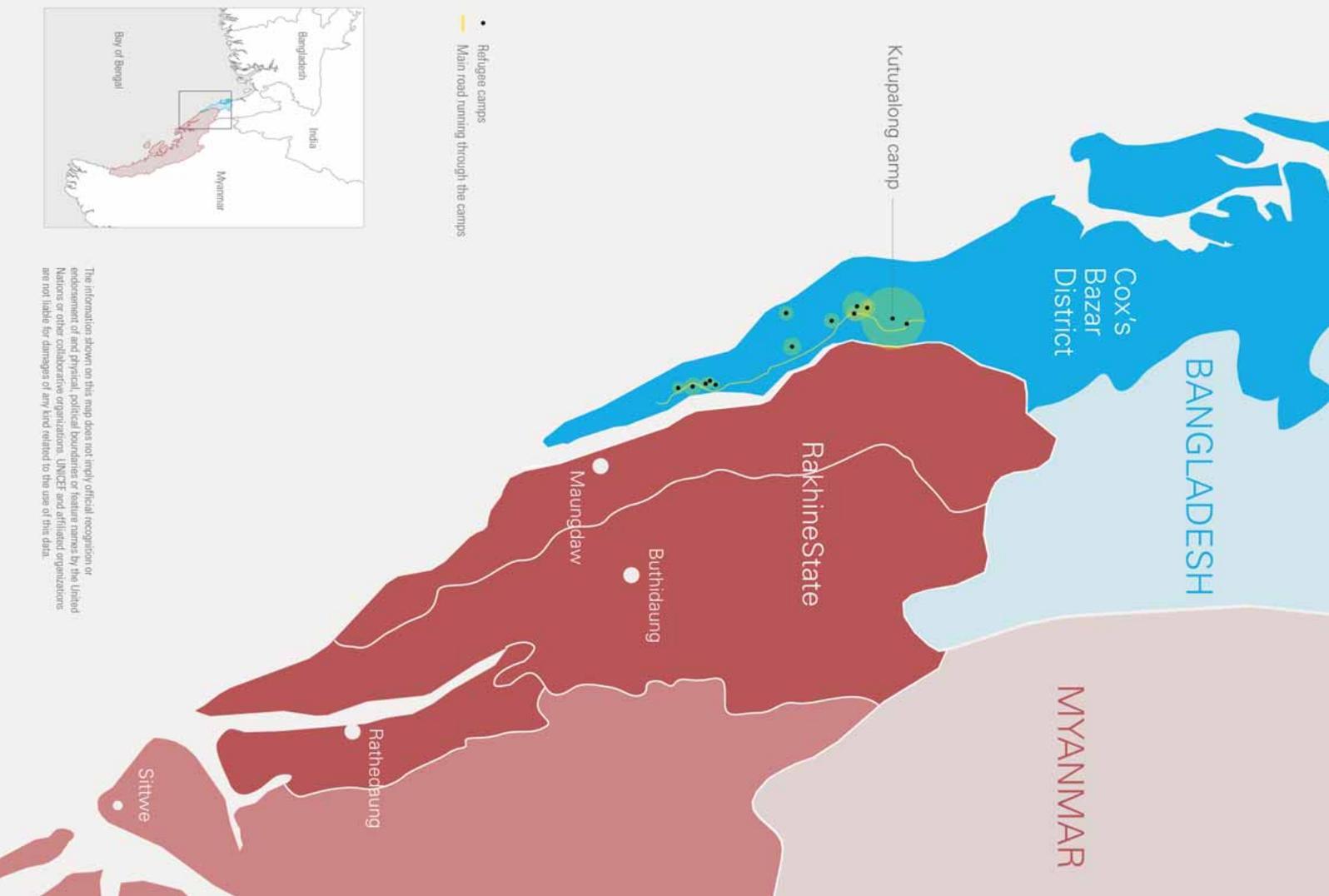


FUTURES IN THE BALANCE

BUILDING HOPE FOR A GENERATION
OF ROHINGYA CHILDREN

FUTURES IN THE BALANCE
BUILDING HOPE FOR A GENERATION OF ROHINGYA CHILDREN



- Refugee camps
- Main road running through the camps

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A boy carries sacks of rice from an aid distribution

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FOREWORD

by Manuel Fontaine, UNICEF Director of Emergency Operations

One year ago this week, a startled international community watched a dramatic humanitarian crisis unfold on the north-eastern edge of the Bay of Bengal. In a matter of weeks, hundreds of thousands of desperate and terrorized people – 60 per cent of them children – poured across the border from Myanmar into Bangladesh, bringing with them accounts of the unspeakable violence and brutality that had forced them to flee.

Twelve months on, memories of those experiences remain raw among the roughly one million Rohingya refugees – including many from previous cross-border influxes – who live in cramped and primitive shelters inside the congested and often insanitary camps of Cox's Bazar.

The unstinting support of local Bangladeshi communities, and a multi-national aid effort led by the Government, has averted the more dire fears for the Rohingyas' safety and well-being. Disease outbreaks have been largely kept at bay and famine has been averted. Safe water, sanitation, nutrition and other basic services have been installed, even if large gaps remain. For about one third of children up to the age of 14, a network of learning centres and child-friendly spaces offer a chance to begin healing, and a respite from their harsh surroundings.

A semblance of normality has descended on the camps and the neighbouring communities, but it's a normality that cannot last indefinitely. The refugees live on a knife-edge, gripped by uncertainty about their future, and still traumatized by their experiences in Myanmar. Their homes – many built on precarious hillsides – risk being washed away by the monsoon rain, or destroyed by a cyclone. A cholera or measles epidemic remains a real possibility.

With no end in sight to their bleak exile, despair and hopelessness are growing among the refugees, alongside a fatalism about what the future has in store. Older children and adolescents who are deprived of opportunities to learn or

make a living, are at real risk of becoming a "lost generation", ready prey to traffickers and those who would exploit them for political or other ends.

This UNICEF Child Alert calls for a concerted effort to build a new foundation for the rights and opportunities of Rohingya children over the longer term. By taking resolute action together, we – the international community as well as the Governments of Bangladesh and Myanmar – can give Rohingya children's lives a stability and sense of hope that is currently absent. At the same time, we can strengthen the solidarity between Rohingya children and those living in host communities (whose situation is often not much better than that of the refugees).

Central to our call is the promise of a quality, multi-lingual education, built around the acquisition of essential life-skills, and competences in literacy, language and numeracy.

