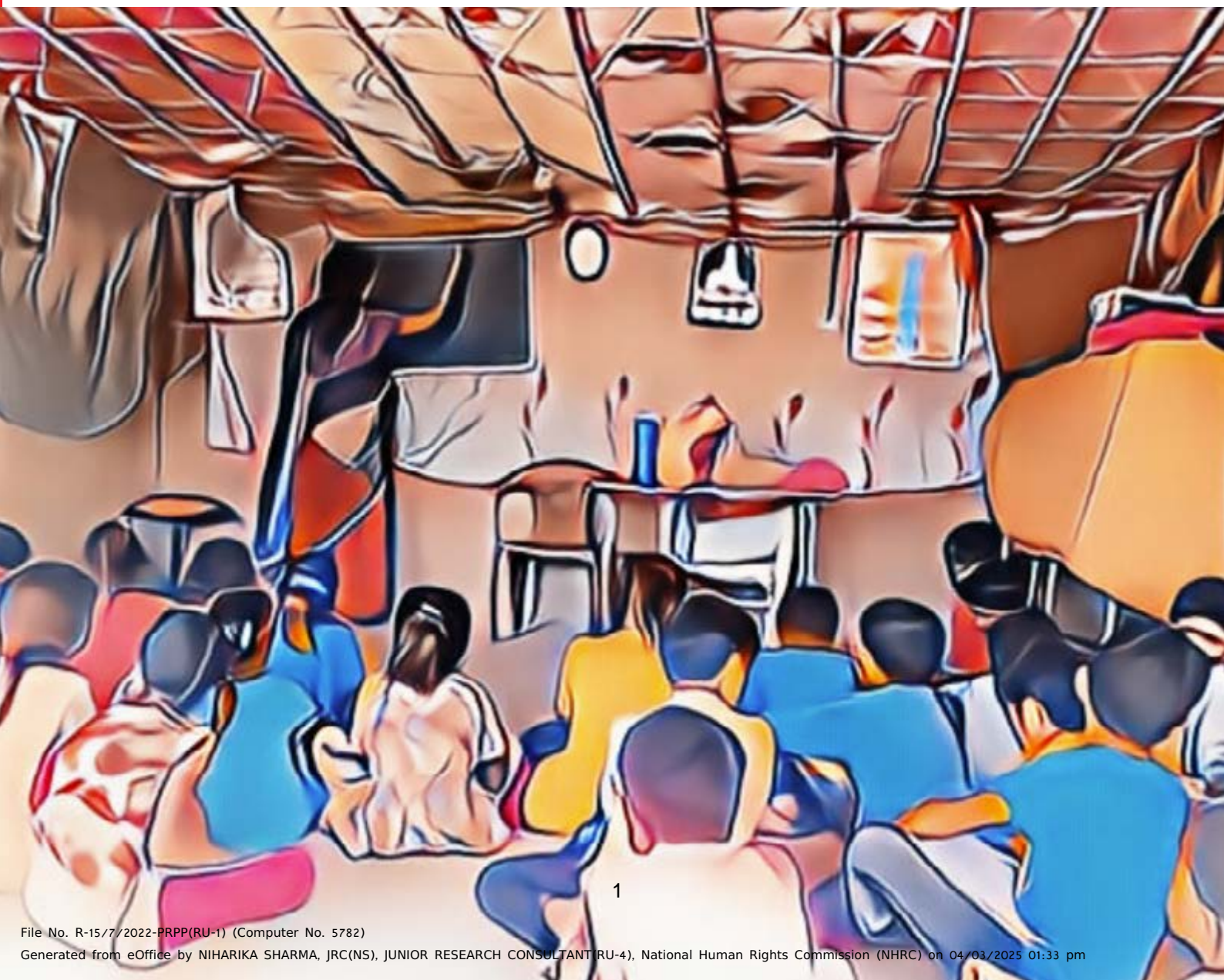


# Refugees in India

**A national survey of refugee communities'  
access to education, healthcare and livelihoods**



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**act:onaid**

**ActionAid Association (India)**

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July, 2024





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## FOREWORD

Throughout its history, India has had a remarkable track record of providing refuge and support to displaced people. Since independence, India has effectively managed significant refugee crises, including the unprecedented influx in 1947.

In the 1960s, India provided shelter to Tibetan refugees. In the 70s India hosted refugees from western Africa, Afghanistan and, later, Sri Lanka. More recently, we have been hosting Rohingya refugees from Myanmar fleeing persecution since May 2015.

The significant cultural as well as economic contributions by the partition refugees to Delhi as an urban centre must be acknowledged and lauded. Their inclusion and rehabilitation was also an integral step in nation building for a newly formed India.

India's example resonates with many countries in the global south. According to data from UNHCR, developing nations have hosted over 86% of refugees, with more than 73% being hosted by neighbouring countries. In general, societies in the south have embraced refugees as equal members of their communities. In contrast, countries in the north have not exhibited the same level of solidarity and responsibility towards refugees, despite their significant role in the global refugee crisis. It is crucial to acknowledge and hold them accountable for this disparity.

We must recognize that there has been a shift in the perception of refugees in the 21st century. The World Refugee Council refers to it as a "shortfall of humanity and empathy." With the rise of xenophobia, stricter border controls, the emergence of nativist movements, and growing economic inequalities that fuel fears of "risk from refugees," host communities have become insecure. Elected governments often voice these insecurities without effectively addressing them. This is happening precisely when the refugee crisis demands a framework that leaves no one behind.

With some exceptions, there is a growing antipathy towards refugees worldwide. While the world's conscience has been moved by tragic images of drowning refugees in the Mediterranean Sea and the plight of Rohingya and other ethnic groups from Myanmar escaping atrocities, governments have not been as easily swayed. Rescuing drowning migrants has become a criminal offense in Italy, and providing shelter to refugees from Myanmar has become a matter of political debate.

False notions of "dangers and threats" associated with refugees based on race, religion, and economic competition are exploited by extremist groups from both the refugee and host communities to fuel xenophobia.

It is important to understand that refugees, or any other group for that matter, only pose a threat to national sovereignty when the state has abandoned its welfare and compassionate orientation, failing to provide the basic necessities and entitlements required for a dignified life. For a government whose primary focus is the well-being of its people in all aspects—physical, social, economic, and mental—providing care for those seeking refuge poses no threat. Our collective history of accepting and integrating refugees is a testament to this.

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Refugees require safety during their journey when fleeing oppression, hunger or fear. They need safety, social protection and care without discrimination in the places they seek refuge. They should have the right to return to their home countries if they wish. It is crucial for their children to have continued access to education and families must receive non-discriminatory access to healthcare, education, and public services.

Women specifically need protection from violence and discrimination. Creating conditions that enable them to earn a livelihood is critical, even when there may not be a legal right to employment, as it directly impacts the survival of their families.

The lesson we should learn is not to emulate countries with regressive colonial attitudes towards refugees and migrants. India should stay true to its welcoming and non-discriminatory history of embracing refugees.

Nevertheless, it is crucial to recognise that a history of success does not guarantee a prosperous future. Building a bright future requires proactive efforts in developing compassionate, people-centred politics and policies within the framework of a caring welfare state. It is essential to honour existing treaties and protocols and envision new societal ideals that emphasise solidarity, coexistence and the shared well-being of humanity. This includes implementing sensitive refugee policies and taking appropriate actions to ensure the welfare and integration of refugees.

**Sandeep Chachra**

Executive Director

ActionAid Association



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# Introduction

The number of people forcibly displaced from their homes due to war, violence, persecution or environmental calamities has been rising in the past 10 years. Even during the pandemic, when mobility was severely restricted and the international community had appealed for ceasefires to facilitate COVID response, the absolute numbers of displaced people kept rising. By the end of 2020, 80.24 million people, or more than 1% of all people globally, were forcibly displaced. This sharp rise means that 1 out of every 95 people on earth in 2020 were forcibly displaced compared to 1 out of 159 in 2010. India also has a significant number of refugees and stateless people, although determining their exact number can be difficult due to the lack of a substantial legal framework for identifying and registering them. According to UNHCR, there were 2,11,021 refugees or persons of concern residing within India at the end of June 2023. (UNHCR, 2023) The same report also suggests that there has been a rise in asylum seekers approaching UNHCR India due to violence and instability in neighbouring countries. The Ministry of Home Affairs keeps a record of Sri Lankan Tamil refugees and Tibetan refugees. These numbers also do not account for undocumented refugees.

The prospects for refugees to find a swift resolution to their plight are regrettably diminishing. During the 1990s, an average of 1.5 million refugees managed to successfully return to their homelands annually. However, the stark reality of the past decade has seen this number dwindle to approximately 385,000, underscoring a disheartening truth: the rate of displacement is currently surpassing the pace at which viable solutions are being achieved. (UNHCR, 2023) This sombre trend indicates the mounting challenges faced by refugees for stability and a better future.

Studying refugee issues in India is significant for a range of reasons, spanning humanitarian concerns, human rights, policy evaluation, societal impacts,

diplomatic relation and ethical responsibilities. It helps foster a more comprehensive understanding of the complex challenges faced by refugees and the ways in which host countries like India can contribute to their well-being and protection.

## 1.1 Significance of the Study

The problems faced by refugees in different parts of India are often ignored in official policy. The main reason is the lack of recognition of refugees subsequently resulting in the low availability of comprehensive data. While there have been many studies in the past on the life and livelihood conditions of refugees, the available literature is primarily focused on the two major communities among the refugee population in India who have been legally recognised by the Government of India—the Sri Lankan Tamils and Tibetans. This study while looking at the Tamil and Tibetan populations also focuses on other groups of refugees, like Rohingya and Chins from Myanmar, refugees from Afghanistan and Pakistan, as well as other refugee groups from African countries such as Somalia and Democratic Republic of Congo. Even when refugee populations have been studied in India, the majority of them have focused on singular community groups.

There is scant research on the particular forms of discrimination and barriers to services or basic rights that refugees face. Concomitantly, there is also a dearth of understanding of the mechanisms and strategies to ensure their access to rights and protections and transform their socio-economic outcomes. For the purpose of this proposed study, the term 'refugees' refers to all those who are considered 'refugees' by the Ministry of Home Affairs, Government of India and as 'persons of concern' by the United Nation High Commissioner for Refugees, India.

This study documents the legal, social and cultural challenges which perpetuate refugees' lack of

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access to a dignified life. This includes documenting the different forms of discrimination that refugees from different communities' face based on their ethnic and legal standings. It analyses existing institutional mechanisms and policies which enable better access to basic needs and dignified life. Recognition and registration of refugees by the state can facilitate their development and wellbeing. It also looks at the role of institutions and other civil society organisations in addressing their issues.

The study documents the nature of access different refugee groups have had to entitlements such as housing, sanitation, education, healthcare and livelihood. It seeks to understand if there has been differential access based on the different status and documents which have been accorded to different refugee groups. It documents accounts of discrimination faced (if any) as well as collates the best practices that have been adopted by different institutions as well as state actors and civil society organisations to the access of refugees to entitlements.

# Literature Review

## 2.1 International Context

The increasing scope, scale and complexities of the refugee question is a global concern. Millions of refugees live in protracted distress and are concentrated in developing countries. Article 1 para 2 of the 1951 Refugee Convention defines 'refugee' as "A person who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, unwilling to avail himself of the protection of that country."

According to UNHCR Global Trends 2020 report (UNHCR, 2020), at the end of 2020 approximately 80.24 million people were forcibly displaced worldwide, including 40.8 million internally displaced people. 86% of this population resided in developing countries and 73% of refugees resided in countries neighbouring their origin countries. Between 2018 and 2020, around 1 million children were born as refugees. Women and girls account for 48% of the total displaced population. About 42% of all displaced people are children (below 18 years of age) and those in the working age group (18 to 60 years of age) account for another 52%. The average length of stay of refugees has also continued to grow thereby exacerbating their economic, education and development challenges. Refugees find it difficult to access health, education and livelihood due to a range of factors.

### 2.1.1 Global Compact on Refugees 2018

The Global Compact on Refugees emphasises the approach of "whole of society" towards the protection and assistance to refugees. (UNHCR, 2018) Even though it is non-binding, the Compact aims to strengthen cooperation and solidarity with refugees and host countries. It reinforces four ideals -

Beyond international treaties and laws, the central principle of non-refoulement has been recognised as a norm of customary international law, binding upon all nations, including non-parties to the 1951 Convention. Other corpora of law, including human rights law and international humanitarian law, are also widely applied to ensure protection for the rights of people in need of international protection.

### 2.1.2 Educational Needs of Refugees

Many refugee situations around the world have become protracted, relegating more and more children born to refugee parents to spend their entire childhood, and possibly their whole lives, outside their country of origin. This has major implications for education, with a great many refugees never having the experience of going to school in their family's country of origin. Only 3 per cent of young refugees globally are enrolled in higher education courses, according to a UNHCR report on refugees' access to education. (UNHCR, 2020) This in turn, may exacerbate the risk for children falling into child labour, including its worst forms (ILO and UNICEF, 2020).

In host countries, education becomes one of the primary roads to recovering a sense of purpose and dignity in the aftermath of traumatic displacement. Ideally it also leads to economic self-sufficiency and easier access to better employment, which is important to break the cycle of dependency most refugees are trapped in. Additionally, education also acts as a protective mechanism. Children in school are less likely to be involved in child labour or criminal activity, or to come under the influence of gangs and militias. Girls are less likely to be coerced into early marriage and pregnancy, and can study and socialise in safe spaces. (UNHCR, 2019) However, access to education for refugee children is often hampered by a multitude of factors. Either all schools in host countries are not open to admitting refugee students, do not have provisions to bridge language gaps or refugee

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children face discrimination and thus schools are unable to retain refugee students.

Research by Bartlett, Mendenhall and Ghaffar-Kucher shows that refugee students in America have demonstrated positive attitudes toward their current schools which they attribute to the cultural practices in the schools they attend, where diversity is respected, teachers display support, and many peers build supportive relationships (Mendenhall, Bartlett, & Kucher, 2017). Ensuring refugee children's easy access to schools while fostering a welcoming environment and encouraging the local language and culture of refugee communities allows for better retention in schools and enhanced access to the labour market.

### 2.1.3 Healthcare Needs of Refugees

Refugees and migrants have the fundamental human right to the enjoyment of the highest attainable standard of health. According to the 1951 Refugee Convention, refugees should have access to the same or similar healthcare as host populations.

Nevertheless, they might exhibit specific health requirements and susceptibilities, including the aftermath of perilous migration journeys, necessitating culturally sensitive and efficient healthcare that acknowledges and addresses their physical and mental health prerequisites. Despite these needs being frequently acknowledged, they often remain unfulfilled in practice. Many originate from undergoing warfare, turmoil, and economic hardship, leading to arduous and unstable lives on society's outskirts, marked by biases, destitution, inadequate living conditions, education and employment opportunities. Refugees and migrants frequently confront exclusion, social stigma, and biases, alongside significant obstacles in accessing healthcare, encompassing language and cultural disparities, as well as restricted entry to health services.

While there has been global emphasis on health rights and equity, the actual provision of equal healthcare has been rife with challenges. One of the major challenges that other studies have also cited regarding refugees' access to healthcare is their undocumented status and unavailability of reliable data. 19 countries globally follow the

integrated Refugee Health Information System (iRHIS) by UNHCR and partners in 19 countries and 159 refugee hosting sites. Other host countries may accommodate refugees in their public health systems but do not provide disaggregated data (UNHCR, 2020).

Discrimination against refugees' and their subsequent access to employment or healthcare was shown to be a pressing issue in a French study by Marguerite Cognet, Christelle Hamel, and Muriel Moisy. They found that discrimination due to a refugees' and migrants' country of origin is shown to have consequences for health status not just for newly arrived migrants and refugees, but throughout their life (Cognet, Hamel, & Moisy, 2012). Research conducted in Europe also supports the notion that the provision of healthcare access for refugees, asylum seekers, and migrants differs between European nations in terms of regulations and legal provisions. Even in cases where legal pathways to access healthcare are established, disparities and imbalances persist in the actual ability to obtain healthcare services. Health equality is affected by multiple factors that influence refugees' and migrants' ability to access healthcare. These include legal entitlement; knowledge of the health system in a new country; previous experience of healthcare; language and cultural barriers; health beliefs and attitudes; and the structure of the health system itself in the new country (Suess, Perez, Azarola, & Cerda, 2014).

Proof from various European nations indicates that even though there is a shared goal of fairness, disparities endure between migrants and non-migrants concerning both health status and the ability to access healthcare services. These inequalities arise due to legal hindrances that limit refugees and undocumented migrants' access to care. Additionally, economic circumstances play a role, as migrants might lack the financial resources to cover healthcare expenses. Moreover, challenges related to language barriers and unfamiliarity with the healthcare systems, as well as exposure to discrimination, contribute to these inequalities (Lebano, et al., 2020).

There are emerging studies on displacement caused by climate change and its adverse health impacts. Throughout history, various forms of global displacement have been triggered by environmental issues. However, recent research underscores that climate change will increasingly become a prominent driver of displacement (Stern, Nicholas, & Taylor, 2007). Limited research has been conducted concerning the effects of climate change-induced migration on health, humanitarian concerns, and fairness. However, it is anticipated that the health hazards linked to population displacement due to climate will increasingly contribute to significant human hardship, impaired well-being, and fatalities. Initial health consequences are projected to resemble those observed among refugees, as migrants due to climate-related reasons often end up in regions with insufficient public health support (Carballo, Manuel, Smith, & Pettersson, 2008).

Country-level research by ActionAid and Climate Action Network in five nations indicates that climate change is causing individuals to be displaced directly or intensifying their difficulties, leading to migration driven by distress. Various factors such as the erosion of riverbanks in Bangladesh, instances of flooding in Pakistan and India, the retreat of glaciers in Nepal, increasing sea levels in India and Bangladesh, alternating periods of abnormally dry and excessively rainy months affecting rice and tea plantations in Sri Lanka, as well as the occurrence of cyclones and unfavourable temperatures across all these countries, are collectively contributing to the migration patterns prompted by the impacts of climate change. The same study also finds that India had a total of 14 million persons internally displaced due to environmental disruptions and projects that more than 45 million people will be forced to migrate from their homes by 2050 (ActionAid, CANSA and Brot fur die Welt, 2020).

#### 2.1.4 Livelihood Needs of Refugees

Livelihoods comprise the capabilities, social and material assets and all activities that are necessary means for living. Sustainable livelihoods aim to support people to have income and employment and to access accommodation, food, health care, security and protection, education, safe water and sanitation (United Nations Development Program, 2013). The process of economic recovery needs

the co-ordinated efforts of legal, economic and institutional departments, policy reforms, and trade and commerce facilitation. Advocacy for refugee recognition rights and for influencing government's policies are prerequisites to creating economic opportunities. Governmental restrictions on refugee's right to work, diploma and certificate recognition, and securing resident permits are the biggest challenges in refugee self-reliance (Buscher, 2011).

Economic inclusion and opportunities to access decent work are crucial steps in enabling refugees to rebuild their lives. For refugees to be able to access livelihood opportunities, they require freedom of movement, freedom to join trade unions, to have their past qualifications recognised and have access to skill building opportunities in host countries. Ensuring this can also enable refugees to contribute to as well as access welfare measures. According to UNHCR, 70% of refugees live in countries where they face restricted right to work, 66% refugees live in countries with restricted freedom of movement and 47% of refugees live in countries with restricted access to bank accounts (UNESCO IIEP [3706], Office of the United Nations High Commissioner for Refugees, 2022). The case for economic inclusion of refugees is strong in other parts of the world. There are cases to show that if these barriers were to be removed, the economic growth of host countries may be boosted. For example, if these barriers were removed in Colombia, which is home to 1.7 million Venezuelan refugees, not only will Venezuelans' average monthly income increase, there would be significant increase in Colombia's GDP by about US\$1 billion every year (Center for Global Development, 2020).

Over the past decade, approaches centred around sustaining livelihoods have gained prominence in academic analysis, as well as in the practices of non-governmental organisations (NGOs) and development agencies. This concept of livelihoods has not only made its presence felt in academic discussions but has also found its way into the discourse surrounding refugee assistance. This is coupled with a renewed focus on Protracted Refugee Situations (PRS), the concept of Self-Reliance (SR), and the empowerment of refugees.



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In more recent times, there has been a discernible shift from the abstract aspects of development towards greater emphasis on the refugees themselves. This shift entails greater attention to how refugees actively endeavour to shape and establish their own livelihoods. This evolving perspective recognises the agency and resilience of refugees, acknowledging their capacity to play an instrumental role in determining their own paths to sustainability and self-reliance. However, lived realities vary greatly from the principles of international law. Refugees have limited freedom of movement, difficulty getting permission to work, no access to land for agriculture and no access to the credit or savings sector (UNHCR, Evaluation and Policy Analysis Unit, 2006).

However, the livelihood situation depends on legal recognition and the kind of opportunities, political will, compatibility of skills acquired in the country of origin with opportunities in the host country and acceptability of refugees among others. Illustrating a departure from traditional methods of refugee livelihoods, the Uganda Self Reliance Strategy (SRS) stands out as a compelling example. Developed collaboratively by the Government of Uganda and the United Nations High Commissioner for Refugees (UNHCR), this strategy is based on the aspiration to elevate the quality of life for both the local populations of refugee-hosting districts and the refugees themselves.

Central to this strategy is the proactive initiative undertaken by the Government of Uganda, which includes allocating agricultural land to refugees. This strategic move is aimed at fostering self-sufficiency among refugees, allowing them to gradually achieve autonomy while awaiting a durable and lasting solution to their displacement. This innovative approach not only addresses the immediate needs of refugees but also empowers them to engage in productive activities that contribute to the host community's economic growth and self-reliance. By providing refugees with the means to cultivate their own sustenance, the Uganda Self Reliance Strategy underscores the potential for collaboration between governments and international organisations in creating comprehensive solutions that positively impact the lives of displaced populations. While there are challenges of universal applicability

and economic deprivations even in the Ugandan model, it is considered one of the more progressive livelihood models for refugees (International Rescue Committee, 2022).

There are challenges to adopting this approach in India. Due to the lack of officially recognised refugee status, refugees experience uncertain, impermanent, and alterable documentation. This situation, along with their general inability to open bank accounts and frequent language barriers, result in the majority being unable to participate in formal employment.

Furthermore, the strategy applied in Uganda of land cultivation would not be suitable to the Indian context due to contentious issues and land scarcity. In India, existing pressures on land and agriculture and the quest by numerous socially deprived communities for land reforms are obstacles to such an approach. According to the Socio Economic and Caste Census of 2011, 56% of rural households in India lack ownership of any agricultural land (Government of India, 2011). Data from the 70th round of the National Sample Survey (NSS) conducted between January and December 2013 indicated that a mere 7.18% of households possess over 46.71% of the total land, signifying a significant disparity in land ownership distribution in India (National Sample Survey Office, 2013). Hence the model adopted in Uganda is not feasible. In addition to the land question, there are also competing contestations regarding rights of refugees in India. In the absence of legal recognition, documentation regarding land will also not be possible.

The imperative of ensuring dignified livelihoods for refugees underscores the importance of seamlessly aligning the education and skills acquired in their countries of origin with the requirements of the host country. Achieving this compatibility is crucial for enabling refugees to contribute meaningfully to their new communities. Additionally, addressing legal obstacles is essential. Barriers that hinder refugees' access to employment opportunities and productive roles need to be removed. Providing temporary work permits is a viable solution, granting refugees the chance to engage in gainful employment while adhering to the host country's



regulations. Such measures not only enhance the well-being of refugees but also enable them to contribute economically and socially to their host nations.

## 2.2. Refugees and India

### 2.2.1 History of Refugees in India

India's rich tradition of hosting refugees dates to the arrival of the Parsi community in the 8th century as they were fleeing invaders. One of the myths surrounding their arrival is that local Indian leaders placed a glass of milk filled till the brim—a metaphor for high population. The Parsis' responded by sprinkling sugar in the milk to symbolise that their presence would only enrich India. The community was then welcomed to stay. Since then, they have been an integral part of Indian life, being a prosperous and influential community in India with strong economic and cultural impacts (Palsetia, 2001). Similarly, India has also hosted Jewish refugees. The Malabar region witnessed a series of Jewish migrations due to the various socio-political hardships they encountered in their countries of origin. This journey traces back from the destruction of the second temple up to the period marked by the Spanish and Portuguese Inquisition of the Jewish community. Amid these challenges, the town of Shingly emerged as a refuge for Jews, where they coexisted with a diverse population while preserving their distinct cultural identity.

During their stay in Shingly, Jews managed to live alongside the local population while maintaining their unique cultural practices. However, when faced with adverse actions from the Portuguese, the Maharaja of Kochi extended a welcoming hand to offer them protection and support. Within the community, Jews played significant roles as traders, diplomats, intermediaries, and advisors in matters of warfare for the kings. For the Jews, the Malabar region held a sacred significance as it provided a safe haven away from their homeland. This sanctuary persisted until they eventually returned to Israel, marking the culmination of their time in Malabar as a pivotal chapter in their history (Kunnappilly, 2022).

More recently, the partition of British India resulted in a mass movement and led to the creation of refugees in large numbers. South Asia boasts a long-standing history of cultural, religious, and spiritual coexistence dating back centuries. This region's art and architecture often beautifully blend influences from Islamic, Hindu, and other traditions. However, the partition of India and Pakistan abruptly established a hasty border, leading to a massive religious migration. Millions of individuals found themselves displaced, far from their intended new homelands. This sudden separation also gave rise to communal violence throughout the Indian subcontinent, resulting in reported massacres on both sides. Estimates indicate that from 1947 to 1951, a staggering 15–18 million individuals crossed the Punjab border alone, moving in both directions. Furthermore, around 2–3 million people remained unaccounted for during this tumultuous period (Hill, Seltzer, Leaning, Malik, & Russell, 2008).

Those who crossed the newly established borders between India and Pakistan, whether willingly or forcibly, retained their original nationalities. However, they were still compelled to live as refugees due to the challenging circumstances. Refugee camps in northern India became temporary homes for those most affected by the partition (Leaning & Bhadada, 2022). Even though these refugees automatically became citizens of the newly independent India, concerns about their presence threatening national security were not relevant. Yet, during this fragile period when the nascent nation was striving to stabilise itself and struggling to provide fundamental necessities like food, clothing, and shelter, robust measures were taken to support refugees. The city of Delhi, the capital of the nation, experienced a significant influx of refugees during that time. The Indian government had allotted 2,000 acres of land to the Ministry of Relief and Rehabilitation to permanently resettle refugees, according to the 1951 Delhi Census. Refugee camps and relief centres were established, and their settlement has largely contributed to the current cultural landscape of Delhi (Leaning & Bhadada, 2022).

Following these initial events, a diverse array of groups began entering India as refugees. This tradition of taking in persecuted populations and

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then having to build a national identity in the wake of arrival of refugees during the partition has sustained and been extended to an array of refugee groups in the recent past.

### 2.2.2 Current Context of Refugees in India

India although having a long history of receiving refugees is not a signatory to the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol. The 1951 Convention is believed to be Eurocentric in its definition of refugees and the rights regime contained by it is believed to be too burdensome for third world countries (Chimni, 2003). Despite this, India has been hosting refugees from different countries of Asia and Africa. Sri Lankan Tamils, Tibetans, Afghans, Chin and Rohingya from Myanmar are the dominant refugee groups in India. Based on the numbers registered with the UNHCR, the highest population is of Sri Lankan Tamils at 92,051, followed by 72,291 Tibetans, 30,142 from Myanmar and 14,578 from Afghanistan. (see Figure 2.1)

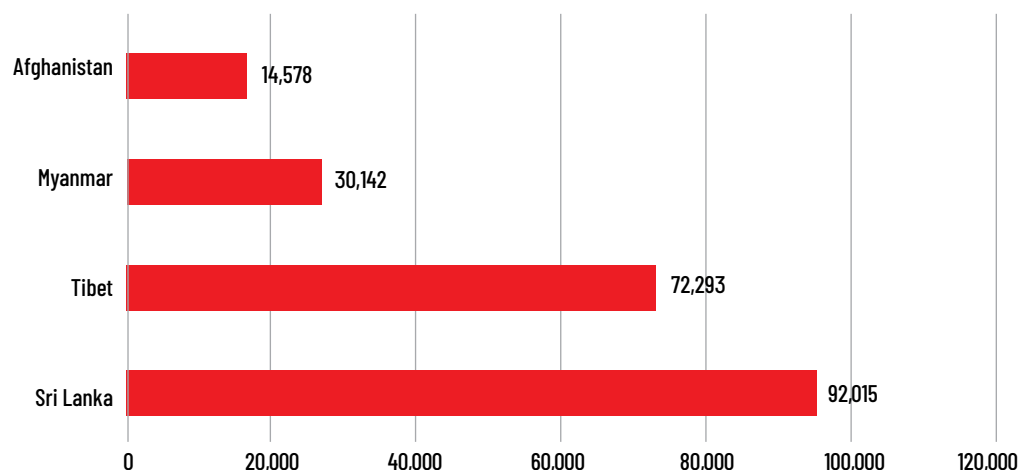
Refugees in India are often governed by the jurisdiction laid down under the Indian Foreigner's Act, 1946 and India's Citizenship Act, 1955, amended several times thereafter, most recently in 2019. This puts refugees and asylum seekers arriving in India under the same bracket of foreigners, immigrants or tourists depending on their citizenship document or the lack of it. Despite this, India at different points of her history has granted certain rights to refugees and asylum seekers belonging to specific groups

like the Tibetan community or Tamil refugees from Sri Lanka (Rajan S. V., 2011).

In terms of international commitments to refugees, India is a signatory to a number of United Nations and World Conventions on Human Rights, refugee issues and related matters. India's obligations towards upholding the rights of refugees derive from these instruments. India became a member of the Executive Committee of the High Commissioner's Programme (EXCOM) in 1995. The EXCOM being an organisation of the United Nations, approves and supervises the material assistance programme of UNHCR. Membership of EXCOM indicates particular interest in and greater commitment to refugee matters (Ananthachari, 2001). India's commitment to human rights was further emphasised by affirmative vote to adopt the Universal Declaration of Human Rights. India has also ratified the International Covenant on Civil and Political Rights, the UN Convention on Rights of the Child and the Convention on the Elimination of All Forms of Discrimination.

A critical principle in international refugee law, the principle of *non-refoulement* was accepted by India as it was envisaged in the Bangkok Principles, 1966. This was done to guide member states in respect to matters concerning the status and treatment of refugees. These principles also contain provisions relating to repatriation, right to compensation, granting asylum and the minimum standard of treatment in the state of asylum (Ananthachari, 2001).

**Figure 2.1: Refugees in India as on 31st March 2023 (UNHCR Factsheet, March 2023)**



According to B.S Chimni, India deals with refugees at political and administrative levels using ad-hoc mechanisms to deal with the status and challenges of refugees (Chimni, 2003). He argues that in the absence of a national framework protection is still given to refugees, but “arbitrary executive action or acts of discrimination are not easily remedied”.

The case work of refugees is divided between the government as well as UNHCR. From the Indian government, the Ministry of Home Affairs is responsible for the registration of Sri Lankan Tamils as well as Tibetan refugees while the other groups are registered by the UNHCR. Table 2.1 provides the details regarding the number of registered refugees in India by the Ministry of Home Affairs, Government of India and UNHCR.

A majority of the recognised refugees residing in India are of Sri Lankan and Tibetan origin. There are also significant populations of refugees from Myanmar and Afghanistan. Those enlisted as others, are mainly refugees from countries in West Asia and Africa like Cameroon, Democratic Republic of Congo, Iraq, Somalia and Yemen among others.

The lack of a substantial legal framework concerning refugees in India has created many challenges for their access to the basic human rights of education, nutrition, housing and sustainable livelihoods. Many refugees work in the informal sector for livelihood options under inhuman conditions of employment, including child labour and violence at the workplace. The lack of sustainable livelihood options can have a detrimental impact on a community's education and health outcomes. In the wake of the pandemic, refugees have felt exacerbated impacts due to lack of documents required for welfare schemes related to food and healthcare (Reuters, 2021). Due to the lack of

legal documents which are otherwise issued to an Indian citizen, refugees face challenges in accessing formal means of employment and education (Scroll, 2021).

The government of India grants refugee status on a case-by-case basis. Refugees and asylum seekers need to first register themselves with the UNHCR offices in India. Upon registration, the UNHCR provides them with a “blue” document which states that their refugee status is under consideration, but this blue document is of no use when it comes to accessing housing, finance or communication services (Newslandry, 2021).

The Government of India and various state governments actively supported the arrival and resettlement of Tibetan refugees since 1959 and granted them land for resettlement colonies. Bhatia et al. (2002) studied the social and demographic conditions of these refugees from Tibet and have interesting insights on their education, health and livelihood outcomes after four decades of their resettlement. Tibetans who were born after the arrival of the community in India have shown remarkable progress in education and health outcomes. Although there are regional variations, there was low unemployment, infant mortality was around half of the average Indian population and age of women during first marriage was almost 25 years.

Valatheeswaran and Rajan (2011) studied the livelihood conditions of Tamil refugees from Sri Lanka. Although the refugees residing in the camps in Tamil Nadu have been integrated into the local community in the aspect of education and health, due to similar culture and language, there remain extensive gaps in their access to proper housing and employment.

**Table 2.1: Refugees and asylum seekers residing within India at the end of March 2023 as per UNHCR India**

Origin	Number of refugees	Registration Body
Sri Lanka	92,015	Ministry of Home Affairs, Government of India
Tibet	72,291	Ministry of Home Affairs, Government of India
Myanmar	30,142	United Nations High Commissioner for Refugees
Afghanistan	14,578	United Nations High Commissioner for Refugees
Others	4,695	United Nations High Commissioner for Refugees

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Raj (2020) states that "while the Indian government has provided sufficient protection and support to certain refugee communities like Sri Lankan Tamils, Tibetan and Chakma communities, the same state has often neglected or failed to support other refugee groups like the Rohingyas or Chin refugees from Myanmar, or the Hindu and Sikh refugees from Afghanistan and Pakistan" (Raj, 2020). This has resulted in a state of fear and persecution among these communities which has resulted in low access to sustainable living conditions, educational attainment and health outcomes of these population groups.

The complicated and differentiated legal framework under which refugees live in India creates access barriers to nutrition, education, healthcare and livelihood. (Field et al, 2019) states that even those who hold various valid documents like refugee cards and long-term visas often face difficulties with respect to their rights of residency, educational attainment or access to sustainable livelihoods. They lack access to public services and the ace harassment as 'illegal immigrants' in the absence of knowledge of legal provisions. This forces many refugees to resort to the informal livelihood options. Refugee children too are engaged in such work.

## 2.3 Refugee Groups in India

### 2.3.1 Tibetan Refugees

Following the Dalai Lama in 1959, 80,000 Tibetan refugees fled China occupied Tibet to settle in India. Since their arrival in 1959, India has provided sanctuary for Tibetan refugees. Instead of assimilating Tibetans into the wider Indian populace, India has chosen to support the safeguarding and advancement of their unique culture, customs, and identity. This approach involved creating distinct Tibetan communities across different Indian regions, founding dedicated schools for Tibetan children and permitting the Tibetan government-in-exile to oversee their matters. Then Indian Prime Minister Jawaharlal Nehru helped make land available for refugee settlements in several states of India. Provisions were made for the Dalai Lama to establish a government in exile in Dharamsala in the Himalayan foothills of Himachal Pradesh (Bhatia et al., 2002). These settlements were open societies and were developed actively with the

help from the government of India. All kinds of infrastructure necessary for self-contained villages was established, such as dairy cooperatives, carpet weaving, handicrafts, schools, restaurants, day care centres and monasteries.

Necessities such as health were also taken into account for the Tibetan population. The Department of Health in Dharamsala was charged with the job of promoting health and managing sickness. Primary health clinics were built in each settlement and community health workers were trained to staff them (Centre for Research on Tibet, Case Western Reserve University , 2022). A community-based surveillance mechanism was used to collect data on health needs.

Based on the data collected of 65,000 Tibetan refugees in India between 1994-1996 by the Health Department of Dharamsala, some findings on education, health and livelihood were recorded. The principal occupations were education, involving 27% (including students), farming 16% and sweater selling 6.5%; another 6.5% were too young or too old for employment, and only 2.4% were unemployed (Bhatia, Dranyi , & Rowley, 2002). This study also brought out findings on the improvement of literacy rates of women who attended school in India as opposed to women who were of school going age in Tibet (Bhatia, Dranyi , & Rowley, 2002).

The Routledge Handbook of Refugees in India provides deep insight into the status of education and livelihoods of Tibetan refugees. The Government of India's sympathetic stance towards Tibetan refugees in the country combined with generous contributions of foreign relief organisations has affected tremendous development with regard to their education (not only primary, but also secondary and tertiary/vocational) in India. This has benefited the Department of Education of the Tibetan government in exile in the realisation of the goal of education for all Tibetan refugee children. The enrolment rate of children in Tibetan schools is stated to be almost 80%. There are largely three kinds of schools (apart from missionary-run English-medium, private schools) for Tibetan children in India: 30 Central Schools for Tibetans (CTS) are run by the CTSA, an autonomous body under the Ministry of Human Resource Development;

there are 34 schools run by the Department of Education of the Tibetan government in exile, and 21 run by autonomous bodies. Access to education (particularly primary and secondary) is, thus, no longer a problem for Tibetan refugees in India. The Tibetan refugee community, which had a very low literacy rate only 30 years ago, has been able to achieve almost universal literacy amongst the younger generations. These schools, while providing educational qualifications equivalent to other schools in the country following a CBSE curriculum, also are consciously trying to 'preserve' Tibetan language, culture, and history by prescribing Tibetan books; teaching Tibetan dance and music, and by observance and reverence of traditional Tibetan rituals, symbols, metaphors in school processes, and practices (Rajan S. I., 2022).

The term 'livelihoods' connotes the meaning of inter-connectedness, building up of the social network and inter-relations, whereas the economic activities give a sense of employment and income per capita to understand the economic growth (Goldscheider, 1995). In Delhi, the role of monasteries is very important for Tibetans' livelihoods. According to a study, they used to have a big monastery situated around their settlements. Monasteries are a pious place for prayer for Tibetans. It signifies the building, or complex of buildings, comprising the domestic quarters and workplace(s) of monastics, whether monks or nuns, and whether living in a community (Rajan S. I., 2022).

There is no established source of livelihood for Tibetans in Delhi, but it is interesting to see that they are very much socially connected with each other through proper social networking. With the changing nature of time and space, the Tibetan community started engaging in different works and followed different patterns required for their survival. Many studies have highlighted the spread of and conscious efforts to promote education through schools. There are many Tibetan schools providing education and ensuring social cohesion and modernisation of the community (Methfessel, 1997). The unique Tibetan schooling system has ensured that all Tibetans learn to read and write their language, and the establishment of monasteries and different institutes for perpetuating language and culture has ensured that the Tibetan language

flourishes in exile (Phinsutong, 1998). Most Tibetans who have been born and brought up in India have thus benefitted from some form of higher education and this also has influenced their interaction with the host community. Studies revealed a positive and strong correlation between the educational status of a person and multilingualism, higher levels of local interaction, stronger economic participation, and greater social and cultural ties with the local residents (Rajan S. I., 2022).

Many Tibetans have sought Indian citizenship. Despite the legal provisions or their extraordinary receiving mechanism in India, citizenship is routinely refused to Tibetans. According to Pia Oberoi, second-generation Tibetans in exile are entitled to Indian citizenship under Section 3 of the Indian Citizenship Act of 1955. (Oberoi, 2006) Oberoi also cites an United Nations High Commissioner for Refugees (UNHCR) Executive Committee Report in which Indian officials reported that Tibetan refugees are technically permitted to become Indian citizens. (Oberoi, 2006)

Despite these factors, there has been a departure of a sizeable population of Tibetan refugees from India. Their population has reduced from 1.5 lakhs to 85,000 in 7 years (The Indian Express, 2018). The recent condition of the population with regard to access to important indicators of education, health and livelihood sis yet to be ascertained.

### 2.3.2 Sri Lankan Tamil Refugees

Due to the ethnic violence in Sri Lanka during 1983, the en-mass influx of Sri Lankan refugees in India commenced in 1983. Refugees continued arriving in a phased manner between 1989-1991, 1996-2003 and 2006-2010. Sri Lankan refugees were encouraged to enter India and their existence was relatively uneventful until the assassination of Rajiv Gandhi, former Prime Minister of India, in May 1991. Since then, the Sri Lankan refugees living in India faced hostility and lost any sympathy and support they had in India. The State Government attempted to move the non-camp refugees into camps for security reasons, and closed the education facilities that the children of the refugees had enjoyed (Valatheeswaran & Rajan, 2011). Most of these refugees were hosted in camps. Camps provide segregated protection to refugees who are



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forced to cross borders due to their vulnerability. Humanitarianism is the central principle behind the establishment of camps and the protection offered by the state to refugees, however, they segregate refugees from local populations and shelter them in the confines of camps, thereby limiting their integration into host societies. As per the records of the Tamil Nadu state government, as of 2019, there are close to 107 refugee camps in various parts of the state that shelter over 65,000 Sri Lankan Tamils who fled the civil war (News 18, 2019).

