Impact of COVID-19 on Socio-Economic Status of Refugee Women in India

Women are at risk of physical, psychological and emotional violence. These risks could increase due to confinement, increased anxiety and deterioration of mental health.

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As of 10th October 2020,more than thirty five million cases has been reported globally of Corona virus caused by novel corona virus whose first case was documented in Wuhan, China in 2019. Hu, Ge, Wang and Shi (2015) are of a view that it is transmitted by bats to humans. 'The outbreak was initiated from the Huanan seafood market in Wuhan city of China and rapidly infected more than fifty people (Sheeren et al, 2020). World Health Organization states that its symptoms primarily range from fever and flu like cough and sore throat ultimately leading to shortening of breath. Other than this, it can potentially cause neurological symptoms like cranial haemorrhage. (Wang et al, 2020)

While the efforts of each country are commendable to prevent the community spread of the coronavirus, there is no denying that COVID-19 pandemic has left no one untouched. The most vulnerable among them are migrant labourers, daily wage workers, forcibly displaced groups like refugees.

Refugees are in the high-risk category all over the world especially in a pandemic situation which is why it is essential to bring our focus on them. Their living conditions contribute to the factor which may increase the risk of contagion. Further, due to strain on the finances of government and non-government organization that serve refugees puts them in the most vulnerable condition. Refugees assisted by organizations like UNHCR, Don Bosco relies on cash aid will not have employment waiting for them when the business reopens.Such economic hardship might entangle with past trauma and aggravate mental health in the refugee population (Alemi, Stempel, Siddiq and Kim, 2020).The source of livelihood for a female-headed household in refugee settlement camps may be critically affected. (Plan International, 2020)

The paper is an attempt to analyse the specific situation where refugee women have been affected by the COVID-19 pandemic in India. Besides, it also presents precautionary

strategies adopted by diverse stakeholders to diminish its adverse consequences. Lastly, it concentrates on inclusive COVID-19 strategies for refugee women staying in India.

Firstly, the paper traces the presence of various refugee groups in the states and union territories most shaken by COVID-19 pandemic. Then it provides an analysis of the impact of the pandemic over refugee women of various refugee groups whose socio-economic has exacerbated. It also highlights the refugee-inclusive intervention for the prevention of the pandemic taken by stakeholders. It includes investigating the specific challenges refugee women have encountered because of restricted mobility linked with COVID-19 prevention and relief efforts.

Evolving trends and patterns would be discussed in this paper with the use of illustrative and anecdotal proof/s from different states. Also, that to the available body of literature on refugee women in India is used to point out to plausible impact of COVID-19 on them. Due to the lack of full valid and reliable data, the paper does not provide any definite and context-specific recommendations. In other words, recommendations are based on inference from the available literature and data. The expansion of pandemic into new areas and settlements of refugees require a context-specific response and recovery measures for the long term.

Refugee Women Vulnerability to COVID-19: Challenges

Many reports reveal that Women and girls make nearly fifty percent of the forcibly displaced population. It has been observed that in most cases that they are forced to leave their homes due to situations like armed and violent conflicts. Unlike men, the migration experiences for women and girls are shaped by gender norms the roots of which lie in the patriarchy which is why they undergo various forms of violence in the country of origin, transit and host country.

The reason for leaving the country of origin differs from woman to woman. While some of them may leave their homeland due to conflicts like situations others may leave due to fear of violence in both public and private spheres such as Female Genital Mutilation (FGM) and forced marriage. Due to the lack of guidance and non-transactional help, women end up taking dangerous routes. During their entire journey, they are vulnerable to sexual and gender-based violence (SGBV) which includes sexual exploitation and harassment, psychological violence, rape, trafficking and early as well as forced marriages, transactional sex, and domestic violence. Out of all the migrating women, solo travellers, pregnant women, young girls (accompanied and unaccompanied), elderly women and especially able women are particularly at risk of abuse. Despite all these hurdles, refugee women have shown steady

strength and resilience to safeguard their future. However, even in the host country they are not fully secure and face structural violence such as lack of admission to the host country, lack of access to support services.

