Living Conditions and Rights Violations in Rohingya Refugee Settlements in Hyderabad

Human Rights Law Network
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<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>HRLN</td>
<td>Human Rights Law Network</td>
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<td>ICCPR</td>
<td>International Covenant on Civil and Political Rights</td>
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<td>ICESCR</td>
<td>International Covenant on Economic, Social and Cultural Rights</td>
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<td>OHCHR</td>
<td>Office of the High Commissioner for Human Rights</td>
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Introduction

During its seven decades of independence, India has been a destination for many waves of migrants fleeing violence and persecution in other South and South-East Asian countries. Pakistani, Tibetan and Bangladeshi refugees are but some of the many who were forced into exile, hoping to find in India a safe haven offering them protection from the dangers they are facing at home. In recent times, the Rohingya refugees from north-western Myanmar have become the focus of both international and national attention. Described as one of the most persecuted minorities of the world, the Rohingyas have faced discrimination and persecution ever since the Burmese independence in 1947 and are today the world’s largest stateless community.

In the beginning of 2018, India officially hosted around 40,000 Rohingya refugees. The Human Rights Law Network has previously published reports on the disastrous living conditions present in many of their settlements in India. The unavailability of government support as well as positive barriers preventing the Rohingyas from accessing jobs, healthcare and education has made integration impossible, forcing the Rohingyas to live life outside of regular Indian society.

This report focuses on the living conditions of Rohingya refugees in various settlements in and around Hyderabad. A team from the Human Rights Law Network, including Advocates Fazal Abdali and Deepak Kumar Singh, visited a total of 16 Rohingya settlements in the area, documented the general conditions and availability of basic facilities and took testimonies of many of the Rohingya residents.

On the basis of these findings, the report aims to give an overall assessment of a variety of challenges faced by the Rohingyas in these settlements. These primarily include the issues of basic living conditions and sanitation, access to clean water, health (including but not limited to reproductive health), education and access to subsidized food.
Background Context

The Rohingyas are an Indo-Aryan, predominantly Muslim people originally at home in Rakhine State on the north-western coast of Myanmar. Rakhine State shares borders with four other Burmese states and regions to the north, west and south, the Bay of Bengal to the west and the Bangladesh to the north-west. The Rohingyas account for around 30% of the 3.2 million population of Rakhine State, the majority of 60% being Rakhine Buddhists. However, in their main areas of residence in townships such as Maungdaw, Buthidaung and Rathedaung in northern Rakhine State, they comprise up to 80% of the population.¹ The Rohingyas speak a Bengali dialect similar to what is spoken in the neighbouring Chittagong region of Bangladesh.²

The first constitution of Myanmar of 1947 recognized a total of 135 ethnic minorities. The Rohingyas, however, were never formally recognized as such and were excluded from citizenship.³ While official recognition seemed possible in the years following independence, the military coup of 1962 quashed all such hope: The Rohingyas gradually lost all of their remaining rights, and violence and persecution under the military regime caused a mass exodus from Myanmar to different neighbouring countries.⁴

In 1977, the military launched operation ‘dragon king’. Many considered this

²UN High Commissioner for Refugees (UNHCR), States of denial: A review of UNHCR’s response to the protracted situation of stateless Rohingya refugees in Bangladesh, 1 December 2011, PDES/2011/13, available at: http://www.refworld.org/docid/5142eb7a2.html, last accessed on 18 July 2018
operation as aimed at forcing the remaining Rohingya population to leave the territory. Serious human rights violations, including mass arrests, torture, rape and killings, forced more than 200,000 Rohingyas to flee to neighbouring Bangladesh.\(^5\) Further waves of military crackdowns followed in 1978 and 1991, forcing another 200,000 and 250,000 Rohingyas respectively out of the country. Many of these refugees were ultimately forced back into Myanmar, to northern Rakhine State, where the Burmese government sought to concentrate them, separating them from Rakhine-dominated parts of the state and subjecting them to large set of restrictive regulations and denials of rights.

The violence against the Rohingyas in Myanmar endured for many years: In 2001, Rakhine mobs attacked Rohingyas in Sittwe, destroying homes and schools while state security forces stood by passively. In June 2012, sectarian violence erupted again in four townships in Rakhine State following reports of the rape and killing of a Rakhine Buddhist woman by three Muslim men. Individuals from both communities were involved in killings, arson, and property destruction.\(^6\) However, the violence soon transformed into systematic and targeted attacks by Rakhine Buddhists and state security forces against Muslims, including both Rohingya and Kaman Muslims, one of Myanmar’s recognized nationalities. The violence soon spread to central Myanmar, leaving some 140,000 internally displaced. Once again, thousands of Rohingyas fled to neighbouring Bangladesh and other East Asian countries.\(^7\)

Following the killing of nine border police officers on 9 October 2016 by an alleged Rohingya militant group, violence broke out yet again. Eyewitnesses say that Myanmar’s security forces, the military and Rakhine Buddhists torched hundreds of Rohingya houses in the nearby villages.\(^8\) A report issued by the Office of the High Commissioner for Human Rights (February 2017) suggests that Myanmar’s security forces committed atrocities amounting to crimes against humanity during this backlash. Based on interviews with Rohingyas fleeing from Myanmar since 2016, the OHCHR mission to Bangladesh concluded:

“According to the testimonies gathered, the following types of violations were reported and experienced frequently in that area:

\(^7\)Id.  
Extrajudicial executions or other killings, including by random shooting; enforced disappearance and arbitrary detention; rape, including gang rape, and other forms of sexual violence; physical assault including beatings; torture, cruel, inhuman or degrading treatment or punishment; looting and occupation of property; destruction of property; and ethnic and religious discrimination and persecution.

The eyewitness testimonies unequivocally refer to atrocities committed by either the Burmese security forces or by Rakhine villagers. Disturbingly, testimonies indicated that Rakhine villagers from the area were given weapons and uniforms by the authorities. The killings of children, women, elderly and fleeing people, burning of entire villages, mass detentions, incidents of mass rape, deliberate destruction of food and sources of food reveal a shocking indifference and even disregard for the existence and life of the Rohingyas. The attacks against the Rohingyas have been both widespread and systematic, thereby crossing the threshold of crimes against humanity (as concluded in 2016 by the High Commissioner). 9

The violence between 2012 and 2016 has displaced hundreds of thousands. The UN and other international NGOs have been unable to reach more than 100,000 highly vulnerable people in the northern Maungdaw Township who had been previously displaced in 2012. They remain displaced and face severe restrictions on their movements, education and access to food while living in squalid camps. In August 2017 alone, more than 370,000 Rohingyas and other villagers fled across Myanmar’s western border by land and water, seeking sanctuary in Bangladesh. 10

The United Nations reported that since then, another 645,000 11 Rohingyas refugees have fled to Cox’s Bazar, Bangladesh.

The Research Mission

The Human Rights Law Network has given deep insight into the living conditions in a number of settlements of Rohingya refugees in several areas of India. The present report aims to give a comprehensive overview of settlements located in and around

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Human Rights Law Network: Living Conditions and Rights Violations in Rohingya Settlements in Hyderabad
Hyderabad. For this purpose, representatives of the Human Rights Law Network (HRLN) visited a total of 16 refugee settlements in the area over the course of three days. The research team included Advocates Fazal Abdali and Deepak Kumar Singh.

The 16 settlements visited included 13 Royal Colony, 21 Royal Colony, 20 Royal Colony, 6 Royal Colony, 3 Baba Nagar, 1 Baba Nagar, 3 Balapur, 5 Royal Colony, 4 Royal Colony, 7 Hamza Colony, 9 Fatima Masjid, Gate No. 11, New 8 Royal Colony, 12 Royal Colony, 14 Royal Colony, 15 Royal Colony and 8 Royal Colony.

**Methodology**

The report relies on primary, qualitative research in the form of in-depth interviews following a carefully designed questionnaire. This approach was chosen so as to develop a nuanced and comprehensive understanding of the different issues faced by the Rohingyas in their respective settlements, and to gain insight both into the objective, factual circumstances of their living conditions as well as into their subjective assessment of their treatment while living in India. The questionnaire was designed to address a set of particular issues while at the same time leaving room for an open-ended discussion. The issues of particular interest to the research team included:

1. Basic living conditions, available facilities and sanitation
2. Access to clean water
3. Health, including but not limited to reproductive health
4. Education
5. Access to subsidized food

Throughout the interviews, the research team was careful not to constrain the discussion with the residents, encouraging an open conversation that could well deviate from the scope of the questionnaire. When women were interviewed, interviews typically focused on issues of healthcare, particularly maternal health and infant health. When men were interviewed, the scope of the discussion tended to shift towards issues of employment and housing.

In all refugee settlements, the research team made sure to identify the local community leader. The testimony of the community leader often proved to be insightful as it did not only contain individual experiences but could also present a more holistic view of the living conditions in the settlements across the board.
Language
As the Rohingyas have their own language and many speak no or only little Hindi or English, language was a major challenge encountered during the visits of the individual settlements. Therefore, an important criterion for selecting residents for interviews was their ability to communicate with the research team.

Ethics
It was important to the research team to make all residents aware of the purpose of the research mission, so as to avoid that information could be obtained under false assumptions on the side of the Rohingyas. Before interviews took place, the objectives of the research mission were communicated to the residents of the settlement, and it was ensured that they were, when necessary, translated into a language other than Hindi that all residents could understand.

