



LIVES IN LIMBO

NO END IN SIGHT TO THE THREATS
FACING ROHINGYA CHILDREN

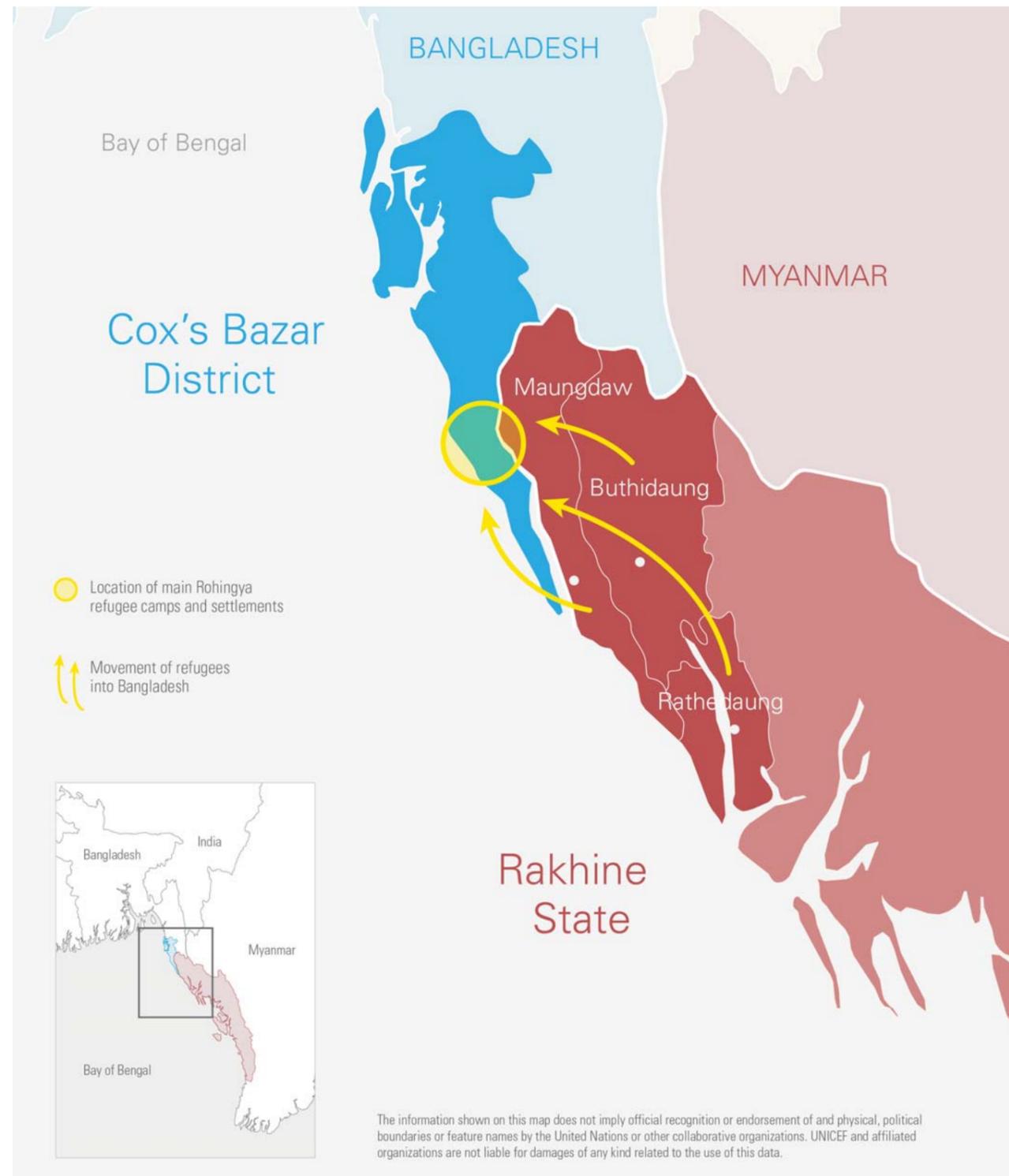
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Children at the Balukhali makeshift settlement.

SITUATION MAP



INTRODUCTION

When hundreds of thousands of terrified Rohingya refugees began flooding onto the beaches and paddy-fields of southern Bangladesh six months ago, it was the children -- who made up nearly sixty per cent of their number -- that caught many people's attention.

The babies carried in the arms of siblings little older than themselves; the frightened toddlers clutching at the clothing of their exhausted parents; and the tiny graves of those who didn't survive the journey.

By any definition, this extraordinary exodus – quickly dubbed the world's fastest-growing humanitarian emergency – was a children's crisis. Yet the images only told part of the story.

Back in Myanmar, an estimated half million Rohingya remain largely sealed off in their communities and displacement camps, fearful that the violence and horror that had driven so many of their relatives and neighbours to flee would engulf them too.

Today, there are an estimated 720,000 Rohingya children in southern Bangladesh and Myanmar's Rakhine State, in dire need of humanitarian assistance and protection – and looking to the outside world for help.

In Bangladesh, aid efforts led and overseen by a Government – and local communities – who have been unstinting in their generosity have averted disaster. But with the cyclone season looming, urgent efforts – and funding – are necessary to shield the fragile refugee encampments from the forces of nature, and to preserve the services on which so many children depend.

In Myanmar, the scale of the challenge remains unclear. Only with unimpeded access to all parts of Rakhine State can UNICEF and other humanitarian partners meet the essential protection, health and other needs of the Rohingya who stayed behind. And without a permanent end to the violence, still more desperate refugees will continue to make their way towards Bangladesh.