Refugee women had been in emergencies and the pandemic situation makes them more vulnerable to direct and indirect aftermaths of COVID-19. Due to lack of fully required support their capacity to overcome physical and mental trauma is limited. In addition, their ability to receiving adequate health care and cope with the economic, social and psychological repercussions of a pandemic can be affected by a variety of social and circumstantial factors. These factors include the unhygienic living and working conditions, lack of consideration of their cultural and linguistic diversity in service provision, xenophobia, their limited local knowledge and networks. And we have many reasons to believe that above stated factors are more than listed here. Furthermore, their access to rights and level of inclusion in host communities often connected to their legal status. (Liem et al, 2020)

In the policy brief of the United Nations in June 2020, AntónioGuterres, UN secretary-general states that nearly eight hundred million people globally are affected due to the present health crisis. The crowded, unsanitary conditions; a socio-economic crisis; and lack of protection adds on to the problems of migrants. Along with that “fear of covid-19 has led to skyrocketing xenophobia, racism and stigmatization." (UN Policy Brief, 2020)

Table 1: Overview of Migrant’s vulnerability in COVID-19

Recurring conditions of vulnerability	Increased likelihood of:
Limited awareness of recommended prevention measures, including due to linguistic barriers Inability to respect social distancing in crowded, multigenerational homes Reliance on public transportation Continued exposure in close contact professions Limited access to key hygiene items Limited personal protective equipment in the workplace	Contracting COVID-19
Lack of entitlement to health care and deprioritization in service provision Lack of access to facilities in underserved locations Limited awareness of options or right to receive health care Language barriers hindering communication with providers Unwillingness to come forward for assistance due to fear of arrest and/or stigmatization	Not accessing appropriate care
Pre-existing pulmonary/respiratory issues due to travel and living conditions Physical weathering Inability to access timely assistance	Showing severe symptoms
Restrained living and outside space during lockdowns Isolation and inability to communicate Obstacles to proper burial of deceased ones Anxiety linked with being stranded, potentially arrested or victim of xenophobic acts	Suffering psychosocial impacts
Discontinued provision of basic assistance and integration services Loss of precarious, unprotected job No inclusion in COVID-19 income support schemes, housing provision programmes or rental subsidies/exemptions Inability to maintain regular migration status	Livelihood and income insecurity

Source: Guadagno L. (2020),Migrants and the COVID-19 pandemic: An initial analysis, Migration Research Series (MRS)-60, International Organization of Migration, E-ISBN- 978-92-9068-833-4.

These challenges and related vulnerabilities are shared with internal migrants and displaced people as well. Among the eighty million forcibly displaced individuals out of which eight lakh of it lacks access to clean water or soap. They often live in crowded camps and the entire family shares one mask (Hazra, 2020) 'Migrants, particularly those without documents, avoid hospitals for fear of identification and reporting, ultimately presenting late with potentially more advanced disease.' (Devakumar et al, 2020)

The condition of refugees further worsens in the South Asian countries where their legal status adds on to their problem. 'While the virus has the potency to kill, poor governance choice can weaponized this potency', said Joshua Castelliono, Executive director of Minority Rights Group International. Further, he asserts that instigating hostility and attributing fault emphasises two things:

- An incapacity to effectively deciphering the crisis without playing blame games
- The possibility that the life of the virus will lengthen if left lurking among the most vulnerable communities.

In Bangladesh refugee camps, a single COVID-19 infection could lead to a disaster. Even outside of the settlement camps, refugees face a high risk of the infection. Social distancing and maintaining proper hygiene are nearly impossible in the settlement camps. Similarly, Pakistan is hosting approximately three million Afghan refugees which is the second-largest refugee population in the world after Syrians in Turkey. Most of them are ann unregistered which is why their life has become more difficult during Pandemic. Coming to India, the recent amendments in Citizenship act popularly known as Citizenship Amendment Bill (CAB) of 2019 has added problem to the refugees following Islam.