Of course, a lasting solution to the plight of the Rohingya requires tackling the root causes of the Rohingya crisis inside Myanmar itself. The refugees cannot and will not agree to return home until the discrimination and violence that they have experienced for decades are ended, until their basic rights – to citizenship, free movement, health, education, and jobs – have been established, and their property restored.

But it is not only in Myanmar that difficult choices are needed. As our Call to Action makes clear, Bangladesh and the international community have critical responsibilities to address. This is a crisis that will require a complex, multi-layered approach underpinned by long-term financial resources and infrastructural development, and bold political will.

Given the untenable situation in which the refugees find themselves, and its implications for both countries, this is a challenge that must be addressed, and rapidly. The Rohingya – and their children especially – demand and deserve nothing less.



ONE YEAR ON THE ROHINGYA CRISIS IN BANGLADESH

Monsoon downpours like this
one in Balukhali refugee camp
rapidly turn paths into streams.

FACING UP TO THE MONSOON -- AND AN UNCERTAIN FUTURE

Hakimpara camp: Outside the simple bamboo-and-plastic shelter that 60 year-old Dulu, her husband Salamat and their family call home, there is nothing more than a narrow ledge, less than a metre wide. After that, the ground drops away precipitously into a gully some 50 metres below where shelters belonging to other families have been erected.

Like many of the camps accommodating Rohingya refugees, Hakimpara (population 30,480) sprawls across a series of sandy ridges from which most of the vegetation has been stripped. In the current monsoon season, shelters like Dulu's -- perched

on crumbling soil -- are highly vulnerable to landslides.

Not that Dulu seems concerned at the prospect -- despite the thin crack that opened in the shelter's floor during heavy rains in June. While thousands of refugees living in locations deemed to be susceptible to flood and landslip have been relocated to safer ground, Dulu insists that she and her family - including two young grand-children - are staying put.

"We won't go, we will stay here," says Dulu firmly. "If we are going to die (in Bangladesh), we will die in this place," she adds.



Early monsoon rain sweeps Baulkhal, part of the vast refugee camp now sheltering over 900,000 Rohingya refugees.

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Dulu and her husband Salamat outside their home in Hakimpara camp.

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Around 919,000 Rohingya refugees live in southern Bangladesh, most of them in the vast and teeming camps and settlements that have sprung up in Cox's Bazar district, close to the border with Myanmar. A smaller number live in the neighbouring host communities of Teknaf and Ukhta.

The majority -- around 700,000 -- have arrived since August 2017, when the most recent (and by far the largest) exodus of people fleeing violence in Myanmar got under way. The rest had arrived in previous cross-border influxes.

In the camps, the Rohingyas' daily challenge of survival is compounded by uncertainty over their future. The refugees want to return home, but say they will not do so until the necessary conditions for their return are in place, and until their basic rights in Myanmar have been secured.

Living conditions in the camp are always difficult, and sometimes dangerous.

In the meantime, they remain trapped in limbo, a stateless minority powerless to influence their own future.

With few opportunities to earn money, and no land on which to grow even a few vegetables, they are dependent on aid handouts and their own slender resources.

Living conditions in the camps are always difficult, and sometimes dangerous, especially in Bangladesh's long monsoon and cyclone seasons, which last until the end of the year.



The influx of Rohingya refugees has strained local health services like this neonatal unit in the town of Cox's Bazar where premature babies from both communities are treated.

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In recent months, heavy rainfall has flooded toilets and contaminated water points, posing obvious risks to people's health. Learning centres and health clinics have been hit too; some have been relocated but there is not enough safe land for all of them. Additional plastic and bamboo helps to some extent, but it is bricks and mortar that are needed to strengthen homes and community.

Since the chaotic early phase of the crisis, basic services provided by UNICEF and a host of NGOs and humanitarian partners have expanded and scaled up massively. But they are still far outstripped by the needs of the refugees.

The immediate task of accommodating the massive influx of Rohingya refugees last year fell on the host communities and local authorities of Cox's Bazar. A district that already suffered

from some of Bangladesh's worst indicators for children's health and education, and where one third of inhabitants live below the poverty line, saw its population quadruple in a matter of months. Public services were placed under enormous pressure. The impact of the crisis exacerbated low wage and high commodity prices. The risk of tension between refugees and host communities has emerged as a key concern.

"The host community has been the first responder to this crisis, but has paid a heavy price for doing so," says Jean Metenier, Chief of UNICEF Cox's Bazar Field Office. "This is why, across all UNICEF programmes, we are now redoubling our efforts to ensure that as a minimum, Bangladeshi children are not negatively affected as a result of the generosity they have shown."

Facing up to an uncertain future

Jomtoi refugee camp occupies one of the higher vantage points from which the hills of Myanmar's Rakhine State are clearly visible. Early evening finds groups of Rohingya gathering at this spot, mobile phones in hand, hoping for a signal strong enough to gather news from relatives still on the other side of the border.

For youngsters like 18 year-old Nurul Amin, without a job and with no school to attend, the sight of his home country so close at hand is tantalizing but also frustrating. "We are always thinking when will we go back?" he says. "When will we study again? But for now, I want to gain skills so I can find work and make money."



"Learning is the most important thing. Even food is not so important."
Rohingya refugee Nurul Amin, 18.

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Child Protection

A DANGEROUS PLACE FOR A CHILD



Rohingya refugees wait for an aid distribution in Uinchiprang camp.

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Balukhali camp: One year after the newly-arrived refugees began clearing scrubland and setting up primitive plastic and bamboo shelters, the camps appear more settled and organized. New roads and other infrastructure have been installed. Paths roughly paved with red brick snake through bustling markets, while steep stairways of bamboo and sandbags make crossing the hills on which the camps are mostly built somewhat less hazardous. Street lamps powered by solar panels are increasingly common.

Some things haven't changed, however. The huge numbers of children are as unmissable as the jostling queues of people awaiting handouts of food and supplies. With cash-for-work schemes now providing a modest boost to the camp

economy, small businesses have set up shop, offering everything from vegetables, shoes and toys to haircuts and even jewellery.

Making this often chaotic and largely lawless environment safer for children has been a top priority for UNICEF and its partners from the outset. For children and their parents, the 136 child-friendly spaces set up throughout the camps have played an important part in bringing normalcy to lives that were so brutally uprooted.

Making this often chaotic environment safer for children has been a top priority.

"They provided a secure space where children could be children again, and allowed parents to concentrate on other issues in their lives," says UNICEF's Child Protection Programme Manager in Cox's Bazar, William Kollie. "The spaces are still playing that role today, for older children and young ones alike."

