

UNICEF ADVOCACY ALERT | August 2019

BEYOND SURVIVAL

ROHINGYA REFUGEE
CHILDREN IN BANGLADESH
WANT TO LEARN

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



Cover photo: Children at a UNICEF-supported Learning Centre in Kutupalong refugee camp
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ROHINGYA REFUGEE CHILDREN
IN BANGLADESH WANT TO LEARN

Refugee Population in Cox's Bazar District

April 2019 | Sources: ISCG, RRRRC, UNHCR, IOM-NPM, Site Management Sector | Projection: BUTM



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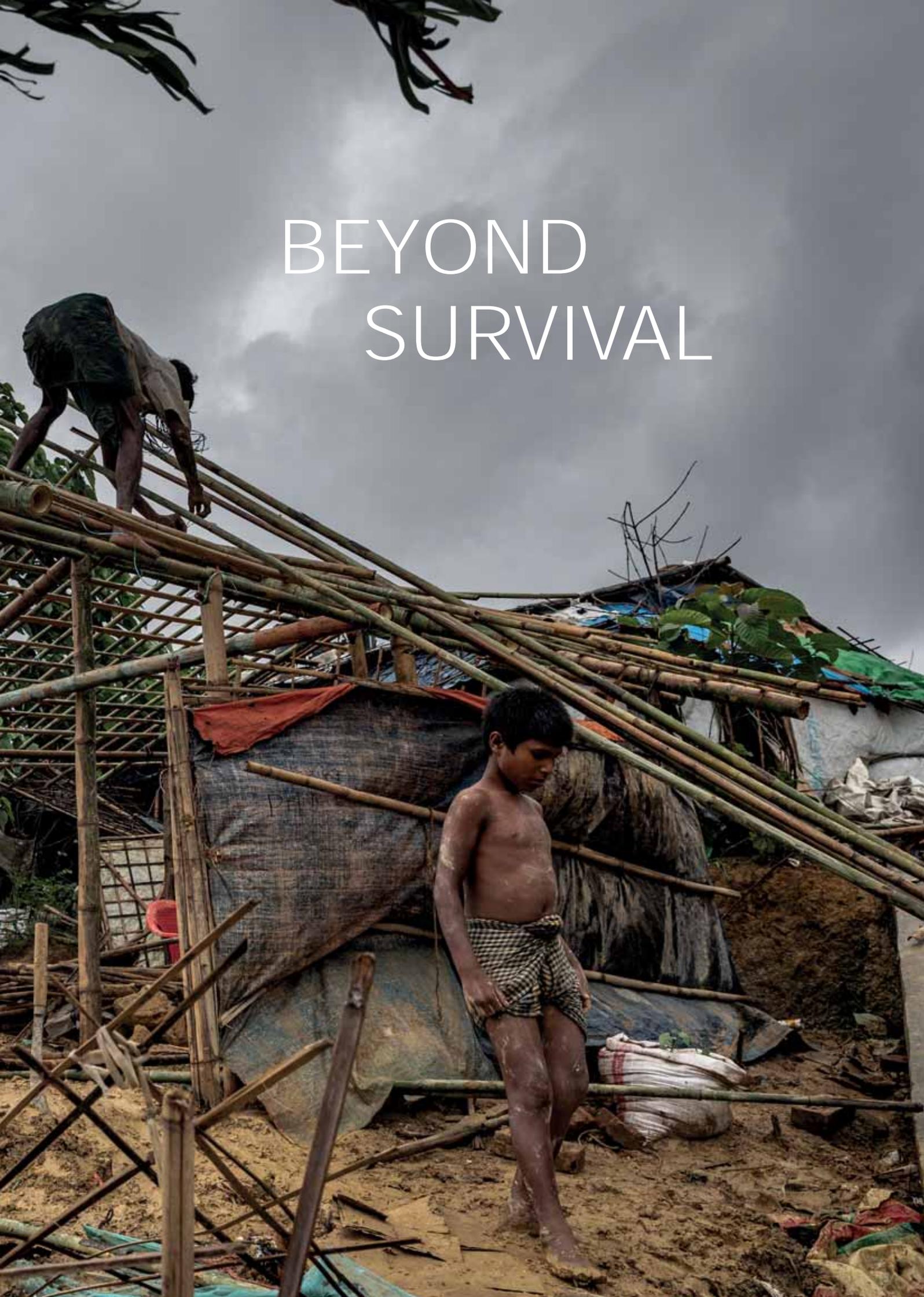
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Monsoon rainclouds loom overhead as Mohamed Amin (facing camera centre) and other family members rebuild their shelter which was destroyed during heavy monsoon rains on the night of July 6 2019. In the space of 25 days in July, authorities in the vast Rohingya camps had to assist over 5,700 refugee households with damaged shelters.



BEYOND SURVIVAL



FRUSTRATION IN A FRAGILE SETTING

For the last two years, more than 900,000 stateless Rohingya refugees living in the camps of southeast Bangladesh have focused on staying alive.

