



CHILDREN'S EXPERIENCES IN THE ROHINGYA CRISIS

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Foreword

Acknowledgements

This report was written by Eline Severijnen and Linda Ridwan Steinbock from Save the Children International (SCI) on behalf of all participating agencies. The methodology of the children’s consultation, including tools, data collection process and analysis, were designed by Philippa Hill and Linda Ridwan Steinbock (SCI), and the sampling was designed by Shahzada Sayeed (SCI). Shahzada Sayeed led the overall management of the children’s consultation, with technical oversight from Nicola Padamada (SCI). From Plan International and World Vision International (WVI), the following focal points were assigned and took part in the Children’s Consultation and contributed to the report: Kazi Depon for SCI, Amina Mahbub and Mamun Al Abdullah for Plan International, and Graner Marak and Smritee Ranjan Dhamai for WVI.

This preliminary results report reflects the views, hopes and desires of children that have been affected by the Rohingya Refugee crisis, who were consulted between 2 to 5 December 2017. Our acknowledgements go to all children affected by this crisis and special thanks go to the 200 children and 40 mothers that took part in the consultation, for their openness and courage.

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Introduction

Since a large-scale outbreak of violence in Rakhine State in Myanmar on 25 August, more than 640,000 Rohingya refugees – including more than 378,000 children – have crossed the border into Bangladesh to find safety. Combined with pre-existing numbers of Rohingya refugees that fled earlier that year or in previous years, the total refugee population in Cox’s Bazar amounts to approximately 858,000 as of 7 December.¹

The needs of the refugee and host communities in Cox’s Bazar are vast and complex, stretching across all sectors. This includes a lack of adequate food and nutrition, of clean drinking water and sanitation facilities, unsafe and unprotected environments, health-care, especially mental health support, and limited access to learning opportunities. Families fled Myanmar and arrived in Bangladesh with very few belongings – many of them wounded, traumatised and or exhausted. They settled in make-shift and spontaneous settlements crammed together in a geographically limited space, without sufficient services and facilities to support them fulfil their basic needs.

Children’s experiences in Cox’s Bazar and the specific vulnerabilities they face are distinct from adults. To better understand children’s needs, their challenges and day-to-day experiences in the settlements and host communities, hearing from children themselves is critical. Therefore, SCI, Plan International and WVI undertook a Children’s Consultation with children from Rohingya refugee communities and host communities in Cox’s Bazar between the 2nd and 6th of December 2017. This exercise builds on experiences from after Typhoon Haiyan in the Philippines, the Earthquake in Nepal and the Ebola outbreak in Sierra Leone.

This report consists of two complementary parts. The first part of the report is written from a child’s perspective and takes the reader through a day in the life of a child in the Rohingya camps, touching on their day-to-day activities, fears, hopes, and desires. This narrative is based on children’s testimonies and key findings in the second part of the report, which presents the consolidated analysis from the Children’s Consultation exercise. Therefore, the purpose of the report is twofold. Firstly, the report will support advocacy and awareness raising efforts around the Rohingya crisis. Secondly, it will guide strategy and programme refinement to ensure appropriate, child sensitive programming. In addition, an earlier iteration of preliminary findings from the Children’s Consultation were published to feed into the overarching Humanitarian Response Plan (HRP), which was reviewed in December 2017.

¹ Inter Sector Coordination Group, Situation Update: Rohingya Refugee Crisis (7 December 2017).

Methodology

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

This is a qualitative study, aimed at engaging with different age groups of children to explore what their lives are like now and take the time to listen to what children want to share.

Children’s Consultation Management

The Children’s Consultation was a combined effort from SCI, Plan International and WVI. SCI led on the Children’s Consultation, with Shahzada Sayeed in charge of overall consultation management, Nicola Padamada providing technical oversight and Linda Steinbock providing technical advice.

In addition, each organisation appointed focal points responsible for the supervision of the four data collection teams. The respective focal points are Amina Mahbub (Plan International), Kazi Depon (SCI) 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 to ensure a diverse range of children and mother’s voices were captured. The samples and target groups were identified based on various age groups, different communities and the need for gender balance among the children.

