

**Human Rights Watch responses to questions on the Rohingya from  
UK Parliament International Development Committee  
April 2020**

**Q1. Please could you update us on the general situation in Cox's Bazar and your primary ongoing concerns for refugees in the camps.**

Human Rights Watch remains deeply concerned about the human rights situation facing ethnic Rohingya refugees in Cox's Bazar, which has been exacerbated by the Covid-19 pandemic.

*Internet blackout*

[Internet access](#) in the camps has been shut down [since September 2019](#), following a directive from the Bangladesh Telecommunication Regulatory Commission. Though the authorities described the decision as a security measure, this broad restriction on communication was neither necessary nor proportionate, both of which are required under international human rights law.

The shutdown is risking the health and lives of over a million people, including nearly 900,000 refugees in Cox's Bazar and the Bangladeshi host community by hindering humanitarian aid groups' ability to provide emergency health services and rapidly coordinate essential preventive measures. Authorities should lift the internet shutdown, which is obstructing crucial information about Covid-19 symptoms and prevention, or end up risking the lives of refugees, host communities, and healthcare workers.

*Freedom of Movement*

The Bangladesh military in November 2019 began building [barbed wire fences](#) around the Rohingya refugee camps in Cox's Bazar, resulting in heightened distress, fear, and mistrust among Rohingya refugees, greater risks to public health, and needless obstructions to humanitarian access as it will become harder for refugees to enter and exit the camp for services. Work on the fences has momentarily paused during the Covid-19 pandemic. However, if the fencing were to start up again, especially during the pandemic, aid workers say it would have a catastrophic impact on healthcare access.

Various statements by government officials have made it clear that the purpose of the fencing is not to protect the Rohingya, but rather to confine them. The Bangladesh Home Minister [told journalists](#) the reason for building the fencing was to "ensure that the Rohingya do not leave the camp and join our community." While the authorities have a duty to protect camp residents, security measures should not infringe upon basic rights and humanitarian needs. The proposed measures do not meet the standards of necessity and proportionality for restricting freedom of movement under international human rights law.

In constructing barbed-wire fencing to confine Rohingya refugees, Bangladesh risks mirroring the behavior of Myanmar authorities, who presently confine more than 125,000 Rohingya to more than 20 internment camps in five townships of Rakhine State.

The Bangladesh government should instead ensure proper access to health care with sufficient ease of mobility. This is particularly crucial for those most vulnerable in the

refugee camps, including those living with disabilities, older people, and children. Any measures taken to restrict movement for reasons of public health or national emergency must be lawful, necessary, and proportionate, as well as non-discriminatory.

Rohingya refugees remain vulnerable as they depend on humanitarian assistance. It is critical to maintain humanitarian access to the camps at this time. During the Covid-19 crisis it is crucial that members of the Rohingya community—men, women, and youth—be able to assist in providing support to their community. Rohingya community volunteers will be the first responders in this crisis and need to be equipped with personal protective equipment and appropriately trained on health and hygiene promotion.

### *Security*

“Crossfire” killings of refugees by security forces are of serious concern and are creating a climate of intense fear in the refugee camps. After killings last year, Bangladesh authorities said that the victims were killed in “crossfire” or a “gunfight.” These familiar explanations are often an euphemism for extrajudicial executions in Bangladesh.

When tensions arose with the local host community, law enforcement officers allegedly refused to intervene and protect the refugees from attacks. These tensions are exacerbated by the Covid-19 pandemic and present a potential risk of escalating violence.

## **Q2. What are the main challenges for coordinating the humanitarian response in the camps?**

### *Covid-19 Response*

The Bangladesh government’s [internet blackout](#) and phone restrictions at Rohingya refugee camps are obstructing humanitarian groups from addressing the [COVID-19 threat](#) and should be lifted immediately and permanently. Aid workers and community leaders rely on WhatsApp and other internet-based communication tools to coordinate emergency services and share important information in the camps. The shutdown prevents effective dissemination of coronavirus information as well as impeding aid workers’ ability to conduct “contact tracing” to contain transmission of the virus. A community health volunteer said their group had used WhatsApp to connect medical supporters, but “[now] we cannot connect to provide our services.” The United Nations refugee agency, UNHCR, said that refugees exhibiting Covid-19 symptoms will be [referred to an isolation facility](#). Community health volunteers are crucial for quickly identifying these cases, but they are significantly impeded by the internet ban.