In order to provide a full, multi-dimensional perspective of the living conditions of the Rohingyas, the research team, after obtaining the necessary consent, took photographs of all settlements. In order to guarantee the privacy of all residents and to eliminate the risk of possible repercussions, the research team decided not to show pictures of the residents in this report, and to anonymize the names of all those who were interviewed.
The Settlements

Day 1 – 28 June 2018
The first settlement visited by the research team was 13 Royal Colony, Balapur, Hyderabad. A total of 33 families and 210 to 215 individuals, including three pregnant women and around 70 children, have been living here for the past two years. Most of the residents of 13 Royal Colony earn money as rag pickers or construction workers. The Jhuggis in 13 Royal Colony are rented huts made from tarpaulin and bamboo; rent ranges from Rs. 800 to Rs. 1,000. There are presently only two squat latrines and one washroom with tap water and electricity available in the settlement – evidently far too few for the over 200 residents.

Access to clean drinking water is a significant challenge for the residents of 13 Royal Colony. While other residents in the area have been provided with government pipelines, the residents of 13 Royal Colony have been left out. The Rohingyas have a borewell which produces water that can be used for washing or bathing. However, the water is highly polluted, and it cannot be used for drinking and not even for
cooking. For this reason, the Rohingyas are forced to buy their drinking water in 10-litre-jars at a price of Rs. 10. A family typically spends around Rs. 500 – 600 per month, but some even stated to be paying up to Rs. 1,200. Seeing that this amount is equal to or even substantially higher than the rent paid by the Rohingyas, it becomes obvious that drinking water constitutes a significant expense placing a severe financial burden on the Rohingya households.

Access to public health services is equally difficult. No Anganwadi or ASHA workers are currently visiting the settlement. According to the residents, immunizations take place, at most, once every two to three months, but not on the required regular basis. The nearest public hospital is Barkas Hospital, located around 2-2.5 kilometres away, and is used in particular by pregnant women. The residents have made different experiences with the staff at the hospital: While some state that they have not faced difficulties at all, others say that treatment has been simply refused. In any event, some treatments, including antenatal check-ups, appear to require a valid Aadhaar card. Similarly, while the Rohingyas have attempted to obtain birth certificates for their children at Hyderabad Municipal Corporation, the authorities have refused to enter the child’s name into the birth certificate without an Aadhaar card.

The nearest government school for the 70 children of 13 Royal Colony is located three kilometres away, and no form of transport to and from the school is provided. Only 30 children are currently enrolled in this school: For admission to classes 9 and 10, the school demands a valid Aadhaar card. It follows that the children of the settlement are currently prevented from attending these classes. While the children have a uniform and the necessary study material, they are separated from their Indian classmates. In combination with other forms of discrimination, the Rohingyas felt that the school was an unsafe environment for the children.

A ration card or any other document for subsidized food is not available for any of the residents of 13 Royal Colony interviewed by the research team.
Ms. A, 13 Royal Colony

Ms. A arrived in India around 7 years ago and resided in Jammu up until 2017. However, following the anti-Rohingya sentiments and activities by the local political parties, she was forced to leave her home in Jammu and arrived in Hyderabad. Fortunately, she was able to obtain a Jhuggi from the landlord of 13 Royal Colony. Despite its simple construction, she pays Rs. 1,000 for rent each month. Ms. A explained that, in order to come up with the required money, her husband is forced to work as a rag picker despite his old age. After the fixed expenses they face each month, there is little money remaining even for basic necessities such as food.

A informed the team that the water available from the borewells in the settlement is very polluted and unsuitable for drinking and even cooking. Water jars which she purchases for Rs. 10 are her only source of clean drinking water. However, she cannot afford to buy more than two jars per day, for which she pays around Rs. 600 a month.

Ms. A also informed the research team that the government is not offering antenatal check-ups for pregnant women in the settlement. She says that when the women go to the government hospital, they are asked to buy medicine from local pharmacies and to receive medical examinations from private institutions. However, the children in the settlement do receive immunizations by government
officials on occasion. Ms. A stated that there is no Anganwadi centre near the settlement. Ms. A also stressed that they are not provided with ration cards by the government, and so have no access to any form of subsidized food. This further increases the financial trouble Ms. A finds herself in every month.

Mr. B, 13 Royal Colony

Mr. B has been living in 13 Royal Colony with his family for the past two years. He, too, gave insight into the past experience of the Rohingyas with the nearby hospitals: At G. G. Khanna Hospital, his maternal aunt was refused antenatal check-ups because she did not have an Aadhaar card. Having no support from the public health system, she was forced to deliver at home. Luckily, his wife was able to receive such check-ups at Barkas Hospital. Nevertheless, for her ultrasound examination, she, too, was sent away, and received her examination in a private hospital. The costs she had to bear amounted to around Rs. 2,500-3,000 – equal to the rent paid over the course of three to four months. Mr. B said that there is no Anganwadi centre for the support of women and children in the settlement. However, there is one in Baba Nagar which is approximately 3 kilometres away.
Ms. C, 13 Royal Colony

Ms. C is currently in the eighth month of her pregnancy. During her second pregnancy, she received antenatal check-ups at Barkas Hospital, but she received the rest of her diagnostic tests from elsewhere at a cost of around Rs. 1,500. She says that Barkas Hospital only provides the Rohingyas with two medicines and asks them to purchase the other two privately.

Ms. C informed the research team that no ASHA or Anganwadi workers have ever visited 13 Royal Colony. Also, the women of the settlement have no access to immunizations. She states, however, that immunization facilities for children are set up two or three times per year. Ms. C also gave insight into everyday problems faced by the residents when they do receive government support: She clarified that she had applied for the monetary benefits set out by the JSY scheme. However, as she did not have a bank account, she was unable to receive the funds she was entitled to.

Ms. D, 13 Royal Colony

Ms. D is currently in the second month of her third pregnancy. She confirmed that the drinking water price of Rs. 10 applied to all residents in the settlement, stressing that the re-occurring, monthly expense put a significant financial burden on her and her family.
Ms. D also spoke to the research team about a variety of health concerns. She complained about body pain and a constant itching in her body. She, too, had never received any assistance from an ASHA worker and clarified that Anganwadi centres, though urgently required, were not available to anyone in the settlement.

Ms. E, 13 Royal Colony

Ms. E has been residing in the settlement with her family for the past year. She has a daughter and a son who were both delivered at home. She shared that it is very difficult for her family to survive on the small income they have. In particular, she pointed out that for her family of four, water alone costs around Rs. 1,200 each month, confirming that the water produced by the borewell in the settlement is too unclean to be used for cooking.

Ms. E confirmed that there is no Anganwadi centre in or near the settlement. She has also never seen an ASHA worker visiting them. Shockingly, she stated that the nearby government hospital had only recently begun to demand Aadhaar cards for treatment. Some developments therefore appear to be going in the very opposite direction of what would be necessary.

Both of Ms. E’s children are attending a local government school, which however is located almost 3 kilometres away. She recalls that she has never received any subsidized food from the government.
The second settlement visited by the research team was 21 Royal Colony, Balapur, Hyderabad. The settlement is substantially smaller in size and accommodates 18 families, including twelve children. The Jhuggis in 21 Royal Colony are equally simple huts made from bamboo and tarpaulin. Rent here includes more affordable huts costing around Rs. 600. Two unhygienic toilets without running water are available for the residents. There are no washrooms. In this camp as well, the residents are buying water to drink and cook for Rs. 500-600 per month.

The experience of the residents of 21 Royal Colony with the public health system reveals significant problems. Unequivocally, the residents stated that no ASHA worker had ever visited the settlement, and that no Anganwadi centre is available for women and children. While public hospitals are not refusing to treat the residents, the Rohingyas do face discrimination: Some complained that they were only able to access certain kinds of medication while being required to purchase others with their own money. Others stated that they were given rations of medication lasting only two or three days, or that they were not able to access comprehensive diagnostic tests. Most shockingly, one resident shared details on a hospital visit during which serious procedures were performed on her without her consent.

The residents of 21 Royal Colony confirm that there is a government school in Baba Nagar. However, according to the testimonies of the residents, enrolment in this school does not appear to be common among the children of 21 Royal Colony. In
this settlement as well, the research team did not encounter a single resident who had received ration cards, or who had otherwise been able to access subsidized food.

**Testimonies**

![Image](image.png)

**Ms. A, 21 Royal Colony**

Ms. A spoke to the research team about access to education. She pointed out that the nearest government school is located in Baba Nagar. However, she also added that currently, only one girl is enrolled there. Ms. A has to date never received medical support by an ASHA worker. She complained that the government hospital was very far away, making it inaccessible for cases other than medical emergencies. She added, in line with the testimonies of previous residents of her and other settlements, that she preferred private hospitals to their government-run counterparts. Ms. A delivered all her children at home.

**B, 21 Royal Colony**

Ms. B said that she visits the local hospital (either Osmania or Barkas) when this is necessary. However, she recalled several incidents of discrimination faced by the residents: The doctors there, upon seeing her UNHCR card, generally refuse to provide them with medicines for more than just two or three days. As residents cannot possibly return every third day, many are effectively excluded from proper coverage. Ms. B complained that the hospital staff refuses to carry out diagnostic
tests and confirmed that the settlement is not being visited by an ASHA worker and that there are no Anganwadi centres in the settlement. She clarified that while an Anganwadi centre is located in Baba Nagar, it does not admit the residents of 21 Royal Colony.

