

IMPACTS OF COVID-19 ON THE ROHINGYA REFUGEES IN INDIA

Research Report

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Research Report on the Impacts of COVID-19 on the Rohingya Refugees in India

Prepared by

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EXECUTIVE SUMMARY

The aim of this research report is to provide a picture of lives of the Rohingya refugees in India during COVID-19 and to provide recommendations to alleviate their suffering, in general, and in the time of crisis, in particular. It has covered all the major states in India where the Rohingya refugees live, including NCT Delhi, Haryana, Uttar Pradesh, Jammu, Punjab and Telangana. It documents everyday aspects of life, such as livelihood, health, gender-based violence, WASH and hygiene, and children's education. Representing a mixed methods approach, this report draws from both qualitative and quantitative methods of data collection.

Our team has conducted 18 in-depth interviews, surveyed 152 community leaders and members across India, and consulted extensive secondary literature and related media reports. The report also highlights how various government bodies, domestic and international agencies, and refugee-led organisations responded to the needs of refugees during the pandemic, especially the Rohingya people. It will be a useful resource for refugee rights workers and activists, community organisations, national and international refugee organisations, and civil society organisations to advocate for the Rohingya refugees and render services and assistance efficiently.

The key findings are as follows:

LIVELIHOODS

- Rohingya refugees faced significant adverse impacts on their livelihoods due to COVID-19. Around 46.6% of respondents reported having lost their jobs or closed their businesses due to the COVID crisis, while 37.8% reported no significant disruption. No significant disruption does not mean that they had a stable and liveable job. Rohingya refugees' every-day life passes through struggle even in normal time. The remaining faced many other issues, including income reductions, change of occupation (business to wage labour), change of jobs, lack of mobility due to lockdowns, etc. The monthly income of more than 66% of Rohingya refugees decreased. The squeezing of income forced 44% of respondents to adopt negative mechanisms such as skipping or reducing meal consumption daily.
- During the COVID-19 pandemic, national and international organisations such as UNHCR and its implementing partners remained frontrunners in

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assisting the refugees. Nearly 88% of Rohingya respondents said they had received assistance from these organisations, while Rohingya-led organisations, particularly R4R, reached above 33% of community members with assistance. Aid from government bodies reached below 4% of Rohingya refugees. However, overall, the assistance fell notably short of meeting the refugees' needs during the crisis. For instance: a significant number (83%) of refugees have pointed out that the assistance or rations they have received from international and local NGOs were insufficient for their families. We found that above 72% of Rohingya refugees need everyday essentials, 38% for housing facilities and almost 34% need cash for medical treatment. Hygiene items and water and electricity supply at affordable cost are also on the list of immediate needs for the Rohingya. The Rohingya refugees have also sought intervention to help them exercise right to work and access to education and health services.

- Our study found that the distribution of aid was uneven. Some refugees received assistance during the first wave, while some did not. Less than 24% of respondents said they received it during all three waves of COVID-19. It should be noted that more than one percent of the Rohingya have claimed that they have not received assistance during any of the three waves.

HEALTH

- Refugees reported facing many problems accessing medical treatment and medicines during COVID-19. However, COVID-19 infections remained low among the refugees. In our survey, 90% of respondents said that neither they nor their family members got infected. Only 6% reported an infection, while 4% were unsure about the infection. The Indian government's eventual move to allow refugee communities to take the vaccine and the support of local, national and international refugee-rights organisations has clearly had a positive impact. Out of 148 refugees, only two persons reported not receiving the vaccine. While one has not gone for vaccination because of the fear of related side effects, the other was unaware about accessing the vaccine. Some 98% of refugees have already been vaccinated through UNHCR, its partner organisations, and government vaccination camps. Only 2% of refugees went to private hospitals and clinics to vaccinate.
- We found that most refugees have experienced psychological and mental issues such as fear, depression or anxiety, and physiological issues such as hypertension and high blood pressure. They have sought counsel mainly from

family members and also from local health centres. Only ten persons have gone to professional psychiatrists and doctors for counselling. 26% were not aware of mental health treatment options while suffering psychological problems.

WASH (WATER, SANITATION AND HYGIENE)

- Our survey also documented the impact on water, sanitation and access to hygiene items. During the lockdowns, refugees who buy water from the market faced difficulties as the price increased. The quality of the water was also questionable. The restriction on movement and shutting down shops made it difficult for the refugees to access hygiene items.

CHILDREN'S EDUCATION

- Accessing formal education is a well-documented challenge for the Rohingya refugees in India. Most access education through non-governmental, academic institutions, NGOs, and community-run learning centres. During the three phases of lockdowns, the refugee children did not have access to education, some 78% of respondents to our survey have said. Logistical hurdles such as lack of access to laptops or smartphones, internet connection and electricity were the primary barrier to online education.

GENDER-BASED VIOLENCE AGAINST WOMEN

- Statistics show that domestic violence has increased during COVID-19 in India. The situation for Rohingya refugee community in India is presumably not better off. On the issue of domestic violence among Rohingya refugees, 57% of respondents claimed that gender-based violence against women did not happen, while only 7.3% asserted that it has. None of the six women who participated in the in-depth interviews reported it. Our observation suggests at least three factors contributed to the under-reporting of GBV: (i) gender of our survey volunteers as they are male; (ii) women generally do not have their own mobile phones and they use family member's phones and (iii) the traditional customs of not speaking of a family issue to outsiders.

PROTECTION

- The hardships faced by the Rohingya increased during the pandemic due to a rise in surveillance and detention of community members. The detention of

Rohingya people, particularly in Jammu, has induced a sense of fear among the Rohingya living in other parts of India. Some have already crossed to Bangladesh for fear of getting detained or remain in hiding. In our study, we have also found that 25% of Rohingya have reported a rise in detention and deportation since the COVID-19 pandemic. Still, many people (81%) are unsure whether there is any connection between COVID-19 and the increase in detention.

- Majority of the Rohingya refugees are forced to reside in unsafe camp like shelters in India. Apart from detention and deportation, frequent fire incidents, water logging and death due to bites of poisonous insects at the camps, have also impacted lives of the Rohingya refugees during the pandemic.

RELATIONS WITH LOCALS

- While the incidence of detention and surveillance of the Rohingya refugees increased, most refugees received positive responses from the locals. They have pointed out that the locals usually maintain good relations with them. We have found that 60% of respondents received cordial and sympathetic behaviour and attitudes from the locals during the pandemic, while only 22% reported the relations as conflicting and hostile.

CHAPTER ONE | INTRODUCTION

BACKGROUND

The COVID-19 pandemic has impacted people from a wide variety of socio-economic and cultural backgrounds. However, the scale of this impact varies, suggests Athray (2020). Those in lower-income categories, reliant on daily wage labour and from marginalised backgrounds, have faced comparatively worse outcomes. The contagious nature of the disease and the restrictions on movement across various phases of lockdown have severely impacted daily life and activities (Hossain and Islam, 2020). These have ranged from adverse health and mortality outcomes, loss of livelihood and incomes, to restricted access to other forms critical healthcare and significant mental health and psychological impacts.

The pandemic and its associated containment measures, particularly lockdowns in several phases, have “exposed pre-existing social inequalities”, whether economic, social, or geographical (Athray, 2020, para.1). Among the most marginalised are those lacking citizenship rights, particularly refugee and asylum-seeking communities (Athrya, 2020). Nearly 80 percent of the world’s forcibly displaced live in developing countries “in the absence of social benefits and poor healthcare facilities”, with this number having steadily increased over the years (Athrya, 2020, para.1). In India, too, the pandemic has brought unprecedented challenges to refugee communities (“Refugees in India,” 2021). These communities are rendered more vulnerable to the pandemic due to lack of access to basic facilities and services that citizens are typically provided with. The high density of the population due to cramped living quarters, poor health conditions, and limited health services (Truelove et al. 2020) put refugees at increased risk during any health emergency. Refugees are generally not included in domestic policy and planning, and so are often left out of the crisis response – for instance, in India when refugee groups were initially not included in the vaccination programme. This marginalised status makes it particularly challenging for refugee groups to access necessities and support during times of crisis. The undocumented status of the refugee community also hinders the effective response of host governments and other civil society organisations (Bhagat et al., 2020). Additionally, refugees are often implicated in a complex matrix of socio-cultural ostracism, xenophobic rhetoric, and political expediency.

In India, the first case of COVID-19 was reported on January 30, 2020. The Indian government announced a total country-wide lockdown in the third week of March

2020 (Bhagat et al., 2020). Refugees and migrant labourers, and daily wage workers in India were “the most affected and vulnerable” (Athray, 2020, para.2), with multiple news reports of the time depicting the suffering of such groups as they attempted to make their way home on foot amidst a locked down country. Scholars (Bhagat et al., 2020; Shanker & Raghavan, 2021) have also noted the unprecedented hardship that refugee communities in particular have faced due to the pandemic. During the initial months of COVID-19 and the first lockdown, the Rohingya community in India faced many challenges in meeting everyday needs, accessing medical treatment and other essential services. However, the relaxation of restrictions on movement and open-up of day-to-day business phase-wise with containment have allowed assistance to reach the refugees. The refugees have also accessed vaccination services which initially were not open to them because of the lack of official documents and passports. Nevertheless, gaps remain in the crisis mitigation response experienced by the community.

WHY THIS REPORT

As the above discussion suggests, the vulnerability of a refugee community in normal times and the intensification of their suffering during a crisis time, render it imperative to document the community’s living conditions before, during and after the pandemic. Due to statelessness and the lack of recognition as refugees, the Rohingya people remain at the margin and get little policy attention or support. The increased difficulties and hardships, such as challenges in accessing essentials and medical treatment faced by the community in India amid the pandemic, are yet to be comprehensively documented. A number of media reports, opinion articles, as well as an initial report published by the Rohingya Human Rights Initiatives (hereafter R4R) in 2021 (R4R, 2021, February 5) have attempted to fill this gap by shedding light on specific aspects of the community’s experiences.

The aim of this report is to provide a picture of lives of the Rohingya refugees in India during COVID-19 and to provide recommendations to alleviate their suffering, in general, and in the time of crisis, in particular. This report has covered all the major states in India where the Rohingya refugees live including National Capital Territory of Delhi, Haryana, Uttar Pradesh, Jammu, Punjab and Telangana. It documents crucial aspects of life, such as livelihood, health, gender-based violence, WASH and hygiene, and children’s education. The report also highlights how various government bodies, domestic and international agencies, and refugee-led organisations responded to the needs of refugees, especially the Rohingya people

during the pandemic. It will be a useful resource for refugee rights workers and activists, community organisations, national and international refugee organisations, and civil society organisations to advocate for the Rohingya refugees and render services and assistance efficiently. It also spotlights the assistance delivered to the refugees from various organisations, whether adequate or not. Another crucial aspect of the report has been the focus on the protection aspect during COVID-19.

RESEARCH QUESTIONS

This study mainly addresses two questions:

- *How has COVID-19 impacted the life of the Rohingya refugees living in India?*
- *What have been the responses of the government(s) of host country, local community and other agencies/organisations to the Rohingya refugees during the pandemic?*

METHODOLOGY

Representing a mixed methods approach, this report draws from both qualitative and quantitative methods of data collection. The data for this report has been sourced from both primary and secondary sources. Primary sources include both in-depth interviews as well as a survey. Using snowball sampling, we have conducted 18 in-depth interviews of community leaders and members in three states, namely Haryana, Telangana, and Punjab, and two Union Territories, namely Delhi and Jammu. Delhi, Jammu, Haryana, and Telangana are where most of the Rohingya live. Among the 18 interviewees, 13 are men and five are women with ages ranging from 20 to 50 years old.

Our Research Team consists of a lead researcher and five research interns. These six researchers are non-Rohingyas and during the project, they were assisted by Rohingya volunteers/interpreters in the respective locations, all of whom were given a clear understanding of the research aims and objectives. The qualitative questionnaire comprised primarily open-ended questions to better understand the impacts of COVID-19 and the response of the host government and organisations working for the refugees in India. These questions aimed to open up the discussion and let the interviewees speak in detail. Our research intern and volunteers then asked follow-up questions based on the tone and direction of the interview to probe more sensitive issues. Prior to the interview, the interviewees have been informed about the research aims and objectives and asked for their consent. They were informed about their discretion to withdraw from the interview at any point of time and their

right to refuse to answer any or particular question(s) without detriment to themselves. Permission was also sought to record and use the information for the purpose of this report. While some chose to allow recordings and offered their names, others did not. However, in the interest of safety, we have anonymized all interviewees. The authority of using information with anonymity by Rohingya Human Rights Initiative (hereafter R4R) in the report has also been informed to the interviewees through written form or orally. We have used both on-field and digital modes of conducting interviews. Our research interns and volunteers interviewed mainly in Hindi, as most interviewees can speak and understand the language. In some cases where the participant was only comfortable speaking in their mother tongue, interlocutors from the interviewees' families or the trusted community members assisted with interpretation during the interviews.

After the qualitative interviews, research team members conducted thematic analysis to understand the emerging issues of the community. Based on this, a final list of themes was developed to inform the survey questionnaire. The final survey questionnaire was segregated into three parts: the consent form, biographical information, and the main questions. This consisted of seven sections – impact on livelihood, impact on health (both physical and psychological), WASH and hygiene, impact on children's education, impact on women, assistance and response, and protection – which included 44 structured questions and one open-ended question. Two interns from the research team, one member from the R4R management team and seven Rohingya volunteers conducted the survey through phone calls across various locations. Before the survey, all were trained on collecting the survey data and the research ethics. Seven Rohingya volunteers, who were only engaged in collecting the survey data and entering the same into the KoboToolBox platform, were paid.

