

# OPERATIONAL GUIDANCE NOTE BANGLADESH

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# 1. Introduction

- **1.1** This document provides UK Border Agency Case owners with guidance on the nature and handling of the most common types of claims received from nationals/residents of Bangladesh, including whether claims are or are not likely to justify the granting of asylum, Humanitarian Protection or Discretionary Leave. Case owners must refer to the relevant Asylum Instructions for further details of the policy on these areas.
- **1.2** Case owners *must not* base decisions on the country of origin information in this guidance; it is included to provide context only and does not purport to be comprehensive. The conclusions in this guidance are based on the totality of the available evidence, not just the brief extracts contained herein, and Case owners must likewise take into account all available evidence. It is therefore essential that this guidance is read in conjunction with the relevant COI Service country of origin information and any other relevant information.

COI Service information is published on Horizon and on the internet at:

# http://www.homeoffice.gov.uk/rds/country\_reports.html

**1.3** Claims should be considered on an individual basis, but taking full account of the guidance contained in this document. In considering claims where the main applicant has dependent family members who are a part of his/her claim, account must be taken of the situation of all the dependent family members included in the claim in accordance with the Asylum Instruction on Article 8 ECHR. If, following consideration, a claim is to be refused, case owners should consider whether it can be certified as clearly unfounded under the case by case certification power in section 94(2) of the Nationality Immigration and Asylum Act 2002. A claim will be clearly unfounded if it is so clearly without substance that it is bound to fail.

# 2. <u>Country assessment</u>

**2.1** Case owners should refer the relevant COI Service country of origin information material. An overview of the country situation including headline facts and figures about the population, capital city, currency as well as geography, recent history and current politics can also be found in the relevant FCO country profile at:

http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/country-profile/

**2.2** An overview of the human rights situation in certain countries can also be found in the FCO Annual Report on Human Rights which examines developments in countries where human rights issues are of greatest concern:

http://centralcontent.fco.gov.uk/resources/en/pdf/human-rights-reports/human-rights-report-2009

#### 3. <u>Main categories of claims</u>

- **3.1** This Section sets out the main types of asylum claim, human rights claim and Humanitarian Protection claim (whether explicit or implied) made by those entitled to reside in Bangladesh. It also contains any common claims that may raise issues covered by the Asylum Instructions on Discretionary Leave. Where appropriate it provides guidance on whether or not an individual making a claim is likely to face a real risk of persecution, unlawful killing or torture or inhuman or degrading treatment/ punishment. It also provides guidance on whether or not sufficiency of protection is available in cases where the threat comes from a non-state actor; and whether or not internal relocation is an option. The law and policies on persecution, Humanitarian Protection, sufficiency of protection and internal relocation are set out in the relevant Asylum Instructions, but how these affect particular categories of claim are set out in the instructions below.
- **3.2** Each claim should be assessed to determine whether there are reasonable grounds for believing that the applicant would, if returned, face persecution for a Convention reason i.e. due to their race, religion, nationality, membership of a particular social group or political opinion. The approach set out in *Karanakaran* should be followed when deciding how much weight to be given to the material provided in support of the claim (see the Asylum Instructions on Considering the Asylum Claim).
- **3.3** If the applicant does not qualify for asylum, consideration should be given as to whether a grant of Humanitarian Protection is appropriate. If the applicant qualifies for neither asylum nor Humanitarian Protection, consideration should be given as to whether he/she qualifies for Discretionary Leave, either on the basis of the particular categories detailed in Section 4 or on their individual circumstances.
- **3.4** All Asylum Instructions can be accessed via the on the Horizon intranet site. The instructions are also published externally on the Home Office internet site at:

http://www.ind.homeoffice.gov.uk/documents/asylumpolicyinstructions/

# 3.5 Credibility

**3.5.1** This guidance is **not** designed to cover issues of credibility. Case owners will need to consider credibility issues based on all the information available to them. For guidance on credibility see para 11 of the Asylum Instructions on 'Considering the Asylum Claim' and 'Assessing Credibility in Asylum and Human Rights claims'. Case owners must also ensure that each asylum application has been checked against previous UK visa applications. Where an asylum application has been biometrically matched to a previous visa application, details should already be in the Home Office file. In all other cases, the case owner should satisfy themselves through CRS database checks that there is no match to a non-biometric visa. Asylum applications matched to visas should be investigated prior to the asylum interview, including obtaining the Visa Application Form (VAF) from the visa post that processed the application.

