Houses are made of tarp, and plastic sheets. During the rainy seasons, they are prone to dengue and malaria and their houses are vulnerable to flooding. Camps have little access to water or electricity.

5.2 Food and Nutrition

Almost all the people there have UNHCR card but no food or nutrition supplies are provided by UNHCR or government. They don't have aadhar card or ration cards so they are unable to get any food from ration shops. They have to arrange food from their little or no income that they earn and have to cook food on biomass cook stove (chulas) which produces fumes and makes living more difficult. The non-functional AWC left children living thereby without nutritious food and non formal education as it is closed most of the time.

5.3 Sanitation

There are no proper means of sanitation there. As shown in pictures, the area is very dirty and covered by all kinds of waste. They aren't provided toilets by any authority. So the one that they could make themselves is nothing but an area covered with a piece of cloth in forest. It is totally unhygienic and produces foul smell. No proper drainage system is there which lead to water logging during rainy season prone to water borne diseases.

5.4 Electricity and Water

There is no means of electricity and without electricity; they don't get water as well. Government promised to provide water tankers at least once in a week but that never happens. Water tankers rarely come to their camp and when it comes, it's usually once in a month.

5.5 Education

There is a government school nearby but they deny admission to children on the grounds that they don't have a valid citizenship card of India, despite their entitlement to free government schooling under the RTE Act 2009. Currently they are being taught by an NGO for free of cost but that is not permanent and government needs to make permanent measures for those children.

5.6 Access to Healthcare

If there is a medical problem, residents go to Badshah Khan Hospital (Govt. Hospital), they are asked to pay out of pocket for services there. Even after getting paid, doctors don’t provide medicine in the hospital itself and only give prescriptions. The medicine is then bought by the residents from private chemists. They only provide "small treatments" for ailments like fever, small pains, medical problems that aren't too expensive or require regular treatment which is also nothing but administering peracetamol to every patient who comes with any kind of minor problem. Mohd. Illiaz made us aware that if they go to the hospital for any delivery or major treatment, they are told to go to Safdarjung Hospital. In cases of medical emergency, when they call for ambulance, they are told to wait and that ambulance will shortly reach there, rather in every case, when ambulance was called, it never reached the camp. Doctors do not visit the camp as they are required to. The last time when doctors came for vaccination for infants was 2 years ago.

5.7 Maternal Care

Pregnant and lactating women do not have access to primary healthcare or specialized services. No access to contraception. Newborns do not receive vaccinations or medical care; prone to infant mortality and permanent disability. One *Bashir Ahmad* provided fact finding team with the information that all the deliveries are done within the camp only. Pregnant women do not receive antenatal care and routinely deliver in the camp itself in unhygienic conditions without skilled assistance.

No access to contraception; many women are mothers at 17 or 18; multiple pregnancies over a short period of time. Risk anemia, fistula, prolapsed uterus, infection, maternal mortality. The Anganwadi does not provide any post-natal medication or counselling for the women regarding their newborns. Neither do Asha workers visit this camp.

People Interviewed

Budena Village Camp

- Name: Abdul Hashim
  Age: 80
  Living in Camp since: 5 years
  UNHCR Card Holder (if yes, then reference no.): 305-14C01314
  Family Members: 2
  Any Special Condition: No source of income, extremely sick wife who needs urgent medical attention

- Name: Bashir Ahmad
  Age: 29 years
  Living in Camp since: 5 years
  UNHCR Card Holder (if yes, then reference no.): 305-13C00553
  Family Members: 6 including 4 kids
  Any Special Condition: Has a new born baby, cannot afford vaccines. Vaccines need to be provided

- Name: Mohammad Alam
  Age: 24 years
  Living in Camp: 8 months
  UNHCR Card Holder (if yes, then reference no.): No
  Family Members: 3 including a new born baby
  Any Special Condition: Mother needs post natal care.

- Name: Saiyaad
  Age: 24 years
  Living in Camp since: More than 4 years
  UNHCR Card Holder (if yes, then reference no.): 305-14C00658
  Family Members: 4 including 2 kids
  Any Special Condition: Physical Abuse at Work

- Name: Mohammad Illiaz
  Age 46 years living in Camp since one year
  Family Members: 8 including 6 kids
  Any Special Condition: The sole bread earner is very sick and can't earn. Needs urgent medical attention and food.