But a lasting solution requires more: the recognition of the basic rights of the Rohingya population – ending the legislation, policies and practices that discriminate against them; and curbing the tensions between the different communities in Rakhine State.

Such was the wise recommendation of the Rakhine Advisory Commission headed by former UN Secretary General Kofi Annan, when it submitted its report last year. The Commission called for urgent investment in schools, health services and other basic services in Rakhine State, one of Myanmar's poorest states that would benefit all communities living there.

It is also the means by which the necessary conditions can be established to allow the return of the Rohingya refugees to their former homes. A voluntary, safe and dignified return process cannot place children or their families in danger, nor force returning families into camps. Rohingya who return must have freedom of movement, and access to essential services.

For its part, the Government of Bangladesh can help secure the fundamental rights of Rohingya children by registering all those born in the country, and by granting refugee status to all Rohingya children and their families.

The United Nations and the rest of the humanitarian community will play their full part in all this. Alongside our partners, UNICEF is on the ground in both Myanmar and Bangladesh, delivering life-saving assistance including nutrition and health services, safe water and sanitation, protection services and support to education.

720,000 Rohingya children in Bangladesh and Myanmar are in dire need of assistance.

In Bangladesh, we've dug hundreds of water bore wells, and installed thousands of latrines. Some 900,000 adults and children have been vaccinated against cholera, and campaigns to protect children against diphtheria and measles have achieved strong results. Learning and child friendly spaces are offering traumatised children the chance to begin healing.

A great deal has been achieved since August 2017. But much, much more must be done to protect an outcast population, and tackle the complex roots of this crisis before its painful repercussions spread further still, and condemn a generation of Rohingya children to a perpetual life in limbo.

ROHINGYA CHILDREN TRAPPED IN LIMBO AND DEPRIVED OF THEIR BASIC RIGHTS

“Where we live right now is not in Bangladesh, and not in Myanmar. It is Zero Point.”

Zero Point. It's a fitting name for the bleak, windswept patch of wasteland where 10 year-old Huzzatul Islam, his family and several thousand other Rohingya refugees find themselves stranded.

It sits on a narrow spit of sand edged by a brackish creek at the southernmost point of the long border dividing Myanmar and its neighbour, Bangladesh. It's a spot so remote few maps even mention it.

It is mid-January 2018, and this particular group of refugees has been stranded here for over four months. Their only protection from the elements are the flimsy plastic and wooden shacks they have erected for themselves beside the fetid waters of the creek.

Chased from their homes and communities, the Rohingya are trapped in limbo and deprived of their basic rights.

At some point, they will join the 688,000 Rohingya who have fled from Myanmar into Bangladesh in the six months since the latest bout of violence in Rakhine State erupted in late August 2017. But they have been barred from crossing the border, at least for now, even as others continue to join them, as the exodus from Myanmar goes on.

So the group – including many children besides Huzzatul – can do nothing but wait in Zero Point.

The only alternative would be turn back towards Myanmar and return home. But that's not a prospect they can contemplate.

“We fled because they were firing bullets at us,” says Huzzatul. “Every day we are scared because we hear that we may have to go back into Myanmar.”

The plight of the people stranded in Zero Point symbolises that of the Rohingya as a whole. Chased from their homes and communities, the Rohingya are a people trapped in limbo and deprived of their basic rights, and facing fresh threats to their health and lives.

Rohingya children on a bamboo bridge in the Kutupalong refugee camp.

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10 year-old Huzzatul Islam sits on a bridge leading to Zero Point where several thousand stranded Rohingya refugees wait to cross from Myanmar into Bangladesh.

A crisis of human rights within a humanitarian emergency

When the latest phase of the Rohingya tragedy came to global attention in August 2017, the crisis had all the hallmarks of a major humanitarian emergency: there were the frantic scenes of rain-drenched refugees streaming through the paddy-fields of southern Bangladesh, clutching their children and their meagre belongings; and then the frenzied efforts of local charities to keep them alive.

These were quickly reinforced by international NGOs and UN agencies (already on the ground since the previous refugee influx in October 2016) who now scaled up their operations into a much larger relief effort. Within weeks Bangladesh was host to one of the world's largest refugee camps.

Along with the epic scenes of human misery came horrifying accounts of what had triggered the Rohingyas' chaotic flight from Myanmar. Tales of savage violence and cruelty, of homes and communities razed to the ground, of children murdered in cold blood, and of women brutally raped. Independent confirmation of these accounts was hard to come by. But satellite images and the tell-tale smoke seen rising from many border villages left little room for doubt.

This was a crisis with deep roots, the outcome of decades of brutality and discrimination against the Rohingya community, during which the rights of a whole people had been trampled and denied.



Six year-old Yasin rests at a centre to register newly-arrived Rohingya refugees in Teknaf, southern Bangladesh. His father says soldiers came to their house in Myanmar and beat Yasin with their guns when he was unable to tell them his father's whereabouts.

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Beyond help inside Rakhine State: the children who stayed behind

The little girl's hair was short and dirty. Her white shirt was streaked with mud, as was her green school skirt. She had come to attend class at a temporary learning centre in the camp which is her home. And she carried her 6 month-old baby sister with her.

"I brought her with me because I have to look after her also," she explained, balancing the infant on her hip. "Coming to school is all I have to do, otherwise I have to do chores around the house."