New infrastructure and efforts aimed at providing the basics of health care, nutrition, and water, sanitation and hygiene, have improved conditions for the children and families who fled persecution and violence in Myanmar.

But as the refugee crisis drags on, children

and young people are clamouring for more than survival; they want quality education that can provide a path to a more hopeful future.

“I studied six subjects back in Myanmar,” said Abdullah, 18, who lives in the Kutupalong refugee camp, the largest in the world. “But when I arrived here, there was no way I could continue.”

“If we do not get education in the camps, I think our situation is going to be dire,” he added.

Ruma Akter, 10, picks spinach leaves that her family grow on the roof of their shelter in Kutupalong refugee. Many families grow vegetables to supplement the rations of rice and dal that they receive from aid agencies.





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Market in the Moynerghena refugee camp.

The Rohingya found refuge among an already vulnerable population in the Cox's Bazar district. As of August 2019, a total of 1.2 million people – including 683,000 children – were in need of humanitarian assistance.

The vast majority of the recent arrivals live in flimsy bamboo and tarpaulin shelters in what is effectively the world's largest refugee camp. It is a place where – despite a sense of stability -- the dangers of everyday life remain all too real.

Between 21 April and 18 July 2019, refugee camp authorities recorded 42 injuries and 10

fatalities, including six children, because of monsoon weather.

The root causes of the violence that drove the Rohingya from Myanmar remain unresolved. Conditions have not been established that would allow the refugees to return to their homes. The result is that the Rohingya refugees will remain in Bangladesh for the immediate future.

“If anyone goes back to Myanmar, there is no safety,” said Ro Sawyedollah, 18. “Some people think to go to a foreign country, but it's not good to try to leave. At least we are together here.”

DESPERATE
TO LEARN

© UNICEF
 Supported
 Elements of
 High quality Wheat
 Soy flour with fu
 Vegetable Oil
 Sugar
 Iodized Salt
 Vitamins & Minerals



Date: 25-6-1	
level	4
Shift	2nd
G -	9
B -	12
F -	21

Rozina Aktar teaches Level 4 students at a UNICEF-supported Learning Centre in Kutupalong, where a new curriculum is being rolled out. "Education takes people from the darkness and brings them into the light," said Rozina. "What drives me is the students' ambition to learn."

FIRST STEPS TOWARDS QUALITY LEARNING

For children and young people, the protracted state of limbo has awoken an intense desire for learning opportunities that prepare them for the future.

When the huge influx of refugees began in 2017, UNICEF and partners responded by setting up large numbers of Learning Centres in the camps. For children unable to find space in the Centres, other options have emerged: religious schools (madrasas) provide free lessons in Koranic studies, Arabic and other subjects; and private and group tutors offer classes for those who can afford them.

By June 2019, the overall education sector had provided non-formal education to 280,000 children aged 4 to 14. UNICEF and its partners have ensured access to learning for 192,000 of those children,

enrolled in 2,167 Learning Centres.

At the same time, this leaves a gap of over 25,000 children not attending any learning programmes, while an additional 640 learning centres are needed.

Furthermore, an estimated 97 per cent of adolescents and youth aged 15 to 18 years are not enrolled in any type of learning facility.

Parents are concerned that the longer their children are deprived of education, the greater the risk that they will be exposed to exploitation and abuse.

“Educated people have a value wherever they are,” said Mohamed Hussein, who sends two of his children to a Learning Centre in Camp 18. “Whether my son goes back to Myanmar or to Malaysia or anywhere else, the same is true.”

Teachers like 19 year-old Ruma Akhtar have been recruited from the local Bangladeshi community.



In a Learning Centre classroom decorated with colourful floor mats, wall charts and a chalkboard, children sit in a semicircle on the floor. As Mohammad Alam, 13, ponders a math equation in the exercise book before him, he hesitates and furrows his brow. Glancing up, he catches the attention of his teacher, Rozina Aktar, who moves to Mohamed's side to help as the other students continue their work in near silence.

At first glance, the scene in the Learning Centre may not seem that different from two years ago, when the emergency response to the influx of refugees began. But Mohammad has noticed a change.

"Now we have a better plan (for learning)," he said. "It's not like before."

At this Learning Centre, and in a growing number of others, UNICEF and partners have begun efforts to provide a more comprehensive learning approach.

"In the beginning, without materials or a curriculum framework of any kind, Learning Centres were mostly about play and drawing," said Charles Avelino, Education Manager with UNICEF Cox's Bazar Field Office. "Now we have turned a corner. We're starting to put in place competency-based learning, starting with the lower (grade) levels. This marks a qualitative jump towards the kind of education these children need."

The qualitative jump involves learning materials developed by UNICEF and partners as part of the Learning Competency

Religious schools have helped offset the shortage of formal learning opportunities in the camps.



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Framework and Approach (LCFA). Teachers – some from local Bangladesh communities or support staff recruited from among the refugees – receive training on content, pedagogy and student assessments.

In addition, greater interaction between teachers and students is encouraged and study materials provide structure to the lessons. Multiple centres are now clustered in one location, allowing for peer training. The

centre where Mohammad attends classes is one of five set on a ridge overlooking part of the camp.