Twelve months on, providing psychosocial support to children still struggling with the mental consequences of the horror they went through in Myanmar remains as vital as ever. At the same time, other protection concerns have grown.



Carrying home a bamboo pole used to reinforce fragile family shelters ahead of the monsoon season.

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caption

Disabled boy gets a helping hand

Balukhail camp: Few would dispute that life has treated eight-year old Mohammed Junaid harshly. Born with deformities in both legs, his mother died of a sudden illness in their native Myanmar. His father was shot and killed when the family joined the mass exodus of Rohingya refugees to Bangladesh last year.

Junaid survived the journey, and now lives in Balukhail camp with his aunt, two sisters, four brothers and three first cousins.

Junaid's disability makes getting around the hilly terrain of the camp difficult. And getting to the nearest Child-Friendly Space (CFS) run by CODEC, a UNICEF partner, would be impossible were it not for the help he gets from his friend, Omer Farooq, who accompanies him on the 10-minute journey to and from his home.

"I try to walk unaided but it's not easy," Junaid says. "Yet I consider myself to be lucky. If I fall down the other children help me get to my feet."

Omer Farooq is usually the first to provide help.

"He is my best friend," Omer says. "It is my duty to lend my shoulder whenever I can."

The CFS has been a key part of UNICEF's response since the earliest days of the Rohingya refugee crisis. Five days a week, Junaid and other children play games and take part in other activities designed to help them heal from the traumatic experiences most have been through.

"I love playing Ludo and pinball with my friends," he says.

But behind his positive outlook, Junaid fears his disability will cause him problems in future.

"There is no hospital here that can help me," he says. "How will I be able to survive in a camp like this when I find it so hard to walk?"

UNICEF and partners support 426 CFS in Rohingya refugee camps and host communities. The spaces provide a safe environment for children to heal, grow and play.



Omer Farooq (right) helps his friend Mohammed Junaid along the rough paths of Balukhail camp.

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Rohingya refugee girls in a flooded part of Shamlapur refugee camp.

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Inside the camp, high levels of gender-based violence and domestic violence have been reported. While beyond the camp perimeter, Rohingya children (and girls in particular) are at risk of sexual exploitation, trafficking, and child labour – illegal practices that have long been prevalent in Cox's Bazar. In response, UNICEF and its protection partners are working to expand their case management work, focusing on adolescent

girls, including many who participate in adolescents' clubs. Around 60,000 adolescent girls and boys have joined the clubs in refugee camps and local communities, which offer them access to life-skills, and knowledge about child rights, alternatives to marriage, under-age hazardous labour, sexual and reproductive health, psychosocial support and other issues.

Rohingya community members sometimes take steps of their own to protect those they deem most at risk – especially adolescent girls who are commonly confined to their homes as soon as they experience their first period (see opposite).

The practice of girls marrying in their early teens is another that the Rohingya – a deeply conservative society – have brought with them to Bangladesh. According to Child

Protection Specialist, Shaila Parveen Luna, trying to convince Rohingya families to allow their daughters to mature physically and emotionally before marriage is difficult.

“We discuss it with the mothers but they are not convinced,” says Luna. “But at least we are breaking the silence on such issues.”

The girl who vanished without a trace

A young girl in a turquoise skirt stares out from a faded colour photograph. Holding a small child in her arms, she stands among a group of adults and children posing in what appears to be a family portrait.

According to Nur Mohamed, a Rohingya refugee living in Hakimpara camp, the girl pictured in the front row is his niece, Rupchanda Begum, then 10 years old.

“She was a pretty girl, and intelligent too,” says Mohamed. “She never got in trouble.”

Listening to the conversation are Rupchanda’s two younger brothers, Yasin, 9 and Ali, 7. The two boys were the last to see Rupchanda before she vanished one day last September.

The three siblings were living with an aunt in Kutupalong camp at the time. They had come to Bangladesh only weeks earlier as orphans, after their parents and four brothers and sisters were killed during the wave of violence that swept their home state of Rakhine.

That morning, the three children had gone to join refugees waiting in line for snacks distributed by an NGO.

“It was very crowded. People were pushing each other,” recalled Yasin. Suddenly, their sister was nowhere to be seen. “We were crying – we had no idea where she had gone.”

Public announcements were put out on loudspeakers, but to no avail. Rupuchandra had disappeared.

“I think someone took her,” says Mohamed’s wife, Rahema. The couple now look after Yasin and Ali in

Nur Mohamed points out his missing niece, Rupchanda, in a family photo.



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addition to their own six children.

“It is difficult to look after so many,” he says. “But what else can we do?”

Cloistered within their own homes

Balukhali camp: For adolescent Rohingya girls, the onset of their first period brings radical change to their lives. They are no longer allowed to move freely, and are expected to remain largely cloistered within their homes until they are married.

Such traditions are not unique to the Rohingya. But whereas in Myanmar or Afghanistan, a girl’s home compound may offer some space, that is not the case in the crowded refugee camps of south-eastern Bangladesh, where, from their early teens, girls are confined to one small, stifling shelter, with nothing except cooking and cleaning to occupy her. Twelve-year-old Samira describes her experience:

“When we first arrived in Bangladesh, we felt afraid. We feared the elephants. We also feared kidnappers. The shelters were flimsier back then and people could easily break in and steal things, even steal children. It took at least

two or three months before we could feel relaxed, safe.

“Here (in Balukhali camp) we are a group of about 15 girls. We all met at the Child Friendly Space. If we can get together, we feel happy.

“When I get older, I won’t be able to go out like I do now, when (a girl) gets her first period, she won’t be able to go out and move around.

“Bangladeshi girls are allowed to go to school and move around, by wearing a (jilbab). But we will be kept inside the house and then we get married. We can’t go around anymore. Even now, they told me if I come to the CFS I’ll be beaten.

“If my sister ever asked to go out, my parents would severely punish her). It is considered a sin for a young woman to speak with a man alone. And the fear is that if an adolescent girl is seen on her own, she will be accosted by men.”

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A young Rohingya girl peers from behind a curtain in her family shelter in Balukhali refugee camp.

Education

AVOIDING A “LOST GENERATION” OF ROHINGYA CHILDREN

Chakmarkul camp, Cox’s Bazar: The stump where 13 year-old Mohamed Faisal’s left arm once was will forever be a reminder of his terrifying escape from Myanmar – an experience that nearly cost him his life. As he and others from his village ran through a forest near the border, he was struck by a bullet which shattered his arm and left it hanging by a thread.

A year on, the wound has healed and Mohamed rarely feels pain. He would like to get a prosthetic arm, but he says that can wait for now. Instead, he has a more pressing issue to raise.