Ms. C, 21 Royal Colony
Ms. C lives in a rented Jhuggi for which he pays around Rs. 600 rent each month. She gave insight into sanitary conditions in the settlement and explained that the two toilets in the settlement have no running water, while washrooms are not available at all. Ms. C clarified that the settlement has no direct access to clean drinking water. The residents therefore purchase drinking water for 10 Rs. per jar, spending a total of around Rs. 500-600 each month. Ms. C also confirmed that the nearest government school for children is located in Baba Nagar.

Mr. D, 21 Royal Colony
Mr. D shared details of the pregnancy of his sister-in-law. She had also never been visited by an ASHA worker during her pregnancy and was not admitted to attend an Anganwadi centre: She had thus neither received supplementary nutrition nor other forms of assistance by a local Anganwadi worker. Throughout the entire course of her pregnancy, she did not receive any antenatal check-ups. Without any assistance of a health professional, she delivered her child in the settlement one month prior to the arrival of the research team.

Ms. E, 21 Royal Colony
Ms. E works as a construction worker and has two children. She shared personal details about the delivery of her youngest daughter. E was not visited by an ASHA worker, and did not have access to any Anganwadi centre.

When she experienced heavy blood loss during an antenatal check-up, she was rushed to Barkas Hospital, which in turn referred her to G. G. Khanna Hospital. The doctors there suggested a C-section delivery, which both her and her husband refused. However, the doctors threatened to send Ms. E away if she continued to
refuse the surgery, and she eventually gave in. Immediately after the procedure, the doctors informed her that it would also be necessary to immediately perform a sterilization procedure. Ms. E was not given any information about the procedure and its consequences. The responsible doctors only stated – untruthfully – that she would die if the procedure was not undertaken immediately.

Ms. E was not provided with any medicines, or transport from the hospital to her home. She did not receive any blood replacement either and had to bear expenditures of around Rs. 8,000. She did however receive her child’s birth certificate. Ms. E does not have a ration card.

**Settlement 3 – 20, Royal Colony, Balapur, Hyderabad**
The third settlement visited by the research team was 20 Royal Colony, Balapur, Hyderabad. It accommodates 40 families, including 40 children and two pregnant women. As in the other two settlements, the Rohingyas live in rented huts, paying approximately Rs. 600 for rent. While, the settlement has electricity, it costs the entire settlement an additional Rs. 1,200 every month. There are eight toilets in Camp no. 20 as well as one makeshift bathroom, both of which lack running water. The residents of 20 Royal Colony have access to a borewell, which however does not produce water that could be used for drinking or cooking. For these purposes, the residents purchase drinking water jars at the previously established price of Rs. 10.

20 Royal Colony does not have an Anganwadi centre for its residents, and no ASHA worker is visiting the settlement. From the statements of the residents, it is clear that immunizations either do not take place at all, or on a highly irregular basis. The residents state that they are only visiting the public hospitals in medical emergencies, and often prefer delivering their children at home. This creates serious problems regarding the proper registration of the children and often prevents them from obtaining birth certificates. Interviews with the residents also establish a problem of awareness of even basic available facilities, with some residents not knowing, for example, how to call an ambulance. Ration cards have not been provided to the residents of 20 Royal Colony.
Testimonies

Ms. A, 20 Royal Colony

Ms. A is 46 years old and has been living in 20 Royal Colony with her family of seven for the past three years. The family lives in a rented Jhuggi for which they pay Rs. 600 every month. Ms. A’s husband is unable to walk and work due to his old age. In consequence, four of her five children are currently needed to support the family income by rag picking.

Ms. A told the research team that there are eight common toilets in their settlement and one makeshift washroom, but no running water facility. Ms. A also clarified the borewell in the camp cannot not be used for drinking and cooking and said that the residents resorted to buying jars of water. She confirmed the average cost of Rs. 500-600 per month.

Ms. A stated that she only visits the hospital in emergency cases. She says that there is no Anganwadi centre in the camp, and that she has never been visited by an ASHA worker either. There is no primary health centre nearby and no immunization facilities are available to the residents of the settlement. Ms. has delivered her children at home. She says that as a consequence, none of her five children have birth certificates.
Ms. A clarified that because some of her children have to support the family income, they cannot go to school. She also added that the only available school is located very far away.

Finally, Ms. A confirmed that she does not have a ration card.

Ms. B, 20 Royal Colony
Ms. B is 25 years old and has three children. She is currently in the ninth month of her fourth pregnancy. Ms. B was evidently deeply worried about the prospect of delivering her child at home. She stressed that she would very much like to deliver in a hospital to ensure the wellbeing of both her and her child. However, to date, she has received little support from the public health system: She has not been visited by an ASHA worker in the course of her pregnancy and there is no Anganwadi centre available at the camp. She has received no diagnostic tests whatsoever during her entire pregnancy. Similarly, she only received immunizations in the third and sixth month of her pregnancy. Ms. B has also never received a Mother Child Protection card. She does not know how to call an ambulance.

Ms. C, 20 Royal Colony
Ms. C is 20 years old and has one child which is seven months old. 20 Royal Colony is not her first stop in India: She too had been living in Jammu before, but chose to leave given the turbulent and aggressive climate faced by the Rohingyas there. She
arrived in Hyderabad only six months prior to the arrival of the research team and
was previously living in Jammu. She admitted that she had never received
immunizations during her time in the settlement.

Mr. E, 20 Royal Colony
E is 35 years old. Together with his wife and his three children aged six, four and
one, he has been living in 20 Royal Colony for the past seven years. His youngest
child was delivered at G. G. Khanna Hospital. After the delivery, Mr. E and his wife
asked for a sterilization procedure and even offered to pay money for the same
(around Rs. 1,500 – 2,000). Nevertheless, the hospital refused to perform the
procedure and sent them away.
The last settlement visited by the research team on its first day was 6 Royal Colony. 36 families, including five pregnant women and two lactating mothers, and around 30 children are presently living there. The settlement has three toilets and two washrooms, none of which have a supply of running water. Clean drinking water is not available within the settlement, and the residents have to purchase jars at a price of Rs. 10. The residents have attempted to raise issues of water supply and sanitation before, but so far, their voices have not been heard.

6 Royal Colony does not have access to the general public health system: No ASHA workers or Anganwadi centres are available for the residents of the settlement. Many women in the settlement have to deliver their children at home and subsequently have difficulties in obtaining birth certificates for their children. Immunization services are presently only available for pregnant women and not – as urgently required – for children.

In 6 Royal Colony, some children had originally attended the local government school. For different reasons however, all children have recently stopped going. Ration cards are not available for the residents of 6 Royal Colony.

**Testimonies**

**Mr. A, 6 Royal Colony**

Mr. A is 34 years old. He informed the research team that there are three toilets as well as two washrooms in 3 Royal Colony, none of which have a supply of running water. Mr. A clarified that since the camp itself does not have access to clean water,
the residents purchase 10-litre-jars for Rs. 10. He also stated that no ASHA workers are visiting 3 Royal Colony.

When asked about the children’s access to the educational system, Mr. A pointed out to the research team that the only available school was very far away, and that while children were allowed to attend it, he did not recall that any children from 6 Royal Colony were actually enrolled.

Ms. B, 6 Royal Colony
Ms. B clarified 13 children of 6 Royal Colony had been going to school until recently. However, she said that because of the distance between the settlement and the school (approximately 2 kilometres), the children eventually dropped out. She conceded that a teacher of the school had subsequently visited the settlement to understand why the children had stopped coming to school. The teacher was, however, not able to change their minds. Ms. B added that the Rohingya children had often faced discrimination by their Indian classmates at school and were regularly beaten up.

Ms. B confirmed that the residents were all buying water jars for Rs. 10. The residents tried to complain about the difficulties they face due to sanitation and clean water access during a recent JMC meeting. However, to this date, action has not been taken in their favour.

Regarding their health situation, Ms. B said that children are only immunized against a valid immunization card. However, the competent authorities had never actually visited 6 Royal Colony to provide them with such cards. As a consequence, only pregnant women currently receive immunizations. ASHA workers are not visiting 6 Royal Colony, and apart from the immunizations mentioned above, pregnant women do not receive any form of antenatal care. Children are regularly delivered at home. Birth certificates, in turn, are only issued when the child is delivered in the hospital. While government hospitals often asked for an Aadhar card, Ms. B said that an NGO intervened on their behalf, and this was now no longer the case.
On its second day, the research team visited a settlement located at 3 Baba Nagar, Hyderabad. 130 people, including 25 families and 50 children, live here. The Jhuggis of this settlement are rented for around Rs. 800 per month. The two toilets in 3
Baba Nagar are shared by men and women and were in absolutely horrific condition – drainage seems to be absolutely dysfunctional in the settlement.

There is no Anganwadi centre for the settlement and no ASHA worker is visiting its residents. The residents of the settlement appear to be able to visit Barkas Hospital and receive treatment there. However, some of the testimonies revealed a separate problem: Past negative experiences with the hospital may prevent the residents from ever going to the hospital again (safe for absolute emergencies) and prevent them from finding out that policies there have changed in practice.

In 3 Baba Nagar as well, some children are attending the nearby school. No ration cards are available for the residents.