<u>Mirzapur Camp</u>

- Name: Shabir Ahmed
  Age: 33 years
  Living in Camp since: 3 years
  UNHCR Card Holder (if yes, then reference no.): 305-13C00486
  Family Members: 4 including 2 kids
  Any Special Condition: Availiability of Drinking water is major problem in the camp

- Name: Mohammad Khusan
  Age: 45 years
  Living in Camp since: 3 years
  UNHCR Card Holder (if yes, then reference no.): 305-00099463
  Family Members: 5 including 3 kids
  Any Special Condition: New born baby needs vaacine, no source of income to afford it

- Name: Altas Miyan
  Age: 27 years
  Living in Camp since: 1 month
  UNHCR Card Holder (if yes, then reference no.): 305014C00863
  Family Members: 3 including 1 kid
  Any Special Condition: Aadhar Card for kids to go to school

- Name: Salim Sayed
  Age: 24 years
  Living in Camp since: 6 years
  UNHCR Card Holder (if yes, then reference no.): 305-15C00895
  Family Members: 5 including 3 kids
  Any Special Condition: No Anganwadi Center nearby, No doctors came to check.

6.0. NATIONAL AND INTERNATIONAL LEGAL PROTECTIONS

- 1948 Universal Human Rights Declaration (UDHR) whose Article 14(1) states, “Everyone has the right to seek and to enjoy in other countries asylum from persecution”
- Convention on the Rights of the Child 1989- Right to seek, receive and impart education; right to highest attainable standard of health for children- includes Right to be protected and right to health services. Article 24 obligates states parties to diminish child and infant mortality, to provide medical assistance, to end malnutrition, and to ensure prenatal and postnatal care for all women.
- International Conference on Popuplation and Development, Cairo on Sexual and Reproductive rights- Right to liberty and security of a

person; right to information and education, right to life, right to healthcare and health protection, right to benefits of scientific progress, right to freedom from torture and ill treatment; right to decide number, spacing and timing of children; attain highest standard of sexual and reproductive health

- Beijing Platform for Action 1995: promotion of reproductive rights fundamental basis for government and community sponsored policies and programmes
- Convention on the Elimination of Discrimination of all forms Against Women 1979- equal access to health services, right to be protected from all forms of physical and mental abuse and sexual exploitation, non discrimination in seeking, receiving and imparting information, access to education and information on health and family planning; General Recommendation 24, Women and Health, defining acceptable healthcare services as an essential component of the right to health.
- International Covenant on Civil and Political Rights- Article 13 regarding prohibiting the expulsion of a person lawfully present in the territory of the State.
- International Covenant on Economic, Social and Cultural Rights- guarantees the right to the highest attainable standard of health (Article 12)
- Article 21- Right to health, freedom from torture and inhuman treatment, shelter, privacy, dignity; to all persons.
- The Right to Education Act (2009) guarantees free and compulsory education for all children ages 6 – 14. Section 8 (c) states, “The appropriate Government shall – provide free and compulsory elementary education to every child...The term “compulsory education” means obligation of the Government to - (C) ensure that the child belonging to weaker section and the child belonging to disadvantaged group are not discriminated against and prevented from pursuing and completing elementary education on any grounds.”

- Article 21A; Constitution (Eighty Sixth Ammendment) Act 2002- provides for free and compulsory education of ALL children.
- FRRO does not distinguish between asylum seekers and refugees.
- The Government of India grants permission to UNHCR to conduct registration and refugee status determination (RSD) as well as to give to refugees, who are not extended direct assistance by the government, certain assistance. UNHCR provides them de facto protection because refugees recognized under the UNHCR mandate are not considered refugees under Indian law.
- The Supreme Court has consistently held that the judiciary is "under an obligation to give due regard to International Conventions and Norms for construing domestic laws more so when there is no inconsistency between them and there is a void in domestic law." Apparel Export Promotion Council, 1 SCR 117, para 27.
- National Human Rights Commission v. State of Arunachal Pradesh and Another (1996), the Supreme Court held that "all 'refugees' within Indian territory are guaranteed the right to life and personal liberty enshrined in Article 21 of the Constitution"