“I see the schools here where the younger children go, but there is nothing for boys like me,” says Mohamed. “I feel very unhappy that I am unable to study here.”

It’s a frequent complaint among Rohingya adolescents around the camps – boys and girls alike. And with reason.

From the very beginning of the refugee crisis, the importance of getting around 381,000 newly-arrived children into school was a huge challenge for UNICEF and its education partners. Priority was given to providing learning for children under the age of 14. Hundreds of learning centres were rapidly set



12 year old Rohingya refugee Rahmat Ullah and other children at a UNICEF-supported learning centre.

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13 year-old Mohamed Faisal says getting an education is more of a priority for him than a prosthesis to replace the arm he lost during his flight from Myanmar last year.

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up – even if many were in less than ideal settings, given the restrictions on space.

By July 2018, almost 140,000 Rohingya children had been enrolled in non-formal education of some kind. Approximately 1,200 learning centres were operating, with plans to expand further. Well over 3,000 learning instructors (a mix of Bangladeshi and Myanmarese) had been trained.

But the constraints facing UNICEF and its education partners as they rolled out this complex enterprise were inescapable. Without an agreed and approved curriculum, children were taught with a variety of materials available to partners. So enthusiastic were the children to learn that classrooms were often over-crowded. In addition, water, sanitation and hygiene (WASH) facilities were in short supply.

"We succeeded in mushrooming the learning centres at a rapid pace, in order to meet the refugees' demand for education," says acting UNICEF Chief of Education, Bibeek Sharma Poudyal. "Now we need to improve the quality of the learning they are offered, and expand it to provide for the requirements of adolescents."

Critical to this shift is a strategy now under discussion known as the Learning Competency Framework, and Approach (LCFA), which maps out how Rohingya school-age children can acquire relevant education in a protective environment. It proposes the expansion of the current contact time for each child from two hours of daily teaching to four. Classes will eventually be provided up to grade 8 level, employing English, Burmese and local dialects used by the Rohingya as the languages of instruction.

"Now we need to improve the quality of the learning they are offered, and expand it for adolescents."

A full range of learning and teaching materials will need to be developed.

A detailed assessment to place Rohingya children at their correct learning level is planned, but initial studies show that the vast majority of children under the age of 14 are at pre-school level, or -- at best -- the first step of primary.

"We are dealing with a refugee population which has been denied education over a long period of time," says Education

Sector Coordinator Risto Ihalainen. "As a result, we have cohorts of children of varying ages, all at roughly the same level who are hungry to learn. We have to find a way of creating a structure which can deal with that."

For adolescents, the LCFA would provide pre-primary and primary level education in English, Burmese, mathematics, science and life-skills designed to help them deal with the risks children of their age encounter in the camp environment.

"The LCFA is an ambitious undertaking," acknowledges UNICEF Bangladesh Representative Edouard Belgbeder. "But if we don't make the investment in education now, we face the very real danger of seeing a 'lost generation' of Rohingya children emerge: children who lack the skills they need to deal with their current situation, and who will be incapable of contributing to

their society whenever they are able to return to Myanmar."

Without the opportunity to attend school, Mohamed Faisal spends his time wandering the camp with friends, or helping out at the small shop that one of his neighbours has set up in the camp.

"I get bored," he says. "But talking with others make me feel better."

Another young refugee, 14 year-old, Ashadia, has even clearer thoughts about the importance of learning.

"A decent education is the best way for girls to improve their lives," she argues, as other girls listen at a UNICEF-supported adolescents club. "With education we can challenge some of the things men tell us. We can be who we want to be."

How one Rohingya girl avoided missing out on school

When Rajima, a 10 year-old Rohingya refugee, arrived in Bangladesh in August 2017 she was traumatised, exhausted and frightened. She and her family had recently seen soldiers raze most of their village in Myanmar to the ground.

Rajima, her parents and three siblings were taken by truck to Hakimpura camp. As the confused and disoriented refugees disembarked, Rajima was noticed by Tasmin, a Bangladeshi girl of the same age who lives close to Hakimpura.

"When I saw her family arriving, I felt so sad for them because they had nothing," Tasmin said.

The pair started chatting and became immediate friends.

Tasmin asked Rajima if she wanted something to eat. "She looked very thin and could hardly speak," Tasmin recalls.

"My father asked her family if they wanted to stay in our house, because at that time they had no shelter available for them in the camp.

"They ended up staying with us for one month. During that time we became best friends."

When Rajima's family was given space to build a shelter in Hakimpura – about 50 minutes' walk from Tasmin's house - she was unable to go to school because her parents needed her to help with housework.

But Tasmin was determined that her friend should not miss out.

"I meet her every day after school and help her to read and write. It makes me really happy to do it."

Rajima expresses her gratitude to her friend.

"I'm really thankful to Tasmin because she taught me many things. She has helped me many times when I need it, and that's why I love her."

Such is the girls' friendship that they hope to remain close in the future.

"When we grow up we want to be doctors and help people together," Rajima says.

Tasmin nods in agreement.

"I want to help the Rohingya and the Bangladeshi people," she says.



Bangladeshi schoolgirl Tasmin (left) helps her Rohingya friend Rajima with her studies.

Water, Sanitation & Hygiene

PROVIDING SAFE WATER TO REFUGEES AND LOCAL COMMUNITIES ALIKE

Unchitprang camp: For nine months of the year, the Boro Chara (literally “big mountain stream” gushes noisily from its source in the wooded hills of southern Cox’s Bazar. Since last October, it has played an indispensable role in meeting the needs of Unchitprang refugee camp, where some 22,000 people now live.

It does so thanks to a treatment plant operated by UNICEF partner Oxfam on the camp’s outskirts. Here, the heavy brown sediment carried down from the hills is removed from the water, and chlorine is added to make it safe to drink. The water – around 300,000 litres daily – is then pumped to storage tanks located on high ground around the camp and fed by gravity to a network of 27 tap-stands distributed throughout the camp.

“Recently we’ve transferred some tap-stands to the area

where families whose old homes were threatened by landslide are being relocated,” says Oxfam Programme Officer Kazal Bardhan. “And we continue to supply safe water to two Bangladeshi communities – Chakmaara and Roklum Para.”

The water plant in Unchitprang is one of only two that use surface water to provide water to the refugee population. The vast majority of Rohingya in the camps rely on water drawn from handpumps fitted to drilled tubewells, some of which reach deep underground.

The vast majority of Rohingya rely on water drawn from handpumps fitted to tubewells.



