ROHINGYA IN REFUGEE SITUATIONS

TOGETHER WE CAN

THE COVID-19 IMPACT
ON STATELESS PEOPLE
& A ROADMAP FOR CHANGE

INTRODUCTION

The COVID-19 pandemic and state responses to it have had a significant negative impact on the lives, wellbeing, and rights of the approximately 15 million stateless people around the world who have been denied a nationality, as well as tens of millions whose nationality is at risk. Globally, the devastating impacts of exclusion and denial of fundamental rights, including healthcare, during the pandemic relate to much deeper structural problems – the historic and systemic exclusion, deprivation and marginalisation of communities that have been made stateless as part of wider discriminatory political acts, or pursuant to dominant, discriminatory ideologies. COVID-19 has shone a light on these challenges and also presents a unique opportunity to raise visibility, address the structural causes of statelessness, and secure lasting change, through working directly with stateless people and being accountable to them. The same is true for **Rohingya**, where the pandemic has further brought to light the acute human rights deprivations endured by the stateless Rohingya in refugee situations.

This publication is an extract of the global report, **Together We Can: The COVID-19 Impact on Stateless People & a Roadmap for Change**,[1] published in June 2021 by the COVID-19 Emergency Statelessness Fund (CESF) Consortium,[2] a global consortium of NGOs and citizenship rights activists, initiated by the Institute on Statelessness and Inclusion (ISI) in June 2020 to respond to the impact of COVID-19 on stateless populations. It focuses on the situation of **Rohingya in refugee situations**, by presenting the Rohingya chapter of the global report, along with the **key thematic findings** and a practical 3-step **Roadmap for Change**, which provides a framework for resolving and addressing the structural discrimination and exclusion of stateless people, during times of COVID-19 and beyond.

The **Together We Can** global report is grounded in the experiences and expertise of Consortium members drawing on a mix of desk research and findings from research-based action advocacy projects being implemented by CESF consortium members in 13 countries. In addition to documenting challenges, the report identifies emerging positive practice and concrete examples from the CESF project countries. It also draws on information from other countries, solicited through an open call for information which ISI shared with partners, regular tracking of news and information on COVID-19 and statelessness by the ISI team, as published in ISI Monthly Bulletins,[3] interviews and conversations with relevant partners, and dedicated desk-based research conducted for this report. All desk research reflects public information available at the time of writing. While we have made efforts to verify the ongoing nature of practices identified, this was not always possible, and we welcome any updates or corrections from relevant stakeholders. All information is up to date as of 25 May 2021.

ACRONYMS

CESF – COVID-19 Emergency Statelessness Fund
CDM – Civil Disobedience Movement
COVID-19 – Corona Virus Disease 2019
EAO – Ethnic Armed Organisation
NGO – Non-governmental Organisation
R4R – Rohingya Human Rights Initiative
RWDN – Rohingya Women Development Network
UNHCR – United Nations High Commissioner for Refugees
WASH – Water, Sanitation and Hygiene

INJUSTICE, INEQUALITY, AND EXCLUSION DRIVE AND PERPETUATE THE MARGINALISATION OF VULNERABLE AND STIGMATISED POPULATIONS, INCLUDING STATELESS COMMUNITIES. THESE FACTORS HAVE LED TO DEVASTATING CONSEQUENCES DURING THE COVID-19 PANDEMIC, AS STATELESS PEOPLE, THE MAJORITY OF WHOM LIVE IN POVERTY, ARE FORCED TO WORK IN UNSAFE ENVIRONMENTS WITHOUT ACCESS TO HEALTH CARE, TESTING OR VACCINES. ALL OF US IN THE PUBLIC HEALTH AND HUMAN RIGHTS COMMUNITY HAVE A DUTY TO PROTECT THE RIGHT TO HEALTH CARE FOR ALL POPULATIONS, IRRESPECTIVE OF THEIR CITIZENSHIP OR IMMIGRATION STATUS. THUS, IT IS CRUCIAL THAT WE UNDERSTAND AND RESPOND TO THE WAYS IN WHICH THE PANDEMIC HAS AGGRAVATED THE ALREADY GRAVE STATELESSNESS CRISIS. THIS REPORT AND ROADMAP PROVIDE AN EXCELLENT GUIDE TO MORE INCLUSIVE APPROACHES TO ADDRESSING THE CRISIS INCUMBENT ON MULTIPLE STAKEHOLDERS, AND THEY ARE AN IMPORTANT STARTING POINT FOR ALL HEALTH AND HUMAN RIGHTS ACTORS DEDICATED TO AN EQUITABLE, INCLUSIVE, AND EFFECTIVE RESPONSE TO THE PANDEMIC.