In India, while the government has continued to issue advisories, very little has been done to address the concerns of refugees. It may be because of the lack of clarity of their legal status and lack of systematic documentation by the government. It is one of the reasons that all refugees work are employed in the informal sector and are no longer able to earn an income and sustain their lives in India.

Presence of refugees in COVID-19 Hotspots in India

COVID-19 has initially affected China's neighboring countries (like India), United States and Europe. (Guadgno, 2020) By March 2020, outbreak slowly creeped into India and spread from affected areas to other states. The states like Maharashtra, Gujarat, Madhya Pradesh, Andhra Pradesh, Uttar Pradesh, West Bengal and Union Territory like Delhi are severely impacted category by COVID-19. (Ghosh, Ghosh and Chakraborty, 2020) Most of the refugee populations are living in the areas of Delhi, Andhra Pradesh. Delhi is a hub of international economic and commercial networks and political and cultural life and has a diverse and high refugee population in comparison to other states.

Table 2: Statistic of COVID-19 until9th October 2020.

Status October 9, 2020	
Total 303,693	New Today 2,860
Active Cases 21,955	Recovered 276,046
Deaths 5,692	Tests Per Million 185,522

Source: https://delhifightscorona.in/ Retrieved on 10-10-2020

The high proportion of refugees in these Delhi and states like Andhra Pradesh, Himachal Pradesh requires the specific measures for inclusion of refugees in COVID-19 response and recovery efforts. Societies that fail to appropriately ensure health care, assistance and access to the essential rights to such large population groups will be less able to effectively contain the outbreak, and will likely see a higher overall number of people affected, and a longer-lasting emergency. Insufficient inclusion of refugee in otherwise successful early containment efforts leads to fear. Similarly, societies that cannot mitigate that economic, social and psychological impacts of the outbreak and related response measures on all communities will be less able to recover effectively and will likely face heavier direct and long term consequences.

The present health crisis situation worsens for refugee women[1] who face domestic violence and are unable to access existing support system along with being foreign in India.Mapping gender is imperative in epidemic to address the inequalities among displaced populations such as in refugee camps, detention centres and informal settlements. Undoubtedly,

[1] Refugee women is "Any women meets the eligibility criteria under the applicable refugee definition, as provided for in international or regional refugee instruments, under the mandate of the United Nations High Commissioner for Refugees, and/or in national legislation."(European Institute of Gender, n. d)

contemporary scholars are now researching the issues of women belonging to various groups of refugees. Yet, there is a general lack of incorporating feminist principles in their studies.

The conventional and realist state-centric approaches have failed to understand the plight of refugees particularly from a feminist standpoint. Rather than relying on other approaches, the feminist approach is potentially imperative to understand and resolve the challenges faced by refugee women. The feminist approach presentsother than the androcentric viewpoint and hence it highlights the patriarchal set of values in the national and international system. (Rose, 2016)

It is extremely crucial to understand the status of refugees from a feminist standpoint because refugee theories and frameworks have inadvertently forgotten to include gender factor in host community. Without this, it would be difficult to understand the circumstances of refugee women as compared to natives.

The hierarchy in a health emergency is natural health than other factors viz. work, working conditions, education come into a larger picture.

Access to Health Services

Health is among the primary challenges for everybody specifically women in cases of humanitarian crises. Women tend to be more vulnerable than men due to the difference in physiology. Lack of health services and cooperative staff impacts women severely. COVID-19 Pandemic has increased the vulnerability and access to health services.