Despite this segregation, Sri Lankan Tamils have received a large degree of support from the Government of India as compared to other refugee groups. The Ministry of Home Affairs is directly responsible for the registration of Sri Lankan Tamil refugees. Moreover, the state government has time and again introduced a slew of benefits and welfare policies for Sri Lankan Tamil refugees.

Based on notifications and documents by the Ministry of Home Affairs, a number of holistic steps have been taken to ensure education, health and livelihood measures for Sri Lankan refugees. Cash benefits as well as assistance for food and shelter have been provided. In terms of health benefits, Sri Lankan Tamil refugee women are administered tetanus injections in Primary Health Centres, medical counselling, vitamin tablets etc are provided. Milk, fruits and bread are provided under the Integrated Child Development Services. Pregnant mothers can be admitted to hospitals free of cost and after the birth of a child, details are furnished to the Village Administrative Officer and Special Revenue Inspector to be recorded in the family card through which they can receive the cash doles immediately. Polio drops are administered to children free of cost.

As per the Department of Rehabilitation Information Handbook Under the Right to Information Act, camp infrastructure is maintained well and all the refugees are provided with facilities such as accommodation, electricity, drinking water, toilet facilities, basic health facilities, link-road facility and transport facility free of cost. This is administered by the concerned panchayat. Sri Lankan refugee students studying up to 12th class in government and government aided schools are given free

education, free note books, text books, free uniforms, free noon meals and free bus passes to commute from the camp to the school. Students studying in 11th class are given free bicycles (Department of Rehabilitation , 2005).

Additionally, to facilitate the refugees to earn their livelihood, they are permitted to leave the camps between 6.00 a.m. and 6.00 p.m. in search of jobs commensurate with their skills/qualification (subject to the laws in force in this regard).

### 2.3.3 Chin Refugees

A majority of the Chin forced to flee Myanmar crossed into neighbouring India and settled in the Mizoram hills, which are adjacent to the Chin hills. Although it is impossible to accurately determine their true number, it is estimated that 60-80,000 Chin live along the Indo-Burma border. Mizos and Chin share a longstanding ethnic affinity within the broader Zo ethnic fold. A smaller number journey onward to New Delhi, hoping to gain UNHCR protection. In 1989 the first of them was given refugee status by the UNHCR in India. Since then the UNHCR has provided refugee status to hundreds who have fled Myanmar. Some of them were pro-democracy activists but a majority belonged to the Chin hills and the Arakan. The Chins accounted for nearly 90% of Myanmarese nationals who were given refugee status by UNHCR (Bhaumik, 2003). Different organisations, such as the Young Men's Christian Association, as well as the UNHCR provided them help in the form of subsidies.

The Young Men's Christian Association (YMCA) has provided educational subsidies to the Chins in the past. However, these subsidies were calculated on expenses incurred in government schools. Government schools were not always accessible to refugee children thereby rendering the subsidy inadequate, leaving many Chin children without education.

Regarding healthcare, language barriers and intense discrimination inhibit Chin patients from receiving prompt or proper treatment in local hospitals. More recently, medical care has become difficult to access due to the high prices. Medical care is now prohibitively expensive for Chin refugees living in Delhi (Caravan, 2021).

In Mizoram, despite Mizos and Chin sharing common ancestry, discrimination is pervasive. In the past, the Young Mizo Association (YMA), a non-political but extremely influential civil society organisation in Mizoram, targeted the Chin, leading to several crackdowns against them. The most serious incident occurred in 2003 when the YMA forced thousands of Chin back to Burma. Possibly indicating an easing of tension between the Mizo and Chin, in October 2007 the Mizo demonstrated alongside the Chin in their calls for change in Burma. Nevertheless, the Chin continue to fear more evictions and forced deportations by the Mizo (Alexander, 2013).

### 2.3.4 Other Transnational Communities from Myanmar

Transnational Myanmarese communities in India primarily consist of ethnic minorities who have sought refuge due to political and ethnic conflicts in Myanmar. Transnational Myanmarese communities in Northeast India, particularly in states like Mizoram, Manipur, and Nagaland, form a unique cultural and social tapestry. These communities primarily consist of ethnic groups such as the Thadou Kuki, Tangkhul Naga, Kachin and Barmar etc., who share deep historical, cultural, and linguistic ties with the indigenous tribes of Northeast India. Migration from Myanmar to this region has been driven by political instability, ethnic conflicts, and economic opportunities. Despite the challenges of integration and the preservation of their distinct identity, these Myanmarese communities have contributed significantly to the socio-economic landscape of Northeast India. They engage in various occupations, including agriculture, trade, and craftsmanship, and play a vital role in cross-border cultural exchange. Their presence has fostered a blend of traditions and practices, enriched the multicultural ethos of Northeast India while highlighting the enduring connections across the India-Myanmar border.

### 2.3.5 Rohingya

The Rohingya, who are a minority group in Myanmar, consist of individuals who follow a variant of Sunni Islam with Sufi influences, although there are a few who are non-Muslim. Most of the approximately one million Rohingya in Myanmar live in Rakhine state, comprising almost one-third of the region's

population. They are ethnically, linguistically, and religiously distinct from the Buddhist majority in Myanmar and have been subjected to substantial discrimination since the time of colonial rule. The Rohingya are not acknowledged as citizens of Myanmar.

As of March 2023, the UNHCR has a record of 30,142 Rohingya refugees in India. For many years, the Rohingya have been seeking refuge in India, with notable waves of migration occurring in 2005, 2012, and once more in 2016/2017. Rohingya populations in Delhi, Hyderabad, Jammu, and Haryana predominantly reside in makeshift camps resembling slums, while Rohingya in Jaipur opt to rent accommodation (Dey, 2017). These slum-like settlements are frequently found in small, available spaces such as street corners, agricultural fields, garbage dumps, riverbanks, industrial areas, train tracks, under bridges, and alongside major highways. These settlements consist of overcrowded shanties, posing risks of fires and public health hazards. It is important to note that there is lack of government involvement in providing shelter and basic amenities for these communities.

In Myanmar, the Rohingya have for decades faced a challenging environment filled with uncertainty, leading to barriers in accessing entitlements and public services such as education, employment and housing. As a result, even among the generations of Rohingya who have migrated to other countries since 1982, there has been a lack of literacy due to government-sponsored exclusion preventing their access to education in Myanmar. Denied these public services and entitlements back in their country, the generation that has grown up in the camps in India and Bangladesh have had some exposure to formal schooling, primarily due to the availability of free elementary education.

### 2.3.6 Chakma and Hajong Refugees

Many individuals from the Chakma and Hajong communities, formerly residing in the Chittagong Hill Tracts predominantly located in Bangladesh, have been residing as refugees in India for over five decades, primarily in the Northeastern states and West Bengal. As per the 2011 census, Arunachal Pradesh alone hosts 47,471 Chakmas.



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Hajongs are concentrated mostly in Dayun, in Changlang district, numbering 2415 persons (The Special Survey on Chakma-Hajong Population 2010-11, Government of Arunachal Pradesh) (Pradesh, 2011)

The Chakmas from the Chittagong Hill Tracts migrated to India during 1964-1965, primarily settling in the northeastern states of Arunachal Pradesh, Mizoram, and Tripura. The Chakmas are Buddhists, whereas the Hajong are Hindus.

In 2015, the Supreme Court of India instructed the Central Government to grant citizenship to both Chakma and Hajong refugees. In September 2017, despite opposition from various groups in Arunachal Pradesh where these refugees are concentrated, the Ministry of Home Affairs of India announced citizenship for these communities.

The Chakmas believe that they are after all not alien to India since their ancestral land Chittagong Hill Tracts were under Indian territory and they have had a deep allegiance to this territory. (Debnath & Debnath, 2020)

The Chakmas of Arunachal Pradesh originally belonged to the total Chakma population of the Chittagong Hill Tracts (CHT) of present Bangladesh. They migrated to India because of their displacement from their original homesteads in the aftermath of construction of the Kaptai hydroelectric dam on the Karnafulli River in the early 1960s. They also faced inadequate response from the Pakistani State in respect of their rehabilitation and compensation and felt as though they were treated as 'rejected people' within the laws of the Pakistani State. (Mohsin, 1997)

According to Nilaratan Chakma unlike Pakistan, India was a secular and democratic country with multi-cultural diversity (Chakma N. , 2010) There was a presence of their ethno cultural proximity with many ethnic groups of the North-eastern India and a presence of sizable number of Chakma population in many of the Indian states such as Tripura, Mizo hill district, Assam and West Bengal. According to Nilaratan Chakma, the intention of their migration was preeminent, and it was aimed

at living in India permanently as Indian citizens and they had never thought of going back to the CHT as they lost everything there.

At present, the decades of political alienation have left the Chakmas feeling deprived and marginalized. (Debnath & Debnath, 2020) However, the initial reception was not so. While the Central government's response was receptive, the same cannot be said for the local population and state government.

The Government of India provided settlement to some 2,748 families of Chakma and Hajong refugees totalling about 14,888 in North Eastern Frontier Agency (NEFA), now Arunachal Pradesh (Mukerji, 2000) According to the 2001 Population Census, the Chakma population in Arunachal Pradesh was 42,333. They are living mostly in Lohit, Changlang and Papumphare districts.

The Supreme Court of India in a Public Interest Litigation filed by the National Human Rights Commission (NHRC) on the plight of the Chakmas of Arunachal Pradesh delivered a judgment on 9th January 1996. The judgment called upon the Government of India to expedite the process of conferring citizenship right to the Chakmas and Hajongs refugees living in Arunachal Pradesh under Article 5 (1) (a) of the Citizenship Act of 1955. (Singh, 2010)

When the Chakma's were given settlement in NEFA with valid migration certificates, they were able to get government jobs and obtain ration cards, which further assisted them to avail the rationing facility under the Public Distribution System. Each family was also allotted 5 acres of land. (Mukerji, 2000) The Chakma children got educational access to the schools located there. They could avail health care facilities without any discrimination. The state government issued trade licenses to those who were encouraged to do business. There was good neighbourliness between the local tribes and the Chakmas. Therefore, the Chakmas thought that they had become citizens of India like other East Pakistani immigrants who migrated to India during that period in other parts of India. (Chakma D. B., 2015)

The favourable attitude of the Central Government towards the cause of suffering of the Chakmas invited strong protest in Arunachal Pradesh. In protest, the Arunachal government took various discriminatory measures that included immediate withdrawal of scholarship, book grants and denial of hostel facilities and admission access to the Chakma students in schools located outside the Chakma inhabited areas. (Chakma D. B., 2015)

Due to the tensions between the host population and the Chakmas, in the beginning of 1990s, All Arunachal Pradesh Students' Union (AAPSU) spearheaded a strong anti-Chakma movement mounting more pressure on the state government to take drastic action against the Chakmas. The Arunachal Pradesh Legislative Assembly passed resolutions in December 1992 and September 1994 demanding immediate deportation of the Chakmas from Arunachal Pradesh. On the contrary, the Government of India ruled out the possibility of their deportation from Arunachal Pradesh reiterating that the Chakmas of Arunachal Pradesh were eligible for grant of citizenship under Section V of the Indian Citizenship Act of 1955. (Mukerji, 2000)

Unfortunately, it is the strong feeling of xenophobia among the ethnic groups particularly the Adis, Mishmis, Khamtis and Singphos. According to C. C. Singpho, from the Diyun-Bardumsa constituency, their fear was twofold-that their customary laws and traditional rights would be violated. Secondly, they were afraid of being outnumbered by the huge size of the Chakma and Hajong population. They were anxious that citizenship right of Chakmas and Hajongs within Arunachal Pradesh would change the demographic character in the state and dominate the future politics of the state making them marginalized. (Chakma D. B., 2015)

### 2.3.7 Refugees from Pakistan

The partition of the Indian subcontinent caused one of the largest migrations in history, displacing around 14 million people in India and Pakistan (UNHCR, 2000). Amidst widespread communal violence, fear of prosecutions and tensions, Hindu, Sikh and Muslim communities crossed borders and reached their favoured destinations. The first Indo-Pak 1947 war that ensued immediately also

resulted in a number of Hindu families from Pakistan migrating to India, a movement that continued till the 1950s. These ruptures have led to a permanent cross-border intersection with a continuous flow of migrants from Pakistan and India. These recent refugee migrations by Hindus, specifically from Sindh and South Punjab, predominantly to Rajasthan and Gujarat started with the second war and continue till date. The war resulted in an outflow of 8,000 people, specifically from Thar Parkar, Sindh to India (Kumar and Kothari, 2016).

The Pakistani migration to India is not a case of typical refugee migration, which is undertaken solely for fear of persecution. Along with profound religious insecurities at source, these migrants feel deeply connected to the destination on the basis of religion, history, and culture; thus forming a unique case of migration, whereby migrants experience fear at source and a strong connection with the destination. Although India receives a large number of refugees from distinct South Asian states, the case of refugees from Pakistan migrants needs specific attention due to their historical, economic, social, and cultural linkages with India (Rajan S. I., 2022).

In India, Pakistani immigrants are dispersed throughout the country, with significant clusters in Rajasthan, Gujarat, Punjab, Madhya Pradesh, Haryana, Delhi, and Uttar Pradesh. This migration encompasses individuals from diverse religious backgrounds, although the majority are Hindus. Among the Hindu migrants, there exists a diverse spectrum of castes and tribes, including Bhils, Meghwals, Bhovi, Sansis, Jogis, Odhs, Rajputs, Brahmins, Malis, Rabaris, Sonars, Suthars, Lohars, Jats, Nais, and Darzis (Nizami, 2022).

While the migration was predominantly led by lower-caste Hindus and tribals such as Bhils and Meghwals, instances of upper-caste Hindu migrations, such as Rajputs and Brahmins, are also observable. The migrants primarily originate from the provinces of Punjab and Sindh in Pakistan. From Sindh, a significant number hail from districts like Thar Parkar, Umarkot, Mirpur Khas, and Hyderabad. In the case of Punjab, the majority of migrations stem from areas like Rahimyaar Khan and Bahawalpur.

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Among all Indian states, Rajasthan and Gujarat host the largest influx of Pakistani immigrants, a trend that commenced after the 1965 war (Bhati, 2013). Specifically, Jodhpur in Rajasthan has emerged as a hotspot for Pakistani nationals, notably Bhils, who constitute one of the most substantial of contingents of migrants from Pakistan.

The majority of refugee-migrants had come to India at least once before their current resettlement. Meghwal, Suthar, Maheshwari and Rajput refugee-migrants, who have good resources, often came to India for short-term visits before deciding to migrate to India. The Indian embassy offers Pakistani nationals 11 different kinds of visas for entry to India, and refugees from Pakistan come to resettle in Rajasthan through one of three visas, afforded for a visit, pilgrimage, or group tour purposes. If a refugee does not have an Indian relative or friend able to sponsor his or her visa, private visa agents can secure Indian guarantors for a fee. It is especially difficult for Pakistani Bhils who do not have much resources to obtain a visit visa. Visit visa applicants and their personal networks are typically of higher status than those refugee-migrants who enter India on pilgrimage visas.

This refugee group were also housed in camps or temporary shelters made of bamboo and other such material. The camp infrastructure has been observed to be quite poor with no sustained power supply, insanitary conditions and poor housing. There is a strong dependence on private sources of water thereby leading refugees to incurring huge costs on water. (Rajan S. I., 2022).

Case studies from the camps in Jodhpur show poor conditions of healthcare and education for the refugee population. The nearest public-run healthcare facility is at least 7 km away while the nearest public school is at least 14 km away. Private education in their vicinity is largely unaffordable. As a result, they choose not to pursue studying at all. In terms of healthcare, however, camp residents opt in engaging with the private healthcare facility nearby that is only 4 km away. Thus, over time, such inhumane living conditions owing to systemic governmental neglect have led to lower health as well as educational outcomes amongst the group, that included high instances of otherwise

preventable illnesses such as typhoid, malaria, jaundice, and tuberculosis; along with a lack of general policy awareness and basic literacy (Rajan & Rinju, 2022).

### 2.3.8 Afghan Refugees

The Afghan diaspora in India is approximately 22,000 strong and according to the UNHCR, 15,916 Afghans are registered as asylum seekers in India (Times, 2022). Thousands of Afghan refugees and asylum-seekers, a majority of them belonging to either the Hindu or Sikh faiths that are religious minorities in Afghanistan made their way to India over the past few decades due to security concerns. There were mainly two times in the course of history when the Afghans felt the need to flee from their motherland, once in the aftermath of the 1979 Soviet invasion and the other was after the fall of the Najibullah regime, which marked the beginning of Taliban rule, destroying lives of common people (Anushka, 2019).

Media reports suggest that Afghans entered India with student, tourist or medical visas (Newslandry, 2021). Due to the threat of persecution, especially after the advent of the Taliban, many were unable to go back. They face procedural challenges in getting their visas renewed. Afghan refugees are settled in certain neighbourhoods of Delhi, such as Bhogal, Khirki Extension and Lajpat Nagar where they have opened restaurants and confectionaries. Many were working as translators for medical tourists before the Taliban regime. However, they continue to face challenges in accessing education and healthcare. Due to language barriers and precarious living conditions, the Afghan community was unable to respond adequately to the pandemic. Many children had to drop out of school and discontinue their education. Moreover, access to higher education is also hampered as they do not possess Aadhaar cards and cannot register themselves on online portals used by government schools in Delhi.

### 2.3.9 African and West Asian Refugees

African refugees are mostly from Somalia, Democratic Republic of Congo and Sudan. Literature on African and West Asian refugees is hard to locate but studies have indicated that people of African origin in India face many hardships due to racist

attitudes. In Indian media, social media platforms and even in Indian films, there is a prevalent portrayal of Africans as drug dealers, criminals and individuals involved in promiscuity (Kohnert, 2021). The media tends to give less attention to the struggles experienced by African students and Africans living in the country. Meanwhile, African migrants play a noteworthy role in shaping the social and cultural fabric of prominent Indian cities such as New Delhi. They assert their presence and establish a sense of belonging through their behaviours, religious observances, and recreational traditions. However, this can sometimes generate further animosity from certain segments of the local community.

Moreover, due to the racialised perceptions and precarious legal status associated with informality and “illegality”, prejudices are prevalent among the local Indian residents towards their African neighbours. These preconceived judgements intersect with the dynamics of urban change, resulting in a precarious state. Despite their efforts to avoid confrontations, the refugees continue to face challenges exacerbated by these dynamics (Negi & Taraporevala, 2018).

A perusal of newspaper reports shows that West Asian refugees, primarily from countries like Syria, Iraq, and Iran, face a unique set of challenges and opportunities. These refugees often seek asylum in urban centres, where they can access support from the UNHCR. Despite the humanitarian welcome, their situation remains precarious. They have limited legal rights and uncertain residency status. They often struggle with restricted access to formal employment, which leads many to work in the informal sector where they face exploitation and instability. Moreover, language barriers and cultural differences can pose additional hurdles to integration. However, community networks and support organizations work to provide essential services such as healthcare, education, and legal aid, helping refugees navigate their new environment.

## 2.4 Domestic Laws and Policies

In the absence of domestic refugee law, refugees are treated as foreigners in India. The laws used to deal with them are:

- i. Passport (Entry into India) Act, 1920
- ii. Passport Act, 1967
- iii. Registration of Foreigners Act, 1939
- iv. Foreigners Act, 1946 v. Foreigners Order, 1948
- v. Citizenship Amendment Act, 2019

The Passport (Entry into India) Act of 1920 regulates the entry and exit of individuals in India, requiring them to possess a passport. The central government has the authority to establish rules, which resulted in the formulation of the Passport (Entry into India) Rules in 1950. However, refugees are exempted from this requirement due to the principle of ‘non-refoulement,’ which prevents their forced return to a country where they might face persecution.

The Passport Act of 1967 facilitates the issuance of passports and travel documents to Indian citizens and others, while also regulating their departure from India. It defines different types of passports based on various categories of individuals. The act includes provisions for the arrest of individuals who provide false information to obtain a passport. Article 20 of the act grants the central government the authority to issue passports to non-Indian citizens when it is deemed necessary in the public interest.

The Registration of Foreigners Act of 1939 mandates the registration of foreigners in India. It empowers the central government to establish rules requiring foreigners to report their arrival, presence, movements, departure, proof of identity, and other relevant information to the prescribed authority.

The Foreigners Act of 1946 grants the central government the authority to deal with foreigners. It enables the government to issue orders imposing various restrictions on foreigners. The act also empowers authorities with extensive powers, including the ability to compel compliance, arrest and detain individuals who fail to comply with these provisions. These powers, including the right to expel, enforce expulsion orders, and use force, if necessary, are upheld by the courts. As a result, refugees and asylum seekers may face severe penalties or prolonged detention under this legislation.

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The Foreigners Order of 1948 was issued by the central government under the powers conferred by Section 3 of the Foreigners Act of 1946. It outlines the conditions for granting or refusing entry into India. In cases involving refugees, they may be considered as illegal migrants and could be detained at transit areas.

**Long Term Visas:** A circular by the Ministry of Home Affairs states that long term visas that can be given to groups belonging to Hindu, Christian, Buddhist, Jain, Sikh and Parsi groups from Pakistan, Bangladesh and Afghanistan (Ministry of Home Affairs, 2018). These long-term visas have provisions to permit non-resident ordinary bank accounts, purchase small dwelling units, admit children in schools and colleges, procure driving licenses, obtain work in the private sector, move freely and procure PAN and Aadhaar cards. The circular also mentions that while India is not signatory to the 1951 Refugee convention, that the cases of persons claiming to be refugees will be examined and if a fear of persecutions is found, then a long-term visa may be granted.

**Tibetan Rehabilitation Policy 2014:** The Tibetan Rehabilitation Policy of the Ministry of Home Affairs enables Tibetans to access services such as admissions in schools and colleges, engage in livelihood activities, as well as access to central social security such as the Public Distribution System, National Rural Livelihood Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme, Indira Awas Yojana, National Rural Health Mission etc. Additionally, the policy also urges state governments to extend benefits and basic services such as electrification, water etc. to Tibetans as well. The policy also calls for conducting of a census of the Tibetan population every 5 years by the Central Tibetan Relief Committee. During a workshop on the Tibetan Rehabilitation Policy, 2014 held on 17th November 2014, K.K. Pathak, Joint Secretary of MHA (FFR Division) urged officials to extend many rights to Tibetan refugees on the basis of their Registration Certificate (RC). These rights include the provision of leases, for land that Tibetan refugees are occupying and extension of central government schemes. He also explicitly mentioned that ration cards would not be required and the Registration Certificate may be used in lieu (Ministry of Home Affairs, 2015).

**Ministry of Home Affairs Circular regarding Stay Visa/Residence Permits for Afghan nationals:** A circular released by the Foreigners Division of the Ministry of Home Affairs dated 17th July 2017 enables the grant of permits to Hindu, Parsi, Christian, Buddhist, Sikh and Jain groups. This also covers Indian origin women who are Afghan nationals married to Afghans and returning to India due to divorce or widowhood, Afghan nationals married to Indian nationals and staying in India, or cases involving extreme compassion. The circular states that Afghans with Stay Visas/Residence Permits and Long Term Visas will be allowed to open bank accounts, purchase small dwelling units, start businesses and move freely within the state or country.

**Citizenship Amendment Act, 2019:** The Citizenship Amendment Act, 2019 offers a pathway to citizenship including provisions for both amnesty and an expedited process for obtaining citizenship to specific refugees who have fled religious persecution in Afghanistan, Bangladesh and Pakistan and are presently residing in India. The act enables citizenship for Hindu, Christian, Jain, Parsi, Sikh, and Buddhist immigrants persecuted in Bangladesh, Pakistan, and Afghanistan. The amendment essentially eliminates significant obstacles to lawful relocation and the acquisition of citizenship by introducing provision for amnesty for particular religious' refugees. These refugees must have sought sanctuary in India on or prior to December 31, 2014. The amendment further suggests that unlawful entry would not hinder the process of naturalisation for individuals belonging to these communities. Additionally, the mandatory duration of residency, originally set at eleven years, is proposed to be reduced to six years. While these are positive steps, basing amnesty on religion was what caused deep unrest. Furthermore, the reliance on citizenship as a solution is not feasible nor desirable for certain refugee groups in India who wish to return when peace is restored in their country of origin. However, the introduction of the Citizenship Amendment Act, 2019 created concern on account of its omission of refugees from countries such as Myanmar and Sri Lanka. The act also does not account for persons who are persecuted on grounds other than religion, like ethnicity, language etc.



# Research Design and Methodology

## 3.1 Objectives and Scope of Study

The questions emanating from the initial literature review has helped to clarify the major objectives of the study. These are as follows:

- » To analyse the laws, policies and programmes and institutional mechanisms available to refugee communities for their stay, protection and welfare measure in India.
- » To document the socio-economic conditions of the identified refugee communities in India and their relationship with the neighbouring host communities.
- » To understand the challenges faced by the different refugee groups in accessing basic needs and welfare provisions, including nutrition, education, housing, healthcare and livelihoods, etc.
- » To understand the challenges faced by women refugees due to their double marginalisation in terms of gender and refugee status.

Based on the stated objectives, the study will focus on the following research questions:

- » What is the legal framework at the national level that determines a refugee's stay and access to welfare in India?
- » What are the state level policies that affect the refugee communities' access to nutrition, education, healthcare, housing, livelihoods, etc.?
- » What is the effect of cultural and ethnic links of refugee communities and the host societies on the socio-economic development of the refugees?
- » What are the socio-economic conditions related to nutrition, education, housing, healthcare and livelihoods of different refugee groups in India?
- » What are the challenges faced, particularly by women, including but not limited to, exacerbated

discrimination due to gender identity and gender based violence?

## 3.2 Methodology of the Survey

In order to investigate the questions emerging from the literature review, the study adopted a mixed-method approach based on the scope. A comprehensive secondary study of available literature and policy documents such as the laws applicable to the refugees has been undertaken in order to understand the legal and institutional framework within which refugees are located in India. Apart from secondary research, structured questionnaire surveys, case studies, in-depth interviews and focus group discussions involving refugee groups across the country have been undertaken. Structured interviews of other stakeholders, like government officials and representatives from CSOs and international organisations, have been conducted to further understand the institutional mechanisms and practical challenges related to the socio-economic development of refugee communities. The methodological framework has been detailed in Figure 3.1.

### 3.2.1 Methods of Data Collection

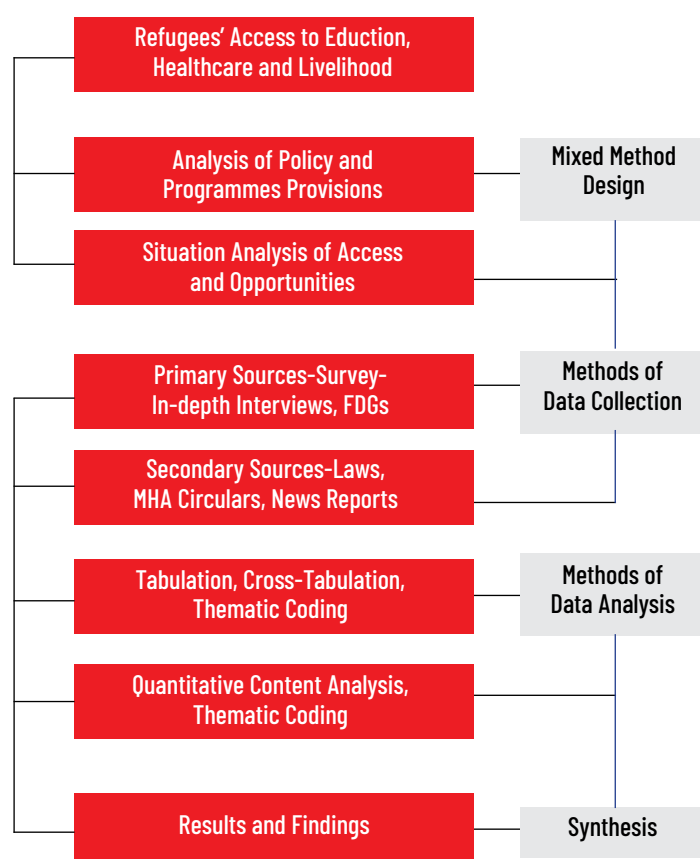
As stated, the study takes a mixed-method approach and relies on the following tools for data collection:

#### *Literature Survey*

As part of the research study, an analysis of secondary data was done through collecting information from various published sources, including, but not limited to, journal articles, books, legislations, government reports, media reports, and studies conducted by CSOs, research institutions and other international organisations.

#### *Field Survey of Refugees*

A field survey using structured questionnaires of nearly 2,539 households from the refugee

**Figure 3.1: Methodological Framework of the Study**

communities was conducted from August 2022 to March 2023. This set of questions mainly provided quantitative information on the socio-economic profiles of the respondents covering individual and household characteristics, details regarding education, healthcare, livelihood, legal compliance, and the impact of the COVID-19 pandemic. In order to reduce the logistical challenges of the data collection and data entry process, a Computer Assisted Personal Interviewing (CAPI) method was used for the data collection process. For this, the Kobo Toolbox, an open-source Android app for collecting survey data developed by the Harvard Humanitarian Initiative was used. A copy of the questionnaire is attached in the annexures.

#### ***In-depth Interviews and Key-Informant Interviews***

Around 45 in-depth interviews and Key-Informant interviews were conducted focusing on different demographic sub-groups within the refugee population including but not limited to youth, adolescents, women, women-headed households, and other stakeholders like government officials

and representative of CSOs and international organisations working in the area. This process of data collection helped in capturing the qualitative information from the ground focusing on the individuals. The collected qualitative information has been incorporated into the report to substantiate the findings from the data collected through the field survey.

#### ***Focus Group Discussions***

In each refugee respondent group selected for the study, except for Tamil and Tibetan refugees, two or more focused group discussions were conducted to capture their perspectives and vulnerabilities related to accessing education, healthcare, and livelihood opportunities. The Commissionerate of Rehabilitation and Welfare of Non Residents Tamils refused access to the camps due to spreading panic amongst the community. The Resident Welfare Association of Majnu Ka Teela also discouraged ActionAid Association from conducting focus group discussions. In total, 15 focus group discussions were conducted with the different refugee groups



across India. Additionally, special focus group discussions were undertaken with women and girls to highlight the added challenges they face due to their gender identity.

### 3.2.2 Sampling and Site Selection

The study focused mainly on 9 refugee communities residing in 10 states of India. The 9 refugee groups were selected based on the numbers of major refugee groups in India as provided by the UNHCR and Ministry of Home Affairs. The major concentration of these 9 refugee groups across 10 states in India were selected for the study, thus, the geographical sampling of the study was based on the presence of the refugee community and their concentration in each respective state. Around 2,539 households and 7,883 individuals from these communities were contacted using surveys. Out of the 7,883 individuals, 50.83% identified as females, 48.67% identified as males, 0.14% identified as transgender and 0.46% preferred not to report their gender. The objective of this research was to look at the access of refugee communities to livelihood,

education, and healthcare. Since previous studies on specific refugee communities state that some refugee groups enjoy entitlements, and hence access, than others, this research attempted to study the difference between communities based on the differential access to entitlements they enjoy. These entitlements not only depend on the ethnicity of the refugees but also on the host communities and geographic location (rather the state/UT government of that location) of the refugee population. Therefore, for the purpose of this study, the sample size for each refugee group was determined based on their population in India whereby a proportional sample size for each group was decided, maintaining 400 as the maximum sample of households obtained from any single community group representing a maximum of 16% of the total number of households. The households within the refugee group were identified using non-probability-based quota sampling. The distribution of the sample proposed and collected per refugee group covered in the study as shown in Table 3.1.

**Table 3.1: Sample Size**

Country of origin	Refugee Group	Proposed	Sample Size (Household)	Percentage (%)	Sample Size (Individual)	Percentage (%)	Sample Location
Afghanistan	Muslim	200	197	7.76	946	12	Delhi
Africa	Somalian and Congolese	200	151	5.95	263	3.3	Delhi
Bangladesh	Chakmas*	400	206	8.11	543	6.8	Arunachal Pradesh
Bangladesh	Hajong	NA	201	7.9	577	7.3	Assam
Myanmar	Chin**	200	100	3.9	328	4.1	Mizoram
Myanmar	Other Transnational Communities	NA	100	3.9	378	4.8	Manipur, Assam
Myanmar	Rohingya	350	380	14.9	1,034	13.1	Delhi, Haryana
Pakistan	Hindu	350	350	13.7	1,816	23	Rajasthan
Sri Lanka	Tamil	400	410	16.1	946	12	Tamil Nadu
Tibet	Buddhist	400	444	17.5	1,052	13.3	New Delhi, Himachal Pradesh
<b>Total Households</b>		<b>2,500</b>	<b>2,539</b>	<b>100</b>	<b>7,883</b>	<b>100</b>	

**Notes:**

\* The sample of Chakma was reduced as the locations chosen had seen a fall in their population. Hajongs were included to cover the target of 400.

\*\* Instead of taking 200 Chins as a part of the sample, only 100 were taken to include other transnational Myanmar groups such as Thadou Kuki, Tankhul Nagas, Barmar and Nepalese hailing from Myanmar

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### 3.2.3 Field Data Collection Process

The field survey was carried out by surveyors from ActionAid Association's teams and allied social organisations present across India. The data collection process was monitored by the research team, with the support of ActionAid Association offices in Delhi NCR, Himachal Pradesh, Rajasthan, Tamil Nadu, and North-East (including Arunachal Pradesh, Assam, Mizoram, and Manipur). The training of surveyors across 10 states was organised in hybrid mode throughout the data collection process. Additionally, before launching the survey, pilot surveys were conducted with 3 communities in 3 states and the questionnaire was revised as per the feedback from surveyors and NHRC. For conducting in-depth interviews and focus group

discussions, a detailed instruction guide was prepared and shared with the surveyors.

## 3.3 Sample Characteristics

This section gives an overview of the sample and delves into the location, age, gender and religious dimensions of each refugee group.

The study covered 2,539 households and 7,883 individuals belonging to Sri Lankan Tamil, Tibetan, Rohingya, refugees from Pakistan, Chakma, Chin, Other Transnational Myanmar communities (comprising Tankhul Nagas, Barmar, Nepalese and Thadou Kuki who are mostly transnational communities and share cultural ties across borders. These groups have fled to Manipur and

**Table 3.2: Location-wise Distribution of Survey Sample**

Refugee Group	State	District	Number of Households	Number of Individuals
Afghan/Muslim	Delhi	South Delhi	55	261
Afghan/Muslim	Delhi	South East Delhi	56	283
Afghan/Muslim	Delhi	West Delhi	59	294
Afghan/Muslim	Delhi Total		170	838
Afghan/Muslim	Uttar Pradesh	Gautam Buddha Nagar	27	108
Afghan/Muslim	Uttar Pradesh Total		27	108
<b>Afghan/Muslim Total</b>			<b>197</b>	<b>946</b>
African/Congolese & Somalian	Delhi	South Delhi	130	224
African/Congolese & Somalian	Delhi Total		130	224
African/Congolese & Somalian	Uttar Pradesh	Gautam Buddha Nagar	21	39
African/Congolese & Somalian	Uttar Pradesh Total		21	39
<b>African/Congolese &amp; Somalian Total</b>			<b>151</b>	<b>263</b>
Bangladesh/Chakma	Arunachal Pradesh	Papum Pare	206	543
<b>Bangladesh/Chakma Total</b>	<b>Arunachal Pradesh Total</b>		<b>206</b>	<b>543</b>
Myanmar/Chin	Mizoram	Champhai	50	179
Myanmar/Chin	Mizoram	Lawngtlai	50	149
<b>Myanmar/Chin Total</b>	<b>Mizoram Total</b>		<b>100</b>	<b>328</b>
Bangladesh/Hajong	Assam	Goalpara	201	577
<b>Bangladesh/Hajong Total</b>	<b>Assam Total</b>		<b>201</b>	<b>577</b>
Myanmar/ Other transnational communities	Manipur	Tengnoupal	100	378
<b>Myanmar/ Other transnational communities Total</b>	<b>Manipur Total</b>		<b>100</b>	<b>378</b>
Pakistan/Hindus	Rajasthan	Jaisalmer	176	977
Pakistan/Hindus	Rajasthan	Jodhpur	174	839
<b>Pakistan/Hindus Total</b>	<b>Rajasthan Total</b>		<b>350</b>	<b>1,816</b>

Mizoram from Myanmar), Hajong, Afghan, Somalian and Congolese refugee groups in India. The area wise distribution of the study is displayed in Table 3.2. The sample surveyed spans 21 districts in 10 states: Assam, Arunachal Pradesh, Delhi, Haryana, Himachal Pradesh, Manipur, Mizoram, Rajasthan, Tamil Nadu and Uttar Pradesh

Due to our purposive sampling and the locations where it was conducted, we found that the context of urban versus rural areas vary by refugee groups. All African and Afghan refugees in our sample reside in urban areas, whereas all Chakma, Hajong, Chin and Other Transnational Communities from Myanmar refugees in our sample reside in rural areas. Around 89% of Tamil and refugees from Pakistan reported living in rural settlements while

55% Rohingya refugees reported the same. On the other hand, 95% Tibetan refugees in our sample reside in urban areas. The survey covered women, men and transgender from the refugee groups. The sample comprises of 4007 women, 3829 men and 11 transgender individuals. There were 36 individuals who preferred not to disclose their gender. While female refugees in our sample outnumber male refugees, there are variations by group. For example, in the case of Tibetans, refugees from Pakistan and Chakma refugees, the reverse has been observed.

The sample was composed of persons mainly from the Buddhist, Hindu, Muslim and Christian religions. It is important to note, that while the Afghan refugee population includes Sikh, Hindu and

**Table 3.2: Location-wise Distribution of Survey Sample (contd.)**

Refugee Group	State	District	Number of Households	Number of Individuals
Myanmar/Rohingya	Delhi	North Delhi	15	34
Myanmar/Rohingya	Delhi	South Delhi	78	169
Myanmar/Rohingya	Delhi Total		93	203
Myanmar/Rohingya	Haryana	Faridabad	7	16
Myanmar/Rohingya	Haryana	Nuh	280	815
Myanmar/Rohingya	Haryana Total		287	831
<b>Myanmar/Rohingya Total</b>			<b>380</b>	<b>1,034</b>
Sri Lanka/Tamil	Tamil Nadu	Chennai	11	28
Sri Lanka/Tamil	Tamil Nadu	Coimbatore	72	198
Sri Lanka/Tamil	Tamil Nadu	Dharmapuri	40	118
Sri Lanka/Tamil	Tamil Nadu	Tiruppur	81	162
Sri Lanka/Tamil	Tamil Nadu	Tiruvallur	11	32
Sri Lanka/Tamil	Tamil Nadu	Tiruvannamalai	174	337
Sri Lanka/Tamil	Tamil Nadu	Villupuram	21	71
<b>Sri Lanka/Tamil Total</b>	<b>Tamil Nadu Total</b>		<b>410</b>	<b>946</b>
Tibet/Buddhist	Delhi	North Delhi	203	625
Tibet/Buddhist	Delhi	South Delhi	20	33
Tibet/Buddhist	Delhi	South East Delhi	19	21
Tibet/Buddhist	Delhi	West Delhi	2	4
Tibet/Buddhist	Delhi Total		244	683
Tibet/Buddhist	Himachal Pradesh	Kangra	200	369
Tibet/Buddhist	Himachal Pradesh Total		200	369
<b>Tibet/Buddhist Total</b>			<b>444</b>	<b>1,052</b>
<b>Overall</b>			<b>2,539</b>	<b>7,883</b>

## Refugees in India

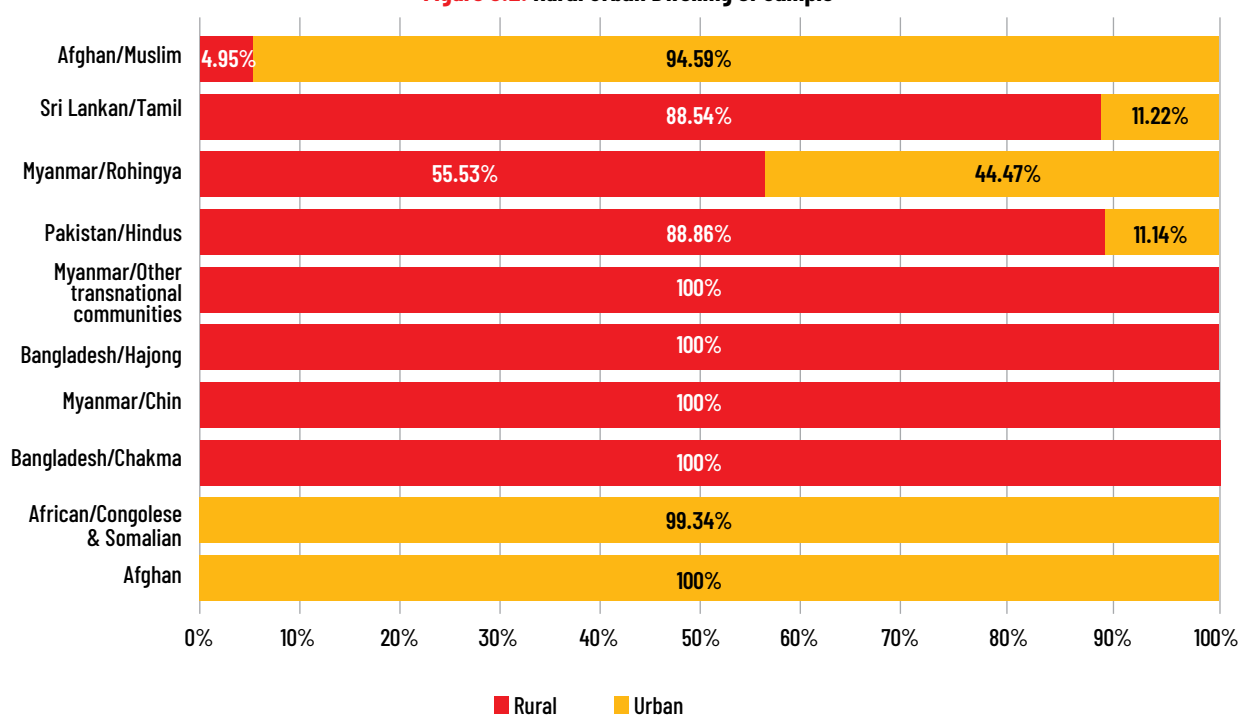
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Muslim Afghans, this study could only cover Afghan Muslims. In general, refugee groups in our sample have homogeneous religious identity, with few exceptions. For example, while 79% Tamil refugees reported Hindu, 20% of Tamil refugees in our sample reported to be Christians. Similarly, 89% and 11% of other transnational community refugees from Myanmar in our sample reported adherence to Christianity and Buddhism respectively. Religious identity as reported by African refugees in our

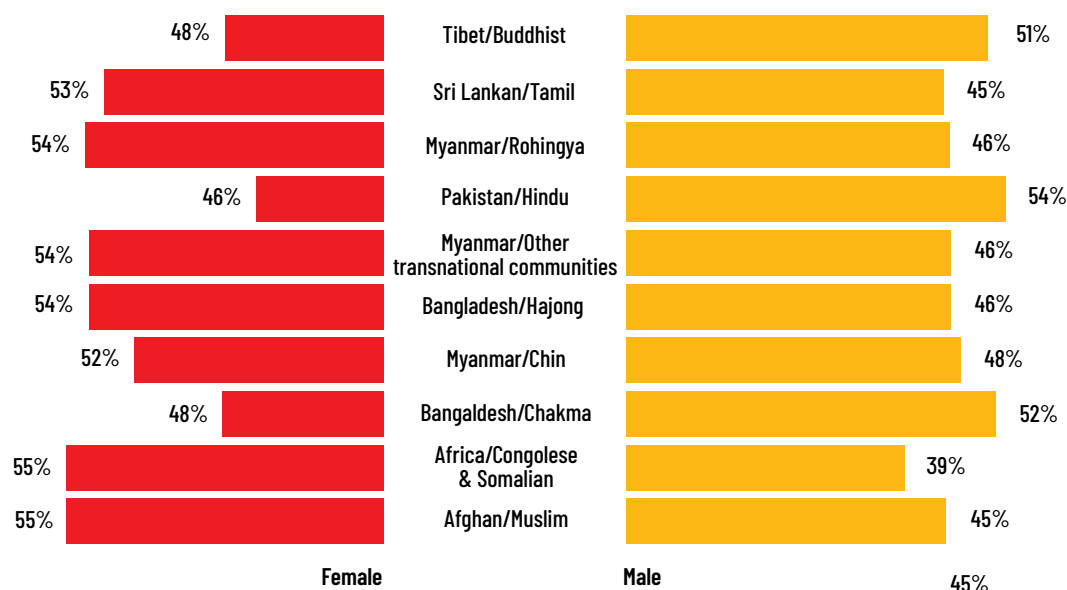
sample differ by their country of origin. While almost all refugees from the Democratic Republic of Congo, Tanzania and Rwanda, comprising 91% of African refugees in our sample reported adherence to Christianity, Somalian refugees constituting 8% reported to be Muslim.