# 3.6 Members of political parties

- **3.6.1** Some applicants will apply for asylum or make a human rights claim based on ill-treatment amounting to persecution at the hands of the Bangladesh authorities due to their involvement with political organisations. Applicants may fall into one of three categories:
  - high profile political activists, i.e. those who are known beyond their local area perhaps because of police interest or media coverage, may claim a fear of persecution or illtreatment on return to Bangladesh as a consequence of their political activity.
  - those who have participated in low level political activity at local level, and who express fear of ill-treatment at the hands of local police (or rogue state agents) politically aligned in opposition to them.
  - fear of ill-treatment by non state agents for example members of opposing political parties or opposing factions within their own party.
- **3.6.2** *Treatment.* In December 2008 the Awami League alliance led by former PM Sheikh Hasina won a landslide victory in general elections, capturing more than 250 of 300 seats in parliament. International observers declared the vote broadly free and fair. The United Nations Development Programme (UNDP) noted in a press release of 11 January 2009 that "Bangladesh's 9th parliamentary election was being hailed as the country's most transparent, credible, and peaceful election ever." Sheikh Hasina was sworn in as Prime Minister in January 2009. Prior to the general election, the country had been run by a military-backed interim government (between January 2007 and December 2008).<sup>1</sup>
- **3.6.3** The constitution prohibits arbitrary arrest and detention; however, the law permits authorities to arrest and detain persons suspected of criminal activity without an order from a magistrate or a warrant. Following the declaration of a state of emergency in 2007, the then government promulgated the Emergency Power Rules that allowed the authorities to detain citizens without filing formal charges or specific complaints. The then government relaxed the state of emergency in August and early December before fully lifting it on 17 December 2008. Arbitrary arrests were common, and the government held persons in detention without specific charges, often to collect information about other suspects.<sup>2</sup>
- **3.6.4** The main opposition parties in Bangladesh are Bangladesh Nationalist Party (BNP), Islami Oikya Jote (IOJ), Jamaat-e-Islami, Jatiya Party (Ershad), Bangladesh Jatiya Party (N-F) and Jatiya Party (Manju). Tensions between the two main political parties, the Bangladesh National Party (BNP) and the Awami League (AL), have continued in recent years with political violence during demonstrations and general strikes having killed hundreds of people in major cities and injured thousands, and police often used excessive force against opposition protesters. Student wings of political parties continued to be embroiled in violent campus conflicts. The incidence of violence between rival party supporters declined in 2007 and 2008 but following the return of an elected government, reports of politically motivated violence increased slightly. According to local non-governmental organisations, 251 persons reportedly died and 15,559 persons were injured in political violence in 2009. <sup>3</sup>
- **3.6.5** Most of those killed have been in clashes between supporters/activists of the Awami League, BNP and Jamaat-e-Islami and their affiliated student organisations, and between members of two opposing factions of Bangladesh Chhatra League, the student association of the AL. Violence involving members of student organisations affiliated to the main political parties has occurred frequently in Bangladesh. This has not been co-ordinated on a nationwide basis, but has typically involved small groups of students in a specific university or college or area who are vying for control of the local area. In most instances over the past few years, clashes have been between activists of the Awami League-affiliated student

<sup>&</sup>lt;sup>1</sup> COI Service Bangladesh Country Report March 2010

<sup>&</sup>lt;sup>2</sup> COI Service Bangladesh Country Report March 2010

<sup>&</sup>lt;sup>3</sup> COI Service Bangladesh Country Report March 2010

organisation Bangladesh Chhatra League (BCL) on the one side, and the BNP's Jatiyabadi Chhatra Dal (JCD) and/or Jamaat-e-Islami's 'Islami Chhatra Shibir' (ICS) on the opposing side.<sup>4</sup>