Testimonies

Mr. A, 3 Baba Nagar

Mr. A gave an overview over a variety of issues in 3 Baba Nagar: The settlement has two toilets shared by the men and women of the settlement, but no washrooms. He confirmed that visits to Barkas Hospital were possible for the residents, and that treatment was not simply refused. However, according to Mr. A, only 15 of the 50 children are currently attending school.
Ms. B, 3 Baba Nagar

Ms. B reiterated the concerns of the previous residents. She, too, buys her drinking water at a rate of Rs. 10 per jar. She confirmed that the residents had access to a borewell for purposes other than drinking and cooking.

Ms. B said that even the nearest local school is very far away. Being asked to give insight into health issues in the settlement, she said that ASHA workers are not visiting 3 Baba Nagar, and that there are no Anganwadi centres available for women and children. Ms. B did not appear to be well informed about the possibility of visiting the local hospital. She feared, or had previously experienced, that the hospital would ask her for her Aadhaar card and would not accept her UNHCR refugee card. Ms. B said that she would therefore only visit the hospital in case of an absolute emergency. Ms. B’s statement therefore reveals a separate, crucial issue: Even though hospitals may have changed their practice of accepting the refugees, some residents may not be aware of this change, and may avoid the hospital out of fear stemming from previous, bad experiences.

According to Ms. B, none of the residents of 3 Baba Nagar have ration cards. She also complained that the residents are often facing problems with the police, who were constantly asking her and other residents for their refugee cards.
Settlement 6 – 1 Baba Nagar, Hyderabad

The next camp visited by the research team was 1 Baba Nagar, Hyderabad. The settlement accommodates 64 families and 235 people, who equally rent their Jhuggis from a landlord at a price around Rs. 750. The residents confirmed that their inability to obtain an Aadhaar card was a common source of many of their problems and concerns. Six toilet facilities are available in the settlement.

An independent, safe source of drinking water is not available in 1 Baba Nagar. As in all other settlements visited, the residents have to purchase their drinking water at a price of Rs. 10. There is no Anganwadi centre in the settlement, and no ASHA worker has ever visited the residents.

Testimonies

Mr. A, 1 Baba Nagar
Mr. A is living in the settlement together with his four children. For his Jhuggi, he stated to pay Rs. 750 per month in rent. Mr. A confirmed the established drinking water price of Rs. 10 per jar. Fortunately, all of his children are able to attend a local government school.

Mr. B, 1 Baba Nagar
Mr. B is 26 years old and. Together with his wife, he has two children aged five and two. For the first delivery, Mr. B’s wife went to G. G. Khanna Hospital. On a positive note, they were able to receive the sum of Rs. 600 set out by the JSY scheme for their first child. However, it also has to be mentioned that for the second delivery, Mr. B’s wife chose to stay at home. They both stressed that the fact that they do not have Aadhaar cards is a key element to their poor living situation and prevents them from finding proper employment.
The third settlement visited by the research team on its second day was 3 Balapur. It accommodates 64 families, including 40 children under the age of 12. Rent for the Jhuggis varies and can reach up to Rs. 1,400. Gas and electricity are not available in the settlement.

The settlement has two toilets and two washrooms, but faces a severe sewage problem, and would require a separate sewage pipeline. While 3 Balapur has a borewell, the residents of the settlement have to purchase jars of water at a price of Rs. 10 per jar for cooking and drinking.

Anganwadi centres or ASHA workers are not available for the residents of 3 Balapur. When asked to give insight into their educational situation, some residents confirmed the insights gained in 13 Royal Colony: While the children do have access to the public school system in general, it is not possible for them to sit for the board exam in class 10.

Ration cards are not available for the residents of the settlement.
Testimonies

Ms. A, 3 Balapur (third camp)
The testimony of Ms. A revealed similar deficiencies in 3 Balapur as had been previously observed across the board: The residents are only able to obtain purchased drinking water jars for a price of Rs. 10. The borewell of 3 Balapur produces water that can be used for washing and bathing but is unhygienic and not usable for drinking and cooking. Public hospitals admit the residents of 3 Balapur. Nevertheless, many women appear to ‘prefer’ delivering their children at home. Other primary health centres that could substantially contribute to the overall living conditions of the residents such as an Anganwadi centre or an ASHA worker are not available for the residents.

Mr. B, 3 Balapur
Mr. B is 17 years old and has been living in India for the past four years. In Myanmar, he had been able to go to school and had completed four years of his education. He regretted that it was not possible for him to go to school in India, and he stressed that he would very much like to continue his education. Mr. B now works as an operator and is living in a rented Jhuggi, for which he pays Rs. 1,400 per month. Mr. B pointed out that there is neither gas nor electricity in the settlement, and that the toilets have no running water. He has never received a ration card by the government.

Mr. C, 3 Balapur
Mr. C is 28 years old and also works as a construction worker. He, confirmed what had been outlined in previous interviews: While the children are generally allowed to attend the government schools, it is not possible for them to take the board exam in class 10.
Settlement 8 – 5 Royal Colony, Baba Nagar, Hyderabad

5 Royal Colony, Baba Nagar, Hyderabad houses 20 families, including 40 children. The residents pay up to Rs. 1,000 in rent for their Jhuggis. The sanitary conditions in 5 Royal Colony are abhorrent: There are no toilets available for the residents of 5 Royal Colony whatsoever, which means that the Rohingyas are forced to resort using holes dug in the ground for defecation. Similarly, washrooms are not available. The drinking water situation is identical to the previous settlements. Residents having access to a borewell but have to purchase water of drinkable quality for Rs. 10 per jar.

The residents of 5 Royal Colony all stated that they do not have access to public hospitals safe for emergency cases. Pregnant women do not receive antenatal check-ups, and children are commonly delivered at home. Neither Anganwadi centres nor ASHA workers are available in the settlement.
Mr. A, 5 Royal Colony

Mr. A, as previous residents, confirmed that all residents purchased drinking water for their daily activities, paying a price of Rs. 10 per jar. Underground water for other activities such as washing can be pumped up through a borewell. Mr. A explained that no toilets are available in the settlement, and that the residents were using holes in the ground. He also clarified that washrooms are not available either.

Regarding the access to the public school system, Mr. A clarified that it was possible for the children to attend a government school. However, he complained about the distance between the settlement and said school, thereby voicing concerns similar to those raised in previous settlements. Finally, Mr. A confirmed that pregnant women regularly deliver their children at home, thereby not making use of the services of the nearby hospitals.

Ms. B, 5 Royal Colony

Ms. B is 30 years old. She lives in a Jhuggi for which she pays rent in the amount of Rs. 1,000. She stressed that shelters were not a safe environment for the residents.

Ms. B has six children and recently delivered a boy in the camp. During her pregnancies, she never received any form of antenatal care or check-ups. She said that that the residents of 5 Royal Colony only have access to hospital services in
emergency cases. Ms. B also clarified that there were no ASHA workers visiting the camp, and there was no Anganwadi centre available to the residents either.

She also clarified that neither she nor other residents of the camp have a ration card in order to purchase subsidized food.

**Settlement 9 – Lamba Colony, Balapur, Hyderabad**

30 families and 50 children live in Lamba Colony, Baba Nagar, Hyderabad. The residents here pay roughly Rs. 1,000 for their homes. Lamba Colony only has one toilet and one bathroom. A simple construction only in place due to the generous donation by an NGO. Quite evidently, this does not suffice to meet the needs of almost 200 residents. Lamba Colony has a borewell, but for drinking water, the residents equally pay Rs. 10 for 10-litre-jars. ASHA workers or Anganwadi centres are not available. Immunizations for children have not taken place, but pregnant women do appear to be able to obtain immunizations at Barkas Hospital.

**Testimonies**

**Ms. A, Lamba Colony**

Ms. A is 38 years old. She was married when she was only 15 years old, and now has seven children. Her first child, a boy, was born when Ms. A was 16 years old and is now himself 22 years old. Her youngest daughter was born three years ago. The other five children are aged 18, 15, 9, 7 and 5 respectively.

**Ms. B, Lamba Colony**

Ms. B is married and has two children, both girls, aged two years and three months respectively. Both children were delivered at home. Lamba Colony has one toilet.
and one washroom, both of which have been sponsored by an NGO. Ms. B confirmed the previously established price for drinking water of Rs. 10 per jar. In Lamba Colony, the residents are equally able to use underground water only for purposes other than drinking and cooking.

She was never visited by an ASHA worker and did not receive any supplementary nutrition as there is no Anganwadi centre nearby. Ms. B stresses that here children have not received immunizations, but confirmed that she herself had received an immunization twice at Barkas Hospital. Ms. B stated that she does not receive subsidized rations as she does not have a ration card.

Settlement 10 – 7 Hamza Colony, Balapur, Hyderabad

34 families and 20 children live in 7 Hamza Colony. The residents unequivocally state that the settlement faces issues with both drainage and sewage – two toilets and one bathroom are available, both of which lack running water.

The residents in 7 Hamza Colony are reluctant to visit public hospitals. However, one resident shared that she had received antenatal check-ups at G. G. Khanna Hospital.