The survey sample is a fairly young cohort of refugees, with more than one-third being less than 18 years old. Another third of all refugees

**Figure 3.2: Rural Urban Dwelling of Sample**



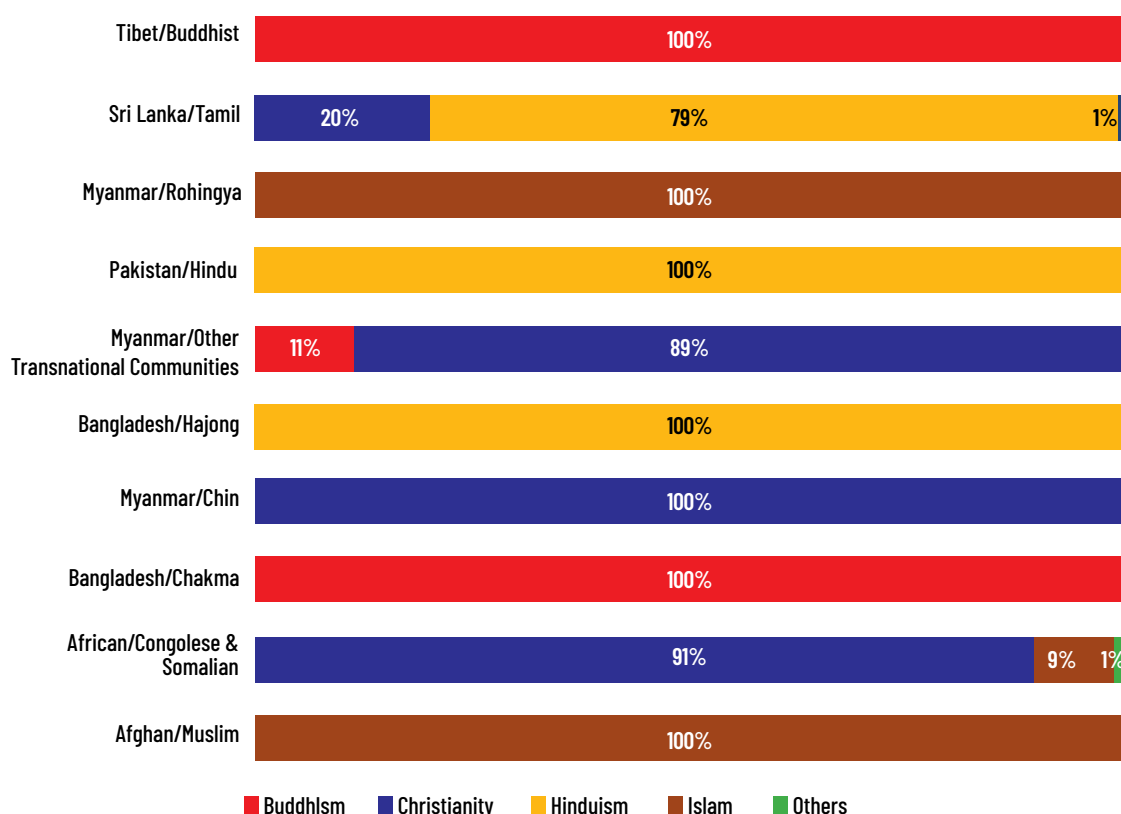
**Figure 3.3: Gender Profile of Sample**



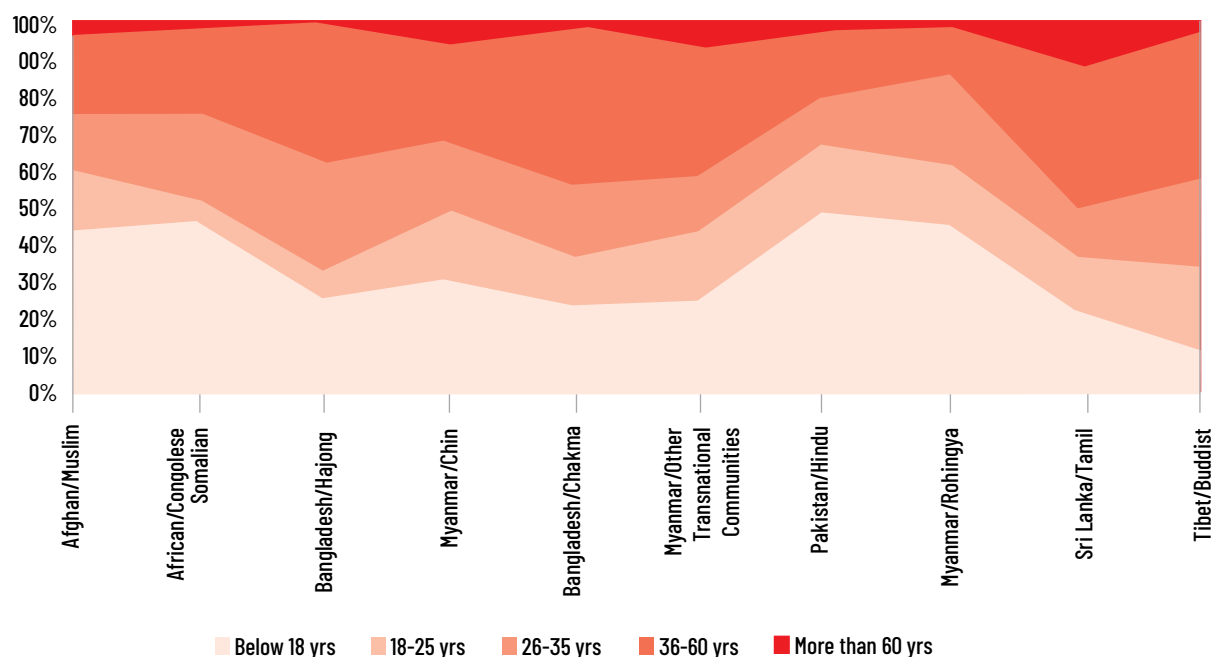
are between the age of 18 and 35 years, while the rest aged above, with only about 5% of all sample respondents being more than 60 years of age. However, we see significant variations in this trend as well among the different groups. For example, only 10% of Tibetan refugees were reportedly below 18 years of age and more than 43% were above

35 years old. Similarly, around 45% of respondents from Afghan, African, refugees from Pakistan and Rohingya were below 18 years of age. This indicates that a large number of refugees are in the school going age and would need unrestrained access to education and livelihood opportunities.

**Figure 3.4: Religious Profile of Sample**



**Figure 3.5: Age Divisions of Sample**





# Survey Findings

In this chapter, we present the findings of the survey around 7 major arenas that are critical for the well-being of refugees in their host country. These include legal aspects of their identity and status, the housing situation and access to basic services, education healthcare and livelihood. The findings also deal with the issue of third country resettlement and the integration of the refugee community with local populations and the nature of their interactions. These aspects have been chosen as they are vital for refugee communities to lead dignified lives and contribute positively to their new communities and host country.

## 4.1 Legal Aspects

### 4.1.1 Document Procurement: Lapses and Challenges

Documentation plays an important aspect in ascertaining access to basic necessities such as housing, as well as to education, healthcare and livelihood. Various groups have different kinds of documents available to them. Groups such as Tibetans and Tamils have ID cards or visas/permits issued by the Indian government. They either have Registration Certificates, Stay Permits or documents issued by the Central Tibetan Administration in the case of Tibetan refugees.

According to Figure 4.3, a small proportion of Tibetans responded that they had taken citizenship. While most government circulars and literature indicate the importance of Registration Certificates, only 32% Tibetan respondents said that they possess Registration Certificates. On further questioning, it was observed that the documents given to Tibetans has changed over time.

Interviews with prominent Tibetan cultural and community leaders revealed that after 2008, for Tibetans born in India, a 1 year stay permit was given after which a 5-year document was issued. This began in 2010. This is the reason why 8% Tibetans

responding that they have stay permits and long term visas. This also indicates the lack of uniformity in the documents issued to Tibetan refugees. The 32% who responded with other, possess green books which are issued by the Central Tibetan Administration and allows Tibetans to access health services and free education. On the other hand, nearly all Tamil refugees possess registration certificates. Based on the circulars released by Ministry of Home Affairs, all the benefits available to Tamil refugees are based on the possession of the RC.

Whereas Afghans of certain religions are eligible for long term visas, the entire population of respondents rely on UNHCR asylum seeker certificates and cards. The same is the case for Rohingya and Africans from Somalia and Congo. These are also the groups who reportedly face difficulty in completing education after class 8 and finding suitable and safe livelihood opportunities in India. Even the district administration, medical officers, intelligence officers and school principals interviewed during the course of the study said that the lack of a document issued by the Indian government often acts as an impediment in extending facilities or admission to these refugee groups.

A large number of other Myanmar transnational communities and a significant percent of Chin refugees said that they do not possess any documents at all. Earlier, the Mizoram government used to issue temporary ID cards to incoming refugees from Myanmar but that practice has now stopped as was learnt during 2 separate interviews with officials from two separate district administrations. A system of trust and brotherhood exists between the refugees from Myanmar and the host population which enables the refugees to access services. Chakma (97%) and Hajong (99%) refugees mostly all have citizenship documents.

Despite having citizenship pathways open to them, only 2% refugees from Pakistan from our



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sample have citizenship. A significant percent of respondents has long term visas, which they have difficulty renewing in many instances. Furthermore, while citizenship pathways have been offered to refugees from Pakistan, the process is often tedious, long drawn out and expensive. Until they receive their citizenship status, many complained that they do not have access to even basic services. Furthermore, even if a parent gets citizenship or a spouse gets citizenship, that does not ensure that other members of the family get citizenship automatically. One woman in the group discussion in Jaisalmer received citizenship, but her husband and children have not yet gotten citizenship. Some group members had ration cards, but say that the shopkeepers do not accept them and claim that they are not stamped. Or they say that they have run out of stocks. Some people are able to get ration from the ration shops and some are not. *"Even when we have all the required documents, our children do not receive the money they are entitled to under scholarships."*

This lack of uniform documents and generally prolonged process, opens up multiple threats of exploitation and threatens access to services. *"At every step, we are asked to give bribes. Even the CID<sup>1</sup> takes bribes from us. 1 man has spent 2 lakhs on paperwork and bribes but he still hasn't received citizenship. They should do away with this passport renewal system from the Pakistan High Commission."* Such statements were heard throughout a series of interactions with refugees from Pakistan. It indicates their economic vulnerability and the exploitative ways of local touts who use the precarity of their citizenship to extort money with the promise of securing them citizenship documents.

### 4.1.2 Documents Possessed by Refugees

According to Aadhaar Act, 2016 intended for financial and social inclusion, any individual who has resided in India for a period or periods amounting in all to 182 days or more in the 12 months immediately preceding the date of application for enrolment is eligible to apply for Aadhaar cards. (Unique Identification Authority of India, 2016) This would also include refugee groups who have been residing

in India for more than the specified period. Initially, there was ambiguity regarding the application of this Act to refugees which is why groups such as Rohingya began making Aadhaar cards (*Times of India, 2021*). It was not until October 2018, that BN Sharma, Special Secretary (Border Management), categorically stated during a high level meeting attended by senior officials of Intelligence Bureau, National Informatics Centre, Cabinet Secretariat, Ministry of External Affairs and Home Ministry that "those having UNHCR cards are also not entitled for Aadhaar card in India and instructions have been issued to the UIDAI for not issuing the card to illegal immigrants" (*The Pioneer, 2018*)

The groups which possess UNHCR cards and UNHCR Asylum certificates being Africans, Afghans and Rohingya are thereby disallowed and often penalised for making Aadhaar cards or other documents. They are further not allowed to make ration cards, PAN cards and open bank accounts. This inhibits them from accessing the formal sector, social security, basic rights such as education and renders them financially excluded.

Figure 4.2 gives a clearer understanding of the kinds of Indian documents, regularly associated with citizenship that are possessed by refugees. Groups such as Sri Lankan Tamils, Hajong and Chakma, who have been recognised by the government enjoy better financial and social inclusion. Data indicates that nearly all Tamil refugees have Aadhaar cards and ration cards. 79% also have bank accounts. Half of the surveyed Sri Lankan Tamils also have PAN cards. This observation is in line with the findings on their livelihood status where half the population is engaged in paid work and more than 70% have access to entitlements as well.

71% of Chakmas possess Aadhaar cards, 64% possess PAN cards and 76% have bank accounts. Negligible numbers of Chakmas possess ration cards whereas 77% Hajong have ration cards. A large percentage of Hajong also possess PAN cards and Aadhaar cards which is a finding in consonance with both groups holding citizenship and having better access to education and livelihood. Despite being allowed to make Aadhaar cards and opening

1. The term CID is colloquially used to refer to the Foreign Regional Registration Offices by the refugee community in Jaisalmer.

bank accounts on the basis of long term visas, only 24% actually have Aadhaar cards. Negligible number of refugees from Pakistan have PAN cards and bank accounts.

Refugee groups who have UNHCR cards and asylum seeker certificates, such as Africans and Rohingya reportedly do not possess any of the documents meant to enable better financial and social inclusion. Moreover, Chin and Myanmar people who do not possess any identity document also do not have Aadhaar cards, PAN cards, ration cards or bank accounts. The data received from Tibetan respondents shows that nearly half of the population surveyed have Aadhaar cards, PAN cards and bank accounts. This is consistent with their participation in the organised sector, the data indicating 66% Tibetan males and 49% Tibetan females engaged in regular employment and having access to jobs in the IT sector, NGOs etc.

During interviews and focus group discussions with refugees, it was observed that the lack of any uniformly recognised government issued document was a big challenge for groups such as Rohingya, refugees from Pakistan, Somali, Congolese and Afghan refugees. Since Tibetans and Sri Lankan Tamils have government issued IDs, they had relatively smoother access to facilities. However, Tibetan refugees did say that they do face troubles while travelling abroad. At times, immigration officers do not recognise their Identity Certificates, or they do not get timely permission from the Foreigners Regional Registration Office online portal. This has caused incidents where people have been unable to travel abroad.

Rohingya do not have any ID issued to them by the Indian government. They use their UNHCR cards to access services. However, the acceptability of the card is not universal and many a times officials do not know what the card signifies. It does not work in place of an Aadhaar card, thereby limiting their access to services for which permission hinges on Aadhaar cards. During our focus group discussion, a Rohingya refugee stated *"If we make Aadhaar cards, we are sent to jail. If we had Aadhaar cards, we could get all facilities"*. Such statements indicate the desire for documentation or recognition from the Indian government so that refugees can have

access to basic entitlements and facilities such as education, housing and decent employment. They also show the desperation and duress under which some refugees may attempt to make counterfeit documents.

### 4.1.3 Housing Situation and Basic Services

The type of housing varies across groups. According to Table 4.1, 97% Sri Lankan and 98% Chin refugees stay in refugee camps. The Chin refugees stated that their living conditions in the camp are governed by the village authorities who have mostly worked towards creating harmony within the local population and refugee population. They have also assisted the refugees in accessing basic necessities such as food and ration. The use of the word camp indicates settlements that are registered with the government and receive assistance such as cash, housing, education and health facilities within close proximity. For Sri Lankan Tamils, camps are regulated by the Commissioner of the Rehabilitation Department. The camps inhabited by Chin refugees are often built within existing villages and are run by the village authorities or the village council. The district administration also plays a role in the delivery of services to these camps. There is also a large presence of international and aid organisations in the Chin refugee camps in Mizoram.

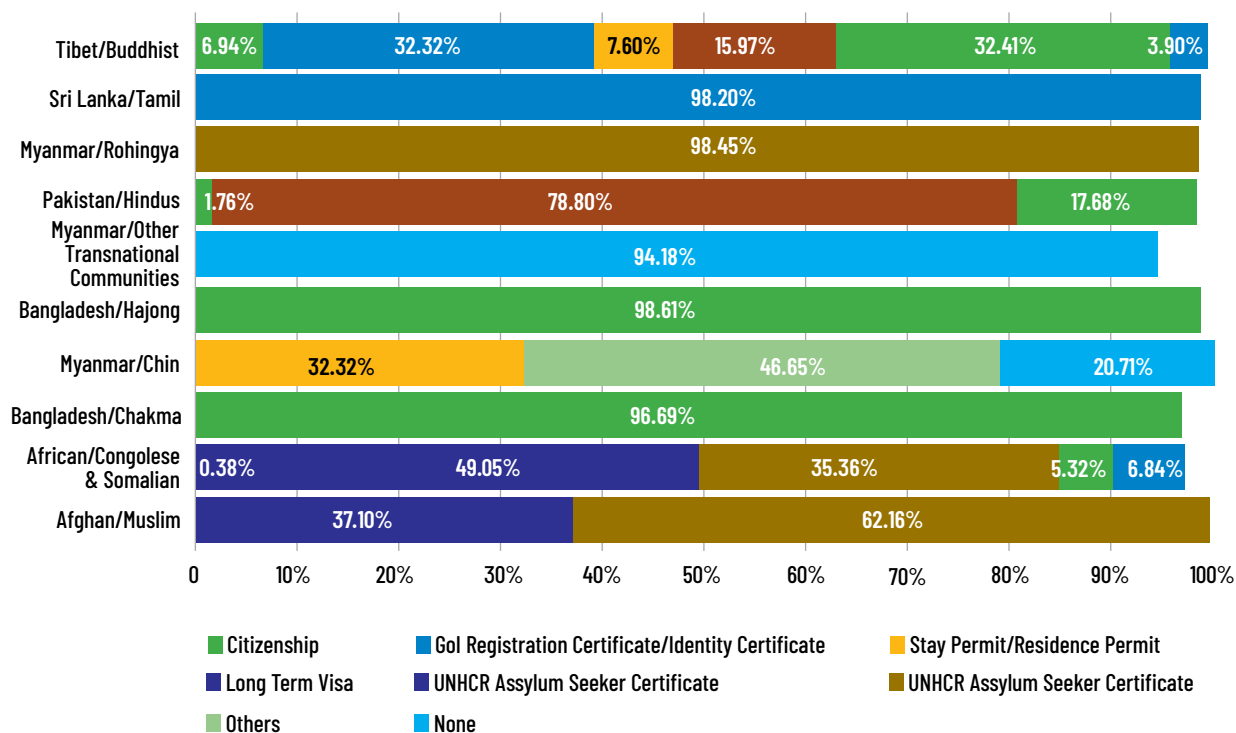
### 4.1.4 Ownership of House and Shelter Aid

House ownership includes government housing for refugees in the form of camps, possession of individual dwellings and temporary informal settlements. Figure 4.4 and 4.5 taken together shows refugees access to housing and their sources of the aid. While 80% of Sri Lankan Tamil refugees reported that the houses they live in are provided by the government, 89% reported that they receive shelter aid from the government as well. This corroborates the literature on Tamil refugees living in camps stating that the housing is regulated by the Commissionerate of Rehabilitation and Welfare. On the other hand, 99% Afghans and 98% Africans reported to be living in rented accommodation. Afghan respondents do not receive any shelter aid while 70% Africans do receive aid. Somalian and Congolese refugees get assistance from

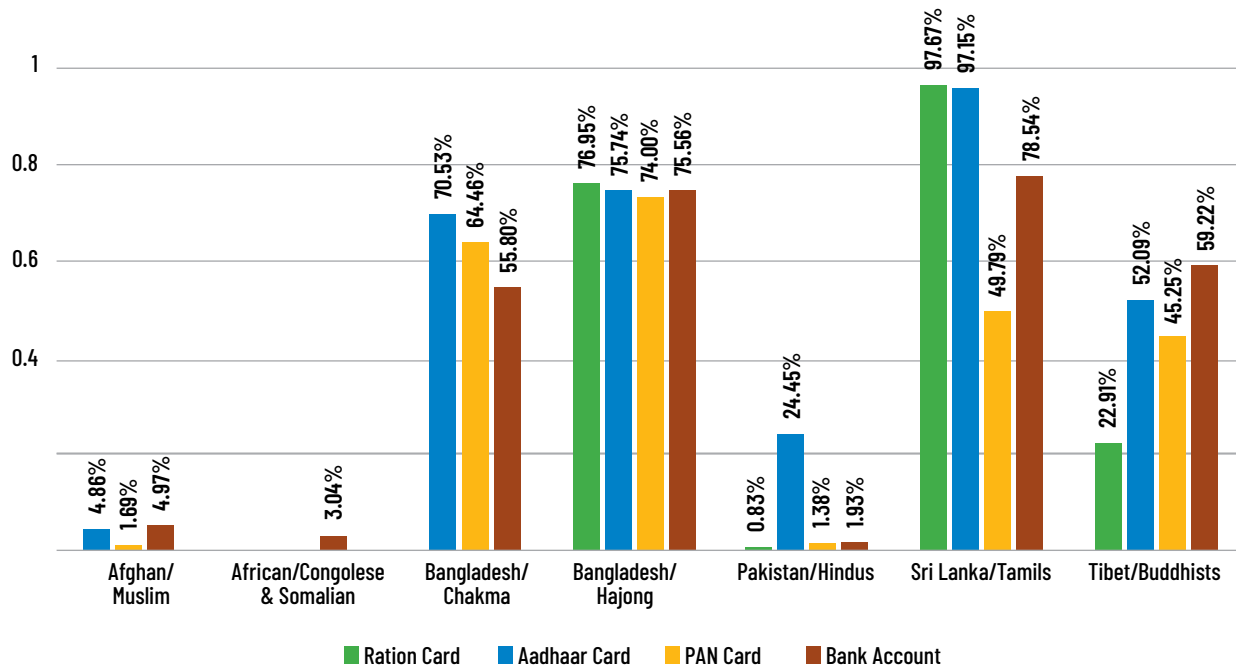
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**Figure 4.1: Refugee Status Document Possessed by Refugees**



**Figure 4.2: Indian Documents Possessed by Refugees**



**Table 4.1: : Type of Housing**

	Camp	Permanent Refugee Colony	Temporary Settlement	Other	Count
Afghan/Muslim	0%	0%	0%	100%	197
African/Congolese & Somali	0%	0%	0%	100%	151
Bangladesh/Chakma	0%	0%	0%	100%	206
Bangladesh/Hajong	0%	0%	0%	100%	201
Myanmar/Chin	98%	0%	1%	1%	100
Myanmar/Other trans-national communities	11%	0%	61%	28%	100
Myanmar/Rohingya	0%	0%	100%	0%	380
Pakistan/Hindus	0%	0%	97%	2%	350
Sri Lanka/Tamil	97%	0%	1%	2%	410
Tibet/Buddhist	0%	63%	0%	37%	444
<b>Grand Total</b>	<b>20%</b>	<b>11%</b>	<b>31%</b>	<b>37%</b>	<b>2539</b>

UNHCR in terms of finding housing and suitable accommodation. Furthermore, 81% of refugees from Pakistan live in their “own houses” with no reported shelter aid. In discussions with them in Jaisalmer they informed that they had built kuccha houses in empty *dhanis*<sup>2</sup>

Interestingly, 69% of Rohingya reported that they live in their “own houses”. While both refugees from Pakistan and Rohingya reported having their own house, what they meant was that they have constructed it on their own and do not have to pay rent. However, they do not have any legal document of possession. These are simply temporary structures made with permission from the local authorities. In group discussions with Rohingya refugees and interviews with district administration, Nuh, it was observed that the Rohingya have built temporary shanties with the help of NGOs and are living on plots given by local residents informally. Since they do not pay rent for living in these shanties, they have reported them as ‘own houses’. 61% Rohingya have received shelter aid. 44% of Tibetan refugees live in rented accommodation. While 15% received government housing aid, 7% were aided by NGOs and 22% have their own houses. The Residents Welfare Association in New

Aruna Nagar, a Tibetan colony in Delhi also known as Majnu ka Teela, informed us that there is a system of house ownership maintained by the Association. They maintain a record of who owns which house and who is selling to whom. Many Tibetans also take rooms on rent within Majnu ka Teela. The respondents who indicated receiving government support, get hostel accommodation from the Central Tibetan Administration and respondents reporting NGO support have been staying in hostel accommodation provided by Tibetan Children’s Village<sup>3</sup> or other similar organisations. Additionally, 96% of Chin refugees and 97% of other transnational community refugees from Myanmar are staying in houses provided by NGOs, with shelter material also given by NGOs.

In group discussions, Afghan refugees told us that rentals in Delhi are very high which is why they settled down about 55 km from Delhi in Greater Noida. According to them Rs 9000-13000 would get them a small one-bedroom house in a cramped colony in Delhi whereas in Greater Noida they are able to stay in a flat with 2 bedrooms and a hall. They have electricity and water 24/7 here. In Delhi they could not afford the rent for space appropriate to their family size.

2. Dhani or Thok is a type of hamlet, the smallest conglomeration of houses, in the sandy Bagar regions of Rajasthan, Haryana and Punjab.

3. Tibetan Children’s Villages or TCV is an integrated community in exile for the care and education of orphans, destitute and refugee children from Tibet. It is a registered, non-profit charitable organisation

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African refugees face even more difficulties due to racial attitudes. Due to the recent arrests of African nationals in Delhi NCR, landlords have become strict. One of them, said, *"It is difficult to get a house on rent. Getting accommodation was difficult before, now it is even worse. Landlords ask for passport and visa because recently there have been arrests of African nationals in Delhi. Sometimes, we use a medical tourists visa and say that we are the relative of a medical tourist and have come to look after someone. Then when that visa is about to expire, we have to find another patient for whom we can pose as a care giver."* These statements are indicative of the precarity around finding safe housing faced by refugees residing in urban areas.

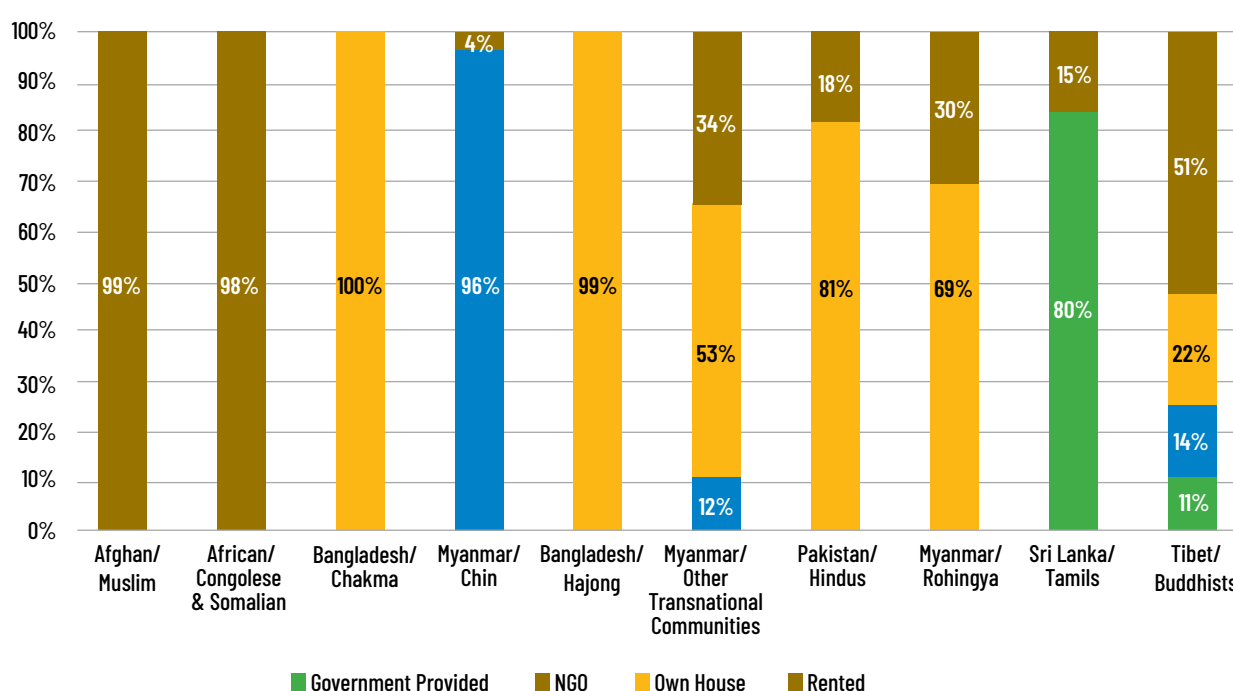
While most Chin refugees we interacted with live in camps, a respondent who lives in rented accommodation shared her experience of when she was trying to find a house. According to her, when they tried to find a house in Champhai road, the landlord created difficulties and asked her to provide a letter from her previous employer stating her old address. In Saitual district, she did not face any difficulty while renting a house and now pays monthly rent of Rs. 2000. 33% refugees stay in rental accommodation on their own, exposing them to exploitation and discrimination.

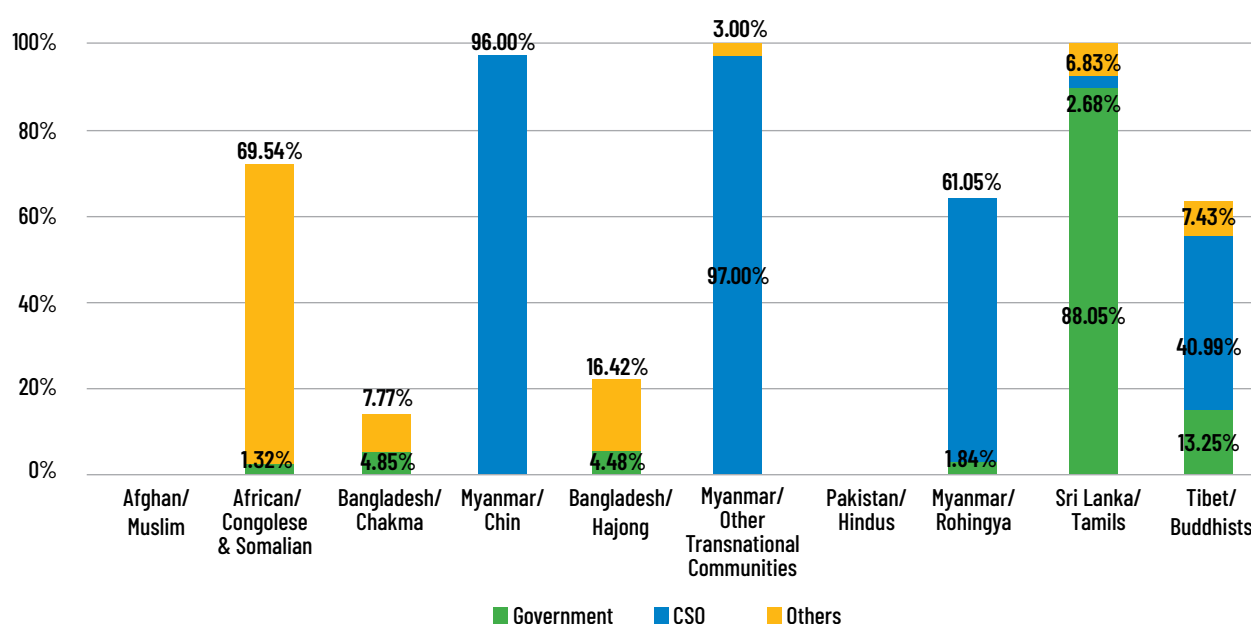
### 4.1.5 Rural Urban Settlements

From Figure 3.2 on Rural and Urban Dwelling and Figure 4.7 on Conditions of House, it can be seen that 100% Afghan, 94% African and 94% Tibetan refugees live in pucca houses. The majority of these groups, 100% Afghan, 99% African and 95% Tibetans live in urban settlements. All Chin, other Myanmar transnational communities, Chakma and Hajong refugees live in rural areas with 98% Chin, 97% other Myanmar transnational communities, 68% Chakma and 77% Hajong populations and 84% Rohingya living in kutcha houses. These were also the same groups that reported receiving the most shelter support from NGOs. The Sri Lankan Tamil population is spread across kutcha, pucca and semi pucca housing, with 19% in kutcha housing, 24% in pucca housing and 57% in semi-pucca housing. This is an interesting distribution as a majority of Sri Lankan Tamils reported living in camps and receive aid from the government. Refugees from Pakistan on the other hand mostly (89%) inhabit rural areas, and live in kutcha (64%) and semi pucca (34%) houses.

The dwelling of refugees in urban and rural settings impact the nature of access they have to services. Groups such as Chins and other Myanmar transnational communities, who live in camps in

**Figure 4.3: Ownership of House**



**Figure 4.4: Sources of Shelter Aid**

rural areas, have the benefit of being protected by the village councils in their respective areas. Tribal systems, intertwined with the social functioning of villages in Mizoram enable the Chins and other Myanmar transnational communities to be included in health and education services and access basic amenities as well. The refugees make their dwellings in these villages using the support of the local population and the village council directs them towards empty land where they can set up temporary dwellings.

On the other hand, refugees from Pakistan, a majority of whom reside in rural areas, often have hampered access to services. This may be attributed to their livelihood in the country of origin, where most of them worked as agricultural labourers. The district administration of Jaisalmer, informed us that due to large distances and some refugee dwellings being made in far off disconnected areas it is difficult to even take water supply lines. However, due to their deep connectedness and roots in villages of Rajasthan, refugees from Pakistan prefer to settle down in rural areas. They also shared that living in urban areas is not affordable for them.

Afghan and African refugees prefer to stay in urban areas and those interviewed in this study live in Delhi. This could be a preferred location due to the UNHCR office being in Delhi as well as the port of

arrival being Delhi as most of them arrive on student or medical visas. Certain refugees are prone to rural settlements due to migrant trends, the livelihood they have been practicing in the country of origin, as well as the port of entry into India.

#### 4.1.6 Water, Sanitation and Hygiene

Figure 14 shows that nearly all Afghans (99.49%), Chakma (100%) and Hajong (98.50%) refugees have personal toilets. High numbers of Rohingya (91%) and African (89%) refugees also have access to personal toilets. Among most Sri Lankan Tamils surveyed, about 74% use community toilets. Roughly half the Chin and other Myanmar populations surveyed have access to community toilets and the other half have personal toilets. Tibetan refugees largely have personal toilets. About 66% has access to personal toilets while 34% use community toilets. This finding was corroborated during interviews in Majnu ka Teela. The RWA members shared that there are some rooms for rent which have a common toilet where residents of one floor share a toilet.

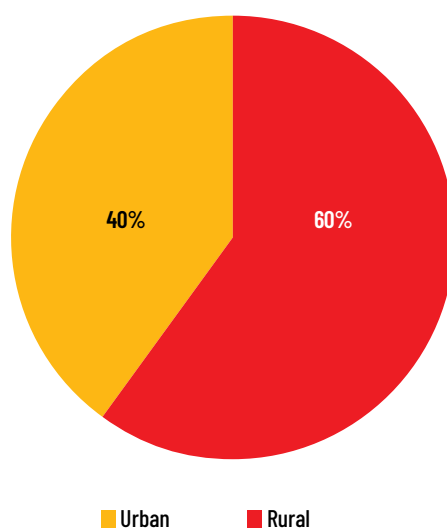
Unfortunately, 76% refugees from Pakistan reported during focus group discussions that they practice open defecation due to lack of water connection in their bastis. The refugees from Pakistan in Jaisalmer shared that due to a lack of recognition and no voting power, they do not get access to basic services such as water and electricity.