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ROHINGYA IN REFUGEE SITUATIONS

THIS CHAPTER LOOKS MORE CLOSELY **AT RIGHT TO NATIONALITY, DOCUMENTATION AND LEGAL STATUS, EQUALITY AND NON-DISCRIMINATION, RIGHT TO HEALTH, SOCIO-ECONOMIC RIGHTS AND CIVIL AND POLITICAL RIGHTS**,[4] AND MAKES THE FOLLOWING **CALL TO ACTION** TO RELEVANT GOVERNMENTS AND OTHER STAKEHOLDERS:

ENSURE THAT ALL ROHINGYA ON THEIR TERRITORIES HAVE ACCESS TO COVID-19 TESTING, HEALTHCARE AND VACCINATION SCHEMES ON AN EQUAL BASIS TO CITIZENS.

PROVIDE ALL ROHINGYA, REGARDLESS OF THEIR LEGAL OR IMMIGRATION STATUS, EQUAL ACCESS TO SOCIAL SAFETY NETS TO ADDRESS FOOD INSECURITY, HOMELESSNESS AND ILLNESS DURING COVID-19 AND BEYOND.

CONSULT ROHINGYA COMMUNITY MEMBERS, ESPECIALLY WOMEN, WHEN CONCEPTUALISING COVID-19 RELIEF SCHEMES AND PUBLIC HEALTH INITIATIVES.

WORK WITH UNHCR TO PROTECT ROHINGYA AND OTHER REFUGEES ON THEIR TERRITORIES, INCLUDING FROM ARBITRARY AND INDEFINITE DETENTION AND FORCED REPATRIATION.

PROVIDE ROUTES FOR STATUS REGULARISATION FOR ROHINGYA AND ENSURE ACCESS TO FORMAL EDUCATION AND EMPLOYMENT.

The Rohingya are an ethnic community belonging to Rakhine State Myanmar, whose histories in Rakhine, now on the borderlands of Myanmar, by far pre-date modern nation-states and borders. The arbitrary deprivation of nationality by Myanmar, which was initiated under military rule, is a key element in the decades-long persecution of Rohingya. The persecution of Rohingya in Myanmar and their lack of protection as refugees outside Myanmar are strongly linked to Myanmar's systematic production of Rohingya statelessness. Myanmar's 1982 ethno-centric and exclusionary Citizenship Law, together with the arbitrary implementation of citizenship rules, provided a domestic framework that sanctioned **discrimination**, persecution and expulsion. The clear exclusion of Rohingya from access to citizenship by right - as opposed to a highly discretionary and arbitrary naturalisation procedure - was a deliberate next step towards the ratcheting up of abuses against the group. As such, the Rohingya have fled **institutionalised discrimination** and persecution in Myanmar over decades resulting in a large and scattered refugee population world-wide. It is estimated that three quarters of the Rohingya population currently live outside Myanmar.[5]

There are now approximately three-quarters of a million Rohingya refugees in Bangladesh and hundreds of thousands of Rohingya in other countries such as Saudi Arabia and elsewhere in the Middle East; Pakistan, India and elsewhere in South Asia; Malaysia, Thailand, Indonesia and elsewhere in Southeast Asia. A smaller number of Rohingyas have settled in Australia and New Zealand, Europe and North America. Within the contexts of the Middle East, South and Southeast Asia, Rohingyas have experienced inter-generational statelessness and continue to live in situations of protracted displacement without access to legal status or the legal right to work. This has prevented children and youths from accessing education and skills training and has driven men and women into precarious work in the informal sectors of the economy with few safety standards and no social safety nets. In times of pandemic or other external shocks, Rohingya families are at heightened risk of hunger, illness and violence. Family members in Myanmar and elsewhere who rely on remittances from those working overseas are also increasingly vulnerable to these impacts.