7.0. OBSERVATION AND CONCLUSION:

The situation has not changed at various camps where Rohingyas refugees are living for years. They are not even facilitated with basic healthcare services, clean drinking water, hygienic living condition, basic education facility etc. which affects their daily living making them bereft of living a dignified life. The refugees do not have a stable home and they have been asked to leave the place as it is owned either by any organization or living in a rented accommodation. The camp does not have adequate toilet facilities. And the insecurity of women and children in the shelters because of unhygienic condition, attacks of snakes and they are not safe from harassment. Many camps does not have proper water supply, no health care facilities, maternal health care (as no ASHA visits to them) and no adequate sanitation facilities.

Bringing out several schemes like JSY and JSSK are mostly unaware by the refugees and ASHA workers does not visit the camps to create awareness for Ante-natal check up, post natal check-up, to promote institutional delivery. Immunization, iron and folic acid tablets ,malaria ,sexually transmitted disease and urinary tract infection, diagnosis and management and early detection and management of complications such pre-eclampsia. These basic services were refused to the Rohingyas women in New Delhi and Haryana. Every person is entitled to equality before the law and equal protection of law. Thus the state is bound to protect the life and liberty of every individual, be a citizen or otherwise. Article 21 of the constitution includes a fundamental right to health.

(In Premanand vs State of Kerala) the Hon'ble high court says that rights conferred upon refugees in United Nations international convention and protocol should be recognized and respected.

Social changes require action from different persons and groups in society and various strategies. One such strategy is to organize at grass root level to build a mass organization and a slowly a mass movement. Physiological needs are the physical requirements for human survival. If these requirements are not met, the human body cannot function properly and will ultimately fail. Physiological needs are thought to be the most important, they should be met first. Air, water, and food are metabolic requirements for survival in all animals, including humans. Clothing and shelter provide necessary protection from the elements. While maintaining an adequate birth rate shapes the intensity of the human sexual instinct safety and security includes personal security, financial security, health and well being and safety net against accidents/illness and their adverse impacts.

ON HOUSING:

- IN MEWAT- The Rohingyas are living in such house which is built of tarps and plastic sheets were occupied by 3 families per house and the living condition had affected them with many diseases, no proper water supply and waste were disposed off the nearby camps had worsened the situation of the people.

- IN BUDENA - They are living on rented premises for which they have to pay rent to the landlords as 2 families were made to make a payment of 8k per month to the landlord for housing. During the rainy seasons, they are prone to dengue and malaria and their houses are vulnerable to flooding because of water logging. Camps have little access to water and electricity.
- IN KALINDI KUNJ - It was seen that families were living in crudely built shacks made of tarp, cardboard, plastic, plywood or other such temporary materials. Such materials don't provide sufficient resistance from extreme climatic conditions. The houses were very small and cramped, accommodating 6-7 people in a small house caused difficulties to the people living. Stagnant water is another cause of concern causing health issues.

ON SANITATION AND WATER:-

- IN MEWAT - For drinking, cooking ,washing and for other common purposes they have a single source of supply of water which are mixed with mud and even children suffers many disease from drinking such water .Sanitary facility which are covered with tarps ,plastic sheets and clothes gets damaged if rains and some are made with soil which completely get destroyed during winter and monsoon. There was also no proper facility for sick residents to avail of; a tuberculosis patient lived in the Chandini 2 camp with no proper care, making the others vulnerable to catching the ailment as well.
- IN BUDENA - There is no means of proper electricity and government had assured to produce water tankers once in a week were it had never happened and it comes rarely as once in a month.
- IN KALINDI KUNJ - There are two hand pumps which gave muddy and polluted water which were used for cooking, drinking and other purposes. Tanker runs only for 15-20 minutes and becomes very difficult to store water for community of 230-odd Rohingyas living there. Situation at Camp II (Sharam Vihar) was even worse. There is no water

supply through tanker and people have to make-do with hand pumps installed by them.