Testimonies

Mr. A, 7 Hamza Colony

Mr. A is 84 years old and has been living in the camp for the past two years, paying rent of Rs. 600 each month. He gave insight into the general living and employment conditions in the settlement:
Mr. A estimated that the residents of the settlement were employed for an average of ten to fifteen days each month. He added that even their present, simple living conditions were only possible because of additional voluntary donations to the residents. Mr. A informed the research team that 7 Hamza Colony currently has two toilets and one washroom, but no running water.

Mr. A confirmed previous statements of other residents regarding access to clean water in the settlements, confirming the price for drinking water of Rs. 10 per jar and clarifying that water for other purposes could be pumped up from the earth.

He also stated that many of the children of the settlement were only going to Madrassa and not to a public school.

**Ms. B, 7 Hamza Colony**

Ms. B is 45 years old and has two children. She informed the research team that she is currently in bad health, suffering from gallstones. B also stated that there was currently one pregnant women in the settlement, and another five women who had recently delivered a child and were lactating. She clarified that the residents generally, but the women in particular preferred not visiting the local hospitals.

Ms. B’s son is currently attending school. Her daughter, while being admitted to attend is suffering from a disability in her legs which makes it very difficult for her to travel back and forth every day. Given the substantial distance to the school, the distance eventually made it too difficult for her to attend, and she has recently dropped out.

**Ms. C, 7 Hamza Colony**

Ms. C is 20 years old and lives in 7 Hamza Colony together with her husband and her two children, both boys, aged three years and three months respectively. She states that she received antenatal check-ups at G. G. Khanna Hospital.

**Settlement 11 – 9 Fatima Masjid, Balapur, Hyderabad**

The seventh settlement visited by the research team on its second day was 9 Fatima Masjid in Balapur, Hyderabad. The settlement houses 26 families, including 60 children and currently one pregnant woman. The settlement currently has four toilets and two washrooms. However, there is no functional sewage system in 9 Fatima Masjid, so that the toilets and sewage have to be cleaned every two to three
months, resulting in additional expense for the residents of the settlement. The drinking water arrangements for the residents are identical to what has been outlined for other settlements.

There are no ASHA workers or Anganwadi centres available for the residents of the settlement. The resident interviewed by the research team did not recall any incidents of discrimination at the nearby government hospital and clarified that some women went there to deliver their children.

In 9 Fatima Masjid as well, few of the children are able to attend a government-run school. Fortunately, the Non-Governmental Organization ‘Save the Children’ is equally operating a school in the area, enabling some other children to receive an education.

**Testimony**

**Mr. A, 9 Fatima Masjid**

Mr. A is 65 years old and has been living in Hyderabad for the past six years. In 9 Fatima Masjid, he has spent the past 2.5 years. Mr. A explained that the settlement has four toilets and two washrooms. Nevertheless, it seems to be established that women do not use these facilities, but have to resort to holes dug in the ground. The settlement does not have a functional sewage system – cleaning it every two to three months costs the residents another Rs. 2,000.

Mr. A confirmed the established drinking water price of Rs. 10 as well as the availability of underground water for purposes other than drinking or cooking.

Mr. A clarified that there are no ASHA workers in the settlement, and no Anganwadi centre is available to them either. Mr. A additionally states that the residents have not faced any discrimination at the nearby hospitals, and some of the pregnant women do deliver their babies there. However, he says that there also some pregnant women who prefer to do the delivery at home. Immunizations are provided, in particular against polio, once a year.

He stated that currently, only 3 of the 60 children are attending school, as the schools are very far away. He said that some go to private or NGO-run schools, most notably a school run by ‘Save the Children’.
Settlement 12 – New 8, Royal Colony, Balapur, Hyderabad

The eighth and last camp visited by the research team on its second day was Camp New 8 Royal Colony, Balapur, Hyderabad. A total of 250 people in 70 families reside here, including between 80 and 100 children. Rent for the Jhuggis lies around Rs. 800. As the settlement does not have a gas connection, the residents use firewood, spending around Rs. 100 for a five days’ worth of wood. The settlement has two separate toilets for men and women, and a makeshift bathroom is available as well. Once again, this is equal to one toilet for well over 100 residents, nowhere near enough to ensure even basic hygiene standards.

Drinking water jars are equally purchased at a price of Rs. 10 in New 8 Royal Colony. The settlement was the only one visited in which residents had access to an Anganwadi centre, located approximately 10-15 minutes away in Baba Nagar. However, an ASHA worker was not available here either.

The health conditions in 8 Royal Colony were generally described as very poor, with different diseases threatening the residents in particular during the monsoon season. For urgent treatment, residents have been admitted to Osmania or Barkas Hospital.

Only 20 of the children are currently attending government schools, some others are attending NGO-run schools and others again are only attending Madrassa. Ration cards are not available.
Testimonies

Mr. A, New 8 Royal Colony

Mr. A is 30 years old and has been living in the settlement for three years together with his four children. He pays Rs. 800 for renting his Jhuggi. Mr. A says that his first child, a six-year-old girl, is going to Madrassa, as the government schools are too far away. He said that some other children are attending a school run by the NGO “Save the Children”. In New 8 Royal Colony as well, the residents can use underground water only for purposes other than drinking and cooking, and they have to purchase drinking water for Rs. 10 per jar.

Mr. A says that New 8 Royal Colony has two separate toilets for men and women, and the residents have a makeshift arrangement for bathing and washing.

Resident B, New 8 Royal Colony

Mr. B is 32 years old and has five children, all of which are equally going to Madrassa. She pointed out that no jobs other than labour work were available to the residents. Mr. B complained about the living conditions in the camp, clarifying that there were no Chulhas, no gas connections and no fire precautions whatsoever. For fires, the residents buy wood at a price of Rs. 5 / kg. Mr. B says that Rs. 100 worth of wood lasts them (presumably the settlement) around 5 days.
Mr. B says that six children were delivered this year. Mr. B clarified that no ASHA worker is visiting New 8 Royal Colony. However, the children from the settlement are attending an Anganwadi centre which is located 10 to 15 minutes away from the settlement.

Mr. B described the health conditions of the residents of New 8 Royal Colony as generally very poor: Residents are suffering from Typhoid, Malaria and Pneumonia, in particular during the monsoon season. Antenatal check-ups for pregnant women are provided by the NGO “Save the Children”. The residents are sometimes going to Osmania Hospital or Barkas Hospital to obtain treatment. The residents of New 8 Royal Colony do not have a ration card.
Day 3 – 30 June 2018
The people in 12 Royal Colony have been living in the settlement for the past 1.5 years. The 250 residents make up 41 families, four of which are from Jammu. 55 children are living in the settlement, 6 women are currently pregnant and 3 are lactating mothers. The residents equally pay rent to a landlord for their Jhuggis. The settlement currently has four toilets, two of which however have no doors, thereby lacking even the most basic privacy standards. Central washrooms are not available. The research team discovered that six residents were currently suffering from gallstones, making this disease unusually common in this and in other settlements. Drinking water arrangements are identical to what has been established above. The residents have access to a borewell but are forced to purchase clean drinking water at the established price of Rs. 10.

Access to public health services is limited. No ASHA workers or Anganwadi centres exist for the residents of 12 Royal Colony. While antenatal check-ups have been received by pregnant women, the research team received contradictory statements as to whether any children had ever been delivered at the hospital. In any case, most women prefer to deliver at home. The residents of the settlement have been asked to pay for specific forms of treatments.

In 12 Royal Colony as well, many children go to Madrassa, and few if any children attend government schools. Ration cards are not available.
Ms. A, 12 Royal Colony

Ms. A informed the research team most of the residents in the settlement worked on construction sights. The settlement currently has two toilets and another two which have no door that would ensure privacy, and some of the residents have makeshift bathrooms in their Jhuggis. In 12 Royal Colony as well, the residents have access to a borewell, but have to buy drinking water for Rs. 10 for drinking and cooking.

Ms. A said that the children of 12 Royal Colony do not attend government schools and go to Madrassa.

Regarding their health situation, Ms. A stated that there was no primary health centre nearby, and neither ASHA workers nor an Anganwadi centre is available for the residents. Ms. A says that immunizations are not provided to children or to other residents. The residents of the settlement sometimes go to Osmania Hospital for treatment, but they do have to pay for some forms of treatment (e.g. Rs. 500 for an X-Ray). Deliveries only take place at a hospital in some cases – in many instances, women stay in the settlement and deliver their children without any medical support. Ms. A confirmed that the ambulance comes to the camp when called. Finally, Ms. A revealed that six residents in the settlement are suffering from gallstones – a disturbing trend observed in several of the settlements visited.

None of the residents have a ration card.
Resident Mr. B, 12 Royal Colony

Mr. B arrived in the settlement three months ago from Jammu. He is in very poor health, suffering from a heart disease ("hole in his heart"). He informed the team that his family pays Rs. 600 for the Jhuggi they are renting.

Settlement 14 – 14 Royal Colony, Balapur, Hyderabad

The research team subsequently visited 14 Royal Colony in Balapur, Hyderabad, which houses 57 families, including 35 children and 5 pregnant women. The
residents pay around Rs. 650 for their Jhuggis and are mostly employed as construction workers. There are three toilets and two washrooms, none of which offer any privacy to the residents. As opposed to many of the other settlements, 14 Royal Colony does not even have a borewell. The residents thus either have to rely completely on purchased water or - as they do in practice - have to ask the residents of other settlement for their support.