The final report from the online survey platform KoboToolBox, which is a most widely used tool for primary data collection by humanitarian actors ("About Kobo," n.d.), shows we have reached out to 162 Rohingya refugees. One hundred and fifty two person, of whom 43 are women, positively responded to participate in the survey. Respondents living in Delhi, Haryana, Jammu, Karnataka, Punjab, Rajasthan, Telangana, and Uttar Pradesh from various walks of life and categories participated. One hundred and thirty respondents are married, eighteen unmarried, three widow/widower, and one divorced. Professions ranged from rag pickers, daily wage laborers, auto rickshaw drivers, factory workers to construction workers, and consultants/volunteers for national and international organisations. Some were

students, some unemployed, and some small business owners. A few wished to be in the work force, but their health would not allow it. The age of the respondents ranged from 18 to 50 years old (except one who was younger than 18 years old).

Secondary data sources included related media reports, opinion articles, research articles, and reports of various organisations such as UNHCR, R4R, and Indian government agencies.

Data Interpretation

Both primary and secondary sources have been consulted in interpreting the data. Based on the primary 'sources' themes, we have presented the data and consulted with the existing literature. We have presented qualitative and quantitative data as complementary to each other. Wherever we have found resonance, we have used a quotation from the interviews and presented statistical data along with data visualisations such as bar charts, pie charts, or graphs. We have presented the statistical data based on the number of respondents separately as both the participation and response to each question in the survey questionnaire were kept voluntary. Hence, the number of respondents to each question varies.

Impartiality and Representation Question

We have stated above that the research team consists of non-refugee members. We have selected the research teams based on their academic background and interest in working on/about the Rohingya refugees. R4R shared the aim of the study to document the impact of COVID-19 on the Rohingya people living in India with the research team. The research team has worked independently from the initial days of conceptualising the study to the end of producing this report, subject to reporting quarterly and monthly progress to the R4R project management team. R4R has provided guidance and suggestions to the research team in terms of reaching out the interviewees. R4R has not intervened in developing the questions either for in-depth interviews or survey interviews and its role has been restricted to communication and facilitation between the research team and the interviewees.

ORGANIZATION OF THE REPORT

The next section, Chapter Two, sheds light on the conditions of the Rohingya in India along with a short introduction of the Rohingya people and a note on India's refugee policy. Based on existing literature, this chapter presents an overview of the Rohingya refugees in India, their living conditions and India's approach to the community. The third chapter focuses on the impacts of COVID-19 on various

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aspects of the lives of the Rohingya refugees. The discussion of this chapter is based on data from the in-depth interviews and survey in co-ordination with the secondary sources. The themes covered include livelihood, health, WASH & hygiene, education and impact on women. The fourth chapter focuses on the responses of various actors, notably the host government, local community, and national and international/intergovernmental agencies during COVID-19 towards the Rohingya refugees. The concluding chapter offers a summary of the report and some recommendations for the relevant actors in light of the data collected, the focus being to alleviate the miserable conditions of refugees during times of crisis, in particular, and to create a better future for refugees, in general.

CHAPTER TWO | ROHINGYA REFUGEES IN INDIA

INTRODUCTION

Since the birth of India as a nation, the country has provided shelter to various refugee communities fleeing different conflict situations. However, India is not a signatory to the 1951 United Nations Refugee Convention relating to the Status of Refugees or its 1967 Protocol (Rajan, 2022). Due to geographical contiguity and cultural similarities, India has primarily been a country for asylum for the refugees of neighbouring countries such as Pakistan, Afghanistan, Bangladesh, Sri Lanka, Tibet and Myanmar. The Rohingya refugee community is a relatively new asylum-seeking group in India, with the majority of Rohingya refugees having arrived since 2012. This chapter/section focuses on the current living conditions of the Rohingya in India as well a short introduction to the Rohingya community and a note on India's refugee policy.

WHO ARE THE ROHINGYA REFUGEES?

According to the United Nations, the Rohingya community is one of the most persecuted in the world. The Rohingya is an indigenous ethnic community, predominantly Muslim, from the state of Rakhine (formerly Arakan) in Myanmar. The Rohingya ethnic community was deliberately excluded from Myanmar citizenship and from recognition of indigenous status by the military junta which seized power in 1962 (Johar & Brinham, 2022). The community has been facing religious discrimination, state-sponsored violence, and systemic exclusion and suppression since the 1970s, particularly through the Junta-developed discriminatory Citizenship Act of 1982, which rendered them one of the largest stateless communities in the world. During the last four decades of persecution, the Rohingya have experienced mass killings and massive displacement in 1978, 1991-1992, 2012, and 2017.

The intensity of violence against the community has escalated over the years, as the evidence shows. In 1978 the state armed forces carried out Operation Dragon King, which displaced 290,000 Rohingya. Operation Clean and Beautiful Nation in 1991-1992 then created an exodus of 260,000 Rohingya to Bangladesh (Zarni & Brinham, 2019). The ever-increasing large scale killing and flight of the community culminated in the crisis of 2017. A deadly military crackdown against the Rohingya people on

the night of 25th August 2017, which continued for a fortnight, involved the partial or total destruction of 288 Rohingya villages in Northern Rakhine by the military (“Myanmar Rohingya,” 2020). According to Doctors Without Borders (MSF), 6700 Rohingya were killed in the first month (August 25 – September 24, 2017) of the brutal operation (Albert & Maizland, 2020), while a report from the international organization Oxfam found that more than 700,000 Rohingya entered Bangladesh to save their lives during this time (“Rohingya voices,” n.d.). However, number of Rohingyas subjected to brutal murder during the 2016-17 violence remained undocumented since independent agencies were not allowed to investigate of the violence. In between these massive displacements, episodic outbreaks of violence against Rohingyas occurred in 2012-2015 and 2016-2017, which displaced 225,000 and 100,000 Rohingya, respectively (Zarni & Brinham, 2019).

The community has long termed this systematic and widespread persecution as genocide. With the support of the Gambia, the Rohingya community has a case going through the International Court of Justice, accusing Myanmar of violating the United Nations Genocide Convention. In its first ruling in January 2020, the Court ordered the government of Myanmar to take measures to protect Rohingya against violence and preserve the evidence of possible genocide (Albert & Maizland, 2020). While countries across the regions have criticized Myanmar, Canada became the first Western country to declare the treatment against Rohingya in Myanmar genocide in 2018 (“Canada accuses Myanmar,” 2018), with the USA following in 2022 (Lewis & Pamuk, 2022).

A SHORT NOTE ON INDIA’S ROHINGYA REFUGEE POLICY

India’s historical and contemporary approach to different refugee communities has varied widely. This variable approach appears to depend on affinities the country has to the refugee group and/or refugee-producing nation – related to religion, culture, country of origin, etc. The ideologies of political parties in power also contribute to shaping the policy approach towards refugees. As India is neither a signatory to the 1951 Refugee Convention and its 1967 Protocol nor has a national asylum framework (Shanker & Raghavan 2021), the refugee policy of India is termed as “ad-hoc.” This ad-hoc approach provides the flexibility to respond to a refugee situation in a variable manner and allows the state to act arbitrarily (Basavapatna, 2018; Rajan, 2022). This ad-hocism, Rajan (2022, p.7) says, allows India to “declare any set of refugees as

illegal immigrants and decide to deal with them as trespassers under the Foreigners Act or the Indian Passport Act.”

The distinction between the refugees and migrants is a matter of legal jurisdiction, with states often invoking the concept of illegal migration to impose restrictive measures refugees and asylum seekers. According to the United Nations High Commission for Refugees UNHCR (n.d.), refugees are those who cross international borders to another country to find safety due to war, violence, conflict, or persecution in their country. The 1951 Refugee Convention defines a refugee as “who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion” (UNHCR, n.d.; United Nations, 1954, p.152) Although the term migrant is not defined under an international law, different stakeholders and international organisations define this broad term in different ways. UNHCR defines “migrant” as a person who moves from his usual place of residence, internally or across the border, by choice for various reasons, for instance to join family member, to study, to search of livelihood, or for other purposes. A migrant is a person who migrates from one country of origin to another primarily for economic benefits (UNHCR, 2016) whereas a refugee is forced to leave or fearful to return to his/her country due to a life-threatening situation. Migrants typically have a choice to stay back or move out from his/her country, although recent literature has challenged this understanding of the voluntary nature of migration¹ (UNHCR, 2016). Nevertheless, those deemed refugees are entitled to legal rights, including non-refoulement and fundamental human rights, as defined by the Refugee Convention (RC). Non-refoulement, for instance, is applicable (under customary international law) to even those states that have not signed or ratified the RC.

In addition to lacking access to basic services as a consequence of not holding official refugee status, the precariousness experienced by the people termed “illegal migrants” includes harsh measures such as detention and deportation. The ad-hoc policy of India towards refugees, in general, and the Rohingya refugee community,

¹This shall not be confused with „Internally displaced persons“ (IDPs) defined by the United Nations as "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border." Note that in this report we do not focus on the issue of IDPs.

in particular, has opened the door to potential and actual detentions and deportations in recent times. Their categorization as “illegal immigrants” keeps the community “bereft of basic rights” (Sudheer & Banerjee, 2021, p.9).

Rohingya refugees in India are officially registered with the UNHCR and receive no recognition or humanitarian assistance from the Indian government. India extends formal recognition to the Tibetan and Sri Lankan Tamil asylum-seekers as well as assistance (Abbas and Hemadri, 2022; Rajan, 2022). Rohingyas who are registered with the UNHCR are recognised as “refugees” by the UN (Basavapatna, 2018); however, their legal status is not endorsed by the government (Sudheer & Banerjee, 2021). Government agencies and various institutions use discretionary authority to provide some services to Rohingya refugees (Sudheer & Banerjee, 2021; Vijayraghavan, 2020). Tehmina Abbas and Ravi Hemadri write, “The Rohingya possess UNHCR-issued identification documents which are not always accepted by authorities” (2022, p.364). This results in the community relying extensively on the discretionary power of local authorities for access to basic amenities or other service providers (Sudheer & Banerjee 2021). The lack of government-authorized identification documents, such as Aadhar Card (Indian identity card for citizens of India and resident foreign nationals), deprives them of access to health, education, employment, and proper shelter facilities. Abbas and Hemadri (2022, p.361) write, “The Rohingya in India live in impoverished conditions, and encounter a multitude of challenges in accessing work opportunities and government facilities.”

While the time period of entry into India by the Rohingya people has varied considerably, Suchismita Majumder (2018, p.98) writes, “[t]he first Rohingya reached India some twenty years ago”. However, most of the refugees entered India after the 2012 ethnic violence in Myanmar (Abbas & Himadri, 2022; Velath & Chopra, 2018). The presence of the Rohingya came to wider attention in May 2012, when several protested in Delhi about their miserable living conditions and asked the UNHCR for legal recognition and protection (Basavapatna, 2018). A total of 18,914 Rohingya are registered as per the UNHCR’s 2020 account of the United Nations High Commissioner (UNHCR) in India (Nair, 2022). The community resides mainly in four areas in India: Jammu, Telangana, Delhi, and Haryana. A minor number of Rohingya also stay in Rajasthan, Uttar Pradesh, Punjab, Tamil Nadu, Karnataka, Kerala, and the Union Territory of Andaman and Nicobar Islands (Abbas & Hemadri 2022). A few hundred are lodged in jails in West Bengal, the state of entry for most community members (Majumder, 2018).

Since 2017, Rohingyas in India have faced a deteriorating protection situation. The legal status of Rohingyas in the country has become increasingly precarious, leaving them at risk of force repatriation or refoulement as well as arbitrary arrest and indefinite detention (Shwe, Field & Brinham, 2021). The approach of the Indian government is to consider the Rohingya refugees as “illegal immigrants” from Myanmar (Rautray, 2019). In the last six years, an increasingly negative portrayal of Rohingya refugees has taken place in the media and the overall political atmosphere. Sahana Basavapatna (2018, p.43) writes, “In India, the image of the Rohingya is unenviable: foreigner, Muslim, stateless, a suspected Bangladeshi national, illiterate, impoverished and dispersed across the length and breadth of the country. This makes the Rohingya illegal, undesirable, the other, a threat, and a nuisance.” They are seen as “security threats” to India. This was particularly evident during the COVID 19 pandemic when the Rohingya community were implicated in political rhetoric around spread of the disease multiple times (see Chapter Four).

However, there is little evidence supporting this rhetoric. Despite the precarious conditions of living and restrictions to access fundamental rights, the Rohingya community express gratitude to the people and the government of India for allowing them asylum in India, although many bemoan the increasingly negative attitudes towards them. Lately, incidents of harassment, physical torture, and social denigration have been increasing. Increasing instances of inexplicable fire incidents have also taken place in the Rohingya refugee camps. A briefing paper published by the Institute on Statelessness and Inclusion (2021) reports at least ten fire incidents between late 2016 and June 2021 in Jammu, Haryana and Delhi. Mysterious fire incidents make the life of Rohingya more precarious as they lose their belonging and important documents (Institute on Statelessness and Inclusion, 2021; Johar, Field & Brinham, 2021). The following section thematically discusses the general living conditions for the community in India.

LIVING CONDITIONS

Studies and news reports highlight the deplorable living conditions of the Rohingya in India (Velath & Chopra, 2018). A majority of the community live in slums or unauthorized colonies, while a small number of people can afford rented rooms in cities like New Delhi (Basavapatna, 2018; Majumder, 2018, Nair, 2022). The slum-like settlements, primarily located in smaller, free spaces beside highways, street corners, industrial sites, riverbanks, train tracks, and under bridges, are overcrowded and at risk of fire (Nair, 2022). The case of the Rohingya living in Hyderabad –

where basic amenities such as food, clean water, medicine, and clothes remain unavailable, as described as such “[T]arpaulin sheets and open sewerage drains greet visitors” (Velath & Chopra, 2018, p.80). In Nair’s (2022, p.379) words, “the living conditions of Rohingya in India – from Jammu to Delhi and Haryana, Jaipur and Hyderabad – are detrimental and harmful to health and life”.