- **3.6.6** There is no reliable estimate of the number of persons detained for political reasons. Many high-level officials detained during the state of emergency were also widely suspected of corruption and had credible charges of corruption pending against them.<sup>5</sup> During 2009, the government began to identify and withdraw 1,817 allegedly "politically motivated" cases which had been brought under the regular penal code and the Anticorruption Commission Act during the former caretaker government's time in office. The government also set up an inter-ministerial committee to review the applications of individuals alleging cases filed against them were politically motivated. Initially, the majority of the cases recommended for withdrawal appeared to be those brought against AL members. However, in August and September 2009 the committee recommended withdrawal of cases against a number of BNP members.<sup>6</sup>
- **3.6.7** *Sufficiency of protection.* The internal security establishment in Bangladesh consists primarily of the Police and four auxiliary forces: the Bangladesh Rifles (BDR), the Rapid Action Battalion (RAB), the Ansars and the Village Defence Party, all of which are organised nationally under the control of the Ministry of Home Affairs and have a mandate to maintain internal security and law and order. Under recent governments, police were generally ineffective and reluctant to investigate persons affiliated with the ruling party. After the declaration of a state of emergency, the government formed a Joint Task Force, composed of police, the RAB, the military, and other security agencies, and gave the special new teams responsibility for enforcing the state of emergency. The Directorate General of Forces Intelligence, a military intelligence agency, assumed the lead in enforcing the state of emergency by investigating corruption charges and interrogating suspects.<sup>7</sup>
- **3.6.8** The RAB received human rights training sponsored by foreign governments, the UN Development Program, and a local NGO, the Bangladesh Society for Enforcement of Human Rights (BSEHR). The government took steps to address widespread police corruption and a severe lack of training and discipline. The inspector general of police continued to implement a new strategy, partially funded by international donors, for training police, addressing corruption, and creating a more responsive police force. <sup>8</sup>
- **3.6.9** Those applicants whose fear is of ill-treatment amounting to persecution by the state authorities cannot apply to those authorities for protection. Applicants who claim to be in fear of local police / rogue state agents, who are politically motivated and with views in opposition to theirs, cannot in those circumstances, be reasonably expected to approach the local police for protection. With regard to applicants fearing ill-treatment by non state agents, case owners should assess sufficiency of protection on the particular facts of the case, relevant factors being the extent to which the applicant has sought and been able to obtain police protection and weighed against reports of widespread ineffectiveness of the police.
- **3.6.10** *Internal relocation.* The law provides for freedom of movement, and the government respects these rights in practice with specific exceptions; the government prevented persons suspected of corruption from leaving the country.<sup>9</sup>.Political violence in Bangladesh is generally localised, so internal relocation will be a viable option in most cases. Where the ill-treatment feared is at the hands of local police/rogue state agents or non-state agents, individuals can relocate to areas where their political opinions do not bring them to

<sup>&</sup>lt;sup>4</sup> COI Service Bangladesh Country Report March 2010

<sup>&</sup>lt;sup>5</sup> COI Service Bangladesh Country Report March 2010

<sup>&</sup>lt;sup>6</sup> COI Service Bangladesh Country Report March 2010 & USSD 2009

<sup>&</sup>lt;sup>7</sup> COI Service Bangladesh Country Report March 2010 (Security Forces)

<sup>&</sup>lt;sup>8</sup> U.S Department of State 2009 Country Report on Human Rights Practices – Bangladesh

<sup>&</sup>lt;sup>9</sup> COI Service Bangladesh Country Report March 2010 (Freedom of Movement)

the attention of the local police, or to areas where they are in the political majority. It is highly unlikely that such individuals will be pursued outside of the local area. It would not be unduly harsh to expect individuals to relocate in these circumstances. In cases where the fear is of ill treatment/persecution by the state authorities relocation to a different area of the country to escape this threat is not feasible.

### 3.6.11 Caselaw.

**EWHC 189 (Admin) Husan [2005].** In this case involving an individual who had left the student wing of the BNP and joined the student wing of the Awami League, the High Court held that there was no evidence that the individual concerned was a marked man nationally and that he could therefore relocate. The court upheld the Secretary of State's decision to certify this case as clearly unfounded.