ROHINGYA IN MYANMAR

Myanmar's imposed statelessness on the Rohingya is related to restrictions on a range of fundamental human rights including freedom of movement, right to work, access to education and right to marry and have children. Since the mass expulsions of Rohingya in 2017, there are approximately half a million Rohingya remaining in Rakhine State Myanmar.[6] Most are contained in North Rakhine State, with others living in IDP or "detention camps" elsewhere in Rakhine State. Restrictions in Rakhine State have been further compounded by the conflict that has escalated in the past two years between the Myanmar army and the Arakan army, an EAO operating in Rakhine State. Numbers of Rohingya elsewhere in Myanmar are hard to estimate since they are not allowed to self-identify as Rohingya. On 1 February 2021, a group of top generals seized absolute power in a military coup. Since then, the CDM has gained momentum across the country, with protestors, civilians and EAOs being targeted with violence, killings and arbitrary arrests. Internet shut down's, curfews and the closure of media outlets have been imposed. Myanmar has descended into escalating civil war and has been labelled a failed state.[7] Myanmar doctors and medical staff have also been at the forefront of the strikes and CDM movement. The result is a near shut down of the government health system.[8] Mobile COVID-19 vaccination centres have been converted into mobile hospitals. 139 doctors have been arrested and charged for participating in the CDM. Hospitals have been occupied by military forces. Concerns have been raised over the impact during a time of pandemic, but since there is little reporting of incidents of COVID-19 and deaths, the impact remains unreported and unclear.[9] This is particularly alarming due to the dramatic rise in COVID-19 cases in neighbouring India, Bangladesh and in the region generally.[10]

RIGHT TO NATIONALITY, DOCUMENTATION AND LEGAL STATUS

Asylum and Refugee Situation: This chapter focuses on the countries where the CESF Consortium has a programmatic focus – Bangladesh, India and Malaysia. There are approximately 884,000 Rohingyas registered as refugees with UNHCR in Bangladesh, 18,000 in India and 103,000 in Malaysia.[11] Numbers of unregistered Rohingya refugees are harder to estimate. In Bangladesh refugees are largely contained in poor conditioned camp settings, whilst in Malaysia and India refugees are largely urban-based and scattered throughout the country. These camp and urban-based settings make for different challenges in COVID-19 responses. None of these countries are signatories to the 1951 Refugee Convention. Although UNHCR provides refugee registration processes in each of these countries, the governments do not formally recognise refugee status. As such, Rohingya refugees are officially categorised by governments as irregular or 'illegal' migrants. There are no opportunities to regularise legal status over time, so the precariousness of work, education, health and legal situations for stateless Rohingyas is experienced across multiple generations. As refugees, they have no access to work within the formal economies. There is very limited access to formal education and certification. However, non-formal religious and refugee schooling is accessed by some children. In Bangladesh, refugees access health care through NGOs working within the camps. In Malaysia and India, refugees are officially able to

get discounted health care using their refugee cards. However, during the pandemic, Rohingya refugees have reported increased and disproportionate difficulties in accessing essential work, education and healthcare.[12]

Access to Asylum and Arbitrary Detention: Additional immigration measures and pandemic-related lockdowns have also left Rohingya in India and Malaysia vulnerable to arrest and detention on arrival and in the country. With limited access to UNHCR or asylum procedures for arrivals and increased difficulty in travelling to registration centres, there are concerns that COVID-19 measures are further eroding refugee rights. In the context of increased border controls and increased incidents of xenophobia and hate speech during the pandemic, Rohingya in these countries have been rounded up and detained without recognition of their refugee status. UNHCR provides refugee status determination and refugee cards that should provide some protection from arrest or can help to secure release when Rohingya are detained as irregular migrants.[13] However, during the pandemic it has been increasingly difficult for detainees to gain access to UNHCR in detention. COVID-19 regulations have also meant that UNHCR mobile registration facilities have been more limited. In Malaysia, as a direct response to COVID-19, immigration sweeps took place during Ramadan in 2020. Many Rohingya were arrested and detained. New arrivals that managed to disembark in Malaysia were also detained.[14]