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**Figure 4.5: Urban and Rural Distribution of Refugee Settlements**



**Figure 4.6: Rural Urban Dwellings for Each Refugee**

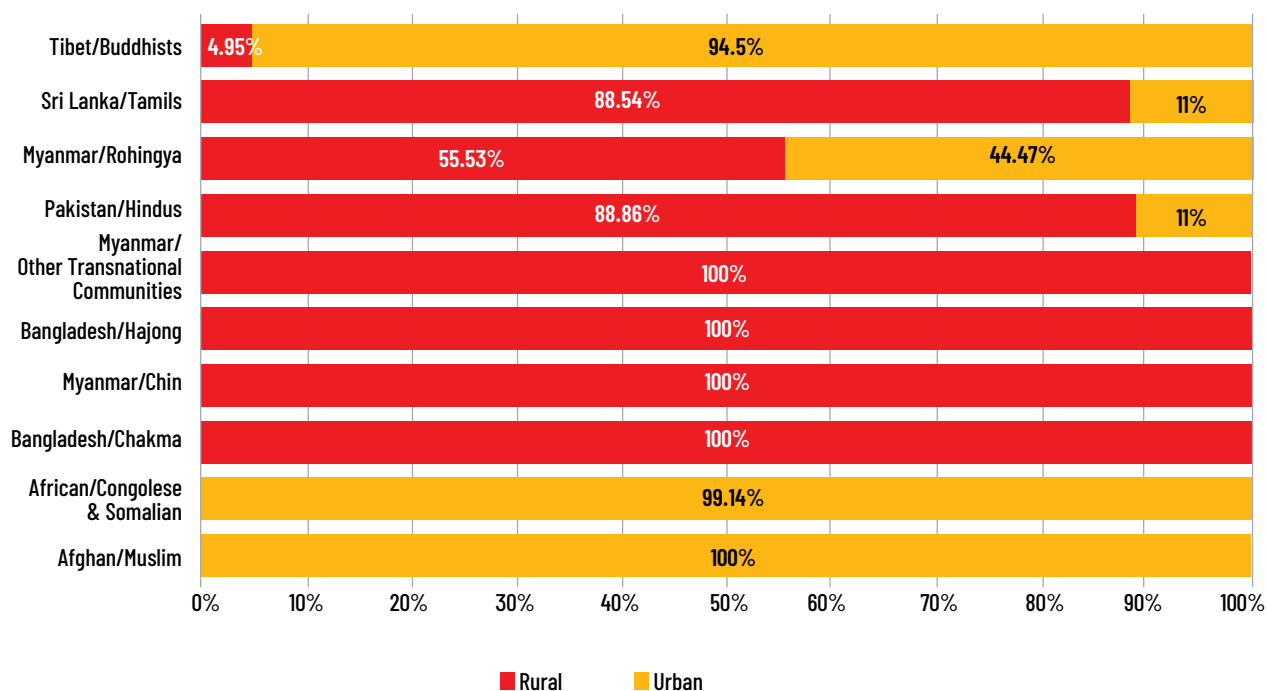
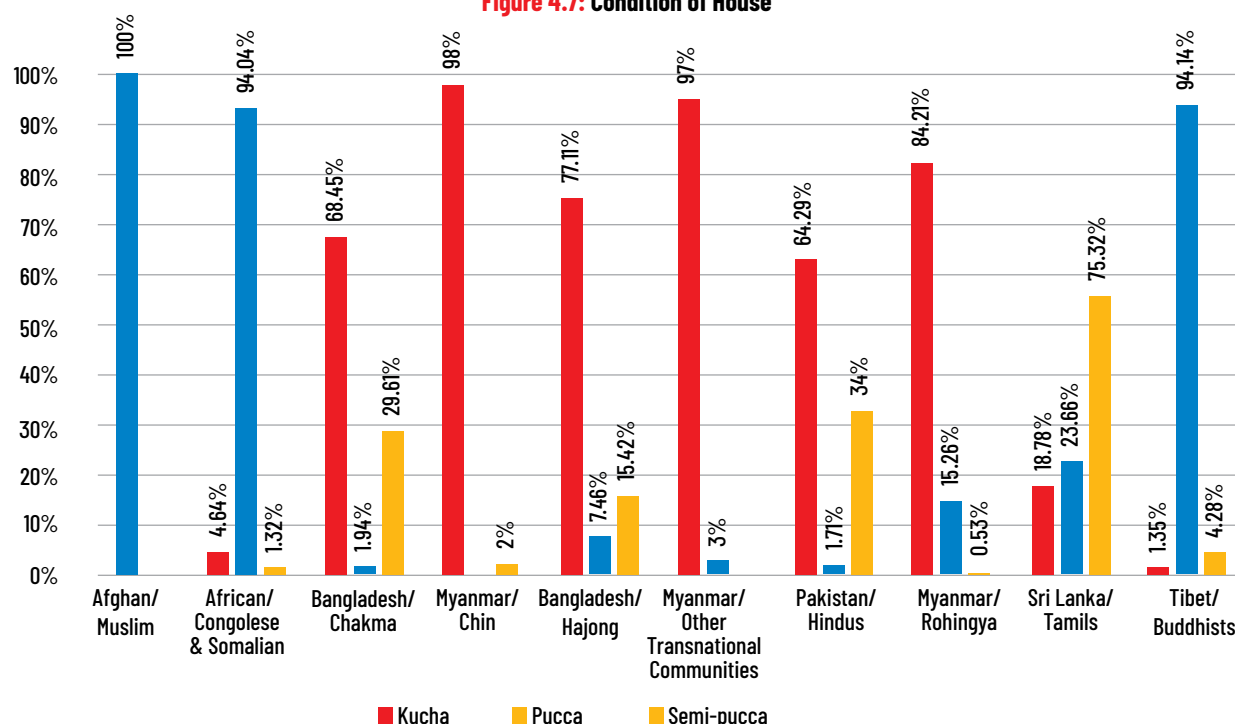


Figure 4.7: Condition of House



*"There is no water in the basti. When we approach the collector, they make promises but never fulfil them. The Panchayat often scares us when we go with demands. They say they will get our bastis demolished as it is made on a "Gauchar" or grazing land. There is no water or electricity in our bastis and it is not given because of lack of citizenship."*

Another member said *"We are too afraid to raise our voices. We have asked for water and electricity. A tender was passed for water but no water supply has begun. Even for toilets, a social audit was done for 21 lakhs but not a single toilet has been constructed in this basti. They even took our documents for construction of toilets, but the work never began. One refugee was provided with a house in the past, and the news reported that all refugees had been given housing. For everything, we have been asked for Aadhaar, we know it is illegal to make one but what can we do?"*

A small number of Rohingya (7%) and Sri Lankan Tamils (4%) defecate in the open. In interviews with Rohingya in Nuh, we attempted to understand why this is so. While no trends emerged, these are specific to locational issues. For instance, in the case of some Rohingya, it was on account of their toilets being destroyed during the last monsoon due to flooding and severe water logging.

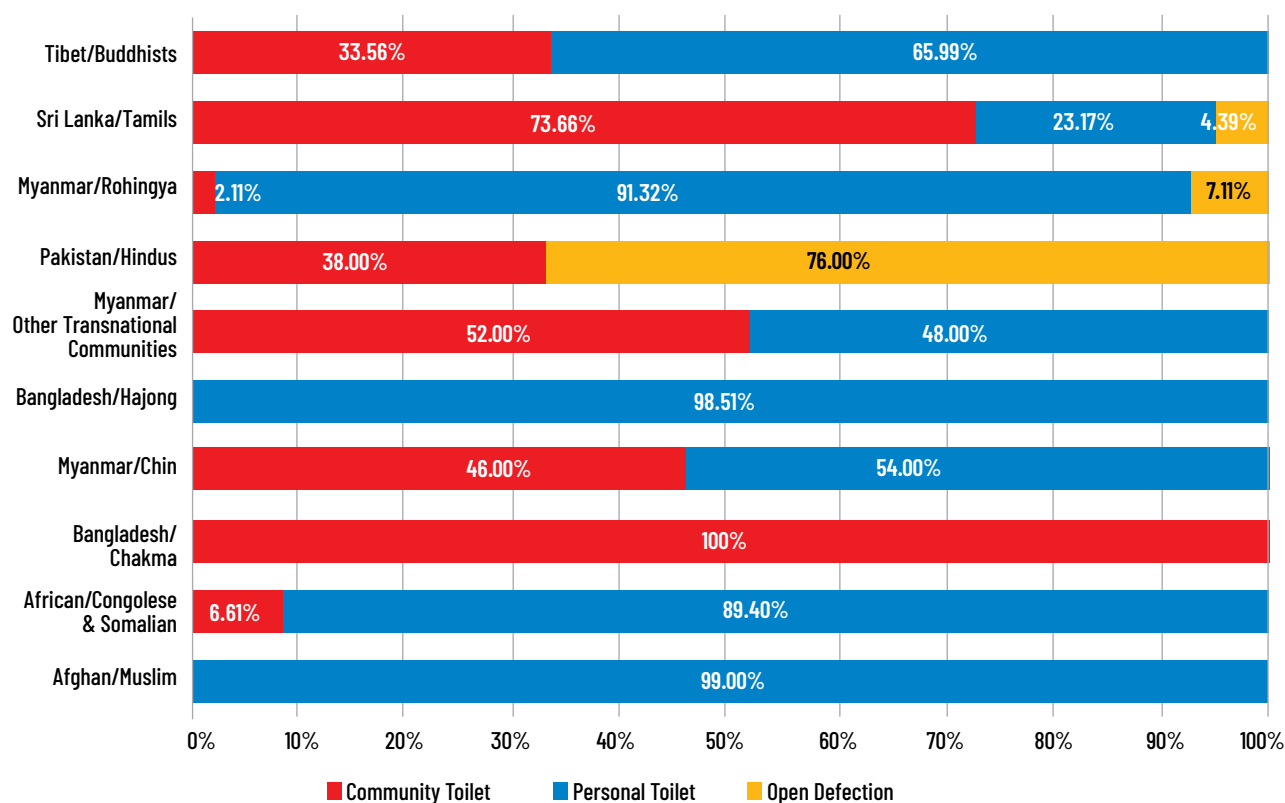
Table 5 shows that there is high dependence on buying water from private tankers for general use. 31% of the entire sample size purchased water from private tankers to meet their general use water demands. 99% Afghans, 50% Chins, 87% refugees from Pakistan and 57% Rohingya purchase from private tankers. During our focus group discussions with the Rohingya community in Nuh, it was revealed that in Chandeni settlement where there is no government water supply, households spend Rs. 1200 per month on water. The water tanker supplies 15,000 litres and this lasts each family a little over a month. In other settlements of Nuh, Rohingya refugee settlements receive piped water supply from the government line. Water supply is irregular all across Mewat due to high ground water salinity. Therefore, even in settlements where there is water connection, refugees have to use private tankers to meet their demands.

A high number of African (94%) and Tibetan (63%) refugees have steady water supply in their homes through private taps. This can be because, as shown Figures 12 and 13, a majority of Africans and Tibetans live in pucca houses in urban settlements. 44% Chins and 32% other Myanmar transnational communities, refugees who live in camp like settlements take general use water from community taps. Additionally, 23%

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**Figure 4.8: Type of Toilets Refugees Use**



**Table 4.2: Sources of General Use Water**

Refugee Group	Community tap	Hand pump	Others	Pond/ River/Lake	Private Tanker	Private tap in house	Spring	Tube Well/ Bore Well	Well	No Answer	Count
Afghan/Muslim	0.00%	0.00%	0.00%	0.00%	98.98%	1.02%	0.00%	0.00%	0.00%	0.00%	197
African/Congolese & Somali	1.32%	0.00%	3.97%	0.00%	0.66%	94.04%	0.00%	0.00%	0.00%	0.00%	151
Bangladesh/Chakma	0.00%	66.99%	0.00%	0.00%	0.00%	0.00%	0.00%	33.01%	0.00%	0.00%	206
Myanmar/Chin	44.00%	0.00%	0.00%	2.00%	50.00%	4.00%	0.00%	0.00%	0.00%	0.00%	100
Bangladesh/Hajong	0.00%	45.27%	0.00%	0.00%	0.00%	1.00%	0.00%	51.24%	2.49%	0.00%	201
Myanmar/Other Transnational Communities	32.00%	0.00%	0.00%	23.00%	5.00%	3.00%	4.00%	0.00%	33.00%	0.00%	100
Pakistan/Hindus	0.29%	0.00%	3.14%	0.00%	86.86%	9.43%	0.00%	0.29%	0.00%	0.00%	350
Myanmar/Rohingya	10.53%	23.42%	0.26%	0.00%	56.84%	1.58%	0.00%	6.84%	0.00%	0.53%	380
Sri Lanka/Tamil	42.20%	0.24%	4.88%	0.00%	5.12%	23.66%	0.00%	21.46%	0.49%	1.95%	410
Tibet/Buddhist	35.59%	0.45%	0.45%	0.00%	0.23%	62.84%	0.23%	0.00%	0.00%	0.23%	444
<b>Grand Total</b>	<b>17.72%</b>	<b>12.64%</b>	<b>1.58%</b>	<b>0.98%</b>	<b>31.23%</b>	<b>22.37%</b>	<b>0.20%</b>	<b>11.26%</b>	<b>1.58%</b>	<b>0.43%</b>	<b>2539</b>

other Myanmar transnational communities take water from pond/lake/river and 33% use wells. Small numbers of this population also rely on springs (4%), private tankers (5%) and private taps (3%) for water. A small number of Chin refugees, 4% reported they have private taps within their houses and 2% take water from pond/lake/river. Hajong refugees rely on 2 sources of general use water, 45% use hand pumps and 52% use tube wells/bore wells.

Sri Lankan Tamils, who mostly live in camps (Table 4.2) responded that 42% use community taps, 24% have private taps within their house and 22% use tube wells/bore wells. 36% of Tibetan respondents use community taps to access general use water. This could possibly be because 50 respondents were Tibetan students in college and university and 47 of them are living in youth hostels.

Table 4.3 indicates that similar to Table 4.2, the highest proportion (29%) of the entire sample size rely on private tankers for drinking water. 74% of both Afghans and refugees from Pakistan purchase water from private tankers for drinking water. Similarly, 50% Chins, 56% Rohingya and small populations of Tibetans, Sri Lankan Tamils, other Myanmar transnational communities use private tankers as well to meet their drinking water requirements. Community taps are a major source of drinking water for other refugee groups such as Chins, other Myanmar transnational communities, Rohingya, Sri Lankan Tamils and Tibetans. Chakma and Hajong refugees rely on the same sources they use for general use water. They extract water from tube wells/bore wells or hand pumps.

#### 4.1.7 Electricity

Figure 4.9 shows that the majority of the refugee population, 88%, receive electricity in their houses. Nearly all Afghan, African, Chin and Tibetan respondents have electric connections in their houses. A high number of Chakma (91%), other Myanmar transnational communities (92%), Rohingya (89%) and Sri Lankan Tamils (96%) also reported steady electricity supplies in their houses.

However, 9% Chakmas, 18% Hajongs, 8% other Myanmar transnational communities, 10%

Rohingya and 3% Sri Lankan Tamils reported they do not have access to electricity.

A large number of refugees from Pakistan reported that they do not have electric connections in their houses. 46% of refugees from Pakistan live without electricity supply in their homes. During our focus groups discussions and interviews in Jaisalmer we asked why they do not settle in villages where water and electricity supply are regular. They responded that *"The biggest challenge we are facing is that there is no space for new houses. New families are arriving but we have to house them with us due to space crunch. We desperately need housing as that causes a lot of tension among the new arrivals. Even an empty plot would do so we can make houses."* They also said that due to lack of political participation, their needs are often overlooked by the local politicians and Panchayats.

Afghan refugees said that as rentals are very high, the group has to spend a considerable sum of money on rent. They are unable to use ACs as their bill is too high. Finding rental housing is also tough as landlords impose many rules on them. They impose curfews, do not allow visitors and do not allow them to cook non vegetarian food. Even the electricity bill is mostly footed by Afghan tenants rather than the landlords paying their share. If the Afghans protest, the landlords threaten to call the police.

Despite receiving electric supply, the African population in our sample shared a complaint regarding the unfair and exploitative practices by landlords in Delhi. *"Sometimes, landlords threaten with eviction if someone plays loud music. The landlords also hike up bills and do not show us the bills. They say we have to pay Rs. 10-20 per unit. The landlords give wrong and hiked up electricity and water bills. The landlords often tell us that if they bring electricians to check the connection, they will evict us."* If there is any dispute then the locals will beat them, smash their TVs and take their belongings. One member complained of receiving a bill of Rs. 4000 for electricity even when she was only using electricity to charge her phone and power the fan.

In the absence of government support, refugees are often left to fend for themselves, find their

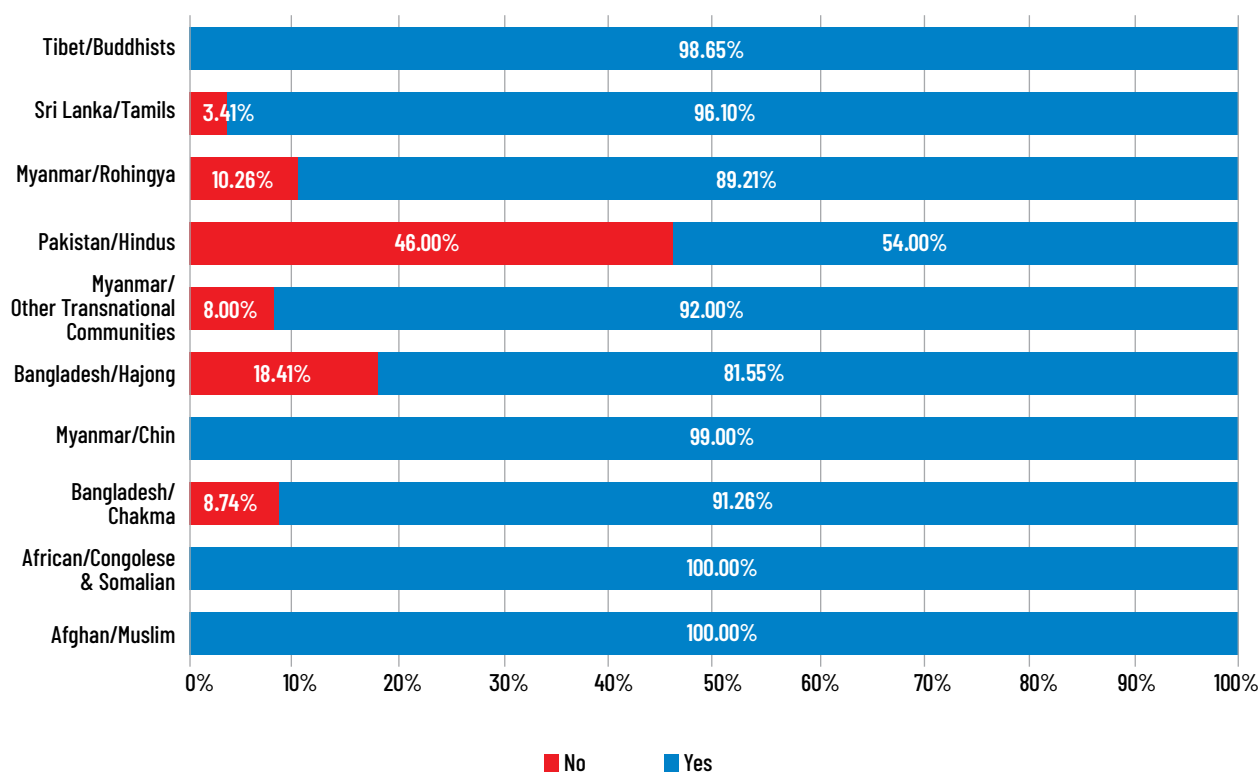
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**Table 4.3: Sources of Drinking Water**

Refugee Group	Community tap	Hand pump	Others	Pond/River/Lake	Private Tanker	Private tap in house	Spring	Tube Well/Bore Well	Well	No Answer	Count
Afghan/Muslim	0.51%	0.00%	24.37%	0.00%	73.60%	1.02%	0.00%	0.51%	0.00%	0.00%	197
African/Congolese & Somailam	1.99%	0.00%	69.54%	0.00%	0.00%	27.15%	0.00%	0.00%	0.66%	0.66%	151
Bangladesh/Chakma	0.00%	66.99%	0.00%	0.00%	0.00%	0.00%	0.00%	33.01%	0.00%	0.00%	206
Myanmar/Chin	42.00%	0.00%	1.00%	3.00%	50.00%	4.00%	0.00%	0.00%	0.00%	0.00%	100
Bangladesh/Hajong	0.00%	45.27%	0.00%	0.00%	0.00%	1.00%	0.00%	52.24%	1.49%	0.00%	201
Myanmar/Other Transnational Communities	30.00%	0.00%	14.00%	20.00%	5.00%	3.00%	5.00%	0.00%	23.00%	0.00%	100
Pakistan/Hindus	0.86%	0.00%	14.29%	0.00%	74.29%	10.29%	0.00%	0.29%	0.00%	0.00%	350
Myanmar/Rohingya	11.05%	16.05%	0.79%	0.26%	55.79%	1.58%	0.00%	12.37%	0.00%	2.11%	380
Sri Lanka/Tamil	40.73%	4.88%	1.95%	0.49%	7.56%	23.90%	0.00%	19.02%	0.00%	1.46%	410
Tibet/Buddhist	34.01%	0.90%	16.89%	0.00%	4.95%	42.34%	0.90%	0.00%	0.00%	0.00%	444
<b>Grand Total</b>	<b>17.29%</b>	<b>12.37%</b>	<b>11.97%</b>	<b>1.02%</b>	<b>28.55%</b>	<b>14.97%</b>	<b>0.35%</b>	<b>11.82%</b>	<b>1.06%</b>	<b>0.59%</b>	<b>2539</b>

**Figure 4.9: Access to Electricity**



own housing, purchase water for general use and drinking purposes, while some groups, such as refugees from Pakistan, struggle to even have access to electricity.

## 4.2 Education

### 4.2.1 Status of Enrolment

Education enrolment of school going or college going age refugees varies across the different groups. Table AI.1 on enrolment in education in Annexure 1 shows that overall Tibetan refugees have reported high rates of enrolment in age-appropriate education. Almost 98% of Tibetan refugee children aged between 6 and 14 years are enrolled in school and more than 88% of those aged between 15 and 18 years also report the same. More than 66% of Tibetan refugees aged between 19 and 25 years and 11% of those aged more than 25 years reported college enrolment.

Sri Lankan children also reported high enrolment in age appropriate education. More than 91% of Sri Lankan refugee children aged between 6 and 14 years are enrolled in school. Among those aged between 15 and 18 years, 55% are enrolled in school, while another 20% (all aged 17 and 18 years) were enrolled in college. More than 28% of Sri Lankan refugees aged between 19 and 25 years reported college enrolment. However more than 54% and 24% of Sri Lankan refugees aged between 19 to 25 years and 15 to 18 years respectively were not enrolled in education or training.

Chakma and Hajong refugee children also report high rates of school enrolment. All Chakma refugees aged between 6 and 18 were enrolled in school while almost 98% and 92% of Hajong children aged between 6 to 14 and 15 to 18 respectively were enrolled in school. Unlike Sri Lankan and Tibetan refugees, Chakma and Hajong refugees reported comparatively lower rates of college enrolment. Only around 6% of Chakma and 12% of Hajong refugees aged between 19 and 25 reported college enrolment.

Children of Afghan, Chin and refugees from Pakistan between the age of 6 and 14 have high school enrolment. After 14 it begins to taper down. Around 78% Afghan, 89% Chin and 83% refugees from

Pakistan of children aged between 6 and 14 years reported school enrolment. However, among those aged between 15 and 18 years, the enrolment rates drop down to 60%, 42% and 48% for Afghan, Chin and refugees from Pakistan.

While almost 77% Rohingya children aged between 6 and 14 are enrolled in schools, the figures fall sharply to 17% for children aged between 16 and 18 years. This was corroborated by the Rohingya community during FGDs. While the Rohingya community in Nuh is able to enrol their children in government schools until class 8th, they face difficulty accessing higher education as the schools are unable to add their children to their lists due to the online portal system. The inability to study till high school causes a sense of disinterest and disenchantment amongst the students. Some members in the focus group discussion also shared that they prefer sending their children to private schools, despite having to pay a fee of Rs 13,000 annually per child. Furthermore, due to lack of registration on the online portal, Rohingya students are left out of other welfare measures in schools as well. Group members shared that their children do not receive free books as they are not accounted for on the online portal.

Despite the online portal registration, a positive model adopted by a government middle school in Nangli is to ensure that mid-day meal is provided to refugee children. The principal of a secondary school shared that while they receive supplies for the number of children that are registered on their portal, the school utilises and cooks the ration in such a manner that all students are adequately fed nutritious food. The total population of the school is 1387 and approximately 200 are refugees.

Among refugee groups categorised as 'other Myanmar transnational communities', only 55% and 21% of children aged between 6 to 14 years and 15 to 18 years respectively were reported to be enrolled in schools. The number of African refugees surveyed who were aged 25 years or below, is very low to generate trends and reach significant conclusions.

Enrolment of children below the age of 6 years in early childcare and education centres have



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not been significantly reported by any refugee groups. Among the surveyed refugee groups which reportedly have children below the age of 6 years in significant numbers, like refugees from Pakistan (278) and Rohingya (208), only around 15% from each of these groups were reportedly enrolled in school. Apart from Tibetan and Sri Lankan Tamil refugees, college enrolment was reportedly very low among all other refugee groups. In the age group between 19 and 25 years, less than 6% Afghans, 2% Chin, 12% Hajong and 4% refugees from Pakistan reported school enrolment. None of the Rohingya and other Myanmar transnational communities reported any college enrolment.

The rate of enrolment in education also varies greatly by gender. As per Figure 4.10, in the case of Afghan refugees, girls aged between 6 and 18 years are more likely to be enrolled in education as compared to boys of same age. However, in the age group of 19 to 25 years, the rate of enrolment of male Afghan refugees is only marginally higher than that of females. Similarly, among Chakma refugees, the rate of enrolment of males in the age group of 19 to 25 years is marginally higher than that of females of the same age. While the enrolment of male Chin refugees is higher in the age group of 6 to 18 years, in case of 19 to 25 years' age group, female Chin refugees report higher enrolment with no male reporting any enrolment. Although, all Hajong male refugees in the age group of 6 to 14 are enrolled in education, 94% of female refugees in the same age group have educational enrolment. All the Hajong girls of this age group who are not enrolled, are aged only 6 years and it might be that they will be enrolled in the next session given the otherwise complete enrolment of Hajong children in schools. However, for Hajong refugees in the age group of 19 to 25 years, the enrolment rate of males is much higher at 19% than females at 3%.

Among other transnational community refugees from Myanmar, female enrolment rate is higher than the male enrolment rate for those aged between 6 and 18 years while the trend reverses for those aged between 19 and 25 years. In the case of refugees from Pakistan, the education enrolment of males is higher than that of females across all age groups between 6 and 25 years. While the education enrolment rate of Rohingya

girls is marginally higher than that of Rohingya boys in the age group of 6 to 14 years, the trend reverses for those aged between 15 and 18 years. None of the surveyed Rohingya males in the age group of 19 to 25 years are enrolled while only 1% female Rohingya refugees of the same age group are. Among Sri Lankan Tamil refugees, female education enrolment rate is lower than the male education enrolment rate for those aged between 6 and 18 years while the trend reverses for those aged between 19 and 25 years. While Tibetan refugees have high rate of education enrolment across age and gender groups, females in the age group of 15 and 18 years report higher enrolment than males of the same age group, whereas the trend is the reverse for the other two age groups.

Figure 4.10 gives some insights to why females in the age group of 6 to 25 years were reportedly not enrolled in education. Gender-based restrictions is one of the most important factor for female non-enrolment. 76% of Hajong, 79% of Rohingya and 24% of refugees from Pakistan reported 'girl restricted by family' as a reason for non-enrolment. However, for Hajong refugees, the age group for such reporting is completely within the 19 and 25 years' bracket, while for the other two, it is across all age groups. Similarly, for most of the Tamil females who have reported 'Others', all of whom are above 18 years' age, the reason is marriage and pregnancy. For male refugees, the major reason for not being enrolled in education across most refugee groups is the fact that they have started working.

There are also reasons which are specific or more applicable to specific refugee groups. For example, Chin and other transnational community refugees from Myanmar have reported unaffordability to be the most common reasons for non-enrolment. Lack of necessary documents is also another reason for non-enrolment, mostly for Afghan, other Myanmar, refugees from Pakistan and Rohingya. Some Chin and Rohingya refugees also reported language barrier as one of the reasons. Another common response by many refugees from Pakistan was the lack of government schools in the vicinity.

### 4.2.2 School

Among those who are currently enrolled in schools, the overall trend among most refugee groups

is to get their children enrolled in government or government aided schools. All Chakma and almost 96% of Hajong refugees who were enrolled in schools, attended government or government aided schools. Similarly, around 86% of all Rohingya enrolled in school and 84% of refugees from Pakistan enrolled in school attended government school. Around 8% of Rohingya are enrolled in Madrasas

In Jaisalmer, refugees from Pakistan said that while they have been able to admit their children in government schools, the children were unable to enjoy cash benefits given via direct bank transfer from schools. The Rajasthan government has a scheme to provide school students with cloth for uniforms as well as Rs. 200 to be sent to the student's bank account as stitching cost. The problem arises as refugees are unable to open bank accounts and therefore, cannot receive such cash support.

Among those enrolled in school, almost 72% Afghans, 75% Chin and 71% Sri Lankan Tamil attend government or government aided schools. While the remaining of school going Chin and Sri Lankan Tamil refugees are reportedly enrolled in private schools, around 10% of Afghan refugee children attend schools which are run by CSOs and NGOs working with them.

The rate of enrolment in government and government aided schools is comparatively low only among the Tibetan refugees with less than 41% of school going children reporting the same. However, 37% of Tibetan children attend schools run by monasteries and the Central Tibetan Administration. Almost 20% of all Tibetan school going children are reportedly enrolled in private schools.

The Central Tibetan Administration (CTA), headquartered in Dharamsala, operates an active Education Department that addresses the educational needs of Tibetan refugees in India and Nepal. During its establishment, Tibetan representatives advocated for the creation of separate schools for refugees to preserve Tibetan language and culture. The Education Department of CTA, as stated on their official website, places great

emphasis on nurturing language and culture, which constitutes the core of their education policy. This educational system has experienced significant growth and success in recent decades.

Presently, the Education Department oversees approximately 73 Tibetan schools (excluding pre-primary sections and private schools) in India and Nepal (CTA, 2021). This robust education system of the Tibetans combined with strong community networks that aid students by providing information and opportunities, leads to better access to education by the Tibetan refugee population. Among the Rohingya of Nuh, though only 8% they go to madrasas, all Rohingya children go to madrasas before they go to school. The madrasa timings do not clash with school and are decided in a manner so that children are able to attend both.

Figure 4.12 below indicates whether refugee children who are enrolled in schools are eligible to get certificates once they complete their schooling. While almost all of the refugee groups reported that they are eligible, some significant respondents, like the Hajong, were unaware about it. The only group that clearly stands out are the Chin refugees, 55% of whom reported that they were not eligible for school leaving/completion certificates and the rest 45% were unaware.

Focus group discussions with Chin refugee groups shed some light on this anomaly. The Chin refugees in Mizoram shared positive experiences regarding enrolment. They have not faced any barriers in accessing education. Participants in the group discussion in Zokhawthar said that they have to pay a one-time admission fees of Rs. 500 for their child's admission in school. The school does not ask for any documents and neither do the host community children discriminate against refugee children. For admission into specific classes, the system works on trust. If a student has completed grade 6 in Myanmar before arriving, then they are admitted to the 7th grade in India. They have to buy their books and uniforms just as the host population has to. The ambiguous nature of admission, without any documents and on the basis of mutual trust might be a reason for them not being able to get proper certificates.

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The hurdle they face is that the children learn English in school, a language the adults are not familiar with. Therefore, teaching the children becomes a challenge for the parents. However, the female Chin refugees were happy that their children have picked up Mizo and English fluently. The members of Zokhawthar and Depchhua camps reported that while there are Aanganwadis nearby, they were not sure if they would be eligible for them.

According to Table 4.4, most of the Sri Lankan Tamil refugee camps have schools within them and which accounts for why an overwhelming 47% of them live at a distance of around 5 minutes from their school. However, there are district wise variations. In Tiruvinnamalai and Villupuram, we see refugees reporting such short distances. In the camps of Chennai district, the distance mostly reported is 5 to 10 minutes, while in Coimbatore it is 15 to 30 minutes. In the other districts, the figures reported mostly fall between the 10 and 30 minutes' mark.

Similar trends are found among Tibetans, where the distance between school and house differs by state and type of school enrolment. Since the settlement in Delhi is more compact, those studying in schools run by the CTA and monasteries, reside at a distance of less than 10 minutes from their school. However, those studying in private and government aided schools have to travel longer, almost up to an hour. In Kangra, Himachal, since the settlements are comparatively dispersed, students travel between 10 and 30 minutes to reach their schools.

Rohingya children commute upwards of 15 minutes, with 56% of them reporting a travel time between 15 and 30 minutes and another 18% between 30 and 60 minutes. Afghan settlements are not concentrated and can be found across different pockets in Delhi. Therefore, they report varying travel time to schools. However almost all are below the 30-minute mark. 57% of the children of refugees from Pakistan enrolled in schools travel between 15 and 30 minutes while another 33% travel between 5 and 15 minutes.

However, our discussions with refugees from Pakistan living in Narsingh Nagar, Jaisalmer found that due to inability of getting housing in the city centre, they have to live on the outskirts with nothing

but fields around their house. They do not have any public schools in the vicinity and have to rely on a bridge school run by a civil society organisation in the settlement. All children of school going age in the settlement study in the bridge school.

Great distances, irregular employment and having to work in fields far away from settlements often hinders the continued education of refugee children in Jaisalmer. The principal of a school in Kishanghat, Jaisalmer where 70 of the 668 students are refugees, said, *"The particular problems we face with refugees are dropouts, frequent changing of sim card, children leaving for long periods as parents take them to the fields to stay and work. In my experience, refugee children are very hardworking even when compared to local children. Their zeal to study should be encouraged. Some sort of hostels may be set up for them so that they can continue their education even if their parents have to leave."*

Almost half of the Chin refugees reported a travel time of up to 15 minutes while another 40% reported travel time between 15 and 30 minutes. Chakma and Hajong refugees reported travel time is comparatively higher than other refugee groups, with around 80% of them reporting travel time between 15 and 30 minutes while the rest commute even longer. Chakma refugees said that due to the remoteness of their locations they often have difficulty in accessing higher education. They have to walk long distances daily to access schools. The roads are also extremely poor and people are unable to even ride bicycles on them. Chakmas from some villages in Arunachal Pradesh have to travel 40 km to Tinsukia district of Assam to access high school.

A review of existing literature on refugees' education in India shows that local community-led organisations have been tirelessly working to ensure complete access to education for the refugee community. This intervention has successfully fostered self-reliance and empowerment among the community members through education. The organisations not only provide primary and secondary schooling to refugee children but also prioritise higher education by offering scholarships (Mayuran, 2017).

Figure 4.14 indicates the high level of reliance among different refugee groups like Afghans, refugees from Pakistan, Rohingya and Tibetans on community networks and CSO and NGO groups for their admission to schools. 46% Afghans, 40% refugees from Pakistan, 86% Rohingya and 70% Tibetans rely on such networks and groups.

A Tibetan writer told us, *“Monasteries were centres of learning and monks were educated while society was not. Regardless of class or caste, monasteries were centres of learning. All families sent one child to the monastery. We had more monasteries than schools. Now we have Tibetan Children’s Village Schools where were set up by the Dalai Lama’s sister. There are multiple branches meant for orphans and semi orphans. It is a boarding school and they receive Indian sponsorships. Each child has a sponsor who funds their education. There is also a Central School for Tibetans. In Mussoorie there is Tibetan Homes Foundation which also serves orphans, semi orphans and destitute refugee children. This was also set up by the Lamas.”*

Chakma and Hajong refugees, who have a status similar to Indian citizens, and Sri Lankan Tamil refugees who have schools within their camp systems, have almost no reliance on community networks or civil society organisations. On the other hand, as observed in the focus group discussions and already noted earlier, Chin refugees rely on ‘mutual trust’ with the local community for admission in schools.

Figure 4.15 shows that all refugee groups barring Chakma and Hajong rely on some form of legal document for admission in schools. Different refugee groups have received different types of documents from the government or elsewhere. 61% of Tibetan refugees reported that the Registration Certificate/ Identity Certificate issued by Government of India was required for their admission. This is almost entirely the case with those studying in government, government aided and private schools. However, those who were enrolled in CTA or monastery run schools, either required the ‘Tibetan Green Book’ (a document equivalent to a passport issued by the Tibetan government in exile) or no document at all.

Almost all of the Sri Lankan refugees reported requiring the Registration Certificate/ Identity Certificate issued by Government of India. Since Rohingya and Afghan refugees fall under the purview of UNHCR, these groups completely rely on the Asylum Seeker Certificate or Refugee Card as issued to them by UNHCR for school admissions.

Afghan refugees expressed the need for Aadhaar cards and bank accounts. They said that there are many capable and willing children in the refugee community who are forced to discontinue their education as they are not covered under the Right to Education. Since Afghans mostly have big families of 7-8 children, not everyone can afford to send their children to private schools.

The principal of a private school in Tilak Nagar, Delhi which has 10% Afghan students, said that Afghan students sometimes they put their UNHCR card number in the UDICE portal in place of Aadhaar card numbers. She added that Afghan students also face the issue of not being put in appropriate grades. *“As they are unable to get admission easily, some of them take admission in unrecognised schools. Their learning is not at par with the grade they should be put in according to their age, this is a challenge we face. We have to put 10-year-old children in grade 2 or grade 3.”*

Afghan refugees spoke about how the environment is discriminatory towards Afghan children. The members in the focus group discussion conducted in Tilak Nagar complained that whenever they visit their children’s schools, the teachers complain and say “Indian students have no disciplinary issues, but Afghan students are very badly behaved”. These remarks are very discouraging and often lead to the children losing interest in studies and not wanting to go to school, shared women in the focus group discussion.

One woman shared that the principal of her daughter’s school would constantly complain about her daughter. The daughter was depressed and the woman had to go to the school and speak with the Principal and share that they are refugees. She had to share her woes with her and tell her about her situation. The woman shared with the Principal

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that she may have cancer and is a single mother. The Principal only believed her when the refugee woman fainted in front of her. Then finally the school's attitude towards her daughter changed.

According to Figure 4.16, 42% of Tibetan and 45% of Sri Lankan refugees have to self-finance their school education. This is because of a significant number of them studying in private schools. Another 48% of Sri Lankan Tamil refugees depend on government funded education while 32% of Tibetan refugees depend on NGOs and CSOs. These are mostly those whose education is being funded by the CTA in CTA and monastery run schools.

As almost all Chakma and Hajong refugees are enrolled in government or government aided school on the basis of their eligibility under the RTE Act, their school fees are almost entirely covered by the government. However, in the case of the Chin, refugees from Pakistan and Rohingya, although almost all are entirely enrolled in government or government aided schools, not all receive school fee waiver as in the case of Chakma and Hajong refugees. Only 30% of Chin refugees, 37% of Rohingya refugees and 58% of refugees from Pakistan reported access to free education provided by the government. Among these groups, those who do not receive free education from the government, Chin and refugees from Pakistan rely on self-finance options while Rohingya refugees rely on support from CSOs.

In the focus group discussions with Afghan men, we found that they have to pay a lot more for admission and schooling than Indians do. If they want to admit their child in school the admission fees, transport etc. will be around Rs 1 lakh where an Indian has to pay Rs 10,000. Moreover, the group members said that the quality of education in government schools was poor and leads to children requiring tuition which is heavy on the pocket.

Most people can only afford to send one of their children to school. Many members of the group mentioned that they had to withdraw their children from school because they couldn't afford private school fees. When a child in a wheelchair had

to leave school due to financial constraints, he was denied re-admission because of his physical condition. Additionally, even support from civil society organisations has dwindled since the pandemic. During COVID, a CSO ran online tuition services but now those sessions have stopped and children are facing difficulties. This has posed as a challenge for refugees living in remote locations.

