



CHILDHOOD INTERRUPTED

CHILDREN'S VOICES FROM THE
ROHINGYA REFUGEE CRISIS

World Vision 



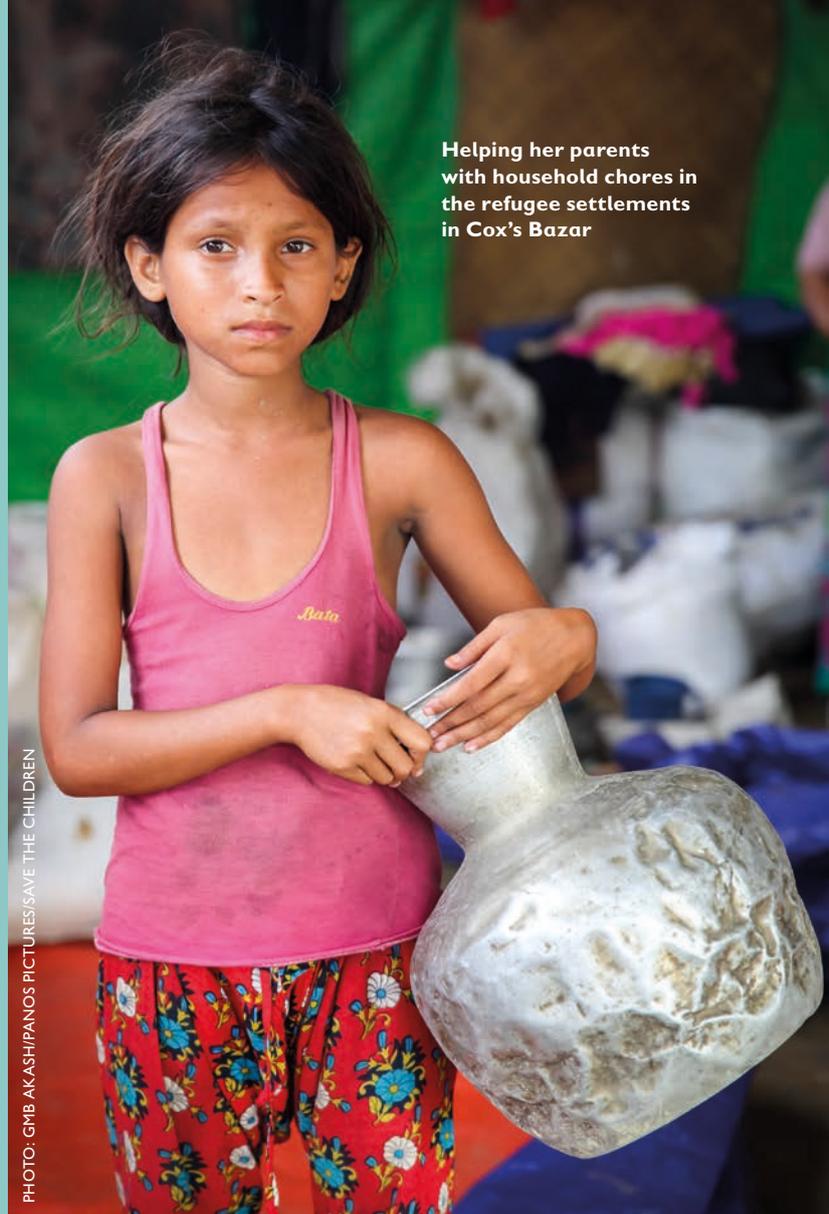
Save the Children



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Helping her parents with household chores in the refugee settlements in Cox's Bazar

PHOTO: GMB AKASH/PANOS PICTURES/SAVE THE CHILDREN

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children affected by this crisis and a special thank you goes to the 200 children and 40 mothers who took part in the consultation for their openness and courage.

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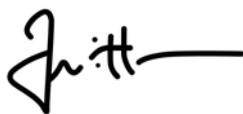
Foreword

In only five months, over 655,500 people fled their homes in Myanmar and sought safety in neighbouring Bangladesh.¹ They fled widespread violence and horrific abuses. Among them, 58 per cent are children (under 18 years old).² The Rohingya refugee crisis is a children's emergency. World Vision International, Save the Children and Plan International wanted to hear from children themselves. Many of these children have previously reported fleeing burning homes, targeted arson and widespread violence. Most children arrived with no material possessions but the clothes on their backs, and thousands now find themselves as the head of their households. We also wanted to hear from children in host communities about how the massive arrival of refugees has affected their lives.

The needs of refugee children as well as those from the host communities are enormous and complex. The refugee influx has also put vast pressure on host communities that were already among the poorest in Bangladesh. We commend the Government of Bangladesh and host communities for their extraordinary generosity towards the refugees, and the Government of Bangladesh for their leadership on the emergency response.

In every humanitarian crisis, humanitarian organisations have a responsibility to be accountable and to listen to the communities they support, in line with commitments made to the Core Humanitarian Standard. Through a children's consultation, World Vision International, Save the Children and Plan International provided a platform for refugee children and children in host communities to speak out, to share their day-to-day experiences, needs and challenges, together with their fears and hopes for the future. This exercise builds on child consultation experiences of the same agencies after Typhoon Haiyan in the Philippines, the Earthquake in Nepal and the Ebola outbreak in Sierra Leone.

We hope that the outcomes of this consultation with children will bring more visibility to their specific concerns and will inform a more child-centred humanitarian response. The preliminary findings of the children's consultation were shared in December 2017 to inform the new Humanitarian Response Plan (March to December 2018). We also hope the recommendations will guide the response to ensure that the rights of all girls and boys affected by the refugee crisis are upheld through adequate and timely child- and gender-sensitive interventions.



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¹ Inter Sector Coordination Group, Situation Update: Rohingya Refugee Crisis (14 January 2018).

² Bangladesh Humanitarian Situation Report No. 15 Rohingya Influx, UNICEF (17 December 2017).

Executive summary

Children's experiences in Cox's Bazar and the specific vulnerabilities they face are distinct from adults'. At the same time, children themselves are best placed to articulate their own needs and desires. Therefore through this consultation children from refugee communities – who identify themselves as Rohingya – and children from host communities were engaged in the children's consultation organised by the three participating agencies, Plan International, Save the Children and World Vision International.

The children's consultation took place between 2 December and 5 December 2017, in various refugee camps and host community locations. Teams from all three agencies conducted sessions with children between the ages of 7 and 17 as well as with mothers from the various communities.

The findings from the children's consultation are presented in two ways. Part I is a fictional account written from children's perspectives and takes the reader through a day in the life of children in the camps, touching on their day-to-day activities and experiences. This narrative is based on the children's testimonies and key findings that form Part II of the report, which presents the consolidated analysis from the children's consultation exercise.

The main findings from the consultation can be summarised as follows:

- Children from the refugee community are concerned about their safety in many locations and when doing household chores such as collecting firewood, water or relief aid. Especially at night, when there is no lighting in the camps or at the latrines, children are afraid to leave their tents to go to the latrines for fear of being harassed or assaulted. Children in host communities also stated that they worry about their safety when leaving their home and immediate neighbourhood. These concerns significantly limit children's freedom of movement and their ability to have a sense of normality in their environment.
- Refugee children are even scared in their own tents because the tents cannot be locked. Children shared they are worried that kidnappers or thieves might come into their tents, for example to steal their belongings.
- Children are currently unable or limited in their ability to play freely or learn in preparation for their future. There is very limited space to play in the camps because tents are placed close together to accommodate as many people as possible. In host communities, open areas that were once playgrounds are now occupied by the tents of refugees. There are currently not enough learning facilities to cater for the enormous number of refugee children in need of learning opportunities to support their development. Children considered playing and learning as their key priorities.
- Children worried about their health and shared that they and their families are falling sick more often. Children reported suffering from diarrhoea, fever, colds, coughs, respiratory problems, eye problems and skin diseases. Refugee children shared that they need more warm clothes and blankets now that it is getting colder. From both refugee and host communities, children indicated that they are also concerned about the cleanliness of their living environment and the impact of that on their health.
- Children from refugee communities shared that they eat the same meal of rice and lentils every day, and do not get the nutritious food such as vegetables, fish and meat that they used to eat at least once a week back in Myanmar prior to the latest wave of large-scale violence.
- Refugee children emphasised the importance of gender-segregation for facilities such as latrines, bathing spaces, health clinics and distribution lines. Children, especially girls, indicated that they worry about their privacy at public facilities and even in their tents, where there are no separate spaces for sleeping, bathing and changing their clothes.
- Refugee children shared that the sound of the call to prayer brought them joy and gave them a sense of familiarity. Children from both communities expressed that their religion was a source of hope and unity, even in these difficult times.

Methodology

This section provides an overview of the methodology used for the children’s consultation. It will touch on the consultation’s management, sample size, tools, data collection process and the coding and analysis process used, as well as the structure of the report.

This is a qualitative study, aimed at engaging with children from different age groups to explore what their lives are like now and to take the time to listen to what children want to share. Various aid organisations have previously collected testimonies about refugees’ plight, therefore this consultation did not include lines of questioning that would inquire into these sensitive and often traumatic topics.