“Women in the camps, suffer sexual abuse during conflicts. Women migrants have higher risks of being victimized at the work place and suffer sexual exploitation with its associated reproductive and mental health problems.” (Chatterjee, 2006)

The qualitative Report by Tibetan Health organization (2015) uncovered that stigma and shock both go hand in hand with Tibetan women. This is the reason they rely on the locally available medicine due to low cost and easy accessibility. Bera (2004) in the study also unveils the lack of sensitivity among health service providers in Dehradun and Dharamshala. The recent study by the Tibet fund on Tibetan Community among 1639 Tibetans worldwide clears that majority of Tibetan were well aware of the preventive measures to be taken during Lockdown. Lamentably, nearly forty percent Tibetans (between the age of 18-24) believed that their society stigmatize and shame the COVID patient. This survey lacks a focus on on Tibetan women.

Similarly, Abdali, Singh and Hulse (2018) in the report present rich insights from fieldwork conducted in 16 settlements of Rohingya refugees living in Balapur, Hyderabad. The finding of the study reveals that these refugees are living in highly vulnerable conditions. Common toilets usage increased the risk of violence for women. Unhealthy and unclean water, especially during the rainy season, spreads diseases. Out of 16 settlements, only one settlement provided the services of Ānganwāḍi centres. In addition, no respondent had seen ASHA workers in these settlements. Despite the lack of basic health services, Rohingya were hesitant to visit hospitals due to the discriminatory behaviour of staff. In Delhi, the last reported medical camp was held for Rohingya refugees was in 2016. (Mitra and Srinivasan, 2020)

The report of Jesuit Refugee Services (2013) examined socio-economic and health conditions of Chin refugees in Delhi in nine geographic locations of Delhi. Most of them suffer from chronic diseases and are discriminated in hospitals by staff and locals. Other than these issues, housing is major concerns for chins. Limited access to the basic resources makes them even more vulnerable. When it comes to employment, locals do not trust them easily. If women are employed, they are harassed consistently. Other than these issues, housing is major concerns for chins. Limited access to the basic resources makes them even more vulnerable.

In pandemic situation, Afghan refugees are living on loan and mainly earn daily wages with whatever work they can find. “Since international flights were banned, those of us who worked as interpreters for people flying in from Afghanistan and Tajikistan for medical purposes have been penniless” (Aswani,2020).Nabeela who wasan office receptionist in South Delhi before the lockdown also lost her only source of income here. After losing her husband in a suicide attack in Afghanistan, she moved to India and had her wages as a receptionist supplemented by financial assistance from her parents in Afghanistan. (Aswani, 2020; Shokori, 2020)

Mixed Migration Centre interviewed 264 Afghan refugees in India and Indonesia. Their report reveals that in India they had better understanding of preventive measures than those living in Indonesia.However at the same time in India they were unaware and afraid to not get emergency healthcare they need in case they get infected. In addition, the psychological impact is high due to job loss and resettlement days.

Forty six year old Afghan women said, “I’m already depressed and scared of the virus. I don’t know what is going on and what will happen in the future. I haven’t got my refugee card yet and most of the time I’m thinking if I don’t get my UNHCR card soon, what will happen to me” (Mixed Migration Centre, 2020). Clearly, in any crisis, women are first to lose their jobs.

Albeit non-governmental organizations like UNHCR, Jesuit Refugee Missions provided short term protection and dry ration to refugee groups like Delhi and Tamil Nadu. Lack of documentation remains a hurdle. (Vijayaraghav, 2020)

Living Conditions

Refugees live in overcrowded settlements in most parts of India. Access to adequate access to water and hygiene products is limited. It is nearly impossible for them to follow the social distancing guidelines and other preventive measures recommended by the World Health Organization and the Government of India. (Raju and Karlsson, 2020)

Furthermore, the unavailability of the systematic and rapid screening tests exacerbate the risk in these camps and settlements. While lockdown was potentially effective to curb the community spread of the virus, abrupt closures, relocation of residents and lack of assistance have at times worsened refugee’s living conditions including their possibilities to access food, basic services and income.