A woman fills water containers at a tap-stand in Unchitprang refugee camp. The refugee camps and host communities need more than 16 million litres of safe water every day.

© UNICEF/UN227730/BFOV/N

An Oxfam technician checking water quality at a UNICEF-supported treatment plant in Unchitprang camp.



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Over 8,000 such waterpoints have been constructed throughout the camp areas, although only 80 per cent are currently functioning. That’s because a large number of tubewells dug in the early weeks of the crisis were badly positioned or poorly constructed and had to be closed down as they became contaminated or dried up.

“The refugees and host communities need more than 16 million litres of safe water every day for drinking, food preparation and washing,” says UNICEF WASH Specialist Rafid Saiti. “That’s a huge challenge, on top of which we need to construct or maintain around 50,000 latrines.”

Construction quality – and the need for maintenance – have seriously affected many latrines installed during the early

phase of the crisis. Around 8,000 toilets are currently being decommissioned, due to poor construction, dysfunction or because of their location. Solutions to the challenge of safely disposing of the sludge they produce are making progress – even if the lack of space for large-scale facilities in the camps is an issue (see overleaf).

The need to provide support to thirsty host communities is another important part of WASH planning going forward. By the end of 2018, up to 200,000 Bangladeshi citizens and 150,000 refugees living alongside them are set to have access to sanitation and to safe water, much of which will be provided from four deep boreholes currently being constructed in partnership with the local Department of Public Health Engineering.

The de-sludgers of Chakmapur



Teams of workers go through Chakmapur camp daily emptying toilets and carrying the waste to a filtering plant.

© UNICEF/UN0227744/BROWN

Chakmapur camp: “It’s a tough job, but because of us, people no longer have to run into the jungle to go to the toilet,” says 35-year-old Hamid Hasina. He and his Rohingya refugee colleagues are taking a break from an unpleasant but critical job – emptying dozens of toilets in Chakmapur camp.

Hamid and his team of seven toilet de-sludgers (as they are known) move through the camp daily from seven in the morning, going from toilet to toilet.

“It’s a smelly job but after a while you get used to it,” says Hamid, adjusting his face mask.

Each member of the team is jointly employed by UNICEF and the Bangladesh army and receives about \$10 a

day. They empty up to 10 latrines on an average day by pouring the waste from the toilets into a container which two men carry using bamboo poles to a processing plant outside the camp. It is an arduous uphill walk in intense heat.

The work is relatively well paid – but few de-sludgers do it for longer than six months.

“With my wages, I am able to buy chicken, fish and vegetables for my family,” says Hamid. “But I would only like to do this job for two more months.”

The processing plant manager is Jashim Uddin, a Bangladeshi who works for UNICEF partner Solidarities International. He explains that the plant filters about 500

litres of water extracted from the toilet waste over a 24-hour period.

“It’s perfectly clean water by the time it has been filtered,” Uddin says, adding that regular tests are carried out to check its purity.

The processing plant is being expanded at the same time as an extensive toilet rebuilding scheme – funded by UNICEF and implemented by the Bangladeshi army – is proceeding.

The new toilets come with a cement base to stop them from being flooded during heavy monsoon rain/fall. Rohingya carpenter Mohammed Wasillah, 35, is making the framework for 80 of them.

Wasillah says he is proud of his work but disappointed that many refugees do not use the toilets properly.

“If people do not clean them after going to the toilet they can fall into a state of disrepair very quickly,” he says.

Around 8,000 toilets are currently being decommissioned and replaced with better-quality units in more suitable locations.

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Health

EXTENDING THE BENEFITS OF PRIMARY HEALTH CARE ACROSS BOTH COMMUNITIES

Health post, Camp 4, Kutupalong camp: There's an unmistakable hint of pride in Dr Kazi Islam's manner as he shows visitors around the bustling primary health care centre where he works as medical officer in charge. At first sight, the location – next to a busy unpaved road through Kutupalong's Camp 4 – is unremarkable.

But as Dr Kazi quickly points out, the health post – operated by the NGO Partners in Health and Development with UNICEF support – only moved here recently because of the danger of landslides at its former site. Moreover, the neat, blue-painted

building is constructed of brick and cement, and far more durable than the bamboo structure it replaced.

Inside, around 30 women, many with small children, sit in the waiting area. Twenty year-old Olmorija has come with her three month-old baby Abu Salam, who is suffering from a fever and cough.

"I heard about this place through the health volunteer who came to my shelter," Olmorija says, referring to one of eight volunteer counsellors based at the centre who go door-



Rohingya refugees wait to collect medicines at a UNICEF-supported Health Care Post in Kutupalong camp.

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A baby receives BCG injection – part of immunization services provided at health centres around the refugee camps.

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to-door in the surrounding camp to promote its services.

Olmorija adds that when Abu Salam recovers, she will bring him back to receive his various immunisations. This is significant since the benefits of vaccines were almost entirely unknown to Rohingya communities back in Myanmar. Convincing newly-arrived refugees to protect their children in this way has not always been easy, due to various rumours spread about their supposed harmful side-effects (see page 34).

Health posts have been central to avoiding major public health crises in the months following the refugees' arrival.

Vaccinations for young children (including the BCG vaccine to prevent tuberculosis and vaccines for measles, rubella

and polio) are dispensed three times a week at the centre. Tetanus-diphtheria (Td) vaccine for pregnant women is also available. A range of other routine services are on offer for children under-five as well as ante-natal and post-natal care for mothers and babies.

"Each day here is different," says Dr Kazi. "But the most frequent ailments we treat are diarrhoea, and common cold."

This particular morning, he has already given advice or treatment to a man with tuberculosis (who he referred to a nearby clinic), the mother of a baby who may be autistic, and a small girl who had been hurt in one of the traffic accidents that are a frequent occurrence on the camp's chaotic trails.

Health posts like Dr Kazi's – along with six larger primary health centres and five diarrhoea treatment centres – have been key to avoiding major public health crises in the months since the refugees' arrival last August.



A health worker dispenses polio drops in Balukati refugee camp.

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A series of successful immunisation campaigns – nine in all in the space of ten months have also played a critical part in averting the worst fears of health officials.

“Given the physical condition the arriving refugees were in, and the lack of vaccination coverage they had, we expedited worse outbreaks than have occurred so far,” says UNICEF Health Specialist Vuia Widiati.

Not that there is room for complacency. Outbreaks of measles, and diphtheria were alarming enough. And while successive campaigns achieved impressive coverage rates, mobilising the refugees for follow-up vaccination rounds has proved difficult.