CHILDREN’S CONSULTATION MANAGEMENT

The children’s consultation was a combined effort from Save the Children (SC), Plan International and World Vision International (WVI). SC led on the children’s consultation process, with Shahzada Sayeed in charge of overall consultation management, coordinating among the three organisations, Nicola Padamada providing technical oversight and Linda Ridwan Steinbock providing technical advice.

In addition, each organisation appointed focal points to be responsible for the supervision of the four data collection teams and for planning and

implementation of the consultation in their assigned geographical locations. The respective focal points were Amina Mahbub (Plan International), Kazi Depon (SC) and Graner Marak (WVI). Teams consisted of a researcher, a facilitator, a note-taker and an observer.

SAMPLE

A total of 200 children and 40 mothers were consulted for this consultation. 60 children and 10 mothers were from the host community and 140 children and 30 mothers were from the refugee communities: see Table 1 below. To ensure a comprehensive range of children’s voices was

TABLE 1: OVERVIEW OF THE 24 GROUPS CONSULTED AND THEIR PROFILES

Settlement	7–10-year-olds		11–14-year-olds		15–17-year-olds			Mothers	Total number of groups
	Girls	Boys	Girls	Boys	Married Girls	Unmarried Girls	Boys		
Kutupalong RC				1	1		1	1	4
Nayapara RC		1	1			1		1	4
Balukhali	1		1				1	1	4
Barmapara	1	1		1	1		1		5
Barmapara (host): Tajnimar Khola; Tasnimer Khola; Zummapara; Lambashia	1	1	1	1		1	1	1	7
Total number of groups	3	3	3	3	2	2	4	4	24

included, different age groups, communities and geographic locations were identified. From within these overarching groups, children were randomly selected. An equal proportion of boys and girls were consulted to ensure a gender balance in the sample. In addition, mothers of children between 0 and 6 years old and pregnant and lactating women were randomly selected from four different geographical locations and communities to capture additional perspectives on children’s lives in Cox’s Bazar.

- Children and mothers were interviewed from host communities (Bangladeshi nationals), from refugee communities that came to Bangladesh prior to 25 August 2017 (‘old influx’), and from refugee communities that came to Bangladesh after 25 August 2017 (‘new influx’).
- Three different age groups of children were consulted. These are children from 7–10 years old, 11–14 years old and 15–17 years old.
- Ten groups of girls and ten groups of boys were consulted (each group consisting of ten participants). Within the age group of 15–17-year-old girls, two groups of married and two groups of unmarried girls were consulted.
- The group of women covered mothers and pregnant women.

TOOLS

Multiple tools were used for the children’s consultation to ensure age-appropriateness of the methodologies, allow for triangulation of data and provide children with sufficient opportunity to share their experiences and thoughts. These tools had been developed and tested by SC, Plan International and WVI in prior consultations, but were contextualised to fit the dimensions of the crisis and field tested for this consultation by all participating organisations. The tools are listed in the table below.

The tools were designed to cover topics suited for group discussions with children and mothers, and the respective levels of comfort participants may have with sharing experiences and feelings in such settings. Therefore, topics that might be more suited to exploring in individual interviews, such as protection vulnerabilities and severe health concerns, were not explicitly included in the tools, and were left to participants’ own initiative to share with facilitators and other participants.

TABLE 2: TOOLS USED IN THE CONSULTATION

Tool	Brief description of tool	Age group
Body mapping	Body mapping is a participatory activity which uses a drawing of a body and body parts to ask questions about children’s experiences after an emergency.	7–10; 11–14
Focus group discussion	Questions focused on children’s and mothers’/pregnant women’s experiences during the emergency and how they feel about their life in the camps.	15–17; mothers of children under 6 years old; pregnant women
Yes, no, maybe	During the ‘Yes, no, maybe’ activity, children respond to a series of “wellbeing statements” by physical movement – they move to stand by a sign representing yes, no or maybe for each statement.	7–10
Dot voting	Dot voting allows children to identify the biggest issues and problems they are facing through ranking of issues using dots (each child gets three votes). The children prioritise problems, which can help organisations understand if current response strategies and programmes are responding to those priority issues. For older age groups, this is an opportunity to discuss coping strategies.	7–10, 11–14, 15–17
Risk mapping	During this activity, children draw a map of their community or the part of the camp that they live in, then show on the map where they feel safe/unsafe, physical hazards and the routes that they take regularly.	11–14, 15–17
Message to aid organisations	Children write a message to aid organisations working in the camps. The message could be about something that children think the aid organisations do not see or have forgotten, a recommendation for them, or something that children want to share to help aid organisations to understand them better.	11–14, 15–17



PHOTO: EHSAN KABIR/PLAN INTERNATIONAL BANGLADESH

Research with children using the body mapping tool

DATA COLLECTION

Data collection took place from 2–5 December 2017. A two-day training was organised to orient the field researchers. Tools were field tested on the second day of the training (1 December) to ensure teams were familiar with the environment, the questions and data needs. Final adjustments to the tools were made after the field-testing, to ensure they were fully contextualised.

On each day of the consultation, the teams started with a plenary briefing to discuss logistics, facilitation best practices and improvements, as well as note-taking accuracy. Teams debriefed individually after each consultation and an additional plenary debriefing took place at the end of each day. Each team's supervisors transcribed the data at the end of every second day. For each question of every tool, teams captured the data in coding sheets to facilitate analysis.

ANALYSIS

Once all the teams had finalised the transcription process and compiled their data into one dataset per organisation, the three sets were merged into one document. This master dataset contained all the data collected throughout the consultations. For

each question, data was coded to identify recurring themes, paying attention to any differences or similarities between age groups, communities and genders. As most tools had overlap in one way or another, the key findings from each tool could easily be triangulated. In addition, the consultations with the groups of mothers provided valuable validation for findings from the consultations with children. Based on the analysis and triangulation, key findings were identified.

TELLING THE STORY

This report on the children's consultation consists of two complementary parts.

Part II of the report presents the consolidated analysis and findings and is a direct product of the analysis of the master dataset. Findings are presented according to key issues identified by children, rather than by sector.

In Part I, to preserve the children's perspective, key findings are presented through the eyes of children in the form of an account of a day in the life of two children in the camps. Although the characters are fictional, the experiences are not: they come directly from the testimonies of children and women who took part in the consultation.

STRENGTHS AND LIMITATIONS

The following strengths and limitations of the consultation have been identified and should be considered when reading this report.

STRENGTHS

- Facilitators were fluent in the local language, which allowed for meaningful engagement with children and the collection of detailed information.
- The coverage of the consultation facilitated the inclusion and participation of all affected communities: host, new and old influxes.
- The tools and methodology used in the consultation were contextualised and designed to be child-friendly and gender-sensitive, which increased participation and inclusion among affected children. The use of pictorial tools and active movement in the consultation helped ensure participation from children.
- Having the four research sub-teams conducting the consultations in the several camps assisted to validate the findings and increase understanding of the perspectives of children from both host and refugee communities.
- The collaboration of the three child-focused organisations facilitated the sharing of expertise

and experience, which improved the quality of the consultation.

- The gender disaggregation of facilitators and note-takers ensured that children and women felt comfortable participating in the consultations.

LIMITATIONS

- Time constraints were a major limitation of this study. Time allocated for orientation and field-testing was limited. During field-testing, not all the tools could be tested because only two groups of children were involved. In addition, the schedule for data collection was tight, as the team wanted to ensure key findings could be shared to meet the HRP deadline.
- Although the research teams were fluent in the local language, participants occasionally used informal language that was less familiar to the research team and challenging to translate.
- The researchers of all four teams were male. During consultations with groups of girls and mothers the researchers therefore did not participate, to ensure participants felt comfortable to share their opinions. However, as the consultations were led by the facilitators, this had minimal impact on the outcome.



There is barely any space between the tents in the settlements

PART I My life in the camp

The story below presents the report findings through the eyes of Faisal and his sister Rehana, two fictional Rohingya refugee children who live with their parents and grandparents in one of the newer refugee settlements, where they settled in September 2017. Faisal and Rehana are between 9 and 15 years old, and have a younger sister, Aziza. Faisal is the oldest of the three. In addition, experiences of Rahim, a 12-year-old boy who lives in the host community, are shared to understand how the crisis has affected him, compared to the refugee communities in Cox's Bazar.

Faisal, Rehana and their family and Rahim are fictional characters but they will help us tell the story of the 200 children and 40 mothers interviewed for this consultation. Although the characters are fictional, their experiences are real and are based on testimonies and perceptions of the children and women who took part in the consultation.

During the consultations, children described the call to prayer as a meaningful and joyful sound that gives hope and a sense of unity. Therefore this story uses the five daily Islamic prayer times to take the reader through a day in the life of refugee children.

5.12 AM Fajr – the first prayer of the day

FAISAL: TIME TO WAKE UP

It's still dark outside and I don't want to open my eyes just yet. Far away, I hear the call to prayer for Fajr. That means I have a little longer to rest before we have to start our day. Tossing and turning, I try to get back to sleep. There are no mattresses to sleep on and the floor is hard. I feel the cold mud through the plastic ground sheet. Cold air is coming through the holes in the tent that I have already tried to patch up with leaves. I shut my eyes tight, making a wish that we had more warm clothes and blankets. The nights have become especially cold lately.

