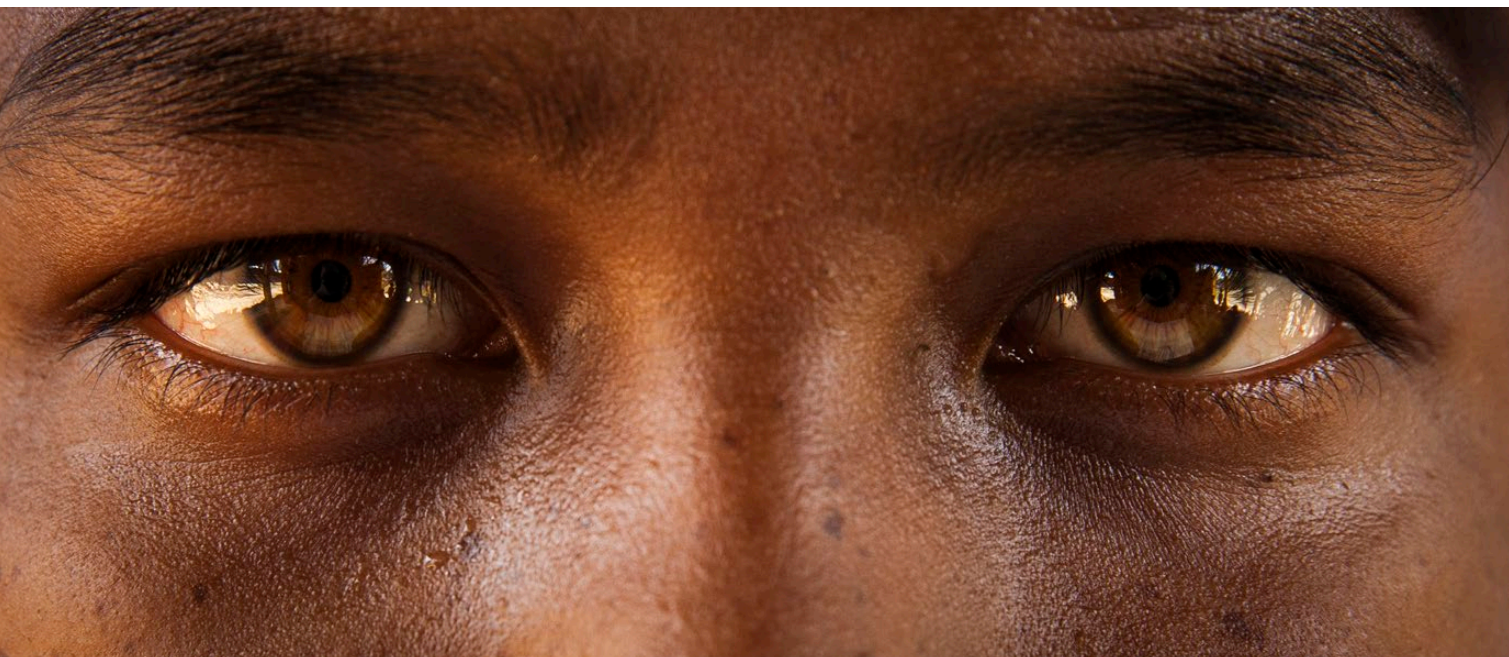


UNICEF **CHILD ALERT** | October 2017

OUTCAST AND DESPERATE

Rohingya refugee children face a perilous future



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Balukhali refugee camp, Cox's Bazar, Bangladesh: Abdul's eyes barely hint at the atrocities he witnessed as he fled his home in Myanmar. But his drawings – like the one below – reveal much.



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UNICEF EXECUTIVE DIRECTOR ANTHONY LAKE

Introduction

There is a rapidly growing humanitarian crisis that cries out for more attention.

Since August 25, more than half a million Rohingya refugees have fled horrific violence in Myanmar and crossed the border into Bangladesh. Tens of thousands are living in tents and other temporary shelters, in danger of disease, and facing uncertain futures.

Almost 60 per cent of the refugees are children – and 21 per cent of children under five years of age are suffering from malnutrition. Many have become separated from their families or fled on their own. All have suffered tremendous loss.

In its full dimension, this is a humanitarian crisis. For each child, it is a catastrophe.

In Cox's Bazar, Bangladesh earlier this month, I heard from some of these children and women.

They told stories of horror and loss. Of murder. Of rape. Of villages burned to the ground.

Two of the children I met shared pictures they had drawn of what they had witnessed across the border. Helicopters attacking villages. Soldiers shooting boys as they play football in the fields.

Pictures no child should ever draw. Memories that no child should ever be asked to bear.

We are providing these children immediate help, but we must be able to do more – first and foremost, to meet their most urgent needs: Food, safe water, sanitation, and vaccinations to protect them from diseases that thrive in emergencies.

But they also need help in overcoming all they have endured. Filling their stomachs is easier than healing their hearts. They need education. They need counselling. They need hope.

If we don't provide them with these things now, how will they ever grow up to be productive citizens of their societies?

This crisis is stealing their childhoods. We must not let it steal their futures at the same time. Or the region will pay the price for many years to come.