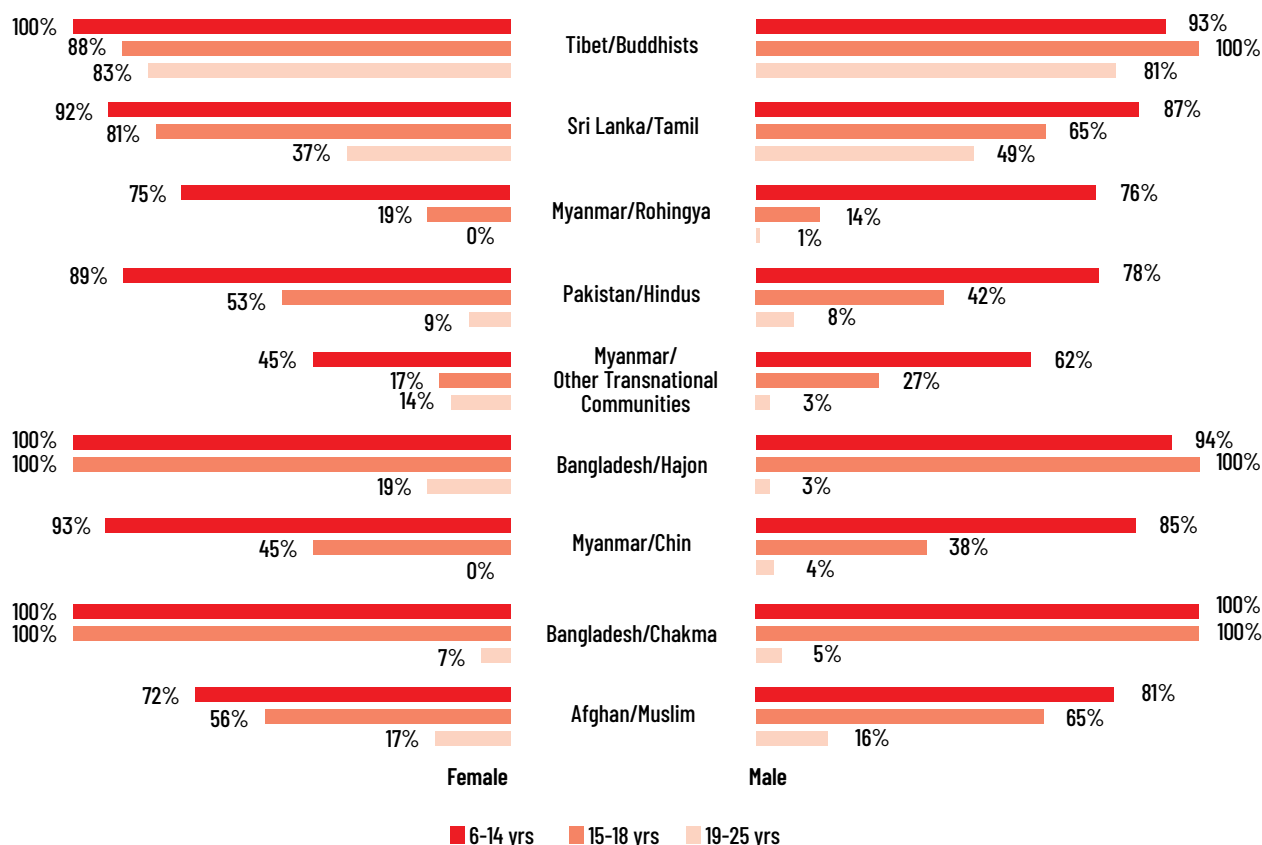
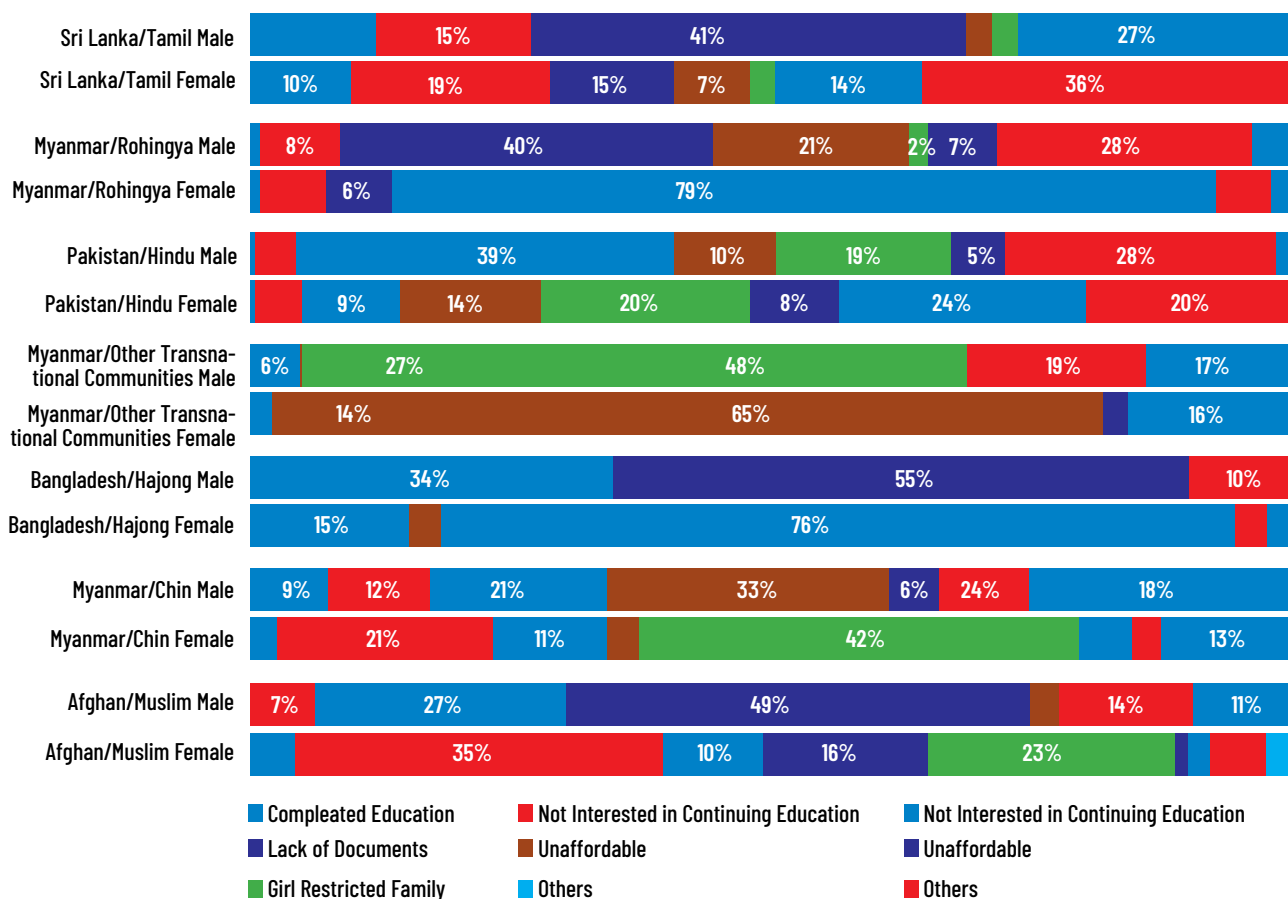
### 4.2.3 College

Sri Lankan Tamil and Tibetan refugees were the only ones to report enrolment in college and higher education in significant numbers. A detailed picture of college education in the two groups is listed in Table 4.5 below.

Around 27% of college going Sri Lankan Tamils reported enrolment in government college while 73% reported enrolment in private college. On the other hand, 81% of college going Tibetans reported enrolment in government college while 15% reported private college enrolment. 94% of Tamil refugees are pursuing a Bachelor's degree and 3% are pursuing a Master's degree compared to 65% and 33% of Tibetan refugees respectively. 1.8% of Tibetans are pursuing doctoral degrees.

In the case of Tibetan refugees, majority of the admissions was secured were under the foreigner's quota or refugee quota. Tamil refugees were mostly admitted in seats reserved under foreigner's quota and unreserved seats. It is to be noted that seats reserved under foreigner's quota often have significantly higher fees as compared to unreserved seats. Government issued Registration Certificate or Identity Certificates were used by 98% of Tamil and 74% of Tibetans to secure admission. Another 15% Tibetans used Long Term Visas as proof of documents. Self-financing is the most common form of financing college education for 67% of Tamils. Only 8% of Tamils received government scholarship and 14% received scholarship from CSOs and NGOs. 27% of Tibetans received government scholarship, 31% received scholarship from NGOs and CSOs, and another 38% paid the fees from their own pockets.



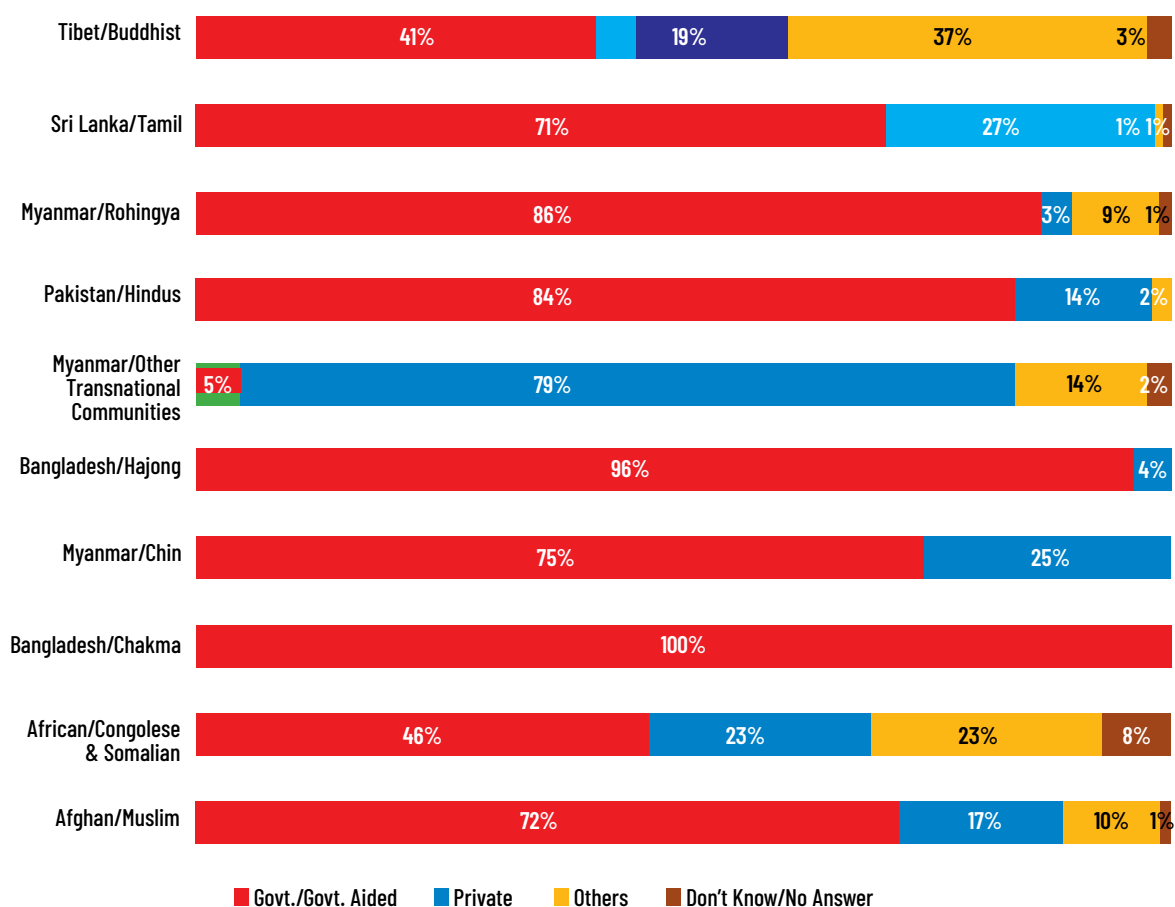
**Figure 4.10: Education Enrolment Rates Among Male and Female Refugees Across Different Age Groups****Figure 4.11: Reason for Non-enrolment in Education for Refugees Aged Between 6 and 25 Years**



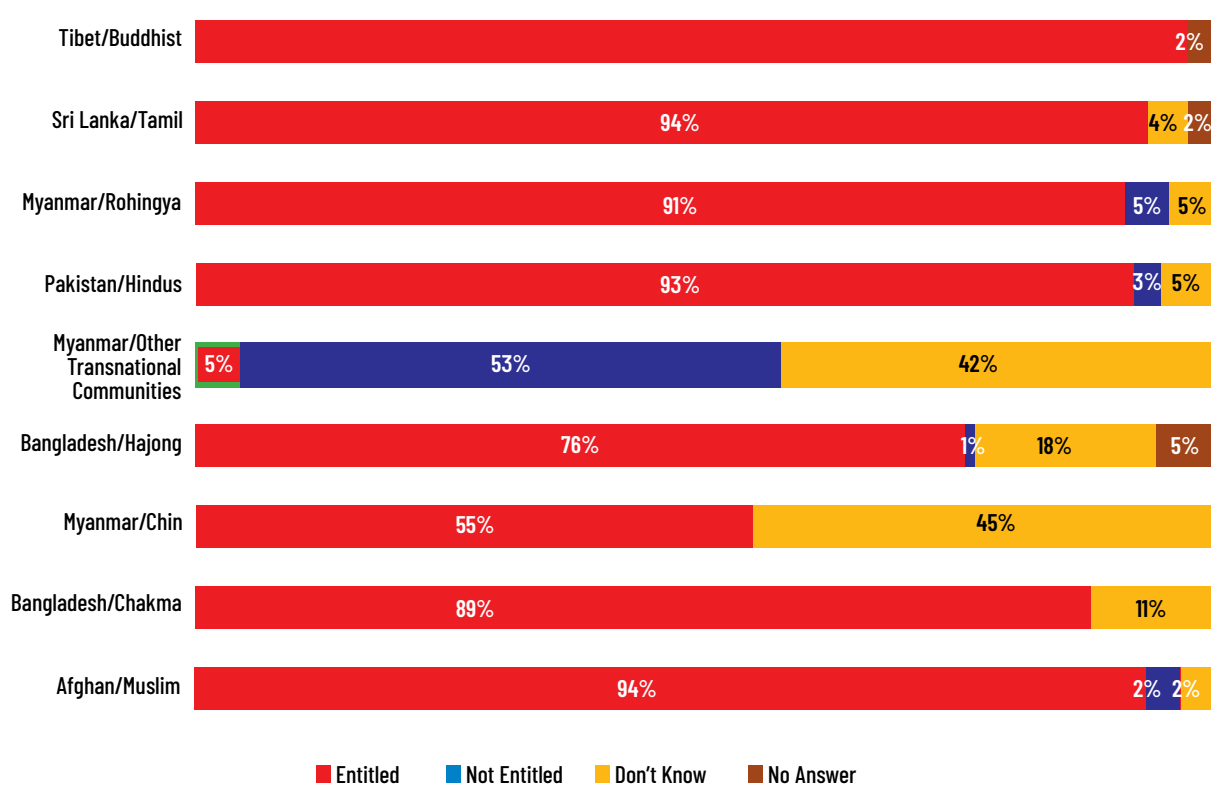
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**Figure 4.12: Type of School Attended by Different Refugee Groups**

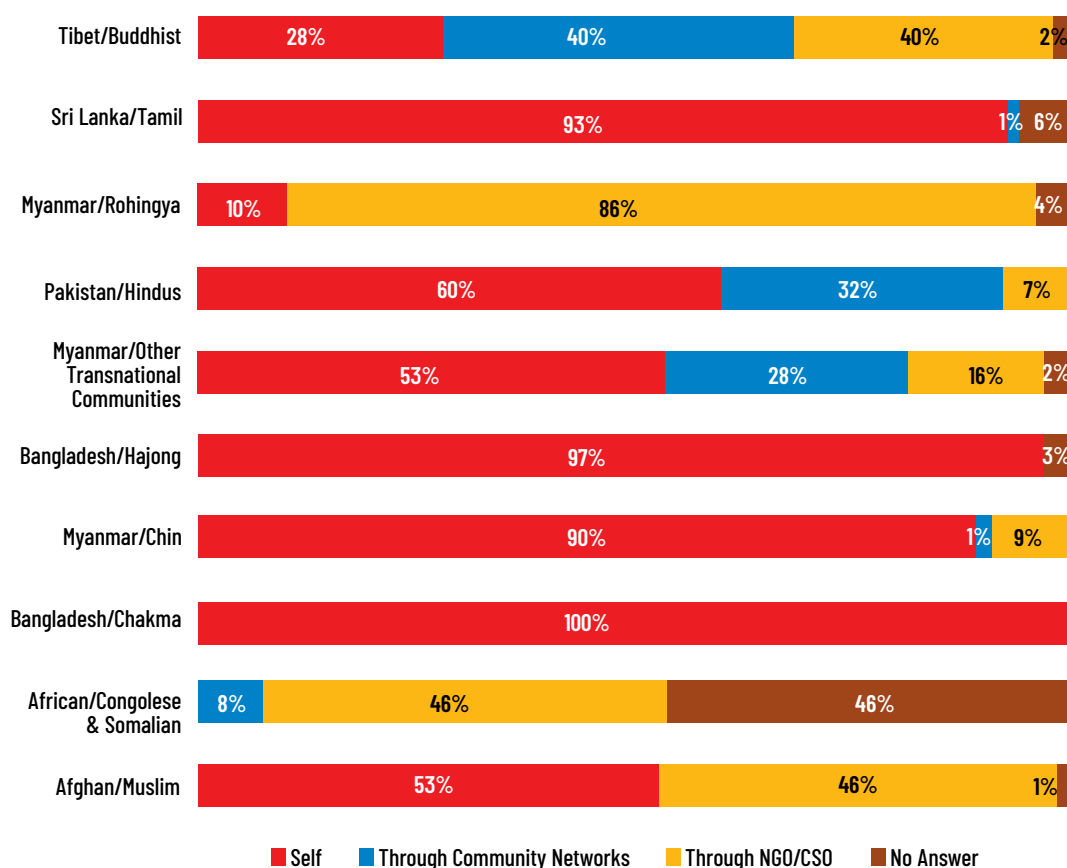


**Figure 4.13: Whether Refugees are Entitled to School Certificates**



**Table 4.4: Time Taken to Reach School**

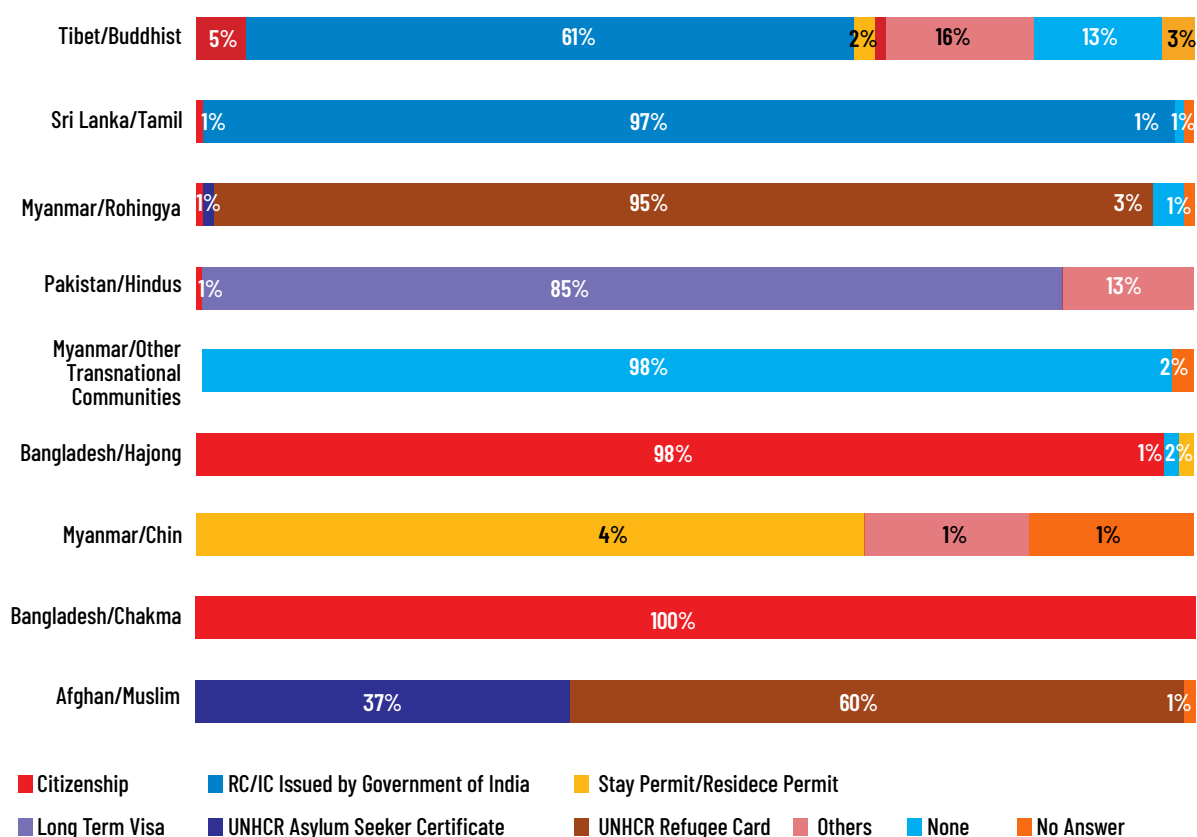
Refugee Group	Up to 5 minutes	5 to 10 minutes	10 to 15 minutes	15 to 30 minutes	30 to 60 minutes	More than 60 minutes	No Answer	Count
Afghan/Muslim	15.2%	36.6%	23.9%	17.4%	4.0%	0.4%	2.5%	276
African/Congolese & Somali	0.0%	30.8%	23.1%	30.8%	7.7%	0.0%	7.7%	13
Bangladesh/Chakma	0.0%	0.0%	0.7%	91.0%	8.2%	0.0%	0.0%	134
Myanmar/Chin	19.4%	11.9%	17.9%	40.3%	10.4%	0.0%	0.0%	67
Bangladesh/Hajong	0.0%	10.0%	1.7%	80.8%	5.8%	0.0%	1.7%	120
Myanmar/Other Transnational Communities	18.6%	39.5%	2.3%	25.6%	4.7%	0.0%	9.3%	43
Pakistan/Hindus	4.4%	27.6%	5.8%	57.0%	5.0%	0.2%	0.0%	521
Myanmar/Rohingya	4.0%	2.3%	15.9%	55.7%	18.2%	1.1%	2.8%	176
Sri Lanka/Tamil	47.1%	7.8%	15.0%	19.6%	6.5%	0.0%	3.9%	153
Tibet/Buddhist	14.0%	13.4%	12.1%	21.3%	33.5%	1.9%	3.7%	154

**Figure 4.14: Different Ways of Accessing Education Enrolment**

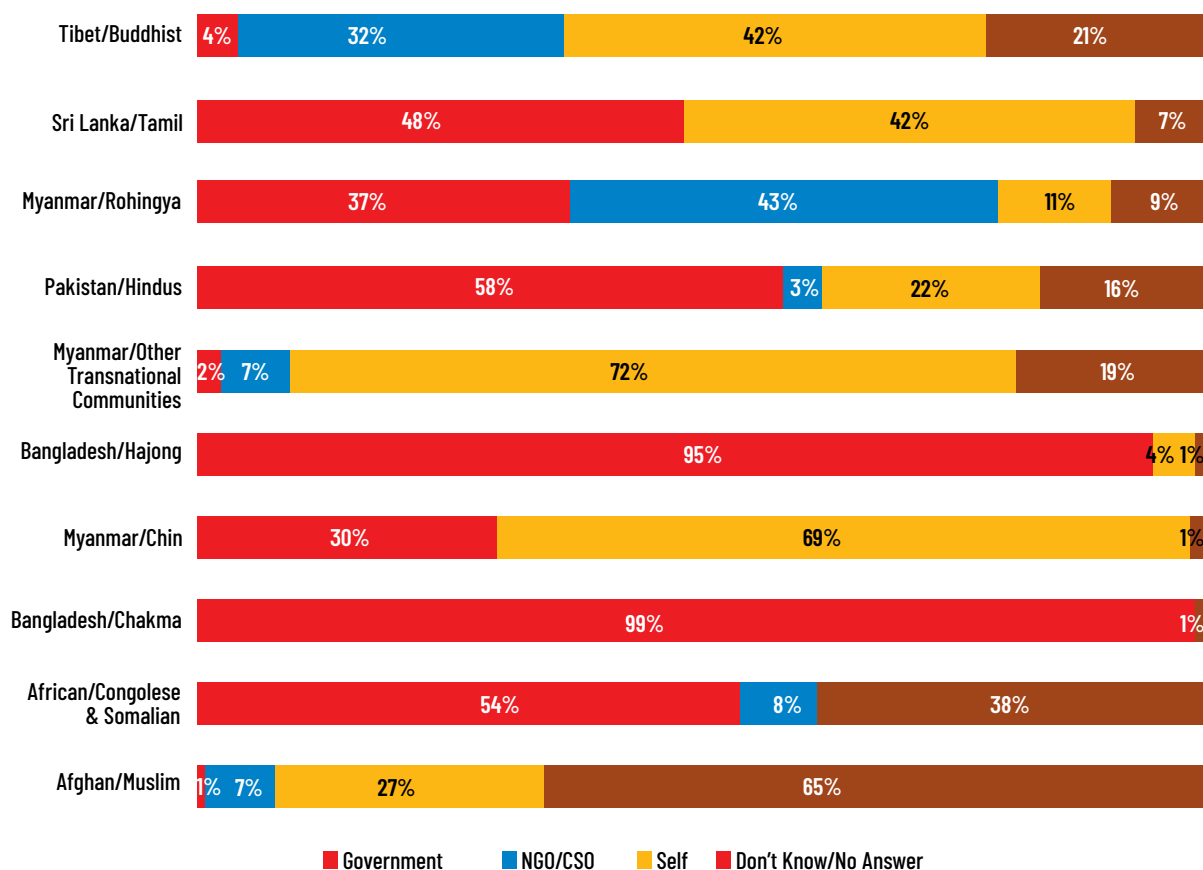
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**Figure 4.15: Documents Used for Enrolment**



**Figure 4.16: Who Covers the Cost of Refugees' Education**



**Table 4.5: College education among Tibetan Buddhists and Sri Lankan Tamils**

	Sri Lankan Tamil	Tibetan
<b>Type of College</b>	Government 27.0% Private 73.0% Open 0.0%	Government 80.6% Private 15.0% Open 3.5%
<b>Level of College Education</b>	Bachelor's 93.7% Master's 3.2% Doctoral 0% No Answer 3.2%	Bachelor's 65.2% Master's 33.0% Doctoral 1.8% No Answer 0%
<b>Mode of Admission</b>	Citizen 0.0% Foreigner's Quota 3.2% Refugee Quota 39.7% Others 52.4% No answer 4.8%	Citizen 6.2% Foreigner's Quota 37.9% Refugee Quota 41.0% Others 13.7% No answer 1.3%
<b>Documents used for admission to colleges</b>	Citizenship 0.0% Long Term Visa 0.0% Govt. issued RC/IC 98.4% Stay/Residence Permit 0.0% None 1.6%	Citizenship 6.2% Long Term Visa 15.4% Govt. issued RC/IC 74.4% Stay/Residence Permit 2.2% None 1.8%
<b>Source of college fees</b>	Self-66.7% Government 7.9% NGO/CSO 14.3% Don't Know 3.2% No Answer 7.9%	Self-37.9% Government 26.9% NGO/CSO 31.3% Don't Know 2.6% No Answer 1.3%
<b>Count</b>	<b>63</b>	<b>227</b>

## Tenzin, Tibetan Refugee

### CASE STUDY

Tenzin came with his mother in 2001 from Tibet through Nepal and stayed in a refugee care centre for 1-2 months. Before coming to India, he stayed in Nepal for 1 year. His mother went back in 2008 when there was a huge movement in Tibet. He has a younger brother whom he has only met virtually as there are too many restrictions.

He studied in Tibetan Children's Village school in 2001. All the children were put into separate homes and taken care of by foster mothers. A girl aged between 8-10 was given the responsibility of taking care of Tenzin. When he first started studying there, he barely spoke. He was 7 years old but was put in nursery instead of the second grade. The school system worked in a way that when Tenzin grew up, he had to look after younger children coming from Tibet studied in Dharamsala until grade 10 after which he went to Mysore to study science. He then changed to arts in Tibetan Children's Village Gopalpur where he completed his education.

After schooling, he studied Psychology Hons in Keshav Mahavidyalaya and graduated in 2019. He used his Registration Certificate, issued by the Indian government to secure admission in Delhi University.

He then worked in a de-addiction centre in Dharamshala followed by working as a teacher in a school for disabled Tibetan children run by the Central Tibetan Administration. He later approached an NGO, Empowering the Vision which gave him guidance on internships and also provided him with monetary support. Once a Tibetan student finds an internship, Empowering the Vision provides him with a monthly stipend of Rs. 5000.

He is currently completing his masters in Psychology from Delhi University where he is staying in a hostel in Rohini. He shared that the facilities are good and he is staying for free as he has a scholarship from Tibetan Children's Village.

## 4.3 Healthcare

### 4.3.1 Sources of Healthcare Services

Although most the refugees do not possess any citizenship related documents (Aadhaar, voter card, ration card or health card), it's interesting that the biggest source for accessing health services for them are the government run and supported Community (CHC) and/or Primary health centres (PHCs) [Figure 4.17]. Almost all the Chakmas and Hajong access health care services either through CHCs or PHCs. Similarly, other groups have also managed to get services from either a CHC or PHC—92% Afghans, 70% Africans, 51% Chin, 39% other Myanmarese transnational communities, 77% Rohingya, 89% Sri Lankan Tamils and 76% Tibetans. Apart from formal channels used by Chakma, Hajong, Tamil and Tibetan refugees, other groups have been able to access these basic health services using the contacts of local civil society organisations and community networks. The Afghan community for instance have been providing monetary support to each other for health related emergencies. When any Afghan refugee gets cancer or needs money for treatment, the Afghan community usually crowdfunds, but their resources are also dwindling. While they do access government healthcare facilities, they feel side-lined by healthcare providers. Once a pregnant Afghan refugee was told in Safdarjung hospital to come after 4 months whereas her delivery was due that very day. In the groups experience, government hospitals reject Afghan refugees by either saying there are no beds, or the health of the patient is too critical for them to take care or they pass it on to others.

Afghans, Africans and Rohingya have either refugee or asylum seeker certificates issued by UNHCR. Despite having this their experiences are not necessarily positive. This may also be linked to the fact that the refugees who arrive from Afghanistan and African nations, are affluent in their country of origin and may carry notions about the treatment they will receive in India. This has come out during the focus group discussions and interviews with Afghans and Somali refugees in Delhi.

Somalis residing in Delhi said that they have difficulties in accessing services in government hospitals. It is very difficult to get appointments and

there are long queues and it is very crowded. The group also said that they face a lack of attention from doctors when they know we are refugees. The doctors apparently say *"we are here for local patients not for you."* The doctors prescribe medicines but do not give time for follow up or even a proper consultation.

One female respondent gave birth in Safdarjung Hospital with the help of a civil society organisation, Don Bosco. She saw three patients on one bed. The refugees shared that they would rather use private facilities despite it being expensive.

During the focus group discussion with Afghans in Noida, a doctor in the group told us that his 14-year-old son has Myelomalacia and his spine has softened to the extent where his head now touches his knees. He cries in pain every night but the doctor has to slap him or distract him with the Namaaz. The son has had 11 surgeries in India and all have been in a private hospital. Government hospitals have refused to treat him. One injection which can cure his problem is available in the USA but it would cost 18 crores with 7 crores GST. When the doctor approached AIIMS to help him, AIIMS head told him *"we can do a fund raising and do a public campaign to get the resources and ensure this injection reaches your son"*. But later when he found out that the patient is an Afghani refugee he refused and said we will only do this for an Indian. The Rohingya on the other hand said that they feel very comfortable in accessing public healthcare facilities. Interviews with the medical officers in Nuh were also full of empathetic attitude and sense of duty towards human life above everything, whether citizen or refugee.

The other groups who have been accessing private health care services are Chin at 42%, other Myanmarese transnational communities at 47% and refugees from Pakistan at 96%. These groups take recourse to private health services possibly due to the great distances in states such as Rajasthan and Mizoram where access to government facilities may be difficult. During our discussions with the refugees from Pakistan in Jaisalmer we learnt that, due to being a very visible refugee community, they face discrimination in access to healthcare systems. In focus group discussions, group members said,

*"Even access to health services is often problematic for us. We do not get health services for free even in government hospitals. There is a government hospital nearby but they take money from us. They take a minimum of Rs. 2000. Even for delivering a baby, they charge Rs. 3000. When we complain we are threatened. We had a very hard time during COVID-19. The lockdown was especially hard for us. There was no respite for children also as they were not going to school."*

Another male respondent said *"We usually have to spend Rs. 4000 for the delivery of a child. In government hospitals also we have to spend about Rs. 5000-6000. However, full facilities are not there in the government hospital. It is 30 minutes away from the Dhani. In hospitals we are asked for Aadhaar and the hospital admin refuses to cut a parchi without Aadhaar cards. This is a new rule because previously we had access to healthcare. Now we have to go to private hospitals. We are sad here and were sad in Pakistan as well."*

However, the Chin refugees in Zokhawthar had positive experiences to share regarding the Primary Health Centres in their camp. The Chin refugees interviewed in Mizoram experience decent acceptability due to their tribal roots and being a part Sino-Tibetan origin tribe that is scattered across Mizoram, parts of Manipur and bordering districts of Burma. The discussion started with the health conditions of the participants and the type of medical assistance they receive. The group unanimously agreed that they do not face any discrimination at the sub centre and receive the same treatment and pay the same amount for medicines, if at all, as the host population. They have never been asked for money for a service that is otherwise free. Another respondent from a different district in Mizoram said that her family usually relies on private hospitals and pharmacies for healthcare. They usually spending between 2000-3000 rupees when a family member falls sick.

During interactions with Chin refugees in Zokhawthar camp, most respondents said they have access to basic medicines for free. There

were two participants who said that they suffer from kidney problems but get free medicines from the Primary Health Centre in the Camp. Zokhawthar camp is one of the largest refugee camps, has high visibility and a lot of support from international organisations, such as *Medecin Sans Frontiers*. This could be one of the reasons behind better accessibility and acceptability of refugees in the public healthcare systems.

It is encouraging to note that the respective state governments provide essential services despite the fact they do not have any residential/ or refugee/asylum seeker status. A regularisation of this provision would be an important step in ensuring basic health provision as a human rights consideration. It is also encouraging to see the instances of local civil society organisations supporting refugees to access healthcare. The Chin population for instance receives extensive support from the Young Mizo Association as can be noted in the case study below.<sup>4</sup>

In focus group discussions, Rohingya women expressed satisfaction with the healthcare services they receive. They have no trouble accessing good health services when they are delivering babies or for general medical aid as well. It takes 25 minutes to reach the Community Health Centre and Primary Health Centre. The hospital is a 1 hour walk by foot. It takes Rs. 200 to make a roundtrip to the hospital.

The attitude of the medical officers in Mewat was also found to be very positive and non-discriminatory. During an interview, one of them said, *"The Supreme Court had given an affidavit which makes the Haryana government bound to deliver health services to Rohingya. It is not about a citizen getting certificates or services, it is about a human being getting treatment. It is about a woman giving birth to a child, not an Indian woman birthing an Indian child."*

On being asked what according to him makes the biggest difference in health seeking behaviour, he responded, *"Financial incentives offered have*

4. The Young Mizo Association is the largest and most comprehensive non-profit, secular, nongovernmental organisation of the Mizo people. It was established on 15 June 1935, originally as the Young Lushai Association, which was later replaced with the "Young Mizo Association" in 1947.



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CASE  
STUDY

## Mawlami, Chin Refugee

Mawlami is a 20-year-old woman who arrived in April 2022 with her 2 children and husband. She has a son aged 1 year and 4 months and another child aged 3 years. She is now separated from her husband and they are not in contact. He does not support her with the children.

Before coming to India, Mawlami lived in a village. She has 2 older sisters and 2 younger siblings, one boy and one girl. Her mother has passed away and her father is in Myanmar. She has studied until the 3rd grade and used to work as a daily wage labourer back in Myanmar. She would sometimes work on a farm or collect crabs. Her parents were also daily wage labourers. As a young daughter, she had the responsibility of cooking for her family.

She got married in 2019 by choice. Her husband was working with the PDF as a soldier but he no longer wanted to fight. When he informed the PDF about his resignation, they threatened to shoot him. This led to Mawlami and her husband hiring a vehicle and coming to India. She paid 50,000 Myanmar currency for her journey. She arrived in Zokhawthar camp from where a cab driver brought her to the ITI camp in Champhai. This was not her first time in India as she had come earlier to visit her aunt.

She does not have any money to look after her children. The YMA has been supporting her with diapers and providing her small amounts of money as well. She has been living on credit. She has been facing some stomach problems but has not been able to get herself checked due to lack of funds. Her children were checked up at a medical camp set up by the YMA in November.

In September, Mawlami and her husband were having dinner with a member from the ITI camp who was earlier in the Myanmar police. Around 10 pm, they had an altercation after which the man attacked Mawlami and her husband with a hunting knife. He cut the back of Mawlami's neck and made a cut in her husband's leg. She ran up to the camp teachers room for help. The local community leaders came at night to help her. The police were informed and they were swift to take action. They arrested the man the very next day. She said that she felt safe and comfortable and that the police were supportive and helpful.

Due to her injury, she spent 2 weeks in the hospital and her bills were paid for by the YMA and MSF. She is unable to work due to her childcare responsibilities. She is not aware of the Anganwadi system. Her elder child received immunisation in Myanmar and the younger one has not received any injections yet. Even she has not been provided with any immunisation.

*definitely had the biggest impact. They have caused the most change. I remember for the measles vaccination; we gave free whistles to children getting the measles vaccine. This also helped us monitor where the vaccination had been administered. We could hear the whistles blowing from afar from villages. Such in kind benefits can be given.*

While the Rohingya have access to all health facilities, due to lack of financial inclusion and bank accounts, they are unable to get financial incentives related to health schemes. Even the ASHA worker who was interviewed said that they go for door-to-door vaccination and awareness in Rohingya settlements just as they do in any other village in Mawat. The community interactions corroborated this information.

The Tibetans have an established medicinal system of their own which has been the choice for many due to its subsidised rates and sense of familiarity and comfort to the community. During interviews, respondents said that the Tibetan population faced difficulties in adjusting to the hot weather and

different climate and terrain. The health impact first started with extreme response to life in the plains. There were various challenges such as mosquitos and hot climate. One of the interviewees said, *"Food habits had to be changed. The altitude of Tibet and weather conditions were entirely different. 1000s of Tibetans died when they had newly arrived. We have health clinics now based on allopathy. Tibetans also rely on traditional medicines, Tibetan medicines and astrology centres for healthcare. Tibetans have access to Tibetan clinics which take a nominal consultation fees. The Tibetan government runs health centres near Tibetan settlements and the consultation fees is Rs. 10. There would be around 80 centres. There is also medical insurance given by the Tibetan government in exile."*

The Tibetans call them Mentseekhang, which loosely translates to medicine office. According to the RWA officer interviewed in New Aruna Nagar, *"People go to these Tibetan clinics for minor issues and earlier the consultation fees was Rs. 10. Now they take more, around Rs. 150. The CTA runs a dispensary in Majnu ka Teela. For bigger health issues, Tibetans*

*go to either government or private hospitals. There is one hospital for Tibetans in Kalkaji, one in Nizamuddin as well. They are privately run by Tibetans."*

### 4.3.2 Healthcare During Childbirth

Figure 4.18 below shows that prevalence of institutional delivery among refugees born in India differs not only by groups but also by when they were born. A general trend across all refugee groups show that those who are 18 years or below have higher proportions of institutional delivery than those who are between the age of 19 and 35 years. We see a huge increase in access to institutional delivery among Chakma and Hajong refugees with 92% of Chakma and 80% of Hajong refugees upto 18 years old being born in healthcare institutions as compared to only 12% and 15% among those within the age group of 19 and 35 years. While there has been an increase in institutional delivery among refugees from Pakistan from mere 12% for those within the age group of 19 and 35 years, it still remains comparatively low at only 63% for those aged 18 years.

Only 39% of the Rohingya refugees, all of whom are up to 18 years old have reported institutional delivery. On the other hand, 96% of all Afghan refugees up to 18 years of age have reported institutional delivery. Our sample did not have Afghan or Rohingya refugees above the age of 18 who were born in India.

Sri Lankan Tamil and Tibetan refugees have a history of access to institutional delivery. 66% of Tamil and 82% of Tibetan refugees aged between 19 and 35 years old reported institutional delivery, higher than what some younger cohorts of other refugee groups have reported. However, while for Tibetan refugees the proportion has increased to 92% among those aged till 18 years, only 76% of Tamil refugees of similar age have reported institutional delivery. This figure is lower than what has been reported by Chakma and Hajong refugees of similar age even though they had very low access to institutional delivery a generation back.

Almost all of the refugees who have reported institutional delivery, mostly accessed public healthcare system. Only less than a quarter of

Afghan and Tibetan refugees reported institutional delivery in private hospitals and clinics.

### 4.3.3 Prevalence and Susceptibility to Diseases Amongst Refugees

Table 15 in Annexure 1 shows that almost all the refugee groups in this study have almost negligible vector borne primary diseases other than Malaria/Chikungunya/Dengue. This indicates that most of the refugee groups have been able to secure safe living spaces with good sources of potable water and sanitation, barring refugees from Pakistan who continue practicing open defecation. The latter groups has reported comparatively higher disease occurrence, particularly Malaria/Chikungunya/Dengue. In different age groups of 18-35 years, 36-60 years and more than 60 years the proportion who reported occurrence are 21.88, 29.55 and 29.51 respectively. This can straightway be attributed to their poor living conditions and open defecation practices. Amongst Tibetans approximately 22% those in the age group 18-35 have reported occurrence of vector borne diseases.

More than 60% Hajong's in the age group of more than 60 years have reported occurrence of a water borne disease. The occurrence of these diseases could be attributed to the factors mentioned by respondents in focus group discussions. Hajong refugees said that *"there are Lower Primary schools, ME schools, High Schools but not any Degree colleges as of now. In recent times the Government has worked hard to make the situation better and uplift the Hajongs. It will take time since there's a clash between the Hajongs and the majority community for political affairs. As of now, there are primary health centres but the necessary treatments and tests aren't yet available. Even today, the Hajongs are deprived from the health and education sector unlike the majority community in some parts. Since we belong to a minority group our participation in Government sector jobs is less compared to other groups or communities in the area. But, the Hajong leaders are expecting some changes in the system to make the community people safe and secure along with making a developed community"*.

A study of the prevalence of chronic diseases, like cardiovascular diseases, diabetes, gastrointestinal illness, hypertension and others among the refugees

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also reveals that the prevalence has been quite low in most of the refugee groups and for all the early age cohorts (up to 18 years of age). Those aged above 35 reported comparatively higher prevalence of such diseases. Older Sri Lankan refugees reported high prevalence of chronic diseases with 37% of the refugees in both the age cohorts of 35-60 years and more than 60 years reporting such.

### 4.3.4 COVID 19 Vaccination Status

Despite being a contested group in India, refugees did receive assistance from non-state actors and had access to free vaccinations. The robust vaccination campaign did percolate to refugees as well regardless of their documents or status. Out of the refugees who got vaccinated in India, mostly got it for free. All vaccinated Chakma, Chins, other Myanmar transnational communities got free vaccinations and nearly all Hajong, refugees from Pakistan, Rohingya, Sri Lankan Tamils, Afghans and Tibetans were also vaccinated for free. The African refugees, who were a small sample which may have skewed the findings, reported that 72% were vaccinated for free. These findings are corroborated by Figure 4.19 which shows the source of vaccination for different refugee groups.

Only a negligible percentage of refugees had to go to private clinics to get vaccinated against COVID-19. Most refugee groups said that they relied on government-initiated camps or PHCs and public hospitals. For groups lacking documents,

namely Chin and other Myanmar transnational communities, there was strong support from civil society in accessing vaccinations. In fact, during the focus group discussions with them, all the participants reported that had received the COVID-19 vaccination as well as the booster dose for free. One participant even shared an instance of the vaccine being given at home to her elderly mother. Door to door service was offered in the camp as well

48% Africans and 77% Rohingya reported that they received vaccinations in camps organised in collaboration between civil society and government. A small number of refugees from Pakistan and Tibetans also reported receiving vaccinations at such camps. A majority of refugees from Pakistan however, along with Afghans received vaccinations at health camps organised by the local government. The reliance of refugees from Pakistan on health camps could be attributed to the great distances in Jaisalmer and their rural settlements being located far from government health infrastructure. It may also be attributed to reports of exploitation faced by refugees from Pakistan in three of the focus group discussions conducted across different locations.