Hundreds of Rohingya are detained in immigration detention centres, prisons, juvenile detention centres and other detention facilities in India and Malaysia. There are also Rohingya detained in Bangladesh and elsewhere.[15] Rohingya arrested on immigration charges or on other minor charges are often unable to secure release once they have served out their sentences. Considered "illegal immigrants" and unrecognised as citizens of Myanmar, most are not deported through formal channels either.[16] As such many remain in indefinite detention. In India and Malaysia, the detention of Rohingya has increased since the pandemic began, as they struggle to travel and gain access to refugee registration. In February this year, Rohingya in Jammu and Kashmir were told by Indian authorities to join a 'verification' exercise. During the exercise, over 170 Rohingyas were rounded up at random and detained. Many said they had faced difficulties updating their refugee registration during the pandemic. A Supreme Court ruling rejected a petition against their deportation, paving the way for deportations to Myanmar and prolonged detention.[17]

EQUALITY AND NON-DISCRIMINATION

Gender Based Impact

"Women are often the primary carers in the family and involving women in health initiatives is crucial, so they can keep themselves and other household members safe from disease. Rohingya women in the camps need services delivered in their own Rohingya language, which is not the same as Chittagonian. This means involving the community in delivering health information and health services."

Rohingya Community Worker in Bangladesh, Sabrina Chowdhury Mona

Globally, there has been a rise in domestic and intimate partner violence during the pandemic. There are already high levels of domestic violence within Rohingya communities and heightened concerns about the impact of lockdown and unemployment within households. The increased time spent at home together and stresses related to loss of work and income profoundly impact the mental health of family members, which in turn increases the levels of domestic violence. The lockdown prevents victims of domestic violence from leaving their homes to seek help either through their informal networks or through services.[18] Around the globe in times of food shortage or food insecurity, children and women within households tend to suffer disproportionately from hunger and malnutrition.

With more limited access to the public sphere, often with little mobility beyond the home, and more language barriers to overcome, women are disproportionately impacted by the restrictions.[19] Rohingya women are more likely than men to lack up-to-date and accurate health information in Rohingya language. As primary carers within the household it is vitally important that Rohingya women are not just reached, but centrally included and consulted in public health and health education initiatives. This will ensure that women are able to effectively protect themselves and their household from disease and are able to seek medical advice and services when needed.[20]

RIGHT TO HEALTH

Camp environments in Bangladesh and India are densely populated, with limited access to sanitation. Sometimes families occupy a single room, with water and washing facilities shared between many households. Social distancing, handwashing and following other virus prevention measures have proved difficult. Such conditions leave people vulnerable to the spread of the virus and have created environments of anxiety and fear. In response to concerns about the spread of the virus, the Bangladeshi government and international aid agencies put in place important health measures, including making testing available and providing quarantine facilities.[21] The restrictions placed on mobile phone and internet access for refugees in Bangladesh in 2020, as well as lockdowns that limited camp access to NGO staff, made it difficult for all members of the Rohingya community to access health information and to engage in important community-based responses.[22] Rohingyas in India and Malaysia faced barriers to accessing healthcare prior to the pandemic, including a lack of Rohingya language interpreters and female interpreters, risks of arrest and health care costs for undocumented and refugee populations. The lockdowns and reduction in non-COVID related health services, together with the increase in xenophobia towards Rohingya has further impeded access to healthcare. This has particularly impacted Rohingya with pre-existing and long-term health conditions. It has also impacted pregnant women, who have more limited to access maternity care.

SOCIO-ECONOMIC RIGHTS

Lost Livelihoods and Food Insecurity:

"Since the arrival of COVID-19, xenophobia has increased. Rohingya in Malaysia are barred from Mosques and markets. They are systematically excluded from employment and evicted from their homes. We don't know what will happen to our community in Malaysia without work."