Aid workers said government officials specifically advised them against running any information campaigns about Covid-19 for fear of creating panic. Rohingya youth volunteers said Bangladesh officials in charge of camps refused requests to run information campaigns. Instead of preventing anxiety, the lack of accurate information is contributing to the spread of misinformation about the disease. Host communities are also put at risk if Rohingya refugees are not able to access information on how to reduce transmission of and exposure to Covid-19.

In addition to the internet blackout, under Bangladesh law, Rohingya are not legally allowed to have SIM cards, and in September 2019 the Bangladesh Telecommunication Regulatory Commission directed mobile phone carrier companies to [stop selling to Rohingya](#), further cutting off refugee’s access to information and communication. Since September, [authorities](#)

[have confiscated](#) over 12,000 phone cards from Rohingya refugees. For those who still have SIM cards, the internet shutdown has made their devices effectively useless.

To contain the spread of coronavirus in accordance with World Health Organization (WHO) guidelines, the government has directed those exhibiting symptoms to self-isolate and to call the Institute of Epidemiology Disease Control and Research hotline. However, under the internet blackout, [a ban on mobile SIM cards](#) for the refugees, and with little to no mobile phone reception in the camps, it is nearly impossible for refugees to call the number.

Without access to the national hotline, Rohingya must walk through the crowded camps to access health centers, risking community transmission. Aid workers also need to use the hotline to organize transportation for possible COVID-19 patients to go to health centers with capacity.

The United Nations human rights office said in a March 2020 statement that “especially at a time of emergency, when access to information is of critical importance, broad restrictions on access to the internet cannot be justified on public order or national security grounds,” and called for governments to “[refrain from blocking internet access](#)” during the Covid-19 pandemic and, where internet has already been blocked, to prioritize ensuring “immediate access to the fastest and broadest possible internet service.” Authorities should lift the internet ban immediately and ensure that accurate and timely information on the virus and its prevention is urgently made accessible to all.

While authorities claim that there has been no community Covid-19 transmission in the refugee camps or surrounding communities, medical experts in Bangladesh say that [not enough people have been tested](#) to draw that conclusion. There is currently only one confirmed case in Cox’s Bazar and none confirmed yet in the camps, but whether transmission has occurred in the camps is inconclusive given minimal testing. Aid workers said that on March 31, a 50-year-old Rohingya woman’s body was taken to a medical facility in the camps and she was reported to have died from Covid-19 symptoms but a sample was not collected.

Not only is the Bangladesh government [inadequately prepared](#) to confront the pandemic’s spread, Rohingya refugees are at [added risk](#) due to overcrowded camps, vulnerability to landslides and flooding exacerbated by [restrictions on freedom of movement](#), and lack of access to [clean water, sanitation, and hygiene](#).

Intensive care facilities and ventilators are in short supply in Bangladesh and primarily located in the capital, Dhaka. Local health experts told Human Rights Watch that there are no ventilator machines in Cox’s Bazar and no capacity for intensive medical care in the camps, and basic medical facilities in the camps are already operating at capacity. In response to the Covid-19 pandemic, Cox’s bazar has been completely locked down with services moved to “critical” only. In the refugee camps this means all protection activities have been stopped and site management has been reduced by 80 percent. While the government has said that the Rohingya will be given access to government medical facilities in Cox’s Bazar if needed, it is unclear what criteria will be used to qualify for this access, how they will be transported, if transportation will be free of charge, or where people will be sent if [already limited hospitals](#) are at capacity. A ban on movement outside of the district means those in Cox’s bazar are essentially restricted from accessing critical medical support such as ventilator respiratory support in Dhaka.

Particularly given the new lockdown measures and restrictions in the camps including on protection activities, access to internet is more important than ever to enable humanitarian actors to mitigate protection risks as much as possible as well as providing remote access to education, psychosocial support, and case management for survivors of violence. These services are critical for vulnerable groups including; children, older people, women and those with disabilities, particularly as risks are exacerbated during the health crisis.