People living in jughis, shacks, and tents, in some cases, pay rent to the landowner if they are in private properties. For instance, most Rohingya refugees living in jughis made of steel sheets, mud, and wood in private properties have to pay INR 700-1500 per month as rent to local landowners (Rather, 2022). The community’s habitations lack sanitation and the supply of fresh water and electricity (Basavapatna, 2018), while their place of living remains under continuous surveillance. The risks of eviction prevail for some of the Rohingya who are living in slums settled in government lands and private properties without paying rent. In some cases, the slums were dismantled, or the residents were not allowed to settle after a fire destroyed their habitations.

ECONOMIC CONDITION

The Indian government does not allow the Rohingya people to work in the formal sector even with UNHCR refugee cards. The community also does not receive any regular ration or monetary support from any agencies, as a result of which refugees have to work as a daily wage labourers and seek odd jobs. Besides UNHCR, other charity organizations have come forward to support the community. The restriction on the right to work pushes the majority of refugees to earn their living by doing manual jobs in the urban informal sector. Most refugees work as daily wage laborers on construction sites, railway lines, automobile factories, etc. Many Rohingya work as rag pickers (Abbas & Hemadri, 2022; Rather, 2022) while others are engaged in occupations such as shopkeeping, auto-driving, and tailoring. A smaller number of refugees work with local and international NGOs that support the community (Rather, 2022). As they work in the informal sector, and because the UNHCR card is not protection against arbitrary detention, employers have leverage to exploit the refugees. Compared to locals in the workplace, refugees tend to be underpaid.

According to Basavapatna (2018, p.50), the atmosphere in which the Rohingya people live violates their dignity. Free access to the labour market and the right to move would ensure more agency for the Rohingya. For example, Tibetan refugees in India have access to employment and they are in better off position of taking care of their livelihood by themselves (Bisht, 2022; Mehra, 2020). Scholars such as Paul

Collier and Alexander Betts (2017) also argue that the refugees engagement in economic activities positively contribute to the host society.

ACCESS TO HEALTH FACILITIES AND STATE OF HYGIENE

Outside of moderate healthcare, basic facilities are largely inaccessible for Rohingyas living in India. Velath and Chopra (2018, p.82) contend, “Rohingya face acute healthcare problems.” The inhabitants located in shanty places lack proper sanitation and hygiene facilities. The lack of, or inadequate, sewerage and drainage system contributes to the precarious health situation in the Rohingya settlements. Sources of fresh water are scant; a community of over hundred depend on one or two taps of drinking water. In the case of Jammu, Waseem Hussain Rather (2022, p.480) writes that a Malik Market in Jammu camp has only two taps of drinking water for 800 people. Rather (2022, p.480) contends, “it is also the responsibility of the state to provide health facilities to even those people who are not citizens of the country.”

EDUCATION

As per the article 21A of Indian constitution, any children residing in India between the ages of six to fourteen years must have access to formal education – theoretically inclusive of refugees/immigrants as well. However, in practice, access to education for Rohingya children is difficult due to lack of acceptance as well as lack of required documentation. While academic institutions in some parts of the country allow the Rohingya children to enrol, some do not. Rohingya children also report facing social discrimination at these schools.

Rohingya activist and Co-director of Rohingya Human Rights Initiative, Ali Johar, in an interview with Newslandry, a local newspaper, said the lack of documentation is a huge problem. “Since India doesn’t have a proper refugee law, the UNHCR issued refugee cards. But this is not recognised as legal ID in government institutions, “the Aadhaar card is mandatory in the online forms for school admission. So the children cannot take admission in government schools using these ID cards. (Deep, 2022 [August 22]).

Higher education is another issue. Students from the Rohingya community enrol in colleges under the “foreigner” category, which requires them to submit their passports and refugee cards. “But we Rohingyas are stateless,” Johar said. “We don’t have a passport. So we don’t get admission in colleges. (Deep, 2022 [August 22]).

DETENTION, DEPORTATION AND HARASSMENT

Although the Indian government does not recognise the refugee status of Rohingya people who have taken shelter, the campaign of detaining and deporting was not there before 2017. Between 2014 and 2017, the Foreigner Regional Registration Office (FRRO) under the Ministry of Home Affairs of India had issued Long Term Visas (LTVs) to Rohingya refugees (Institute on Statelessness and Inclusion, 2021). However, since 2017, LTVs have not been renewed or issued. Bharatiya Janata Party (BJP) followed the previous government policy towards Rohingya refugees up to 2017. The government policy became restrictive amid the rise of Islamophobia in India and the increase of anti-Rohingya sentiment in Jammu in 2017 (Muzamil, 2022). The BJP-led central government views the Rohingya issue as an internal matter of Myanmar and considers the entrance of Rohingya people into India illegal.

In early August 2017 the central government released an announcement that required police and government authorities to identify and deport Rohingya refugees to Myanmar, where Rohingya people have been facing genocide. While the announcement of identifying, detaining and deporting Rohingya refugees came before the weeks of the ever-largest Rohingya exodus from Myanmar in late August 2017, the stance of the Indian government remained the same. The Prime Minister of India reiterated the plan to identify and deport Rohingya to Myanmar during his visit to Naypyidaw in September 2017 (“Identifying Rohingyas,” 2017). In 2018, the Indian government deported 12 Rohingya refugees to Myanmar amid criticism from international human rights groups and organisations.

Recently a local human rights group halted the deportation of a Rohingya woman to Myanmar in Manipur (“Manipur Human Rights,” 2022). After receiving a plea against the deportation submitted by Human Rights Alert of Imphal, the Manipur Human Rights Commission stayed the deportation of the Rohingya woman who was picked up by the government authorities from a holding centre at the Kathua sub-jail in Jammu district on March 15, 2022 (“Manipur Human Rights,” 2022). The woman was separated from her husband and three minor children (“Manipur Human Rights,” 2022). In its observation, the Human Rights Commission of Manipur stated that deportation would be a violation of the clause right to life and personal liberty under the Constitution of India and Article 14 of the Universal Declaration of Human Rights (“Manipur Human Rights,” 2022).

The Manipur case is an outlier example where the human rights commission intervened. However, it could not stop India from deporting the women to hostile

Myanmar. According to a media report, at least 1,178 Rohingya refugees were detained, arrested or rescued from trafficking by police in different states from 2017 to 2021 (Paliath, 2022). In 2021 alone at least 354 Rohingya refugees were arrested, detained or rescued, among which 174 cases occurred in Jammu and 95 in Delhi (Paliath, 2022). When the government started the detention drive, a Rohingya filed a petition to the Supreme Court in 2017 seeking to stop these deportations. While the decision against mass deportation is still pending, the highest court, in a verdict in April 2021, allowed the deportation of 174 Rohingya from Jammu asking the government to follow due course.

The risk that Rohingyas face of deportation and harassment by police and intelligence agencies prompted some Rohingya to move back to Bangladesh from India (Abbas & Hemadri, 2022). Undeniably, the deportation will lead the deportees to face persecution that forces them to leave Myanmar. Although India is not a signatory to the Refugee Convention and its Protocol, it is a signatory to other international instruments, such as the Universal Declaration of Human Rights, International Covenant on Civil and Political Rights, and Convention Against Torture, that stipulate the rights of stateless people (Siddiqui & Ali, 2021).

In a recent judgment, the Manipur High Court upheld that, India is a party to the Universal Declaration of Human Rights, 1948. Article 14 thereof declares that everyone has a right to seek and to enjoy in other countries asylum from persecution. India is also party to the International Covenant on Civil and Political Rights, 1966. This Covenant was entered into in recognition of the fact that certain inalienable rights of all members of the human family are the foundation of freedom, justice and peace in the world; and that these rights derive from the inherent dignity of the human person.

CONCLUSION

This chapter delineates the policy of the Indian government towards the Rohingya refugees and their living conditions in India. The discussion has aimed to provide a general picture of the state of life of the community before the main focus of the report, which is the impact of COVID-19 on the Rohingya refugee community.

CHAPTER THREE | IMPACTS OF COVID-19 ON THE ROHINGYA REFUGEES IN INDIA

INTRODUCTION

This chapter addresses the first central research question: *How has COVID-19 impacted the life of the Rohingya people living in India?* It thematically presents the impacts of COVID-19 on the life of the community. The thematic discussion in the following is derived from the primary data, supported by the available secondary data, such as studies or newspaper reports. This chapter largely relies on the qualitative and quantitative data gathered through the academic research described in the methodology section of this report. The chapter is designed in five thematic sections based on the impacts of COVID-19 on livelihood, WASH & hygiene, health, education and women's life.

IMPACT ON LIVELIHOODS

“The lockdown has interrupted the income of the people therefore we were unable to buy the essentials. The shops were closed; it only opened for one hour which led to the inaccessibility and price hike.”

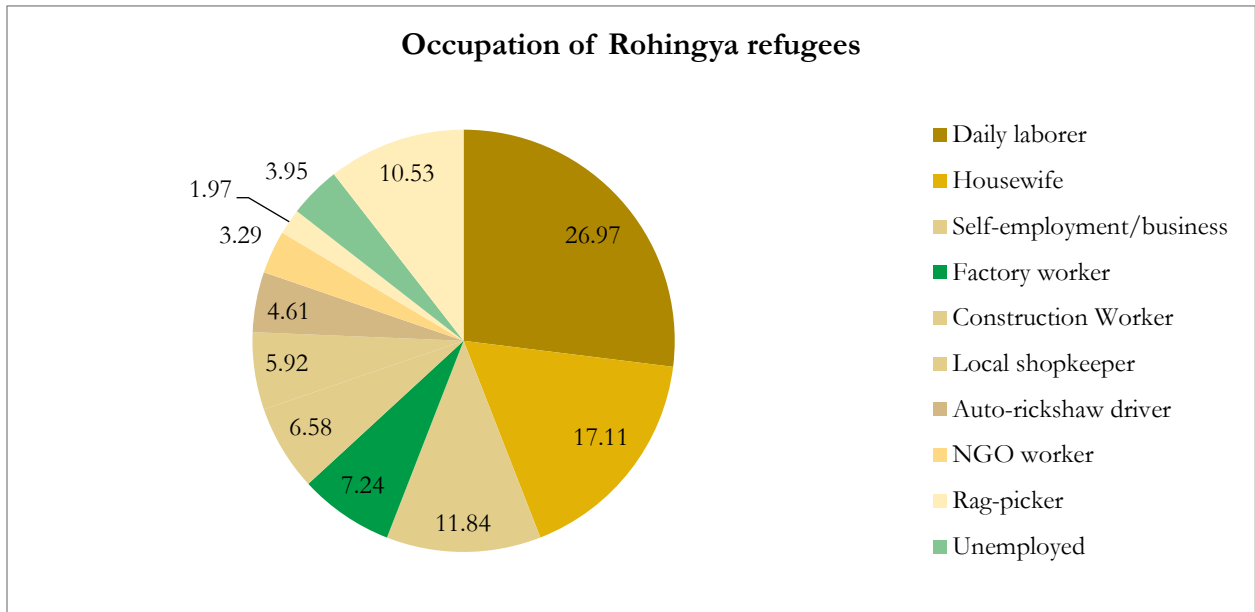
A 32-year-old community leader in Punjab

Poor quality of life and lack of access to livelihoods opportunities have been major challenges faced by the Rohingya refugee community, since their first arrival in India. Academic studies, mentioned in Chapter Two, conducted in Hyderabad, Jammu, and the Delhi-NCR region highlight a spectrum of urban informal sector occupations that community members are engaged in including rag-picking, hawking, vending, urban transportation (driving of electric vehicles rickshaws), home based small-scale manufacturing, and educational pursuits in local educational institutions. Additionally, younger members of the community, especially those with language fluency, work with the UNHCR as interpreters as well as with the local NGOs that work with the community, facilitating their projects.

Over a quarter of the 152 survey respondents highlighted 'daily labourer' (26.97%) as their occupation, with the remainder recording: 'self-employment/business' (11.84%), 'factory worker' (7.24%), and 'constructions worker' (6.58%), 'local

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shopkeeper’ (5.92%). Occupations such as ‘NGO worker’ (3.29%), ‘auto-rickshaw-driver’ (4.61%), and ‘rag-picker’ (1.97%) featured among the bottom. After daily labourer, the most common occupation reported was ‘housewife’ (17.11%). Other occupations (10.53%) that respondents mentioned included ‘teaching’, ‘tailoring’, ‘hospitality’ (‘waiter’), ‘healthcare’, and ‘volunteering’. The “other” option also includes ‘students’ whose is 37.5%. Nearly 4% mentioned themselves unemployed. If we count the respondents who mentioned volunteering then the figure of is 5.26%



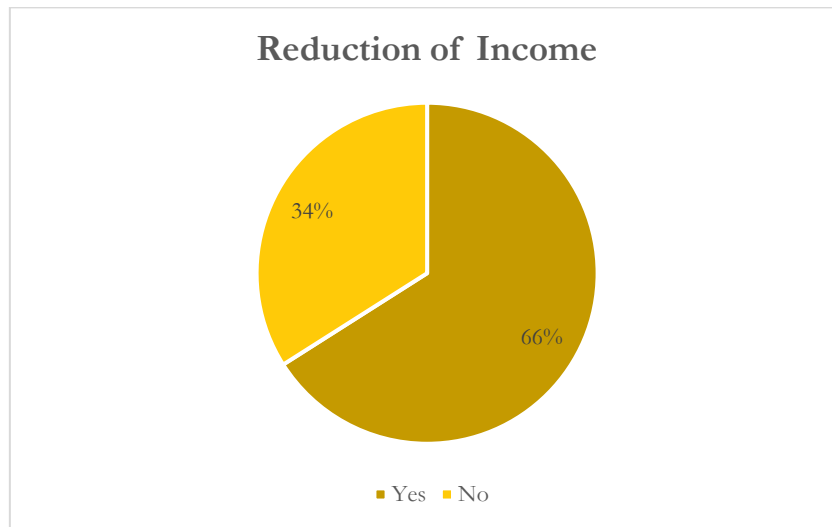
Chart/Graph No. 1: Rohingya Refugees’ Occupations

Among the 43 women respondents, 25 (58.14%) mentioned their occupation as ‘housewife’, six (14%) ‘daily labourer’ and three (7%) ‘factory worker’. Out of the remaining nine, two women respondents being reported ‘jobless’; seven mentioned working in the informal sector such as tailoring, construction site, local shop keeping or self-employment. It is to be noted that occupation of a ‘housewife’ is an unpaid job for women in the South Asian context.