My bones ache, my back hurts and I am shivering. I try to get close to my mother to feel her warmth. I hope I won't fall sick with a cough or fever, like so many of my family and friends.

Next to me, I hear the slow and steady breathing of my mother, two sisters – Rehana and Aziza – and my two grandparents. They are still asleep, but my father is starting to get ready to go to the mosque. We all share this tent, but it's too small for our family. We don't have any separate spaces for different family members in the tent; I think this makes my sisters feel uncomfortable.

Not long after my father and I have woken up, my family wakes up too. I have just remembered that we are running out of food so we probably won't have breakfast today, but my father tells me to stand in the line today to collect food from the distribution centre. Back home in Myanmar, I remember we used to eat breakfast every day, but here we don't always have enough food for everyone to eat three meals. At least we still have water left for today. Tomorrow I'll have to go to collect more water for the family for drinking, cooking and washing.



Outside the tent, the noises of daily life start to get louder and louder. It's like a beehive slowly coming to life. The noise doesn't stop until late in the evening. The worst is when people argue. My sisters and I really don't like it when people argue with each other, but it happens a lot.

FAISAL: TOILET

I don't really want to leave the tent on my own until it starts to get light. Everyone talks about how dangerous it is when it's dark and there are no lights at the toilets. If I want to go in the middle of the night, I wait until the next morning. Sometimes, when I really, really have to go in the morning, I do it next to the tent and then my parents throw it in the drain, because it takes so long to walk to the toilet.

After leaving our tent and walking for a while, I finally make it to the toilets this morning. The toilets are very dirty and the bad smell is everywhere. I was hoping I would beat the crowds, but even this early in the day, it is already busy. The queue is long – we have to share toilets with so many people and I think half of the toilets are not even usable. I join the slow queue and immediately feel uncomfortable because people are arguing all around me.

Today, I won't have time to go for a wash because I have to get food. Collecting water always takes a long time because of the queue. My last bath was a few days ago and I can feel my arms and chest getting itchy again. I have dust in my hair and the sand in my clothes is making my skin feel raw. I hope I can go for a bath tomorrow.

REHANA: STAYING HOME

My mother gently wakes my sister and me to make sure we have a wash. When we have enough food, she usually prepares a small breakfast for my dad and Faisal before they go to the mosque. My grandparents, Aziza and I normally eat breakfast once they have left, but not today, because we have no more food. I take my sister outside the tent to wash her and we defecate next to the tent. We usually don't go to the toilets or the tube wells to wash. I feel uncomfortable when men see me go to the toilets and there are no safe and private spaces for girls and women to wash. My mother also tells me it's dangerous there and that girls have been harassed at the water points. Even she doesn't like going to the toilets because it is so crowded and there is no privacy. I just wish we had more space in the tent to create a separate area where my sister and I could have more privacy to wash ourselves.

I stay in the tent during the day to help my mother with chores. My sister and I are scared to leave the tent because we think it's dangerous to do so. It's so crowded in the camps, no matter where you go: the roads, the market, the distribution centres, the toilets. There are so many people there. I have also heard children are disappearing. For example, a girl that lived a few tents away has been missing for a week now. They say there are kidnappers in the camps. This scares me so much. Even the boys are scared, but no one knows what they look like... the people who take children, they are faceless.

FAISAL: ON MY WAY TO THE DISTRIBUTION CENTRE

It's quite a long walk to the distribution centre. All by myself, I must pass through the crowded market and along the busy roads. I don't like to go to the market because there are so many people and I'm afraid of kidnappers that come to the camps. At the market, there are many people I don't know and not everyone is nice to me. I also don't like to walk near the roads

RAHIM, A 12-YEAR-OLD BOY WHO LIVES IN THE HOST COMMUNITY:

We have lost our main source of income because the Rohingya refugees are now living on our land. We have opened a shop, but because prices in the market have gone up, it is expensive to buy food. We see Rohingya communities receive support, but we also need help.

because of the big cars and tom-toms.³ It's dangerous and there are road accidents all the time. However, seeing all the big trucks and relief organisations here in the camps makes me happy: it means people are thinking of us and are trying to help my family, our community and me.

11.54 am Zuhr – the second prayer of the day

FAISAL: AT THE DISTRIBUTION CENTRE

Usually, my parents ask me to go to the distribution centre to hold a spot for them in the queue and to help carry the food back to our house. There's always a long queue there because everyone needs help – there are even pregnant women in the queue. I feel safe at the distribution centre. The people from the relief agencies are very nice to us. It's also good to see the Bangladeshi army, because they keep us all safe at the distributions.

What I don't like about the distributions is that so many people raise their voices in the queue. Everyone is standing so close together and people keep bumping into me. I am as careful as possible not to accidentally brush against any of the women in the queue, because it might make them feel uncomfortable.

REHANA: PREPARING LUNCH

At the end of the morning, once my father and brother have returned with the food from the distribution centre, my mother, sister and I start preparing lunch. The food we receive will not last long enough, so sometimes we can only eat twice a day. Sometimes smaller families share their food with us if we really need extra rice or lentils.

We eat rice, lentils and potatoes here every day. It is very different from what we used to eat at home. The taste of our rice and pulses was different, and we were able to eat meat, fish, vegetables and fruits at least once a week. Here, we don't have enough money to buy these types of food at the markets; it's too expensive.

I'm worried we're not able to eat enough nutritious food. I've been feeling weak and sick lately. I started coughing two weeks ago and it has gotten worse. Maybe it's also the environment here: there is rubbish everywhere outside the tents, the air smells bad, and the roads and paths in the camp are dirty, dusty and extremely muddy after it rains.

Because of my cough, my mother and father took me to the health centre last week. We had to wait a long time, but it's a nice place and I feel safe there. I don't think the medication I received helped at all. The doctors give the same medication for every illness and I didn't even receive an injection!⁴ Back home in Myanmar we would always receive an injection. I think my parents are now thinking about selling some of the relief support we received at the market, so we have some money that we can spend on medication.

THE MOTHER OF FAISAL, REHANA AND AZIZA:

We can't afford good food, but our children ask for tasty food. Some families are able to sell some of the food they receive so they can use the money to buy vegetables and meat at the market.



³ Tom-toms are motorised rickshaws.

⁴ It should be noted that this story is intended to share the perceptions of children. It is not intended to be an objective assessment of the quality of medical assistance provided to children in the camps or previously in Myanmar.

FAISAL: DAYDREAMING

Just after we have finished lunch, it starts to rain again. Heavy raindrops hit the plastic sheets of our tent. My family and I are all crammed together for cover, waiting for the rain to stop. I hope that it'll be dry by the time we have to go to the mosque for Asr. After the mosque, I still have to collect firewood, otherwise we won't be able to prepare our food tonight.

As I sit in the dark tent, I think about how different our lives used to be. At home, we used to be able to move around freely in our village. My father worked in the paddy fields and my uncle had a little shop. My sisters and I would sometimes help them in the fields or at the shop, we'd go to the markets with our mother, and we used to study. We would play outside a lot – all the space was ours! Our home there was bigger than our tent. We used to have separate rooms and our own toilet.

Things are very different now. There is no space to play and we don't have any toys. I found a bottle cap and keep small sticks from the forest, which I use to play with my sisters in the tent. I wish I could study here, but there are only schools for the young children, and I don't have any books or pens. Studying in the evening like we did at home is not possible because we have no light in the camp at night. I spend most of my time helping my parents. I help to collect the things provided to us, like water and firewood.

Thinking and hearing about what happened in Myanmar makes me very sad. Some people say we might be able to go back to Myanmar. I don't know whether this is true, but I wish the fighting in Myanmar would stop. I wish we could live peacefully in Myanmar.

2.54 PM Asr – the third prayer of the day

FAISAL: PRAYER

I hear the familiar and comforting sound of the call to prayer, which draws the community to come together and pray in our local mosque. Hearing the call to prayer makes me happy. The rain has finally stopped, but the roads are muddy and slippery. I rush to the mosque with my father and grandfather and we find a place to stand in the small crowd.

I feel safe and I like going to the mosque because I can pray here and people don't say bad things or hurt me or my friends. We all have the same religion here in Bangladesh and I like that we can live in harmony.

FAISAL: COLLECTING FIREWOOD

After prayer, I start the long walk to the forest to collect firewood. I have to walk through the hills, without any shoes, and it is painful to walk here because of all the rocks. Sometimes, my feet bleed like when I had to flee my home in Myanmar and walk for days.

Boys usually collect firewood because parents have heard stories that girls get harassed, abused and even raped in the forest. That is why my sisters are very scared to go. To be honest, I'm also scared to go to the forest. It's a dangerous place because of the elephants, snakes and other wild animals. The elephants have killed people. When we go to the forest, we also risk being harassed and beaten by local people. The local people get upset when we try to collect firewood and they call us names like



“Barmaiya”⁵ and shout they hope bad things will happen to us. It reminds me of what we experienced in Myanmar and makes me sad. It makes me feel unwanted here in Bangladesh.