- **3.6.12** *Conclusion.* Case owners must assess the credibility of the applicant and the evidence they submit in accordance with the relevant Asylum Instructions (see para 3.2 3.5 above). The exact nature of the claimed political activity and level of political involvement should be thoroughly investigated.
- **3.6.13** Case owners should assess on an individual case by case basis whether there may be a real risk that high profile activists will encounter persecution or ill-treatment by the government as a consequence of their political opinion. There is no evidence to suggest any systematic persecution of political opponents, indeed the evidence is that the government is actively reviewing the cases of those detained under the former government for alleged "politically motivated" reasons. Case owners should carefully examine whether those claiming asylum on this basis are in fact fearing prosecution for criminal offences (for example corruption) rather than persecution for reason of their political opinion.
- **3.6.14** Whilst protection from governmental sources may not be available in all cases, those in fear of ill-treatment by local police /rogue state agents or members of opposing political parties or in fear of opposing factions within their own party will generally be able to relocate internally away from the area where they are at risk. Claims made on this basis are therefore also likely to be clearly unfounded and will fall to be certified. A grant of asylum or HP would only be appropriate in exceptional cases, where an individual was able to show that he/she remained at risk because of specific factors relating to his/her particular history, and internal relocation was not an option.

#### 3.7 Prison conditions

- **3.7.1** Applicants may claim that they cannot return to Bangladesh due to the fact that there is a serious risk that they will be imprisoned on return and that prison conditions in the Bangladesh are so poor as to amount to torture or inhuman treatment or punishment.
- **3.7.2** The guidance in this section is concerned solely with whether prison conditions are such that they breach Article 3 of ECHR and warrant a grant of Humanitarian Protection. If imprisonment would be for a Refugee Convention reason or in cases where for a Convention reason a prison sentence is extended above the norm, the claim should be considered as a whole but it is not necessary for prison conditions to breach Article 3 in order to justify a grant of asylum.
- **3.7.3** *Consideration.* Prison system conditions remained abysmal due to overcrowding, inadequate facilities, and lack of proper sanitation. Human rights observers believed these conditions contributed to 48 custodial deaths during 2009. According to the government, the existing prison population at the end of 2009 was 71,880 or more than 250 percent of the official prison capacity of 28,688. Of the entire prison population, approximately one-third of the detainees had been convicted. The rest were either awaiting trial or detained for investigation. Due to the severe backlog of cases, individuals awaiting trial often spent more time in jail than if they had been convicted and served a maximum sentence. In most

cases, prisoners slept in shifts because of the overcrowding and did not have adequate bathroom facilities.<sup>10</sup>

- **3.7.3** On the 1 January 2010 Odhikar noted in its Human Rights Report that the prisons of Bangladesh were afflicted with various problems, which did nothing to improve the situation of their inmates. One of the main factors is the condition of the prison buildings. The cells are small and cramped, with poor sanitation and inadequate ventilation. Many of the buildings are dilapidated and are, throughout the years, accommodating prisoners beyond cell capacity; low quality food; lack of adequate medical facilities; crime; the spread of various kinds of disease and torture have all led to deaths of the prisoners in Bangladesh.<sup>11</sup>
- **3.7.4** In general the government did not permit prison visits by independent human rights monitors, including the International Committee of the Red Cross. Government-appointed committees of prominent private citizens in each prisons locality monitored prisons monthly but did not release their findings. District judges occasionally visited prisons, but rarely disclosed their findings.<sup>12</sup>

#### 3.7.5 Caselaw.

SH (prison conditions) Bangladesh CG [2008] UKAIT 00076. The Tribunal concluded that prison conditions in Bangladesh, at least for ordinary prisoners; do not violate Article 3 of the ECHR. The Tribunal stated that this does not mean an individual who faces prison on return to Bangladesh can never succeed in showing a violation of Article 3 in the particular circumstances of his case. The individual facts of each case should be considered to determine whether detention will cause a particular individual in his particular circumstances to suffer treatment contrary to Article 3. In view of the significant changes in Bangladesh politics in recent years, the Tribunal removed AA(Bihari-Camps) Bangladesh CG [2002] UKIAT 01995, H (Fair Trial) Bangladesh CG [2002] UKIAT 05410 and GA (Risk-Bihari) Bangladesh CG [2002] UKIAT 05810 from the list of country guidance cases.