Among the major tasks going forward will be shifting away from expensive vaccination campaigns in favour of a routine immunization system that will benefit refugees and host population alike.

“We have a longstanding partnership with local health authorities, and we need to strengthen that further going forward, so that refugees and host community children alike see the benefit of the improved maternal, newborn, child and adolescent health services that are being put in place,” says Widiati.

Caring for premature Bangladeshi and Rohingya babies alike

Cox’s Bazar town: The twins lie sleeping side by side, their tiny limbs splayed outwards on the floral cloth that lines their incubator tray. Plastic tubes attached to their noses link them to a phial of their mother’s milk. The labels above their heads record their mother’s name – Somaya – and their weight when they were born just three days ago: 2 kilograms for the girl; her brother, just 1.77 kilograms.

What the labels don’t record is that the twins’ mother is a Rohingya, a refugee from among the hundreds of thousands who fled into Bangladesh in the last months of 2017.

“There’s nothing unusual about that,” explains Dr Mohammed Zaman, who supervises the Cox’s Bazar District Hospital Special Care Newborn Unit. “Currently we are caring for five Rohingya babies, sometimes there are more.”

The unit, which receives support from UNICEF and a

number of other donors, has 24 cots equipped with a radiant warmer. But such is the demand that most of the cots contain two babies, despite the risk of cross-infection. (UNICEF is in the process of expanding the unit up to 40 beds).

“The mothers tend to be very young, especially the ones from the refugee camp,” says Dr Zaman. The youngest he has dealt with was just 14.

UNICEF has a long history of collaboration with local health authorities not just in Cox’s Bazar but across Bangladesh. Besides supporting neonatal care services, the partnership extends to health worker training and health management systems.

“The neonatal unit here in Cox’s Bazar has treated around 1,700 newborns so far this year,” says UNICEF Health Officer Helen Chakma. “The referrals come from host communities and Rohingya camps alike, so there’s benefit to both.”

PHOTO BY PATRICK BROWN



Prematurely-born babies being treated at Cox’s Bazar District Hospital.

Nutrition

A POTENTIAL KILLER HIDING IN PLAIN SIGHT



Community volunteer Amina Akhter (in black) speaks to Fatema Begum. Upper arm measurements (right) showed that both twins were suffering from severe acute malnutrition.

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Balukhali camp: Walking through the refugee camps of Cox's Bazar, children of all shapes and sizes scurry everywh^{ere}. The thick mud brought by the monsoon rains is no deterrent to the games of football that attract excited crowds of children and teenagers. So too do the regular handouts of rice and other essential supplies, and the long queues at tap-stands when the water supply is turned on.

Harder to spot are the babies and children who are not receiving the essential nutrients they need to grow and thrive, and who are therefore at risk of long-term consequences to their health, perhaps including death.

This is where people like Amina Akhter can play a life-saving role. 18 year-old Amina is one of around 250 community volunteers, part of whose job it is to patrol the densely packed paths and shelters of Balukhali camp in search of infants and young children up to the age of 5 who are underweight or malnourished.

One of her early successes, just days into her job, was to find six month-old refugee twins Aseem and Robina. Their mother, Fatema Begum, had brought one of the twin girls to a UNICEF-run out-patient clinic for treatment. But it was only when Amina spoke to Fatema that she discovered the sick child had an even more dangerously-ill sibling still at home. An

examination of both children showed that they were suffering from severe acute malnutrition (SAM), a debilitating condition that has a long-term impact on a child's mental and physical development, and if left untreated can result in death.

Since the beginning of the refugee crisis, SAM has been identified as a major threat to children's health. A November 2017 survey established a SAM rate of 3 per cent among all children under 5 living in the camps. While this figure was lower than previous estimates, it was still worrying enough to ensure that reducing malnutrition has remained at the heart of UNICEF's emergency response, although the focus has significantly shifted.

"Now we have systems in place, building on almost one year of key emergency efforts," says UNICEF Nutrition Team Lead Saira Khan. "Our approach now is based on mobilising the community, and helping refugees and host community

Since the beginning of the crisis, SAM has been identified as a major threat to children's health.

families alike tackle both the immediate and long term nutritional needs of their children."

These needs arise largely from factors imposed by the camp environment, including the limited supplies of clean water, the challenging setting for good breastfeeding, and limited access to diverse, nutrient-rich foods that are essential for adolescents, mothers, and children.

The challenge posed by SAM, however, remains very real: UNICEF estimates that over 50,000 children under 5 will require treatment for the condition in 2018.

PHOTOBY: SLIAN/MAP



Community Outreach

LIFESAVING MESSAGES CHALLENGE THE CAMP RUMOUR MILL

Balukhali camp: In the narrow paths and alleyways that thread past the homes of nearly one million Rohingya refugees, there's nothing that spreads quite as quickly as rumours. With little or no access to television, radio, or other media, the refugees have to rely largely on word of mouth to keep informed not just about what is happening in the camp, but about issues critical to their health, nutrition and even survival.

Immunisation – something few Rohingya experienced back home – is one topic that has caused fevered and sometimes ill-informed discussion. One story had it that measles injections would make girls sterile. Another claimed a vaccination would convert a child into a Christian.

It is to help tackle such dangerous misconceptions, and to make the refugees more aware of the positive value of the

services set up for them, that "model mothers" such as Nur Begum have been recruited.

This charismatic 50-year-old mother and grandmother – herself a Rohingya – is among some 240 volunteers (hired by UNICEF partner Pulse) whose job is to go house-to-house around the camp, engaging women and girls on a range of sometimes sensitive issues.

Young expectant mothers are among Nur's prime interlocutors. "I tell them that they must call a midwife when they are about to give birth, because she will help them if they have difficulties," she says. "Likewise I tell young mothers that breastfeeding helps to keep a baby healthy."

Personal cleanliness is another topic that she vigorously promotes. "Most people living here are unaware of basic hygiene. I tell them that a clean house is a house free of



Nur Begum speaking to other Rohingya community volunteers at Balukhali camp.

© UNICEF/UN22890/BROWN

Community radio is another means of providing information to the Rohingya community. Joya Pul Happy (left) and Shantia Pul present programmes on Radio Nar which receives support from UNICEF and other partners.



© UNICEF/UN22890/BROWN

the possibility of infections and diseases," she declares.

The model mothers and youth volunteers, along with 800 community mobilization volunteers recruited by another UNICEF partner, BRAC, are among the more effective means of reaching the refugees with culturally sensitive and accurate information, helping them cope with the fast-changing context of life in the camps.

Because they are from the Rohingya community, they surmount a major language issue (especially as the Rohingyas' own language has no written form, and literacy rates, in any case, are low).