Mohammad is not the only student to appreciate the change. His classmate, 10-year-old Thahira, has embraced the new materials provided in Burmese and English.

“I feel that now I’m making progress,” she said.



Mohammad Alam is one of the first children to be taught using the Learning Competency Framework and Approach (LCFA) developed by UNICEF and partners.

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BIG ISSUES REMAIN

Despite improvements, the scale of the education challenge remains formidable.

In the congested camps, space restrictions have curtailed educational opportunities for younger children.

About 640 additional Learning Centres are still needed, mainly in the more densely-populated camps.

Education for girls lags even further behind. In most cases, when girls reach puberty,



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Children at a UNICEF learning space in Camp 18, in Kutupalong refugee camp.

they are withdrawn from school by their families. Surveys suggest that changing this longstanding practice will be very difficult. However, initiatives such as single sex shifts in Learning Centres, are being tested.

The LCFA is being rolled out progressively. So far, Levels 1 and 2 have been approved by the Government of Bangladesh, while Levels 3 and 4 are being piloted. But expanding the LCFA approach to reach more advanced grade levels will require close collaboration with the Myanmar and Bangladesh governments. Without it, the task of producing a fully-developed, regulated and certified curriculum will be daunting.

“At the moment, we are trying to provide education within tight restrictions,” said Tomoo Hozumi, UNICEF Bangladesh Representative. “It may not be as holistic as we would like but we simply cannot wait until conditions are perfect.”

“What we ask of both governments is flexibility to allow the use of their educational resources – for example, curriculum, assessments and training manuals – in order to offer the best possible quality learning for Rohingya children,” he added.



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ADOLESCENTS RISK MISSING OUT

(From l to r) Abdul Sukkor, 15, Abdul Rahman, 14, Mohammad Saber, 13, Abdul Karim, 14, and Shahid, 13, take a break from catching crabs in the river near the refugee camp where they live.

The sense of frustration among the teenage boys who can be found whiling away their time on the paths and walkways of the camps is unmistakable. The vast majority of teenagers do not attend classes or training, and even younger adolescents find little to do in the camp.

On the wooded outskirts of the refugee camp, a group of boys forage for crabs in the muddy waters of the Naf River.

Abdul Karim, 14, said he had enjoyed school until he had a row with his teacher and dropped out. He says that for adolescents, the camps can be a dangerous place, especially at night.

“People in the camps are always trying to

sell (methamphetamine) to me,” Abdul said. “They try to convince me that if I sell drugs I can make money and buy more things for my family.”

For adolescents like Abdul Karim and his friends, UNICEF and partners have developed around 100 Adolescent Clubs and established a network of youth centres that offer psychosocial support and classes in literacy, numeracy, life skills and vocational skills.

The centres are part of a broader UNICEF strategy to expand access to integrated health, protection, learning and other services for an estimated 123,000 adolescents between age 12 and 18.

“Our aim is to help equip adolescents with

the skills they need to deal with many risks they encounter, such as trafficking, abuse, and – in the case of girls – child marriage,” said UNICEF Bangladesh Representative, Tomoo Hozumi. “In broader terms, we are helping this generation of youth build their identity, and make them part of the solution to the difficult situation they find themselves in.”

15 year-old Yasmin Ara has been attending classes at a UNICEF-supported adolescent centre for the past four months.

At one adolescent centre operated by BRAC, a UNICEF partner, Yasmin Ara, 15, learns to sew with a group of about 20 other girls her age. The centre teaches the girls tailoring,

embroidery and the simple electrical skills needed to install and repair the solar panels that are widely used in the refugee camps. They are skills that can generate income – and a wardrobe.

Like many with adolescent daughters, Yasmin’s parents were at first reluctant to send her to the centre. But one of the facilitators convinced them to allow her to attend classes.

“Now they can see the progress I have made, they are happy for me to come here,” Yasmin said.



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Teenage girls help meet the desire for learning



12 year-old Sharmin Aktar (l) and her cousin, Shahinoor, 15 set up their own learning centre where some 22 young children come each morning to do extra Burmese language lessons. The class is one of many ad hoc private initiatives that have been set up to meet the demand for learning.

"We concentrate on teaching the children Burmese," says Shahinoor. "Without it, when they return to Myanmar, they won't be able to communicate so its very important."

“I am like a fish out of water”

18 year-old Shafi Ullah studies by himself for four hours a day. He speaks good English, but there is nowhere for him to attend class.

“ In Myanmar I studied Burmese, English, maths, biology, physics and chemistry. For two years, I have not had the chance to study. We are hungry to do so but we don't have any chance to study. I am like a fish out of water. I am like a blind boy.”



A Clarion Call for Education

Two years after hundreds of thousands of Rohingya refugees started arriving in the Cox's Bazar district of southeastern Bangladesh, the need for services remains dire. Still substantial gaps exist in health, nutrition, child protection and water, sanitation and hygiene services.

Amid all these pressing needs, one above all others has become a clarion call for action: Quality education and skills development.