Once I have found enough firewood, I make my way back to the camp and our tent. The journey back is always worse because the firewood is heavy. It’s starting to get dark so I need to hurry. Because of the distribution this morning, I had to collect wood in the afternoon, but I usually try to collect firewood in the morning to make sure I can walk home when there is sunlight.

RAHIM, A 12-YEAR-OLD BOY WHO LIVES IN THE HOST COMMUNITY:

I used to be able to play wherever I wanted and go to school, but that is difficult now. There is no space to play and transport to school is expensive.

5.14 PM Maghreb – the fourth prayer of the day

REHANA: DINNER

After spending the afternoon in and around the tent, Aziza and I start preparing food for the evening. The food we prepare is the same as for the afternoon: rice and lentils. We cook inside our tent, because there’s no space outside. We try to open the tent to let air in, but the smoke gets caught inside the tent and makes me cough.

Faisal should be home with new firewood soon. It’s getting dark already. Once the daylight ends, we don’t leave our tent any more because it is unsafe outside. There are no lights around the camp so it’s easy to get lost and we’re never sure who is walking around outside. There is no way to lock our tent and our neighbours have been robbed before. I have trouble falling asleep at night because I am so scared of kidnappers and thieves.

6.35 PM Isha – the fifth and last prayer of the day

REHANA: PRAYER TIME

Prayer time is my time for peace. It’s when my family get together after a long day and my father leads us in prayer. We don’t have much space in the tent, but we arrange ourselves so that my father stands in front with my grandfather and my brother stands slightly behind them. My grandmother, mother, sister and I stand close together as my father starts and opens our prayer. The familiar words bring a sense of calm and connectedness of what holds us together as a family, and as a community.

We’ve been through a lot together and our sadness is stuck in our memories, but our faith for a better life is strong: faith in a future where we can go home, live freely, practice our religion, study and contribute to our community. These are the things I hope God hears when I pray for a better future.



² In Bangla this describes “the other” or an outsider, and is intended as derogatory.

PART II What are children telling us?

This part of the report presents analysis and findings for key trends identified based on the conversations with children and mothers. Within the main sections, a differentiation has been made between children from Rohingya refugee communities and from host communities, to ensure that different perspectives are sufficiently addressed. Although groups from both the old and new influxes were interviewed, findings from these groups were largely the same and have been combined. Where appropriate, findings related to specific groups – whether age- or gender-related – have been highlighted.

“We do not feel safe”

Across all groups of children – host community and refugees – issues around safety, or Child Protection, are consistently a worry. Feelings of physical insecurity in their respective environments have resulted in negative coping strategies being adopted by parents to protect their children in the only ways they know how: by keeping their children, especially their daughters, in the tent or house as much as possible. It is important to note that children identified trafficking and kidnapping as a significant risk to all children.⁶

REFUGEE CHILDREN

As mentioned above, children perceive child trafficking and kidnapping as prevalent risks to them. Mothers shared this fear, and indicated that they had heard stories of children being stolen from their parents or relatives. Mothers said that children are also afraid of getting lost in the camps and that they are sometimes unable to find their way back home.

Especially for unaccompanied and separated children, this is a major risk. By the end of December 2017, the total number of unaccompanied and separated children was reported to be 2,689.⁷ Many children have come into Bangladesh unaccompanied, some were kidnapped from their families, some lost their parents or caregivers in the mazes of the camps, and others became lost in the dark.

Children’s freedom of movement has also significantly reduced since the crisis: compared to Myanmar before 25 August 2017, children felt they are now less able to move around freely than they could before.

The most dangerous places identified by children living in the camps were the forests where they collect firewood, the roads, their tents, and the latrines.

“When we go to forest or to the land owned by the Bangladeshi community to collect firewood, they do not allow us to do so. Sometimes they beat us and we feel hopeless.”

GIRL, 15–17 YEARS OLD, MARRIED, KUTUPALONG CAMP

⁶ Although it is difficult to establish how prevalent trafficking or kidnapping is in the Rohingya settlements and host communities, there is a strong perception among all community groups – adults and children – that it is a significant risk. See also the following reports in which Rohingya refugees identified trafficking and kidnapping as major concerns: Rapid Protection Assessment by CODEC, Save the Children, TAI and UNHCR and the Rapid Protection, Food Security and Market Assessment by Oxfam (see: https://www.humanitarianresponse.info/system/files/documents/files/rapid_protection_assessment_-_final_15_october_2017.pdf; https://www.humanitarianresponse.info/system/files/documents/files/oxfam_rapid_assessment_report_cb_nov_2017_.pdf).

⁷ Inter Sector Coordination Group, Situation Update: Rohingya Refugee Crisis (31 December 2017).

THE FOREST

Children from the refugee communities identified the forest as unsafe for various reasons. One relates to their fear of the wild animals, including elephants and snakes, that they might encounter while collecting firewood.

Children highlighted that child trafficking and kidnaping are the main risks they fear when collecting firewood in the forest. Girls in particular fear sexual harassment and abuse.

Refugee children shared that they were afraid of “Bangladeshi forest men” who beat them and shout offensive words. They call the children “Barmaiya,” which reminds them “of the people who hurt them before in Myanmar”. Children described these feelings of insecurity and discomfort with a strong sense of feeling unwanted and not belonging.

“It is very difficult to collect firewood here. Everybody suffers when collecting firewood. ‘Forest men’ beat us when we go to the forest. We cannot go to the forest at night because it is very risky to collect firewood at night. There was once a girl who was raped when collecting firewood at night.”

GIRL, 11–14 YEARS OLD, NAYAPARA CAMP

In addition to feeling unsafe, children also indicated they get hurt while collecting wood: their hands have cuts from the firewood and when they have to walk barefoot, their feet get cuts as well. Children also mentioned that the wood is heavy to carry on such a long walk.



THE ROADS

Almost all groups indicated they feel unsafe on the roads. Most refugee children (boys and girls 11–17 years old) feel unsafe on the roads because of the heavy traffic and large crowds, and they are afraid of road accidents. Children also feel unsafe because the roads are damaged, they have to walk up and down steep and slippery hills, and they believe the roads are dirty. Children also worry because there is no lighting at night and they are afraid of kidnappers.

“We are also scared of kidnappers. If we want to move around, we go in groups.”

BOY, 15–17 YEARS OLD, BALUKHALI CAMP

THE TENT

A few groups of children shared that they feel safe at their tent because they are there with family and neighbours who live close to them. However, the majority of the groups, irrespective of age or gender, feel unsafe in the place where they sleep. They feel scared of thieves and kidnappers, as they are unable to securely lock the door of their tents.

“Sometimes thieves come in and steal our belongings and we have no way to lock our house.”

BOY, 11–14 YEARS OLD, BARMAPARA CAMP

A group of 7–10-year-old girls also expressed the fear that elephants could trample their tents.⁸ Children whose families live on top of a hill expressed worry about possible damage to their houses in the rainy season, for example because of landslides.

THE LATRINES AND TUBE WELLS

Many groups indicated that they feel unsafe either on the way to or at the latrines and tube wells. For many refugee children, the latrines and tube wells are located far away from their tents. The feelings of insecurity are likely to be related to the distance

children have to travel to reach the latrines and tube wells and the dangers they think they may face on the way there, such as kidnappers. A group of 11–14-year-old girls from Nayapara refugee camp shared that it is difficult to collect water because they are sometimes pushed out of the line by people from the host community. Children stated that they feel especially unsafe at night, as there is no light at the latrines or the tube wells. Girls in particular expressed discomfort with using the latrines, as men use the same latrines and girls feel ashamed.⁹

CHILDREN IN THE HOST COMMUNITY

Awareness among host community children of child protection concerns in the camps was particularly illuminating. Many boys and girls said that they had heard that children in the camps were alone without parents and that girls were scared of being raped or harassed. Girls in the 11–14-year-old age group expressed that children from the host community used to be able to go outside and play everywhere with their friends in their village, but that now their parents are more restrictive and will not let their daughters help them in the paddy fields or even collect water on their own. The girls attributed these changes to the vast number of refugees in their area and to their parents' fears that something might happen to them.

Boys and girls described how they used to play happily in the village playground or in their 'courtyards,' but since these areas are now crowded with refugee families they do not feel comfortable playing there any more. Either refugee families are living in the play space or large numbers of refugee children are playing there. Children described feeling intimidated and scared to play there because there were too many children they did not know.

Boys in the 15–17-year-old age group shared that they had heard stories of children being kidnapped from the roadside, which makes them worried and unhappy.

⁸ There have been incidents with elephants in which refugees were either injured or killed. See for example: <https://www.reuters.com/article/us-bangladesh-rohingya-elephants/wild-elephants-trample-to-death-four-rohingya-refugees-in-bangladesh-idUSKBN1CJ0MC>

⁹ In the Rapid Gender Analysis Report by CARE (August 2017) many of the concerns highlighted by children in general, and girls in particular, were confirmed. These included reluctance among women to shower out of shame of being seen by men – and therefore they would shower only rarely – and fear to go to the latrines at night due to the lack of lights. See: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/171018_care_rapid_gender_analysis_of_myanmar_refugee_crisis.pdf

“Nowadays, kidnappers are moving around, they might take our children. I am scared that our children may get lost due to overcrowding in the community.”