A UNICEF staff member encountered the two children in December 2017 during a visit to one of the camps that hold Rohingya people displaced by previous bouts of violence in

Myanmar's Rakhine State, and who had remained behind when so many others had fled.

Access to northern parts of Rakhine State is tightly restricted but UN officials who the Government has allowed to travel to the region say they encountered frightened and isolated communities, deprived of health and other basic services.

UNICEF and its partners urgently need unimpeded access that allows them to reach all children across Rakhine state, regardless of their ethnicity. That access – combined with the necessary funding – would allow the scale up of the support to children we and our partners are providing already – the

21,000 children who receive protection services; the 10,320 children in temporary learning centres in central Rakhine; the 22,400 beneficiaries of health consultative services and the 29,000 IDPs (including nearly 12,000 children) who receive water and sanitation services in camps.

In central Rakhine, there are over 129,000 Rohingya living in bleak camps and displacement sites. Their freedom of movement is severely limited, largely preventing them from accessing health care, formal education and livelihoods, and leaving them dependent on humanitarian support.

Together with the 400,000 Rohingya children who have arrived in Bangladesh since August 2017, these children still in Rakhine state constitute a "lost generation", desperate for a better future, wanting to go home, but at the mercy of political and other forces.

"Some 720,000 Rohingya children are essentially trapped

– either hemmed in by violence and forced displacement inside Myanmar or stranded in overcrowded camps in Bangladesh because they can't return home," said Manuel Fontaine, UNICEF Director of Emergency Programmes.

"This is a crisis without a quick fix that could take years to resolve unless there is a concerted effort to address its root causes."

Discussions around the possible return of refugees from Bangladesh began in November 2017, after the signing of an agreement between the Bangladesh and Myanmar governments.

"This is a crisis without a quick fix that could take years to resolve unless there is a concerted effort to address its root causes."



Girls fetch water from a pond in Nget Chaung camp in central Rakhine, Myanmar.

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Significantly, the refugees themselves were not involved in the discussion, let alone the children among them.

With memories still fresh of the horrors they had witnessed – or were direct victims of – the children in the camps of Cox’s Bazar speak as one. Much as they yearn to recover their former lives, they are simply too terrified of what will happen to them if they go now.

“Last time they cut my head,” said one 17 year-old girl, still bearing the scars of a soldier’s rifle butt. “But if we go back they will cut out my heart, without asking any questions.”

Amid such fears, and in view of the current restrictions on access and movement in northern areas of Rakhine state, it has not been possible for the United Nations or the international community to ascertain that the conditions for the voluntary, safe, and dignified return of refugees exist.

In Bangladesh, aid efforts avert catastrophe but new dangers loom

The Rohingya refugees in southern Bangladesh are still trying to recover from the psychological effects of the violence that drove them from their homes, while adapting to the harshness of life in the cramped and insanitary encampments that have sprung up to accommodate them.

Having arrived virtually empty-handed, the families depend on handouts of water, food and other basic assistance. The same goes for those taken in by long-suffering local host communities. They are also at risk of serious illness or death: respiratory and waterborne diseases are the main risks, but an ongoing diphtheria outbreak has disproportionately affected children below the age of fifteen who make up



A mother holds her young daughter outside their plastic-and-bamboo hut in the Balukhali refugee camp in southern Bangladesh.

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75% of cases. Over 14,000 children have been admitted to UNICEF-supported treatment centres suffering from Severe Acute Malnutrition.

Amid incredibly difficult circumstances, the Bangladesh authorities deserve enormous credit for all they have done to help these desperate people. Under the government’s leadership, national and international aid bodies have averted the worst consequences of this human calamity – for now at least.

UNICEF has played a full part in the response to date, digging hundreds of water bore wells, and installing thousands of latrines. Alongside other partners, it has helped the Government immunize 900,000 children and adults against cholera, and screened nearly 263,000 children for malnutrition. Learning and recreational spaces for children have been expanded rapidly, but still fall well short of the needs. Over 262,000 children are currently deprived of an education.

“We know that a lot of people live in areas which will be entirely flooded.”

Huge challenges remain. The fragile camps – built on sandy soil and steep slopes – must be urgently reinforced to avoid being swept away in the coming cyclone season. Meanwhile, vulnerable children – and girls in particular – are prey to traffickers and other abuses.

Decongestion of the camps is essential to ensure basic facilities reach all inhabitants. Currently, 100 people must use a single latrine. An outbreak of cholera or acute watery diarrhoea could kill thousands.

“Looking forward we have the rains coming soon, and we have a lot of preparation to do,” says UNICEF chief of Cox’s Bazar field office, Viviane Van Steirteghem. “We know that a lot of people live in areas which will be entirely flooded. Also a number of our services are in those areas, so we can already expect that access to health, to education, and to child protection services, will be considerably diminished, and even access to clean water, and sanitation.”

The specific rights of newborns are another important challenge: currently any child born in Bangladesh is provided with a birth certificate. But this does not confer



The steep terrain on which many of the camps are built will increase the risk of landslides when the rains come.

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any entitlement to citizenship. Finding a solution to the statelessness of Rohingya children is a critical issue to be addressed.

While the Rohingya refugees wait to learn their fate, a generation of children are losing valuable time. Until the conditions are in place in Myanmar that would allow them to return home as citizens, with their rights and dignity intact, they are stuck in Bangladesh – no-one knows for how long.

The international community must plan for a long-term stay, and provide Bangladesh with the necessary financial and other resources to be able to deal with the crisis that the refugees’ arrival – joining those from previous influxes – has created. At the same time, it must demand the Government of Myanmar create the conditions that will respect the rights of the Rohingya and allow their prompt and safe return – not to IDP camps – but to their own homes.