Founder and Director of the Rohingya Women Development Network, Sharifah Shakira

Lockdowns in both camp-based and urban refugee situations have resulted in the loss of livelihoods and food security within Rohingya households. This also has a knock-on impact on Rohingya in Myanmar and elsewhere who are reliant on remittances from their families abroad. Without legal status and work permits in Bangladesh, India and Malaysia, Rohingyas are only able to access precarious work in the informal economies. Without legal status, there are few social safety nets and no social security in situations of external shock. The COVID-19 pandemic and resultant lockdowns have hit Rohingya families hard, resulting in loss of income, loss of homes and food shortages.[23] Some Rohingya have been compelled to continue working despite the lockdown, putting themselves and their families at greater risk of infection.

In Malaysia, historically Rohingya have found a relatively safe refuge with some living there for 30-40 years. Since the start of the COVID-19 outbreak, Rohingya in Malaysia are facing unemployment and homelessness. Refugees in Malaysia live mostly in urban environments and, without humanitarian aid, they are reliant on work in the informal economy for household income. Malaysian employers stopped hiring foreigners and explicitly refused to hire Rohingya. The Malaysian Immigration Department placed banners in public places, threatening fines or imprisonment for anyone found to be hiring, protecting or renting properties to refugees. The rise of hate speech and xenophobia has led to attacks on Rohingya refugees in their workplaces or on the way to work. This has caused homeless Rohingya to move in with other families, creating conditions of overcrowding and thus increasing the risk of COVID-19.[24] In India, fake news and information on the internet pose a serious challenge for the community.[25] Following a gathering in Delhi organised by a Muslim organisation, where numerous people tested COVID-19 positive, the Rohingya in Delhi, Hyderabad, and Mewat faced extreme government scrutiny, and some refugees were quarantined based on discriminatory assumptions of them carrying COVID-19. False narratives led to forced evictions, threats and abuse.[26]

CIVIL AND POLITICAL RIGHTS

Border Closures and Dangerous Journeys: The lack of security and protection, viable livelihood opportunities and a sense of hopelessness for the future, drives onward migration for Rohingya. Without access to documentation, there are no legal routes to cross borders either by sea or land. There are also few options for secure, safe and decent work. As a result, building family lives and supporting households can be a constant struggle.[27] The closure of borders due to COVID-19 has not halted cross-border movements. Instead, the restrictions have increased the human and financial costs for Rohingya attempting the journeys.[28] COVID-19 related border closures have left refugees stranded at sea and in a situation of acute humanitarian need, lacking food, water and fuel. Hundreds have

lost their lives.[29] States have failed to cooperate to save lives and provide basic protections, leaving some Rohingyas stranded for indefinite periods on boats in the sea.[30] Travellers and their families are also increasingly vulnerable to extortion and exploitation by brokers and traffickers. The lives of those onboard the boats were also threatened in order to extort money from their families.[31] Rohingya boat travellers who were turned back to Bangladesh, were initially detained on Bhasan Char island as a COVID-19 quarantine measure in 2020. Bhasan Char is a remote and unstable island off the coast of Bangladesh. However, they have not been allowed to return to their families in the refugee camps and have remained on the island despite protests. Bangladesh has continued to relocate Rohingyas from the camps to Bhasan Char.[32] Due to the adverse social and political situation in Bangladesh, in February 2021, a group of 90 Rohingya refugees, mostly women and children, have drifted to Andaman and Nicobar Island of India while allegedly fleeing to Malaysia to reunite with their family members on a fishing boat. The boat suffered an engine failure and was drifting on the sea for a week. Eight Rohingya lost their lives on the boat, and others reported suffering from severe malnutrition and dehydration. The Indian navy approached the vessel with food, water and medical aid. However, no initiatives were taken by the government to disembark the refugees safely. As of now, the whereabouts of the Rohingya remain unknown, and no official statement has been released by the authorities.