### **Q3. What preparations are being undertaken to implement formal education and economic opportunities in the camps?**

#### Education

Education is on hold for almost 400,000 Rohingya refugee children in Bangladesh due to Covid-related restrictions. But these Rohingya children have never had access to formal, quality education.

Bangladesh has never allowed Rohingya children access to public or private schools. Scores who had enrolled in schools outside the camps by pretending to be Bangladeshi nationals were investigated and expelled. In the past, the government allowed UNHCR to provide up to eight years of unaccredited education to a few thousand Rohingya children, most born in Bangladesh to refugees who arrived in the early 1990s.

But Bangladesh did not allow the UN to expand this program to reach new arrivals after August 2017. Humanitarian groups created a new, informal learning program from scratch. The government only approved the beginning primary level of this “Learning Competency Framework and Approach,” which is taught in “temporary learning centers” in the refugee camps. It left Rohingya children without access to a formal, accredited curriculum, or to any secondary-level education, informal or otherwise.

In January 2020, Bangladesh said it would allow 10,000 Rohingya refugee children to study the Myanmar school curriculum for the first time after the government approved a “[pilot](#)” education program. The basis for the pilot program will be small schools that Rohingya refugee teachers had already set up in the camps, which were teaching the Myanmar curriculum to nearly 10,000 children. These “schools” are separate from the temporary learning centers, and until now have received no international support.

This is a step in the right direction, but also indicative of the continuing need for greater efforts to ensure all Rohingya refugee children can get a real education. Education for Rohingya still needs to be dramatically scaled up and accredited. The pilot aimed to reach just 1 in every 40 Rohingya children by the end of 2020. It will stop at class 9, even though secondary education in Myanmar continues to class 12. Neither Bangladesh nor Myanmar has accredited the pilot program. No Rohingya child in Bangladesh can access any accredited education. Myanmar should step up and offer Bangladesh its full support for the use of its curriculum, including accreditation.

#### Economic opportunities

Restrictions on refugees’ right to work means that refugees lack the resources to supplement their basic food rations of rice, lentils, and oil with more varied and nutritious food. It also means that more children are sent out to gather firewood, fetch water, or stand in line for aid

distributions rather than try to get an education. Allowing refugees to work and engaging with the private sector in developing joint enterprises with local community and refugee labor has the potential to increase Cox's Bazar's economic productivity to the benefit of all.

**Q4. Gender based violence, including sexual exploitation and trafficking, appears to be a persistent problem in the camps. Why is this and what is the international community doing to prevent it?**

Gender-based violence directed at women and girls is a widespread problem in the camps, which is at risk of increasing during the Covid-19 pandemic. An uptick in domestic violence in many parts of the world has been correlated with lockdown measures. We are concerned that the tightening of restrictions on movement, access to information, and communication in the camps could worsen domestic violence against women and girls there, too. Programming to prevent sexual violence and services for survivors have been adversely impacted by restrictions. A protection officer told Human Rights Watch that the internet restrictions, for instance, are hindering aid workers' ability to coordinate protection response for victims of gender-based violence, sexual exploitation and abuse, and trafficking. The officer described learning of a trafficking case too late: "Our volunteer from that place was unable to inform me just because there was no internet and they were unable able to reach over the phone, so I could not inform the law enforcers to urgently rescue them. This is hampering our work inside the camp."

Aid workers already face obstacles in disseminating information and reaching potential victims of gender-based violence given the stigma associated with accessing services and restrictions on movement and communication, but these obstacles will be exacerbated by the most recent Covid-19 lockdown measures. The Bangladesh government has restricted services in the camps to "critical" only, which excludes all protection services (programming designed to provide interventions to prevent violence against "vulnerable" populations) as well as access to child and woman-friendly spaces that are key places for confidential support for rape survivors and domestic violence survivors.

Child marriage—which is also correlated with higher rates of domestic violence—is prevalent in the camps and is at risk of increasing as socio-economic circumstances and basic freedoms for families worsen under current restrictions on access to education.