COVID-19 has badly affected the income of the Rohingya refugees. Around 46.6% of respondents reported having lost their jobs or having to close down their businesses due to the COVID crisis while 37.84% reported no significant disruption. The remaining, nearly 15%, faced the issues including income reductions, change of occupation itself (business to wage labour), change of jobs, lack of mobility due to lockdowns, etc. These disruptions reflected in respondents’ incomes before and during the pandemic as well.

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The occupations that faced a little shock or no significant disruption include 'daily labourer' (33.93%), 'housewife' (16.07%), 'self-employment/own business' (10.71%), and 'local shopkeeper' (5.36%). The rest respondents were engaged in occupations such as tailoring, rag-picking, working in local factories, and teaching. As we know during first wave of COVID-19 and lockdown in March 2020, there were nation-wide total shutdowns; with negative impacts on all these profession. The situation got better with the relaxation of restrictions after the first week of June 2020.



Chart/Graph No. 2: Percentage of Rohingya Refugees Income Reduction due to COVID-19

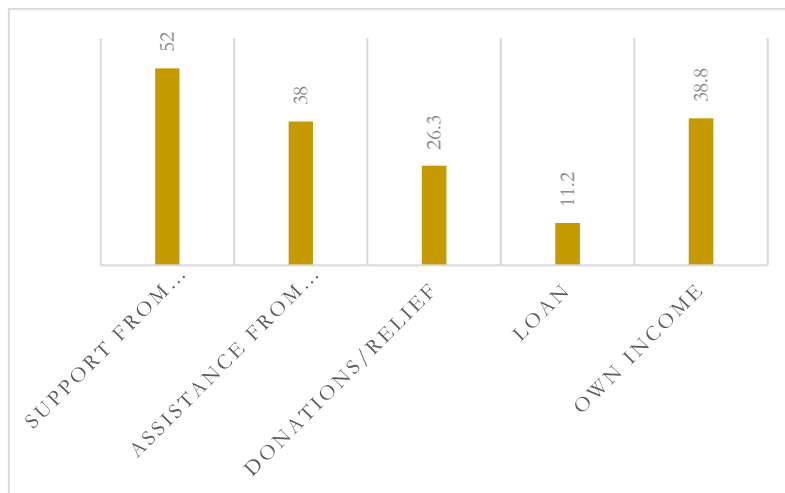
Among 140 respondents 17.86% reported no income. The rest respondents mentioned their monthly income prior to COVID-19 ranged from 1,100 to 30,000 INR. Out of 150, 31 (20.67%) respondents who are day (manual) laborers reported a decrease in their monthly income prior to COVID-19. All six female day labourer (15% of the total number of day labourers) also reported a decrease in income. Overall, 66% respondents reported a reduction of income during the pandemic.

“Covid 19 has badly affected the entire community - rather it has worsened our conditions more. During the first wave everyone lost their jobs and was fearful to move out of their homes. During the second wave there was no help available. In the third wave we started to get help. I had bare minimum wages. I worked in 2022 near Hira Nagar and my wages were 400 INR per day which was not sufficient to meet the daily needs.”

A 50-year-old community leader in Jammu

Rohingya Human Rights Initiative (ROHRIngya)

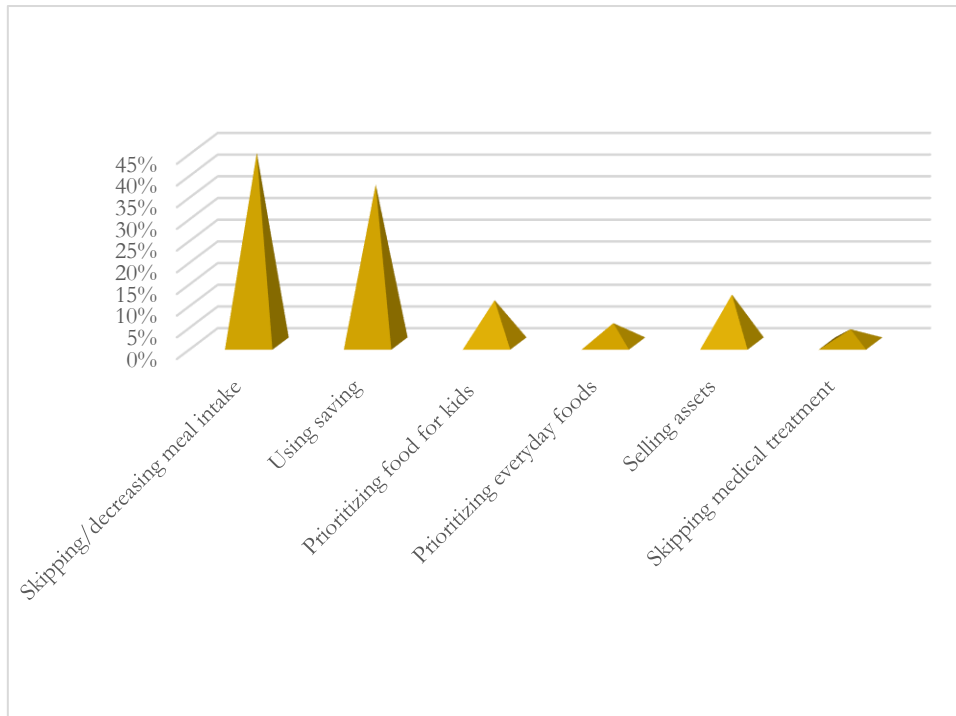
Media reports in 2020 and 2021 have highlighted that food insecurity was a far more pressing issue compared to health concerns. Al Jazeera's March 2020 coverage flagged COVID related issues in Rohingya camps of Delhi-NCR, but emphasised that many community members felt "hunger would kill them before the virus" (Naik, 2020). During the initial months of COVID-19, other national and international media also came to a similar conclusion about the urgent need for basic rations and food supplies for the refugee community (J, Mohan, 2020; Kapoor, 2020; Nazeer, 2020).



Chart/Graph No. 3: Sources of Assistance & Support

Given this harsh economic impact of the pandemic, respondents in the survey were asked how they managed their expenses during this time. Nearly 52% reported receiving support from NGOs, while 38% received help from relatives, and 26.3% received donations/relief. 11.2% took loans, and 38.8% were able to manage expenses from their own incomes. However, many families had to resort to other cost-saving measures to survive this time. Our survey shows that 44% of respondents reported skipping meals or decreasing food consumption during this time to manage expenses, while 10% prioritised meals for their children over themselves. About 4.7% of respondents prioritised everyday regular food items over more nutritious meals and other necessities such as clothes. 36.7% of respondents had to resort to their personal savings during this time while 11.3% reported selling assets. Some Rohingya refugees, specifically 3.3% of respondents, reported skipping critical medical treatment during the pandemic due to lack of funds.

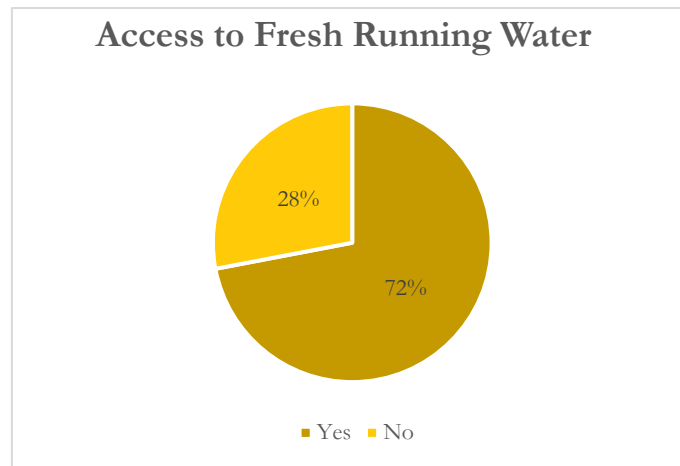
Rohingya Human Rights Initiative (ROHRIngya)



Chart/Graph No. 4: Mechanisms Adapted During Lockdown

WASH (WATER, SANITATION & HYGIENE)

Access to WASH Facilities is crucial for the preventative aspects of the COVID 19 pandemic. Soap for hand-washing, sanitisers, and running water play a significant role in preventing the spread of the virus and maintaining the general good health of a population. Across the different parts of India where the Rohingya community is settled, access to basic everyday amenities such as water, hygiene, and sanitary facilities is a documented challenge. Earlier a fact-finding report of the Human Rights Law Network (HRLN) (n.d.) in the camps of Delhi-NCR found that Rohingya refugees struggled to access even basic healthcare in pre-pandemic times.



Chart/Graph No. 5: Percentage of Rohingya Refugees Accessing Fresh Water

However, when asked about access to fresh running water in this survey, 72% indicated that they had such access, while 28% indicated that they did not. Around 87.4% also indicated that the pandemic had not impacted their access to water. However, questions remain about the quality of such access, as was highlighted in the in-depth interviews conducted with community leaders and members.

“The water pump in the area is hazardous and people fall sick from that water. You fill it up and see the bucket turns red in 2-3 weeks of use. The families, who can afford to, purchase bottled water.”

A-50 -year old community leader from Delhi

Forms of access, especially to drinking water, varied considerably. Around 43% of respondents bought drinking water from the market, while 30.5% had free public access near their residence. 10.6% accessed drinking water from friends/neighbours, while only 3.3% had access to their own tube-well. Of those who had experienced adverse impacts of accessing water, 84.2% reported a shortage in supply, 57.9% reported price rise of water, and 10.5% reported conflicts over water collection with local communities.

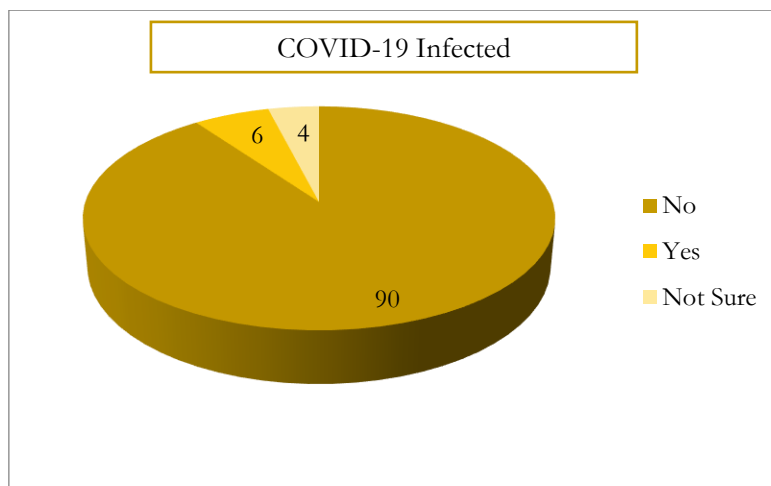
“The availability of water was there but due to lockdown, it was difficult to get soap to wash hands every now and then because all the shops were closed.”

A 31-year- old community member from Punjab

A total of 80% of respondents reported regular access to hygiene products such as masks, sanitisers, and soaps. Just under half of respondents (48.3%) reported degradation in WASH facilities during the pandemic period. However, the overall situation was fairly positive. When asked to assess the overall state of WASH and hygiene facilities, 37% reported “good” while 29.1% reported “extremely good”. However, 22% and 7.28% assessed as “poor” and “extremely poor” respectively.

HEALTH

As a disease, COVID-19 has had a profound effect on the health of infected people. Due to its novelty, awareness campaigns and health regulations were instigated in an effort to contain the spread. While it was initially thought that the people living in precarious conditions are vulnerable to getting infected, in our survey 90% of respondents have said that neither they nor their family members were infected by COVID-19. Only 6% (nine out of 150 respondents) reported testing positive for COVID-19, while 4% were unsure about the infection.



Chart/Graph No. 6: COVID-19 Infected Refugees

Our study found that 62% of participants received confirmation whether they were infected or not with COVID-19 through a test. But near one-third (31%) of respondents discerned the infection through observing symptoms. Five percent of refugees diagnosed their COVID-19 status based mainly on the advice of others. Of the refugees who did not get tested or avail of any medical treatment, 47 (36%) of 129 said it was because they lacked knowledge of getting tested/treated and 42 (32%) said they lacked documentation, such as the Aadhar Card, which was critical in availing not only medical facilities but also the Indian vaccination drive. 29% of respondents expressed that a lack of money also dissuaded them from seeking aid.

Although vaccine at the government centres is free, medical care is paid for at private hospitals and centres. Regardless of going to the government or to a private centre, documents are required. During the initial days of the vaccinations, there used to be a long queue and long waiting at government centres, people who could afford to choose to go for the vaccine at the private centres would, to avoid the crowd.