- Children and mothers were interviewed from host communities, from refugee communities that came to Bangladesh prior to the 25 August (or old influx), and from refugee communities that came to Bangladesh after 25 August (or new influx).
- Three different age groups were consulted. These are children from 7-10 years, 11-14 years and 15-17 years.
- 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 of children between 0-6 years old, and pregnant and lactating women.

Camp/ Settlements	7-10 years		11-14 years		15-17 years			Parents of 0-6 years	PLW	Total
	Girls	Boys	Girls	Boys	Married Girls	Unmarried Girls	Boys			
Kutupalong RC				1	1		1			4
Nayapara RC		1	1			1			1	4
Balukhali	1		1				1		1	4
Burmapara	1	1		1	1		1			5
Burmapara (Host):										
• Tajnimar Khola										
• Tasnimer Khola	1	1	1	1		1	1	1		7
• Zummapara										
• Lambashia										
Total	3	3	3	3	2	2	4	2	2	24

Tools

Multiple tools were used for the Children’s Consultation, to ensure age-appropriateness of the methodologies, allow for triangulation of data gathered through the various tools, and provide children with ample opportunity to share their

experiences and thoughts. These tools have been developed and tested by SCI in prior consultations, but were contextualised to fit the dimensions of the Rohingya Refugee Crisis. The tools are listed below.

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 different questions about children’s experiences after an emergency.	7-10; 11-14
Focus group discussion	Questions would focus on their experiences during the emergency and how they feel about their life in the camps.	15-17; Caregivers of under 6 years old; Pregnant & lactating 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, maybe or no for each statement.	7-10
Dot voting	Dot voting allows children to identify the biggest issues and problems they are facing expressed through ranking of issues using dots (each child gets 3 votes). The children prioritise problems, which can help us understand if our current response strategies and programmes are responding to those priority issues	7-10, 11-14, 15-17 (for the two older age groups, this is an opportunity to discuss coping strategies)
Risk mapping	During this activity, children would draw a map of their community or the part of the camp that they live in. After they have drawn this, the children will be asked to 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 organizations	Children could write a message to any person or group in authority; the message could be about something that children think those in authority do not see or have forgotten, a recommendation for those in authority, or something that children want to share to help those in authority understand them better.	11-14, 15-17

Data collection

Data collection took place from the 2-6 of December. Tools were field tested on 1 December to ensure teams were familiar with the questions and data needs. Final adjustments to the tools were made after the field-testing.

On each day of the consultation, the teams would start with a plenary briefing to discuss logistics, facilitation good practice and improvements as well as note-taking accuracy. Teams debriefed individually after each consultations and another plenary debriefing took place at the end of each day. The teams’ supervisors transcribed the data at the end of every other 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 data set per organisation, the three sets were merged into one document. This one 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 the various age groups, different communities and gender. 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

As aforementioned, the report consists of two complimentary parts. Part II of the report presents the consolidated analysis and findings from the Children’s Consultation. This is a direct product from the analysis of the master data set. Findings are presented according to key issues identified by children, rather than by sector. In addition, to preserve the

children’s perspective, these key findings have also been presented through the eyes of children in Part I, which takes the reader through a day in the life of two children in the camps. Although the characters are fictional, the experiences are not and come directly from the testimonies of children and women that took part in the consultation.

Strengths and Limitations

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

Strengths

- Facilitators were fluent in the local language, which allowed for meaningful engagement with children and the collection of more detailed information.
- Timely mobilization within each of the organization’s operational area facilitated the prompt participation of children and women in the activity.
- The tools and methodology used in the consultation were contextualised and designed to be child-friendly and gender sensitive, which increased participation and inclusion across affected children.
- The field test was very useful to make necessary adjustments to the tools and build up research teams’ confidence.
- The use of pictorial tools and active movement in the consultation helped ensure the process was enjoyable for the children.
- Having the four research teams conduct the consultations in the several camps assisted in the validation of findings and increasing understanding of the context and an overall insight in children’s experiences from both host and refugee communities.
- The gender disaggregation of facilitators and note keepers ensured children and women felt comfortable participating in the consultations.
- The collaboration of the three child focused organizations facilitated the sharing of expertise, which improved the quality of the consultation.
- The coverage of the consultation facilitated the inclusion and participation of all affected communities (host, new and old influx).