There is no Anganwadi centre in or near 14 Royal Colony. While a centre appears to have been available until several months ago, the residents informed the research team that it has since moved and is no longer accessible. Access to public hospitals is possible, but sometimes linked to significant charges for certain services - such as Rs. 1,500 for a birth certificate.

Children in 14 Royal Colony are going either to government or private schools or to Madrassa. Residents state that access to class 10 is effectively prevented by the requirement of an Aadhaar card. Ration cards are not available.

**Testimonies**

**Mr. A, 14 Royal Colony**

Mr. A has been living in the settlement for the past four and a half years. He says that the residents of 14 Royal Colony pay around Rs. 650 for their Jhuggis and are all employed in construction work, for which they make between Rs. 300 and 400 per day. Mr. A shared that 14 Royal Colony does not even have a borewell and thus no independent water supply whatsoever. They purchase drinking and cooking
water for Rs. 10 per jar and ask the residents of other camps for underground water for other purposes. According to Mr. A, there are three toilets and two washrooms in 14 Royal Colony, none of which have doors that would ensure privacy. Neither toilets nor washrooms have running water.

In 14 Royal Colony, the children are going to Madrassa, government and private schools. In class 10, schools are asking for Aadhaar cards, thereby preventing the children from attending. Pregnant women in 14 Royal Colony sometimes go to Barkas Hospital for treatment. Some deliver their children at a hospital, the rest is forced to deliver at home.

Mr. A also confirmed that none of the residents of the settlements have ration cards.

Ms. B, 14 Royal Colony
Ms. B is 26 years old. Together with her husband, she has four children, the oldest of which is seven years old and going to Madrassa. The younger children are three and younger and thus not yet going to school. Apparently, an Anganwadi centre in Rabia Masjid in front of Lamba Colony had been available until recently, but it shifted to Diamond Hotel 3 months ago.

The second child of Ms. B was brought to Barkas Hospital when it suffered from diarrhoea. For the delivery of her youngest child, Ms. B however went to a private hospital in Baba Nagar. She obtained a birth certificate at a price of Rs. 1,500. According to Ms. B, there is no ASHA worker visiting the settlement.
34 families and 50 children live in 15 Royal Colony, Balapur, Hyderabad. Jhuggis are rented at a price of Rs. 600, and an additional Rs. 200 per month are due for electricity, which is available within the camp. 4 toilets and 2 washrooms are available in the settlement. 15 Royal Colony has a borewell and residents equally purchase drinking water at a price of Rs. 10 per jar.

The children of the settlement are able to enrol in the local public schools at least up until 5th or 6th grade.

ASHA workers or Anganwadi centres are not available. While pregnant women generally receive antenatal check-ups at Barkas Hospital, they are sometimes referred elsewhere for more expensive diagnostic tests. In 15 Royal Colony as well, the research team encountered three residents suffering from gallstones, thereby continuing a development that had been established in other settlements.
Mr. A, 15 Royal Colony

Mr. A is 65 years old and has been living in the settlement for about a year. He told the research team that most of the residents are working in construction or as rag pickers, making around Rs. 400-500 per day. Mr. A informed the team that the settlement has four toilets and two washrooms. Moreover, 15 Royal Colony has a borewell, from which the residents obtain water. For drinking and cooking, they too purchase water jars at a price of Rs. 10 per jar.

The children of 15 Royal Colony appear to be generally admitted to government schools until around 5th or 6th grade. Since the school is fairly far away, some children do not attend and only go to Madrassa. No Anganwadi centre is available for the benefit of the younger children.

Ms. B, 15 Royal Colony

Ms. B is 30 years old and currently pregnant. For antenatal check-ups, she goes to Barkas Hospital. She says that there is no ASHA worker in 15 Royal colony and no Anganwadi centre available to them. She states that while they were previously denied access to health facilities by the responsible authorities, they now no longer face discrimination in this regard. Ms. B revealed that at least three residents in 15 Royal Colony were suffering from gallstones.
Ms. C, 15 Royal Colony
Ms. C is 26 years old and currently in the ninth month of her fourth pregnancy. She has received antenatal check-ups at Barkas Hospital but has to date never been visited by an ASHA workers. When she went to the hospital, she was asked to get ultrasound sonography tests from outside. For the diagnostics, she eventually paid around Rs. 1,200 at Zuma Scan Center.

Ms. D, 15 Royal Colony
Ms. D is 24 years old. She clarified that the toilets in the settlement are common toilets used by both men and women. D is 9 months pregnant and, too, receives antenatal check-ups, including ultrasound tests, at Barkas Hospital. She confirmed previous statements that no ASHA workers or Anganwadi centres are available to them.
39 families and approximately 50 children live in 8 Royal Colony, renting Jhuggis for around Rs. 600-700. The settlement is made up out of three different clusters of Jhuggis housing six families, eight families and eleven families respectively. The first two clusters share one toilet, while the third one has access to two toilets. The entire settlement shares one makeshift bathroom and has access to a borewell.

No ASHA workers available for the residents of the settlement. Three women are currently pregnant, and there is one lactating woman who has recently delivered her child in the camp.

The residents of 8 Royal Colony have not shared any incident of discrimination at the nearby public hospitals. Pregnant women go there for the purpose of receiving antenatal care. Some residents also pointed out that immunizations are sometimes provided at 1 Royal Colony.

Some of the children in the camp are attending a government school in Baba Nagar.

**Testimony**

**Ms. A, 8 Royal Colony**

Ms. A is 28 years old. Together with her husband and her two daughters aged eight and seven, she has been living in 8 Royal Colony for the past two years. They are renting a Jhuggi for between Rs. 600-700. Ms. A clarified that there is no gas connection in the camp. Ms. A clarified that the settlement could be divided into
three clusters of Jhuggis that had access to separate toilets. She also stated that 8 Royal Colony has a borewell, and that the residents are relying on purchased drinking water at Rs. 10 per jar for the purpose of drinking and cooking.

Ms. A is in the eighth month of her third pregnancy. She clarified is no an Anganwadi centre is not available in 8 Royal Colony, and that no ASHA worker has ever visited the residents. She pointed out that the residents are not facing discrimination at Barkas Hospital, and they do go there for the purpose of receiving antenatal check-ups. Ms. A also stated that immunizations were provided at a school in 1 Royal Colony. Ms. A clarified that one of her daughters is currently attending a local government girls school. Ration cards are not available.

Key Findings

The previous section has highlighted the individual concerns and problems present in the Rohingya settlements in Hyderabad. An overall analysis of the findings in the 16 settlements, the objective assessment by the research team as well as the testimonies of the residents reveal a series of deficiencies and problems present across a large number or even all of the settlements. The following section aims to give insight into this bigger, overall picture for each of the areas assessed by the research team, including general living conditions and sanitation, clean drinking water, health, education and subsidized food.

General living conditions and Sanitation

Poor living conditions and fundamentally inadequate standards of sanitation prevail in all of the settlements visited. In most cases, the Jhuggis are simple constructions
of bamboo and tarpaulin. Many of the residents correctly remarked that these homes constitute highly unsafe environments. For instance, the risk of a fire spreading in any one of the settlements is substantial, seeing that all families are forced to cook their food over open fires, often right next to the Jhuggis. Nevertheless, no fire precautions whatsoever are being taken or can be taken in any of the settlements, and the Jhuggis would surely not withstand any such fire. A gas connection was not available in any of the 16 settlements, and only 3 settlements had access to electricity (namely Settlement 1, 13 Royal Colony, Settlement 2, 20 Royal Colony, and Settlement 15, 15 Royal Colony). Nevertheless, all residents were paying substantial amounts of rent to their landlords: No resident stated to pay less than Rs. 600, and some even claimed to be paying around Rs. 1,400 each month.

The financial burden is exacerbated by the employment difficulties faced by the Rohingyas. Having no access to an Aadhaar card appears to lie at the heart of this problem. As a consequence, the residents are universally employed in a limited sector of low-paying day jobs, such as rag picking or construction work. When the income of the parents does not suffice to cover the needs of the family, children will often work as well. Financial constraints themselves are therefore one of the reasons why many children do not go to school.

In most settlements, the number and design of the sanitation facilities are fundamentally inadequate. In Settlement 8, toilet facilities were not available at all and the residents were forced to use holes dug in the ground for defecation. In Settlement 11, this was true for the women of the settlement. Where toilets were available at all, these were often shared by more than 100 (in particular Settlement 1, Settlement 7, Settlement 9 and Settlement 12). In very few cases was there more than one toilet for 50 residents. It follows not only that residents will often have to queue, but also that the hygienic conditions in the toilets are generally very poor, thereby in turn increasing the risk of a spread of diseases. In several settlements, the residents informed the research team that there were drainage and sewage problems (for instance Settlement 7, Settlement 8, Settlement 10 and Settlement 11). In settlement 11, the residents have to have their toilets emptied once every two or three months, spending around Rs. 2,000 every time.

Finally, only the residents of Settlement 12 informed the research team that there were separate toilets for men and women. This, in combination with the fact that
many of the toilets did not offer the residents any privacy, can create a safety risk, especially for the women of the settlements.