According to a Deccan Herald report, before changes in the Indian government's guidelines for vaccination in May 2021, the lack of money and documents caused hurdles for the Rohingya refugees in Delhi to get tested and vaccinated ("No money, no documents, Rohingyas battle COVID-19 symptoms with home remedies" 2021). The same report also suggested the fear of detainment ("No money, no documents, Rohingyas battle COVID-19 symptoms with home remedies" 2021). The survey shows that the refugees have strictly followed government-declared health regulations. When asked how the negatively testing refugees kept themselves and their families safe from COVID-19, 120 of 134 (89%) said they did so through maintaining social distancing. Around 73% of refugees frequently used face masks, sanitisers, and soap, while 11% regularly cleaned and aired their homes. However, most refugees live in congested areas where social distancing is quite difficult to maintain. Most reported trying their best to avoid leaving home without emergency work and avoiding gatherings that were typical before COVID-19.

While the positive aspect of the findings highlights that fewer refugees have been infected, the restrictions imposed due to COVID-19 considerably jeopardized access for the Rohingya refugees to get tested and treated for COVID-19. Our survey shows that many people had not gone for testing (36%) or had not gotten treatment (32%) because they lacked knowledge of getting tested/treated or did not have the required documents, such as the Aadhar Card, which is critical in not only availing medical facilities but also the Indian vaccination drive. 29% of respondents have expressed that a lack of money also dissuaded them from seeking aid. A few community members (4%) have also reportedly not gone for test due to fear of detention.

"No, there haven't been any problems we've faced; nobody was infected with COVID-19 in the camp. When people got symptoms such as cold, cough, or fever, they used to go to the chemist and buy the medicines prescribed for cold, fever, etc. But even after then, when the symptoms didn't get well, they used to go to the doctors, and the doctors were good to us and treated us well."

A 34-year-old women community leader in Haryana

AWARENESS CAMPAIGN

Awareness campaigns regarding dos and don'ts and social distancing worked well to keep the Rohingya refugees from being infected with COVID-19. From local people to local and national NGOs to government agencies, UNHCR and its partner organisations – all have contributed to making refugees and the wider community aware of the deadly virus. Upon being asked if the refugees had undergone any awareness campaign regarding COVID-19 from government organisations, NGOs, or both, 82% of the refugees said they had participated in the campaign while 17% had not.

UNHCR as well as their implementing partners have reached the highest number of people - 89% of refugees stated they were familiar with UNHCR campaigns. Government organisations/agencies, such as police and local health department, carried out awareness campaign and reached 27% of the respondents.

“There were no major health issues in our family during that time. Awareness was given by R4R with respect to sanitation, wearing of masks and social distancing. Till today, we wear a mask.”

A- 28-year- old woman community member in Jammu

The Rohingya refugees-run organisations such as R4R reached 26% (to know more about the activities of R4R during COVID-19 see R4R 2020; 2021[February 5], 2021[16August]). Non-governmental local organisations and private health centres scored a 7.5%. R4R has been working on creatively promoting awareness by developing digital content and disseminating them among the community members. It also organised awareness meetings with community members and leaders through digital communications and platforms. When the situation allowed, frontrunner leaders of R4R visited camps and distributed hygiene materials, including masks, sanitisers, soaps and awareness posters.

“Sabber bhai [from R4R] came and visited us during the pandemic and gave us information about how we handle it. He has asked us to maintain social distancing. He has said to us to wash our hands and face with soap for two to three minutes whenever we come back from outside and use mask.”

A 26-year-old- community leader in Telangana

In some places, an awareness campaign was not carried out by government agencies or NGOs. 17% of refugees who have not received awareness campaigns in their locality or camps received information through watching or reading social media content through sites such as YouTube, Facebook, WhatsApp, or Instagram as well as through mainstream media such as television, radio, or newspapers. The majority of people have received information from social media rather than from mainstream media, while educated people from the community have informed others about appropriate measures during the pandemic.

“There was no awareness programme performed in the camps. We got all the awareness knowledge from social media, like wearing masks and cleaning our hands.

A 33-year-old community member in Punjab.

The overall impact of awareness campaigns at the community level are very difficult to summarize and estimate due to a variety of actors presenting the information, in numerous approaches and targeting strategies. The data on self-assessment of respondents on getting previously infected with COVID-19 shall be also considered as non-verified and in general hard-to-verify information.

“There was no awareness programme carried out by the government or NGOs in our area. We only learnt about Dos and Don’ts through social media.”

A 31-year-old community member in Punjab.

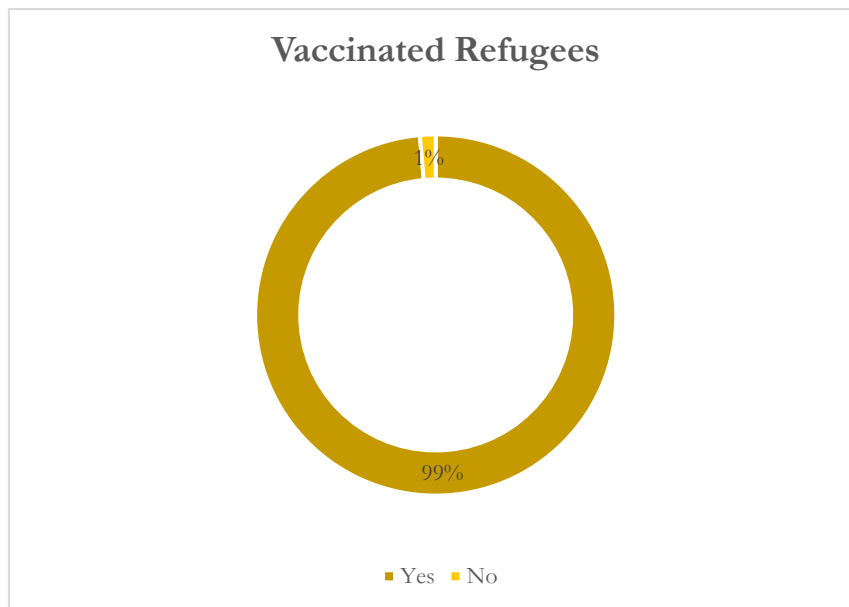
VACCINATION

Accessing COVID-19 vaccination was initially difficult for the vast majority of Indian nationals due to the vaccine shortage in the first half of 2021. Vaccine availability in private hospitals and clinics subject to vaccine fees and service charges significantly reduced the queue in government vaccine camps. India has administered over 2.09 billion doses, including the first, second and precautionary (booster) doses, as of August 19, 2022 (MoHFW, 2022). For Rohingya refugees, as immigrants, getting a vaccine was not an easy prospect. Certain identity cards, such as Aadhar, PAN, voter identity, passports, all of which only an Indian national or recognized foreigner can be in possession of, are required to register for vaccination, or to prove identity at government vaccination camps and in private facilities. Rohingya refugees,

Rohingya Human Rights Initiative (ROHRIngya)

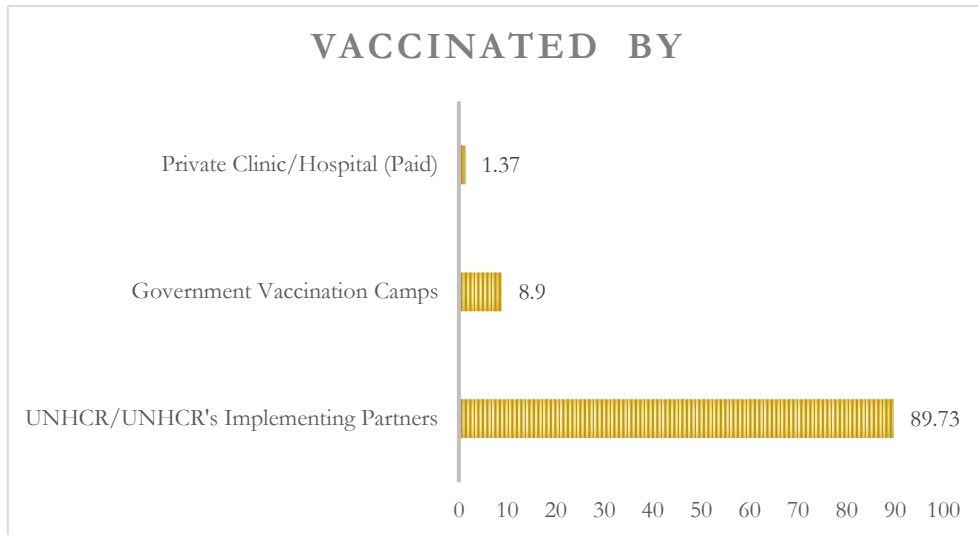
being stateless and government terming the community as illegal immigrant in India, do not subsequently have such documentation, and so were initially excluded from the national vaccination scheme. Their UNHCR-issued refugee cards were initially not recognized for getting a vaccination. With advocacy by the organisations working with/for the refugees and human rights groups, the government eventually started accepting the UNHCR refugee card, opening the doors for the community's access to vaccination.

When these changes occurred in May 2021 (Colney, 2021), Rohingya community organisations supported the refugees to take the vaccine. Out of 148 refugees who responded to our survey only two persons replied negatively. While one has not gone for vaccination because of the fear of related side effects, the other was unaware about accessing the vaccine.



Chart/Graph No. 7: Number of vaccinated refugees

Our survey suggests that more than 98% of refugees have already been vaccinated through UNHCR and its partner organisations and government vaccination camps. 2% of refugees went to private hospitals and clinics to get vaccinated.

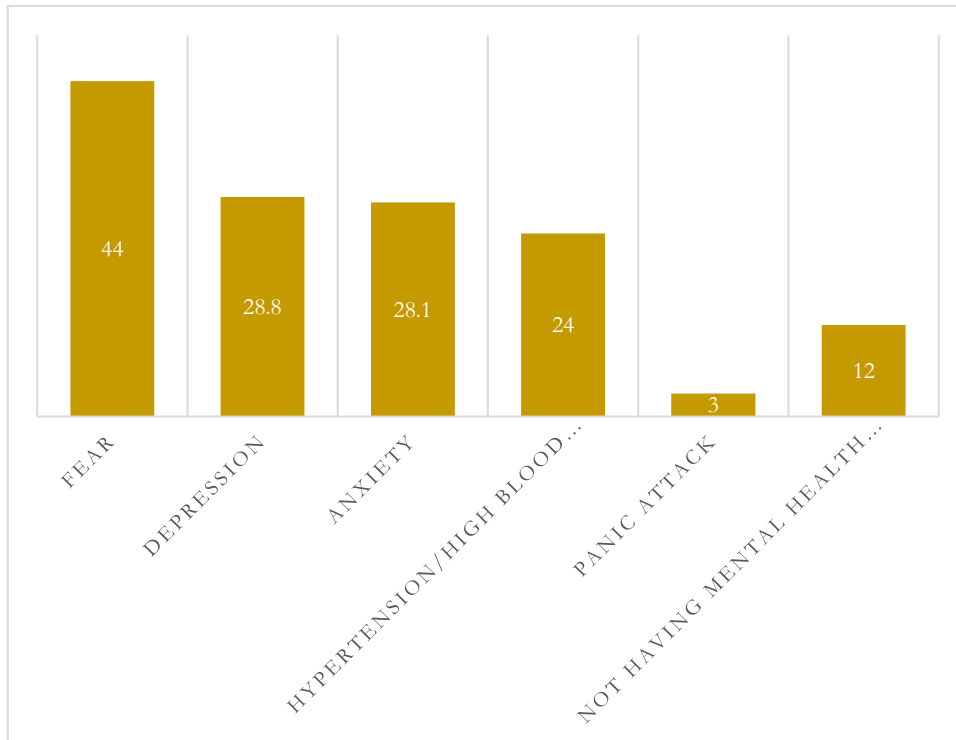


Chart/Graph No. 8: Sources of vaccination

MENTAL HEALTH

To understand the pandemic's impact on refugee mental health, we asked through the survey about the respondent's or their family's experiences during the three waves of COVID-19. A total of 44% of refugees experienced fear, while 28.8% and 28.1% of refugees were depressed or anxious, respectively. Some refugees underwent such pandemic-related distress that they reported feeling psycho-physical symptoms. For example, 24% of respondents had hypertension and high blood pressure. Meanwhile, 3% of refugees suffered panic attacks. Only 12% of respondents expressed not being mentally distressed.

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Chart/Graph No. 9: Mental Health Issues that Refugees Faced

When asked to elaborate on what induced distress, 93 of 149 respondents (62%), said that the sudden increase in COVID-19-related deaths across India was a significant cause and 7% expressed that fearing the loss of their loved ones was a big trigger².

26% of respondents' mental health suffered because of the pandemic's adverse effects on their livelihood. 12% specified the financial crunch because losing jobs and lack of income adversely impacted their mental well-being. Fear of getting detained or deported negatively impacted the mental health of 10% of the respondents, with an additional 4% undergoing the same because of incidents of detention of others in the locality or other places. When asked if they sought help for their worsening mental health, 66.23% (100 of 151) said yes, 33% did not. 58 of 98, 59%, respondents sought help through family members, while 58% from the health centres. Only ten respondents said they sought professional help through psychiatrists and doctors. Of the 50 respondents who reported not seeking help for their mental health, 68% revealed not knowing about any facility that offered mental

² It shall be noted here that the survey done by the R4R within the Rohingya community had as its goal to understand general impacts of COVID-19 pandemics. This survey was not undergone with a support of an expert in the field of medicine, mental health or psychosocial wellbeing. Rather than stating strong conclusions from our survey data, R4R invites specialists in these fields to elaborate on the given data with more detailed analysis.

health services. Around 26% weren't aware of the existence of treatment regarding mental health issues.