The Appeal

On 2 October, 2017, UNICEF launched a US\$76.1 million appeal for its emergency humanitarian response to the Rohingya refugee crisis in southern Bangladesh. The appeal covered the immediate needs of newly arrived Rohingya children, as well as those who arrived before the recent influx, and children from vulnerable host communities – 720,000 children in all. To date, the appeal is only 7 per cent funded.

In Myanmar, UNICEF urgently needs an additional \$13 million to close critical funding gaps that are impacting the organization's ability to reach vulnerable Rohingya and other displaced children.

BANGLADESH

A bleak future in a foreign land

They live in flimsy bamboo shelters in a vast, congested and chaotic encampment.

A sheet of thin plastic is their only protection from the fierce sun.

The monsoon rains turn the floor they sleep on – and the entire camp – to thick mud.

Their days are spent fetching water – much of it contaminated – or waiting in long lines for a handout of rice and biscuits.

Disease, violence and the threat of exploitation and trafficking are an ever-present danger.

Their hopes for an education are vanishing – and with them their chances to fulfil their potential as adults.

Such is the reality facing nearly 340,000 Rohingya children who are caught up in the world's fastest-developing refugee emergency unfolding in south-eastern Bangladesh.

Since August 25, 582,000 Rohingya refugees have fled intense violence in neighbouring Myanmar, joining 211,000 others who came in previous cross-border influxes.

In the second week of October, another surge in refugee arrivals brought between 2,000 and 3,000 more each day – more than half of them children.

The Bangladeshi authorities have responded quickly and decisively to this crisis, clearing more land for refugee settlements, building roads and other infrastructure, and above all, working to meet the enormous needs of Rohingya refugees. But the magnitude of the challenge is daunting. And as violence continues in Myanmar, it is growing by the day.

As the numbers and the needs grow, conditions for children and families remain grim. And the risk of this humanitarian crisis turning into a human catastrophe is all too real.

The threat to young lives doesn't end when they cross the border. Other dangers lurk in the disorderly setting of the camps, including traffickers and others looking to exploit and abuse the young and vulnerable.

"A whole generation of Rohingya people – and the children as much as any – feels rejected by the world," says UNICEF Bangladesh Representative, Edouard Beigbeder. "This may already be planting the seeds of future enmity and hatred – unless we act now to help them, and the young especially."

This is the fastest-growing humanitarian crisis in the world today – and the world must respond.

"The appalling dangers that children here face are plain to see. Living in the open, with food, safe water and sanitation in desperately short supply, the risk of waterborne and other diseases is impossible to ignore."

UNICEF Bangladesh Representative, Edouard Beigbeder

A Rohingya family waits to be moved to Balukhali makeshift camp after crossing the Myanmar border.



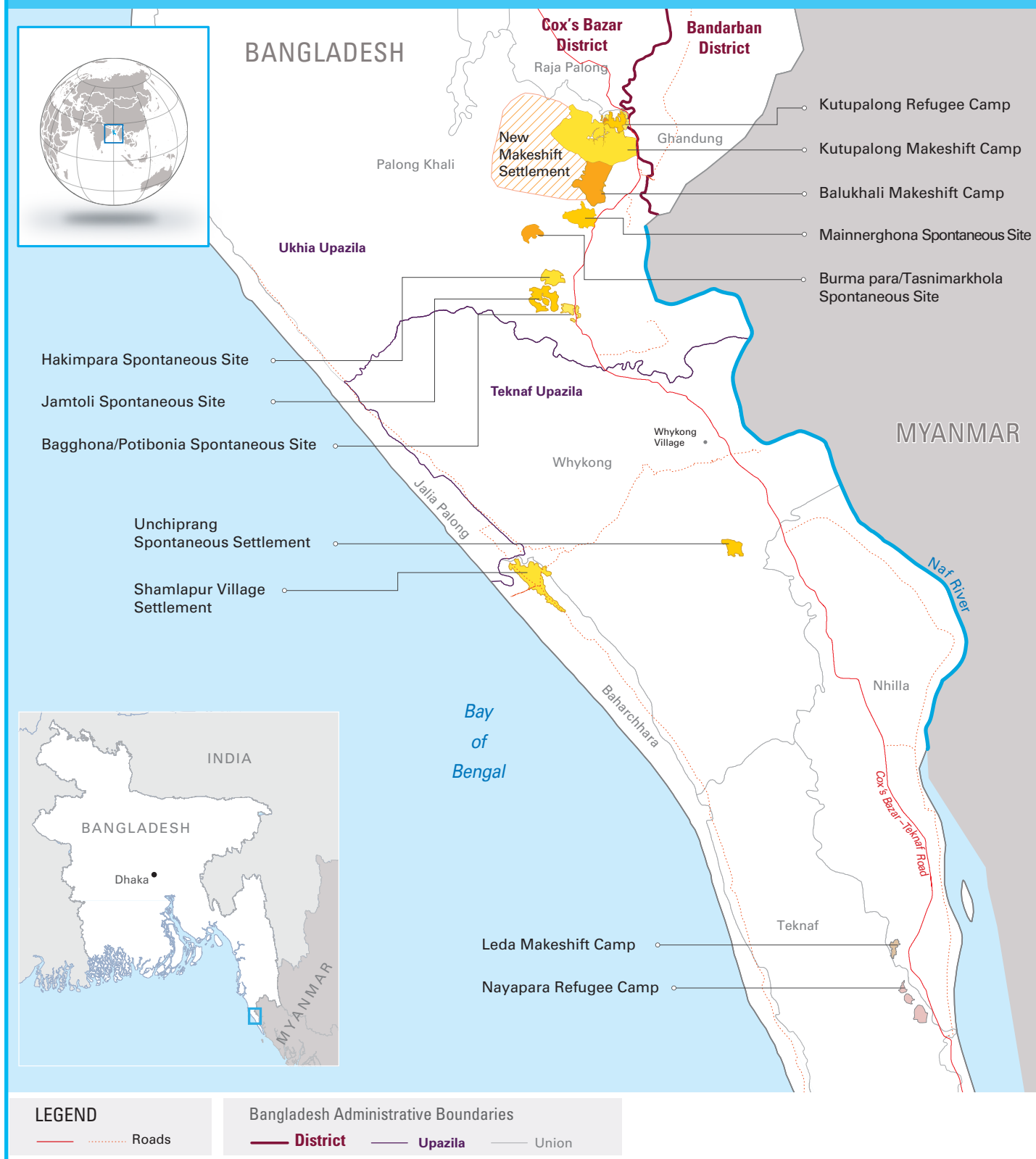
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Most of the refugees make the journey into Bangladesh on foot, bringing little more than a few belongings.