Limitations

- One of the major limitations of the study was time constraint. 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 to ensure key findings could be shared to meet the HRP deadline.
- Due time and resource constraints, not all camps could be covered by the consultation and only 24 groups could be consulted.
- Although the research teams were fluent in the local language, sometimes participants used informal language that was less familiar to the research team and challenging to translate.
- Teams used digital recorders to record the discussions, but unfortunately, the environments of the consultations were so noisy that the recordings could not be used for data transcription.
- The supervisors of all four teams were male. During consultations with girls and mother groups, supervisors were unable to participate.

PART I: My life in the camp

The story below presents the consolidation of the analysis and findings from a child’s perspective. It is told through the eyes of Faisal and his sister Rehana, who are Rohingya refugees and live in one of the newer settlements. They are between 9 and 15 years old, they have a younger sister, Aziza, and Faisal is the oldest of the three. Faisal and Rehana, as well as their family, are fictional characters who will help us tell the story of the 200 children and 40 mothers that were interviewed for this children’s consultation. Although their characters are fictional, their experiences are real and are based on testimonies of children and women during 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 to children. Therefore, this story embeds the five daily Islamic prayer times to take the reader through the day in the life of a Rohingya child.

5.12 am Subuh – 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 Subuh. 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. Cold air is coming through the holes in the tent that I 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 relatives 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 in the tent; I think it makes my sisters feel uncomfortable.

Not long after my father and I have woken up, my family starts waking up too. I just remembered we are running out of food so we probably won’t have breakfast today, but my father told me to stand in the line today to collect food from the distribution centre. Back home in Myanmar, we used to eat breakfast every day, but here we don’t have enough food for everyone to eat three meals. At least we still have water left for another day or two. Tomorrow I’ll have to go 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 quarrel. My sisters and I really don’t like it when people argue with each other, but it happens a lot.

Faisal: latrines

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 latrines. If I have to go in the middle of the night, I don’t go until the next morning. Sometimes, when I really, really have to go in the mornings, 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 latrines.

After leaving our tent and walking for a while, I finally make it to the latrines. 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 – I think half of the toilets are not even usable. I join the slow moving 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. Going for a bath and 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 tomorrow.

Rehana: staying home

My mother gently wakes my sister and me to make sure we wash up. 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 would eat breakfast once they have left, but not today because we have no more food. I take my sister outside of the tent to wash her and we defecate next to the tent. We usually don’t go to the latrines or the tube wells to bathe. I feel uncomfortable when men see me go to the latrines and there are no safe and private spaces to bathe just for girls or women. My mother also tells me it’s dangerous to go there and that girls have been harassed at the water points. Even she doesn’t like going to the latrines 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 have more privacy to wash ourselves.

I stay at the tent during the day to help my mother with chores. My sister and I are scared to leave the tent because it’s too dangerous. It’s just crowded in the camps, no matter where you go: the roads, the market, the distribution centres, the latrines. There are so many people there. Children are also disappearing. For example, a girl that lives 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.... They are faceless.

Faisal: on my way to the distribution centre

It’s quite a long walk to the distribution centre. I have to pass through the crowded market and the roads are busy. 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 because of the big cars and tomtoms. It’s dangerous and there are road accidents all the time. However, seeing all those 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 Dhuhr – the second prayer of the day

Faisal: at the distribution

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 at the distribution because everyone needs help. 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. Sometimes I also feel uncomfortable when we are in the queue with women; I am afraid I might accidentally touch them.

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.

Rehana: Preparing lunch

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

We usually eat rice, pulses and potatoes. This is very different from what we used to eat at home. The taste of our rice and pulses was different, and we would eat meat, fish, vegetables and fruits. 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. The coughing started two weeks ago and it has gotten worse. Maybe it's also the environment here. There is trash 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.



The mother of Faisal, Rehana and Aziza:

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

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, I feel safe there. I don't think the medication I received helped at all. They didn't even give me an injection! Back home in Myanmar we would always receive an injection and you would feel better. 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.

Faisal: Day dreaming

Just after we 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 Asar. After the mosque, I still have to collect firewood, otherwise we can't 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. My father worked in the paddy fields and my uncle had a little shop. My sisters and I would sometimes help them, go to the markets with our mother and we used to study. We would play a lot outside, all the space was ours! Our home there was bigger than our tent. We used to have multiple rooms and had 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. We share toilets with so many people and everyone is living so close together.