In any encounter with a refugee – child or adult – conversation quickly turns to the absence of a formal learning system, and the deeply troubling implications that has for the children and adolescents in the refugee camps.

It is not hard to see why: as things stand, a generation of Rohingya refugees are not being given the chance to develop the essential skills they need to guarantee their long-term future, wherever they eventually settle.

When the huge influx of Rohingya refugees into Cox's Bazar took place in 2017, finding a safe space for children to learn was one of the top priorities for the international agencies leading the response. In the early months of the crisis, numerous Learning Centres were quickly constructed. Local Bangladeshis were hired to teach alongside Rohingya volunteers.

Given the enormous constraints, this was a considerable achievement.

For many children in the camps, the Learning Centres were their first experience in a classroom. The reassurance of being in a caring, secure environment helped many on the path to recovery from the traumatic experiences that drove them from Myanmar. It also contributed to high rates of school attendance.

But even in this initial phase, the shortcomings of the informal classes were soon obvious.

Rohingya Children in a UNICEF-supported Learning Centre.



Without proper teaching and study materials, teachers had to improvise. Children gained basic numeracy and reading skills in English and Burmese, but not much else. For children and adolescents older than 14, there were no education opportunities available at all.

Fortunately, the situation is changing. The Learning Competency Framework and Approach (LCFA), a structured set of teaching and learning materials, is being progressively introduced with lessons designed for children aged 4 to 14 in English, Mathematics, and Burmese as well as Life Skills (for Levels 1 and 2) and Science (for Levels 3 and 4). The contribution to this undertaking of our various partners -- especially the national NGOs -- has been immense.

The feedback has been positive from students, teachers and parents. But there is still much to improve. We now have the task of refining and expanding the learning process, while making it available to all children and adolescents in the refugee camps.

It is an enormous undertaking for sure. While strengthening the quality of learning

for younger children, an entire adolescent curriculum needs to be established, offering foundational skills in literacy and numeracy alongside more practical vocational skills that can translate into opportunities in entrepreneurship.

This task can only be achieved and taken to scale with the full backing of a wide range of partners including, most critically, the governments of Myanmar and Bangladesh. Having access to local resources such as teachers with the required language skills, learning materials and student assessment tools will be vital to success.

The international community must also play its part, making available the resources needed for such a large humanitarian undertaking.

The stakes are high, and time is against us. A generation of children is growing older day by day, and we must make sure they do not lose hope in their futures. We cannot afford to fail them.

Tomoo Hozumi
UNICEF Representative, Bangladesh



A photograph showing a flooded refugee camp. The water is muddy brown and has inundated the area. In the foreground, there are makeshift structures made of wood and fabric, some covered with blue and black tarps. A black umbrella is visible in the lower right corner, with water dripping from its edge. In the background, more makeshift buildings with corrugated metal roofs are visible, some partially submerged. The overall scene depicts the impact of heavy monsoon rains on the camp.

MEETING THE NEEDS OF ROHINGYA REFUGEE CHILDREN

9 year-old Mohammad Ibrahim surveys the damage done by heavy monsoon rains that flooded parts of Kutupalong refugee camp in July 2019.



A lack of education is only one of the obstacles children and families face in the Cox's Bazar district. As the emergency response continues, it has become

increasingly important to provide services that build bridges to the local community, protect children's health and nutrition, and offer safe water and sanitation.

BUILDING BRIDGES BETWEEN THE COMMUNITIES

Though Bangladesh and its people have shown immense generosity, the arrival of the refugees has had a significant social and economic impact on the local population, and on the fragile land and forest resources in the area.

Though some businesses have benefited

from the refugee influx, the benefits have been accompanied by rising inflation, lower daily wages and traffic congestion on the narrow roads leading to the camps.

The refugee crisis placed stress on communities that already had some of the worst indicators for children's well-being in

Heavy traffic at the entrance to Kutupalong refugee camp.





A deep water well will soon occupy what used to be one of farmer Syed Karim's paddy fields. The well will supply the nearby Rohingya refugee camp. "I was a landlord and now I am a day labourer," says Karim. "This land was my income."

Bangladesh. As a result, UNICEF and other agencies have paid close attention to local community needs as they responded to the refugee emergency.

These efforts have included screening children for acute malnutrition, constructing new, deep wells for water and providing health consultations for thousands of young children in government facilities and community clinics.

In July 2019, UNICEF and Coast, a partner, opened three new Host Community Multipurpose Centres (MPCs), where male and female adolescents learn life skills including tailoring and computing.

Sharmin Chumki, 16, was among about 160 adolescents who joined one centre near Kutupalong refugee camp.

"The centre has given me a new lease of life," Sharmin said, "and a chance to earn some of my own money."

Meanwhile, a number of adolescent clubs provide an opportunity for refugee and local community children to interact.

Marjahan Rumi is a facilitator at a centre run by UNICEF partner CODEC in Lambasia refugee camp. Some 40 children from both refugee and host community populations come here to discuss shared issues such as early marriage, relationships with boys, and dangers posed by drugs and trafficking.