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Rohingya refugee settlements, Cox's Bazar District, Bangladesh



Note: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Sources: International Organization for Migration (IOM), Inter Sector Coordination Group (ISCG).

UNICEF is calling for urgent action in four key areas:

1. Humanitarian aid

It is vital that the international community respond urgently and fully to the requirements of the updated Bangladesh Humanitarian Response Plan (HRP) released by the UN and humanitarian agencies for \$434 million.

As part of this response, there is an urgent need to provide refugee children with education, counselling, healthcare and other support services to help them overcome all they have endured.

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And across the border in Myanmar, UNICEF urgently needs an additional \$13 million to close critical funding gaps that are impacting the organization's ability to reach vulnerable children, including displaced Rohingya children.

2. Protection of children and humanitarian access

Women and children fleeing from Myanmar's Rakhine state into Bangladesh have reported experiencing or witnessing brutal acts of violence – accounts which point to grave human rights violations.

The first and most important step in ending the crises in both Myanmar and over the border in Bangladesh is to stop atrocities against civilians.

Humanitarian actors must have immediate and unfettered access to all children affected by the violence in Rakhine state.

Authorities in Myanmar are responsible for protecting the rights of all children and meeting the critical humanitarian needs of Rohingya children in Rakhine state, where they continue to face threats, persecution, and displacement.

It is also essential that the Government of Bangladesh maintains its critical leadership role in responding to the refugee crisis for as long as necessary. This includes keeping its borders open to Rohingya refugees and recognizing their refugee status, extending international protection to refugee children, and guaranteeing that children born to Rohingya communities residing temporarily in Bangladesh have their births registered.

3. Voluntary returns

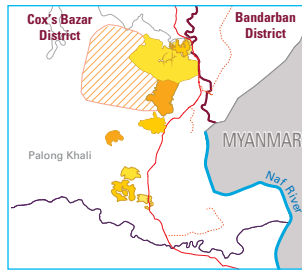
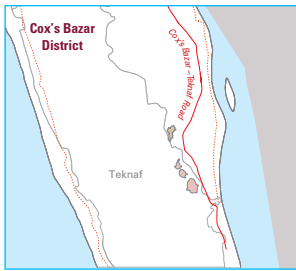
Rohingya children and families have the right of a voluntary, safe and dignified return to Myanmar with support from authorities in Myanmar and Bangladesh, as well as the international community.

This process should include: allowing families to return to their location of origin, development assistance to the villages of returnees, implementation of the Advisory Commission on Rakhine State recommendations and the registration of refugees in Bangladesh using internationally accepted standards.

4. Addressing root causes

A long-term solution to the crisis is also needed and must address the issues of statelessness and discrimination.

The recommendations of the Advisory Commission on Rakhine State offer a long-term way forward towards the establishment of a safe, stable and socially inclusive environment for all communities. The Government of Myanmar should fully implement the Commission's recommendations.



TEKNAF AND PALONG KHALI, COX'S BAZAR

A flight into the unknown

Beneath angry storm-filled clouds, they stumble ashore – the smaller children almost swept off their feet by the roaring surf. Behind them, the high-prowed fishing boat which has brought them to this remote edge of the Bay of Bengal is tossed up and down by the powerful waves. The crew prepares to turn back to fetch another cargo of desperate humanity and bring them to safety.

For these Rohingya families, drenched and exhausted by their perilous voyage, their first steps on the empty grey beaches of Cox's Bazar are the beginning of a new life of exile. The moment when the violence that claimed the lives of so many of their relatives, friends and neighbours in Myanmar was finally behind them. The moment when the challenge of fashioning a new existence out of nothing in the undulating lowlands of southern Bangladesh would begin.