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 more space to play and transport to school is expensive."

Thinking about and hearing from others what happened in Myanmar makes me sad. Some people say we might be able to go back to Myanmar. I don't know whether this is true, but I wish it could all go back to normal. I wish we could all live in peace in Myanmar.

2.54 pm Asar – the third prayer of the day

Once the rain has finally stopped, I rush to the mosque for prayer. The roads have gone muddy and slippery. My sisters and I like going to the mosque because we can pray there. We feel safe at the mosque because people don't say bad things or harm us. We all have the same religion here and we can live in harmony. Hearing the call to prayer makes us happy.

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, 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 walked for days.

Boys usually collect firewood because girls are 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 “Barmayia” and shout they wish bad things will happen to us.² It reminds me of what we experienced in Myanmar and makes me sad. It makes me feel unwanted here.

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 go in the afternoon, but I usually try to collect firewood in the morning to make sure I walk home when it is light.



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: we’re having rice and pulses again. We cook inside our tent, because there’s no space outside. We try to open the tent to let air in, but the smoke is caught inside the tent, it makes me cough.

Faisal should be home with new firewood soon. It’s getting dark already. Once the day ends, we don’t leave our tent anymore 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 walks 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 closely 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 grief is engrained 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 This is intended as a derogatory term to describe “the other” or someone who is not from here, in Bangla.

PART II: What are children telling us?

Analysis will be presented for each key trend followed by critical findings highlighted by each child target group i.e. host community girls and boys as well as refugee girls and boys.

We want to learn

Every child, including mothers who were interviewed, prioritised education. All children (across both host and refugee communities) reported that they felt safe when in school in Myanmar and Bangladesh prior to the crisis. 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”* (boys 7-10 year 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.

Main findings about children in the host community

Children stated that they used to attend school regularly, but since the influx of Rohingya refugees, this has become more difficult. Boys in the host community between the ages of 15-17 identified education as their second greatest need now because of the limited number of schools.

Children’s routines to go to school have changed since the influx. Boys between the age of 15-17 in Tajnimar Khola said it used to only take them ten minutes to get to school and now it takes them an hour as a result of the heavy traffic, which they attribute to the Rohingya refugee influx and ‘big cars coming in’. They now have to leave earlier in the morning to get to school on time.

Mothers from the host community shared that they have less money in their household, which makes it more difficult to pay for the local transportation children take to school, as prices have increased.

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

Boy aged 16; Tasnimer Khola (Host Community)

School was described as a place where children feel safe, but a group of girls 11-14 years of age shared that they no longer feel safe to go to school alone because there are so many new people around in their community. Parents do not allow their daughters to go to school due to safety concerns and they are staying at home to avoid “anything-bad happening to them.”

Main findings about Rohingya refugee children

There are limited schools in the camps and within the host community to cater to the sheer number of school-aged children, including children from refugee communities. Refugee children expressed awareness that they are unable to access education services due to a lack of birth registration cards and all other legal documents, which are required for admission in host community schools. Most children (including older girls and boys 15-17 years old) expressed they would like to have access to school like Bangladeshi children. Refugee children stated clearly that they felt sad that they could not access education in the camps and would like to attend school to be with their friends. If children were able to attend school in Myanmar, they were able to participate in their own language. Mothers expressed that the place they feel happy to let their children go alone is to school:

“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

Many Rohingya children were prevented from attending school in Myanmar, which contributed to a Rohingya illiteracy rate of 80 percent. More than 60 percent of children between the age of 5 and 17 had never enrolled in school

(Upstream Journal, 2012).³ During the consultations however, the majority of children said that they had attended school in Myanmar, but not above the age of 15. Older refugee children mentioned that younger children (7-10) have access to the Child Friendly Spaces (CFS) in the camps, but older children do not have any opportunities to join and learn in the CFS.

Mothers interviewed in Balukhali wanted their children to go to school but it seems that:

“There is no school in the camps and the children are now busy gathering fire wood and collecting food for the family...”

Mother; Balukhali camp



Older children acknowledged that they most likely would not be able to attend school, even if it was available to them, because of cultural reasons, and because they do not have any materials or light to study in the evenings. They nevertheless requested to be taught skills so they can earn money to support their families to improve their lives.