A majority of Chakma and Hajong and a significant percentage of Sri Lankan Tamils opted to go to Primary Health Centres and Community Health Centres/Public Hospitals. This may be attributed to their citizenship status in the case of Chakma

**Table 4.6: : Vaccination Status of Refugees**

Vaccination Status	Fully Vaccinated	Partially Vaccinated	Unvaccinated	No Answer	Count
Afghan/Muslim	54%	5%	13.21%	28%	946
African/Congolese & Somali	8%	2%	35.36%	55%	263
Bangladesh/Chakma	72%	0%	14.92%	13%	543
Myanmar/Chin	36%	10%	31.10%	23%	328
Bangladesh/Hajong	81%	0%	8.15%	10%	577
Myanmar/Other Transnational Communities	18%	6%	60.32%	15%	378
Pakistan/Hindus	55%	4%	10.46%	30%	1816
Myanmar/Rohingya	50%	4%	8.22%	38%	1034
Sri Lanka/Tamil	79%	3%	4.76%	14%	946
Tibet/Buddhist	91%	0%	0.76%	8%	1052

and Hajongs. Sri Lankan Tamils are likely to have these health facilities located close to their camps. Slightly more than half of the Tibetan sample relied on Primary Health Clinics and Community Health Clinics to get vaccinated, and the rest had access to government organised camps. A small section of Tibetans opted for vaccinations in private clinics. This indicates their higher spending power due to their better financial inclusion and access to formal sector jobs.

Additionally, the study also investigated the experiences of refugees who battled with COVID-19 and accessing healthcare during the pandemic. Contrary to the positive experience of most Chin refugees, one woman shared difficulties faced in accessing healthcare. Her 9-year-old daughter got COVID-19. She did not receive any help from the PHC in Saitual and had to be taken to Aizawl for treatment. She observed that other people were given help, but her child was refused. They then had to take her to Civil Hospital Aizawl for treatment. They spent Rs. 8000 on transport and her treatment. They had to borrow money from her husband's employer. For the COVID-19 vaccination, she was asked for an Aadhaar Card. However, she said she has a mobile number which can be used for registration. She was given the vaccine on this basis.

## Impact of COVID-19 on Households

The COVID-19 pandemic and the ensuing lockdown had a multitude of impacts on local population as well as refugees. However, due to a lack of reliable data on their numbers, fewer safety nets protecting them, and fewer opportunities available to them, refugees were extremely vulnerable to pandemic shocks. The findings varied across refugee groups and were presumably impacted by their literacy and income levels as well.

Table 10, records the impact of COVID-19. Tibetans and Sri Lankan Tamils who enjoy better recognition and protection by the Indian government had smaller percentages of their population reporting adverse impacts of COVID-19. While these groups did report that they lost livelihoods, faced reduction in income, reduced food consumption and incurred debt, the proportion is less compared to groups that are not recognised as refugees by the government. For instance, 91% Rohingya reported loss of livelihood, 94% faced reduction in income, 88% were forced to reduce their food consumption and 92% had to incur debt during the pandemic. 91% had to stop their children's education. Large numbers of Afghans and Africans also reported adverse impacts such as reduction

**Table 4.7: Impact of COVID-19 on Refugee Households**

Refugee Group	Lost Livelihood	Reduction in Income	Reduction in food consumption	Incurred Debt	Lost Housing	Stopped Girls' Education	Stopped Boys' Education
Afghan/Muslim	65.99%	79.70%	89.34%	81.22%	23.35%	40.61%	38.58%
African/Congolese & Somalian	5.30%	76.16%	82.12%	74.83%	5.96%	1.32%	1.32%
Bangladesh/Chakma	17.48%	85.44%	82.04%	57.28%	7.28%	0.49%	0.49%
Myanmar/Chin	1.00%	0.00%	0.00%	1.00%	0.00%	1.00%	1.00%
Bangladesh/Hajong	19.40%	52.24%	37.81%	27.36%	1.99%	9.95%	4.48%
Myanmar/Other Transnational Communities	1.00%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Pakistan/Hindus	92.86%	93.71%	49.43%	72.00%	18.29%	11.43%	12.86%
Myanmar/Rohingya	91.05%	92.11%	88.16%	91.58%	6.58%	90.53%	90.79%
Sri Lanka/Tamil	56.59%	60.73%	54.88%	42.20%	1.24%	12.93%	14.39%
Tibet/Buddhist	33.33%	47.97%	32.66%	24.10%	2.25%	2.93%	5.41%

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in income, reduction in food consumption and increase in indebtedness. 66% Afghan refugees lost their livelihoods and this could be attributed to many of them working in restaurants or eateries which shut down during lockdown, or those working as medical interpreters and translators as borders were shut and the Taliban had also come to power.

Surprisingly, Chakmas also reported high incidence of reduction in income and food consumption as well as having to take debt despite their citizenship status. This could be because many are shopkeepers or small vendors whose businesses may have been impacted during the pandemic. Interestingly, Chin and other transnational community refugees from Myanmar despite not possessing any documents did not report significant impacts during the COVID-19 pandemic. This could be attributed to the self-sufficient tribal systems in which they have easily assimilated with the host population and are also protected by the village authorities.

## Instances of Discrimination

Certain refugee groups did complain about hampered access to healthcare facilities and

hardships during COVID-19. The Afghan refugees in particular had to face instances where they were helpless and could not rely on community networks for any support either.

During the focus group discussions and interviews with Chakma refugees, it was observed that the Chakma's believe they are victims of vote bank politics. They said that the healthcare facilities available are "pathetic" and that people are neither able to get checked nor avail free medicines in the government hospitals. The healthcare facilities available here are so pathetic that people neither get access to health check-ups nor medicine at the government hospital. And, all these are happening only because of vote bank politics in the state.

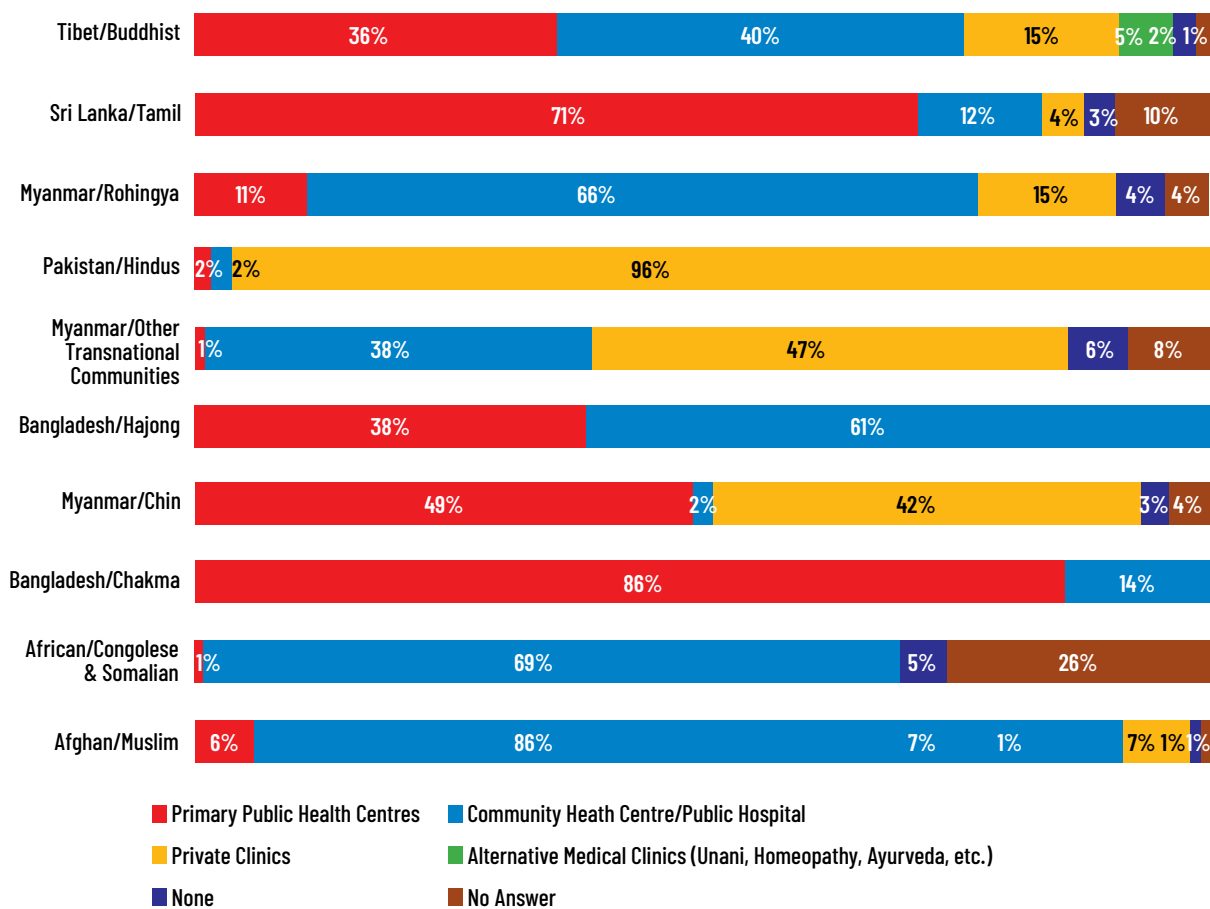
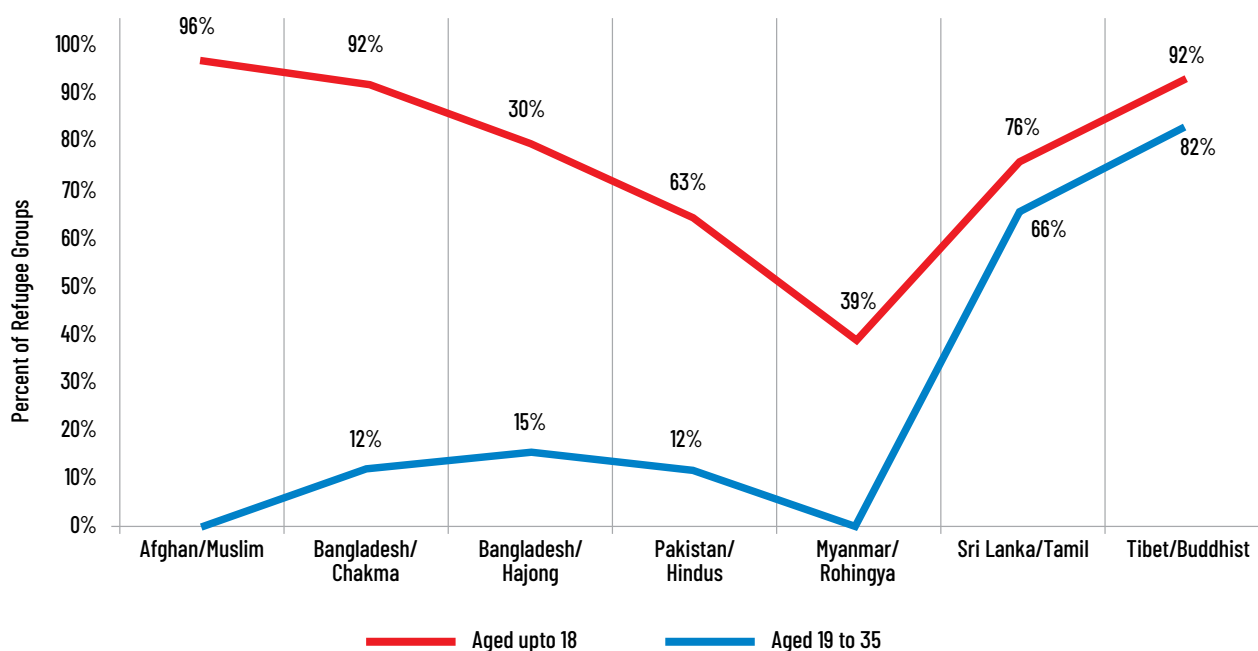
One of the Chakma respondents stated, "Due to poor transportation and communication facilities, health, education, banking all these services are disturbed yet the government is just silently watching all this. Specifically, pregnant women do not get the health benefits at the government hospital in the Diyun area. At the same time, there's a private hospital in the town where all the necessary facilities are

### CASE STUDY

#### Ladeeda Farooqi, Afghani Refugee

Ladeeda is a single mother of 4 children. She is 33 years old. She was engaged at 12 and forcefully married at age 15. Her husband was 13 years older than her. She is separated from her husband and lives in constant fear of being tracked down by him. He continues to live in Afghanistan and has married someone else. She is not aware of the business her husband did. She worked as an interpreter for NATO and also worked as a culture advisor with them. In 2014 she started her own women's rights organisation. Due to her work with the previous government, she was a prime target for the Taliban. She began feeling scared for her life. She arrived in India on a tourist visa with her children. Her UNHCR interview happened 9 months after entering India and then she received the asylum seeker certificate. She had no clue of the language, culture, weather, processes anything. Her 3-year-old daughter was mentally stressed after the separation of her parents. For some time, she lived in isolation as she was afraid her husband would find out about her whereabouts and try to take her children. But then she began interacting with the Afghan community. She found a school for her children. She pays Rs 1800 for her oldest son who is 14, Rs 1500 each for her daughters aged 12 and 10 and Rs 1200 for her 9-year-old daughter. The organisation she worked for in Afghanistan supports the education of her children by paying their school fees in India. Her rent is Rs. 9000 and is paid by her brother who is a refugee in France. She began picking up work in online marketing etc. She worked at an online marketing place that required her to stay online from 10 am until 12 am. She was only paid Rs. 8000 per month for this work. She had to take online orders and pack them as well. She later began working with Jesuit Refugee Services (JRS) and started teaching women embroidery and home decoration skills. She was happy with the work and with her colleagues. Unfortunately, she got COVID-19. It was a terrible bout of COVID which rendered her helpless. She broke down while narrating that she and her children lived in a 1-bedroom house and her children began crying thinking their mother would die. They begged to kiss her and hug her one last time. Ladeeda called her neighbours and cried and begged to them saying "I have no one and I do not know anyone here. If I die, please look after my children".

After her poor health, Ladeeda was unable to go back and work with JRS as a teacher as that job required to stand on her feet from 9 am to 4 pm. Now she struggles to provide food and nutrition for her children. She is unable to get formal work opportunities or secure a livelihood for herself.

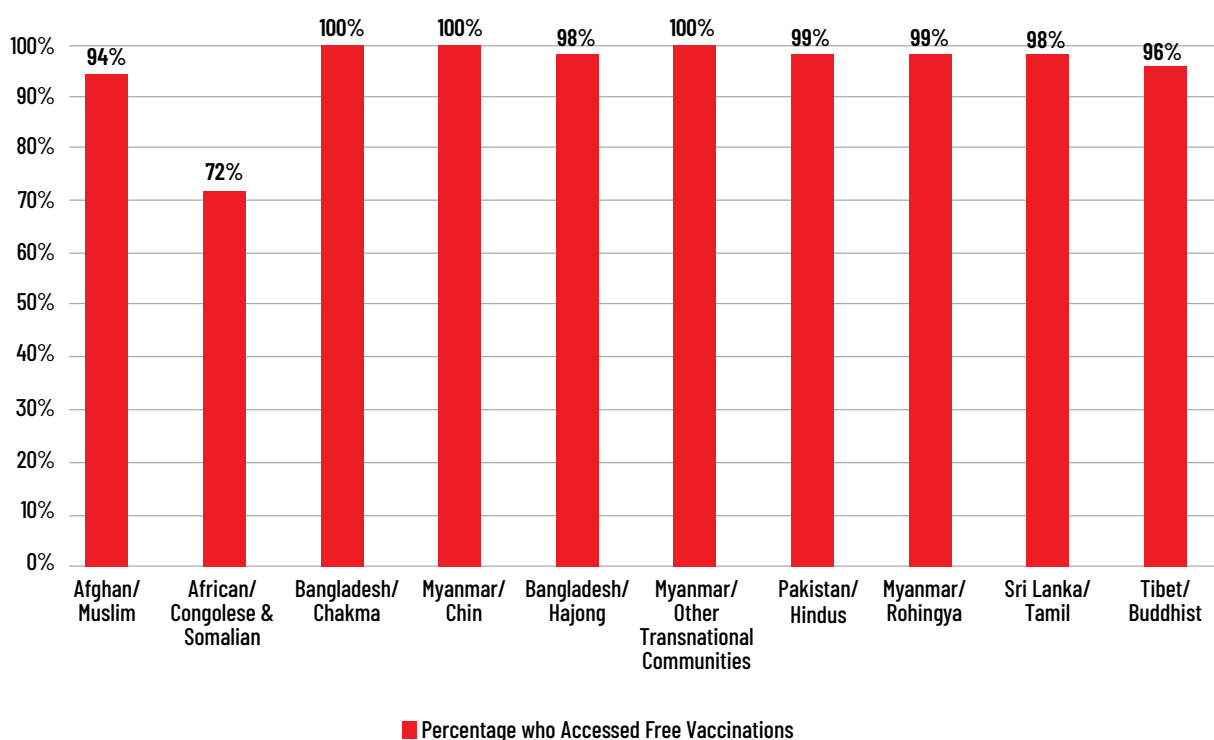
**Figure 4.17: Sources of Healthcare Services****Figure 4.18: Access to Healthcare During Child Birth**



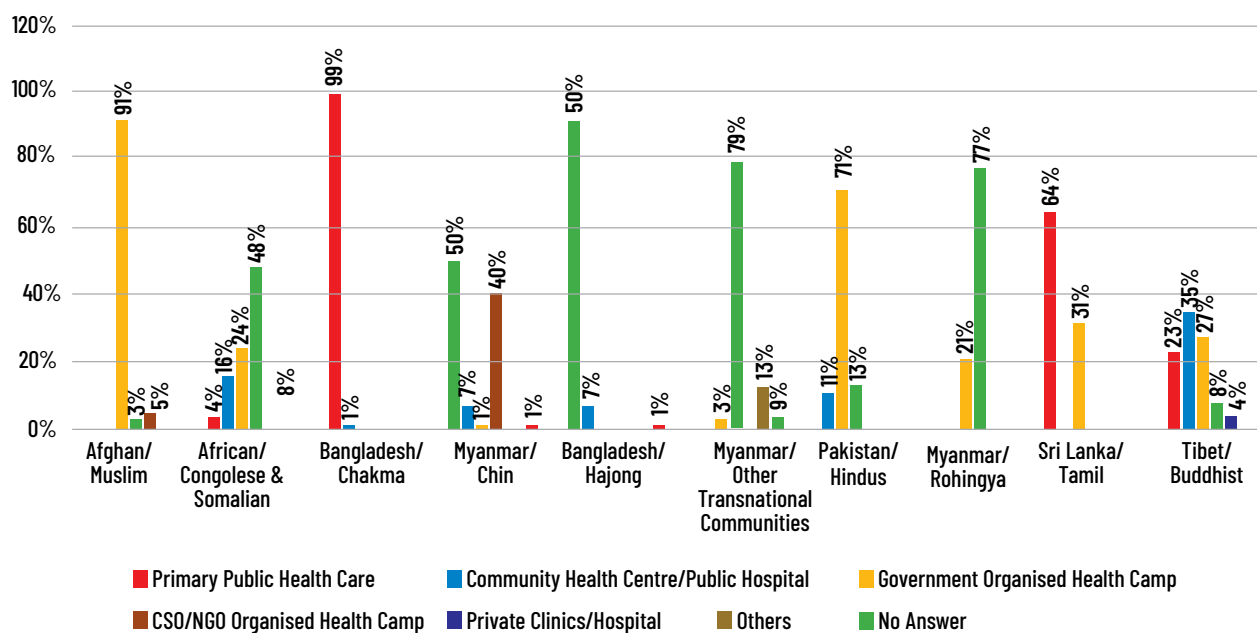
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**Figure 4.19: Access to Free Vaccinations**



**Figure 4.20: Sources of Vaccinations**



*available but the cost is so high that the Chakmas give birth to their babies mostly at home due to poor road connectivity to the city. Hence, the risk of infant mortality is also higher."*

## 4.4 Livelihood

### 4.4.1 Livelihood Status of Refugees

Table 18 in Annexure 1 records livelihood status. However, there are significant differences in their employment status based on the gender, age and refugee group. We see that across all refugee groups, individual's employment status is based on their gender, with women showing significantly lower employment status. Women from the African, Chakma, Chin, other Myanmar transnational communities and Rohingya communities have reported current status of working rate to be less than 10%. In case of the Afghan community, only 15% were reported to be employed.

Apart from gender, age also plays an important role in determining the status of work among all refugee groups. We see that across groups, refugees belonging to the age group of 25 to 60 years report higher rate of employment status as compared to those younger or older. This is due to the fact that individuals who belong to the age group of 18 to 25 can be engaged in education opportunities whereas those above 60 years of age do not work due to their old age. This can be well understood if we look at the data on why they are not employed as given in the tables and figures below.

Employment status also depends on access to employment opportunities, which is defined by the identity associated with each refugee group. From Figure 4.21 above we can see that there are difference among the groups when it comes to individuals aged between 18 and 60 years of age who are not engaged in employment, education or training (NEET). Women refugees across the board have a higher proportion of those categorised as NEET. For Afghan and Rohingya males, the figures are 53% and 50% respectively. For African, Chin and other Myanmar males, the figures are higher than 80%. It is to be noted that neither of these groups enjoy citizenship like status as the Chakma or Hajong do, nor have been given recognition by the Union Government like Tamil or Tibetan nor can they easily assimilate themselves with the host community like the refugees from Pakistan. Due to the high presence of the unorganised sector in the Indian economy, it is easier for the refugee groups who can assimilate themselves with the host community to have suitable livelihood options.

Refugees from Pakistan said that they work mostly as daily wage labourers. Some of them also work as agricultural labourers. The men who were interviewed said that there is no disparity in wages given to citizens or refugees. Men are paid Rs. 500 per day. The difference in wage is between men and women, where women are paid Rs. 300 for the same work. However, wage parity is not the only determinant. Crop failure in some instances lead to withholding of wages. One of the men working as an

#### Bella Masudi, Congolese Refugee

#### CASE STUDY

Bella Masudi is a 36-year-old Congolese woman who arrived in India in 2016. She was part of an NGO that organised political demonstrations and protests against issues of unemployment, poor living conditions, inflation etc. She was afraid for her life which is why she fled to India alone on a student visa. She enrolled in an English course in a college in Lajpat Nagar. Her parents asked a travel agent to arrange travel documents for her and the fastest visa was available for India, which is why she came here. Her visa expired in 2016 which is why she is now a refugee living with a student.

She earns a living by braiding hair for other African people in India and takes Rs. 500 per person. She also offers translation services to medical patients on a need basis. She did not know anyone when she arrived in India.

She believes there is no future for refugees such as herself in India because she cannot work. She wanted to be a domestic helper but since she could not speak Hindi, she did not get a job. She wants to be a nurse but cannot enrol here due to lack of documents. She tried to get a job with UNHCR and even started a kitchen that sold African food. But she claims Indians do not like African food which is why the kitchen eventually shut down. Activists working with the BOSCO Refugee Assistance Project too said they cannot help her. She has no fixed income and there are months when she has no money at all and survives on monthly support of Rs. 4750 given by UNHCR.

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agricultural labourer said *"We have to go 10-15 km to work on the fields. Sometimes if the crop fails, we are not paid even after working for 6 months. With regard to wages, women get Rs. 300-400 and men get Rs. 500 or above."*

African refugees said that due to racial differences, general poor perceptions about Nigerian migrants being involved in drugs and illegal activities as well as language barriers, they face difficulties in accessing livelihood opportunities. The women also said that they are often mistaken for sex workers.

Figures 4.22 and 4.23 indicate the reported reasons why refugees are not engaged in paid work. We see a clear difference in response between male and female members. Among male refugees, the most common reasons were old age and lack of suitable options.

While a significant number of Tibetan male refugees reported that they were engaged in education, in the case of female refugees, the most common reason, apart from old age, was their engagement in unpaid household work. However, around 35% of Tibetan females who were not employed mentioned education enrolment as a reason and around 71% of female African refugees not engaged in work also reported the lack of suitable options. Rohingya women reported that while women are not encouraged to seek employment in their culture, they do in fact have a desire to take up jobs. All members of the focus group discussion said that they want to do stitching. Some Rohingya women have experience of working on construction sites or as domestic helpers. But most of them have trouble finding work due to lack of Aadhaar cards or any recognised government ID. Sometimes, contractors also take advantage of this and take money that is due to them. Regarding Rohingya men not being engaged in paid employment, 27% reported they partake in unpaid household work. However, upon further investigation, it was discovered that they are unemployed due to lack of options and, therefore, contribute to minor tasks at home.

Afghan refugees shared instances of exploitation and gendered experiences. Women group members that were previously working in Afghanistan or had qualifications such as PhDs in history, science

or medical degrees, are unable to find suitable opportunities in India. Additionally, there were instances shared by the women refugees during the focus group discussions of their husbands or brothers facing violence at the hands of their employers. One woman's brother was beaten and not paid his wages that were due for 3 months of work. One woman's husband was made to work but was not paid. These experiences recorded during the course of the study, of non-payment of wages and abuses at the workplace act as a deterrent for refugees to access dignified livelihood

Some women in the group shared that when they approach local stores for work the shopkeepers pass lewd comments. They say *"Apna hijab utaaro, makeup karo aur dukaan ke baahar khade hojao customer's lane ke liye"* (Take off your hijab, apply makeup and stand outside out store to attract customers) The shopkeepers also say, *"if you had been good people there wouldn't have been so many problems in your country."*

A focus group discussion with Afghan male refugees consisting of 3 doctors and 4 engineers brought to light rather grim circumstances with regard to livelihood. The doctors said that they are unable to find work. They are asked their age, origin and number of years of work experience in India. Previously, it was not difficult finding work. Many Afghans worked as interpreters as there was a large influx of Afghan people for medical tourism. However, after the Taliban that influx has stopped. Many people even returned to Afghanistan as they were facing a very difficult time here.

Apart from differences by employment status there are differences among refugee groups by employment type as well. Only Tibetan refugees reported a high percentage of people working in regular employment, 66% male and 49% female. Similarly, 32% of Tamil refugees, across gender identities also reported regular employment. Casual employment remains the most common form of employment among refugee groups with all refugee groups barring Tibetans reporting high rates of casual employment. Own account work was not reported much by most of the refugee groups, with only 18% refugees from Pakistan and

17% Tibetans reporting such. Table 4.8 gives details of the different type of employment across refugee groups and gender identities.

Among Afghan refugees, the most common work was in shops and restaurants or as street vendors. Most of the Chakma and Hajong refugees work as casual labour in construction sites or agricultural fields. Similarly, refugees from Pakistan also mostly work as construction labour, agricultural labour or as daily wage labour in the urban sector. While construction and daily wage labour was the reported occupation for many Rohingya refugees, many also work in restaurants or do home based work like tailoring. The majority of Tamil refugees work as construction labour, drivers and in public works programmes, while a significant number also work in the textile and service-based industries.

Tibetans, on the other hand reported a varying array of occupations, including jobs like teachers, accountants, engineers and even soldiers in the army. A large number of Tibetans are regularly employed, with many in service-oriented occupations in the public sector, private sector, in Non-Government Organisations and the Central Tibetan Administration. Many of the refugees also work and often own small businesses selling clothes, groceries and food.

Table 12 lists the different workplace locations. With many of the refugee groups engaged as construction labour, the construction site is a

very common place of work, with more than 30% Chakma and refugees from Pakistan and more than 20% Hajong, Rohingya and Sri Lankan Tamil reporting such. Since a large chunk of refugees from Pakistan and Rohingya refugees work as daily wage labour in the urban sector, around 30% of each reported having no fixed workplace. Employer's enterprise or shop was also significantly reported by many of the groups with 62% Afghan, 20% Hajong, 26% refugees from Pakistan and 47% Tibetans reporting the same. Since most of the Afghans work in others' shops and restaurants, and Tibetans work in the service sector, such high numbers are consistent. During focus group discussions, Chakmas reported that many work as daily wage labourers, small shopkeepers or vendors.

Furthermore, we have observed that refugees who have been given citizenship and have documents required to be included in the formal sector, go on to access better opportunities. Refugees from Pakistan had open citizenship pathways and the population of refugees that arrived before 2009 had relatively favourable access to citizenship. Refugees who were able to benefit from this, have had access to life-changing livelihood opportunities.

#### 4.4.2 Wages

The difference in employment type among the different refugee groups is visible in the kind of wages that they earn as can be seen in Table 4.10. With most Tibetan refugees being employed as regular

### Rani Devi and Vijay Singh, Refugees from Pakistan

#### CASE STUDY

Rani Devi is an Indian citizen by birth and her husband Vijay arrived in India when he was about 7 years old and he received citizenship in 2015. His grandfather as well as great grandfather were from India. His father went to Pakistan for work. He was born in Pakistan and arrived in India in 1990. There was no particular reason to come back other than wanting to be with family.

Vijay's brothers did not study beyond class 8. He himself studied in a government school and later went to a private college in Udaipur for his higher education. He got married in 1998. He did not have any ration card, caste certificate nor any benefit from any scheme until 2015. He was quite young when his father undertook the process for citizenship. However, a big change in his life after receiving citizenship was that before 2015, he worked as a daily wage labourer. After he got citizenship, he got a government job as an electrician. He studied at an industrial training institute in Jaisalmer where he did a diploma and BCA. He never faced any discrimination while he was looking to get married. The question of citizenship did not hamper his marriage prospects. Same caste marriage was the only condition that was of importance at the time.

Vijay Singh had received citizenship in 2015 during a camp which lasted 1-2 days. All relevant post holders who were required in the process of citizenship, were present at the camp so as to process people's documents and give citizenship.

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workers, around 59% of them earn a monthly wage. The high number of Tibetan refugees reporting 'Others' reflect the number of refugees who are self-employed, either working as own account workers or as employers, who are not salaried but make a livelihood from the profits they earn from their shops and businesses. Apart from Tibetan and Tamil refugees, most of the other refugees earn either a daily wage or a monthly wage working as casual labour in construction sites, agricultural fields, in others' shops and establishments or in the urban informal sector in general. Only in case of the Tamil refugees, wages are given out weekly to those employed in public works programmes and in construction sites. Those working in the textile, service industries and in others shops and establishments, earn a monthly wage.

With regard to wages, an attempt was made to understand wage disparities between refugees and host populations. The responses differed across refugee groups. Chin refugees who work mostly in agriculture, said that the wage rate is the same for the host population as well as refugees. The men are paid Rs. 500 per day and the women earn Rs. 400 per day for the same work. The village authorities have given instructions that the wage rate must be the same for host population and refugees.

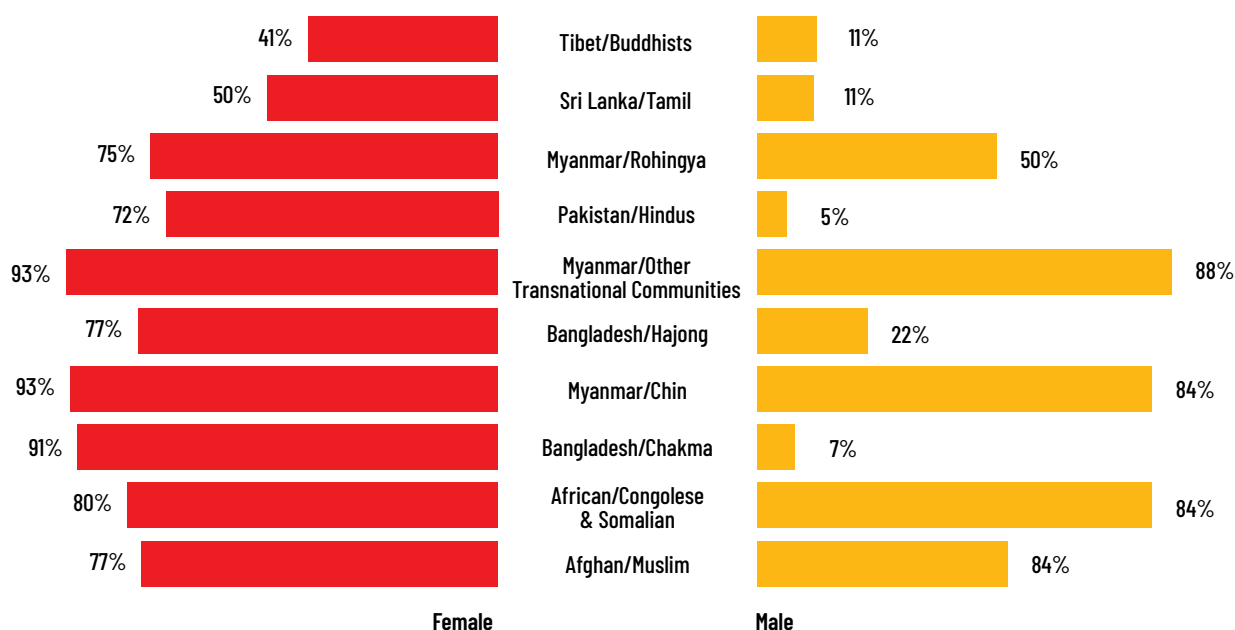
A similar trend was noticed in refugees from Pakistan. Both groups said they are usually given their wages on time as promised by their employers.

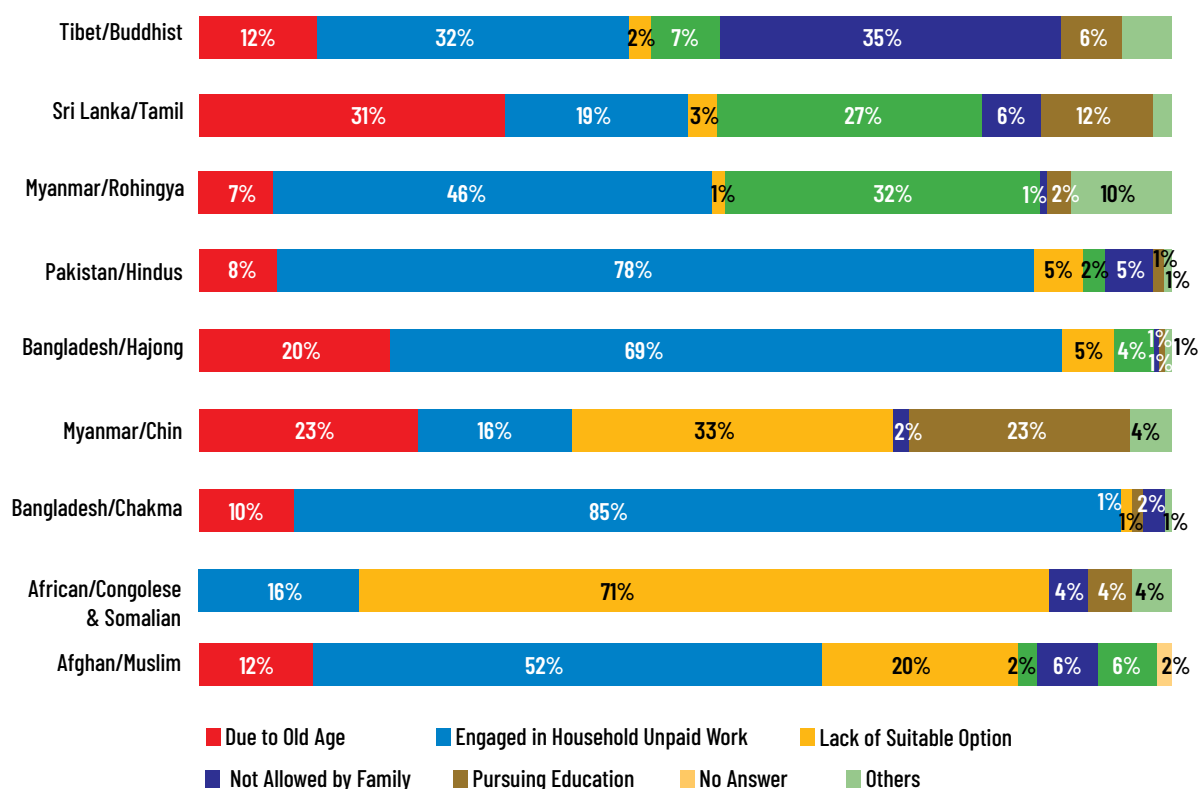
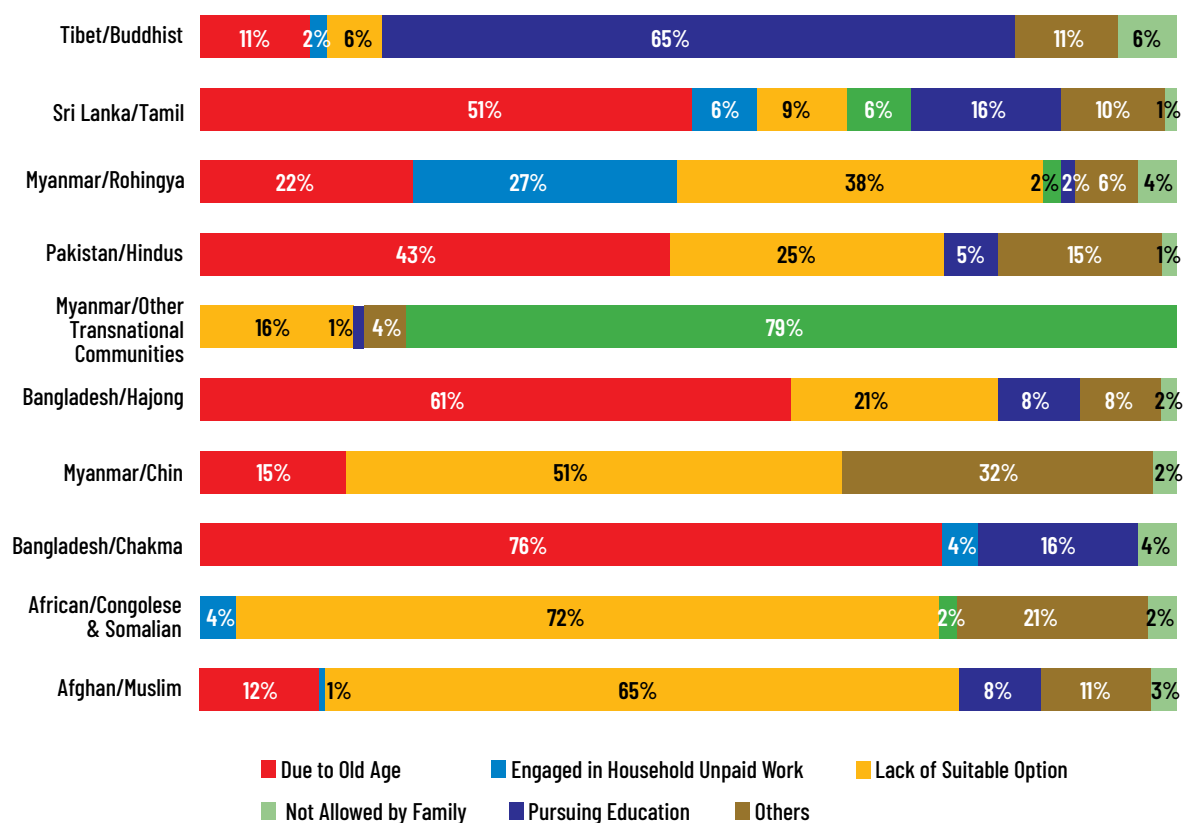
### 4.4.3 Entitlements

With the refugees mostly working as casual labour in the informal sector, the overwhelming majority, apart from Tamils and Tibet/Buddhists, do not receive any workplace entitlements like weekly offs, employer provided medical insurance and provident fund contributions [Table 14]. More than 71% of Tamil and Tibetan refugees receive a weekly off. Around 22% of Tamil refugees and 23% of Tibetan refugees also have employer provided medical insurance. 10% and 17% of Tamil and Tibetan refugees also receive provident fund contributions from their employer. This is due to the fact that significant number of Tamil and Tibetan refugees are regularly employed in the organised sector.