A CALL TO ACTION for all Rohingya children

Everything possible must be done to safeguard the rights of all children affected by this crisis – an obligation both Myanmar and Bangladesh accepted when they ratified the Convention on the Rights of the Child.

By restoring and guaranteeing rights, starting with investment in education, it is possible to turn this crisis into a story of hope for children and the future. The current crisis must be a turning point for coordinated action to address the longstanding violence and discrimination against Rohingya people, to restore and guarantee their rights and help them rebuild their lives. Rohingya children must not be left to languish in hopeless limbo. This is an investment in hope for every child and a better future for the region.

Rohingya refugee children make the long journey into Bangladesh



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Muhammad Shafiq, 2, was severely burned when his family's home in Myanmar was set on fire.

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UNICEF calls on the Government of Bangladesh to provide:

- Additional land to allow for decongesting the camps in southern Bangladesh, to ensure adequate access to water, sanitation, health and other services;
- Support to the expansion of multi-lingual education for all children in the camps;
- Birth registration for all Rohingya children born in Bangladesh;
- Refugee status for all Rohingya children and their families.

UNICEF calls on the Government of Myanmar to:

- Stop the violence, including the killing of children;
- Provide protection for Rohingya children and those of all other ethnic groups;
- Allow unrestricted access for humanitarian organisations to all areas of Rakhine state;
- Provide improved conditions for all persons in need of humanitarian and long-term development support in Rakhine, in line with the recommendations of the Rakhine Advisory Commission.
- Create appropriate conditions on the ground that would allow the voluntary, safe and dignified return of Rohingya refugees to their former communities. Rohingya families themselves must be closely consulted on any decisions regarding their futures.

UNICEF calls on the international community to:

- To fully fund all life-saving humanitarian assistance for Rohingya children and families in Bangladesh and Myanmar, and especially to urgently support scaled up activities to mitigate the risks of the upcoming cyclone and monsoon season.
- To invest in supporting quality education for all Rohingya children, to ensure that they do not lose educational opportunities while longer-term solutions to this crisis are being developed.
- To support UNICEF's and our partners' call for unrestricted humanitarian access across Rakhine State in Myanmar to reach all Rohingya children and families.
- To stay the course in supporting Rohingya children and families, in working with the governments and civil society of Bangladesh and Myanmar so that longer term solutions to this crisis are based on respect for and protection of the human rights of all Rohingya people.

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

SIX MONTHS ON MEETING THE CHALLENGES OF THE ROHINGYA REFUGEE CRISIS



Rohingya refugees aboard a makeshift raft made of logs, bamboo poles and jerrycans, paddle across the Naf River, which demarcates the border between Myanmar and Bangladesh

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Daily chores that put Rohingya refugee children in danger

A dawn mist still cloaks the refugee camps when 12 year old Nurbahar and her friend, Sabiha, who is a year younger, set off towards the forest. The pair have a school day in one of the camp's learning centres ahead of them. But first, there is work to do.

"We have known each other since we were kids, in Myanmar," says Sabiha. "And now we go to school and we go to the jungle together."

The girls walk briskly down the path leading out of the camp, each holding a crude machete which they will use to cut firewood – a commodity in great demand among the vast refugee population. With adjacent forest areas now increasingly stripped of vegetation, that can involve a walk of up to two hours.

"I don't like to go to the jungle," says Sabiha. "But we cannot cook without taking firewood."

Their anxiety is understandable. The route they take towards the nearest forested hillside takes the girls through several local villages, where attitudes towards the refugees are not always sympathetic.

"The villagers can take our wood and beat us, so we are afraid of them and we never go alone," says Sabiha glancing at her friend.

In the crowded and largely lawless world of the camps, children face a wide variety of dangers. Parents say they try to keep their children close, to prevent them getting in harm's way. Women and girls especially report sexual harassment while collecting firewood.

But children like Sabiha and Nurbahar are expected to help out with chores – whether fetching water or firewood, or waiting in line for relief handouts. As time goes on, and poverty bites deeper, children are increasingly being pushed to contribute to the family income.

Child protection specialists say warning signs are already there – including a drop in the number of girls attending school – which may indicate a fear on the part of parents that their daughters are not safe wandering the camp alone.

"As financial pressure grows on families, we are starting to see other negative coping mechanisms coming to the fore," says UNICEF's Carina Hickling, who specializes in gender based violence (GBV) in emergency situations.



Sabiha takes a break from chopping kindling for her family. This daily chore obliges her to walk to a jungle area up to two hours distant from her home in Balukhali makeshift settlement.

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"One is the practice of child marriage, where girls as young as 12 are pushed to marry, because that means there is one less mouth to feed. Another is child trafficking, possibly for commercial sexual exploitation."

In the crowded and largely lawless world of the camps, children face a wide variety of dangers.

The fact that trafficking in humans (as well as in drugs) were reported in Cox's Bazar long before the refugee influx only reinforces the concern.

Other issues are emerging in the camps as well, many related to the terrible violence the refugees witnessed inside Myanmar and on their journey to Bangladesh, and to the harsh circumstances they now find themselves in.

"We provide them with a structured setting where they can feel safe and express what they need to express."

"Traditional gender roles are being challenged: men can no longer provide for their families or find jobs, and take out their frustration on those closest to them," says Hickling. "Women and girls who are on their own are especially vulnerable – they don't feel safe using toilets or washing facilities because they risk being harassed."