In addition, adolescent radio listener groups give young Rohingya refugees an opportunity to engage on issues affecting them, their families and wider communities.

"Rumours spread like wildfire, and can have a serious impact on our programmes, and on immunization especially," says UNICEF Communication for Development Specialist, Aarunima Bhattacharjee. "Besides the volunteers, we engage local imams and community leaders (known as Malhis),

Model mothers help refugees cope with the fast-changing context of life in the camps.

We have also set up a network of 12 information and feedback centres around the camps to ensure consistent messages are disseminated, and to encourage community participation."

In a conservative society, messages on some issues – such as early marriage – are not always readily received. Many families tend to take the view that under Islamic law, it is acceptable for girls from age 13 upwards to get married even though this is officially prohibited by the Government of Bangladesh.

Nur Begum is undeterred. "One of the biggest problems I face is that of parents who want their children to marry when they're too young – in some cases aged only 13 or 14," she says. "I tell them they must be aged 18 or over and there can be no exceptions."

A photograph of a young child with a serious expression, looking directly at the camera. The child is wearing a red patterned garment and is positioned behind a structure made of wooden poles and bamboo. The structure is covered with large, weathered, and torn pieces of translucent plastic sheeting. The background is dark and appears to be a muddy, cluttered area, possibly a makeshift settlement or a camp. The overall lighting is dim, creating a somber and gritty atmosphere.

ONE YEAR ON
IN RAKHINE
LONG-TERM SOLUTIONS
REMAIN ELUSIVE

ONE YEAR ON IN RAKHINE: LONG-TERM SOLUTIONS REMAIN ELUSIVE



Childreza Kyah Ni Pyn
IDP camp, Rakhine State

© UNICEF/UN223013/SIRMAN

Rakhine State: A strange calm has settled on the northern townships of Myanmar's Rakhine State. Hints of the terrible violence that swept through the area in August 2017 can still be seen in the razed villages and the blackened palm tree stumps. But there is little trace of the 700,000 Rohingya Muslims who fled late last year, most of whom are now living in Bangladesh.

Although the visible scars may be slowly fading, the invisible ones are not. The trauma of what happened a year ago is still felt by all communities. Economic activity is down and Muslims continue to face travel and other restrictions, severely limiting their access to services and livelihoods.

Rakhine is one of the most economically and socially deprived regions of Myanmar, and the lack of development is felt across all ethnic groups. According to the UN, more than 690,000 people in Rakhine State require humanitarian assistance, the majority of them – some 595,000 – being stateless Muslims (i.e.

Rohingya). More than 360,000 children from all communities in Rakhine are deemed to require humanitarian assistance.

Security and bureaucratic obstacles mean that delivering help to those in need is hugely challenging. But in recent months, travel restrictions have sufficiently eased for UNICEF staff to get a clearer idea of the situation confronting children.

A UNICEF mission to Maungdaw in July 2018 reported that 210 out of 222 schools were open, but with sharply reduced student attendance. One primary school which had 150 students last year now has just 50 still attending. Elsewhere, the UNICEF team noted that some classrooms lacked desks and other furniture, and saw a need for investment in teaching staff and school infrastructure.

Other concerns noted by the mission focused on food insecurity (with the risk of malnutrition among young children), as well as a high school-dropout rate and a range of child protection issues.

Between January and June 2018, more than 900 individual cases of child protection violations were reported across Rakhine, including cases of children who were unaccompanied or separated; children who experienced sexual and physical violence; and children who had come into conflict with the law after trying to leave Myanmar without authorisation.

The picture is little more reassuring in the camps for internally-displaced people (IDPs) in central Rakhine, where more than 125,000 Rohingya people have been confined since an earlier bout of inter-communal violence in 2012.

"You have an overwhelming impression of people suffering", says one UNICEF staffer. "Six years on, people in the camps are starting to lose hope that their lives will ever return to normal. For younger children, confinement is the only reality they have ever known."

Six years on, people in the camps are starting to lose hope that their lives will ever return to normal.

The Government of Myanmar is developing plans to close the IDP camps in line with the recommendations of the Advisory Commission on Rakhine State. The UN has offered technical support to ensure adherence to international guidelines and standards, including facilitating camp inhabitants' return to their places of origin or choice.

Despite the challenging circumstances in Rakhine, the work of UNICEF and its partners from both government and civil society has continued and even broadened. In northern Rakhine, child protection, health and nutrition activities are ongoing, along with additional WASH and education construction and rehabilitation projects.

The May 2018 visit by the Special Representative of the UN Secretary-General (SRSG) for Children and Armed Conflict, Virginia Gamba, reinvigorated the work of the Monitoring and Reporting Mechanism, set up to gather information on violations committed against children with parties to the conflict reaffirming their commitment and engagement. A request has been made by both the SRSG and the Country Task Force on Monitoring and Reporting for greater access to conflict-affected areas, including northern Rakhine, to provide more balanced information and evidence in relation to the events that took place a year ago.

In central Rakhine, UNICEF continues to support the provision

of basic services for many inhabitants of IDP camps, including those in the hard-to-reach areas of Pauktaw, Myabon and Kyauk Tav.

"Given that we are now seeing increased access for our staff as well as those of other UN agencies and INGO partners, there are opportunities for UNICEF to step up its assistance throughout Rakhine State, addressing both humanitarian and development needs," says Mandie Alexander, who heads UNICEF's Rakhine Field Office. "We need sustained access to all children who are out of reach and unprotected in northern Rakhine – and any child across the state who requires assistance."

UNICEF's work provides immediate support but unless durable solutions allow for a permanent end to intercommunal tensions and violence in Rakhine State, communities will continue to remain vulnerable and require assistance.

"UNICEF stands ready to support the government to implement the recommendations made by the Advisory Commission on Rakhine State," says UNICEF Myanmar Representative, June Kunugi. "In line with the Convention on the Rights of the Child, all children must be protected from all forms of violence and given access to basic services and support. Working with and for children is the key to increasing social stability and cohesion over time."



Students at an informal learning centre in an IDP camp in central Rakhine State

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A CALL TO ACTION for all Rohingya children

Despite the immense humanitarian effort led by the Government of Bangladesh over the past year, the lives and futures of more than 380,000 Rohingya children and their families who fled across the Myanmar border in late 2017 remain in peril. The same is true for around 360,000 children - most of them Rohingya -- who are in need of humanitarian assistance in Myanmar's Rakhine State.