During discussions with Afghans, it was observed that exploitation is very common against them due to the precarity of their work. A group member during the focus group discussion said she was working at a call centre for a few months. She was being paid Rs. 8000 and her Indian colleague was

**Figure 4.21: Percentage of Refugees aged between 18 and 60 years who are not Engaged in Employment, Education or Training**



**Figure 4.22: Reasons why Female Refugees are not Engaged in Paid Employment****Figure 4.23: : Reasons why Male Refugees are not Engaged in Paid Employment**



**Table 4.8: Type of Employment by Refugee Group and Gender. (T- Total, F- Female, M- Male)**

Refugee Group	Casual			Regular			Employer			Helper			Own Account Worker			No answer			Count
	T	F	M	T	F	M	T	F	M	T	F	M	T	F	M	T	F	M	
Afghan/Muslim	61%	67%	59%	26%	20%	29%	1%	0%	1%	1%	0%	1%	11%	12%	10%	0%	0%	0%	135
African/Congolese & Somali	14%	25%	0%	14%	0%	33%	0%	0%	0%	71%	75%	67%	0%	0%	0%	0%	0%	0%	7
Bangladesh/Chakma	77%	67%	78%	3%	8%	3%	0%	0%	0%	0%	0%	1%	0%	0%	0%	19%	25%	19%	208
Myanmar/Chin	20%	17%	21%	20%	17%	21%	10%	17%	7%	45%	50%	43%	0%	0%	0%	5%	0%	7%	20
Bangladesh/Hajong	53%	52%	54%	12%	2%	14%	1%	0%	2%	0%	0%	1%	6%	0%	7%	27%	45%	22%	210
Myanmar/Other Transnational Communities	56%	17%	80%	31%	67%	10%	0%	0%	0%	6%	17%	0%	0%	0%	0%	6%	0%	10%	16
Pakistan/Hindus	60%	6%	73%	1%	0%	1%	3%	1%	3%	18%	90%	1%	18%	2%	22%	0%	1%	0%	526
Myanmar/Rohingya	57%	28%	58%	19%	25%	18%	2%	1%	2%	6%	29%	4%	5%	7%	8%	10%	9%	10%	124
Sri Lanka/Tamil	44%	50%	41%	32%	32%	32%	6%	6%	6%	15%	8%	18%	1%	2%	1%	2%	2%	1%	374
Tibet/Buddhist	7%	8%	7%	60%	49%	66%	5%	4%	6%	10%	14%	8%	17%	24%	14%	1%	2%	0%	401

**Table 4.9: Location of Workplace of Different Refugee Groups**

Refugee Group	Employer's enterprise/shop	Employer's house	Own enterprises/shop	Own house	Construction Site	Street with fixed location	No Fixed Workplace	Other	No Answer	Count
Afghan/Muslim	62.22%	2.22%	1.48%	10.37%	0.00%	2.96%	19.26%	0.74%	0.74%	135
African/Congolese & Somali	0.00%	28.57%	14.29%	0.00%	0.00%	0.00%	0.00%	57.14%	0.00%	7
Bangladesh/Chakma	11.06%	5.77%	1.92%	0.96%	34.13%	15.38%	11.54%	0.00%	19.23%	208
Myanmar/Chin	0.00%	20.00%	0.00%	0.00%	0.00%	25.00%	45.00%	10.00%	0.00%	20
Bangladesh/Hajong	20.00%	2.86%	10.48%	7.62%	22.86%	12.38%	2.86%	3.33%	17.62%	210
Myanmar/Other Transnational Communities	6.25%	0.00%	0.00%	12.50%	6.25%	37.50%	31.25%	0.00%	6.25%	16
Pakistan/Hindus	26.24%	0.76%	2.09%	5.70%	31.18%	2.28%	30.80%	0.76%	0.19%	526

**Table 4.9: Location of Workplace of Different Refugee Groups (contd.)**

Refugee Group	Employer's enterprise/ shop	Employer's house	Own enterprises/ shop	Own house	Construction Site	Street with fixed location	No Fixed Workplace	Other	No Answer	Count
Myanmar/ Rohingya	13.23%	4.19%	3.71%	12.10%	23.71%	6.45%	30.16%	4.03%	2.42%	124
Sri Lanka/ Tamil	25.30%	2.08%	1.07%	2.14%	20.86%	16.04%	10.18%	18.45%	5.88%	374
Tibet/ Buddhist	47.46%	2.99%	20.70%	4.99%	3.74%	6.71%	5.74%	3.69%	3.99%	401

**Table 4.10: Types of Wages Earned by Refugee Population**

Refugee Group	Hourly	Daily	Weekly	Monthly	Piece Rate	Others	No Answer	Count
Afghan/Muslim	1%	43%	3%	50%	1%	1%	2%	135
African/Congolese & Somali	0%	14%	0%	43%	0%	43%	0%	7
Bangladesh/Chakma	0%	44%	0%	37%	0%	9%	11%	208
Myanmar/Chin	0%	60%	0%	35%	0%	5%	0%	20
Bangladesh/Hajong	1%	27%	1%	43%	0%	0%	27%	210
Myanmar/Other Transnational Communities	0%	75%	0%	0%	6%	13%	6%	16
Pakistan/Hindus	0%	59%	1%	17%	5%	17%	0%	526
Myanmar/Rohingya	2%	64%	0%	27%	3%	2%	2%	124
Sri Lanka/Tamil	1%	24%	50%	21%	0%	3%	1%	374
Tibet/Buddhist	0%	11%	0%	59%	0%	24%	5%	401

**Table 4.11: Entitlements At Work**

Refugee Group	Weekly off	Medical Insurance	Provident Fund	Count
Afghan/Muslim	6.67%	2.22%	1.48%	135
African/Congolese & Somalian	28.57%	14.29%	0.00%	7
Bangladesh/Chakma	0.00%	0.00%	0.00%	208
Myanmar/Chin	5.00%	0.00%	0.00%	20
Bangladesh/Hajong	2.86%	2.38%	3.33%	210
Myanmar/Other Transnational Communities	18.75%	0.00%	0.00%	16
Pakistan/Hindus	1.33%	0.19%	0.19%	526
Myanmar/Rohingya	7.58%	2.42%	0.81%	124
Sri Lanka/Tamil	71.39%	21.66%	10.16%	374
Tibet/Buddhist	71.88%	23.44%	17.21%	401

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being paid Rs. 16,000 for the same work. Similarly, another woman said that she asked an Indian man for work in his factory. She would have had to iron clothes and stand for 9 hours a day with a 1-hour lunch break. For this work she was being offered Rs. 8000 per month. Indians were offered no less than 10,000 for the same work. When she protested, the man told her she should come work in his house if she wants more money alluding to sexual relations. Another member said that her husband was never given any holidays and was never paid on time. He fell sick and was not paid for that day. He was earning 3000-4000 per month. They shared concerns about their negotiating abilities with employers and constantly felt threatened with regard to job security.

### 4.5 Third Country Resettlement

Third country resettlement, also known as refugee resettlement, is considered one of the three durable solutions, as defined by the UNHCR for refugees who have fled their home countries. The other two solutions are voluntary repatriation and local integration. When refugees are resettled, they are given the right to reside in the country of resettlement on a long-term or permanent basis. In some cases, they may also have the opportunity to obtain citizenship in that country. Resettled refugees are often referred to as quota or contingent refugees because countries typically accept a

predetermined number of refugees each year. In 2016, out of 65.6 million forcibly displaced people worldwide, approximately 190,000 individuals were resettled into a third country.

Based on our interactions with Afghan and Somali refugees, we learnt that they face many difficulties even after being selected for third country resettlement. Many refugees said that they get their visas but do not receive their exit permits on time. The process is often mired in long drawn-out procedures that lack clarity.

### 4.6 Integration and Interactions with Local Populations

Refugees living in India have had varied experiences with regard to integration. Many factors such as assistance provided by the Indian government, especially regarding housing, play an important role in integration and protection from discrimination. When asked about positive and negative instances with the host population, mostly all groups expressed their immense gratitude to the Indian government, the local administration and their Indian neighbours. However, being vulnerable groups they stand out due to their differing cultural, racial, religious, ethnic, linguistic identities.

An Afghan refugee who works as a teacher with a civil society organisation in Delhi shared her

#### Rehana, Somali Refugee

#### CASE STUDY

Rehana arrived in Mumbai from Somalia in 2014. When she was 19, her father was killed by the Al-Shabaab fighters in front of her eyes. She was then taken away by these fighters and moved out of Mogadishu. She was a forced military bride. She said "they came and killed me every night" alluding to sexual assault. She said that her father's friend helped her escape and sent her to India. She was so traumatised when she arrived in Mumbai that she forgot to ask the man that had brought her here for her documents. She came legally on a visa. She said that UNHCR helped her when she came here. They supported her with rent as well as with resettlement. She does not know the whereabouts of the man who has her documents. She has received a visa to live in USA but when she went to Foreigners Regional Registration Office for the exit permit they asked her to get her documents. Since she had lost them, she went to the Somali embassy which helped her get a passport. She applied again with the help of International Organization for Migration. She claims that the Foreigners Regional Registration Office, R.K Puram has been of very little help to her. She says they don't listen to her and call her things like "useless woman" and tell her to "stop your crying"

The FRRO told her she needs to take up her matter with the Ministry of Home Affairs. When she went there the officials at the MHA told her "FRRO is lying to you, this is their job and they are supposed to do this, we can't help you" This happened in June - July 2022.

Now she has a new and valid visa for the USA. She also has a ticket to fly there and has successfully applied for an exit permit to the FRRO. She has not received a response from them and is very worried about getting her exit permit on time as in the past she did not receive any support from the Foreigners Regional Registration Office.

positive experience with her housing situation. *"We live on rent in Bodella. The house owner gave us the house on the basis of the UNHCR asylum seeker certificate. I live 10 minutes away from Tilak Nagar in Bodella. The neighbourhood is nice there aren't many Afghan families around but the local population is very kind and welcoming. In fact, my neighbours were a Hindu Indian family and they taught me Hindi for a fees of Rs. 300 for a month. They would come to my house and converse with and take me to the bazaar so I could learn things. They were lovely and respectfully called me "Guruji" as I am a teacher. Now when have to conduct distributions for refugees, people in Tilak Nagar where my centre is, create problems, so my neighbours in Bodella offer their rooms to store and distribute ration from."*

When a Hajong refugee was asked if he or his family ever faced any form of violence since they came to India, he told us that no incidence of violence or harassment has ever happened with them. They have been living here with the co-operation from their neighbours and everyone in their society. He said that *"the host community has been helpful since we arrived here decades ago. The host community has respectfully accepted us and co-operate whenever there is a need"*.

On the contrary, African refugees have had mixed experiences. They are constantly referred to as 'habshi'. One male refugee even shared an incident from his school—Swarn Public School. He said that it was a regular occurrence for him to get beaten by his classmates and called "habshi" in a pejorative manner. He was the only Somali student left in the school as the others had left. Another said that he had studied in Hyderabad and only heard the word habshi when he moved to Delhi. When he complained to his teacher about being called 'habshi' by students the teacher laughed and said *"haan toh tu hai hee habshi aur kya bolenge?"* (Yes you are a habshi, what else will they call you?) Sometimes neighbours are good also, they protect the refugees and help them. They said that Indian people usually come to help them during times of distress. *"If we are decent, don't play loud music*

*or do anything to bother them then their nature is good"*.

Despite the good assimilation and access to citizenship that refugees from Pakistan have, they are vulnerable to exploitation and violence as well. During the process of getting their citizenship, they need valid documents issued by the Pakistani government which for some refugees is not possible to procure. Due to the high costs involved in travelling back to Pakistan, refugees who have crossed the border often get stuck in situations where they are unable to renew their documents. While certain documents such as their Pakistani passport can be renewed in India, for other documents, like the Computerised National Identity Card (CNIC) or Pakistani voter ID can only be renewed in Pakistan. For many, this becomes a difficult journey to undertake thereby exposing them to instances of exploitation and discrimination.

The Tibetan refugee population had mostly positive experiences to share during our interviews with them. They have deep appreciation and gratitude for the Indian government for working with His Holiness Dalai Lama and providing them opportunities and enabling them to preserve their culture. The Representative to His Holiness said in an interview that *"India has always had a tradition of Atithi devo bhava in ancient Indian philosophy. We were welcomed when we faced trouble in Tibet. There were a couple of reasons as to why Tibetans were able to thrive in India. His Holiness' guidance was well thought out and CTA was strong. We had our own monasteries, schools, learning centres, we have continued our religion and culture and also values despite being refugees. Secondly, because Nehru and the Indian government allowed us to establish separate schools, settlements, so we could restore and survive."*

On asking another member of the Tibetan refugee community about discrimination, he responded saying *"There might be small instances but otherwise there are no issues. Mainland people call all small eyed people Chinese. When we would take sweaters to sell in Bengal etc. children would*

5. The term "Habshi" refers to African and Abyssinian slaves in pre-British India. This term originates from the Arabic word "Habashi," meaning "Abyssinian," which passed through its Persian version. However, now the term is used in a pejorative manner mostly in Northern India to refer to Black people.

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*call us Chini Gurkha. Tibetans are not known as a population. Some think we are Bhutanese or Nepali. So we don't complain we just say yes we are Nepali. It is easier than explaining. There are no big issues as such."*

Moreover, regarding women's experiences of sexual or domestic violence, women from Rohingya, Chakma, refugees from Pakistan and Chin communities shared that they do not face any violence from the host community. However, women from the Rohingya and Pakistani refugee community did allude to facing domestic violence

at home. Women from the Afghan and Somali refugee community did share instances of lewd and sexual remarks being passed about them or sexual favours being demanded as have been documented and mentioned in the study above. A specific issue faced by refugee women from Democratic Republic of Congo and Somalia is that they are mistaken for sex workers very often and face street harassment frequently. Despite the women only focus group discussions and attempts to elicit responses on sexual harassment, women refugees were reticent from delving deep into these issues.

# Discussion and Conclusions

Drawing upon the insights gleaned from existing literature and the findings through the study, an emphatic conclusion can be drawn: the need for refugees to receive consistent legal and social acknowledgment in the Indian context is undeniable. Such a unified recognition framework holds the potential not only to elevate their integration within host societies but also to facilitate their access to vital entitlements.

In view of the multifaceted challenges faced by refugees in India, a concerted effort toward establishing a standardised legal and social recognition mechanism becomes imperative. By affording refugees across the board equal status, this framework can pave the way for their greater assimilation and acceptance within their host communities. Moreover, this inclusive approach could potentially bridge the gap that often obstructs refugees from accessing essential services and privileges to which they are entitled.

The discrepancy in treatment, whereby certain refugee groups are marginalised or overlooked, can be effectively scrutinized through the lens of Nancy Fraser's theoretical perspectives. Fraser's lens prompts us to consider how this differential treatment might exacerbate existing social inequalities, potentially leading to misrecognition and unequal access to resources. Her framework encourages an exploration of the underlying power dynamics that perpetuate such disparities, fostering a deeper understanding of the broader implications of differential recognition.

In essence, the call for uniform legal and social recognition for refugees in India echoes with profound significance. As we engage with this discourse, we are urged not only to address the immediate challenges faced by refugees but also to dissect the intricate layers of misrecognition and unequal treatment that perpetuate social injustices. By embracing a holistic approach inspired by

theoretical constructs such as Nancy Fraser's, we can embark on a transformative journey toward a more equitable and inclusive society for all.

Nancy Fraser argues that a dual model of redistribution and recognition should be considered and thereby proposes a theory of social justice based on a 'status model', where the aim is for all social actors to be capable of participating in society at par with the rest (Fraser & Honneth, 2003).

What Fraser means by recognition is that is imperative to give group identities in a manner that removes institutional barriers that hamper individual members of a group from participating as equals in wider society. She also further infers that to be misrecognised leads to suffering on two ends—a distortion of one's relation to self as well as an injury to one's own identity (Fraser, *Rethinking Recognition*, 2000). If the status of refugees were to be analysed through this model, refugees face a double jeopardy. First, there is no legal definition of refugees in India, thereby not recognising them. Secondly, even within refugee groups, some groups are further misrecognised as illegal migrants or security threats. This double jeopardy certainly impacts Africans, Afghans, Rohingyas and Chin, who do not have any official recognition from government of India. The misrecognition further results in refugees not getting appropriate documents, which leads to precarious and informal access to entitlements such as health and education. The patchy access to entitlements further goes on to restrict access to opportunities such as livelihood. While further facing protection issues and harassment from the machinery, as seen in the case of Africans, the lack of entitlements, opportunities and discrimination thereby disable certain refugee groups from participating in mainstream society. The experiences of refugees in accessing education, healthcare, livelihood, housing and other basic services is governed predominantly by four factors. These factors include recognition by the state, markers



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of this recognition in the forms of documents, their identities and the role of non-state actors. Despite non-recognition of some groups and lack of state intervention, it is imperative to note that strong informal channels and non-state actors have played important roles in providing access and delivery. This could also possibly be linked to the global outrage and recognition of the plight of the Rohingya and Afghans in their home countries due to conflict and political instability, leading to strong support from international organisations driven by global solidarity and sympathy. The communities themselves have also demonstrated high resilience and negotiation abilities. Despite the lack of formal documents, they have managed to access services, build relationship with local communities and with the local governments in some instances as well. The local communities and state machinery have also created avenues for redistribution such as the local population in Mizoram with the Chin and the examples of government schools preparing mid-day meals in a manner that caters to refugee students as well despite not being registered on the portal. Redistribution here implies the judicious use of limited resources to harmoniously share between local populations and refugees. The community and informal networks refugees have established to access livelihoods shows their willingness to work and is contrary to the perception of being 'burdens' (Field et al, 2019). This discussion will assess each section of the survey findings through the theory of recognition and redistribution.

Access to housing and basic services varies across groups, based on their recognition by the Indian government and the facilities that have been created for them by the government. Refugee groups such as Tibetans, Sri Lankan Tamils, Chakma and Hajong refugees have received recognition and facilities from the central government. This has had a positive impact on how they access housing as well as services such as electricity, general use water and drinking water. Chin and other transnational community refugees from Myanmar have also gained acceptance from some state governments which enable them to live in camps in Mizoram. They too have had better access to housing, shelter aid, water, toilets and electricity. The two groups that reportedly live in camps, one being Sri Lankan Tamils and the other being Chin, have

had relatively better access to housing shelter aid, water, toilets and electricity. Despite showing high access, literature indicates that camp like settings are temporary, may even become restrictive and do not take into consideration the refugees' own choice of place of settlement (Chambers, 1982).

It is also important to take into consideration the possible duration of stay of refugees while envisioning their housing situation. According to Xavier Devictor and Do Quy-Toan, the average period of exile for refugees in protracted situations of conflict was found to be 20 years in 2015 (Devictor & Quy-Toan, 2017). This would indicate that perhaps camps may not be the best solution for refugees despite offering protection and access to services.

Global data indicates that more than 60% of the refugee population across the world live in urban centres (UNHCR, 2016). This makes it important to analyse the rural urban situations of refugees in India. Largely, groups living in rural areas have reported better acceptance and lesser instances of exploitation. Refugees from Pakistan are an exception. Chakma, Hajong and a majority of Sri Lankan Tamils reside in rural settlements and have had access to water, sanitation and hygiene as well as electricity. While these services are also available to African and Afghan refugees in urban areas, what comes with it is the exploitation and extremely high costs. Other Myanmar transnational communities as well as Chins have reported good access to housing due to their tribal links and their wide acceptance and assimilation into the host population. Refugees from Pakistan, due to historical roots, deep cultural ties, similarity of language and religion, ideally should have had similar experiences as those of the Chins. One possible reason for them experiencing a different reality is that many of them belong to the Bhil group or other lower caste hierarchies. Additionally, the Chins are perceived to be 'temporary guests' in Mizoram. Members of the village councils even extend their own spare rooms to Chin families because they are a highly mobile population who tend to cross the border between India and Myanmar quite frequently and aspire to return to Myanmar when the conflict ends. On the other hand, it is possible that refugees from Pakistan

are seen as competitors for resources by the local population and as simple vote banks for the local politicians.

Tibetan refugees who live in the permanent refugee colony of Majnu ka Teela also have better access to housing, electricity and water. Refugee groups such as Afghans, Africans, Tibetans live in urban, pucca dwellings and have access to toilets and receive electricity in their homes, but do face discrimination and altercations with landlords, high bills, reliance on private water tankers and threat of eviction. These groups also do not have any identity document issued by the Indian government. A very small number of Afghans have long term visas and often rely on UNHCR cards. It is the same for Africans. On the other hand Tibetans and Sri Lankan Tamils have Registration Certificates and Identity Certificates issued by the Indian government.

Refugee groups who have been given citizenship, such as Chakma and Hajong, have now been able to get their own houses in rural areas and rely on community sources for water and have access to electricity. Whereas refugees from Pakistan enter on valid visas and then procure long term visas in India, they are unable to access good housing due to their large numbers and their concentration in the rural areas of Jaisalmer where services are difficult to provide. This indicates that gaining initial recognition from the state is not the only manner to include refugees in wider social formations, but the swift and smooth processing of documents is also extremely important.

Similar trends can be observed between contemporary literature and studies on refugees' access to entitlements and the opportunities available to them and our study. The access to entitlements is determined by the recognition and markers of recognition. Opportunities are then governed by the nature of access to entitlements.

The right to education was enshrined in the Universal Declaration of Human Rights in 1948. Since then, it has also been mentioned and reiterated in numerous human rights treaties and conventions. Despite access to education being a universal right, for populations with an uncertain or irregular legal status, access is severely hampered. Across the

world, 35% of refugee children are out of primary school and 75% have not been able to access secondary education (UNHCR, 2019b). The level of tertiary education is abysmally low. Only 3% are enrolled for postsecondary and higher education (UNHCR, 2019b). Refugees residing in low-income countries have a lower enrolment rate in schools compared to middle- or high-income countries; only 11% of refugee adolescents are registered in school in low-income countries (UNESCO, 2019). A survey of migration policies across 28 countries by Klugman and Pereira found that 40% of developed countries and more than 50% of developing countries did not allow children with irregular status access to schooling (Klugman & Pereira, 2009).

Refugees can be a positive force for economic as well as human development if they are able to access quality education in host countries. Access to and enrolment in education varies across refugee groups, gender identities and age. While school education has been accessible to most refugee groups, continuity in education seems to vary across the different groups. In general, it is observed that Tibetan refugees have very high enrolment in age appropriate education across educational levels, from schools to colleges and universities. This may be attributed to the robust education system of the Central Tibetan Administration which was imported from Tibet and further strengthened by support offered by the Indian government. Higher educational institutes also accept the Registration Certificate that Tibetans have as a valid document for admission, as opposed to the UNHCR card or asylum seekers certificate. Where recognition and markers of recognition have been extended, refugees are able to participate in social formations. Thus, Tibetans are able to gain higher education as well as access livelihoods in the formal sector. Similarly, Tamil refugees from Sri Lanka have also reported high education enrolment rates though the rate of enrolment in higher education for Tamil refugees fall significantly short of their Tibetan counterparts.

Non-recognised refugees in India often fall out of the otherwise accessible public education system of India. The Rohingya for instance, have struggled in recent years to access formal education in India because of discrimination, exclusion from the

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Aadhaar identification system, and non-recognition of UNHCR cards. As a result, many Rohingya children receive patchy schooling, which compounds the learning gaps caused by violent displacement. Accessing higher education in India is also challenging for Rohingya and other refugee groups, as universities require national identification for registration and often charge international student fees. Consequently, fewer than a dozen Rohingyas currently attend university in India (Field, Dolma, & Johar, 2022). This is consistent with the survey findings which showed high enrolment for Rohingya children below the age of 14, and no enrolments in higher education. This indicates the lowered access to entitlements of misrecognised groups who are labelled 'illegal immigrants' as the Rohingyas have been, thereby depriving them of markers of recognition as well.

While Chakma and Hajong refugees reported almost 100% enrolment in education for children aged 6 to 18 years, there is a drastic decline in enrolment above school level. The discontinuity in education is more worrisome in case of other refugee groups like Afghan, Chin, refugees from Pakistan and Rohingya refugees, where we see a sharp decline in enrolment after the age of 14 years or the eighth standard of the Indian school system. This decline is more drastic for the Afghan refugees as well. Gender, lack of documents, and affordability also impacts the continuity in education, especially enrolment after the age of 14 years.

The public education system, including government run and government aided schools, and public colleges and universities, are the most relied upon option for education enrolment of refugees, affordability being one of the most important reasons for this. However, accessing such systems are not easy for all refugee groups. Those who have official documents provided by the government of India, need not depend on others to secure enrolment. However, those without any government documents, have to rely on community networks, civil society groups and NGOs for securing the access.

According to the 1951 Refugee Convention, refugees should have access to the same or similar healthcare as host populations. This study found that different refugee groups had varied experiences

with the healthcare system. In some locations the refugee identity served them positively, whereas, at times their differences set them apart and opened avenues of exploitation. It was encouraging to observe that most refugees are able to access government healthcare facilities regardless of their race, ethnicity, religious and country of origin. Other than Chins and refugees from Pakistan, who inhabit states with large expanses of difficult terrain, most groups reported that they have access to government facilities.

Public healthcare facilities are accessible to and used by refugees and most refugee groups other than Chins and refugees from Pakistan said that they avail of public healthcare facilities. Similar trends were observed in accessing free medicines. A majority of Afghans, Africans, Rohingya and Sri Lankan Tamils have been able to access free medicines compared to Hajong, Tibetan and other transnational community refugees from Myanmar. On the contrary, Chins and refugees from Pakistan have not had access to free medicines and also rely on private clinics. This was found to be the case for two reasons. One is the challenge long distances in Rajasthan and Mizoram. Another possible factor is the need for Aadhaar card at some government run health centres in Jaisalmer, which most of the refugees from Pakistan do not possess.

An additional positive outcome of the survey, which is indicative of the living conditions of the refugees, is the low incidence of vector borne diseases amongst refugees. The exception is refugees from Pakistan who practice open defecation due to their poor housing conditions. Vector borne diseases were found to be common only among refugees from Pakistan, which could be linked to their poor living conditions.

The groups that reported discrimination in healthcare facilities were Afghans, Africans and refugees from Pakistan. For the former two groups the reason could be due to visible racial and religious differences. Another common trend is that neither group possesses documents issued by the Indian government and instead rely on UNHCR cards and asylum certificates. It is possible that showing these cards could reveal their identity and lead to discrimination.

When COVID-19 and vaccination related data is taken into consideration, it is to be noted that refugees reported high levels of access to free vaccinations. Groups such as Rohingya and Afghans relied significantly on camps organised by civil society organisations. This trend was also brought out in housing and access to education, which indicates the prominent role played by civil society organisations in facilitating access to services.

The recognition of refugee groups vis-à-vis the documents given to them determines their access to the formal economy. The labels refugees are given such as 'illegal immigrants' and 'burdens' denies their willingness and ability to participate in the workforce. The commonly employed narratives depicting refugees as a burden often fail to acknowledge that refugees have a preference for employment over receiving assistance, and they often make positive contributions to the national economy. This holds true both when they are granted the right to work within the formal economy and even when they lack such opportunities. In fact, achieving a sense of self-reliance continues to be a long-standing goal for refugee communities in India (Field, Dolma, & Johar, 2022).

This recognition of refugees' desire to work and the encouragement of this practice is also in line with the Global Compact on Refugees that bolsters self-reliance. During the course of our study, we observed that access to employment opportunities varied according to the refugee groups. Access, experience, levels of exploitation, wages are all a consequence of which refugee group a person belongs, which documents they possess and how they have been received and recognised in India.

From the survey we see that there are significant differences in employment status based on gender, age and refugee group. We see that across all refugee groups there is a persistent difference in individual employment status based on their gender identity, with women showing significantly lower rate of employment. Apart from gender, age also plays an important role in determining the employment status among all refugee groups. Among individuals aged between 18 and 60 years, a high proportion of women across the board are not engaged in employment, education or training.

Among those who were not employed, the most common response, other than age related factors was lack of suitable options for male refugees and involvement in unpaid household work for female refugees.

We see that across groups, refugees in the age group of 25 to 60 years report higher rate of employment as compared to those younger or older. Employment status also depends on accessibility to job opportunities, which is determined by the identity and document associated with each refugee group. Access to livelihood is easier for groups like Chakma or Hajong who have citizenship like status, or for Tamil or Tibetans who have official recognition as refugees. Due to the dominance of the unorganised sector in the Indian economy it is easier for refugee groups who can assimilate themselves with the host community, like the refugees from Pakistan, to access suitable informal sector livelihood options.

Barring the Tibetans and some of the Tamil refugees, the unorganised sector seems to be the accessible source of livelihood for all the refugee groups, with an overwhelming majority working as casual labour in agriculture, construction, shops and establishments and in the urban informal sector in general. This is also reflected in the location of workplace, with many reporting construction sites, employer's enterprise or shops and no fixed worksites. While those engaged in regular jobs or in casual work in others' shops and establishments, earn monthly wages, others mostly rely on daily wages. With the refugees mostly working as casual labour in the informal sector, the overwhelming majority, apart from Tamils and Tibetans, do not receive any workplace entitlements like weekly offs, employer provided medical insurance and provident fund contributions. This indicates that while formal recognition has not been given, the large informal economy of India, has acted as an absorbent for refugees.

As established throughout the study, there is an intricate link between identity, documents and status of refugees. Studies on refugees in India provide evidence of they lack basic rights to education, work, and healthcare services (Sanderson, 2015). They do not have any official

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legal status to define their rights and duties, thereby not having any documents. Given the lack of any special treatment, refugees are neither pushed back nor denied access (Samaddar, 2003).

Hannah Arendt attributes the denial of access to services and denial of rights to the lack of political membership (Arendt, 1973). Without citizenship, the displaced have no state to hold accountable for upholding their rights. She argues that while international human rights exist, the obligation to fulfil human rights remains bound to state jurisdiction. States are bound to respect human rights only when subjects come under their sovereignty. This leaves a gap between obligations owed to those under the authority of the state and those not yet subject to that authority. In India, refugees not being recognised as refugees, nor possessing documents such as Aadhaar cards, PAN cards, bank accounts, school certificates renders them people not yet subject to state jurisdiction.

This was evident in the experiences of exploitation shared by refugees from Somalia, Afghanistan, Democratic Republic of Congo, Pakistan and the Rohingya. Conversely, Tibetan and Sri Lankan Tamil refugees enjoy higher ease of access to better opportunities in terms of education and livelihood in the formal sector by. Groups without documents mostly rely on the informal sector whereas Tibetan refugees work in NGOs, with the CTA government, in banks and the IT sector as well.

To grant all refugee groups equal access to mainstream society through education, healthcare and livelihood opportunities as well as protection, an urgent reimagining of recognition is required. This entails reimagining the pursuit of recognition in a manner that aligns with efforts for redistribution, rather than overshadowing or weakening them. Moreover, it requires constructing a framework of recognition that embraces the intricate nature of social identities, rather than fostering division. The resilience and agency of refugees and their efforts at creating normalcy for themselves should not go unrecognised either. A primary step to recognition and achieving the status model would be to grant all refugee groups equal recognition through a national refugee law which would further lay down clear channels of access to basic necessities,

entitlements, protections and lastly citizenship if they so choose.

## Conclusions

This study has established through both data as well as the subjective experiences of refugees that recognition by the government, the documents associated with that recognition, non-state actors and their community networks play an integral role in fostering refugees' access to entitlements such as education, healthcare and other opportunities. The lack of access disallows certain refugees from freely participating in wider society. There is an urgent need to reconsider the dynamics of recognition in a manner that contributes to resolving or reducing the challenges associated with displacement and refuge. One important and primary step to doing this is bringing about a refugee law that would prevent differential treatment of refugee groups.

Any strategy or response regarding refugees should prioritise the fundamental principle of non-refoulement, as established by the 1951 Refugee Convention. The humanitarian values of humanity, neutrality, impartiality, and independence should serve as the basis for any refugee response. The ultimate objective of any efforts to address refugee issues should be to prevent the forced displacement of individuals and communities from their homes.

When implementing interventions for refugees, it is important to consider the local context and utilise domestic laws, policies, and procedures. India does have strongly designed social security measures and robust public education and healthcare which can be extended to refugees. Interventions for refugees should align with the core universal principles of human rights law, international humanitarian law, international customary law, and refugee law. Domestic laws and policies should guarantee and reinforce rights such as freedom of movement, access to education, recognition before the law, access to public services, and the right to healthcare.

Government, civil society and academic efforts should focus on promoting and expanding rights, educational avenues, healthcare facilities, improving living and working conditions, and safeguarding



the safety and dignity of refugees. The aim should be to raise awareness about these rights, address barriers, and foster a better understanding of refugee rights among all stakeholders. It is crucial to adopt a participatory approach that includes the voices of both refugees and local populations to ensure inclusivity and bridge the gap between host communities and refugees.

The government has made tremendous efforts for Sri Lankan Tamils and Tibetan refugees. While other groups have been accepted and have formed their own strong community networks and have created structures of accessing necessary facilities, the government's step to recognise them and grant them certain basic rights and facilities is integral for their flourishing. Relevant stakeholders should engage in outreach, identification, assessment, and the provision of suitable assistance to marginalised individuals within the refugee population. Local authorities must also maintain a vigilant and monitoring role to ensure that assistance is delivered without bias or discrimination. Strengthening information collection and improving coordination among relevant institutions involved in service delivery in urban areas is vital. Urban refugee programmes should prioritise transparency, effectiveness, and accountability, relying on external

reviews, audits and evaluations. Municipalities should discover and promote their capacity and potential by identifying and providing appropriate support to refugees.

Humanitarian aid policies should shift away from predominantly supporting refugees in camp settings and focus on integrating them within urban host communities. While significant progress has been made by international agencies, such as UNHCR, in recognising the needs of refugees, aid distribution remains the primary support mechanism. It is time to move beyond aid and for international agencies to support local governments, who are on the frontlines of the refugee crisis and play a crucial role in their integration. Providing financial support for municipal services that benefit both the refugee population and host communities would garner more support for refugee integration and enable better access to education, healthcare and livelihood.

The receiving mechanisms which were devised for Tibetan and Sri Lankan Tamil refugees have truly been beneficial to the community and have accelerated their integration and growth. Similar receiving mechanisms can be emulated based on the specific needs of different refugee groups.





# Policy Recommendations

On the basis of the data collected, the analysis of various government circulars, laws, policies, interviews with various stakeholders and ActionAid Association's own experiences in these locations, the following recommendations could be considered at appropriate levels.

## Create a Central Agency for Refugees

We should create a Central Agency for Refugees. Such a central monitoring and co-ordinating agency can play an integral role in advising other key ministries and bodies in taking positive measures to improve the access refugee groups have to entitlements. Such a refugee agency could:

- » Take the lead in drafting a model refugee law or domestic asylum law as was done in the 1990s. This law should include reception, rehabilitation and voluntary repatriation. This study highlights instances of discrimination, inaccessibility and challenges faced by refugees in the absence of uniform, official documentation. A law and its consistent application will prevent these challenges.
- » Should actively take cognisance of refugee related matters and work on grievance redressal, possibly by including them on a portal. Furthermore, a refugee board or any other such institutional mechanism can be formed. This board could facilitate a deeper and case by case understanding of the issues faced by different refugee groups.
- » Set up refugee forum where refugees from different groups are able to meet and voice their concerns. The forum can also act as an effective mechanism to disseminate important information amongst refugees related to document procedures etc. This would circumvent the spread of misinformation, and the exploitation of refugees as is the case with

refugees from Pakistan who often have to part with large sums of money to touts who promise to fast track the acquisition of citizenship documents.

- » Establish a working group for refugee related grievances. This group may include dedicated representatives of relevant government bodies, representatives from civil society organisations, refugee spokespersons, academicians as well as members of local administrations from districts where refugees are settled.
- » Ensure the inclusion of refugees in official advisories relating to human rights, access to services, government schools, government healthcare, benefits for informal workers. As the study brings out, a significant percentage of refugees rely on the informal sector as a source of livelihood. This was done previously during COVID-19 where the NHRC included refugees in the advisory dated 5th October 2020 calling for special attention to be given to informal workers, migrants and refugees (NHRC, 2020). This will enable better access to entitlements as the study has found discrepancies in access to schooling, healthcare and even housing across refugee groups.

### Central Refugee Agency to Guide Nodal Ministries

The central refugee agency could:

- » Draft standard operating procedures and briefs on specific refugee groups in coordination with the appropriate ministries to ensure that all agencies interacting with refugees, such as the Foreigners Regional Registration Office, may be updated with latest developments in laws impacting refugees. This has been done for Tibetan refugees by the Ministry of Home Affairs in the Tibetan Rehabilitation Policy, 2014. This will reduce the chances of refugees getting into trouble with the law.

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- » Strongly advocate for a national refugee law to ensure that all refugee groups are dealt with in a uniform manner.
  - » Recommend ways to process and expedite exit permits and the issuing of long term visas as well as citizenship for the appropriate groups.
  - » Work with the concerned ministries and departments to set up information desks, helplines and other sources of information dissemination in states to ensure smooth procurement of documents by refugees. This will protect refugees from unnecessary detentions or evictions.
  - » Work towards securing travel permits to refugees who have long term visas. This will ease the challenges faced by Tibetan and Afghan refugees who, the study found, are fairly mobile.
  - » Help facilitate the institutionalisation of collaboration between civil society organisations and district administrations or state governments to work with refugee communities for information dissemination, relief work, education and skilling.
  - » Advocate for the issue of temporary and renewable ID cards to refugee groups such as Rohingya, Afghan and African refugees so they are able to access entitlements. The precedent of issuing temporary identity cards to Chin refugees in Mizoram can be invoked for other groups too.. This practice offers temporary relief to refugees. The study found that the cards issued by UNHCR are not universally accepted, thereby interrupting the flow of services to these groups.
  - » Work with the concerned ministries to facilitate the setting up of an intermediary mechanism in Rajasthan for the collection of refugee passports from the Pakistan High Commission so that refugees from Pakistan do not spend so much money in going and submitting or collecting their documents.
  - » Work towards securing medical insurance for refugees while they are in India. An equivalent of the AYUSHMAN card may be considered to ensure inclusion of refugees in health-related schemes, where financial incentives are given.
- This will improve health seeking behaviour and lead to a longer lasting impact on the refugee population.
- » Find ways to include UNHCR card numbers in place of Aadhaar card numbers in the UDISE portal so that refugee children may also be included in school records and be eligible for school certificates, mid-day meal and the cash incentives offered under various education related schemes.
  - » Design and institute an educational qualification test so that the education qualifications from countries of origin of refugees could be recognised. This will enable them to continue higher education.
  - » Advocate for issuing temporary, renewable work permits so refugees are able to secure opportunities commensurate with their skills. A majority of the refugee groups have to rely on the informal sector for livelihood despite possessing skills to join the formal sector. Developing a qualifications passport or qualification matrix will help skilled refugees secure opportunities compatible with their skills. This will be extremely useful for certain groups, such as the Afghan community, many of whom are doctors, engineers, social workers etc.
  - » Help foster the formation of cooperatives by refugees in order to make them self-sustainable and also give them agency. This will mitigate the issues faced by refugees in the informal sector regarding job security and also protect them from exploitation and abuse.
  - » Work with the concerned public bodies for regulating affordable housing. While camps ensure rapid access to services due to state intervention, they are also restrictive in nature. A swift, smooth and affordable transition should be made from camp like situations to safe and affordable housing of the refugees' choice.
  - » Facilitate bridge educational courses and classes as well as local language and English training.
  - » Advocate for interim remedies to the problems arising from the requirement of long-term visa for admission into higher education institutes. For instance, Afghan refugees are entitled to an

LTV, but it is a time-consuming process. While the documentation is in process, access to education should not be hindered.

- » Work towards intergovernmental coordination and training on recognition of refugee documents across government schools, colleges and medical health centres. Until some uniform identity document is issued, this measure would enable the use of UNHCR refugee cards and asylum seeker certificates to access higher education. The study shows negligible rates of higher education in groups such as the Rohingya and Afghans who rely on UNHCR cards for accessing services.

### **Central Refugee Agency to Guide State Governments**

The central refugee agency could:

- » Advise state governments to include refugee populations in respective social security schemes on the basis of the documents they currently possess, as was done by the Indian government in the case of Tibetans.
- » Work with state governments to regularly update and train their officers at different levels on the various documents and conditions of refugee communities. This will enable refugees to gain unhindered access to entitlements.
- » Work with One Stop Crisis Centres, police and other stakeholders dealing with protection of women to sensitise them about refugee needs and the specific issues faced by women refugees. This will enable refugee women to access redressal or protection measures when confronted with sexual or domestic violence.

- » Advocate with state governments to offer cheques to refugee children under schemes such as the Mukhya Mantri Nishulk Uniform Vitran Yojana (Rajasthan) that otherwise require direct bank transfers to students.
- » Work with government of Rajasthan to undertake assessment of areas of refugee settlement to measure the incidence of and tackle vector borne diseases. Targeted prevention and awareness should then take place as has been done in the Anti-Dengue Campaign by the Delhi government.

### **Central Refugee Agency to Guide District Administrations**

The central refugee agency could:

- » Work with district administrations to hold regular health camps or set up mobile vans near informal settlements of refugees, especially those based in remote locations. The study highlights instances of inaccessibility due to refugees having to find housing in far flung locations, often very distant from city centres, as is the case with refugees from Pakistan in Jaisalmer.
- » Work with the Jaisalmer and Jodhpur district administrations to hold citizenship camps for refugees from Pakistan settled in informal settlements there.
- » Work with the district administrations of Jaisalmer and Jodhpur to improve the water and sanitation facilities in the two districts in order to lessen the incidence of vector borne diseases as refugees from Pakistan reported the highest incidence of vector-borne diseases.