EDUCATION

Access to education is a challenge for Rohingya refugees, yet Rohingyas aspire to send their children to school. The way for Rohingyas to access formal education in India is impeded primarily by the lack of official documents and the unaffordability of education-related expenses. In our study, 113 out of 150 respondents (75%) informed us that refugee children have access to education, but only 25% go to government institutions. Only a few can afford to send their children to private academic institutions (6%) and private-tutor at home (3%); the rest go to NGO-run education centres, local religious schools, and community-run education centres.

“Due to the online mode of education, it was difficult for children to study. Lack of connectivity, smartphones, and frequent electricity cut down also affected the study of children. But few good NGO volunteers used to come to the camps and give weekly classes to the children. I also used to teach them.”

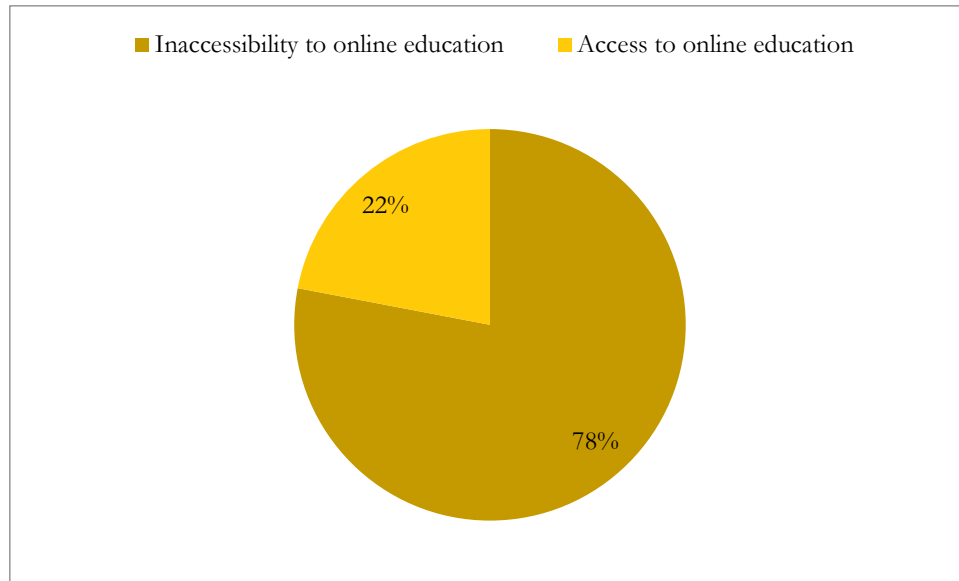
A 34-year-old community member from Haryana.

When asked about the reason behind children not going to government or private academic institutions, 78% have said it is because Rohingya children are often denied admission owing to the lack of government official documents such as the Aadhar Card. Twenty-four percent of the respondents claim an implicit ban on the admission of Rohingya children. Along with these hurdles, 4% of respondents have reported that Rohingya children face some social-stereotypical anti-refugee attitudes and behaviour from their Indian classmates. Amid the harsh situation of accessing education, COVID-19 has added an extra burden. In understanding education through the lens of COVID-19's impact, the survey found that 86% (124 of 143) of respondents said the biggest setback to children's education was shutting down schools and learning centres.

Further, 6% expressed that inaccessibility to online education hampered their children's learning, while 4% tried to continue home school in whichever capacity possible. When asked how the families were coping with shutting down academic institutions, 72% of respondents said the refugee children had no access to online

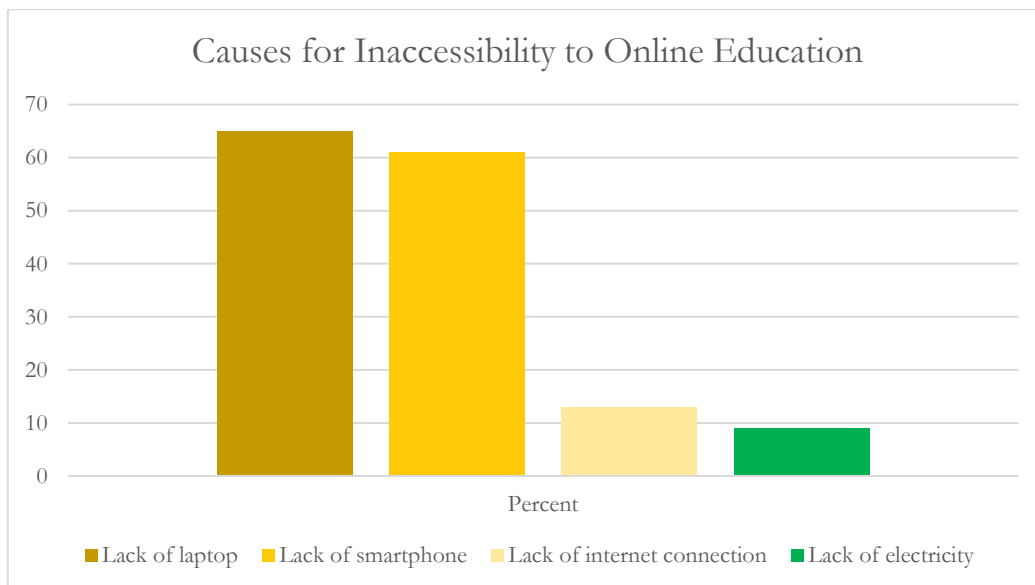
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education. Conversely, 20% had access to online education. There was no education access for 11% of Rohingya children during the three waves of COVID-19.



Chart/Graph No. 10: Access to Education during Lockdowns

Elaborating more on why Rohingya children faced difficulties in accessing online education, 65% of respondents said it was because they did not have a laptop, and 61% had no access to a smartphone. Aside from not owning online-class equipment, around 13% of the respondents had no access to an internet connection, while 9% had no access to electricity altogether.

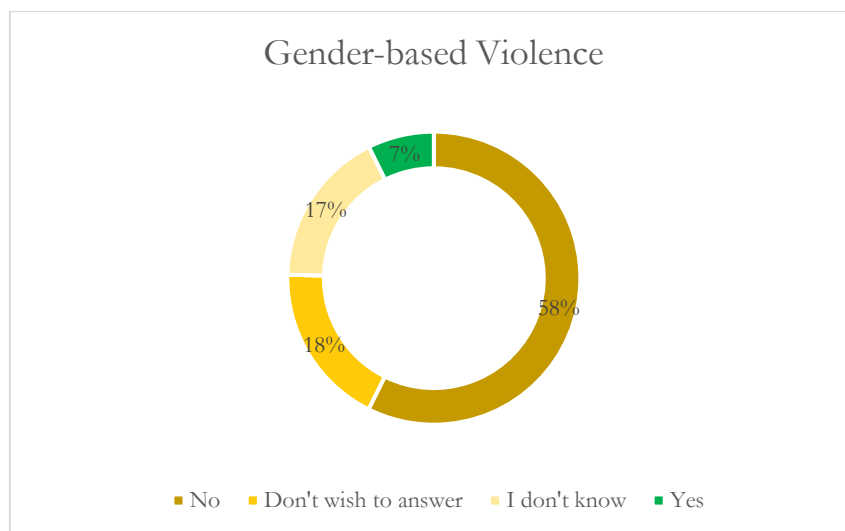


Chart/Graph No. 11: Causes for inaccessibility to online education

GENDER-BASED VIOLENCE (GBV)

Emerging data show that domestic violence has increased during COVID-19 not only in India (Bavadam, 2022; Kapoor, 2021; Krishnakumar and Verma, 2021) but also across the world (UN Women, n.d.). It is presumable that refugee communities face a similar situation. However, the survey shows that few participants reported on gender-based violence (GBV) against Rohingya women.

We asked whether there was a rise in GBV against women during COVID-19. To have a general overview, we had a general question as an alternative to the first question. We directly asked whether there was a rise of family conflict between husband and wife or male and female family members”? Out of 150 respondents, 57% have said that gender-based violence has not taken place against women, and 7.3% contradicted the majority opinion. Among the rest of the respondents, 18% have not wished to speak on the matter while 17% have expressed unawareness on the issue.



Chart/Graph No. 12: Gender-based violence

All 11 persons (7.3%) who reported GBV are men. None of the 43 women participants reported on it. Of the 27 respondents (18%), only eight women, 5.33% of total respondents, opted “I do not wish to answer”. Among 26 (17.33%) participants who opted “I don’t know” four are women (2.67% out of total respondents).

Several factors can play underreporting of GBV against women in the survey. One factor can be the gender of the survey interviewers, as all our volunteers were male, it might be female responders reserved their comments. Another factor is most female members do not have their mobile phones. While we have contacted them,

they mostly use their family mobile phone with the male family members present and female responders may not wish to speak about the GBV in the presence of male family members. The third factor may be due to the traditional customs – culturally, female members of the Rohingya community do not speak with outsiders about the internal issues of the family. From our observations, during in-field interviews, we found that women were unwilling to share such personal information as male family members were present during the interviews. Our female interns interviewed six women who also did not report GVB against women. Another factor can be that the family conflict is seen as a “normal” issue.

The overall combination of factors show that this is a highly sensitive topic. The respondents might not be ready and/or feel at ease to share this information in the setting of a survey over a phone call with an interviewer with who could not establish a relation of trust and comfort, as could have been much easier to create in case of an interview in person.

“No, I don’t think we have domestic violence problem (talking about her family). Earlier, there were some problems in the camp of this sort – husbands sitting at home and doing nothing; it would cause problems, but after some time, they get resolved on their own. Conflict happen, husband-wife fights happen, but they get resolved. Allah ka shukar [Thank God], it has never happened between my husband and me.”

A 21-year-old woman community member in Hyderabad.

CONCLUSION

Several aspects of daily life were severely affected for the Rohingya refugees during COVID-19 and the lockdowns. Many have lost jobs and income, adapted negative mechanisms such as skipping meals or taking loans to meet everyday needs, and suffered both physical and mental repercussions. The assistance from various sources came as a relief, but often did not reach every place equally during all three waves. Besides an adverse effect on the livelihood of working-age Rohingyas, children’s education was also severely impacted. The inaccessibility of online education was a notable cause. Although almost all refugees above the age of 18 have been vaccinated with the help of government agencies, international organizations and local NGOs, access to basic health facilities for the community was a major concern during the pandemic.

CHAPTER FOUR | RESPONSES OF STATE, NGOS & INGOS TO THE ROHINGYA REFUGEES DURING COVID-19

INTRODUCTION

This chapter addresses the second central research question: What have been the responses of the government(s) of host country, local community and other agencies/organisations to the Rohingya refugees during the pandemic? The discussion is presented in four thematic categories – assistance, immediate needs, a rise of detention, and relationships with the local community. The themes have been developed following analysis of the survey findings and in-depth interviews, while also drawing from the secondary literature, particularly pertinent media reports.

ASSISTANCE

Evidence shows that the assistance offered by local, national, and international humanitarian and charity organisations has certainly helped the Rohingya refugees cope with the hardship that COVID-19 has brought to their lives. However, it remains inadequate in fulfilling their needs. Refugees continue to face shortages of bare essentials, housing facilities, medical treatment, water supply, affordable electricity, and hygiene items. A sub-section below presents details about the immediate needs of the Rohingya refugees such as cash to repay loans or for medical treatment.

Around 83% have expressed that the assistance they received was “not enough”.

In the in-depth interviews, we found that the assistance to the refugees had an uneven reach. The response of the government agencies, local NGOs, and international organisations has varied with each wave of COVID-19 and across different regions of India. Aid reached some areas during the first wave, while other places only received assistance in later phases of COVID-19. But the response from the government – be it central or state – has been largely insignificant, as the survey report shows.

“We got rations from the UNHCR during the [first] lockdown. We got rations for one to two months, and all of us got the rations. Rations were not always enough. We have to pay for rent and water bills. So, there are additional expenses that have to be paid.”

A 21-year-old refugee woman in Hyderabad

During the first wave of COVID-19, as shutdowns were imposed, assistance did not reach large number of refugees. Rohingyas report going through the most challenging time during the first wave.

“During the first wave, there was no help from any local and government agencies, but after the first lockdown, we received ration from a local NGO.”

A 31-year-old refugee man in Punjab

Some refugees received assistance once during all three waves (see table no.1). Table 1 (note) below showcases the state-wise assistance reached to Rohingya refugees during all three waves of COVID-19. It shows the number of recipients separately for each wave and jointly for the first and second, second and third and all three waves. The table, prepared with the data collected through the survey, shows that 3.47% of respondents confirmed receiving assistance during the first wave only and 7.64% during the second wave only. The figure for assistance recipients during the third wave only is 9.03%. The number of refugees who received assistance in the second and third waves is nearly double that of the first and second waves (14.58). The highest number of refugees, 36.11%, received assistance during all three waves.

Figure of recipients of assistance during COVID-19							
State(Number of total Respondent)	First Wave	Second Wave	Third Wave	First & Second Waves	Second & Third Waves	All Three Waves	Never
Delhi (33)	02	01	01	07	01	21	00
Haryana (36)	00	02	05	01	14	14	00
Jammu (25)	02	02	03	04	10	03	01
Karnataka (03)	00	00	00	01	01	01	00
Punjab (05)	00	01	01	00	03	00	00
Rajasthan (17)	00	03	02	00	11	01	00
Telangana (14)	00	01	01	06	00	06	00
Uttar Pradesh (11)	01	01	00	02	01	06	00
Total Respondents-144	05	11	13	21	41	52	01
Percent	3.47	7.64	9.03	14.58	28.47	36.11	0.69

Table No. 1: State and wave wise number of assistance recipients [The table is based on our survey data. A total of 149 participants responded to the related question of receiving assistance. We have produced the figure in the table of 144 respondents as five did not mention the places of them.]