We do not feel safe

Issues around safety, or Child Protection, is a consistent worry across all groups of children that were interviewed. Feelings of physical insecurity in their respective environments have resulted in negative coping strategies adopted by parents to protect their children in the only ways they know how: by keeping their children, especially their daughters in or around the tent as much as possible. It is important to note that children were most aware of child trafficking as a significant risk to all children.

Especially for unaccompanied and separated children, this is a major risk. The Bangladesh Social Service department has identified 7,771 unaccompanied and separated children in the refugee camps.⁴ Many have come into Bangladesh unaccompanied; some children have lost their parents or caregivers in the camp because they got lost due to the sheer size of the camp, because it was dark or because they were kidnapped. Children’s freedom of movement has significantly changed since the crisis in both the host community setting and for refugee children compared to Myanmar at times of *peace*.

Main findings about children in the host community

Awareness among host community children of child protection concerns in the camp was particularly interesting. Many boys and girls stated that they heard that children in the camps were alone without parents and that girls were scared of being raped or harassed. Girls between the age of 11-14 expressed that children used to be able to go outside and play everywhere with their friends in their village, but 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. They attributed these changes in their daily life to the vast number of Rohingya refugees foreign to them in their area and their parents are afraid that something would happen to them. Boys aged 15-17 shared they sometimes hear that children are lost from the road. This makes them worried and unhappy.

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

Mother of child under 6; Lambashia (Host Community)

Boys and girls described that they used to play happily in the village playground or in their ‘courtyards,’ but since the areas are now exceptionally crowded they do not feel comfortable to play there anymore. Rohingya families are either

³ <https://www.upstreamjournal.org/2012/05/without-a-country-burmas-rohingya-people/#more-337> The Upstream Journal; May 2012

⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/171126_weekly_iscg_sitrep_final.pdf; ISCG Weekly Sitrep 26 November 2017.

living in the play space or many Rohingya children are playing there. Children described feeling intimidated and scared to play there because there were too many children they do not know.

Main findings about where Rohingya refugee children feel unsafe

As mentioned above, children perceive child trafficking and kidnapping as prevalent risks to them. The most dangerous places identified by children living in the camps were the forests where they collect firewood, the roads as well as when they need to travel a distance to collect water or go to the latrines.

The forest

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

Children also highlighted the forest as a dangerous place where child trafficking and kidnapping are the main risks they fear when they collect firewood. Girls more specifically fear sexual harassment and abuse.

Rohingya children shared that they were afraid of “Bangladeshi forest men” who beat them and shout offensive words. They call them “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 unwantedness and lacking a sense of belonging.

*“When we go to forest or to the land of Bangladeshi community to collect firewood, they do not allow us to do so. Sometimes they **beat us** and we feel hopeless.”*
Married girl group 15-17 years old

“It is very difficult to collect firewood here. Everybody suffers when collecting firewood. ‘Forest men’ beat us when we go for forest. We cannot go to 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

The roads

Almost all groups indicated they feel unsafe on the roads. Most children (boys and girls between 11-17) 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 there in groups.”

Boy 15-17 years old; Balukhali camp

The tent

A few groups of children shared 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 are mainly scared of thieves and kidnappers, as they are unable to securely lock the door of their tents. A group of 7-10 year old girls also expressed fear of elephants that could trample their tent. Children whose families live on top of a hill expressed worry about damage to their house in the rainy season.