ON ACCESS TO HEALTH CARE:-

- IN MEWAT:- The refugees do not have access to proper health care services. The nearby dispensary is being run by a pharmacist and two ANMs without any doctor. All the prescribed are not available at the government hospital. As they are mostly working as labourers it is difficult for them to buy medicines on their own. in case of emergency, referral transport services are not available. Anganwadi workers also do not respond to their calls if there is any need for health care services. Pregnant women and lactating mothers have never been visited by any ASHA, and most of the help they receive is by NGOs and the UNHCR.
- IN BUDENA - Doctors don't provide medicine in the hospital itself and only give prescriptions. The medicine is then bought by the residents from private chemists. They only provide "small treatments" for ailments like fever and medical problems that aren't too expensive or require regular treatment which is also nothing but administering paracetamol to every patient who comes with any kind of minor problem. Doctors do not visit the camp as they are required to. The last time when doctors came for vaccination for infants was 2 years ago.
- IN KALINDI KUNJ – The team was informed by the camp resident that it is not the govt. mobile medical van but one private medical van comes once in a week which is run by Holy Family Hospital (Okhla) and distribute medicine after every 10 days. Everyone stated that they are not aware about emergency and transportation facilities. The mobile van in camp I which comes there to check the people The resident of the camp are not provided for the birth certificate of their children's until unless they pay for it. Most of the residents are not aware about the ASHA workers and Anganwadi workers. In camp I & II, there was no ASHA workers. In camp I, Anganwadi centre was non-functional whereas, in camp II there was no Anganwadi centre. In the

camp II (Sharam Vihar), they stated that no medical van or doctors comes to visit there camp. When they go to the hospitals they have to pay fees for ambulance and for consultation with the doctor. They have to purchase medicines on their own expenses. Furthermore, a number of presently or formerly pregnant women have said that they had not received ultrasounds during the term of their pregnancies, nor have they received adequate medication for their children in the pre and ante natal stages. The people residing in both the camps are not aware about the governmental schemes like JSY, JSSK, Family planning and maternity benefits.

ON NUTRITION:-

(Common Issues Of Mewat Village Camps,Budena Village Camp And Kalindi Kunj Camp)

- On conceiving dirty sugar water which lead them to suffer from tuberculosis and reduces the immunity level each of women and children .There were no BPL cards provided so there no access for ration in MEWAT village, Haryana.
- Most of the people in the area are day labourers and the salary they receive is used for purchasing food for families. And non payment of proper wages for employment and there is no surety of work for employment.
- The quality and quantity of food provided at Anganwadi center was not sufficient and lacked nutrition in comparison to ICDS standards. On query, it was revealed that they don't have access to food grains at subsidized rate due to non-possession of Ration Card, making it difficult to afford three meals a day. No pre-school education imparted to children(kalindi kunji camp,new delhi)
- Inadeqaute nutrition facility for the infants in the camps and according to article 24 of the convention of the rights of the child obligates states parties to recognize the right of the child to the enjoyment of the highest attainable standard of health .No proper access to clean water and nutritional suppliments violation of right to life and liberty ,state is

bound to protect the life and liberty of every human being be he a citizen or otherwise .

ON EDUCATION:-

(Common Issues Of Mewat Village Camps, Budena Village Camp And Kalindi Kunj Village Camp)

- Refusal to education of children because of non identification proof or any ID representing them. They are not admitted to any schools and this violates the right to education act 2009 to the children. It was also observed in few cases that Government schools denied admission because of non-possession of Aadhar Card. Other issues include: absence of policy for refugee children, financial constraint, language barrier, discrimination and harassment, lack of required documents, non-possession of birth certificates and their obligation to support family by doing household work.
- Available school are far away and without any convenient mode of transportation and condition of the roads was another problem which made schools inaccessible to rohingyas children. language is a huge barrier for them because it is useless as many of the rohingyas children does not understand Hindi. Children of these camps are studying in school which are being run by NGOs in their camps.
- In Kalindi Kunj Camp, Delhi One of the respondents said her children go to a school near by which is maintained by Zakat Foundation, a Muslim charity working for welfare of Rohingya's in New Delhi. Others go to Madrassa in the vicinity.
- A makeshift school was set up by local community members with help of some volunteers at Camp II at Sharan Vihar. It was made of bamboo structure with tarp around.