In the seven weeks after violence erupted across Rakhine State on 25 August 2017, well over half a million people – bigger than the population of The Hague or Manchester – poured across the border between Myanmar and Bangladesh.

Day after day, long lines of bedraggled people emerged into the paddy fields on the Bangladeshi side, barefoot in the deep mud, bent double by the sacks of meagre possessions they had brought with them, or – in some cases – carrying the elderly relatives whom they could not leave behind. Many came with nothing more than the torn clothes on their backs.

Conspicuous amid these scenes of destitution was the sheer number of children – a full 58 per cent of the total number according to estimates. Children of all ages, bearing the visible marks of the trauma they had been through: the youngest clinging to their mothers' arms, others carried piggy-back on an elder sibling.

Rohingya refugees arriving by fishing boat on the southern shores of Bangladesh.



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Carrying a few belongings, Rohingya refugee families cross flooded paddy fields towards Bangladesh.



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Making a new beginning out of nothing

Rounding a corner in the narrow road that leads towards the southern town of Teknaf, a surge of people – many carrying sacks, cooking pots and other treasured belongings – brings the traffic to a near halt. The older women and men sit on the muddy verge staring blankly ahead of them. The rest mill aimlessly, trying to make sense of their new surroundings. These exhausted and hungry people have arrived overnight, the latest Rohingya arrivals from Myanmar. From the road, the hills of their former homes in Rakhine State are clearly visible.

One vital gesture of assistance is already at hand – a water truck bearing the logo of the Department of Public Health Engineering, a major partner in UNICEF's expanding water trucking operation. A jostling crowd fills pots and bottles with safe water, emptying the tanker in minutes. The truck sets off to bring another load. Just up the road, a local medical NGO is dispensing measles shots to children as they pass.

On the nearby hillsides, some of the newcomers are already at work, using machetes and hoes to clear scrub and level tiny plots of red earth to accommodate flimsy shelters. Watching the scene is Nur Aisha, surrounded by her five small children and using a black umbrella to fend off the fierce midday sun.

"We are trying to make a shelter but we don't have money to buy the bamboo and plastic," says her husband, Salamat Ullah. He says he will spend the rest of the day trying to find help.

For all arriving Rohingya, finding enough to eat and other relief assistance is a constant preoccupation. In the early days of the crisis, crowds – including many children – chased trucks and pick-ups that tossed out food, clothing and other essentials as they drove by. Soon though, the aid distribution became more organised, with long lines of people waiting their turn under the watchful eye of Bangladesh army soldiers and other officials.

Finding enough to eat and other relief assistance is a constant preoccupation for arriving Rohingya families.

Newly-arrived Rohingya refugees look for a space to erect a shelter in Kutupalong makeshift camp.



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Clearing land for a family shelter in Kutupalong makeshift camp.



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BALUKHALI MAKESHIFT CAMP

Protecting the most vulnerable

The crowded and muddy paths that meander through the camps and settlements occupied by over half a million Rohingya are not for the faint-hearted. In the humid heat, people surge in all directions, many carrying long bamboo poles or tarpaulins to build new shelters, or heavy sacks of supplies from the latest aid distribution.

It's hardly a place for children, and yet boys and girls of all ages are everywhere. Most are busily helping their families, fetching heavy containers of water from a water truck, standing in long lines, under a hot sun, waiting for food handouts, or taking medicine to ailing relatives.

The harm they have suffered is widespread and the stories they tell are very similar – about what forced them to flee from Myanmar, what they have witnessed, and what they have suffered on the way to Bangladesh.

We meet 16-year-old Hossan in a UNICEF-supported Child Friendly Space close to the entrance of Balukhali camp. Inside the large bamboo shelter, there's a playful hubbub coming from some thirty children who are occupied with board games, puzzles and other activities. But the thoughts of Hossan are elsewhere.

"In the night I wake suddenly, because I see the killing and the people who were shot. I see those things again." Hossan's brow furrows at the memory.

He hands me a crayon drawing he has done, depicting in chilling detail the events that he witnessed in his home village in the last week of August: the burning houses, the bodies in the street, the helicopters overhead, the arc of the bullets. After a moment he murmurs: "I lost four of my classmates, and one of my teachers was killed too."

"I lost four of my classmates, and one of my teachers was killed too."



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Images of death and violence dominate the artwork of Rohingya children now living in Bangladesh.

Other children step forward with their stories. Eleven year old Ali says he saw children being killed and women raped. Aisha, a year younger, lost a brother and a sister; they were trapped by soldiers in their home and couldn't escape.

UNICEF-supported Child Friendly Spaces – of which 97 static and mobile have been established so far – are part of what is designed to be a protective environment which will shield vulnerable children – especially girls – against violence, abuse and exploitation, while also providing an element of hope in what might otherwise seem a hopeless situation. Some 309 adolescent groups in both camps and host communities perform a similar function, providing recreation, life skills, and psychosocial support.