ABOUT THE CESF CONSORTIUM PROJECTS

There are **two CESF Consortium projects** focussed on the Rohingya community. The first is a regional project, and the second provides support to Rohingya communities in India:

The objective of the **first project**, carried out by RWDN is to strengthen the capacity of vulnerable Rohingya refugees by mobilising the community to engage in discussions and resolutions of challenges faced by the Rohingya as well as taking part in mitigating the spread of COVID-19. Under this project, refugees and stateless persons in 34 camps in Bangladesh are taking part in an on-the-ground COVID-19 awareness raising campaign which includes the distribution of hygiene and sanitation packages. This project further seeks to paint a complete picture of the impact of COVID-19 on vulnerable Rohingya communities by gathering data through small-scale interviews, case studies and testimonies from affected people. The ultimate goal is to amplify discussion at the national level on the current situation of the Rohingya community, engaging experts, researchers, scholars and leaders from within the Rohingya community to represent the group and work to increase dialogue about Rohingya human rights. Further, the project has a regional component, through which these discussions are also brought to Rohingya communities in other countries.

To date 24 volunteers from the community have been trained to carry out COVID-19 awareness raising trainings and 40 awareness raising sessions have been organised for women in groups of five-six. Participants of these training sessions receive hygiene kits which include soap, face masks and feminine hygiene products. The team has further reached out to 30 Mosques in the camps and distributed hygiene packages inclusive of soap, face masks, hand sanitisers and guidance on how to include COVID-19 safety information when addressing the crowds during times of worship. 1,300 informative COVID-19 posters combined with the Ramadan calendar have been distributed around the camps and two webinars have been carried out reaching approximately 15,000 people worldwide.

RWDN one of the first female, Rohingya led organisations was created to support the Rohingya community. Founded by Sharifah Shakirah in 2016, to empower women and grow female leadership in society, their mission is to strengthen and empower Rohingya communities through education, skills training and advocacy.

The **second project**, carried out by R4R, is centred around an awareness raising campaign targeting the Rohingya community in India. The main objective is to develop training and information materials on COVID-19 and its impact, access to healthcare, mental healthcare, and education as well as access to WASH in the Rohingya language. Through building the capacity of selected Rohingya trainees, the project supports the Rohingya community and raises awareness of these issues in Delhi, Haryana, Hyderabad and Jammu and Kashmir. The project aims to empower the Rohingya community by training representatives to carry out field work and educate them on COVID-19 related health and social distancing measures. These training workshops and informational products are accompanied by a small-scale distribution of hand sanitisers and PPE.

R4R is a local, non-governmental, non-profit organisation formed by young Rohingya activists in New Delhi in 2017. They are committed to promoting the human rights for all beings, especially people from the Rohingya community residing in Bangladesh, India and Myanmar. Their mission is to highlight human rights violations of minorities, especially among the Rohingya community. R4R operates in India while also closely monitoring the living conditions of Rohingyas all around the world.

KEY GLOBAL THEMATIC FINDINGS

Many of the above findings on Rohingya in refugee situations, also resonate at the global level. As the **Together We Can report** sets out, denial of the **right to nationality, documentation and legal status** as well as **inequality and discrimination** represent the main structural challenges impacting stateless people in a cyclical and intergenerational way. The other three thematic issues addressed in the global report - **right to health, socioeconomic rights** and **civil and political rights** - relate to some of the main rights deprivations stateless people endure, exacerbated by the pandemic. These challenges are interrelated and mutually reinforcing, heightening the cost of statelessness, generating new risks of statelessness and stifling efforts to promote the right to nationality and the rights of stateless people.

THE RIGHT TO HEALTH:

The right to health should have universal application regardless of race, religion, legal status or other criteria. A year into the pandemic however, healthcare related challenges faced by stateless people have only heightened. The cost of healthcare continues to be an insurmountable hurdle for many stateless people who are excluded from healthcare plans, subsidies, insurance schemes and free healthcare. The lack of documentation has further prevented access to healthcare, while fear of arrest, detention and harassment by police or officials has also cultivated a culture of fear around accessing healthcare for stateless and undocumented people. The inability to carry out effective preventative measures including social distancing and wearing PPE, as well as lack of access to sanitation and hygiene products and facilities due to living and working conditions, also places stateless communities at great risk. The mental health impacts of lockdowns, loss of livelihoods, exposure to health risks and starvation and exclusion from state relief measures, are also significant. There is an urgent need to ensure inclusivity in the roll out of COVID-19 vaccines, rising above vaccine nationalism. Unfortunately, we are already seeing a 'citizens first' approach to vaccine distribution and worrying initiatives including vaccine passports which would further exclude stateless people.