**Clean drinking water**

Access to clean water is a problem in all of the settlements visited by the research team. In most cases, the settlements had a borewell producing groundwater. However, the residents unequivocally stated that water coming from the borewells was highly unclean and could not be used for drinking or even cooking. Therefore, the residents in all 16 settlements purchase their drinking water in 10-litre-jars, for which they pay Rs. 10. Most residents stated spending around Rs. 500-600 per month, but some said that with their children, they had to spend substantially more, the figures reaching up to Rs. 1,200. Quite naturally, the need for drinking water will also rise and fall depending on the time of the year, and costs will reach their highest point during the dry season. It is instructive to realize that the Rohingyas are spending approximately the same amount of money on drinking water as they do on rent. In light of the employment problems mentioned above, this financial burden is immense and cannot be overstated.

A special case was Settlement 14. Here, the residents did not even have a borewell within the settlement. In order to avoid having to purchase water for all uses in the settlement, they thus have to ask neighbouring settlements for water. It is clear that distance and cooperation of other settlements both place a natural limit on the amount of water that can be obtained thereby.

**Health**

In many settlements, the residents expressed deep concerns about their general health. Residents repeatedly reported that especially during the raining season, serious diseases such as typhoid and malaria could spread rapidly. The poor hygiene prevailing in all settlements in general and in the toilets in particular further contribute to this reality.

Throughout its visits, the research team noticed that more and more residents were complaining about gallstones – in particular in Settlements 10, 13 and 15. As the research team only discovered this issue in the course of its visits, several settlements had been visited without specifically questioning the Rohingyas on this matter. It is very likely that an in-depth study could reveal more such cases, as the
unusually and abnormally high rate across several settlements suggests that the health of the Rohingyas could be impaired by a common denominator.

In addition to the general health of the Rohingyas, the research team encountered a variety of issues related to access to the public health system, which will be set out below:

**Unavailability of Anganwadi Centres**

Settlement 12 was the only settlement that offered its residents access to an Anganwadi centre. The benefits that should be provided by Anganwadi centres are vital: Pregnant and lactating women and children should be able to receive supplementary nutrition, children should receive non-formal pre-school education, and women and adolescent girls should receive basic health education. In addition, the Anganwadi worker performs a key role in performing basic health check-ups, in particular for pregnant women and children, and contributes to the implementation of a set of schemes. The absence of Anganwadi centres in all but one of the settlements therefore means that the Rohingyas are deprived of one source of subsidized food, children do not receive pre-school education and women and girls do not have access to basic health and hygiene education through the Anganwadi Worker. What is more, no-one is carrying out the monitoring and registration function inherent to the position of the Anganwadi Worker.

**Unavailability of ASHA Workers**

It was alarming to hear that not a single one of the many residents interviewed by the research team had ever seen or been visited by an ASHA worker. In particular pregnant women are therefore left with the choice of either trying to obtain check-ups and care from public or private hospitals, or not receiving treatment and diagnostic tests at all. Many women confessed that they had never received check-ups during any of their pregnancies. To a large extent, deliveries of children are still taking place at home. This, in turn, creates new problems, as birth certificates are often not issued for children that were not delivered in the hospital.

**Access to Public Hospitals and Awareness**

Many Rohingyas said that they were reluctant to visit public hospitals, stating that they would only do so in emergency situations – for many, even the delivery of a child did not fall within this category. Several residents recalled a variety of discriminatory incidents. In particular, residents stated that doctors would ask for a
valid Aadhaar card before providing certain forms of treatment, such as antenatal check-ups. Others said that doctors would only offer them a limited set of medication or would refuse to give them more than a ration of two or three days. In a particularly shocking conversation, one resident shared that a sterilization procedure had been undertaken on her without her consent.

While the government hospitals are no longer refusing to treat the Rohingyas altogether, many Rohingya residents are understandably unaware of this policy change. Having made negative experiences in the past, many will therefore simply refrain from visiting a public hospital again in the future. In order to ensure that the Rohingyas would visit a hospital again in the future, it was not sufficient for hospitals to simply change their stance. Rather, it would have been necessary to additionally communicate this development openly in order to make up for the discriminatory practices that had been common for a long time.

**Immunization**

Immunization facilities were also available hardly anywhere. When immunizations do take place, this was often on an irregular basis. Sometimes, authorities would ask the residents to provide immunization cards for their children, which they did not possess. Some residents stated that pregnant women were able to receive immunizations at Barkas Hospital. This however, would require pregnant women to receive antenatal check-ups there, which, as has been seen above, is often not the case.

**Conclusion**

In conclusion, a core problem appears to be the lack of nearby, accessible facilities that would be able to function as a first point of contact, thereby integrating more, if not all residents into the public health system – facilities not multiple kilometres away, but available within the individual community. The facilities and institutions that are specifically designed to carry out this function, including Anganwadi centres and ASHA workers, did not exist in the settlements visited by the team. While some residents may indeed go to one of the nearby hospitals for treatment, this is clearly not the case for all Rohingyas. Throughout the entire study, it became abundantly clear that sporadic hospital treatment in medical emergencies cannot possibly replace the continuous services that should be provided by ASHA workers and Anganwadi centres.
Access to education is often difficult for the children of the settlements. While some residents indeed mentioned government schools in Baba Nagar as well as an NGO-run school, it became apparent after visiting the 16 settlements that very few children are actually attending either of these institutions. Many residents stated that their children were therefore simply going to Madrassa.

A variety of reasons contribute to this reality: Sometimes, the family income is so low that children are required to help their parents in order to help the family make ends meet. In other settlements, the distance to the school and the lack of any form of transport was described as a major obstacle and contributed to the absence of many children.

Sadly, residents also shared that even when their children did go to school, they often faced discrimination. On the one hand, this was due to the behaviour of other (often Indian) students, who would sometimes even become violent towards the Rohingya children. On the other hand, discrimination also takes place on an institutional level: Some residents stated that the Rohingya children were separated from the Indian children and their education and individual needs were neglected. Additionally, residents shared that that access to classes 9 & 10 requires a valid Aadhaar card, which the children of course do not have. For these two crucial final classes, the Rohingya children therefore remain excluded altogether.

Finally, throughout the course of its entire visit, the research team did not encounter a single resident that had received a ration card from the government. Given the obvious employment difficulties faced by the Rohingyas as well as their substantial expenditures in terms of rent and clean drinking water, the lack of access to subsidized food represents yet another major challenge for the residents. Together with the fact that children are often not going to school, where they would receive a free meal, and the fact that Anganwadi centres and their services of supplementary nutrition are not available for children and pregnant and lactating women either, making ends meet has been described by the Rohingyas as a serious concern every day.
Legal Violations

India has to date not adopted a specific domestic law or policy addressing the status or level of protection that should be accorded to refugees living in India. Similarly, India is not a signatory to the 1951 UN Convention or the 1967 Protocol on Status of Refugees. Nevertheless, refugees in India are not left without any legal protection: First, the Constitution of India guarantees a number of fundamental rights to nationals and (refugee) foreigners alike. Second, India is a party to a number of international agreements, which create international and domestic legal obligations relating to the protection of refugees.

Constitutional Guarantees

The Constitution of India\textsuperscript{12} sets out a number of fundamental rights that are not dependent on Indian nationality and thus equally applicable to the Rohingya refugees. These include, most notably, Article 21 of the Constitution, which reads:

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

In terms of the scope \textit{ratione personae} of Article 21, the landmark judgment \textit{National Human Rights Commission vs. State of Arunachal Pradesh} in 1996, concerning Chakma refugees in Arunachal Pradesh held that Article 21 of the Indian Constitution afforded equal protection even to those who were considered ‘illegal immigrants’. It follows that there is no serious doubt that the Rohingya refugees, too, can rely on Article 21 of the Constitution of India.

Regarding the scope \textit{ratione materiae}, Article 21 has always been interpreted expansively. Today, it covers, \textit{inter alia}, a right to privacy\textsuperscript{13}, a right to shelter\textsuperscript{14}, a right to live with human dignity\textsuperscript{15}, a right to education\textsuperscript{16}, a right against inhuman treatment\textsuperscript{17} and a right to health and timely medical aid.\textsuperscript{18} This was made particularly clear in the case Francis Coralie Mullin v Union Territory of Delhi in 1981, which stated:

\begin{figure}[h]
\includegraphics[width=\textwidth]{figure1.png}
\caption{Diagram illustrating the relationship between legal violations and constitutional guarantees.}
\end{figure}

\textsuperscript{12} Available online at \url{http://lawmin.nic.in/olwing/coi/coi-english/coi-4March2016.pdf}, last accessed on 17 July 2018
\textsuperscript{13} Cf. Kharak Singh vs State of Uttar Pradesh
\textsuperscript{14} Cf. Chameli Singh vs State of Uttar Pradesh
\textsuperscript{15} Cf. People's Union for Democratic Rights vs Union of India
\textsuperscript{16} Cf. Unikrishnan vs State of Andhra Pradesh
\textsuperscript{17} Cf. Kishore Singh vs State of Rajasthan
\textsuperscript{18} Cf. M.S. Chawla vs State of Punjab
“The right to live includes the right to live with human dignity and all that goes along with it, viz., the bare necessities of life such as adequate nutrition, clothing and shelter over the head and facilities for reading writing and expressing oneself in diverse forms, freely moving about and mixing and mingling with fellow human beings and must include the right to the basic necessities of life and also the right to carry on functions and activities as constitute the bare minimum expression of human self.”