The main objective is to make them comfortable together, and less shy," said Marjahan. "This is helping build a better relationship between the communities."



DARKNESS EXPOSES WOMEN AND GIRLS TO DANGER

Away from busier areas, women and girls can be at risk.

As the situation for Rohingya refugees has become increasingly protracted, ensuring that the most vulnerable children -- especially girls and children with disabilities -- are shielded from violence, trafficking and other threats, remains as critical as ever.

Despite investments in street lights, night can be particularly dangerous for girls and women, especially on the trek to toilet facilities.

"When the women and girls go into the washroom at night, they are often harassed," said 15 year-old Azida Begum. "When this

happens we scream, but there are not always people to help us."

Some families try to solve the problem by installing primitive washing spaces attached to their shelters. Others send a male relative to accompany female family members to the toilet.

"Increased gender-based violence is part of a broader and very worrying trend," says UNICEF Cox's Bazar Child Protection Manager, William Kollie. "Girls can be victims in different ways, so families try to protect their daughters in different ways – perhaps

by arranging for them to marry younger, or by trying to smuggle them out of the camp and abroad.”

To support women and girls, UNICEF and its partners have set up a series of static and mobile Safe Spaces, as well as outreach activities in the camps. Staff are trained to advise women who have been victims of violence.

For children who live in the camps with foster families, UNICEF and the Bangladesh

Department of Social Services provide monetary support to ease some of the financial burdens.

Disabled children are especially vulnerable. Jahangir Allam, 13, and his sister, Hadia Begum, 10, were both disabled by polio. Neither can attend school, due to the long distance over unstable terrain to the nearest learning centre.

“I want to go to school, but it’s too difficult, even with my wheelchair,” Jahangir said.

Due to their disability, 13 year old Jahangir and his sister Hadia, 10, depend heavily on members of their foster family.



Remembering a daughter who vanished

Azoma Begum, 30, holds the favorite red dress of her daughter, Asma, 12.

"Three months ago, Asma went to the market and she never came home," she says. "I kept looking everywhere, I think somebody took her away."

Azoma has little to remember her lost daughter by.

"When I smell her dress, I remember everything about Asma."

Azoma lives in a bamboo and plastic shelter with Asma's two younger siblings.

"At first they cried all the time, and asked: "When will we see Asma again? When is she coming home?" But now they don't cry. They are silent."



AT THE MERCY OF TRAFFICKERS

In such an environment, it is little surprise that traffickers seek to profit. The dangers have increased as children and families become ever more desperate to leave the refugee camp in the hope of making a new start elsewhere.

The extent of the trade is unknown. But the U.S. Department of State says that traffickers transport Rohingya girls for the sex trade both within Bangladesh and abroad. They are also known to coerce Rohingya women and girls into becoming sex workers by abducting them or making bogus job or marriage proposals.

The story told by Karima*, 15, and her younger brother, Ahmad, is not unusual. Their attempted escape was organized by their father, Abdel Aziz, and by the man Karima was expecting to marry in Malaysia.

Abdul Aziz (r) took the risk of paying traffickers to smuggle his children to Malaysia where he hoped they would find a better life. Instead, the children were held for ransom and only released after more money was paid.

For a fee, traffickers agreed to help them make the journey out of the camp, and Bangladesh.

Karima describes how they slipped past checkpoints outside the camps and made their way to a bus station where they were met by a trafficker.

But midway in the journey, across the Indian border, the traffickers locked the siblings in the basement of an isolated house.

“They called my father and demanded more money,” Karima said. “And then they started beating us. It was terrifying.”

After 10 days, the terms of release were agreed, leaving Aziz in heavy debt to relatives who paid the ransom.

** Names have been changed.*





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UNICEF helps address female hygiene needs

For 15 year old Azida Begum, there's no doubt what is the most precious part of the supplies (known as a dignity kit) which she carries away from this distribution organised by UNICEF partner, DCA. "The sanitary napkins -- it's very hard without them," she says. An estimated 2.4 million sanitary pads are needed monthly to meet the needs of women living in the camps. Each dignity kit also contains laundry soap, a bucket with a lid, female underwear, a scarf, flip flops and a solar torch.

VIGILANCE AGAINST THE THREAT OF CHOLERA

From the onset of the refugee emergency in 2017, the difficult physical conditions in the camps fuelled concern over a possible cholera outbreak. And despite the success of vaccination campaigns that provided cholera vaccine to more than 1.2 million refugee and host community children and adults, health officials – and families – must remain vigilant.

In the town of Teknaf, a 30-bed treatment centre, run by the Bangladesh-based International Centre for Diarrhoeal Disease Research, is one of five specialist units

established with UNICEF support. It serves children from both the refugee and local communities.

“We need to be ready, just in case,” said UNICEF Chief of Health, Maya Vandenberg. “And that applies just as much to the host community as it does to the refugees in the camps.”