8.0. ANNEXURES

ROHINGYA REFUGEES: QUESTIONNAIRE

Camp Name:

Sex of respondent:

Major aspects to be looked into:

1. Food and Nutrition
2. Health and Health Care
3. Water
4. Sanitation
5. Housing
6. Restricted Freedoms and Opportunities
7. Education and Self-Help Activities
8. Forced Repatriation
9. Uncertain Future
10. Protection (Safety issues)

Preliminary questions:

1. Name
2. Home state
3. Age: ( )15-20 ( ) 21-30 ( ) 31-40 ( ) 41 or older
4. Age at the time of marriage
5. Level of education
6. Type of ID held- UNHCR issued or LTV?
7. Journey from Myanmar
8. Source of income- own occupation and spouse's
9. Access to rations and other subsidized goods (fact finding July 2013, Haryana)
10. How many people live in your house?
11. How many children are there in your house?
12. How many of your children are born in the camp?
13. What are the main problems/concerns in the camp?

HOUSING

- Who built the residences, how much help is received in building them?
- Whom does the land belong to?
- Local communities- treatment; are the women being harassed? Help from police?

NUTRITION

- Do you have enough food to feed all the people in your house two times per day?
- Do you receive the full/correct amount of ration that has been assigned to you for a day or week?
- Are the wages regular?
- Are the wages enough to purchase basic food requirements?
- Are wages enough for the entire family's food?
- What do pregnant women, children and infants sustain on?
- Breastfeeding problems?

SANITATION AND WATER

- What is the source of water? Does it work?
- What is the quality of water?
- Do you have enough water to meet your daily needs?
- If you don't or sometimes have enough water then what is the reason?
- When you don't have enough water what do you do?
- How many toilets are available? Who built them?
- What is their condition?

CHILDREN AND EDUCATION

- Do your children go to schools?
- If not, what prevents them?
- Government schools- accessible?
- Are you provided with the proper education facilities such as stationery, uniforms, books, etc?

ACCESS TO HEALTHCARE

- Where do you get health care?
- At health facility you go to, are you generally satisfied with the quality of treatment or services you received?
- Are you provided with any in-camp activities like screening for malnutrition and conducting health and hygiene education sessions?
- Does doctor take the initiative to give treatment without hesitation?
- Do you go to government or private facilities?
- Do you have to pay for healthcare procedures?
- How do you manage transport to and from the facilities?
- Access to medicines?
- What do doctors visiting do; how do they provide care? Is there any follow up provided? Has the treatment helped?
- Do you think doctors can help cure all ailments? How effective have they been in your experience?
- Do ASHA workers visit the camps?
- Are there Anganwadi centres or workers visiting?

MATERNAL CARE

- Number of pregnancies, spacing and age during each?
- How many were unplanned?
- Do you want more in the future?
- Type of delivery: home or hospital?
- Number of children:
- Do you know what a contraceptive is? If yes, do you know the various types?
- Does your husband know about them? If so, what is his opinion?
- What method do you/have you utilized?
- How did you know about contraception?
- How accessible are they?
- What have you heard about contraception from friends, family and neighbours? What have doctors and nurses told you about them?

- Was there informed consent for a procedure where all the side effects and consequences were described to you in detail?
- Have you had an abortion? If so, how? Who performed it? Why did you have it? What were the after effects? Were you informed of them and of the procedure? Were you informed of contraception afterwards?
- Awareness of government schemes- Janani Suraksha Yojana (launched in Mewat; each beneficiary to be issued with JSY card an receive cash incentives from 600-1400 for delivery in institutions), Janani Shishu Suraksha Karyakaram, National Maternity Benefit Scheme; launch of injectable contraceptives free of charge at all primary health centres through Project Samati? National Rural Health Mission guaranteed atleast 2-4 prenatal visits to all women- do you know this?
- Did you receive/were you offered remuneration or incentives for any of the following methods:
    - Pill
    - IUCD
    - Sterilization
    - Others

General closing questions:

1. How do you think overall conditions in the camp have changed?