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# ANNEXURES

## Annexure I: Education Tables

**Table AI.1: Education Enrolment of Respondents Based on Refugee Group and Age**

Refugee Group	Age Group	ECCE	School	College/ University	Vocational Institute	Not Enrolled	Count
Afghan/Muslim	Less than 5 yrs.	0.0%	30.7%	0.0%	0.0%	69.3%	75
Afghan/Muslim	6-14 yrs.	0.0%	77.9%	0.0%	0.0%	22.1%	235
Afghan/Muslim	15-18 yrs.	0.0%	60.0%	1.1%	0.0%	38.9%	90
Afghan/Muslim	19-25 yrs.	0.0%	11.1%	5.6%	0.0%	83.3%	126
Afghan/Muslim	More than 25 yrs.	0.0%	0.3%	0.5%	0.0%	99.2%	388
African/Congolese & Somali	Less than 5 yrs.	0.0%	5.7%	0.0%	0.0%	94.3%	35
African/Congolese & Somali	6-14 yrs.	0.0%	50.0%	0.0%	0.0%	50.0%	8
African/Congolese & Somali	15-18 yrs.	0.0%	33.3%	0.0%	0.0%	66.7%	3
African/Congolese & Somali	19-25 yrs.	0.0%	26.7%	13.3%	0.0%	60.0%	15
African/Congolese & Somali	More than 25 yrs.	0.0%	0.0%	5.7%	0.8%	93.4%	122
Bangladesh/Chakma	Less than 5 yrs.	0.0%	69.0%	0.0%	0.0%	31.0%	29
Bangladesh/Chakma	6-14 yrs.	0.0%	100.0%	0.0%	0.0%	0.0%	75
Bangladesh/Chakma	15-18 yrs.	0.0%	100.0%	0.0%	0.0%	0.0%	39
Bangladesh/Chakma	19-25 yrs.	0.0%	0.0%	5.9%	0.0%	94.1%	34
Bangladesh/Chakma	More than 25 yrs.	0.0%	0.0%	0.0%	0.0%	100.0%	365
Myanmar/Chin	Less than 5 yrs.	0.0%	33.3%	0.0%	0.0%	66.7%	27
Myanmar/Chin	6-14 yrs.	0.0%	88.9%	0.0%	0.0%	11.1%	54
Myanmar/Chin	15-18 yrs.	0.0%	41.7%	0.0%	0.0%	58.3%	24
Myanmar/Chin	19-25 yrs.	0.0%	0.0%	1.9%	0.0%	98.1%	52
Myanmar/Chin	More than 25 yrs.	0.0%	0.0%	0.0%	0.6%	99.4%	170
Bangladesh/Hajong	Less than 5 yrs.	0.0%	22.2%	0.0%	0.0%	77.8%	9
Bangladesh/Hajong	6-14 yrs.	0.0%	97.7%	0.0%	0.0%	2.3%	87
Bangladesh/Hajong	15-18 yrs.	0.0%	91.7%	8.3%	0.0%	0.0%	36
Bangladesh/Hajong	19-25 yrs.	0.0%	0.0%	11.8%	0.0%	88.2%	68
Bangladesh/Hajong	More than 25 yrs.	0.0%	0.0%	2.7%	0.0%	97.3%	371
Myanmar/Other Transnational Communities	Less than 5 yrs.	0.0%	18.2%	0.0%	0.0%	81.8%	22
Myanmar/Other Transnational Communities	6-14 yrs.	0.0%	54.9%	0.0%	0.0%	45.1%	51
Myanmar/Other Transnational Communities	15-18 yrs.	0.0%	20.7%	0.0%	0.0%	79.3%	29
Myanmar/Other Transnational Communities	19-25 yrs.	0.0%	8.3%	0.0%	0.0%	91.7%	60

**Table AI.1: Education Enrolment of Respondents Based on Refugee Group and Age (contd.)**

Refugee Group	Age Group	ECCE	School	College/ University	Vocational Institute	Not Enrolled	Count
Myanmar/Other Transnational Communities	More than 25 yrs.	0.0%	0.5%	0.0%	0.0%	99.5%	213
Pakistan/Hindus	Less than 5 yrs.	4.0%	14.4%	0.0%	0.0%	81.7%	278
Pakistan/Hindus	6-14 yrs.	0.2%	83.5%	0.0%	0.0%	16.2%	431
Pakistan/Hindus	15-18 yrs.	0.0%	47.6%	0.9%	0.0%	51.5%	227
Pakistan/Hindus	19-25 yrs.	0.0%	4.8%	3.7%	0.4%	91.1%	271
Pakistan/Hindus	More than 25 yrs.	0.0%	0.0%	0.0%	0.2%	99.8%	607
Myanmar/Rohingya	Less than 5 yrs.	0.0%	15.4%	0.0%	0.0%	84.6%	208
Myanmar/Rohingya	6-14 yrs.	0.0%	77.1%	0.0%	0.0%	22.9%	166
Myanmar/Rohingya	15-18 yrs.	0.0%	17.0%	0.0%	0.0%	83.0%	53
Myanmar/Rohingya	19-25 yrs.	0.0%	0.8%	0.0%	0.0%	99.2%	128
Myanmar/Rohingya	More than 25 yrs.	0.0%	0.0%	0.0%	0.0%	100.0%	354
Sri Lanka/Tamil	Less than 5 yrs.	0.0%	34.8%	0.0%	0.0%	65.2%	23
Sri Lanka/Tamil	6-14 yrs.	0.0%	91.1%	0.0%	0.0%	8.9%	112
Sri Lanka/Tamil	15-18 yrs.	0.0%	55.1%	20.4%	2.0%	22.4%	49
Sri Lanka/Tamil	19-25 yrs.	0.0%	11.4%	28.1%	6.1%	54.4%	114
Sri Lanka/Tamil	More than 25 yrs.	0.0%	0.0%	3.7%	1.8%	94.5%	563
Tibet/Buddhist	Less than 5 yrs.	11.5%	15.4%	0.0%	0.0%	73.1%	26
Tibet/Buddhist	6-14 yrs.	0.0%	97.7%	0.0%	0.0%	2.3%	43
Tibet/Buddhist	15-18 yrs.	0.0%	88.2%	5.9%	0.0%	5.9%	51
Tibet/Buddhist	19-25 yrs.	0.0%	11.9%	66.2%	4.1%	17.8%	219
Tibet/Buddhist	More than 25 yrs.	0.0%	5.3%	11.0%	0.9%	82.9%	703

**Annexure II: Health Tables**  
**Table AII.1: Vector Borne Diseases Amongst Refugees**

Refugee Group	Age Group 1	Typhoid	Cholera	Dysentery	Hepatitis	Jaundice	Chikungunya/ Malaria/ Dengue	Other Vector Borne Diseases
Afghan/Muslim		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Afghan/Muslim	18-35 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.73%
Afghan/Muslim	36-60 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.00%
Afghan/Muslim	6-18 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Afghan/Muslim	More than 60 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.56%
Afghan/Muslim	Up to 5 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
African/Congolese & Somali		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	52.70%
African/Congolese & Somali	18-35 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	65.79%
African/Congolese & Somali	36-60 yrs.	4.48%	0.00%	0.00%	0.00%	0.00%	1.49%	73.13%
African/Congolese & Somali	6-18 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	72.73%
African/Congolese & Somali	Up to 5 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	91.43%
Bangladesh/Chakma	18-35 yrs.	3.19%	1.06%	1.06%	0.53%	1.06%	0.53%	0.00%
Bangladesh/Chakma	36-60 yrs.	4.48%	0.00%	0.50%	0.50%	1.49%	0.00%	0.00%
Bangladesh/Chakma	6-18 yrs.	0.00%	0.00%	0.88%	0.00%	0.88%	0.00%	0.00%
Bangladesh/Chakma	More than 60 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Bangladesh/Chakma	Up to 5 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Myanmar/Chin		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Myanmar/Chin	18-35 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.86%	27.59%
Myanmar/Chin	36-60 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.62%
Myanmar/Chin	6-18 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.85%
Myanmar/Chin	More than 60 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.64%
Myanmar/Chin	Up to 5 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.41%
Bangladesh/Hajong		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Bangladesh/Hajong	18-35 yrs.	6.74%	0.00%	5.06%	0.56%	3.37%	0.00%	0.00%
Bangladesh/Hajong	36-60 yrs.	12.76%	0.41%	2.47%	0.82%	4.53%	0.41%	0.41%
Bangladesh/Hajong	6-18 yrs.	2.40%	0.00%	0.80%	0.00%	2.40%	0.00%	0.00%
Bangladesh/Hajong	More than 60 yrs.	38.89%	0.00%	11.11%	0.00%	11.11%	5.56%	0.00%
Bangladesh/Hajong	Up to 5 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Myanmar/Other Transnational Communities		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Myanmar/Other Transnational Communities	18-35 yrs.	0.00%	0.00%	0.85%	0.00%	0.00%	0.85%	0.85%



**Table AII.1: Vector Borne Diseases Amongst Refugees (contd.)**

Refugee Group	Age Group 1	Typhoid	Cholera	Dysentery	Hepatitis	Jaundice	Chikungunya/ Malaria/ Dengue	Other Vector Borne Diseases
Myanmar/Other Transnational Communities	36-60 yrs.	1.57%	0.00%	0.00%	2.36%	0.00%	2.36%	3.15%
Myanmar/Other Transnational Communities	6-18 yrs.	0.00%	0.00%	2.50%	0.00%	0.00%	1.25%	0.00%
Myanmar/Other Transnational Communities	More than 60 yrs.	0.00%	0.00%	0.00%	3.45%	0.00%	0.00%	6.90%
Myanmar/Other Transnational Communities	Up to 5 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Pakistan/Hindus		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Pakistan/Hindus	18-35 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	21.88%	6.25%
Pakistan/Hindus	36-60 yrs.	0.33%	0.00%	0.00%	0.33%	0.66%	22.95%	12.46%
Pakistan/Hindus	6-18 yrs.	0.00%	0.00%	0.00%	0.00%	0.15%	5.02%	3.19%
Pakistan/Hindus	More than 60 yrs.	3.28%	0.00%	1.64%	0.00%	1.64%	29.51%	16.39%
Pakistan/Hindus	Up to 5 years	0.00%	0.00%	0.00%	0.00%	0.36%	0.72%	2.15%
Myanmar/Rohingya		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Myanmar/Rohingya	18-35 yrs.	1.51%	0.00%	0.00%	0.00%	1.26%	0.25%	12.85%
Myanmar/Rohingya	36-60 yrs.	2.90%	1.45%	0.72%	2.17%	0.00%	0.72%	12.32%
Myanmar/Rohingya	6-18 yrs.	0.45%	0.45%	0.45%	0.45%	0.00%	0.00%	9.87%
Myanmar/Rohingya	More than 60 yrs.	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.00%
Myanmar/Rohingya	Up to 5 years	1.61%	0.00%	0.00%	0.00%	0.00%	0.40%	8.43%
Sri Lanka/Tamil		4.17%	4.17%	4.17%	0.00%	0.00%	0.00%	16.67%
Sri Lanka/Tamil	18-35 yrs.	7.94%	1.98%	5.16%	0.79%	0.79%	1.19%	26.98%
Sri Lanka/Tamil	36-60 yrs.	7.45%	2.01%	2.58%	0.29%	1.15%	1.43%	32.66%
Sri Lanka/Tamil	6-18 yrs.	6.63%	0.60%	4.82%	1.20%	0.60%	0.00%	29.52%
Sri Lanka/Tamil	More than 60 yrs.	3.17%	0.79%	2.38%	0.79%	0.79%	2.38%	36.51%
Sri Lanka/Tamil	Up to 5 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	27.59%
Tibet/Buddhist		0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	0.00%
Tibet/Buddhist	18-35 yrs.	5.53%	2.34%	2.77%	0.64%	5.11%	5.96%	1.70%
Tibet/Buddhist	36-60 yrs.	1.68%	1.20%	0.48%	0.48%	1.68%	2.64%	4.81%
Tibet/Buddhist	6-18 yrs.	0.00%	0.00%	1.06%	0.00%	0.00%	1.06%	2.13%
Tibet/Buddhist	More than 60 yrs.	0.00%	0.00%	0.00%	0.00%	0.00%	2.78%	0.00%
Tibet/Buddhist	Up to 5 years	0.00%	0.00%	7.41%	0.00%	7.41%	0.00%	0.00%
<b>Grand Total</b>		<b>2.37%</b>	<b>0.47%</b>	<b>1.01%</b>	<b>0.33%</b>	<b>1.00%</b>	<b>3.81%</b>	<b>10.02%</b>

**Chronic Diseases Among Refugees**  
**Table AII.2: Chronic Diseases Among Refugees**

Refugee Group	Age Group 1	Cardiovascular disease	Diabetes	Gastrointestinal illness	Hypertension	Others	None	Count
Afghan/Muslim	Up to 5 yrs	0%	0%	0%	0%	5%	95%	100
Afghan/Muslim	6-18 yrs	0%	0%	0%	0%	9%	91%	328
Afghan/Muslim	18-35 yrs	0%	0%	1%	2%	28%	69%	275
Afghan/Muslim	36-60 yrs	3%	1%	3%	3%	44%	45%	201
Afghan/Muslim	> 60 yrs	0%	0%	0%	8%	72%	21%	39
African/Congolese & Somali	Up to 5 yrs	0%	0%	0%	0%	0%	100%	35
African/Congolese & Somali	6-18 yrs	0%	0%	0%	0%	73%	27%	11
African/Congolese & Somali	18-35 yrs	3%	0%	3%	1%	57%	37%	76
African/Congolese & Somali	36-60 yrs	0%	1%	6%	22%	52%	18%	67
Bangladesh/Chakma	Up to 5 yrs	0%	0%	0%	0%	0%	100%	30
Bangladesh/Chakma	6-18 yrs	0%	0%	0%	0%	0%	100%	114
Bangladesh/Chakma	18-35 yrs	0%	0%	9%	1%	0%	90%	188
Bangladesh/Chakma	36-60 yrs	0%	0%	15%	8%	0%	77%	201
Bangladesh/Chakma	> 60 yrs	10%	10%	30%	40%	0%	10%	10
Myanmar/Chin	Up to 5 yrs	0%	0%	0%	0%	4%	96%	27
Myanmar/Chin	6-18 yrs	1%	0%	0%	0%	5%	94%	78
Myanmar/Chin	18-35 yrs	0%	0%	1%	0%	28%	72%	116
Myanmar/Chin	36-60 yrs	1%	0%	0%	1%	23%	75%	84
Myanmar/Chin	> 60 yrs	9%	0%	0%	0%	5%	86%	22
Bangladesh/Hajong	Up to 5 yrs	0%	0%	0%	0%	0%	100%	12
Bangladesh/Hajong	6-18 yrs	0%	0%	0%	0%	0%	100%	125
Bangladesh/Hajong	18-35 yrs	0%	0%	9%	1%	0%	90%	178
Bangladesh/Hajong	36-60 yrs	2%	1%	20%	9%	0%	68%	243
Bangladesh/Hajong	> 60 yrs	0%	11%	11%	11%	0%	67%	18
Myanmar/Other Transnational Communities	Up to 5 yrs	0%	0%	0%	0%	0%	100%	23
Myanmar/Other Transnational Communities	6-18 yrs	0%	0%	1%	0%	4%	95%	80
Myanmar/Other Transnational Communities	18-35 yrs	3%	2%	0%	1%	3%	92%	118
Myanmar/Other Transnational Communities	36-60 yrs	2%	2%	1%	10%	10%	75%	127
Myanmar/Other Transnational Communities	> 60 yrs	14%	17%	0%	10%	14%	45%	29
Pakistan/Hindus	Up to 5 yrs	0%	0%	0%	0%	1%	99%	279
Pakistan/Hindus	6-18 yrs	0%	0%	0%	0%	1%	99%	658
Pakistan/Hindus	18-35 yrs	0%	0%	1%	1%	3%	95%	512
Pakistan/Hindus	36-60 yrs	0%	2%	4%	9%	4%	81%	305
Pakistan/Hindus	> 60 yrs	0%	3%	5%	54%	5%	33%	61
Myanmar/Rohingya	Up to 5 yrs	0%	0%	0%	0%	9%	91%	249

Table AII.2: Chronic Diseases Among Refugees (contd.)

Refugee Group	Age Group 1	Cardiovascular disease	Diabetes	Gastrointestinal illness	Hypertension	Others	None	Count
Myanmar/Rohingya	6-18 yrs	0%	0%	0%	0%	11%	88%	223
Myanmar/Rohingya	18-35 yrs	1%	1%	1%	1%	13%	84%	397
Myanmar/Rohingya	36-60 yrs	2%	11%	1%	1%	9%	75%	138
Myanmar/Rohingya	> 60 yrs	4%	16%	4%	0%	20%	56%	25
Sri Lanka/Tamil	Up to 5 yrs	0%	0%	0%	0%	28%	72%	29
Sri Lanka/Tamil	6-18 yrs	0%	1%	0%	0%	39%	60%	166
Sri Lanka/Tamil	18-35 yrs	0%	0%	0%	2%	34%	63%	252
Sri Lanka/Tamil	36-60 yrs	1%	5%	1%	6%	37%	51%	349
Sri Lanka/Tamil	> 60 yrs	2%	10%	1%	6%	37%	44%	126
Tibet/Buddhist	Up to 5 yrs	0%	0%	0%	0%	0%	100%	27
Tibet/Buddhist	6-18 yrs	0%	0%	1%	0%	1%	98%	94
Tibet/Buddhist	18-35 yrs	0%	3%	2%	1%	4%	89%	470
Tibet/Buddhist	36-60 yrs	2%	13%	3%	10%	13%	59%	416
Tibet/Buddhist	> 60 yrs	8%	11%	6%	0%	6%	69%	36

Annexure III: Livelihood Tables  
Table AIII.1: Livelihood Status of Refugees

Refugee Group	18-25 years			26-35 years			36-60 years			More than 60 years			Overall			
	Male	Female	Overall	Male	Female	Over-all	Male	Female	Over-all	Male	Fe-male	Over-all	Male	Fe-male	Over-all	Count
Afghan/Muslim	37%	14%	26%	47%	14%	26%	38%	19%	28%	4%	0%	3%	37%	15%	25%	540
African/Congolese & Somali	0%	0%	0%	0%	3%	2%	9%	9%	9%	N/A	N/A	N/A	5%	5%	5%	144
Bangladesh/Chakma	67%	0%	29%	100%	3%	51%	90%	12%	58%	0%	0%	0%	89%	6%	51%	406
Myanmar/Chin	17%	6%	12%	7%	3%	5%	18%	7%	12%	0%	0%	0%	13%	5%	9%	230
Bangladesh/Hajong	81%	14%	48%	94%	18%	55%	65%	22%	44%	33%	50%	39%	73%	20%	47%	444
Myanmar/Other Trans-national Communities	11%	0%	6%	6%	4%	5%	8%	7%	7%	0%	0%	0%	8%	4%	6%	285
Pakistan/Hindus	79%	18%	51%	98%	29%	64%	93%	27%	62%	29%	7%	18%	85%	23%	56%	944
Myanmar/Rohingya	61%	3%	23%	55%	5%	27%	28%	3%	14%	0%	0%	0%	47%	3%	22%	568
Sri Lanka/Tamil	63%	27%	45%	85%	31%	55%	86%	41%	61%	33%	16%	22%	74%	32%	51%	739
Tibet/Buddhist	14%	11%	13%	65%	44%	56%	78%	31%	54%	27%	5%	14%	57%	28%	43%	942

**Annexure IV: : Survey Questionnaire****Draft Questionnaire****REFUGEES' ACCESS TO EDUCATION, HEALTHCARE AND LIVELIHOOD****Consent and Ethical Consideration**

Disclaimer: All of the information that you provide will be treated as confidential and will only be used for research purposes. Your comments will not be identified as belonging to you. Instead, they will be combined with those gathered from other survey participants and will be analysed as part of a group. We do not use any of the information you provide for other than the stated objectives of this study.

We invite you to participate in a research study titled, "Refugees' Access to Education, Healthcare and Livelihood". This study is being carried out by ActionAid Association (India) with the support of the National Commission for Human Rights. It is being done to assess the access to education avenues, healthcare facilities and livelihood available to different refugee groups in the absence of a refugee law. Your participation in this research project is completely voluntary. There are no known or anticipated risks to participation beyond those encountered in everyday life. Your responses will remain confidential and anonymous. Data from this research will be reported only as a collective combined total. No one other than the researchers will know your individual answers to this questionnaire, and we promise that we will maintain utmost confidentiality. If you agree to participate in this project, please answer the questions on the questionnaire as best you can. It should take approximately 30 minutes to complete. If you have any questions about this project, feel free to contact the ActionAid Association Policy and Research Team at [aaindia\\_policyresearch@actionaid.org](mailto:aaindia_policyresearch@actionaid.org) or on 011 40640500. Thank you for your assistance in this important endeavour.

**To be filled by respondent**

I have understood and agree to participate in this survey.

Respondents Name .....

Respondents Signature ..... Date .....

**To be filled by investigator**

Investigator Code ..... Questionnaire Number .....

**Block A: Identification of Sample Units**

A.1. State:	A.2. District:
A.3. Area: Urban/Rural	
A.4. Investigator Code:	A.5. Questionnaire Number:
A.6. Respondent's Name:	
A.7. Respondent's Address:	
A.8. Respondent's Contact Number (mobile):	
A.9. Contact Number belongs to:	
A.10. Respondent's Whatsapp Number if different from Contact Number:	
A.11. Can we correspond on this contact number in the future? Y/N	

Block B. Individual and Household Level Characteristics

B.1. Refugee Group: .....  
Sri Lankan Tamil -1, Afghani -2, Rohingya -3, Tibetan - 4, Pakistani Hindus - 5, Chakma - 6, Chin - 7, Hajong - 8, African - 9, West Asian - 10, Other - 11

B.2. Whether African, West Asian or Other please specify country of origin: .....  
B.3. Religion: .....  
Hinduism -1, Islam -2, Christianity -3, Sikhism -4, Jainism -5, Buddhism -6, Others please specify-7.

B.4 Housing Situation

Place of stay	State	City / Village	Urban/Rural	Duration	Type of Housing	Ownership?	If rent, whom do you pay to?	Monthly rent amount	Condition	Shelter Aid	Why did you move?
					1.Camp 2.Permanent Refugee Colony 3.Temporary Settlement 4.Other, please specify	1.Own house 2.Rented 3.Government provided 4.NGO	1.Landlord 2.Government/Local Authority 3.CSOs/NGOs 4.Community Leader 5.Other please specify		1.Kutcha 2.Pucca 3.Semi-Pucca	1.None 2.Government 3.NGOs/CSOs 4.Other please specify	1.Eviction 2.Hostile Host Community 3.Natural Disaster 4.Damage to Property 5.Other please specify
Current											
Previous 1											
Previous 2											



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B.5. Number of rooms in your current house: .....

B.6. What kind of toilet do you use? (Can select multiple options) :

1 – Community Toilet, 2 – Personal Toilet, 3 – Open Defecation

B.7. If yes, for community toilet, are there separate toilets for men and women?

B.8. If yes, for community toilet, how much money do you pay on a monthly basis for use?

B.9. If using personal toilet, how many toilets do you have in your house? : .....

B.10. Does the personal toilet have a water connection? 1 – Yes, 2 – No

B.11. Do you use a personal kitchen or community kitchen?

B.12. Who primarily cooks the meals? (tick all applicable options)

1. Adult females
2. Adult males
3. Adult transgender
4. Adolescent females
5. Adolescent males
6. Adolescent transgender

B.13. How many meals does the household consume in a day?

B.14. What do you primarily use for cooking?

1 – Gas Stove, 2 – Chulha, 3 – Other please specify .....

B.15. What form of food support do you receive?

1 – Cooked Food, 2 – Dry Food, 3 – Voucher, 4 – None

B.16. Who did you receive food support from?

1 – Government, 2 – NGO/CSOs, 3 – Faith Based Organization, 4 – UNHCR, 5 – Other  
please specify .....

B.17. How often do you receive food support?

1 – Daily, 2 – Weekly, 3 – Monthly, 4 – Others

B.18. If there is no water connection, where do you get water?

1 – Tap, 2 – Hand pump, 3 – Tube Well/Bore Well, 4 – Well, 5 – Private Tanker, 6 – Pond/River/Lake,  
7 – Spring, 8 – Others

B.19. How many hours in a day can you access general use water?

B.20. What is your monthly expenditure on general use water?

B.21. Whom do you pay the bill to?

1 – Utility/Service Provided, 2 – Landlord, 3 – Local/Community Leader,  
4 – Other please specify .....

B.22. What is your source of drinking water? 1 – Tap, 2 – Hand pump, 3 – Tube Well/Bore Well, 4 – Well, 5 – Private Tanker, 6 – Pond/River/Lake,  
7 – Spring, 8 – Others

B.23. How many hours in a day can you access drinking water?

B.24. Do you get an official bill for water? 1 – Yes, 2 – No

B.25. Do you have electric connection in your house? 1 - Yes, 2 - No

B.26. How many hours in a day do you receive electricity?

B.27. What is the monthly expenditure on electricity?

B.28. Do you get any subsidy on electricity?

1 - Yes, 2 - No

B.29. Whom do you pay the bill to?

1 - Utility/Service Provider, 2 - Landlord, 3 - Local/Community Leader,

4 - Other please specify .....

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B.30. Details of each member of the household

Mem-ber ID	Relationship to Head of Family 1. Self 2. Spouse 3. Parent 4. Children 5. Grandpar-ent 6. Grandchil-dren 7. Other please specify	Gender 1. Female 2. Male 3. Transgen-der 4. Prefer not to say	Marital Status 1. Single/Unmarried 2. Engaged 3. Married 4. Widowed 5. Divorced 6. Separated	Age (in years)	Coun-try of birth	Head of family (Yes/ No)	Legal Status Document 1. Citizenship Certificate/Identity Certificate issued by government of India 2. LTV 3. Stay Permit/Resi-dence Permit 4. UNHCR Refugee Card 5. UNHCR Asylum Seeker Certificate 6. None 7. Other please specify	Year of arrival in India	Year of Receiving Refugee Status/ Citizen-ship	Bank Ac-count	Ration Card	Aadhaar Card	PAN Card	Any form of disability?	
										1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Physical Disability 2. Mental Illness 3. Intellectual Disability

Block C. Education

C.1. Details of education/literacy status of household members

Member ID	Type of college 1. Govt. 2. Private 3. Open	Level 1. Bachelor's 2. Master's Doctoral	Mode of admission 1. Refugee quota 2. Foreigners/OCI quota 3. Citizen 4. Other please specify	Documents Used 1. Citizenship Certificate/Identity Certificate issued by govern-ment of India 2. LTV 3. Stay Permit/Residence Permit 4. UNHCR Refugee Card 5. UNHCR Asylum Seeker Certif-icate 6. None 7. Other please specify	Who pays fees? 1. NGO/CSO/Aid Agency 2. Govt. 3. Self 4. Don't know	If self, then how much in a year (tuition fees)?	Course	What is the annual total expenditure on college education excluding tuition fees?	What does it cover? 1. Uniform 2. Transport 3. Books 4. Hostel/Boarding 5. Other please specify
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## C.2. Details of HH members currently enrolled in school

Member ID	Type of school 1. Govt. /Govt. aided 2. Private 3. Madrasa 4. Others please specify 5. Don't Know	Currently enrolled in standard (1 <sup>st</sup> -12 <sup>th</sup> )	Time taken to reach the school	Entitled for certificate 1. Yes 2. No 3. Don't Know	How did they get admission? 1. Self 2. NGO/CSO 3. Community Networks 4. Citizenship	Document used for admission 1. Citizenship 2. Registration Certificate/ Identity Certificate Issued by government of India 3. LTV 4. Stay Permit/Residence Permit 5. UNHCR Refugee Card 6. UNHCR Asylum Seeker-Certificate 7. None 8. Other, please specify .....	Who pays fees? 1. Self 2. NGO/CSO 3. Govt. 4. Don't know	If self, how much per year (school fees)?	What is the annual total expenditure on school education excluding school fees?	What does it cover? 1. Uniform 2. Transport 3. Books 4. Hostel/Boarding 5. Other please specify .....
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## C.3 Details of members of household currently enrolled in tertiary education

Member ID	Type of college 1. Govt. 2. Private 3. Open	Level 1. Bachelor's 2. Master's 3. Doctoral	Mode of admission 1. Refugee quota 2. Foreigners/OCI quota 3. Citizen 4. Other please specify	Documents Used 1. Citizenship 2. Registration Certificate/ Identity Certificate Issued by government of India 3. LTV 4. Stay Permit/Residence Permit 5. UNHCR Refugee Card 6. UNHCR Asylum Seeker Certificate 7. None 8. Other please specify	Who pays fees? 1. NGO/CSO/Aid Agency 2. Govt. 3. Self 4. Don't know	If self, then how much in a year (tuition fees)?	Course	What is the annual total expenditure on college education excluding tuition fees?	What does it cover? 1. Uniform 2. Transport 3. Books 4. Hostel/Boarding 5. Other please specify
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### C.4 Details of members of household currently enrolled in vocational training

Member ID	Type of college 1. Govt. 2. Private 3. NGO/CSO	How did they get admission? 1. Self 2. NGO/CSO 3. Community Networks 4. Citizen	Documents Used 1. Citizenship 2. Registration Certificate/ Identity Certificate issued by government of India 3. LTV 4. Stay Permit/ Residence Permit 5. UNHCR Refugee Card 6. UNHCR Asylum Seeker Certificate 7. None 8. Other please specify	Who pays fees? 1. NGO/CSO/Aid Agency 2. Govt. 3. Self 4. Don't know	If self, then how much in a year (course fees)?	Course	What is the annual total expenditure on vocational training excluding tuition fees?	What does it cover? 1. Uniform 2. Transport 3. Books 4. Hostel/Boarding 5. Other please specify
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## C.5. Details of members of household who are enrolled in ECCE

Member ID	ECCE Type	Time taken to reach ECCE care centre from home	How did they get admission?	Document used for admission	Who pays fees?	If self, how much in a month (play school/care centre)?	Are free meals/supplementary nutrition provided?	If yes, then which of the following	What is the annual total expenditure on ECCE excluding care centre fees?	What does it cover?
	1. ICDS/Anganwadi 2. Privately run play schools 3. CSO/NGO run 4. Other please specify		1. Self 2. NGO/CSO 3. Community Net-works 4. Citizen	1. Citizenship 2. Registration Certificate/Identity Certificate 3. Issued by government of India 4. LTV 5. Stay Permit/Residence Permit 6. UNHCR Refugee Card 7. UNHCR Asylum Seeker Certificate 8. Other please specify	1. NGO/CSO 2. Govt. 3. Don't know 4. Self			1. Cereals(rice/wheat) 2. Lentils (dal) 3. Egg 4. Meat/Fish 5. Milk/Milk Products 6. Fruits 7. Vegetables		1. Uniform 2. Transport 3. Books 4. Other please specify -----

## C.6. Details of family members currently not enrolled in formal education

Member ID	Enrolment in country of origin? Yes/No	Specify highest level of education in country of origin	Were you previously enrolled in India? Yes/No	If yes for India, highest level studied	Reason for discontinue? [For those who were previously enrolled in India]	If not enrolled in India, why?	Does the household member want to study further?
		1. None 2. Standard 5 or below 3. Standard 6-8 4. Standard 9-10 5. Standard 11th-12th 6. Diploma 7. Graduate and above		1. None 2. Standard 5 or below 3. Standard 6-8 4. Standard 9-10 5. Standard 11th-12th 6. Diploma 7. Graduate and above	1. Completed Education 2. Lack of documents 3. Discrimination based on identity 4. Unaffordable 5. Started working 6. School closure 7. Girl restricted by family 8. Inability to continue online classes during pandemic 9. Other please specify	1. Completed Education 2. No govt. school in vicinity 3. Refused due to identity documents 4. Refused due to lack of documents 5. Language barrier 6. Not interested in continuing education 7. Girl restricted by family 8. Other please specify	1. Yes 2. No



C.7. Only applicable for members of household below 18 years

Member ID	Where does the child go to play? 1. Park 2. Lane/Street 3. Inside the house 4. Doesn't go to play 5. Other	Hours in a day spent playing or pursuing leisure activities?
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Block D. Healthcare

D.1 Where do you go for treatment of minor illnesses/primary healthcare (for which admission to the hospital is not needed)?

1 – Primary Public Health Centre, 2 – Private Clinics, 3 – Community Health Centre/Public Hospital, 4 – Private Hospitals, 5 – Alternate Medicine Clinics (Unani, Homeopathy, Ayurveda etc.) Other, Please specify

D.2. Time taken to reach nearest primary health centre? :-----

D.3. Time taken to reach nearest public hospital? :-----

D.4. Details of household members who suffer from chronic diseases

Do you suffer from any of the following chronic illnesses 1. Hypertension 2. Gastrointestinal illness 3. Cardiovascular disease 4. Diabetes 5. Others please specify -----	Where do you go for treatment? 1. Primary Public Health Centre 2. Private Clinics 3. Community Health Centre/Public Hospital 4. Private Hospitals 5. Alternate Medicine Clinics (Unani, Homeopathy, Ayurveda etc.)	Are you taking regular medication for this? Yes/No	If yes, how much amount is paid monthly on medicines?	Which document do you use to access healthcare? 1. Citizenship 2. Registration Certificate/Identity Certificate Issued by government of India 3. LTV 4. Stay Permit/Residence Permit 5. UNHCR Refugee Card 6. UNHCR Asylum Seeker Certificate 7. None 8. Other please specify -----
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## D.5. Details of household members who were affected by vector borne diseases since arriving/being born in India

Was the member affected by any of the following diseases while in India? [Mark all applicable options] 1. Typhoid 2. Cholera 3. Dysentery 4. Hepatitis A 5. Jaundice 6. Chikungunya/Malaria/Dengue 7. Other please specify _____	What was the source of treatment? 1. Primary Public Health Centre 2. Private Clinics 3. Community Health Centre/Public Hospital 4. Private Hospitals 5. Alternate Medicine Clinics (Unani, Homeopathy, Ayurveda etc.) 6. None	Did the member have access to free medicines?	Which documents were used to access healthcare? 1. Citizenship 2. Registration Certificate/Identity Certificate issued by government of India 3. LTV 4. Stay Permit/Residence Permit 5. UNHCR Refugee Card 6. UNHCR Asylum Seeker Certificate 7. None 8. Other please specify	Total expenditure incurred on treatment?
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## D.6. Healthcare during childbirth (only for HH members born in India)

Member ID	Mode of Delivery 1. Institutional 2. Home birth	If institutional, where? 1. Primary Public Health Centre 2. Private Clinics 3. Community Health Centre/Public Hospital 4. Private Hospitals 5. Alternate Medicine Clinics (Unani, Homeopathy, Ayurveda etc.)	Government birth certificate issued 1. Yes 2. No 3. Don't Know	Did the mother receive vaccination against Tetanus while pregnant? (2 doses) 1. Yes 2. No 3. Don't Know	Amount paid for delivery?	Has the mother ever consulted a Multipurpose Health Worker (Female)/Health Supervisor (Female)? 1. Yes 2. No 3. Don't Know	Did the mother receive free iron tablets and supplementary nutrition under Integrated Child Development Services (ICDS)? 1. Yes 2. No 3. Don't Know
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D.7. Which of the following immunizations have members in the household received? Applicable for members aged between 2-32 years currently.

Member ID	BCG Dose	Hepatitis B	Oral Polio Vaccine	DPT 3 Doses	Measles 2 Dose	D.P.T Booster	OPV Booster	D.P.T Booster
	At birth	Within 24 hours of birth 06 weeks 10 weeks 14 weeks	At birth 06 weeks 10 weeks 14 weeks	06 weeks 10 weeks 14 weeks	09-12 months 16-24 months	16-24 months	16-24 months	5-6 years

D.8. COVID-19 vaccination status

Member ID	Have you received the 1 <sup>st</sup> dose of the COVID-19 vaccination?	Where did you receive the 1 <sup>st</sup> Dose?	How much did you pay for the vaccination?	Have you received the 2 <sup>nd</sup> dose of the COVID-19 vaccination?	Where did you receive the 2 <sup>nd</sup> Dose?	How much did you pay for the vaccination?
	1. Yes 2. No 3. Don't Know	1. Primary Public Health Centre 2. Private Clinics 3. Community Health Centre/Public Hospital 4. Private Hospitals 5. Health Camp (Govt. Organized) 6. Health Camp (CSO/NGO Organized) 7. Other please specify		1. Yes 2. No 3. Don't Know	1. Primary Public Health Centre 2. Private Clinics 3. Community Health Centre/Public Hospital 4. Private Hospitals 5. Health Camp (Govt. Organized) 6. Health Camp (CSO/NGO Organized) 7. Other please specify	

**Block E. Livelihood**

E.1. Livelihood of members of household in country of origin and host country

Member ID	Livelihood in Country of Origin	What work do you do in India (current)?	Type of employment in India	Who is the employer?	Written Contract	Location of workplace	How did they secure the job?	Documents required for employment	What livelihood would you like to be pursuing instead?	If not working, why?
			1. Regular 2. Casual 3. Employer 4. Own Account Worker 5. Helper	1. Government 2. Private Sector 3. Family member 4. Other please specify	In India Yes/No	1. Own Household 2. Own Enterprise/Shop away from Household 3. Employer's Household 4. Employer's Enterprise/Shop away from Employer's Household 5. Street/Locality with Fixed Location 6. Construction Site 7. No Fixed Workplace 8. Other please specify	1. Self 2. NGO/CSO 3. Community Networks	1. UNHCR Card/Asylum Seeker Certificate 2. Refugee Quota 3. LTV 4. Registration Certificate 5. Stay Permit/Residence Permit 6. Identity Certificate (issued by Indian govt.) 7. Never required 8. Other please specify	1. Pursuing education 2. Not allowed by family 3. Engaged in household unpaid work 4. Lack of suitable options 5. Due to old age 6. Other please specify	

E.2. Income

Member ID	Number of hours worked in a day?	Number of days worked in a month?	Type of Wages	Hourly/daily/weekly/monthly amount (as applicable)?	Is paid weekly off given?	Does your employer provide medical insurance/ESI benefits? (applicable to regular workers)	Does your employment have PF benefits? (applicable to regular workers)
			In India 1. Hourly 2. Daily 3. Weekly 4. Monthly 5. Piece Rate 6. Other please specify		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

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E.3. Discrimination at the workplace

Member ID	Has the member in the household been treated differently at their workplace? 1. Yes 2. No 3. Don't Know	If yes, how? 1. Forced to work more hours than local population 2. Paid lesser than local population 3. Denied leave 4. More temporary nature of contract 5. Other, please specify _____	Have wages ever been withheld by the employer? 1. Yes 2. No 3. Don't Know	Has the member ever been terminated from employment without notice? 1. Yes 2. No 3. Don't Know	If yes, what was the reason given? 1. Expiry of Document 2. Discrimination due to Refugee Identity 3. Other, please specify _____
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E.4. Abuse at the workplace

Member ID	Has the member ever faced any form of abuse at the workplace? 1. Physical Abuse 2. Mental Abuse 3. Sexual Abuse 4. Verbal Abuse 5. None 6. Don't know
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## E.4. Monthly monetary support from each source (please enter amount):

CSOs/NGOs/UNHCR as

Child support:

Elderly support:

Support for PWDs:

Support for pregnant women:

Other

Government:

Child support:

Elderly support:

Support for PWDs:

Support for pregnant women:

Other

Remittances from immediate family:

Religious institutions (e.g- monastery, church, temple): .....

Other: .....

**Block F. Legal Compliance**

F.1. Are you registered with the Foreign Regional Registration Office?

F.1.1. Are you and your family required to meet the FRRO on a regular basis?

F.1.2. If so, what is the frequency in a month?

F.2. Do you or your family members need to take permission from the FRRO/authorities to leave the city/district?

F.2.1. How long does it take for the permission from FRRO to come through?

F.3. Do you need to take permission from the police/intelligence units to leave the city/camp/district?

F.3.1. How long does it take for the permission from the police/intelligence units to come through?

F.3.2. How many days in a month are you required to visit the police station?

**Block G. Impact of Pandemic**

Mark the applicable options for the following questions regarding the impact of the COVID-19 pandemic.

Option Codes: 0- No, 1- Yes, 9- Not Applicable/Not required

G.1. Lost Livelihood

G.2. Reduction in monthly income

G.3. Reduction in food consumption

G.4. Incurred Debt

G.5. Lost housing

G.6. Stopped girl's education

G.7. Stopped boy's education

G.8. Increase in household work (cooking, cleaning, care, etc)



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G.9. Self/Family member(s) got infected with COVID-19

G.10. Difficulty in finding hospital bed when required

G.11. Difficulty in arranging medicine/oxygen when required

G.12. Lost family member(s) to COVID-19

**Block H Perceptions**

H.1. If possible, would you return to your country of origin?

1. Yes
2. No
3. Not decided

H.2. If given an opportunity, would you like to become an Indian citizen?

1. Yes
2. No
3. Not decided

H.3. If given an opportunity would you choose third country resettlement?

1. Yes
2. No
3. Not decided

**act:onaid**

ActionAid Association (India)

 [www.actionaidindia.org](http://www.actionaidindia.org)   [@actionaidindia](https://twitter.com/actionaidindia)  [actionaid\\_india](https://www.instagram.com/actionaid_india)  
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**ActionAid Association** is an Indian organisation working for social and ecological justice in 25 states and three Union Territories. Together with supporters, allied organisations, communities, institutions and governments, we strive for equality, fraternity and liberty for all.

*Cover Visual: An artistic rendition of a class held in a refugee camp in Rajasthan.*