A lack of lighting in much of the camps puts women and girls at increased risk of attacks. Women and girls choosing not to use sanitation facilities at certain times or when they cannot find another family member to accompany them is common in displacement settings where toilets and washing facilities are dangerous. As the Covid-19 response requires access to clean water and sanitation for effective hygiene practices, the government should provide for these immediate needs and ensure dedicated spaces for women and girls to practice safe hygiene without facing increased risk of gender-based violence.

Women and girls, including survivors of sexual violence and trafficking, should be directly consulted on protection measures.

**Q5. What is your latest assessment of the plan to move some of the Rohingya to Bhasan Char in the Bay of Bengal? Can this ever be a solution?**

Many Rohingya refugees living in the camps in Cox's Bazar have expressed fear and opposition to the Bhasan Char relocation plans. In late 2019, plans were slated to move 100,000 Rohingya refugees from the camps in Cox's Bazar District to Bhasan Char island. Bangladeshi authorities [included](#) several Rohingya refugee families on a list, identifying those slated for relocation to Bhasan Char without their knowledge and willingness to relocate to the island. At the time, several international nongovernmental organizations [expressed their concerns](#) in a letter to Prime Minister Sheikh Hasina that relocations should not proceed without informed consent and consultation with the affected refugee community.

Bhasan Char does not appear to be a suitable relocation site for refugees for a host of reasons: 1) it is not sustainable for human habitation; 2) it could be seriously affected by rising sea levels and storm surges; 3) it likely would have very limited education and health services; 4) it would provide extremely limited opportunities for livelihoods or self-sufficiency; 5) it would unnecessarily isolate refugees; 6) the Bangladeshi government has made no commitment to allow refugees' freedom of movement in and from Bhasan Char; 7) it is far from the Myanmar border; and 8) the refugees have not consented to move there.

#### **Q6. What is being done to repatriate refugees and what are the obstacles?**

It is Myanmar's responsibility to create the conditions for the Rohingya's voluntary, safe, dignified, and sustainable repatriation and guarantee their rights. The Myanmar government has consistently blocked the United Nations, the media and international humanitarians from accessing internally displaced persons (IDP) camps in central Rakhine State, where some 128,000 Rohingya and Kaman Muslims have remained in de facto military detention since 2012. New facilities that [resemble detention camps](#), surrounded by barbed-wire perimeter fences and security outposts – much like the central Rakhine State camps – are what await returning refugees.

Refugees interviewed by Human Rights Watch said they considered Myanmar their home and wanted to return, but feared doing so under the current conditions.

Donors and concerned governments should insist that the Myanmar government and military ensure the security and basic rights of Rohingya, provide unhindered access for international humanitarian agencies to provide resources and monitor rights, and guarantee Rohingya full citizenship with all accompanying rights and protections. Returning refugees should be allowed to return to their homes or places of habitual residence, to a safe place nearby, or to resettle voluntarily in another part of the country.

Myanmar's government recently issued [two presidential directives](#) in response to the International Court of Justice's January 2020 order that the government and military prevent genocide of the Rohingya Muslim ethnic group and preserve evidence of crimes that could amount to genocide. The court ordered Myanmar to report on its compliance by May 23 and then every six months while Gambia's case alleging that [abuses against the Rohingya violated the Genocide Convention](#) proceeds.

Many of the government's existing policies aimed at repressing the Rohingya may be evidence of ongoing genocide in Myanmar's Rakhine State. In analyzing the genocidal act of "[d]eliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part," the [United Nations-backed Independent International Fact-Finding Mission on Myanmar](#) pointed to the "oppressive and systemic restrictions" suffered

by the Rohingya, including restrictions on freedom of movement, access to food, livelihood, health care, education, and regular blocking of humanitarian assistance.

The 600,000 Rohingya still in Rakhine State – which the Fact-Finding Mission found faced “a greater threat of genocide than ever” – remain largely cut off from health care and desperately needed humanitarian aid, trapped in villages and open-air detention centers that [Human Rights Watch recently warned are “Covid-19 tinderboxes.”](#)