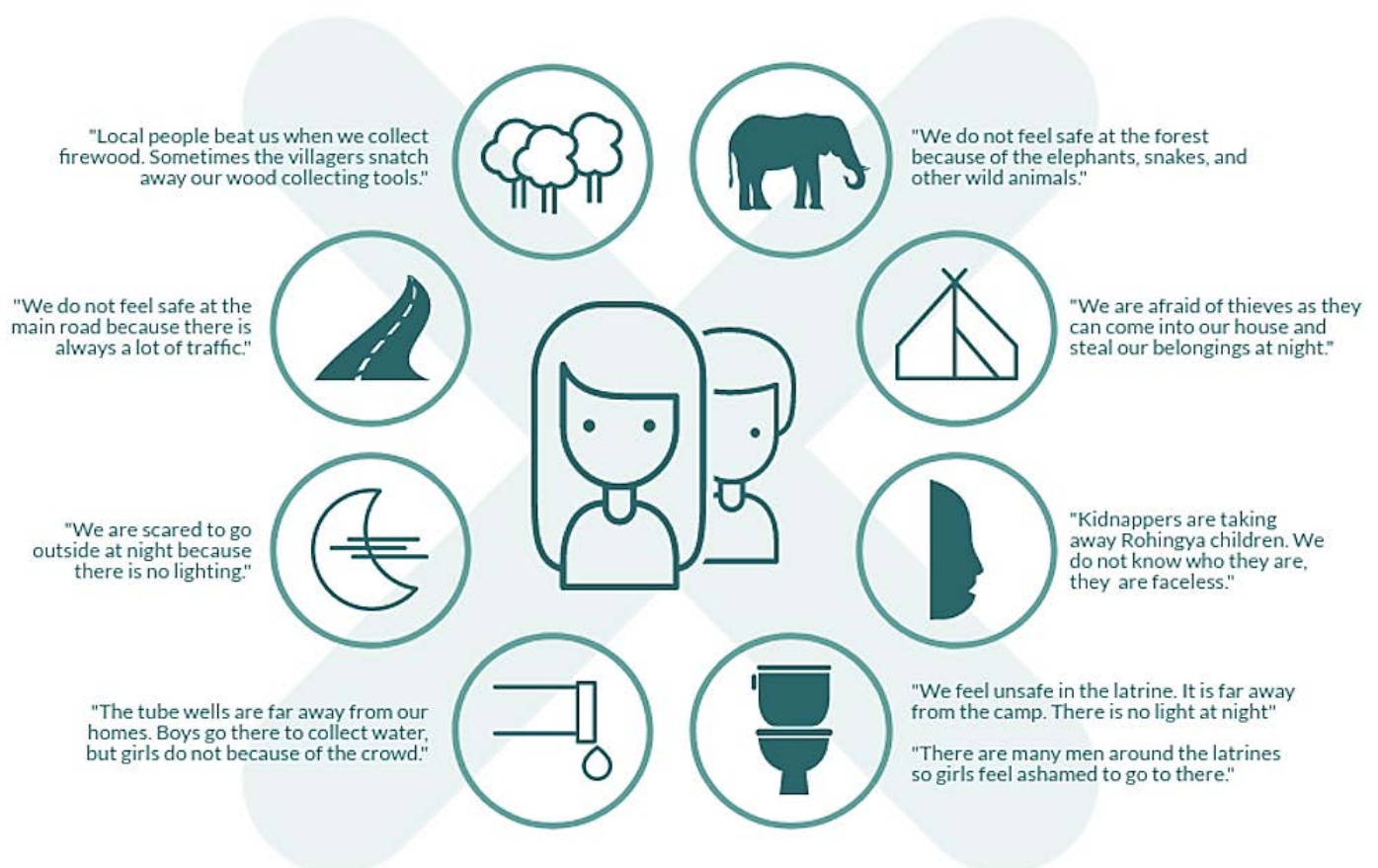
The latrines and tube wells

Many groups indicated they feel unsafe either on the way to, or at the latrines and tube wells. The latrines and tube wells are located far away from their houses. 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 risk they may face on their way there, such as kidnappers.

Children stated that they feel especially unsafe at night, as there is no light at the latrines or the tube wells. Girls in particular express discomfort with using the latrines, as men use the same latrines and the girls feel ashamed.

Mother's fears

A group of women with children under two years old shared that there is immense fear of kidnappers in the camp. They have heard that many children have been stolen from their parents or relatives. This possibility scares children and they always want to be with their mothers all the time. Due to the scale of the camp, children often express fear of getting lost. Young children who play with their friends sometimes are unable to find their right way home because all tents look very similar.



Main findings about where Rohingya refugee children feel safe

School

Children consistently mentioned that they feel safe in the school. Some boys between the ages of 11-14 mentioned that they are happy because no one forbids them to go to school in the camps. Teachers are viewed as people they can trust who help to provide them with solutions if they are faced with any problems and treat them well. It is considered a place where they can play with their friends and learn how to read and write.

Mosque

It was striking that both children in the host and refugee community described their love to hear the call to prayer "Adhan" it makes them feel safe and united with their families, friends and even sometimes 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 in the mosque because Bangladesh is Islam. So nobody says anything if Rohingya people go to mosque. Mosque is a religious place and nobody says anything bad, so we feel safe when we go to the mosque.”