**3.7.6** *Conclusion.* Whilst prison conditions in Bangladesh are poor with overcrowding in some establishments being a particular problem, conditions are unlikely to reach the Article 3 threshold. Therefore, even where applicants can demonstrate a real risk of imprisonment on return to Bangladesh a grant of Humanitarian Protection will not generally be appropriate. However, the individual factors of each case should be considered to determine whether detention will cause a particular individual in his particular circumstances to suffer treatment contrary to Article 3, relevant factors being the likely length of detention the likely type of detention facility and the individual's age and state of health. Where in an individual case treatment does reach the Article 3 threshold a grant of Humanitarian Protection will be appropriate.

### 4. Discretionary Leave

- **4.1** Where an application for asylum and Humanitarian Protection falls to be refused there may be compelling reasons for granting Discretionary Leave (DL) to the individual concerned. (See Asylum Instructions on Discretionary Leave) Where the claim includes dependent family members consideration must also be given to the particular situation of those dependants in accordance with the Asylum Instructions on Article 8 ECHR.
- **4.2** With particular reference to Bangladesh the types of claim which may raise the issue of whether or not it will be appropriate to grant DL are likely to fall within the following categories. Each case must be considered on its individual merits and membership of one of these groups should *not* imply an automatic grant of DL. There may be other specific circumstances related to the applicant, or dependent family members who are part of the

<sup>&</sup>lt;sup>10</sup> COI Service Bangladesh Country Report March 2010 (Prison Conditions) & USSD Report 2009

<sup>&</sup>lt;sup>11</sup> COI Service Bangladesh Country Report March 2010 (Prison Conditions) & USSD Report 2009

<sup>&</sup>lt;sup>12</sup> COI Service Bangladesh Country Report March 2010 (Prison Conditions)

claim, not covered by the categories below which warrant a grant of DL - see the Asylum Instructions on Discretionary Leave and on Article 8 ECHR.

# 4.3 Minors claiming in their own right

**4.3.1** Minors claiming in their own right who have not been granted asylum or HP can only be returned where (a) they have family to return to; or (b) there are adequate reception and care arrangements. Those who cannot be returned should, if they do not qualify for leave on any more favourable grounds, be granted Discretionary Leave for a period as set out in the relevant Asylum Instructions.

#### 4.4 Medical treatment

- **4.4.1** Applicants may claim they cannot return to Bangladesh due to a lack of specific medical treatment. See the IDI on Medical Treatment which sets out in detail the requirements for Article 3 and/or 8 to be engaged.
- **4.4.2** According to the Ministry of Health and Family Welfare (MOHFW) Health Bulletin 2009 Bangladesh has made some significant progress in health outcomes. Infant and child mortality rates have been markedly reduced. The prevalence of malaria has dropped and has achieved significant success in halting and reversing the spread of tuberculosis. Polio and leprosy are virtually eliminated and HIV prevalence is very low. Development of countrywide network of health care infrastructure in the public sector is remarkable. However, availability of drugs at the health facilities, deployment of adequate health professionals along with maintenance of the health care facilities remain crucial issues, impacting on optimum utilization of public health facilities.<sup>13</sup>
- **4.4.3** Bangladesh has managed to develop a nationwide network of health services delivering different levels of health care. A wide range of government and non-government institutes have also been developed with the aim of providing a need-based health workforce, capable in addressing the health of the people and efficient in utilising the available resources. The government owned health workforce has produced institutes include one medical university, five post-graduate medical institutes, thirteen medical colleges, one dental college, one nursing college, thirty eight nursing institutes, two institutes for health technology and eight medical assistant training schools. The non-government sector runs nineteen medical colleges, six dental colleges, and three institutes for health technology. Admission capacity and output of each category and institute varies. The Service Delivery Survey and repeated Annual Performance Reviews of the Health and Population Sector Programme, highlighted the essential need for improving the human resource management and development functions, in order to achieve the goal of the health system in Bangladesh, of which is improving the health of the people and fulfilling their expectation.<sup>14</sup>
- **4.4.4** Changes in human resources for health have however, taken place in recent years leading to overall improvement in the coverage of health services. These include production and deployment of more health and health-related personnel, refresher training for health personnel in service, and greater use of health volunteers. Action are being taken, which include the establishment of a permanent health institute, formulation of a human resource development plan, and enhancing the quality of medical education. Bangladesh had a national essential policy and a list of essential drugs to be procured and used in health services. These have been maintained to date.<sup>15</sup>
- **4.4.5** According to the Bangladesh MOHFW Health Bulletin 2009 there were 38,171 hospital beds, 49,994 registered physicians and 14,377 registered nurses in the public sector. The