Restoring and guaranteeing the rights of these children is an obligation for both Myanmar and Bangladesh as States Parties to the Convention on the Rights of the Child (CRC), which requires them to protect the rights of child refugees and asylum seekers, and ensure they receive humanitarian assistance.

To better protect Rohingya children, and help keep alive their hopes of a better future, bold and coordinated action is needed by the Governments of Myanmar and Bangladesh, with the active support of the international community.



Brothers Anjul, 5, (left) and Younus, 3, asleep in their family's shelter in Chakmarakul refugee camp

© UNICEF/UN219107/MCDOLA



A home-made ferns wheel entertains children during Eid al-Fitr celebrations in Balukhail refugee camp.

© UNICEF/UN219110/MCDOLA

A CALL TO ACTION for all Rohingya children

UNICEF calls on the Government of Bangladesh to:

- Provide more land to decongest the camps in southern Bangladesh, allowing adequate access to water, sanitation, health, nutrition, education and other services. Some land has been allocated, but more is needed. The relocation of refugees must be voluntary;
- Work with the international community towards a more sustainable approach to the refugee crisis, ensuring support for both refugees and the host community.
- Support the rapid expansion of quality primary education for all children in the camps through the Learning Competency Framework and Approach, enabling children to develop literacy, numeracy and life-skills in a protective environment;
- Support the provision of life-skills and livelihoods for adolescents;
- Prioritise birth registration for all Rohingya children born in Bangladesh
- Recognise the refugee status of all Rohingya children and their families living in Bangladesh, and sign the 1951 Refugee Convention and the 1961 Convention on the Reduction of Statelessness;
- Undertake additional steps to protect girls and women inside and outside the camps, including measures to prevent and tackle child trafficking.

UNICEF calls on the Government of Myanmar to:

- Provide protection for Rohingya children and all other vulnerable children in Rakhine State;
- Take concrete action to address grave violations against children in Rakhine, particularly those committed following the outbreak of violence in late August 2017;
- Allow unrestricted access for both humanitarian and development organisations to deliver assistance and services for the most vulnerable in all areas of Rakhine state;
- Implement the recommendations of the Advisory Commission on Rakhine State including to recognize the basic rights of the Muslim population – covering freedom of movement, the right to access basic services such as education and health, and meaningful livelihoods;
- Create appropriate conditions to allow the voluntary, safe and dignified return of Rohingya refugees to their former communities. Rohingya families themselves must be closely consulted on any decisions regarding their futures;
- Ensure that children from all communities have equal access to quality education at all levels of pre-primary, primary and post-primary, without discrimination in an inclusive, safe, child-friendly learning environment;
- Work towards the closure of IDP camps in central Rakhine in a manner adhering to international standards and that is acceptable to IDPs themselves;
- Take all necessary measures to reduce inter-communal tensions with sustained efforts to eliminate discrimination and increase social cohesion;
- Sign the 1951 Refugee Convention and the 1961 Convention on the Reduction of Statelessness.

UNICEF calls on the international community to:

- Urgently provide funding for all life-saving humanitarian assistance for Rohingya children and families in Bangladesh and Myanmar;
- Support the Government of Myanmar in creating the conditions for the safe, dignified, voluntary and sustainable return of Rohingya refugees;
- Facilitate the finding of solutions to establish and protect the right of all Rohingya children to have a nationality;
- Continue working with the governments and civil society of Bangladesh and Myanmar in support of Rohingya children and families, towards longer term solutions to this crisis, based on respect for and protection of the human rights of all Rohingya people;
- Invest in supporting quality education and life-skills for all Rohingya children, especially girls and adolescents who are at risk of being excluded;
- Invest in a sustainable approach for Cox's Bazar district, supporting both refugee and host communities, including in strengthening prevention and control of diseases and access to essential life-saving services for children.



Rohingya refugee child
in Balukhail camp.

UNICEF reiterates its readiness to support the realization of these critically-important goals, working in partnership with both Governments towards the achievement of our common goals for children, women, and all vulnerable groups regardless of their ethnicity, religion, or status.

UNICEF BANGLADESH ROHINGYA RESPONSE: TARGETS AND RESULTS

PROGRAMMES	2018 REVISED TARGETS		UNICEF RESULTS
NUTRITION	Refugee	Total ¹	2017/2018 ²
Children aged 0 to 59 months treated for SAM	24,000	24,546	25,643
Children aged 6-59 months received Vitamin A	187,576	236,252	250,628
HEALTH			
Children under five who received primary healthcare services in UNICEF supported facilities	46,440	86,440	141,879
Children (aged 1 year and over) and adults who have received oral cholera vaccine	815,000	950,000	1,779,232 ⁴
WATER, SANITATION & HYGIENE			
People with ongoing access to safe drinking water	400,000	600,000	323,900
People with access to latrines and washing facilities	400,000	600,000	409,150
CHILD PROTECTION & GENDER-BASED VIOLENCE			
Children reached with psychosocial support services	210,000	300,000	149,587
Children at risk identified and receiving case management services	7,000	10,000	4,395
EDUCATION			
Children aged 4 to 14 years enrolled in emergency nonformal education	151,765	202,279	115,029
18 years old teachers trained to support improved learning	3,449	4,119	2,782
COMMUNITY OUTREACH			
People reached through information dissemination and community engagement on life-saving behaviours and available services	300,000	300,000	330,000
Adolescent girls and boys engaged to provide life-saving information and referral to services as change agents	10,000	15,000	8,630

¹ UNICEF Bangladesh and partners
² Includes beneficiaries from host community
³ From September 2017 to July 2018
⁴ Total doses of OCv vaccine administered during campaigns conducted in October 2017, November 2017, and March 2018.
 Source: UNICEF SRRep 19, July 2018

UNICEF FUNDING NEEDS

Bangladesh



* Includes unallocated funds
 Source: UNICEF Bangladesh Humanitarian Action for Children (HAC).

Myanmar

UNICEF Myanmar's work on behalf of Rohingya children in Rakhine State is part of its broader response to the humanitarian needs of children caught up in emergencies across the country. USD 31.78 million was requested for this work in UNICEF's 2018 Humanitarian Action for Children. By July 2018, UNICEF had received US\$ 8.019 million (25%) of this amount.

UNICEF Bangladesh thanks its partners and donors without whom its work on behalf of Rohingya children would not be possible





Rohingya children at a UNICEF-supported Child Friendly Space in Ledra Makestrift Camp.

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Child Alert is a briefing series that presents the core challenges for children in crisis locations.

Rohingya children are among an estimated 28 million children worldwide who have been uprooted from their homes due to conflict, poverty and extreme weather.

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