In response, UNICEF has focused efforts on reaching out to adolescents in the camps. Around 700 adolescent groups have been set up, offering life-skills and other activities, while efforts are being stepped up to reach girls who remain at home. Parent groups are being established to strengthen agencies' reach into the Rohingya community.

These emerging services are building on the impact of the child friendly spaces set up in the early weeks of the crisis, where around 130,000 children go daily to play, draw and join other supervised activities.

"We provide them with a structured setting where they can feel safe and express what they need to express," explains UNICEF child protection specialist, Wayne Bleier.

Staff identify any children suffering from more serious behavioural problems so that a case manager can be provided to work with them.

"At the beginning they were drawing pictures of war and killing, and now they draw mostly scenes of here in Bangladesh. They draw flags and flowers," says Bleier. "Also when I talk to them about their sleep, they say they're sleeping well not having nightmares – so those are all good signs."



Rohingya children play a board game at a UNICEF-supported Child Friendly Space in Balukhali refugee camp.

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"I'd rather die in Bangladesh than be forced to return to Myanmar"

19-year-old Aisha* was raped by soldiers during an attack on her village in Myanmar. Soldiers killed her oldest child, a seven-year-old boy, as the family was trying to flee the violence.

"They threw my son in the air and cut him with a machete. Then they threw petrol bombs and burned down our houses."

Aisha was struck in the face and body with rifle butts. She says she would rather die in Bangladesh than be forced to return to Myanmar.

"If we don't have ID cards or birth certificates, how would our children get an education?"

She attends a UNICEF-supported girls club in the Balukhali camp that provides psycho-social support to Rohingya women and girls.

*name changed



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Latrines and hygiene critical to meeting challenges of the rainy season

They've become one of the Rohingya refugee camps' most familiar sights: neat blue latrine blocks scattered throughout the camps which cover across the dusty hills and sprawling escarpments of southern Cox's Bazar district.

Sometimes built as single toilet cubicles, more often in blocks of four or five, the latrines nestle among the closely-packed tarpaulin shelters that are the refugees' present homes.

The design and construction of these emergency latrines is simplicity itself: a pit into which five one-metre diameter concrete rings are placed on top of each other. A toilet plate seals the hole, and a bamboo and plastic screen erected around it.

On a steeply sloping hillside in Unchprang camp, Nur Bahar watches as the finishing touches are put on a single cubicle

toilet a few metres from the shelter she shares with nine relatives. Until now, the family had to use the toilet belonging to the local community leader some distance away.

"It is not good now because so many people use it and it has a bad smell," she says, adding that several of her grandchildren have suffered bouts of diarrhea.

"There will be fewer people using the new toilet so it will be better."

The new, more solidly-constructed latrines – some 14,275 in all – are replacing flimsier, rapidly constructed latrines which are now being decommissioned.

Many are the outcome of a collaboration between UNICEF and the Bangladeshi army which installed them with military efficiency. By early February, the WASH sector had constructed over 47,000 latrines in the camps.

The latrines help meet one of the most essential needs of a vast refugee population. But for Sumon Ali, they present a challenge. Ali is an engineer with the British NGO Practical Action, a UNICEF partner with the unpleasant but necessary task of emptying the toilets whenever they are full.

“The pit latrines are full every 10 to 15 days,” he says. “If we can’t empty it, then it will be unused. So for safety of the environment, it’s very important.”

Emptying the latrines involves trailing a length of fireman’s hose from toilet to toilet, and pumping the contents towards a simple treatment plant located nearby. The sludge is filtered and – once rendered safe – the liquid can be released into the environment. The solid waste is placed in a sealed pit from which it will eventually be removed and turned into compost.

Small-scale solutions to the problem of sewage disposal are necessary given the hilly terrain and the congestion in the camps, which mean large-scale treatment plants, or collection using tankers, is not feasible.

But the camp’s geography will have far more serious implications in the coming weeks, when the first of Bangladesh’s two cyclone seasons gets under way. Much of the camp is located on low-lying land, meaning that

thousands of latrines will be flooded, contaminating water points located nearby. Many families risk being left without safe water or usable toilets and exposed to cholera and other waterborne diseases.

Much of the camp is located on low-lying land, meaning that thousands of latrines will be flooded, contaminating water points located nearby.

Finding sufficient clean water for the population has been a huge challenge in itself, necessitating the drilling of some 5,000 small water points and around two hundred larger tube-wells that reach as far as 700 feet underground. The northern area of Ukhiya has relied on two major aquifers, one of them rain-fed. The bigger problem is further south where the camps are entirely dependent on surface water.

“We had adequate surface water in place for the pre-influx population. The problem is now that we must share the same reservoirs with everybody,” says Bill Fellows, UNICEF’s WASH (water, sanitation and hygiene) Sector Coordinator. Additional dams and reservoirs are needed, and efforts are under way to obtain the necessary land access.



A girl draws water from a pump in the Kutupalong Makeshift Settlement for Rohingya refugees in Ukhiya, Cox’s Bazar district.

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Workers drill a deep-water well in Kutupalong refugee camp. These wells can reach up to 700 feet underground.

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Children collect water at a UNICEF-supported water point in Unchiprang refugee camp.

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However, Fellows says that the number one priority is less the scarcity of water, but in improving public and personal hygiene in an incredibly difficult setting.

“Over the next two months, improving hygiene and promoting handwashing will be absolutely critical. And then food-borne diseases is another huge risk that we are worried about.”