<sup>&</sup>lt;sup>13</sup> MOHFW Health bulletin 2009

<sup>&</sup>lt;sup>14</sup> World Health Organisation Bangladesh: Human Resources for Health April 2010

<sup>&</sup>lt;sup>15</sup> COI Service Bangladesh Country Report March 2010 (Medical Issues)

private sector provides the major proportion of outpatient curative care, especially among the poor, while the public sector serves the larger proportion of inpatient care.<sup>16</sup>

- **4.4.6** According to the World Health Organisation (WHO) mental health has been hidden behind a curtain of stigma and discrimination. In Bangladesh, mental health activities are generally concentrated on hospital-based psychiatry, which is grossly inadequate. There is an increasing awareness of the need to shift the emphasis to a community-based mental health programme. Development of mental health policy, innovative community-based programme, advocacy and awareness campaigns and support for research are essential. Substance abuse and drug dependence have shown significant increase in Bangladesh so capacity building, advocacy and awareness campaigns, innovative community-based management programmes, development of training material, support for research on issues related to substance abuse are required. There is no reliable data on the prevalence of mental illness in the country. Based on global estimates, there are 14 million mentally ill people in the country that is 0.5% of the population are mentally disabled. There are seventy qualified psychiatrists and 1 hospital bed for 200,000 people in the country.<sup>17</sup>
- **4.4.7** Mental health care is provided at the primary level by primary care physicians and health workers, at the secondary level by district hospitals, though only one hospital is equipped to provide the services, and at tertiary level by teaching hospitals. Of the 12 drugs for mental disorders listed on the WHO Essential Medicines for Mental Disorders 2007, only four were not available in Bangladesh.<sup>18</sup> Alternative Medicine has been playing a significant role in the health care delivery system in Bangladesh. Although tremendous progress has taken place in the field of modern medicine, the practice and use of Alternative Medicine 45 Medical Officers have been appointed so that patients have the option to receive this type of treatment according to their choice.<sup>19</sup>
- **4.4.8** Bangladesh is a country with low HIV prevalence but high 'vulnerability'. Bangladesh has documented the lowest condom use, very high numbers of clients of sex workers, low knowledge of HIV/AIDS, and extensive needle/syringe sharing by drug users in the region. In spite of this, national commitment to HIV/AIDS prevention and care is reportedly high. The BNP government's National Strategic Plan on HIV/AIDS for the period 2004 to 2010 was formally launched in May 2005 to coordinate and fund a national response to HIV. The government also works with the World Bank on a US \$40 million HIV/AIDS Prevention Project.<sup>20</sup>
- **4.4.9** The Article 3 threshold will not be reached in the majority of medical cases and a grant of Discretionary Leave will not usually be appropriate. Where a case owner considers that the circumstances of the individual applicant and the situation in the country reach the threshold detailed in the IDI on Medical Treatment making removal contrary to Article 3 or 8, a grant of Discretionary Leave to remain will be appropriate. Such cases should always be referred to a Senior Caseworker for consideration prior to a grant of Discretionary Leave.

# 5. <u>Returns</u>

**5.1** There is no policy which precludes the enforced return to Bangladesh of failed asylum seekers who have no legal basis of stay in the United Kingdom.