“The same is the situation for the Sri Lankan Tamil refugees who also live in cramped conditions in refugee camps with shared sanitation facilities.” (Dwivedi, 2020)

To sum up the above, there is a risk that refugees and in particular refugee women will be overlooked in COVID 19 response programmes aiming to support people’s access to space for isolation and decent housing and living conditions. The obstacles also add up over under and over-representation of particular refugees groups in India.

Easing the overcrowded and bottlenecked settlements in alternative sites, regular medical camps with the help of interpreters and protective equipment, telemedicine facilities, hygiene and sanitary items, surveillance activities and setting up refugee centric isolation facilities can help lower chances of community spread in these camps.

Employment and Working Conditions

The exposure and vulnerability to COVID-19 increases with the type of employment and working conditions. From the available data and lack of refugee's law, it is clear that women of some refugee groups are highly active in informal sector like construction work, personal care, cleaning service, translation, and businesses. Incapability to work from home, participating in the gig economy, limited or no access to their own or private means of transportation, physical proximity with co-workers and lack of sufficient shielding kit options make these professions extremely risky.

Field, Tiwari and Mookherjee (2017) in the study deconstructed the concept of self-reliance among refugees in Delhi. The findings of the study reveal that self –reliance should be seen from the parameter of capabilities. The study suggests that humanitarian organizations should refocus on finance, research and programming in order to build capabilities among refugees like self-esteem and autonomy etc. In addition, more emphasis should be laid on finding long term employment opportunities and bridging the gap between refugees and natives. These suggestions are particularly relevant in the context of COVID-19 when refugees may not be able to join their old jobs.

Basu (2010) in the study reveals that in the settlements of Darjeeling the number of Tibetan women remains quite high compared to men. Most of these women belong to the old age category and organized themselves in self–help (*rang tsho*) group. They had been successful in gaining funds from the Tibetan Refugee Self Help Centre (TRSHC)[2].

Rigzin (2014) in the report has established a link between sweater selling activities and economic growth of Tibetans in India. The descriptive study digs the motivation and challenges faced by Tibetan entrepreneurs in India. The cross-sectional survey design is used to collect data from the four major settlements of India - Byllakuppe, Mundgod and Bangalore in Karnataka and MajnukaTilla in Delhi. The most common barrier that nearly all entrepreneurs faced was lack of registration of establishment followed by lack of access to finance because of their luminal status in India. Despite that, nearly 63% of respondents had a vision of a bright future. Khando (2020) in the report reveals that COVID-19 has hit the only source of income for majority of Tibetan refugees. "Majority of the winter business consists of selling sweaters. However, there have been additions of different garments over the years. Some now sell jackets, shawls and blankets, said SonamTopgyal, a Delhi resident and Head of the Tibetan refugee sweater seller community, Lal Quila."(Khando, 2020)

[2] TRSHC was established in 1961 under Indian law and was exempted from any tax, donation and gifts made to it.

Insecurityarising from absence of Refugee Law's

According to Iranian refugee, "Some refugees have valid documents from their home country, but eventually they expire. That is because we have fled our country and cannot go to its embassy in India and renew these documents since we may be in danger of being targeted." (Raja, 2020)

In a nation like India that has not ratified the Geneva Convention, 1951 refugees are requested to comply with administrative requirements for status determination, visa application and renewal under the Foreigners Act, 1946. However, respecting procedures and schedules becomes challenging as offices and service providers close or limit their working hours, and movements are restricted. Office closure and appointments rescheduling translate into delayed procedures as well as prolonged uncertainty and risk stay in detention and reception centres.

Arrests, including due to violation of curfews and social distancing measures, or not wearing masks, lead to more refugees being detained and increase the risk of losing their temporary home in India.

Discrimination, Stigmatization and Xenophobia

Scapegoating and stigmatization are recurrent reactions in the aftermath of emergencies of all kinds, including disasters, acts of terrorism, and past epidemics. Widespread hate speech and increased risk of abuses, assaults and harassments are likely to further reduce refugee's willingness to come forward for screening, testing and health care.