It is evident from the table that assistance distribution was uneven. Refugees living in Delhi and its nearby states, namely Haryana and Uttar Pradesh, received assistance more times (in all three waves of COVID-19) than other states/union territories such as Telangana and Jammu. In States, namely Karnataka, Punjab and Rajasthan, where a small number of Rohingya refugees stay, assistance went to a lesser number of refugees during all the waves. Table 2 below, is prepared based on our survey data, showcases recipients of assistance during all three waves against the total respondents in a state and the overall respondents.

Figure of recipients of assistance during all three waves		
State	Percentage against total participants in the state	Percentage against total participants
Delhi	63.64	14.58
Haryana	38.89	9.72
Jammu	12	2.08
Karnataka	33.33	0.69
Punjab	00	00
Rajasthan	5.88	0.69
Telangana	42.86	4.17
Uttar Pradesh	54.55	4.17

Table No. 2: Figure of recipients of assistance during all three waves

In some places, refugees were left on their own to manage the impact of COVID-19, with some receiving no assistance at all. In our survey we found that 0.69% of the Rohingya refugees reported that they never received assistance, as was also reflected in in-depth interviews.

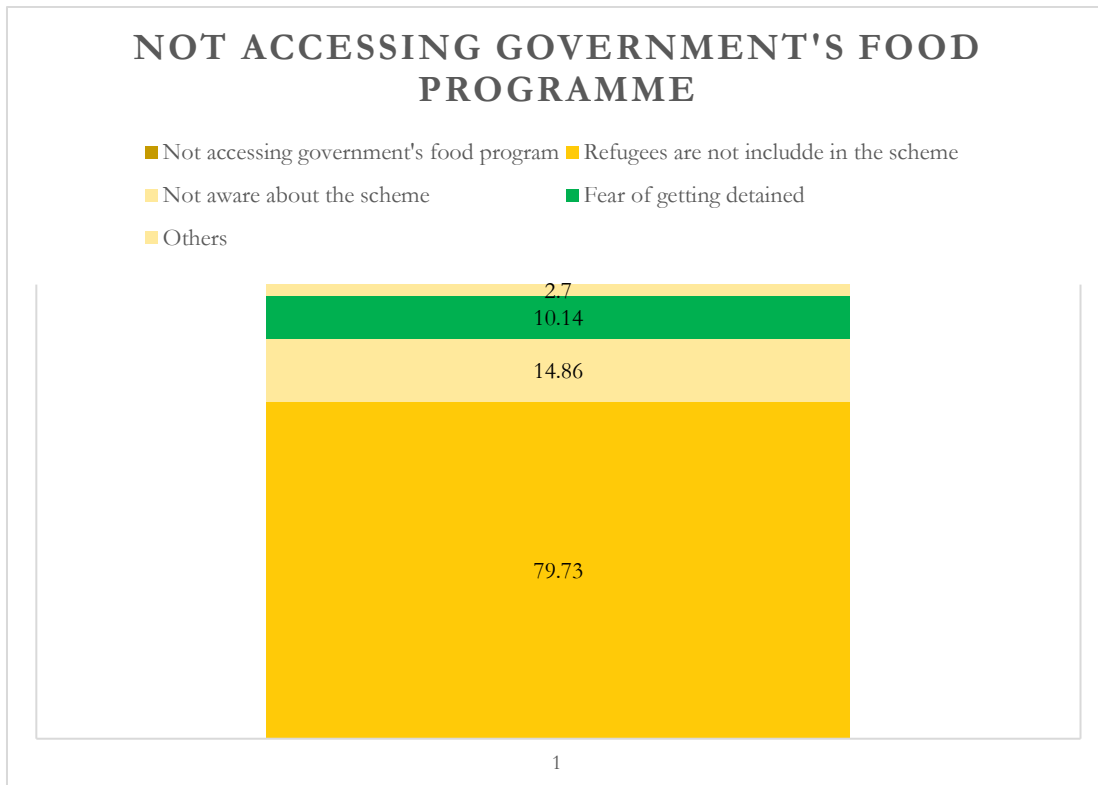
“No, we did not receive any assistance from government offices and NGOs concerning food and vaccination. We have arranged vaccination on our own from the local hospitals.”

A 48-year-old Rohingya community member from Jammu

During the COVID-19 pandemic, national and international organisations such as UNHCR and its partners remained the frontrunners in assisting the Rohingya refugees, with 88% of participants reporting that they had received assistance from them. Rohingya organisations, such as R4R, reached 33.33% of respondents with assistance. Rohingya community members who are comparatively better-off reached 6% of respondents with relief while central and state governments’ aid reached less than 4% of Rohingya refugees. According to Roshni Shanker and Prabhat Raghavan,

"While the government has continued to issue advisories, very little has been done to address the concerns of refugees residing in India" (2021, para. 5).

Among the community, recipients of rations or food schemes of the government bodies are small in number. In our survey, we found that nearly 80% of refugees reported not being included in the government food scheme, while 15% reported that they did not know about the programme [See graph no.13].



Chart/Graph No. 13: Not Accessing Government's Food Programme

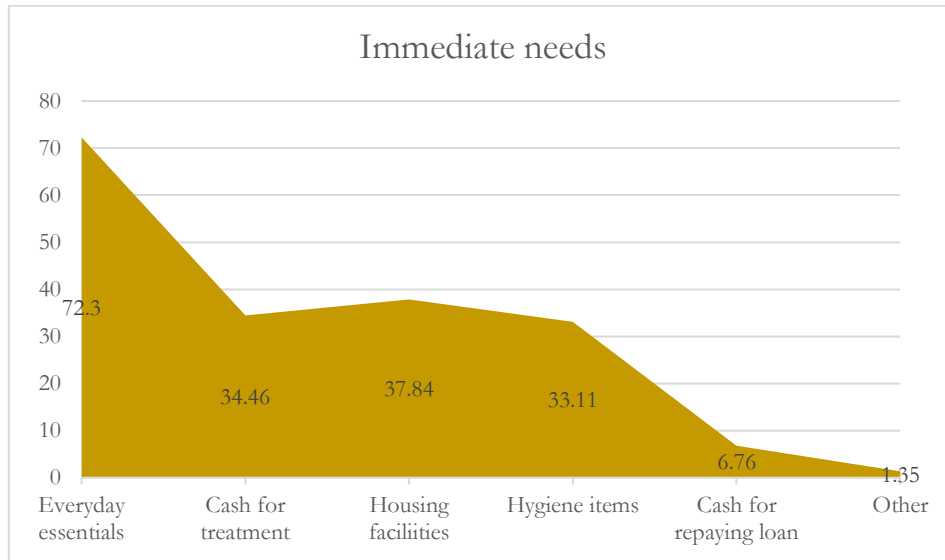
More than 10% were aware of the program but did not utilise it because of the fear of getting detained. Only less than 3% have opted option "Other", and explained that they do not like the food offered as their food-habits vary.

IMMEDIATE NEEDS OF THE REFUGEES

Our survey attempted to understand the immediate needs of the Rohingya refugees in the aftermath of the COVID-19 impact. Data from 148 respondents is available in answer to the question: what do you need to alleviate the suffering that COVID-19 created? More than 72% of respondents reported needing everyday essentials, 38% housing facilities, 34% cash for treatment/medical support, 33% hygiene items,

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and nearly 10% water and electricity supply at affordable cost. Above 6% of respondents need some money to repay a loan. Only 1.35% cent expressed their needs for a permanent job and support for funeral.



Chart/Graph No. 14: Immediate Needs

As Rohingya refugees generally lead a precarious life and COVID-19 has brought down more suffering, demands of various sorts have arisen. At the end of the survey, we sought suggestions/comments from the respondents. We asked, “Do you have anything to suggest?” We had an explanatory question as an alternative to it: “Do you want to say anything that the people inside and outside of your community need to know about your situation?” Along with the question(s), we stated that their suggestion or request could be to the United Nations, the host country’s government, and the Rohingya community leaders, i.e., R4R. Some people have repeated the needs that they mentioned in the survey. Some demanded permissions to work and to study in India. Some asked the United Nation bodies to support them with resettlement them to a third country. They want their rights to be protected and respected.

“I would like to say to the United Nations/the government of the host country or to the Rohingya community leaders that we don’t want the refugee life any more. They need to do their best to protect our human rights.”

A refugee NGO-worker respondent in Haryana

“I don’t want to stay here anymore as refugees.”

A refugee housewife in Haryana

“I want a better life. I don’t want to stay anymore in India. I want to be resettled in a third country.”

A 50-year-old businessman in Delhi

First of all, we want our fundamental right(s). We request UNHCR to protect us so that we feel safe. If the UNHCR does not take responsibility, then send us to our country with our citizenship. If it is not possible, then please support us to resettle in a third country. We also request UNHCR to help us get health services. UNHCR always say to go to a government hospital where we don’t get treatment because we lack Adhar Card. I request that to provide scholarships to our children for their education.”

A middle aged refugee in Delhi

There are some demands that ask UNHCR to provide cash for treatments or create conditions for employment and access to formal education for Rohingya children.

“The situation we are facing is very bad. I request UNHCR to support us financially.”

A construction worker in Delhi

“There are nine students in our camp area. It is challenging for them to reach school from their own shelter. I want to request UNHCR to help the students for their future.”

A male respondent in Uttar Pradesh

“I only request UNHCR to support our community to get health treatment and education.”

A local factory worker in Delhi

One respondent reported needing help from the UNHCR to get her husband, who was injured during a fire incident, treated.

“I want help from UNHCR for my husband. I want hospital fees for his treatment.”

A female respondent in Haryana

Although we clarified at the beginning of our survey that there are no material benefits in participating in it, respondents have sought assistance from us. It is not surprising that the miserable state of living has made them to seek out assistance. For example, one respondent spoke about three specific needs: assistance for managing everyday necessities, support for getting treatment, and accessing formal education. Some respondents requested R4R to get support them and fellow Rohingya detainees with getting out of detention.

Most refugees spoke of their various needs ranging from assistance in accessing treatment to support for everyday essentials to accessing education, electricity and related services to permission to work. It is observed that besides the everyday essentials, the Rohingya refugees have demands for accessing some services and rights that can enable them to take care of themselves. Health services being limited, many Rohingya refugees want assistance – in the form of cash and logistic support – to access medical treatment. The right to work and access to education, both

recurring demands, contribute to current well-being as well as the upbringing of the next generation.

RISE OF DETENTION

While daily life has been a struggle for Rohingya refugees in India, COVID-19 has exacerbated the situation, as the discussion above and the previous chapter demonstrate. In addition to everyday hardship, the rise of surveillance and detention has increasingly been a cause for concern and fear. During COVID-19, security agencies have reportedly rounded up Rohingya men and women and raided houses in several parts of India. A media report mentions that at least 354 Rohingya among 414 refugees were arrested in 2021 (Singh, 2021).

The detention of Rohingya people, particularly in Jammu, has induced a sense of fear among the Rohingya living in other parts of India as well (Institute on Statelessness and Inclusion, 2021). Some have already crossed to Bangladesh owing to the fear of getting detained. Shaikh Azizur Rahman writes,

“In the past month, 2,000 to 3,000 Rohingya refugees have fled from Jammu, fearing that they could be jailed and deported to Myanmar, according to advocacy groups. Many refugees have crossed over to Bangladesh, while others have gone underground in different parts of India” (2022, para.2).

The likely deportation after getting detained and the fear of separation from families haunt the Rohingya (Rahman, 2022; Muzamil, 2022). Peerzada Muzamil reports that Hasina Begum, who was detained from Jammu in 2021 along with 170 refugees, was deported to Myanmar in March 2022, but was eventually able to join her family in Cox’s Bazar. How she was able to do so remains unreported. Muzamil cites a lawyer closely working with the refugees as saying, “Hasina Begum’s reunion with her family was a rare occurrence, no less than a miracle” (2022, para. 14). The Rohingya refugees who are deported face trial and persecution in Myanmar (Muzamil, 2022).

In our study, we have also found resonance with media reports on this issue. Above 25% of respondents feel that there has been a rise of detention during COVID-19. At least 11% and 25% have stated that during the pandemic, their family members and neighbours or camp inhabitants were detained, respectively.

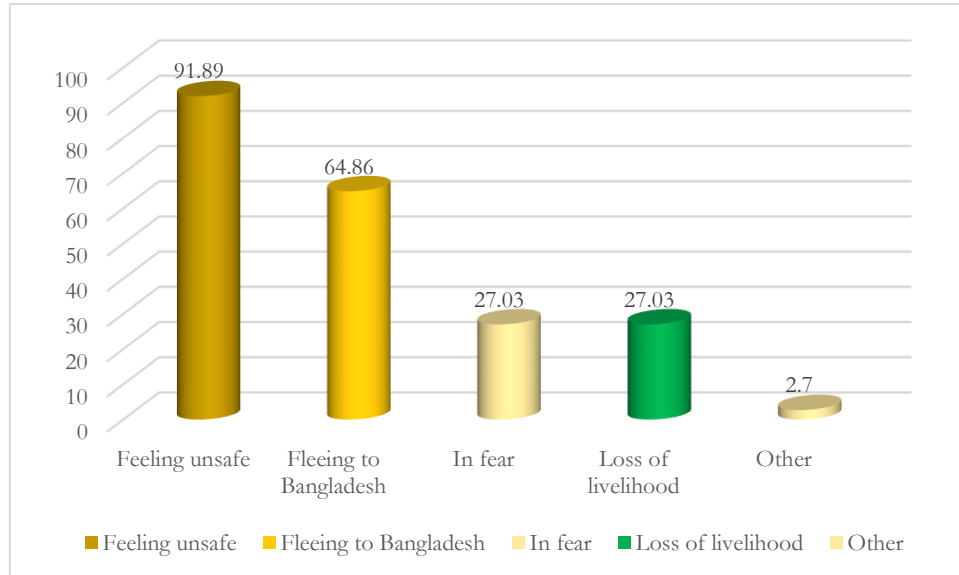
Rohingya Human Rights Initiative (ROHRIngya)

Around 13% of respondents mentioned that either they, their family members, or community member they know have been harassed, interrogated or threatened during COVID-19 [up to May 2022].