It’s to tackle such issues that a growing number of volunteers – many of them adolescents – and community leaders are being recruited to spread messages around personal hygiene, safe water and toilet use.

Practical Action’s Sumon Ali points out that many of the refugee population did not use toilets back in Myanmar.

“People right now are not very much interested to use the toilet. Probably 30-40 per cent (of the population) practice open defecation here. So it’s a big challenge.”

“We had adequate surface water in place for the pre-influx population. The problem is now that we must share the same reservoirs with everybody.”

Immunization: a vital weapon in the fight against disease outbreaks

On a cool morning in late January, a sizeable but orderly crowd has gathered on the main road running alongside Balukhali 2 makeshift settlement, a hilly jumble of plastic-covered bamboo huts that adjoins the main Rohingya camp of Kutapalong.

Many are volunteers wearing the bright tee-shirts and logos of the NGOs they represent. Nearby is a group of Rohingya mahji (community leaders) holding laminated cards bearing the numbers of the different blocks into which the camp is organised.

What has brought them all here today is the second round of an immunization campaign to combat an outbreak of diphtheria, an infectious disease which infected around 5,000 people (and caused 37 deaths) between November 2017 and the end of January.

Almost three quarters of the cases were children below the age of 15 – the target group for the vaccination teams are hoping to find as they head off to their designated locations in the camp, carrying cartons of disposable syringes and grey boxes of vaccine packed in ice.

Men with megaphones announce the presence of the vaccination teams; they also play a jaunty song about diphtheria – or “gola jula” as it’s called in Rohingya language – composed specially for the campaign. Even so, Shahena, a health worker with a local NGO says getting all the children to come to receive their shots won’t be easy.

“I have to convince them. Some come here willing but not everyone,” she says. “If they see us sometimes they get afraid and even run away. They even think we will kidnap their children.”

Among a Rohingya population that is largely unimmunized, there is limited understanding about the protection vaccination provides.

Today at least, the persuasive techniques of the volunteers and block leaders seem to be working: small queues of children and parents quickly start forming outside the shelters where vaccinators are at work.

But UNICEF regional immunization specialist Andreas Hasman acknowledges that among a Rohingya population that is largely unimmunized, there is limited understanding about the protection it gives.

“It’s important that we reach everyone with the messages that you need multiple injections in order to get protection. I think we are in a good position to win that battle, but it will

take great effort especially as we move into the rainy season where the response becomes even more necessary.”

Even in the current dry season, the risks posed by infectious disease are all too apparent. Government-led efforts to improve the camps’ infrastructure and organization have had some positive impact, but land availability remains scarce and many areas are very congested.

Families live, eat and sleep in over-crowded shelters that are pitched only inches apart. Open sewage ditches flow nearby. Clean water supply is now more plentiful, and thousands of toilets have been installed. But the disposal of human waste presents immense challenges and open defecation is widely practiced (see previous page).

The signs are already ominous. Apart from the diphtheria outbreak, cases of measles – another potential killer of children – have been reported, along with nearly 50 cases of mumps.



Asma Bibi, 8, receives a diphtheria vaccination shot during the second round of a UNICEF-supported campaign which reached more than 390,000 children.

© UNICEF/UN0160382/NYBO/2018

Since September 2017, a series of six large-scale immunization campaigns have been conducted.

Immunization has been critical to the response from UNICEF and its partners, particularly because pre-existing immunisation coverage was so low among the Rohingya population.

Since September 2017, six large-scale campaigns have been conducted, immunising children against a range of infections including cholera, measles, rubella, tetanus, poliomyelitis, pertussis, Hepatitis B and diphtheria. Further campaigns are planned for the months ahead.

In the weeks after the refugees began arriving in huge numbers last August, a cholera outbreak was the biggest fear among aid workers. A Government-led vaccination

campaign that delivered 900,000 doses of the oral vaccine to adults and children was credited with averting the worst consequences. But with the approach of the rains, concerns are rising again.

Alongside the plans for fresh immunization rounds, the facilities needed to treat cholera and other diseases are also taking shape. Five diarrhea treatment centres, each equipped with 15 beds, are under construction and due to open by mid-March. In addition there are plans for six public health clinics that will provide outpatient services as well as beds for observation and for maternity cases – including delivery.

“Increasingly we are providing mothers with antenatal consultations, but these services need to be scaled up and improved,” says UNICEF health team leader Maurice Hours.

“There is a high level of pregnancies in the camps, many mothers – more than 75 per cent – deliver at home, often without the support of a midwife or health worker. That puts the babies and the mothers themselves at real risk.”



A premature baby from the Rohingya refugee population receives life-saving care at a UNICEF-supported hospital in Cox's Bazar.

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A young girl has her height recorded at a centre that screens and treats malnourished children in Balukhali camp.

Keeping the scourge of malnutrition at bay

Six-month old Mohammed lies quietly in the arms of his mother, Momtas Begum. The two are waiting in line to be seen by the staff at the nutrition centre in Balukhali camp where they have come this morning.

Wrapped in no more than a towel, Mohammed's hollowed eyes stare vacantly up towards the centre's tarpaulin roof. He is listless and barely moving.

As soon as Momtas Begum unwraps the towel, exposing Mohammed's tiny frame, the reason for her concern becomes apparent. A measuring tape placed around his thin upper arm shows 9.5 centimetres – indicating that the baby is suffering from Severe Acute Malnutrition or SAM – a serious, life-threatening condition.

“I cannot feed my children properly. They are getting thinner every day,” says Momtas Begum. “We have no source of income. We are suffering in these conditions.”