Along with stigmatization, refugee women's willingness is controlled by agents of patriarchy carefully and systematically. Their access to basic resources is also determined by their male counterparts.Subramaniam (2017) in the study analysed and measure gender-based sexual violence from men's perspective in the Rohingya community. The finding of the study reveals that most of the respondents show the characteristics of hegemonic masculinity. One of the contributing factors such behaviour is religion i.e. Islam. Another finding of the study shows that violence committed was accepted beyond tolerable limits of their culture.Jose (2017) also throws light on the experiences of distress and struggles confronted by Rohingya women. Trafficking and child marriage are two major issues faced by them in their pre and post-migration periods.

SimilarlyAlexander et al. (2017) in the qualitative study outlined the trajectory of violence faced by five Chin refugee women fleeing from Burma in their pre-flight, post-flight and present struggles in India using narratives in drawings form. The findings of the study show that all of these women had ambivalent memories of Burma including the familial bonds, self-sufficiency and personal development, conflicted memories. In the post-flight phase, survival and self-denigration were essential factors that contributed to their migration within India. These women had gone through the cruelties like rape, torture, abuse both physical and mental consistently. Due to the lack of a proper mechanism for their help, they rely only on God. Due to their under-representation among refugee groups in India, the issues of women are not properly inspected.

In addition to stigmatization and patriarchy, Xenophobia adds problem to the challenges faced by refugee women. "Our neighbours say things like, 'Go back, chinki coronavirus'. Go where? There's no home for us,Awi S. Duhlian, Chin Refugee Women in Delhi."(Singh, 2020)

"There is a private clinic near one of the Rohingya settlements in Delhi, but once the doctor there found out that we were Rohingyas, he refused to treat us since we were not Indian citizens" (Raja,2020). The report of Amensty International reveals that, Rohingya refugees are falsely associated with the members of TablighiJamat. A community leader for the Congolese refugees in Delhi also revealed that, "As refugees from Africa, we faced racism and discrimination in hospitals even before the lockdown and it has just gotten worse now. Even though the virus originated in China, doctors have refused to check on us because they think we have the virus since we are foreigners." (Amnesty International, 2020)

Conclusion

As India is still at acute stage of the outbreak[3], evidence of refugees specific patterns of vulnerability and of effective measures that can help address them is far from comprehensive. We may encounter refugee women in underdeveloped nations facing the brunt of the outbreak. Further, the perception of refugees as spreaders just like it did in the case of Rohingya refugees being mistaken as members of TablighiJamat may gain traction. "Border closure and restriction of international movements might endure, or being lifted in different manners, reshaping global mobility patterns for months and years." (Guadagno, 2020)

[33]Albeit the peak is achieved and decreasing number of new cases are witnessed although the number of deaths force us to remain stick with the measures taken for restraining COVID-19.

The present study focuses on the gaps, challenges and approaches before and after lockdown on the refugee women. Also, the learnings from the past crisis where refugee women had been affected along with native women reveal that the mitigation strategies whether in the crisis or after the crisis cannot work effectively unless the gender-specific vulnerabilities are addressed concerning the vulnerability linked with migratory status, refugee's socio-economic situation and xenophobia.

In the context of COVID-19 pandemic, it translates to introducing more strategies to minimize the transmission including the expansion of health care coverage to the refugees, breaking intercultural barriers especially that of language and most importantly, creating laws for refugees and provisions for refugee women specifically. This approach will be helpful not only for this crisis but also the ambiguous legal status of refugees as India move towards the recovery phase that is still uncertain. So, finding long term and sustainable solutions to refugee's socio-economic conditions are imperative for India to maximize the suggested and available measures to bounce back. Also, to dodge the re-creation of the dangerous circumstances that converted COVID-19 pandemic in a catastrophe.

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