SOCIO-ECONOMIC RIGHTS:

When the pandemic took hold in early 2020, state responses prioritised citizens to the exclusion and detriment of migrants, refugees and stateless people. Over a year into the crisis, there has been hardly any shift in the approach to social and economic support by states and other actors. There has been a significant impact on **employment and income** and consequently the **loss of livelihoods** amongst the stateless and those at risk of statelessness. Jobs are mainly found in the informal sector which have been brought to a standstill with the implementation of lockdowns and curfews. There are further **barriers to education** during lockdowns due to the nature of online classes and the need for access to equipment and the internet.

CIVIL AND POLITICAL RIGHTS:

In order to address the threat to public health, most States have implemented restrictions which limit civil and political rights. Some states have also introduced more permanent restrictions. Stateless communities and those whose nationality is at risk face ongoing restrictions and rights violations which, due to pre-existing conditions, have a disproportionately devastating impact. **Arbitrary detention, the risk of arrest and fear of harassment** by officials has impacted stateless populations and those whose nationality is at risk. For those in detention, there is an increased risk of infection due to the inability to adequately social distance or self-isolate. Restrictions on **freedom of movement** have exacerbated the impacts of COVID-19 including for those trying to seek healthcare and education outside of refugee camps and has further had an impact on livelihoods and family reunions.

THE RIGHT TO NATIONALITY, DOCUMENTATION AND LEGAL STATUS:

COVID-19 related measures have impacted the right to nationality, documentation and legal status in deeply concerning ways. Disruptions to crucial **civil registration procedures** have resulted in delays and backlogs leaving stateless people and those whose nationality is at risk in limbo, completely vulnerable to the multiple effects of COVID-19. Such documentation and registration challenges also subject people to longer-term risks of statelessness. **Unregistered births** and subsequent non-issuance of IDs can heighten the risk of statelessness, particularly among minority and border communities and those with migrant heritage. **Asylum and statelessness determination procedures** have also been disrupted, as have permanent residence applications, visa processes and other consular services.

EQUALITY AND NON-DISCRIMINATION:

Discrimination continues to be an underlying and entrenched driving force behind statelessness worldwide. There has been a rise in **hate speech, xenophobia and racism**. Minority and migrant communities have been vilified in populist political narratives and used as scapegoats for the spread of infection, including to distract from the failings of political leaders. Gender discrimination has also had a significant impact where **gender discriminatory nationality laws** deny nationality to children. Increased cases of **gender-based violence** have also been reported, where, particularly in the country contexts with gender discriminatory nationality laws, women are unable to extract themselves from unsafe situations.

For a more detailed overview of these global thematic findings and related calls to action,

TOGETHER WE CAN: A ROADPMAP TO ADDRESS THE COVID-19 IMPACT ON STATELESS PEOPLE

This roadmap serves as a framework for resolving and addressing the structural discrimination and exclusion of stateless people during times of COVID-19 and beyond. The starting point is that change is within our grasp and can be achieved through creative, committed and courageous action. **Together we can** and **together we must** address the structural discrimination underlying statelessness, protect the rights of stateless people and meet their emergency needs. The Roadmap informs and guides the necessary inclusive responses of multiple stakeholders including governments, UN actors, humanitarian agencies, donors and NGOs.

1 CHECK FOR INSTITUTIONAL BLIND-SPOTS

We invite states, UN actors, humanitarian groups and other stakeholders to engage in careful **introspection**, check for **institutional blind-spots**, and **review and reform** policies and practices to **ensure that stateless people are prioritised, their particular contexts and needs are understood and addressed and they are not excluded or left behind** through:

- ***strengthening awareness*** of the issue at all levels;
- ***acknowledging*** historical failures;
- ***collecting and sharing information*** on statelessness and nationality rights deprivations; and
- ***resourcing*** the enhancement of capacities, collaborations and funding.