From the outset, malnutrition has been one of the key threats facing children caught up in the Rohingya emergency. The issue was underlined by surveys conducted in late 2017, which showed the prevalence of acute malnutrition among young children in the refugee camps was similar to or exceeded the accepted emergency threshold of 15 per cent.

The high levels of acute malnutrition are compounded by the

prevalence of diarrhea, measles and other infections, and poor infant feeding practices.

The number of SAM cases is particularly alarming: Since August 2017, a total of 14,722 children suffering from SAM have been identified and admitted to UNICEF-supported Outpatient Therapeutic Programme (OTP) centres.

A substandard diet is partly to blame: Most families are entirely dependent on the ration distributed by aid agencies, consisting of rice, oil, salt and lentils – survival fare at best.

For SAM sufferers like Mohammed, the implications might be irreversible if not addressed rapidly and effectively. The answer is a special fortified peanut paste packed in small sachets, and which needs no prior preparation.

Within minutes of Mohammed's SAM diagnosis, Momtas Begum is hand-feeding him small portions of the paste, which he eagerly swallows.

The OTPs play a vital role in keeping malnutrition at bay among Rohingya children. By early February, there were more than 23 units functioning across the vast refugee encampments, with others in the pipeline.

Siddika Khatun manages the OTP in Hakimpara camp. Every day, a line of women – and a few men – come to the



Held by his mother Mustakima, nine month-old Taslima has his upper arm measured to assess his nutrition status. A reading in the tape's red zone indicates that he is suffering from Severe Acute Malnutrition.

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centre, bringing sickly infants to be weighed, measured and examined. Khatun says that since the OPT opened at the beginning of October, there has been a noticeable change.

“At first when we receive them, the condition of the children was very poor. Their ribs were visible. They were very thin. Now the overall condition is improving.”

Even so, a steady number of SAM cases – like Mohammed – are still being identified. If they have medical complications, they are referred for in-patient treatment in a nearby Stabilization Centre also supported by UNICEF.

The OTPs provide other important services as well. Mothers are given advice on how to prepare more nutritious meals with the rations they receive. A private space for breastfeeding is also provided.

“In the initial phase of the emergency, the focus was on scaling up our nutrition services as quickly as possible.”

“In the initial phase of the emergency, the focus was on

scaling up our nutrition services as quickly as possible,” says UNICEF Bangladesh nutrition officer, Abigael Nyukuri. “Now we are moving to the next phase, improving the quality of the services that we deliver, and looking for longer-term answers to malnutrition.”

Preventing malnutrition before it happens will be key: Improved infant feeding practices – as well as better hygiene practices – will be promoted alongside reinforced nutrition surveillance to identify children at risk. Micronutrient supplements – powdered multiple vitamins and minerals that are sprinkled on food to boost its nutritional value – will also be introduced.

As in so much of this emergency, this work is a race against time, with the rainy season looming and the near certainty of waterborne diseases adding to the refugees’ woes.

“It’s a difficult life having seven children,” says Momtas Begum.

Glancing at Mohammed, resting contentedly in her lap, her mood changes.

“A clinic worker told me that if the child gets food he will get better. So now after feeding him, my child is much happier.”

In the refugee learning centres, older students face a challenge

In the corner of a small and dimly-lit workshop in Bulakhali camp, 12 year-old Rukya Aktar is hunched over an old-fashioned Chinese sewing machine. She and three other girls are hard at work sewing recyclable cotton sanitary towels – part of a vocational training project supported by UNICEF.

Rukya and seven of her relatives arrived in Bangladesh last September, during the most chaotic weeks of the sudden Rohingya mass refugee influx.

The family’s panicked flight across the border also signalled

the end of Rukya’s education, at least for now. Although the memories she has of her grade four class are not particularly positive – there were no Muslim teachers and the Buddhist teachers seemed disinterested, she says – it was nonetheless a chance to be with friends and play, and now she misses it.

“In Bangladesh there is no school for me. I would be very happy to get the chance to learn. Education is needed by everyone. But the school here only provides lessons up to grade two.”

“I would be very happy to get the chance to learn. Education is needed by everyone.”



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12 year-old Rukya Aktar works at a vocational training project but wishes she could resume her education.

The Projapoti (Butterfly) learning centre occupies a building only a few metres from Rukya’s workshop. The learning space operates three two-and-a-half hour classes daily. 33 children are registered in each of the classes. Space is tight, so they squat on the floor, their UNICEF school bags and other learning materials spread in front of them.

Under colourful streamers and examples of the children’s artwork that decorate the walls, the children go cheerfully through their math and English lessons taught by a Bangladeshi teacher. A class in Burmese language is then given by a Myanmar teacher recruited from within the refugee population.

In theory, the learning centres accommodate Rohingya refugee children aged 4 - 14. But given the lack of space and resources, it is apparent that this is not a long-term option, and that there is less to engage older children in particular. The likely result is that children like Rukya will drift away and miss out on a full education.

“The centres have worked well as a transitional, emergency option,” says Education Sector Coordinator Risto Ihalainen. “Our aim now is to develop a curriculum which draws on global standards, which is what is now under discussion with the Bangladeshi government. Once that is in place, we can address the issues of quality of learning, and offer more, especially for the older age group of children.”

The targets are ambitious: currently, UNICEF and its implementing education partners have set up 695 learning



Children peer into the classroom at a UNICEF-supported transitional learning centre in Hakimpara makeshift settlement. Over 80,000 children are enrolled at such centres but many are missing out.