MOTHER OF CHILD UNDER 6, LAMBASHIA (HOST COMMUNITY)

WHERE CHILDREN FEEL SAFE

Data from all groups of children showed that they felt safe in the same places, irrespective of whether they are from refugee or host communities. Therefore, the section below contains findings from both groups, with the exception of findings relating to the distribution centres, which apply only to the refugee communities.

LEARNING FACILITIES

Those children who are attending some form of school or temporary learning centre consistently stated that they feel safe there. Some boys between the ages of 11 and 14 mentioned that they are happy because no one forbids them to go to school in the camps, whereas they were prevented from accessing the official school curriculum in Myanmar.

Teachers are viewed as people children can trust, who treat them well and who help to provide them with solutions if they are faced with any problems. Children considered schools and learning centres to be places where they can play with their friends and learn how to read and write.

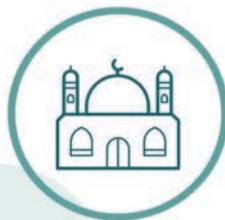
MOSQUE

It was striking that children in both the host and refugee communities described their love of hearing “Azan”, the call to prayer. Many said it makes them feel safe and united with their families and friends and even with the Bangladeshi community, because everyone shares the belief in Allah and prays in the same way. Throughout the consultations, children described mosques as spaces where they felt very safe, where no one would hurt them and where they can be at peace.

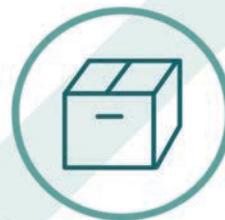
“There is no risk at the mosque because Bangladesh is a Muslim country. So nobody says anything if Rohingya people go to the mosque. The mosque is a religious place and nobody says anything bad, so we feel safe when we go to the mosque.”

GIRL, 15–17 YEARS OLD, UNMARRIED, NAYAPARA CAMP

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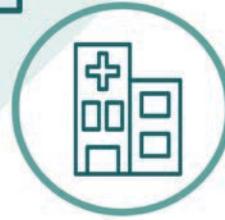
“All the NGO people are there so we feel safe. People treat us very well at the distribution.”



“School is a safe place for us. Teachers take good care of us and do not beat us. We can study and play there.”



“We feel safe at hospitals because we can get treatment and medicines from there. Doctors take good care of us.”



HOSPITAL

Groups of children from both communities that have access to hospitals or health centres indicated that they feel safe there. Children perceived hospitals and health centres to be safe places because they can go there freely, staff and doctors treat them well and they can receive medication if they are sick.¹⁰

RELIEF DISTRIBUTIONS

Children expressed that they feel safe at the relief distributions and like them because they receive food there. They stated that they are well treated by NGO staff and feel safe because the army is present. Some of the recently arrived refugee children said they had fears of the Bangladeshi soldiers at first, but now feel more comfortable:

“...the Army is fixing the roads and people are not hurt by the soldiers.”

BOY, 7–10 YEARS OLD, BALUKHALI CAMP

“We want to learn”

All the interviewed children and mothers said that education was a priority. Those children across both host and refugee communities who are currently able to access any form of learning activities all reported that they felt safe in the spaces where they access learning activities in Bangladesh.¹¹ This was attributed to the fact that their homes were in close proximity to their schools and that their teachers treated them well.

“My teachers always smile and they care for me.”

BOY, 7–10 YEARS OLD, NAYAPARA

While the school space itself is perceived as safe, since the influx there are new barriers that prevent children from attending school regularly, as outlined below.

REFUGEE CHILDREN

In a REACH assessment conducted in 2015,¹² Rakhine State scored some of the lowest education indicators in Myanmar, ranking lowest for primary and secondary net enrolment rates. The main barriers to enrolment and attendance were attributed to endemic poverty, shortages of schools and teachers, shortages of materials, low quality of education delivered and continued violence, which limited regular teacher and student attendance.

In Rakhine, madrasahs generally functioned in parallel with the government education system rather than in competition with it.¹³ Issues of financial access and remoteness meant that many children were unable to access formal schools and therefore the reality was that some children’s only engagement with any kind of education was through the madrasahs.¹⁴ From 2013 onwards, assessments regularly indicated that high numbers of 3–17-year-old children affected by the conflict in Rakhine (eg, around 124,000 in 2013) were in need of education support.

Approximately half of the Rohingya refugee children taking part in the consultation shared that they were able to attend school in Myanmar (however, children did not specify whether they meant school or madrasah) or that they studied (which could be interpreted as studying the school curriculum or the Quran). Married girls in the 15–17-year-old age group confirmed that their children used to go to school before they fled to Bangladesh. Some of the mothers said that their children enjoyed reading and studying in Myanmar. However, one group of boys between 15–17 years old in Kutupalong camp indicated that there was no ‘higher education’ for them in Myanmar.

“When we were in Myanmar, we generally went to school but there was no higher education for us.”

BOY, 15–17 YEARS OLD, KUTUPALONG CAMP

¹⁰ N.B. These children were not part of the groups that perceived the medication they receive at health clinics to be ineffective or inappropriate (see section below).

¹¹ Children often distinguished between being at school or a learning space and travelling to these places. Children feel safe in the space itself, but do not feel safe on their way there – see section on feeling unsafe on the roads.

¹² ‘Joint Education Sector Needs Assessment, North Rakhine State, Myanmar’, REACH Assessment (2015).

¹³ ‘Education in Rakhine: Next Steps for the Sector’, Save the Children (2013).

¹⁴ ‘Education in Rakhine: Next Steps for the Sector’, Save the Children (2013).

Groups of 11–17-year-old children, especially boys, indicated they are unable to access schools in the camps because, they said, they are only open to younger children. Some older groups of children also referred to Child Friendly Spaces or ‘learning centres’, where younger children can go, but they themselves cannot participate in any activities.

“We cannot study here, but we want to study. I had a school near my home in Myanmar. I loved to play at our school field. Here we have no school for us. We cannot play here.”

BOY, 15–17 YEARS OLD, KUTUPALONG CAMP

It is not uncommon for girls to leave school once they reach puberty; this also happened in Myanmar, where traditional social norms prevent girls from accessing schools after puberty.¹⁵ Many 7–14-year-old girls indicated that they are not going to school because their parents do not permit them to. One group specified that parents do not let them go outside the house because of safety concerns. 15–17-year-old girls, especially those who are married, expressed concerns about their children’s access to education, but not their own.

Children that are able to access child friendly spaces or learning centres all feel safe in these places. They are happy in these spaces because they can learn to read and write, they can have fun, and the teachers are nice to them. Mothers feel comfortable letting their children go to these places in the camps:

“When our children go to school we feel safe because the teachers take care of them. At school they are happy as they can play with other children.”

MOTHER, KUTUPALONG CAMP

Mothers interviewed in Balukhali shared that they wanted their children to go to school, but they stated:¹⁶

“There is no learning centre in the camps and the children are now busy gathering firewood and collecting food for the family...”

MOTHER, BALUKHALI CAMP

Based on the various consultations, it became apparent that time is indeed a barrier to accessing education: children spend most of their time on household chores, including the collection of water and firewood and distribution support. For girls in particular, there are social barriers. Children further said that they do not have materials or light to study, especially at night.



The number of learning facilities is limited and is unable to cater to the sheer number of school-aged children. Nevertheless, children indicated they want to participate in learning activities, older children requesting more specifically to be taught skills so they can earn money to support their families in improving their lives.

CHILDREN IN THE HOST COMMUNITY

Children in the host community stated that they used to attend school regularly, but since the influx of refugees, this has become more difficult. 15–17-year-old boys identified education as their second greatest need now (the need for playing space being the most important – see below).

¹⁵ ‘Joint Education Sector Needs Assessment, North Rakhine State, Myanmar’, REACH Assessment (2015).

¹⁶ In the Assessment report from October 2017 by the International Rescue Committee and Relief International, 90% of the interviewed families said they would send their children to school if the opportunity was available. Key informant interviews and observations also showed there were not enough primary and secondary school facilities in the camps. See: https://www.humanitarianresponse.info/system/files/documents/files/assessment_report_umn_bangladesh_irc_ri_october_2017.pdf.

Children's school routines have also changed since the influx at the end of August 2017. 15–17-year-old boys in Tajnimar Khola said it used to take them only ten minutes to get to school, but it now takes an hour as a result of the heavy traffic, which they attribute to the refugee influx and 'big cars coming in'. They now have to leave earlier in the morning to get to school on time.

Children from the host community indicated that transport prices have increased and it is now more expensive to go to school. Some mothers from the host community shared that since the influx they have less money, which makes it even more difficult to pay for the local transportation children take to school.

“Now, we need double fare to go to school after the influx.”

BOY AGED 16, TASNIMER KHOLA (HOST COMMUNITY)

School was described as a place where children feel safe, but a group of 11–14-year-old girls shared that they no longer feel safe going to school alone because there are so many new people in their community. Many parents also expressed fears about sending their daughters to school and shared that they tell their daughters to stay at home to avoid “anything bad happening to them”.