2 INCLUDE, CONSULT & ENGAGE IN DIALOGUE

We invite activists and NGOs to **make their expertise available** and those in positions of power, to have **open consultation** and **meaningful and constructive dialogue** with affected communities, and commit to **including stateless people on equal terms** by:

- ***consulting*** with activists and affected communities;
- ***building trust*** and strengthening solidarity with stateless communities;
- ***meeting the needs and priorities*** of affected communities and ensuring their meaningful participation; and
- ***facilitating wider discourse*** within society and institutions on equality, inclusion and the right to nationality.

3 BUILD BACK BETTER

We invite all actors to learn the hard lessons that the pandemic has taught us and invest in **future-proofing**, ensuring a **lasting commitment to breaking down the pervasive injustice, indignity, inequality, deprivation and exclusion that stateless people face**, focusing on:

- ***implementing reforms*** to address discriminatory laws, policies and practices;
- ***redressing*** the intergenerational disadvantage and legacy of statelessness;
- ***being accountable*** to stateless communities and activists;
- ***monitoring*** the performance and progress of states;
- ***ensuring access to justice and reparations*** for stateless people; and
- ***sustainably investing*** in inclusive societies.

STATELESSNESS DOES NOT ONLY EXIST IN HISTORY BUT IS ONGOING, IN REAL TIME AND IN PRACTICALLY EVERY CORNER OF THE WORLD. EVEN THOUGH STATELESSNESS INTERSECTS WITH EVERY OTHER HUMAN RIGHTS VIOLATION, IT REMAINS LARGELY UNKNOWN AND MISUNDERSTOOD. THE LARGE STATELESSNESS KNOWLEDGE GAP, EVEN AMONG PROMINENT DEVELOPMENT, MIGRATION, HUMANITARIAN AND HUMAN RIGHTS ACTORS, IS A CHALLENGE AND BURDEN FOR STATELESS PEOPLE LIKE ME, GLOBALLY. WE ARE NOT JUST A COLLECTION OF STORIES. WE ARE OUR OWN ADVOCATES AND EXPERTS THROUGH OUR LIVED EXPERIENCES. THIS REPORT RECOGNISES STATELESS PEOPLE AS LEADERS WHO MUST SHAPE THE VISION AND MAKE DECISIONS ABOUT THE PRIORITIES THAT DIRECTLY AFFECT OUR LIVES, OUR FAMILIES AND OUR COMMUNITIES. THE ROADMAP OFFERS A WAY FORWARD FOR OUR ALLIES TO CHECK THEIR STATELESSNESS BLIND-SPOTS, CENTRE US IN THEIR ACTIONS AND BE ACCOUNTABLE US WHEN DELIVERING THEIR MANDATES. WE CANNOT END STATELESSNESS BY OURSELVES. TOGETHER WE MUST WORK TO ENVISION A WORLD WHERE NOBODY IS DEPRIVED OF NATIONALITY BASED ON THEIR RACE, ETHNICITY, SEX, GENDER, OR RELIGION. A WORLD WHERE EVERYONE'S HUMAN RIGHT TO NATIONALITY IS PROTECTED AND UPHELD, AND WHERE STATELESSNESS IS TRULY RELEGATED TO THE HISTORY BOOKS.

KARINA AMBARTSOUMIAN-CLOUGH,
FOUNDING MEMBER &
EXECUTIVE DIRECTOR,
UNITED STATELESS

[1] CESF Consortium, 'Together we Can: The COVID-19 Impact on Stateless People & A Roadmap for Change,' (2021), available at: https://files.institutesi.org/together_we_can_report_2021.pdf.
[2] For more information about the CESF Consortium, see: https://files.institutesi.org/CESF_Brochure_2021.pdf.
[3] ISI Monthly Bulletins and other key resources can be viewed here: https://www.institutesi.org/resources.
[4] See further Chapter on Right to Nationality, Documentation and Legal Status, Chapter on Equality and Non-Discrimination, Chapter on Socio-Economic Rights, Chapter on Right to Health and Chapter on Civil and Political Rights in Part 2 of 'Together We Can: The COVID-19 Impact on Stateless People and Roadmap for Change,' (2021), available at: https://files.institutesi.org/together_we_can_report_2021.pdf.
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