Girls 15-17 years old; Nayapara camp

Relief Distributions

Children expressed that they feel safe at the relief distributions and like it because they receive food. They stated that they are well treated by Non-Government Organisation (NGO) staff and because the army is present. It was noted that children who had recently arrived from Myanmar were scared of the Bangladeshi soldiers at first, but now they feel more comfortable:

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

Boy 7-10 years old; Balukhali camp



Family livelihoods and food availability

Main findings about children in 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 have decreased in price (i.e. rice, oil and pulses). Young girls (11-14 years old) shared that they eat three times a day as per usual however, the quality and diversity of what they eat has changed.

For some households in the host communities, livelihood opportunities have grown since the influx whereas for others livelihood opportunities have significantly decreased. For example, a few children said they could eat more because their parents can earn

“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.”

Boys 15-17 years old;
Tajnimar Khola (Host community)

more money than before. During the discussions with the 15-17 year old boys they said their parents used to earn 300-400 BDT per day and now the family income has increased and they earn around 3000-4000 BDT per day. They are earning more money in the markets where they have small shops and sell their produce e.g. watermelons and vegetables in the Thangkhali market.

However, not all children from the host community shared this experience. Other groups of children 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 the paddy fields, but now have to purchase vegetables at the markets instead.

Main findings about Rohingya 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 different food now and eat less than in Barma, we cannot eat nutritious food here.”
Unmarried girls 15-17 years old; Nayapara

“In our home we could eat easily what we want. Among us many people were poor, but they can manage their food anyhow. We could eat fruit, fish and meat easily. Because we have many ways to earn money. We had land to cultivate, we could cultivate our land as we needed. In the camp we can eat the things what we can take from the centre but not more.”
Married girls 15-17; Kutupalong

Children feel happy they have received food to eat, but since leaving Myanmar, they have changed their eating habits and are worried about not being able to eat nutritious food:

“... truly speaking, we have enough food in our house. We can eat here two to three times, but we have to eat same food every day, which we did not do in our country. Rice, flour, dahl, oil are our daily meal here. At home, we eat different types of food, we eat fresh vegetable and fish from our land used to catch fish from the river. Here we can get food without any works but we cannot afford vegetables from the market.”
Girls 15-17 years old; Barmapara camp

“We face difficulties in getting nutritious food. We totally depend on relief food and relief to do provide fish, vegetable, meat thus proper nutritional intake are not take by the children and adult in this community.”
Girls 11-14 years old; Nayapara camp

Although the quantity of the food distributed is less of an issue for smaller families, almost half of the groups stated that the standard 25kg of rice is often not enough to support the household for 15 days. The food packages normally last around 10-12 days and households with larger families (more than 5 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, and the cycle of not enough food continues. This often results in the elders in the household eating fewer meals and sometimes remain unfed to ensure that their children and their sick members of the family have something to eat.

Changes to children’s daily life

Through conversations with children, it became apparent that there are stark differences between how they lived their lives in Myanmar prior to the conflict compared to now in the camps. Children helping their parents with chores is not new, however, the risks that children are exposed to in the camps is significantly different to what they are used to in Myanmar at times of peace. Time is spent predominantly on collecting relief items, firewood and water. Tasks vary between girls and boys, but adolescent girls are generally kept in and around the tent area for cultural and safety

reasons, but also to support household chores such as cooking, cleaning, rearing their younger siblings and caring for the elderly family members. 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.”

Lack of access to healthcare and hygiene

Main findings about children in the host community

Children talked about the increased amount of garbage and dirt in their living environment. They described not liking the smell and seeing the waste everywhere and along the roadside. The water in the canals is not clean and diseases were cited as having increased after the influx of Rohingya refugees. Older children (15-17 years old) mentioned that the overall polluted environment and dust has caused respiratory problems, diarrhoea, eye problems (described as ‘yellow eyes’) and skin diseases.

In Zummapara, girls mentioned that the host community have to travel long distances for major illnesses (30km) as there were no health facilities in close proximity. Since the influx of Rohingya there are more health facilities but the host community is generally unable to access the medical services, as these are only for refugees according to the host community children. Younger children (11-14 years old) mentioned that they were happy see that the Rohingya refugees were receiving treatment, hoping that this would result in greater access to medical care for the host community as well.