“Our families eat differently – some more, some less”

REFUGEE CHILDREN

Regarding food availability, children from refugee communities mostly emphasised three things: the lack of nutritious food; older members in the households skipping meals to feed the younger members; and dependency on food aid – either for consumption or to sell in order to buy other types of food like fruits, fish and meat.

“Since leaving home, we eat differently now and less than in Myanmar. We don't eat healthy food here.”

GIRL, 15–17 YEARS OLD, UNMARRIED, NAYAPARA

“In Myanmar, we could easily eat what we wanted. Many people were poor, but they could manage to get enough food. We could easily eat fruit, fish and meat, because we had many ways to earn money and land to cultivate. In the camps we can only eat the things we can get from the distribution centre and nothing more.”

GIRL, 15–17 YEARS OLD, MARRIED, KUTUPALONG

Children reported feeling happy that they receive food support, but said that since leaving Myanmar, their eating habits have changed and they are worried about not being able to eat nutritious food. A group of pregnant women shared this concern, saying that they would like to eat different types of food during their pregnancy. They said they rely solely on the food distributions and have no money to buy other types of food, such as vegetables, meat and fish, unless they sell food they receive at the distribution centres.¹⁷

“... honestly speaking, we have enough food in our house. We can eat here two to three times a day, but we have to eat the same food every day – rice, flour, dhal and oil are our daily food here. At home in Myanmar we ate different types of food, fresh vegetables and fruit from our land and fish we caught from the river. Here, we cannot afford vegetables from the market.”

GIRL, 15–17 YEARS OLD, MARRIED, BARMAPARA CAMP

“It is difficult to get healthy food. We totally depend on relief food, which does not include fish, vegetables, or meat.”

GIRL, 11–14 YEARS OLD, NAYAPARA CAMP

¹⁷ A recent rapid Protection, Food Security and Market Assessment by Oxfam (November 2017) showed high reliance among refugees on food aid from international organisations. In addition, 50% of the traders that were interviewed indicated that refugees are selling their food aid to buy other, more nutritious types of food as well as smaller shelter items, non-food items and medication. See: https://www.humanitarianresponse.info/system/files/documents/files/oxfam_rapid_assessment_report_cb_nov_2017_.pdf.

Although the quantity of food distributed is less of an issue for smaller families, almost half of the children, as well as mothers and pregnant women, said that the standard 25kg of rice is often not enough to support the household for 15 days. They indicated that the food packages would normally last around 10–12 days. Children shared that households with larger families (more than five people) have to eat fewer meals (only two per day instead of three) or borrow food from their neighbours and give it back to them when the next ration comes.¹⁸ This often results in the older members of the household eating fewer meals or sometimes going unfed altogether to ensure that their children and sick members of the family have something to eat.

A household's ability to cook food is also dependent on firewood. Children shared that firewood is scarce and they have to travel long distances and enter the land of local people to collect it, which comes with a number of (perceived) protection risks (see section above on places where children feel unsafe).

CHILDREN IN THE HOST COMMUNITY

“The price of rice and oil has decreased because the Rohingya would sell the food they received from the distribution. The price of good quality rice was 40BDT per kilo and now it is 15BDT per kilo.”

BOY, 15–17 YEARS OLD, TAJNIMAR KHOLA (HOST COMMUNITY)

According to children from the host community, the cost of food has increased since the influx, particularly the cost of meat, while food relief items commonly sold in the market (ie, rice, oil and pulses) have decreased in price. Young girls (11–14 years old) shared that they eat three times a day as usual, but the quality and diversity of what they eat has changed.



Sitting outside his family's makeshift tent, made out of bamboo and plastic sheets

For some households in the host communities, livelihood opportunities have increased since the influx whereas for others they have significantly decreased. For example, a few children said they could eat more because their parents can earn more money than before. During discussions with 15–17-year-old boys, they said their parents' income has significantly increased. They are earning more money in the markets where they have small shops and sell their produce, eg, watermelons and vegetables, in the Thangkhali market.

However, not all children from the host community shared this experience. Other groups explained their parents have trouble earning money because their land is no longer available for them to cultivate, as it is now part of the settlements. They still have their paddy fields, but now have to purchase vegetables at the markets instead of growing their own. Mothers with children under 6 years old from the host community confirmed this as well.

¹⁸ Coping strategies were also identified by a report from the World Food Programme (Rohingya Emergency Vulnerability Assessment, December 2017): relying on less preferred foods, borrowing food or relying on help, reducing number of meals and reducing portion size were the four most common coping strategies across all communities (new influx, old influx, and host community). See: <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000050429.pdf>.

“We are getting sick and live in dirty conditions”

REFUGEE CHILDREN

Children indicated that they believe the living and hygiene conditions in the camps have caused significant illness among children and adults. In one group, six out of ten children reported that they had suffered from illnesses in the last month. Children said that people are suffering from skin diseases, diarrhoea, stomach-aches, fever, colds and coughs.¹⁹ Some of the illnesses were attributed to winter weather and not having proper clothing or blankets to keep warm at night. The children mentioned that currently it is taking much longer than before to recover from any type of illness.

Rohingya refugee children also mentioned that there were not enough health facilities available to them and their families. Those children who had accessed healthcare found it to be unsuitable for many people in need of medical care. Children thought that long queues at the clinics discouraged people from seeking advice because “most of the time they are not able to get treatment.” Children also said that they think some people get sick when they are standing in the queues.

“We have to stand in a queue for a long time to get treatment and this makes me and my mother sad...”

BOY, 7–10 YEARS OLD, BALUKHALI CAMP

The majority of mothers from Nayapara and Kutupalong camp did not know where they could receive medical assistance. Mothers from these camps and pregnant women from Balukhali camp who were aware of medical services were reluctant to access them because of the crowds and long queues.

Adolescent girls’ movement within the camps is limited and they mostly stay in their shelters, which prevents them from receiving proper health services when they need them. Both boys and girls suggested that there should be separate health

centres for men and boys and for women and girls to make them feel more comfortable.

It was strikingly apparent that there is a perception among the older children that they do not receive adequate medical care if they do not receive injections at the health clinic. They stated that they always receive the same medication for each illness – paracetamol or saline – and that it does not help them get better.²⁰ In response to this concern, children mentioned that their family sells their food relief or borrows money to buy medicine from shops outside the camp.

“Children suffer from colds and coughs, but the doctors do not give proper medicine as the illness is not cured. In Myanmar doctors give injections, but no injections are given here for illness.”

BOY, 15–17 YEARS OLD, BARMAPARA CAMP

Children’s and their families’ perceptions of the quality of medical support received at the clinics could influence their willingness to access clinics when they are in need of medical assistance. These perceptions are already leading to coping strategies to buy additional or other types of medication outside of the camps. They also show that there may be different understandings among the refugee communities of what constitutes adequate medical assistance.

Both boys and girls said that they did not bathe regularly. 11–17-year-old girls mentioned that they are ashamed to bathe during the day when men can see them so they tend to bathe in the evenings, but are scared when it gets dark. Due to these restrictions, combined with a lack of easily accessible facilities and water, many girls said they are unable to bathe daily.

“Nobody takes care of refugee women and girls, toilets and showers are not available for us to use easily. We have to wait for a long time and wait until the men go away...”

GIRL, 15-17 YEARS OLD, MARRIED, BARMAPARA CAMP

¹⁹ According to a recent health assessment by MSF (December 2017), one third of respondents indicated they had been ill in the two weeks prior to the assessment. “The most common reported illnesses were: fever (66%), respiratory diseases (35%) and diarrhoea (15%).” See: https://www.msf.org/sites/msf.org/files/coxsabazar_healthsurveyreport_dec2017_final1.pdf.

²⁰ While this is not the case, it is true that paracetamol, antibiotics, and other medicines look very similar, particularly to a community with low levels of literacy.

Children characterised their environment as unhealthy and unclean to live in, with people openly defecating near the tents because they are afraid to go to the latrine at night. In addition to the unhygienic living conditions, children described other factors in their living environment that caused them stress and discomfort. These include the sounds of quarrelling amongst neighbours and community members, the smell of the latrines and feeling hot under the tarpaulins during the day as well as feeling cold at night. The tents are generally very close together, with many people crowded into a small area.

CHILDREN IN THE HOST COMMUNITY

Children talked about the increased amount of rubbish and dirt in their living environment. They said they did not like the smell or sight of waste everywhere and along the roadside. They also stated that the water in the canals is no longer clean and that diseases had increased since the influx of refugees. Older children (15–17 years old) mentioned that the generally polluted environment and dust were causing respiratory problems, diarrhoea, eye problems (described by children as ‘yellow eyes’) and skin diseases. It should be noted that though children attributed ‘yellow eyes’ to the pollution and dust, yellow eyes could also be a symptom of more serious conditions, for example acute jaundice syndrome or potentially hepatitis. This could not be confirmed as part of the consultation.