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Asmat Ara and other Rohingya children attend class at a learning centre in Balukhali refugee camp.

© UNICEF/BANGLADESH/NYBO/2018

centres around the makeshift camps, with more than 80,000 children enrolled. The aim is to raise that number to 201,000 by the end of 2018. (The education sector as a whole aims to have 370,000 children enrolled in learning by the end of 2018).

Some innovative approaches will be needed to get anywhere near these figures: radio-based learning, and some form of collaboration with local madrassas are among options being examined. The experience of Liberia during the Ebola virus epidemic is one that is being looked at for possible models.

Of even more immediate concern, however, is the issue of the estimated 100 learning centres currently occupying sites on the flood plain, and at risk of inundation when the rainy season hits in the coming months.

“Relocating the learning centres to higher ground is very difficult due to the scarcity of land,” says Ihalainen. “Education is not necessarily seen as a priority by the other humanitarian sectors, but we are pushing back.”

The education sector aims to have 370,000 children enrolled in learning by the end of 2018.

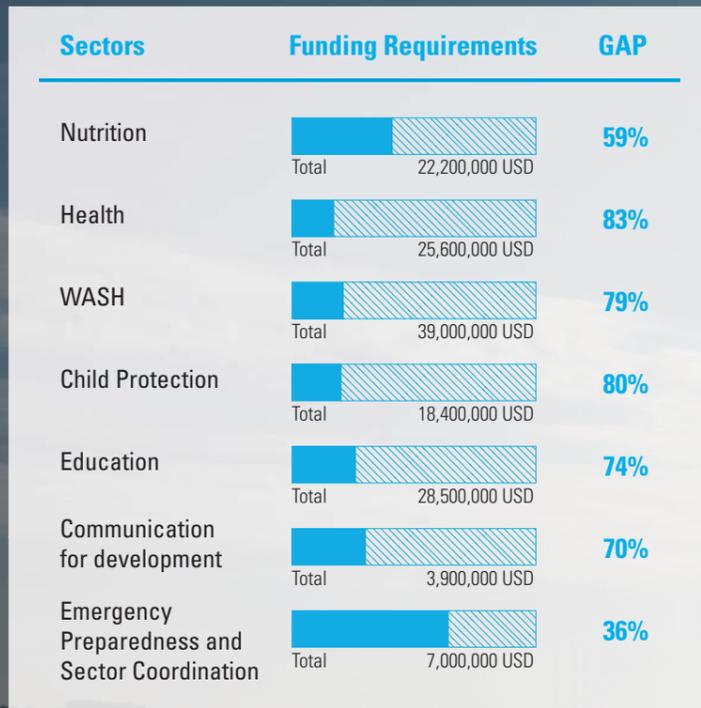
Whatever the limitations of the learning opportunities in Bangladesh, younger children in particular – many still coming to terms with the appalling violence they witnessed before fleeing their homes – are reaping the benefits.

9 year old Asmat speaks matter-of-factly about how she saw helicopters firing rockets and bombs at her village, and then witnessed soldiers slitting the throats of children. She says she watched her own cousin being killed.

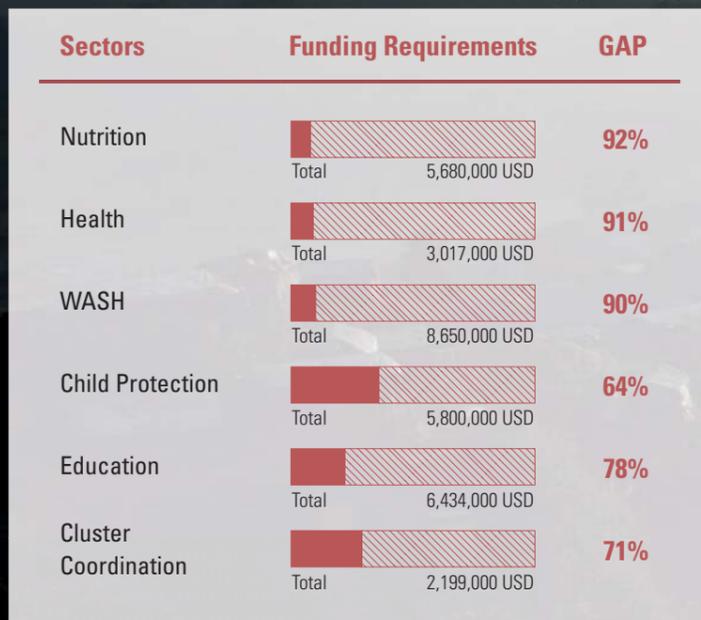
But, she adds: “After coming here I feel better than I did in Myanmar. I am very happy to have the chance to study here in Bangladesh.”

School makes her feel happy, Asmat says. “I like reading and writing here, especially the books with the pictures of people and elephants.”

UNICEF FUNDING NEEDS




BANGLADESH
COX'S BAZAR DISTRICT




MYANMAR
RAKHINE STATE

Rohingya refugee children Mohammed Rafique (right) and his friends Ekram and Riajul Hoque look down from a hill overlooking Unchiprang camp where they and their families have lived since fleeing from Myanmar.

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Cover photo: Rohingya refugee children and women use a makeshift raft to cross the Naf River, on the border between Myanmar and Bangladesh.

Child Alert is a briefing series that presents the core challenges for children in crisis locations. This edition focusses on the situation of Rohingya children in camps in southern Bangladesh and in Myanmar's Rakhine State.

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