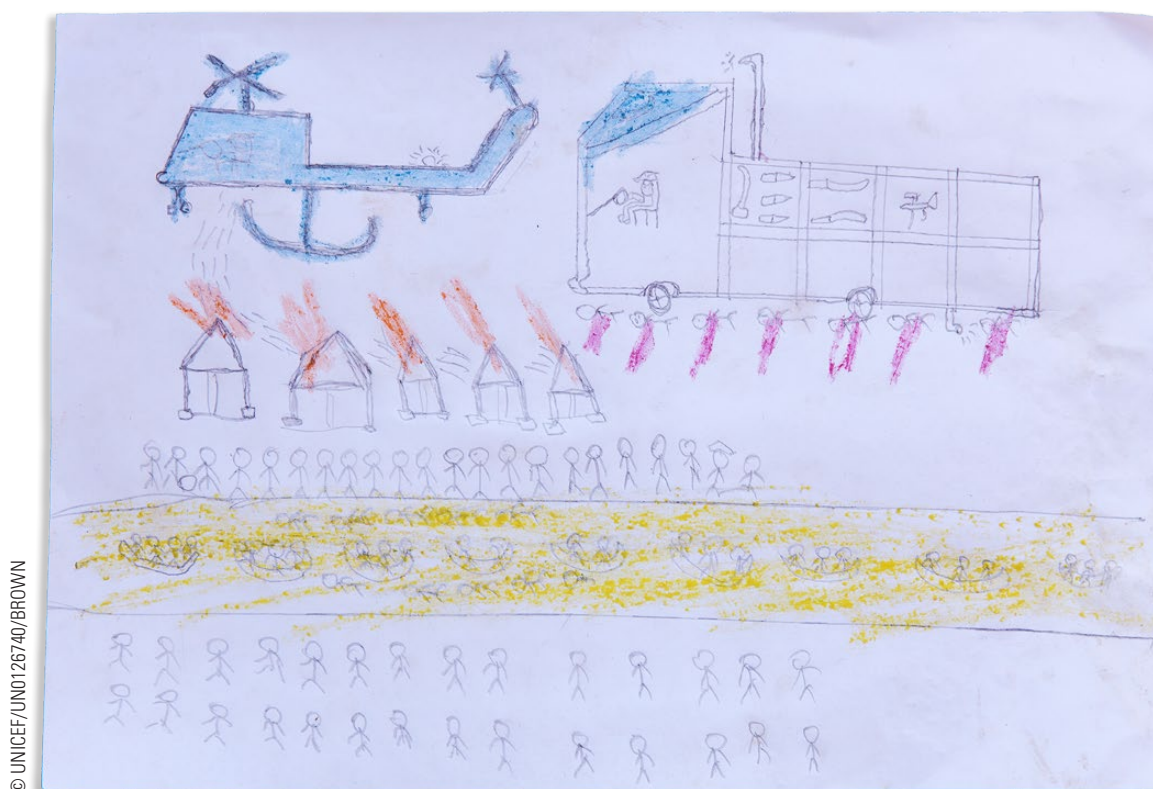
“The aim is to create a protective space where these children can decompress after all the terrible things they have been through,” says UNICEF child protection specialist Fatema Khyrunnahar. “And when they come here, they are less likely to fall prey to influences or individuals that might do them harm.”

A high priority is the 882 unaccompanied and separated children (UASC) who have so far been identified. Trained social workers manage these cases, and provide them with community-based care while their families are traced.

Among the separated children living in Balukhali camp are 16-year-old Formina, her younger sister, Sadiya (8), and brother Muhammed Riaz (7). They saw their father killed in Myanmar, and were separated from their mother in the panic that ensued. They arrived in Bangladesh accompanied only by their ailing grandmother, Jamila Khatun. “Every day I worry about the children,” says Jamila. “How can I feed them, how can I keep them safe?”



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Drawings done by Rohingya children depict the terrible experiences they and their families have been through.



SHAMLAPUR VILLAGE

Delivering safe water and hygiene

Knee-deep in a pool of muddy water, engineer Mohammed Amanullah jogs the steel tube in his hand up and down, using a combination of suction and steady downward pressure to drive the tube down into the sandy soil beneath the water's surface. Every few minutes, he adds a new section of pipe, and resumes the process.

Here in Shamlapur, close to the Bay of Bengal, the ground is so soft that this simple technique is all that's needed to bring water from the earth. At 21 feet, the water coming up through the pipe is already clear. Amanullah takes a sip and grins: "Sweet water!" he exclaims.

Soon afterwards, a new red-painted hand-pump is attached to the top of the pipe. A concrete surround will be installed the following day.

"We aim to have 48 tube wells like this installed in Shamlapur in the next few days," says Mohammed Ajedurahman, from Building Resources Across Communities (BRAC), a Bangladesh-based international NGO which – alongside UNICEF and other organisations – is part of the fast-expanding water, sanitation and hygiene (WASH) response to the emergency in southern Bangladesh.

With each passing day, initiatives like this – together with increased water tinkering, and the installation of much larger tube-wells that plumb down as far as 250 metres – are gathering pace. But the challenge ahead is vast: to meet minimum international humanitarian standards: 9 million litres of safe water is needed daily to meet the basic requirements of the Rohingya people and affected host communities. That's almost enough to fill 4 Olympic swimming pools.



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On a hillside in Unchiprang settlement, Khairul Amin digs a latrine that will serve his own family and others living nearby.