<sup>&</sup>lt;sup>16</sup> COI Service Bangladesh Country Report March 2010 (Medical Issues) & Government of the People's Republic of Bangladesh. Ministry of Health and Family Welfare – Health bulletin 2009

<sup>&</sup>lt;sup>17</sup> World Health Organisation : Mental Health and Substance Abuse: May 2010

<sup>&</sup>lt;sup>18</sup> COI Service Bangladesh Country Report March 2010 (Medical Issues) and World Health Organisation: Essential Medicines for Mental Disorders: March 2007

<sup>&</sup>lt;sup>19</sup> MOHFW Health Bulletin 2009

<sup>&</sup>lt;sup>20</sup> COI Service Bangladesh Country Report March 2010 (Medical Issues)

- **5.2** Factors that affect the practicality of return such as the difficulty or otherwise of obtaining a travel document should not be taken into account when considering the merits of an asylum or human rights claim. Where the claim includes dependent family members their situation on return should however be considered in line with the Immigration Rules, in particular paragraph 395C requires the consideration of all relevant factors known to the Secretary of State, and with regard to family members refers also to the factors listed in paragraphs 365-368 of the Immigration Rules.
- **5.2** Bangladeshi nationals may return voluntarily to any region of Bangladesh at any time in one of three ways: (a) leaving the UK by themselves, where the applicant makes their own arrangements to leave the UK, (b) leaving the UK through the voluntary departure procedure, arranged through the UK Border Agency, (c) leaving the UK under one of the Assisted Voluntary Return (AVR) schemes. The AVR scheme is implemented on behalf of the UK Border Agency by the International Organization for Migration (IOM) and co-funded by the European Refugee Fund. IOM will provide advice and help with obtaining any travel documents and booking flights, as well as organising reintegration assistance in Bangladesh. The programme was established in 1999, and is open to those awaiting an asylum decision or the outcome of an appeal, as well as failed asylum seekers. Bangladesh nationals wishing to avail themselves of this opportunity for assisted return to Bangladesh should be put in contact with the IOM offices in London on 0800 783 2332 or www.iomlondon.org.

# 6. <u>List of source documents</u>

A full list of source documents cited in footnotes in this guidance is set out below:

- Home Office COI Service Bangladesh Country of Origin Information Report March 2010 <u>http://www.homeoffice.gov.uk/rds/country\_reports.html</u>
- BBC News 'Sense of joy at Bangladesh poll' dated 29 December 2008 <u>http://news.bbc.co.uk/1/hi/world/south\_asia/7802911.stm</u>
- Bangladesh: Amnesty International Report 2009 <u>http://report2009.amnesty.org/en/regions/asia-pacific/bangladesh</u>
- Foreign and Commonwealth Country Profile 2009: Bangladesh (Last Reviewed 22 July 2009) http://fco.gov.uk/en/about-the-fco/country-profiles/asia-oceania/bangladesh
- British Broadcasting Corporation (BBC) News 'Sense of joy at Bangladesh Polls' dated 29 December 2008 <u>http://news.bbc.co.uk/1/hi/world/south\_asia/7802911.stm</u>
- Human Rights Watch World Report 2009: Bangladesh <u>http://www.hrw.org/en/node/79296</u>
- U.S Department of State Report on Human Rights Practices 2009: Bangladesh (Released 11 March 2010). <u>http://www.state.gov/g/drl/rls/hrrpt/2009/sca/136085.htm</u>
- U.S Department of State International Religious Freedom Report 2009: Bangladesh (Released 26 October 2009) <u>http://www.state.gov/g/drl/rls/irf/2009/127363.htm</u>
- UNHCR Refworld 2009 Country Reports on Human Rights Practices Bangladesh (Released 11 March 2010) http://www.unhcr.org/refworld/country,,,,BGD,,4b9e53136e,0.html
- Government of the People's Republic of Bangladesh. Ministry of Health and Family Welfare – Health Bulletin 2009

http://www.dghs.gov.bd/index.php?option=com\_docman&task=doc\_download&gid=2&Itemid=58 DGHS Bangladesh Health Bulletins

- World Health Organisation: Mental Health and Substance Abuse: May 2010 <u>http://www.who.int/mental\_health/en</u>
- World Health Organisation: Pharmacological treatment of mental disorders in primary healthcare <u>http://www.who.int/mental\_health/management/psychotropic/en/index.html</u>
- World Health Organisation: Mental Health and Substance Abuse <u>http://www.whoban.org/nc\_mental\_health.html</u>
- World Health Organisation: Human Resources For Health <u>http://www.whoban.org/hr\_for\_health.html</u>

Country Specific Litigation Team Immigration Group, UKBA

October 2010