The same approach has led UNICEF to support the renovation of maternal and newborn wards at the nearby Teknaf public

A mother holds her baby at a specialist Diarrhoea Treatment Centre. A simple diagnostic test is used on stool samples of each patient who comes to the centre. Those which test positive for the vibrio cholerae bacteria are sent to the capital, Dhaka, for confirmation. Most tests are negative.





Anowara is a volunteer Community Health worker at a UNICEF-supported Primary Health Centre. Back in Myanmar, she was a traditional birth attendant who delivered over 300 children. Nowadays, Anowara's job is to persuade mothers to make use of the centre's expanded services, and to deliver their babies there under proper medical supervision. Some cases arrive at night, either carried on stretcher by porters, or by the centre's ambulance.

health complex. Supplies, equipment and training for medical staff were also provided.

In the camps, a network of Primary Health Centres (PHCs) provide routine maternal and neonatal care around the clock. The PHCs focus on persuading pregnant women to make use of their services and address cultural barriers to seeking care. For example, women are assured that they will be treated by female staff.

"We are building trust among the refugees slowly," said Dr. Atiq Rahman, who works at a PHC run by Research, Training and Management International, a UNICEF partner.

A larger number of health posts provide drop-in health services for refugee patients of all ages. Surveys show that the most frequent complaints are respiratory illnesses, skin infections, and stomach ailments. Between August 2017 and June 2019, nearly 270,000 consultations for children younger than 5 were conducted in the facilities, which UNICEF supports.

"Our priority is to make sure refugees are more aware of health issues," said Dr. Umy Sharka, who works at one health post operated by the NGO Partners in Health and Development, a UNICEF partner. "That's why we are putting so much emphasis on patient counselling and encourage refugees to come and see us."

YOUNGEST CHILDREN REMAIN AT RISK

When the big Rohingya influx began two years ago, malnutrition was seen as one of the most critical threats facing young children. They had fled one of the poorest regions of Myanmar and endured an arduous journey with little to sustain them. An initial survey revealed that 19 per cent of refugee children under 5 were suffering from acute malnutrition.

Within a year, that figure had fallen to 11 per cent, the result of intensive efforts by a range of humanitarian agencies under the government's leadership. Surveys revealed

a similar drop in cases of severe acute malnutrition (SAM), the most dangerous form of the condition.

"The situation has stabilised," says Karanveer Singh, UNICEF's Nutrition Manager in Cox's Bazar. "Even so, the situation in the camps is a cause of great concern, due to the poor hygiene and sanitation, overcrowding and the high cost of providing a child with an adequate nutritious diet."

Critical work is done by around 1,000 skilled community volunteers who, with UNICEF

While cases of severe acute malnutrition (SAM) have fallen, many families survive on a meagre diet.





One year-old Ibrahim is recovering from severe acute malnutrition in Kutupalong Makeshift Stabilisation Centre.

support, screened an average of 135,000 children for malnutrition every month in 2019. Around 8,500 children were referred for outpatient treatment.

The most severely malnourished children are treated in specialist Stabilisation Centres.

At one such centre, run by UNICEF partner Action Against Hunger (ACF), each of the sixteen beds is occupied by a child under the age of two suffering from SAM.

The children display the tell-tale signs of the condition: a gaunt face with large eyes, painfully thin limbs, and a ribcage protruding from the chest.

One-year-old Ibrahim was brought in by his mother, Fatema, three days ago. Treatment with specialized therapeutic milk and vitamin supplements have much improved the baby's condition, although he is still painfully thin. "When my child first became ill, I was frightened," says Fatema. "But I am much happier now because I know he is in safe hands."

Once discharged from the Centre, Ibrahim will receive further treatment – including high-protein Ready to Use Therapeutic Food (RUTF) – at an outpatient centre.

Malnutrition is an issue in the local Bangladeshi community as well. In 2017, surveys showed similar rates of child malnutrition in host communities to that of the arriving refugees. In 2018, a network of 60 Community Nutrition Volunteers screened over 28,000 children for malnutrition, of whom 419 were treated in in-patient SAM units in Cox's Bazar and other urban centres.



Specialist Stabilisation Centres treat the most severely-malnourished children.

PIPED NETWORKS GIVE MORE FAMILIES ACCESS TO SAFE WATER

Viewed from above, it is not hard to see why the Rohingya camps present such a challenge to the agencies trying to improve water, sanitation and hygiene services for the families living there. The camps occupy several thousand acres of hilly former forest land. The lack of space means that the bamboo shelters are often built inches apart. While the number of access roads has increased, many parts of the camp can only be reached on foot, often along narrow and steep paths.

Until recently, most camp residents depended on unreliable handpumps, whose water was frequently contaminated. However, the situation is changing. As of May 2019, 250,000 refugees living in the camp area under UNICEF's responsibility had access to water, mostly at conveniently located tap stands. The aim is to have piped water to all refugees in the eight camps by the end of 2019.

"Access to safe water is spread much more evenly around the population now," said Dara Johnson, the UNICEF Chief of Water, Sanitation and Hygiene in Bangladesh. "Piped networks are a more sustainable solution, and also make it easier to chlorinate the supply and reduce the risk of contamination."