The above testimonies give clear, uncontestable insight into the appalling living conditions of the Rohingyas. The general conditions in the Jhuggis, poor sanitation, limited access to clean water and restricted access to education and health pose an immediate threat to the life and health of the Rohingyas. Not one person interviewed by the research team was in possession of a ration card – which is necessary given their extremely low income due to the denial of employment. Being denied adequate nutrition, shelter as well basic necessities of life, such as sanitation facilities and clean water, can therefore be said to constitute a direct violation of Article 21 of the Constitution.

**The Relevance of International Law**

The two main international conventions governing refugee laws and obligations are the 1951 Convention on the Status of Refugees and the 1967 Protocol. While India is not a signatory to either of these, it has signed a number of other international instruments. While treaties set out below are not principally concerned with the rights of refugees, they are also not strictly limited in application to the rights of state party nationals. Many of the below conventions contain a non-discrimination provision explicitly clarifying that the rights set out in the respective convention should not be limited in their application to the nationals of the signatory state. It follows that these treaties have precise consequences for the rights accorded to refugees in India: First, by creating an international obligations for India to comply with the treaties it signed. Second, by creating a domestic obligation, for instance via Article 51, to take such internal measures as are required to ensure compliance with international law: Article 51 reads:

**Article 51**: The State shall endeavor to:

[...]
c) Foster respect for international law and treaty obligations in the dealings of organized people with one another.

Third, and last, international law can function as a source of interpretation for constitutional guarantees, where the wording so permits. As was clarified by the Indian Supreme Court in *Tractor Export, Moscow v M/S Tarapore & Co.***

“[t]here is a presumption that Parliament does not assert or assume jurisdiction which goes beyond the limits established by the common consent of nations and statutes are to be interpreted provided that their language permits, so as not to be inconsistent with the comity of nations or with the established principles of International Law. But this principle applies only where there is an ambiguity and must give way before a clearly expressed intention.”

Some of the international treaties relevant for the protection of the Rohingya refugees in India are set out below.

**The 1948 Universal Declaration of Human Rights**

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

The provisions of particular relevance to the living conditions of the Rohingya refugees are:

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

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

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19 *Tractor Exp., Moscow v M/S Tarapore & Co.*, cf. also *Gramophone Co. of India Ltd. v Birendra Bahadur Pandey*.

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

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

Article 15: (1) Everyone has the right to a nationality. (2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

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

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

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

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

Article 25(2): Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.
**Article 26(1):** Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

**Convention on the Elimination of All Forms of Discrimination against Women**

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

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

**Article 14(2):** States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas [...].

**Convention on the Rights of the Child (CRC)**

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

**Article 2(2):** States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed

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opinions, or beliefs of the child’s parents, legal guardians, or family members.

**Article 3(2):** States Parties undertake to ensure the child such protection and care as is necessary for his or her wellbeing, [...].

**Article 6:** (1) States Parties recognize that every child has the inherent right to life. (2) States Parties shall ensure to the maximum extent possible the survival and development of the child.

**Article 7:** (1) The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents. (2) States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

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

**Article 22(1):** States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection [...].

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

**Article 24(2):** States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
a) To diminish infant and child mortality;
b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
d) To ensure appropriate pre-natal and post-natal health care for mothers;
e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
f) To develop preventive health care, guidance for parents and family planning education and services.

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

Article 28(1): States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:
a) Make primary education compulsory and available free to all;
b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
c) Make higher education accessible to all on the basis of capacity by every appropriate means;
d) Make educational and vocational information and guidance available and accessible to all children;
e) Make measures to encourage regular attendance at schools and the reduction of drop-out rates.

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

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

International Covenant on Economic, Social and Cultural Rights

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

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

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

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

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

Article 13(1): The States Parties to the present Covenant recognize the right of everyone to education. They agree that education shall be directed to the full development of the human personality and the sense of its dignity, and shall strengthen the respect for human rights and fundamental freedoms. [...]

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

a) Primary education shall be compulsory and available free to all;

b) Secondary education in its different forms, including technical and vocational secondary education, shall be made generally available and accessible to all by every appropriate means, and in particular by the progressive introduction of free education;

c) Higher education shall be made equally accessible to all, on the basis of capacity, by every appropriate means, and in particular by the progressive introduction of free education;

d) Fundamental education shall be encouraged or intensified as far as possible for those persons who have not received or completed the whole period of their primary education;

e) The development of a system of schools at all levels shall be actively pursued, an adequate fellowship system shall be established, and the material conditions of teaching staff shall be continuously improved.

International Covenant on Civil and Political Rights

Article 6(1): Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.
**Article 16**: Everyone shall have the right to recognition everywhere as a person before the law.

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

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

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

The research conducted by the Human Rights Law Network in and around Hyderabad reveals an uncontroversial and immediate need for improvement in the settlements of the Rohingyas. This has been observed in all areas assessed by the research team and gives rise to seven key suggestions for future action to be taken:

First, UNHCR refugee cards should be accepted as valid identity proof. Throughout the 16 settlements, the research team repeatedly observed that the lack of an Aadhaar card was principally responsible for a number of grievances of the refugees, including access to health services, education and employment opportunities. Accepting UNHCR cards as identity proof would address these problems on a comprehensive basis.

Second, appropriate, safe housing should be provided to the Rohingya refugees. The Jhuggis encountered in the settlements were simple constructions of bamboo and tarpaulin. These clearly represent an unsafe environment, for instance in the event of a fire, but also with regard to dangerous animals entering the shelters. Ensuring that the Rohingya refugees have safe accommodation to return to would be an important step to more amenable living conditions.

Third, proper sanitation facilities should be guaranteed throughout all settlements. The obvious lack of toilets and washrooms in most of the settlements constitute more than just an inconvenience – given the obvious consequence of poor hygienic conditions, they are a key health hazard for the residents of the settlements, a source of a spread of diseases. Moreover, the absence separate toilets for men and women can constitute an additional safety risk in particular for women. Ensuring a basic standard of hygiene and sanitation is therefore of the utmost importance for the Rohingya settlements.

Fourth, the Rohingya refugees should be provided with clean drinking water free of charge. Currently, all residents of the 16 settlements are spending the same amount of money on clean drinking water as they do on rent. No settlements have been provided with a proper pipeline, and the borewells that are accessible in some settlements produce water that is so unclean that it cannot even be used for cooking. The financial burden that is placed on the Rohingya refugees in this regard can hardly be overstated. It produces repercussions in other areas, such as the
amount of food they can purchase and other expenditures they are able to face. Access to clean drinking water is a fundamental right, it is necessary ensure the survival of the Rohingya communities. The status quo, requiring the Rohingyas to purchase drinking water themselves, can therefore no longer be upheld.

**Fifth**, more steps have to be taken to ensure that the Rohingya refugees have equal, unconditional access to public health services. This includes both service-related and institutional problems: On the services side, it was shocking to see how few women had received forms of antenatal care during their pregnancy. Similarly, it is incomprehensible why immunization is still not provided to all women and children in the settlements across the board. Also, it is intolerable that some services, medications and diagnostic tests still appear to require a valid Aadhaar card or otherwise refused. With regard to the institutional system of healthcare accessible to the Rohingyas, the absence of ASHA workers and Anganwadi centres has disastrous consequences for the health of many residents who cannot or will not visit a public hospital for every health problem they face. Additionally, it must be ensured that public hospitals will refrain from all forms of discrimination against the Rohingya refugees. Incidents of discrimination do not only affect the patient immediately discriminated against, but will also scare off other members of the community. The poor living conditions of many of the Rohingyas make access to proper healthcare indispensable. Immediate steps must be taken to combat the failures that can be observed in the settlements today.

**Sixth**, children in the settlements must universally have access to the public education system. The visits of the research team revealed a shocking combination of geographical inaccessibility, refusal of admission and structural discrimination in the classroom. In consequence, few if any children of the individual settlements were visiting schools. This, in turn will inevitably destroy the future of many children, robbing them of any possibility to move up in society. Education must be accessible to all, free of charge and of discrimination, so as to ensure that the most vulnerable of the Rohingya population have a future to look forward to.

**Seventh**, the Rohingya refugees should be provided with access to subsidized food, most notably through ration cards. The poor employment opportunities of the Rohingyas, combined with the significant expenses they face for simple necessities such as rent and drinking water, make nutrition a serious challenge. Testimonies of the refugees are evidence of the consequences of this situation: When money is missing, even children will be required to help out and they will be prevented from
going to school. Giving the Rohingya refugees access to ration cards is therefore equally fundamental to improving their living situation in the settlements.

**Conclusion**

The above recommendations are fundamental steps that must be taken to guarantee basic standards of living in the Rohingya refugee settlements. However, they are also steps that, if implemented, would constitute a drastic improvement of their quality of life. From the legal analysis presented above, it follows that that these ‘amenities’ are directly related to their right to life, a right enjoyed by the Rohingya refugees irrespective of the fact that India is not a signatory to the 1951 Refugee Convention: The rights of the Rohingya refugees follow both from the Constitution of India as well as from the many international conventions set out above.

The Rohingyas are a community that has been persecuted for the better part of a century. They are facing violence, torture and degrading treatment at home, and have come to India in search of a safe environment in which to re-build their lives. They deserve access to a basic standard of living, access to clean water and sufficient food, to health services and education for their children. The reality of July 2018 does not live up to these standards. Therefore, this report aims to provide evidence of the current failures, and serve as a baseline of advocacy aimed at improving the living conditions of the Rohingya refugees in their settlements in Hyderabad.