9 million litres of safe water is needed daily to meet the basic requirements of the Rohingya people and affected host communities.

This huge quantity of safe water is only one part of the WASH response. Thousands of emergency latrines must also be installed to protect Rohingya and host populations alike against waterborne diseases such as diarrhoea and cholera, which can occur when faeces contaminate water sources. Hygiene kits and hygiene promotion activities, along with simple but vital items like jerrycans, are also urgently needed.

The dangerous situation is readily apparent in spontaneous settlements such as Unchiprang, where over 28,000 new Rohingya arrivals live in harsh conditions. Here safe water is in such short supply that children can be seen filling bottles from murky streams and pools.

“The challenges we face are colossal, especially in the crowded camps where space for proper WASH facilities is hard to find,” said Dara Johnston, who heads UNICEF’s WASH operations in Bangladesh. “Even so, we simply must get the infrastructure in place if we are to avoid outbreaks of waterborne diseases and other health problems.”

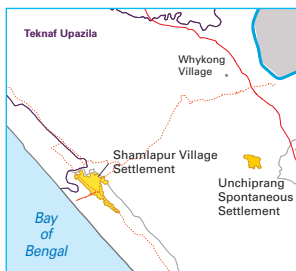
By mid-October, UNICEF had installed more than 2,000 tube wells in the densely-populated camps, and was delivering over 60,000 litres of water daily through its government counterpart.

Challenges of a different kind are to be found in host communities like Shamlapur that shelter an estimated 30,000 Rohingya. Residents like Mohammed Nurallam point out that water was in short supply even before the latest Rohingya arrived.

“Now there isn’t enough water even for drinking, let alone for washing and laundry,” Nurallam says.

Sixty-five-year-old Abdu Sukkur, his wife and five other close relatives are among some 100 Rohingya families who have taken shelter in Nurallam’s neighbourhood in the past few weeks. They were offered use of a small shack close to the main road by another Rohingya family who have lived here since a previous Rohingya influx in the early 1990s.

“People here are welcoming us – they want to help,” Abdu Sukkur says.



WHYKONG VILLAGE

Holding the line on disease

In a very literal sense, 54-year-old Surash Sharma could be said to represent the sharp end of the campaign to protect refugee Rohingya children against disease. If not Sharma himself – a bustling man in his fifties – then the disposable syringes that he uses to immunise a steady stream of young patients who arrive at his immunization centre.

Like much else in the early response to the Rohingya refugee emergency, the centre is improvised – a blue table placed under a large tree and attended by two assistants.

In normal times, Sharma is an assistant health inspector with the local authorities. But today – wearing a cap bearing the logos of the government of Bangladesh and two partner organisations, WHO and UNICEF – he is part of a vital campaign to prevent a disease outbreak among the highly vulnerable Rohingya refugee population.

“We are providing vaccinations against measles, rubella and polio, so that the Rohingya can be safe, and local people will be too,” he says.

As the vast, chaotic influx of refugees into southern Bangladesh has expanded since late August, concern over the spread of potential killer diseases like measles has grown too. The congested refugee camps, with only limited provision of clean water and toilets, are an obvious breeding ground for waterborne and other infections. The implications for children – who make up well over half the refugee population – are especially alarming.

“What makes things worse is that as far as we know, as few as 3 per cent of the children arriving from Myanmar are properly immunized, whether against measles, polio or other major childhood illnesses,” says UNICEF Bangladesh Chief of Health, Maya Vandenberg.

“We need to work on prevention, and be alert in case actual outbreaks occur.”

A first step was the immunization of 250,000 children against measles and rubella which got under way in the first weeks of the crisis. Children under 5 received polio drops and Vitamin A supplements as well. This was followed by a larger campaign to protect the refugees and host communities against the risk of cholera.

A joint effort, led by the Ministry of Health, and involving UNICEF, WHO, MSF, the International Center for Diarrhoeal Disease Research Bangladesh and other partners was launched on October 10, targeting all children over a year old, as well as adults. More than 200 mobile vaccination teams were involved in the campaign, which followed a week during which nearly 11,000 cases of diarrhoea were reported.



© UNICEF/UN0127289/BROWN

A health worker checks the temperature of a young Rohingya child during an immunization campaign in Unchprang settlement.

and treated from across the settlements and camps. The campaign reached 565,000 men, women and children in the first 7 days.

Newly built clinics and primary health care centres in each of the camps are meanwhile starting to provide treatment against diarrhoea and acute respiratory infection – another potentially fatal condition for children. These centres also provide much-needed antenatal care to pregnant women and postnatal care.

In addition, a series of oral rehydration centres are being set up, where specially trained staff will be on hand to treat anyone suffering from diarrhoea with oral rehydration salts and zinc. Partners will be engaged to set up field centres to treat patients with severe acute watery diarrhoea.

The scarcity of safe water available to newly-arrived refugees especially is readily apparent, as is the absence of proper drainage. In unplanned settlements like Unchiprong, fetid water gathers in narrow ditches between the rows of plastic shelters. While UNICEF and other partners are urgently scaling up the provision of safe water through drilling and increased tankering there is a long way to go.