A further priority is to improve operating standards, so the system runs smoothly and can weather the flooding that often accompanies the long monsoon season.

Solar power has emerged as a useful innovation. In one area of Kutupalong camp, a huge 95,000 litre water tank towers above the shelters. The water that supplies the tank is pumped up at a rate of 240 litres a minute from an 800 foot-deep borehole. The power is provided by a set of large solar panels.

The facility is one of three operated by



UNICEF partner, NGO Forum for Public Health, and meets the needs of 13,500 refugees. Project coordinator, Musharraf Hussein, said solar power is sensible in camps without an electricity network.

A volunteer shows a refugee how to use chlorine tablets to disinfect water containers and ensure the water is safe for drinking.

Faecal sludge plants increasingly provide a hygienic solution to the camp's sanitation needs.



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In the congested camps, safe disposal of faecal sludge is another serious challenge. In UNICEF's area of responsibility, there are about 12,500 latrines. Currently, UNICEF operates 53 faecal sludge systems, each of which services about 200 latrines.

Most latrines must be manually emptied. But one faecal sludge plant, in Camp 7, receives the waste through gravity-flow pipes, which allows liquid and solid to be separated on the way. The plant is concealed under a concrete cover, which contains the waste – and the smell.

While WASH solutions have evolved, considerable effort is being put into encouraging safer hygiene practices into the camps. Many refugees come from communities where open defecation is common. The issue is being addressed using a community engagement methodology that has proved successful in Bangladesh and other countries.

Girls collect water from a tapstand supplied with safe water from a deep borehole.

"It is an automatic system that depends on natural power," Hussein said. "It's a big improvement."



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Radio listener groups spread vital messages

Radio listening groups are an important means of passing vital information on health and other issues to the camp community. Volunteers like 18 year-old Pnya Barua (in red shirt) play episodes of Beggundur Lai, a programme designed and developed by UNICEF and its partners for Rohingya and host community audiences. Programmes are also produced for youth listeners and presented at over 200 adolescent listeners clubs. Radio sets have been distributed across the camps to ensure that the communities are kept engaged and involved in critical issues that concern them.



Call to action

Context: Where the Ultimate Solution Lies

This report focuses on the situation of Rohingya children living in the camps of southeastern Bangladesh. However, the ultimate solution to this crisis is to allow the Rohingya refugees to voluntarily return to their former communities in Myanmar, safely and in dignity, to live as full members of society in peace and harmony with their neighbours. UNICEF calls on the Government of Myanmar to establish conditions that would allow such a return as soon as possible.

We also call on all concerned actors to ensure that the Rohingya people themselves are closely consulted on any decisions regarding their futures.

In the past two years, an immense humanitarian effort led by the Government of Bangladesh has stabilized the situation in Cox's Bazar. But the task of meeting the day-to-day needs of the Rohingya is ongoing, while providing for their longer-term needs – and especially those related to education – remains a major challenge requiring the full support of the international community.



In order to protect and guarantee the rights of Rohingya refugee children in accordance with the Convention on the Rights of the Child, and to preserve their hopes of a better future, UNICEF makes the following Call to Action:

UNICEF calls on the Government of Bangladesh to:

- Facilitate the expansion of the Learning Competency Framework and Approach (LCFA), and a possible alternative curriculum, so children in the equivalent of pre-primary to Grade 10 can progressively learn
- Together with the Government of Myanmar, facilitate the use of national educational resources – for example, curricula, assessments and training manuals – to help provide quality education for Rohingya children
- Support the provision of life skills and livelihoods for adolescents in order to address the frustration and sense of helplessness that has become so widespread
- Prioritize birth registration for all Rohingya children born in Bangladesh (which is not the same as granting them Bangladesh citizenship) and resume birth registration for all children in Cox's Bazar district
- Recognize the refugee status of all Rohingya children and their families living in Bangladesh, and sign the 1951 Convention and Protocol Relating to the Status of Refugees and the 1961 Convention on the Reduction of Statelessness
- Take additional steps to protect girls and women inside and outside the camps, including measures to prevent and tackle trafficking

UNICEF calls on the international community to:

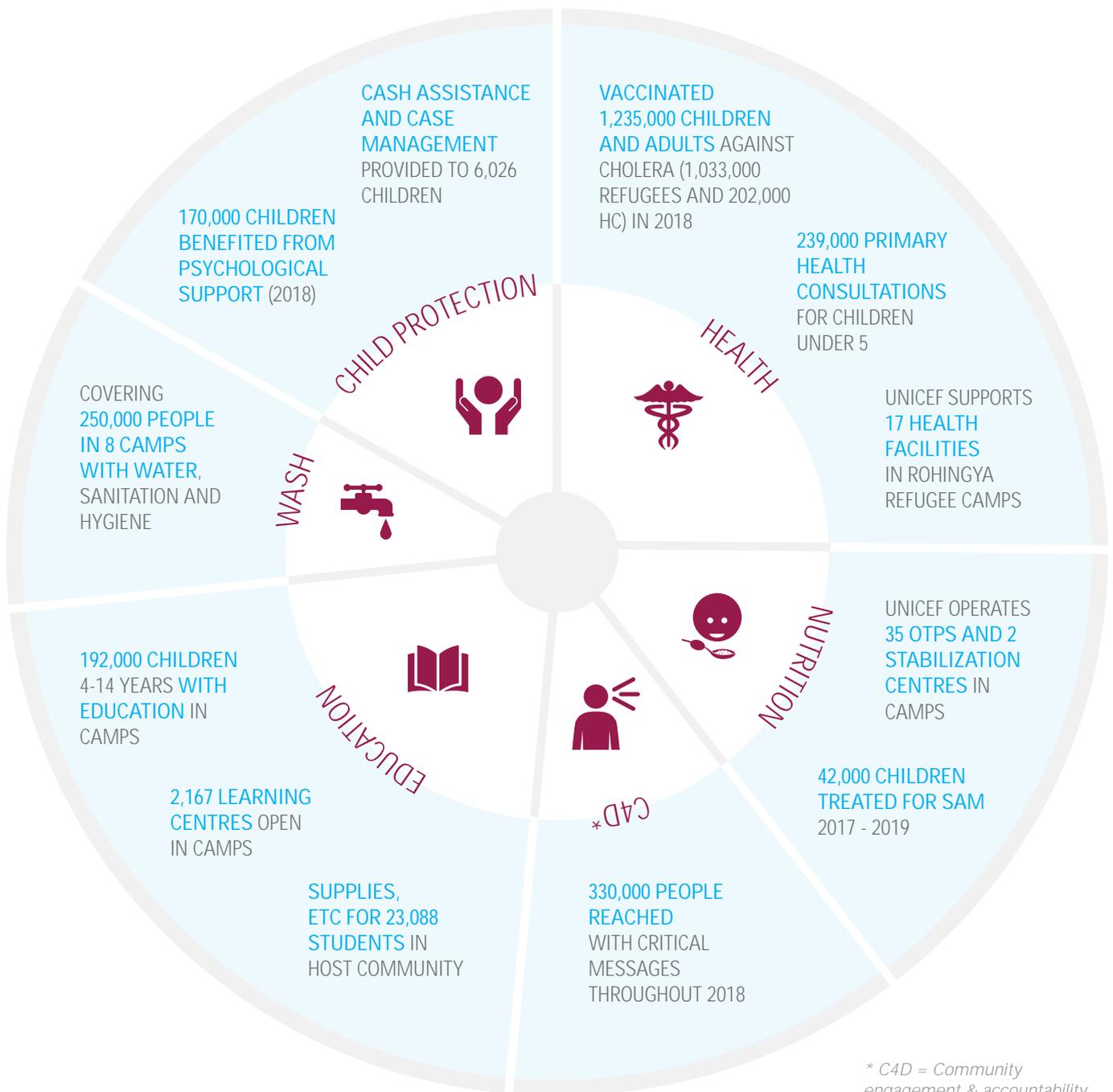
- Continue to support the Government of Bangladesh and humanitarian actors as they provide life-saving humanitarian assistance for Rohingya children and families in Bangladesh
- Provide support to the Government of Myanmar to create the conditions for the safe, dignified, voluntary and sustainable return of Rohingya refugees
- Help find solutions that establish and protect the right of all Rohingya children to have a nationality
- While respecting the human rights of Rohingya refugees, continue to work with government and civil society in Myanmar and Bangladesh towards long-term solutions to the refugee crisis
- Support the provision of quality education and skills for all Rohingya children, including girls and adolescents, who are at risk of being excluded
- Invest in the sustainable development of Cox's Bazar district by supporting families and children from both refugee and host communities

UNICEF reiterates its commitment to realizing these critically important priorities and to working in partnership with the Governments of Bangladesh and Myanmar to achieve common goals for children, women and vulnerable groups – regardless of ethnicity, religion or any other status.





UNICEF BANGLADESH ROHINGYA RESPONSE HIGHLIGHTS 2017-19



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Part of Kutupalong - Balukhali expansion site, largest of the refugee camps, and home to over 630,000 Rohingya people.

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Refugees at work reinforcing a camp escarpment ahead of monsoon rains.

UNICEF FUNDING NEEDS 2019

PROGRAMMES	FUNDING REQUIREMENTS (USD)		FUNDING GAP (USD)
NUTRITION	18,000,000		43% 7,702,753
HEALTH	19,773,645		58% 11,562,085
WASH	35,700,000		49% 17,468,908
CHILD PROTECTION / GBV	18,835,658		14% 2,701,648
EDUCATION	47,000,000		48% 22,390,969
COMMUNICATION FOR DEVELOPMENT	4,200,000		39% 1,648,170
EMERGENCY PREPAREDNESS	9,000,000		43% 3,860,197
TOTAL	152,509,303		44% 67,334,730

* Includes unallocated funds
Source: UNICEF



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Children at an aid distribution in Kutupalong refugee camp.

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Advocacy 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.

UNICEF **ADVOCACY ALERT**

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