In Zummapara, Bangladeshi girls mentioned that they now have to travel long distances (30km) to obtain treatment for major illnesses as there were no health facilities close to their homes. Since the influx there are more health facilities, but the host community is generally not accessing these medical services, because they are understood by children in the host community to be for refugees only. Several younger children (11–14 years old) said that they were happy to see that the refugees were receiving treatment and hoped that this would result in greater access to medical care for the host community as well.

“We can’t play”

REFUGEE CHILDREN

It became apparent through conversations with children from the refugee communities that there are stark differences between how they lived their lives in Myanmar prior to the latest wave of violence in August 2017 and how they live now in the camps. Children helping their parents with chores is not new; however, the risks that children are exposed to in the camps are significantly different to what they were used to in Myanmar (see section above on safety).

Children said that in Myanmar, they used to help their parents in the paddy fields, fishing, in shops and with household chores. They also said they spent time studying. In the camps, children’s time is spent predominantly on collecting water, firewood



Collecting water in the settlements in Cox’s Bazar

PHOTO: GMB/AKA/SHANOS PICTURES/SAVE THE CHILDREN



PHOTO: GMB AKASHIPANOS PICTURES/SAVE THE CHILDREN

Children now help to raise their younger siblings

and relief items, to support the household.²¹ A group of mothers in Nayapara camp shared that:

“...for families who do not have boys, daughters will be sent to collect firewood. This work is dangerous for both boys and girls but in these days it needs to be done for us to survive.”

MOTHER, NAYAPARA CAMP

Tasks vary between girls and boys, but adolescent girls are generally kept in and around the tent area for both cultural and safety reasons and also to help with household chores such as cooking and cleaning and with caring for younger siblings and elderly family members.

“I have to take on big responsibilities in the family, like taking care of my brother and sister.”

GIRL, 11–14 YEARS OLD, NAYAPARA CAMP

Refugee children across all age groups showed concern about the fact that they have nowhere to play freely with their friends. They also shared that they do not have toys to play with or time to play.

“We live a captive life here. We cannot do anything we want to do. We cannot play here, there is no football and there is not enough space for us to play. I want my old life in Myanmar back.”

BOY, 11–14 YEARS OLD, KUTUPALONG CAMP

According to mothers, their children are stuck at home in the tents most of the time and feel trapped in the camps. Most mothers shared that their children cry a lot, are low-spirited or seem quieter than normal. They attributed these changes in behaviour to lack of food; their not being able to spend enough time with their children because of household chores; their children not being able to play; and to the fact that their children remember and are scared of what happened in Myanmar. They also mentioned that children argue a lot more among themselves.

“In the camp our boys and girls cannot play. Most of the time they cry for toys. Our little girls lost their dolls and playing pot, they do not have anything to do.”

GIRL, 15–17 YEARS OLD, MARRIED, KUTUPALONG CAMP

²¹ The recent Rapid Protection, Food Security and Market Assessment by Oxfam (November 2017) confirmed that children are sent to pick up distribution support. This was identified as a coping strategy for households to ensure female members of the household can uphold ‘purdah’ (preventing women from being seen by men outside the home, other than their husband). See: https://www.humanitarianresponse.info/system/files/documents/files/oxfam_rapid_assessment_report_cb_nov_2017_.pdf.

Based on these changes in children's daily lives and emotional state, it can be concluded there are significant factors that may limit children's ability to receive support from humanitarian organisations, such as learning-focused activities. These include the time children are able to spend on such activities, their level of comfort travelling to the locations of activities and their emotional state.

CHILDREN FROM THE HOST COMMUNITY

Boys in the host community shared that they help their fathers in their families' shops; this was a change for some of the boys whose fathers have set up shops since the large-scale influx of refugees after August 2017. As mentioned above, agricultural land has been taken up by new settlements and so for some boys helping their parents on the land is no longer possible.

Boys and girls indicated that they feel it has become more difficult to move around because areas are so crowded. Girls between 15 and 17 years of age said they are now less involved in household chores that involve them going outside, such as collecting water. A group of 15–17-year-old boys claimed that girls are now doing less in the household than before because they have taken up jobs with local and international aid organisations.

Children said that they used to play in the playground, their back yards or the fields, but that now the open spaces near the camps are "... occupied by Rohingya families who live there now or the Rohingya children play there", according to a group of 7–10-year-old boys from the host communities. Boys in Tashnimar Khola identified the lack of playing space as their biggest problem. Some host community children associated their lack of freedom to play outside directly with the influx of refugees coming to their country. Negative feelings towards the refugees often stemmed from the fact that host children did not like how their circumstances had changed as a result of the latest influx. However, most were very aware of, and concerned about, the horrors refugees had experienced in Myanmar.

Refugee and host community dynamics

There were varying perspectives among the children interviewed, from both host and refugee communities, on the levels of comfort they felt in relation to one another. 11–14-year-old girls in the host community (Lambashia) described how their families helped Rohingya refugees initially by providing food, mattresses, pillows, clothes and other items that they needed. 7–10-year-old boys in the host community mentioned that they personally did not like to see so many people in their village, but that their parents had helped the refugees to find a location in the hills to make a shelter.

The above sections describe dynamics that demonstrate the hospitable nature of the Bangladeshi host communities, but also the pressure they feel to provide for their own families as time passes, resources become more scarce and the prices of goods in the market increase. There are already examples of tension and animosity in the host community as refugees are perceived to make the environment dirtier and less safe and they may 'encroach' on host community families' land when collecting firewood etc. It is clear from the interviews that some children notice their parents' hostility towards the refugees, based on the language they use to describe them. Some children also indicated that they worry about their daily lives in the future if the refugees stay in the area and living conditions do not improve.

Recommendations

This section contains recommendations from the children that took part in the consultation and from the three organisations that contributed to this report.

Children's recommendations

WE WANT TO FEEL SAFE

- Provide light for the camp when it turns dark, especially to ensure children feel safer when going to the latrines in the evening or at night.
- Provide more toilets that are closer to the children's tents, gender-segregated and regularly cleaned. Also build bathing spaces specifically for women and girls.
- Provide bigger and more comfortable accommodation based on family size because children have to share their living space with many people without having separate spaces for sleeping or changing clothes.
- Provide warm clothes and blankets to children and their families against the cold in the winter months.

WE WANT TO LEARN AND PLAY

- Set up more schools or organise learning activities, or expand ongoing school activities to ensure all children can go to school and develop their minds.
- Provide lights, books, notebooks and pencils to support children in their education.
- Create safe play areas and provide toys and other recreational materials so that children can play together.

OUR FAMILIES NEED AN INCOME

- Organise Technical and Vocational Training (TVET), so that young adults can earn to support their families to ensure economic empowerment.
- Increase the quantity of food assistance provided to households so it can cover 15 days and also provide cash to purchase other types of food.
- Organise opportunities for refugees to work to sustain food and basic needs for the family.
- Support families in host communities to develop alternative options to cope with limited access to agricultural land and increases in food prices.

WE WANT TO BE HEALTHY

- Build a hospital for the community because many children are suffering from different diseases after entering the camps and settlements.
- Create more opportunities for children from the host community to access health services from facilities which currently provide support to Rohingya children, so that Rohingya and host communities can receive health services together.
- Provide separate spaces in health centres for boys and men and for girls and women, especially pregnant women.

Combined recommendations from Plan International, Save the Children and World Vision International

The following recommendations complement those suggested by children above. Recommendations have been grouped by sector. A crosscutting recommendation is to ensure that the needs of both refugee and host communities are addressed, because tensions are likely to increase if support is exclusively provided to refugee communities and host communities may feel left behind.

CHILD PROTECTION

- Encourage more child-friendly camp layout and signposting to address children's fears of getting lost as tents look similar, and feeling that there is not enough space to play.
- Consider camp/settlement lighting so people are not solely dependent on household solar lamps and can feel safer in communal areas such as latrines etc.
- Review the effectiveness of existing community security patrols and assess if this provision could be expanded and strengthened with formal support from agencies or the government.
- Raise awareness around trafficking risks, both to take preventative measures and to ensure accurate information on the prevalence of incidents to reduce rumours and unnecessary worry.
- Ensure involvement of teenage girls in activities and take measures to improve their feeling of safety, as teenage girls report being more isolated than in Myanmar and risk missing out on social support, information and education. Understand and overcome barriers specific to girls, and assist in problem solving with girls and relevant community groups.
- Ensure basic needs are met for families as living conditions directly impact on the stress level of the whole family and cause increased tension. Child protection actors should also ensure support for parents to deal with stress including adapted positive parenting/positive discipline.
- Provide equal opportunities to attend learning and recreational activities to encourage mutual respect and understanding between refugee and host communities.

EDUCATION

- Set up classrooms, organise learning activities, or where feasible expand ongoing school activities to ensure all children can go to school.
- Provide student study solar lamps, school bags, books, notebooks and pencils to support children in their education.
- Deliver key lifesaving messages through temporary learning centres and teachers, including health, hygiene, road safety, life skills, safety in camps, etc.