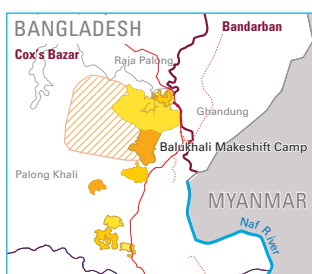
One part of the solution is raising people's awareness around the health dangers that dirty water and poor sanitation habits represent. Accordingly, an information campaign is being rolled out, enlisting everyone from religious leaders to young mothers and adolescents in efforts to mobilise the refugee community against bad hygiene and practices such as open defecation.

"Diarrhoea is our biggest worry at the moment," says Vandenant. "That requires a multi-prong approach in water and sanitation, health interventions, and prevention messages for the families at risk."

With WASH services reaching less than 30 per cent of the 1.2 million people in need, refugees must sometimes resort to fetching water from muddy streams that flow through the camps, despite the risk to their health.



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BALUKHALI MAKESHIFT CAMP

Fighting malnutrition among the youngest

Even through the torn slit in the veil that covers her face, the anguish of Khad Banu is impossible to miss. In her arms she cradles the tiny listless form of her youngest daughter, Sharminara Begum.

Banu, her husband and four children arrived in Bangladesh just four days ago, after a terrifying escape through jungles and across rivers, fleeing the men who, she says, set fire to their village in Buthidaung, Myanmar.

"We couldn't bring anything from our house – we just heard the sound of bullets and we got out," she says. For now her main worry is Sharminara.



A Rohingya mother cradles the head of her six-month-old daughter as the baby's nutritional status is checked by a health worker. A red upper-arm measurement indicates she is suffering from severe acute malnutrition.

A crowd of Rohingya refugees clamours for food during a distribution by a volunteer organisation in Kutupalong camp, Cox's Bazar.



© UNICEF/UN0127199/BROWN

A Rohingya refugee boy leaves an aid distribution site with relief items at the Unchiprang makeshift refugee camp.



© UNICEF/UN0127186/BROWN

"The baby got sick while we were crossing into Bangladesh – we had to cross rivers and the sea. She drank dirty water. Now she has cold and fever." Worse, an ulcer in the baby's mouth means she is struggling to breastfeed properly. Even to an untrained eye, the baby is desperately thin.

Banu is sitting in the simple single-story clinic inside the camp where UNICEF and its sister UN agency, the International Organisation for Migration, provide medical and nutrition services. The clinic was set up in October 2016, following a previous largescale influx of Rohingya people into Bangladesh.

Staff from a UNICEF-supported NGO confirm that Sharminara is indeed suffering from severe acute malnutrition, or SAM – a life-threatening condition that needs urgent treatment.

"We've received five other SAM babies here only today," says Community Nutrition Worker Bijoli Aktar, as she writes the word "SAM" on the baby's arm in felt tip marker, to make it easier to identify her on future visits to the clinic.

Three days later, we are back at the clinic to find that significant changes have taken place. In an empty area adjacent to the clinic, a new bamboo structure has been built, with a sign that reads: "Outpatient Therapeutic Programme Centre for the management of severe acute malnutrition".

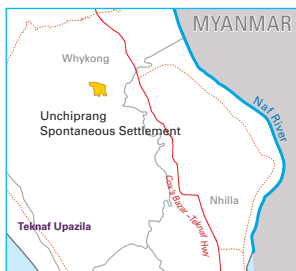
Several nurses busily attend to the latest tiny patient, Manwara, who has been brought in by her mother, Nurujan. She is eight months old, yet weighs little more than 3 kilogrammes.

The special tape measure used to measure the degree of malnutrition is slipped over Manwara's arm, and slides to the top of the red 9-10 range. "Based on the screening we have done, we estimate that as many as 6 per cent of newly arrived children are SAM cases in some spontaneous settlements," says UNICEF nutrition officer, Monira Parveen. "That is worryingly high."

Nurujan is handed a sachet of special therapeutic peanut paste known as RUTF (Ready-to-Use Therapeutic Food), which is used to treat SAM cases. She uses one finger to gently press a small amount of the paste into Manwara's mouth.

Parveen says that while RUTF is a vital tool to help children recovering from SAM in emergency conditions, encouraging mothers to exclusively breast feed their babies is also essential. "It's so simple and it's the safest readily available food for infants and young children – and it costs nothing."

"As of 8 October, an estimated 14,500 Rohingya refugee children need treatment for severe acute malnutrition (SAM)"



UNCHIPRANG SETTLEMENT

Keeping the focus on education

Set on a wooded slope overlooking the sprawl of a refugee camp that didn't exist a few weeks ago, the Banaful Transitional Learning Centre is simplicity itself. It consists of a bamboo hut, some 30 metres long, with an orange fabric floor and a blue tarpaulin roof.

These spartan surroundings – and the absence of normal furniture such as desks and chairs – do little to diminish the evident enthusiasm of the children packed into each of the three classrooms. Making do with the exercise books, pencils and other materials from a UNICEF-supplied education-in-emergency kit seems to be the least of their concerns.

"The children are so enthusiastic to come," says Tabarek Hossan, the supervisor who works for UNICEF partner, CODEC (Community Development Centre). He has to raise his voice to be heard over the boisterous recitation of the Myanmar alphabet coming from two of the classrooms.