“Since the lockdown has been lifted, our community members have faced interrogation a couple of times. I know at least 15 of them who have been detained. All we know is that once we are detained, it is difficult to get released.”

A male community member from Hyderabad

While the police and government officials are reportedly involved in interrogation, harassment or threatening acts, local influential actors such as politicians and their workers are also involved, suggests the survey. Nearly 65% of respondents who felt that there is a rise of detention during COVID-19 also expressed their state of mind as “feeling unsafe.” The same number of respondents shared that the rise of detention is pushing some community members to make reverse migration to Bangladesh, while 27% think that people are going into hiding. The increasing arrests have also hampered the already dwindling livelihoods of the community, according to 27% of respondents.



Chart/Graph No. 15: Impact of Rise of Detention on Rohingya Refugees

Our survey sought to understand refugees’ views on the rise of detention coinciding with COVID-19. Among 150 respondents, 121 (nearly 81%) have said they are “not sure” whether there is any connection between the detention campaign and COVID-19, almost 14% said “yes” while some 5% responded “no”. However, notwithstanding such a connection, the rise of detention and interrogation has

certainly created a sense of insecurity within the community and generated fears of deportation to a country where many have experienced harsh oppressive measures.

SEEKING ASSISTANCE

In cases of detention, 89% of respondents felt that the UNHCR and its partner organisations are the most trusted organisations or agencies to seek assistance from. More than 17% have said that they rely upon Rohingya organisations and their leaders. Local human rights lawyers and activists are also sought for assistance, reports 10% of respondents. Local journalists and local community members are also contacted for help by some Rohingya in such a situation.

RELATIONS WITH THE LOCAL COMMUNITY

Rohingya refugees report wanting a peaceful co-existence with local communities. Most actively profess their gratitude to the Indian people and government for providing them shelter. In our survey, we found that above 59.19% of respondents reported having cordial relations with the local communities during the three waves of COVID-19. In some instances, the locals have helped out the refugees in whatever capacity they had.

“Neighbours [locals] are people like us – daily wage labourers and poor people. The better-off people from Zakir Nagar Shaheen Bagh and Batla House have supported us. They have provided us with food items and clothes.”

A middle aged community leader in Delhi

This community leader also spoke about a wedding of a Rohingya family, in which neighbours of the family lent their furniture and carpets. In our field visit to the refugees in Punjab, we learnt that local wealthy people had provided rations to the refugees on two occasions. Some refugees living in Hyderabad also reported receiving friendly and sympathetic attitudes from the locals.

“The locals don’t misbehave with us. We live side by side. We have no tension with them. With the locals, we have a good relationship. Because of such people, we have been able to stay here.”

A 26-year-old community leader in Hyderabad

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Table 3 below prepared based on data of 142 respondents collected through our survey, suggests that most refugees living in Delhi and Telangana reported receiving cordial and sympathetic behaviour from the locals. All five respondents in Punjab reported having favourable relations with the locals. However, in certain areas, the Rohingya face problems with locals. In others, locals remain indifferent to the refugee community. A significant number of Rohingya refugees staying in Haryana and Uttar Pradesh reported receiving hostile attitudes and behaviour from the locals.

State (Number of responde nts)	Behaviour and attitude patterns of the locals towards the Rohingya refugees							
	Cordial & Sympathetic		Conflicting & Hostile		Mostly Indifferent		Other	
	State- wise percent age	Over all	State- wise percent age	Over all	State- wise percent age	Over all	State- wise percent age	Over all
Delhi (32)	75	16.9	6.25	1.41	3.13	0.7	15.63	3.52
Haryana (36)	38.89	9.86	30.56	7.75	30.56	7.75		
Jammu (25)	84	14.79	8	1.41	4	0.7	4	0.7
Karnatak a (03)	-	-	100	2.11	-	-	-	-
Punjab (05)	100	3.52	-	-	-	-	-	-
Rajasthan (17)	52.94	6.34	29.41	3.52	17.65	2.11	-	-
Telangan a (13)	84.62	7.75	-	-	15.38	1.41	-	-
Uttar Pradesh (11)	-	-	63.64	4.93	-	-	36.36	2.82

Total Respondents: 142		59.19		21.13		12.67		7.04
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Table No. 3: Pattern of Locals relations with the Rohingya refugees

However, 21.13% of respondents presented a contradicting view. They have held that the behaviour of the locals has been “conflicting and hostile” towards them, while 12.67% have reported “mostly indifferent”. The remaining 7.04% articulated the behaviour and attitude of the locals as “normal.”

CONCLUSION

COVID-19 has undeniably added hardship to the life of the Rohingya refugees in India. Assistance from state and non-state actors, including international organisations was able to mitigate the suffering of the Rohingya but not adequately. This chapter provides a picture of the assistance offered to the refugees during all three waves of COVID-19 and lockdowns. It also points out the contribution of different actors as well as the immediate needs of the refugees.

CHAPTER FIVE | CONCLUSION & RECOMMENDATIONS

INTRODUCTION

The study aims to cover the effects of COVID-19 on the Rohingya refugees living in India and the responses of different actors towards them during the pandemic. The following discussion highlights the key findings of the study. The chapter ends with recommendations based on the most significant findings for the relevant actors; the focus is to alleviate the conditions of refugees during times of crisis, in particular, and to create a better future for refugees, in general.

SUMMARY OF THE REPORT

This report has covered all the major states in India where the Rohingya refugees live, including NCT Delhi, Haryana, Uttar Pradesh, Jammu, Punjab and Telangana. It documents everyday aspects of life, such as livelihood, health, impact on women, WASH and hygiene, and children's education. Our team has conducted 18 in-depth interviews, surveyed 150 community leaders and members across India, and consulted extensive secondary literature and related media reports. The report also highlights how various government bodies, domestic and international agencies, and refugee-led organisations responded to the needs of refugees during the pandemic, especially the Rohingya people.

The key findings are as follows:

LIVELIHOODS

Rohingya refugees faced significant adverse impacts on their livelihoods due to COVID-19. Around 46.6% of respondents reported having lost their jobs or closed their businesses due to the COVID crisis, while 37.8% reported no significant disruption. No significant disruption does not mean that they had a stable and liveable job. Rohingya refugees' every-day life passes through struggle even in normal time. The remaining faced many other issues, including income reductions, change of occupation (business to wage labour), change of jobs, lack of mobility due to lockdowns, etc. The monthly income of more than 66% of Rohingya refugees decreased. The squeezing of income forced 44% of respondents to adopt negative mechanisms such as skipping or reducing meal consumption daily.

During the COVID-19 pandemic, national and international organisations such as UNHCR and its implementing partners remained frontrunners in assisting the refugees. Nearly 88% of Rohingya respondents said they had received assistance from these organisations, while Rohingya-led organisations, particularly R4R, reached above 33% of community members with assistance. Aid from government bodies reached below 4% of Rohingya refugees. However, overall, the assistance fell notably short of meeting the refugees' needs during the crisis. For instance: a significant number (83%) of refugees have pointed out that the assistance or rations they have received from international and local NGOs were insufficient for their families. We found that above 72% of Rohingya refugees need everyday essentials, 38% for housing facilities and almost 34% need cash for medical treatment. Hygiene items and water and electricity supply at affordable cost are also on the list of immediate needs for the Rohingya. The Rohingya refugees have also sought intervention to help them exercise right to work and access to education and health services.

Our study found that the distribution of aid was uneven. Some refugees received assistance during the first wave, while some did not. Less than 24% of respondents said they received it during all three waves of COVID-19. It should be noted that more than one percent of the Rohingya have claimed that they have not received assistance during any of the three waves.

HEALTH

Refugees reported facing many problems accessing medical treatment and medicines during COVID-19. However, COVID-19 infections remained low among the refugees. In our survey, 90% of respondents said that neither they nor their family members got infected. Only 6% reported an infection, while 4% were unsure about the infection. The Indian government's eventual move to allow refugee communities to take the vaccine and the support of local, national and international refugee-rights organisations has clearly had a positive impact. Out of 148 refugees, only two persons reported not receiving the vaccine. While one has not gone for vaccination because of the fear of related side effects, the other was unaware about accessing the vaccine. Some 98% of refugees have already been vaccinated through UNHCR, its partner organisations, and government vaccination camps. Only 2% of refugees went to private hospitals and clinics to vaccinate.

We found that most refugees have experienced psychological and mental issues such as fear, depression or anxiety, and physiological issues such as hypertension and high

blood pressure. They have sought counsel mainly from family members and also from local health centres. Only ten persons have gone to professional psychiatrists and doctors for counselling. 26% were not aware of mental health treatment options while suffering psychological problems.

WASH (WATER, SANITATION AND HYGIENE)

Our survey also documented the impact on water, sanitation and access to hygiene items. During the lockdowns, refugees who buy water from the market faced difficulties as the price increased. The quality of the water was also questionable. The restriction on movement and shutting down shops made it difficult for the refugees to access hygiene items.

CHILDREN'S EDUCATION

Accessing formal education is a well-documented challenge for the Rohingya refugees in India. Most access education through non-governmental, academic institutions, NGOs, and community-run learning centres. During the three phases of lockdowns, the refugee children did not have access to education, some 78% of respondents to our survey have said. Logistical hurdles such as lack of access to laptops or smartphones, internet connection and electricity were the primary barrier to online education.

GENDER-BASED VIOLENCE AGAINST WOMEN

Statistics show that domestic violence has increased during COVID-19 in India. The situation for Rohingya refugee community in India is presumably not better off. On the issue of domestic violence among Rohingya refugees, 57% of respondents claimed that gender-based violence against women did not happen, while only 7.3% asserted that it has. None of the six women who participated in the in-depth interviews reported it. Our observation suggests at least three factors contributed to the under-reporting of GBV: (i) gender of our survey volunteers as they are male; (ii) women generally do not have their own mobile phones and they use family member's phones and (iii) the traditional customs of not speaking of a family issue to outsiders.

PROTECTION

The hardships faced by the Rohingya increased during the pandemic due to a rise in surveillance and detention of community members. The detention of Rohingya people, particularly in Jammu, has induced a sense of fear among the Rohingya living in other parts of India. Some have already crossed to Bangladesh for fear of getting detained or remain in hiding. In our study, we have also found that 25% of Rohingya

have reported a rise in detention and deportation since the COVID-19 pandemic. Still, many people (81%) are unsure whether there is any connection between COVID-19 and the increase in detention.

Majority of the Rohingya refugees are forced to reside in unsafe camp like shelters in India. Apart from detention and deportation, frequent fire incidents, water logging and death due to bites of poisonous insects at the camps, have also impacted lives of the Rohingya refugees during the pandemic.

RELATIONS WITH LOCALS

While the incidence of detention and surveillance of the Rohingya refugees increased, most refugees received positive responses from the locals. They have pointed out that the locals usually maintain good relations with them. We have found that 60% of respondents received cordial and sympathetic behaviour and attitudes from the locals during the pandemic, while only 22% reported the relations as conflicting and hostile.

RECOMMENDATIONS

RECOMMENDATIONS FOR THE HOST GOVERNMENT

- **Need to recognise the refugee status of Rohingya refugees**

The government of India needs to have an inclusive policy towards the Rohingya refugees by recognising their refugee status and allowing access to certain fundamental human rights, such as right to shelter, education, employment, as per national and international laws. Though India is not a signatory to the 1951 UN Convention on Refugees and its 1967 protocol it has an obligation to provide access to refugees to fundamental human rights as per the Universal Declaration of Human Rights, and international customary law (non-refoulement).

- **Granting health services to Rohingya refugees**

The basic medical treatment for the Rohingya refugees must be easily accessible; in such a case, the government of India needs to recognise the validity of the UNHCR refugee card for accessing medical treatment.

- **Stopping arbitrary detention and deportation**

The Indian government should immediately cease the policy of detaining and deporting Rohingya refugees. Refugees officially registered with the UNHCR should not be arbitrarily detained and deported on the basis of irregular entry and should

be provided with means to have basic living and access to income to support themselves and their families. Policies of arbitrary detention and deportation have had severe impacts on the community's collective well-being.

RECOMMENDATIONS FOR UNHCR

- **Improve coordination with refugee-led organisations in pandemic assistance.**

Working with Rohingya organisations, such as R4R, can expand the reach of assistance in times of crisis, and can act as a bridge between donors, implementors and the refugee community.

- **Expand mental health support services for refugees.**

Few Rohingyas had access to professional mental health services during the pandemic, despite rising mental health challenges. UNHCR should expand the provision of these services, and raise awareness among refugees about how to access them.

RECOMMENDATION FOR INDIAN CIVIL SOCIETY

- **Campaigning for facilitating formal education for Rohingya children**

Access to formal education is an issue that determines the very future of the community. A formal education can help Rohingya refugee children learn skills and access livelihoods that break the intergenerational cycle of poverty and contribute to the host country as well. Refugee rights organisations and activists should carry out a campaign to convince the government to facilitate this right to education for Rohingya children.

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