HEALTH AND NUTRITION

- Improve children's and families' understanding that quality health support does not always include an 'injection', to prevent negative self-medicating strategies and to build trust in medical services provided.
- Work closely with educators and other teams working directly with children to provide information on health services available. Ensure increased awareness about health services, especially among vulnerable groups including pregnant and lactating women.
- Identify and promote mechanisms to help households obtain nutritious foods to complement existing food distributions, eg, cash transfer programmes.
- Ensure that, at a minimum, waiting spaces include separation between men and women. Having private spaces when providing reproductive health services and psycho-social support services is considered a minimum standard, and is also applicable to services provided to children.
- Consider, over time, establishing community health committees, and including children's groups.
- Socialise community volunteers and community health workers to the specific concerns of children, and to engage with community groups during community outreach work.

CULTURAL SENSITIVITY

- Ensure gender and cultural analyses are conducted and applied to programme design, for improved overall well-being of communities and children.
- Develop approaches to ensure meaningful involvement of religious leaders and mosques, which are highly regarded by both refugee and host communities, to capitalise on these spaces and organised leadership within the communities to enable more impactful programmes.
- Identify culturally-sensitive programme opportunities that help build mutual respect and understanding among refugee and host communities.

- Include appropriate gender segregation in activities, distributions and services, to make men and women, boys and girls feel more comfortable.

LIVING ENVIRONMENT

- Explore creative, evidence-based solutions for safer and more efficient use of firewood, eg, how to build a fire with fewer pieces of wood etc.
- Identify more environmentally-friendly alternatives for waste disposal and how to engage communities in this process in a sustainable way.

Policy recommendations

GOVERNMENT OF BANGLADESH

We commend the extraordinary generosity of the host communities and the Government of Bangladesh in keeping their borders open and supporting hundreds of thousands of refugees. It is essential that the Government of Bangladesh maintains its critical leadership role in responding to the refugee crisis for as long as necessary.

To respond to the vast and urgent children's need, we respectfully ask the Government of Bangladesh to:

- Support humanitarian organisations in the planning and delivery of a fully coordinated response in line with the Core Humanitarian Standard.
- Facilitate local, national and international non-governmental organisations (NGOs) to further scale up their responses. This includes expediting

programme intervention approvals, increasing the length of time approvals cover to at least six months and allowing for all response activities necessary to provide appropriate support to the refugee and host communities, such as provision of education to children, cash-based interventions, and capacity building.

- Recognise the right of refugee children to education and ensure that they have access to safe, quality and inclusive learning opportunities while they are displaced and longer-term solutions are sought. Likewise, local, national and international NGOs should be given authorisation to provide this service in displacement sites.
- Guarantee that, as a fundamental human right, all refugee children born in Bangladesh have their births registered, without discrimination of any kind.

WE URGE DONORS TO:

- Fully fund the first humanitarian response plan covering the September 2017 to February 2018 period, which is by mid-January only 56 per cent funded, starting with honouring all commitments made during the Geneva pledging conference. Likewise, we urge donors to fully fund the upcoming March–December 2018 Humanitarian Response Plan in a timely manner.
- Pay particular attention to funding specific projects and interventions that are child- and gender-sensitive, including education and child protection activities, as well as interventions providing mental health and psychosocial support.
- Support interventions based purely on the needs of host communities and refugees, including longer-term and flexible funds.

WE RECOMMEND THAT THE INTERNATIONAL COMMUNITY:

- Maintains pressure for a long-term political and durable solution to the crisis that allows for safe, dignified and voluntary repatriation, which respects the rights of children and their families and is underpinned by international law. The return of child refugees and their families to Myanmar should only occur once minimum conditions and guarantees to ensure physical, material, mental and legal safety are met, and with assurance of substantive involvement of UNHCR in the supervision of any return process.

Conclusion

This children's consultation interviewed 200 children and 40 women to better understand their experience in the refugee crisis, as well as their fears, hopes and desires. This report has provided critical insights into the day-to-day lives of children from both host and refugee communities currently living in Cox's Bazar and into how this crisis continues to affect their well-being and futures.

Agencies should continue to prioritise efforts to actively listen to children, to ensure appropriate and child-sensitive programming which is guided by children's needs and rights. As an international and national humanitarian community it is our duty to hear all those affected by this crisis, including children, as stated in the Core Humanitarian Standard and as committed to at the World Humanitarian Summit. This is particularly relevant in Cox's Bazar where children make up almost 60 per cent of the displaced population. Children who took part in the consultation requested more opportunities like this consultation to share their stories and insights, and were happy that the participating organisations considered their views as important as those of adults.

Children themselves are in the best position to express their needs, priorities and experiences. They want to learn and play, feel safe, eat and live healthily, as well as for their families to earn an income. Children clearly identified safety risks in their direct environment related to their daily activities (often in support of their households) that should be addressed in a consolidated effort by all those responding to this crisis. The consultation

with refugee and host community children has also highlighted the importance of inclusive humanitarian assistance to all communities affected by this crisis. Children identified gaps in meeting their basic needs, the need for gender sensitivity and the desire for a sense of normality in their lives.

In an effort to spread awareness of the lives of refugee and host community children whose lives have been affected by this crisis, the findings of this report will be presented in a child-friendly manner, to be shared with children in Bangladesh and around the world. The child-friendly version of the findings will also be brought back to children in the refugee and host communities through the programmes of the participating organisations.

It is the hope of the participating organisations that the recommendations of children, their mothers and the participating agencies will lead to programmatic improvements across all sectors and that children's voices will be considered frequently and systematically to inform decisions that direct and indirectly impact their lives. Moreover, the participating organisations hope that the findings submitted for the review process of the HRP will be considered for the next phase of the response.

The international community has the ability to not only listen to children, but also to help take the necessary steps to fulfil their basic human rights and work towards a brighter future. Children deserve a childhood free from fear, and instead one filled with opportunities to reach their potential.

Participating organisations

PLAN INTERNATIONAL

Plan International has been operating in Bangladesh since 1994. Plan International seeks to ensure the rights of children to Education, Health, safe water and sanitation, Protection, youth economic empowerment and protection from climate change, environmental degradation and natural or man-made disasters throughout the country, having four divisional settings that are located in Rangpur, Dhaka, Barisal and Chittagong. Plan International partners with national and local non-governmental organisations, and together their work benefits more than million children and their communities.

Plan International is working in Cox's Bazar, aiding the Rohingya community by supporting the needs of children, adolescents and their families through the provision of activities within Child Protection, Water, Sanitation and Hygiene as well as Learning activities for children and adolescents. Plan International aims to reach out to more than 250,000 Rohingya people within the next 10 months and is focusing its response in Ukhiya. So far, Plan International has reached around 60,000 people through the provision of latrines, female-friendly bathing spaces, distribution of hygiene kits as well the installation of communal waste bins in the camps, coupled with hygiene promotion sessions. Plan International has also been working closely with the Department of Social Services assisting during the registration of unaccompanied, separated and orphaned children by providing support and capacity building and will be further providing case management for children identified through this activity. Plan International is working in close collaboration with two local partners to increase access to local knowledge and communities.

SAVE THE CHILDREN

Save the Children (SC) has a longstanding presence in Bangladesh and has been programming in various sectors, including Child Rights Governance, Health, Education, Child Protection and Youth employment, since 1970. SC has been responding to the Rohingya crisis since 2012 with Education and since 2016 with Child Protection programmes in the registered camps in Cox's Bazar, with funding from the UNHCR. After the October 2016 conflict, SC scaled up its operations by providing relief materials to new arrivals and establishing

31 multi-lingual pre-schools in the host communities serving both Rohingya and Bangladeshi children. When Cyclone Mora hit in May 2017, SC responded with integrated shelter, non-food items, unconditional cash support and Education in Emergencies programmes. Together these programmes have reached approximately 39,000 children and their families.

Save the Children has been expanding its response since January 2017 to support the increasing influx of Rohingya refugees into Cox's Bazar, with a significant scale-up after the August 2017 influx. The response has focused on providing life-saving items to households, including food support, hygiene kits, household/kitchen kits and shelter kits, as well as providing primary health care (through the Emergency Health Unit), WASH and nutrition support, learning activities and child protection services. These activities are delivered in an integrated manner to ensure children and their families receive holistic support.

WORLD VISION INTERNATIONAL

World Vision International (WVI) works closely with the Government of Bangladesh and aid agencies to meet the needs of refugees who have fled violence in Myanmar's Rakhine State. Its initial six-month response aims to meet the urgent humanitarian needs of children and families through food assistance, protection, health and nutrition, water, sanitation and hygiene, and shelter interventions. To date, the organisation has reached more than 135,000 individuals: 5,100 families received temporary shelter kits (tarpaulins, tents, blankets, sleeping mats, kitchen sets, plastic rope) and 135,250 individuals received food packs. WVI has established centres in the camps which provide safe spaces for children to play. The centres also provide support for pregnant and lactating women. The distribution of 12,000 hygiene kits has commenced, in partnership with UNICEF, along with the construction of 1,200 toilets, 55 deep tube wells and 600 bathing cubicles. WVI is the lead agency for camp coordination in Barmapara. In partnership with the International Organisation for Migration, WVI has established a Camp In-Charge Multipurpose Hub to ensure systematic humanitarian works, enhance information management and conduct site improvement activities. The space is used by the government, non-government organisations and the refugees themselves.



Refugee settlements in Cox's Bazar, Bangladesh

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