The 105 children registered at Banaful have been divided into three categories. The class on the left is for children aged 7 to 14 who have already had some education. The middle class is for children in the same age group who have never been inside a school before. The remaining classroom contains younger, pre-primary children (4 to 6 years).

"There are three transitional learning centres already operating in Unchiprang, and six more under construction," Hossan tells me. "We are expanding as fast as we can."

The centres are part of a basic education programme for Rohingya refugee children aged 4–14 living in the makeshift settlements which was established by UNICEF and a number of partners in late 2016, following an earlier wave of refugee arrivals from Myanmar.

"Now we have to scale up the programme," says UNICEF education officer Laila Aphan Banu. In all, following the influx that began in August, more than 453,000 refugee and host community children aged 4–18 years now need a place to learn. UNICEF is planning to reach up to 150,000 Rohingya children and 50,000 host community children of 4–14 years, while the remainder will be supported by other sector partners.

"Providing the opportunity to learn is critical for children who have been through so much," says Banu. "In addition, when they are in the centres, the children can be shielded for the dangers that they face in the camps."



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Ten-year-old Sahera Begum and her classmates – all Rohingya refugees – during an English class at a Child Learning Centre in Kutapalong makeshift settlement.



© UNICEF/UN0126293/BROWN

Nine-year-old Sajeda Begum recites her times tables during class at the Shapla Child Learning Centre in Kutupalong makeshift settlement.

At the same time, expanding the programme so dramatically means finding the necessary space inside already overcrowded camps, as well as the provision of basics like toilets and drinking water.

Even longer-established learning centres in host communities face similar problems. On the outskirts of Shamlapur, a Bangladeshi village which has a large Rohingya community, 18 year old teacher, Halima Aktar, shows us round the rented single-room learning centre where she teaches a class of Rohingya children.

"I teach them English and maths," she says. "And a Burmese colleague comes to teach them Myanmar language one hour a day." The provision of World Food Programme fortified biscuits helps ensure the children attend regularly.

Aktar points out two boys who arrived with the latest influx of refugees only days ago.

"One lost his father. They are both very fragile, so I try to give them special attention."

Outside the learning centre, Laila Begum is waiting to collect two of her children, 5 year old Afshan Bibi and her younger sister, Rabia. She and her husband – a fisherman – have lived in Bangladesh for ten years. They are now sharing their simple bamboo shelter with seven relatives who fled Myanmar in recent weeks. Just making ends meet is a struggle, she says but educating the children is vital too.

"If they learn, they will be able to live their lives properly," Begum says. Her husband, Noor Alam, nods in agreement.

"Wherever we go, the children need knowledge," he says.



UNICEF Response to the Rohingya Crisis in Bangladesh

1,200,000 people in need,
including 720,000 children

US\$76 million required



WATER, SANITATION AND HYGIENE (WASH)

People with access to safe drinking water

101,100

21% attained

Target 450,000 people



EDUCATION

Children 4–14 years receiving an education

5,500

2% attained

Target 201,800 children



CHILD PROTECTION

Children provided with psychosocial support

27,000

12% attained

Target 324,000 children



HEALTH

Children 6 months to 15 years who received MR vaccine

135,500

57% attained

Target 237,500 children



NUTRITION

Children 0–59 months treated for severe acute malnutrition (SAM)

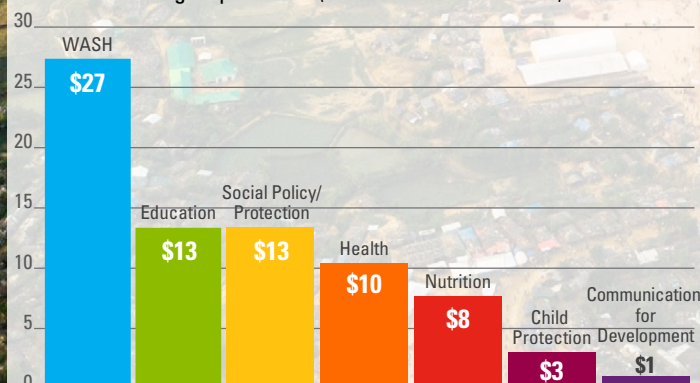
1,000

11% attained

Target 7,500 children

Note: Numbers have been rounded to the nearest 100.

Funding requirement (in millions of US dollars)



unicef 
for every child



An aerial photograph of Kutupalong makeshift camp for Rohingya refugees in Cox's Bazar District in Bangladesh. More than 450,000 of the Rohingya refugees who have arrived in southern Bangladesh since late August 2017 are now living in the huge Kutupalong refugee camp and expansion area.

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October 2017

Child Alert is a briefing series that presents the core challenges for children in crisis locations. This edition focusses on the situation of Rohingya refugee children and their families now suffering harsh conditions in camps in southern Bangladesh after fleeing violence in Myanmar.

Rohingya children are among an estimated 28 million children worldwide who have been uprooted from their homes due to conflict, poverty and extreme weather. Last year, UNICEF launched the global campaign #ChildrenUprooted to highlight the plight of these highly vulnerable children. In total, there are 50 million refugee and migrant children around the world.