Main findings about Rohingya refugee children

The living and hygiene conditions in the camps have caused significant illnesses among children and adults. In one group, six out of the ten children reported that they had suffered from illnesses in the last month. Children are suffering from skin diseases, diarrhoea, stomachaches, fever, colds and coughs. Some of the illnesses were attributed to winter and not having proper clothing or blankets to keep them warm at night.

Children mentioned that there are not enough health facilities available to them and their families. When they have accessed healthcare, it is perceived to be insufficient to cater to so many people in need of medical care. Children also mentioned that long lines discouraged people from seeking advice because ‘most of the time they are not able to get treatment’. Children also stated that they think some people get sick when they are standing in the long 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

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 it. Both boys and girls suggested that there should be a separate health centre for men and for adolescent girls/women 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 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. In response to this concern, children mentioned that their family sells their food relief to buy medicine from shops outside the camp.

“Children suffer from cold and cough but the doctor do not give proper medicine as the illness is not cured.

In Burma doctors give injections but no injections given here for illness.”

Boy 15-17 years old; Barmapara camp

Both boys and girls mentioned that they do not bathe regularly. Girls between the ages of 11-17 years 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 this ordeal, combined with a lack of easily accessible facilities and water they are unable to bathe daily.

“Nobody take 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...”

Married girls 15-17 years old; Barmapara camp

Living environment for children

In addition to unhygienic living conditions, children also described other factors in their living environment that cause them stress and discomfort these include sounds of quarrelling amongst neighbours and community members, the smell of the latrines, feeling hot under the tarp during the day as well as feeling cold in the night. The tents are generally very close together with many people crowded in a small area. Many girls explained that they rarely left their tents because their family is scared something will happen to them and that it is not appropriate for girls to be outside without a familiar male companion.

Children described their ‘new homes’ as crammed with sometimes ten people living inside. They characterise their environment as unhealthy and unclean to live in, where people openly defecate near the tents because they are afraid to go to the latrine in the night. They also do not feel secure in their tent because *“sometimes thieves come in and steal our belongings and we have no way to lock our house”* (Boy 11-14 years old; Barmapara camp).

There is nowhere for us to play

All children voiced that they have nowhere to play freely with their friends. Children within the host community used to play in their playground or in their backyards, but now the open space near the camps are *“... occupied by Rohingya families who live there now or the Rohingya children play there.”* Some host community children associated their lack of freedom to play outside directly to the influx of Rohingya refugees coming to their country. Negative feelings towards the Rohingya often stemmed from the fact they did not like that their lives changed however, were mostly very aware of the horrors the Rohingya had been through in Myanmar.

Mothers interviewed were asked if they noticed changes in their child’s behaviour. Children were described as seemingly quieter than normal and younger children cling to their mothers more and do not want to be separated. Rohingya children expressed feeling trapped in the camps:

“We live a captive life here. We cannot do anything of what 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

“In the camp our boys and girls cannot play and cannot take proper food. Most of the time they cry for food and toys. Our little girl children lost their dolls and playing pot, they do not have anything to do, our life depends on others help.”-

Married girl 15-17 years old; Kutupalong camp

Refugee and host community dynamics

There were varying perspectives across all those interviewed on the comfort levels they felt in relation to one another. Girls (11-14 years old) in the host community (Lambashia) described how their families helped the Rohingya refugees initially by providing food, mattresses, pillows, clothes and other materials that they needed. Young boys (7-10 years old) in the host community mentioned that they personally did not like to see many Rohingya people in their village, but they said their parents helped the Rohingya 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 scarcer, and prices of goods in the market increase. There are already examples of tension and animosity as the Rohingya refugees are

perceived to make the environment for host community families less safe, dirty and when they ‘encroach’ on their land when collecting firewood etc. It is clear from the interviews that some children notice their parents’ hostility towards the Rohingya refugees, based on the language they use to describe them. Some children also indicate they worry about their daily lives in the future if the Rohingya refugees will stay in the area. If aid organisations only provide exclusive support to Rohingya refugees, tensions will continue to rise, as the host community will feel left behind.

Recommendations

This section contains recommendations from both the children that took part in the consultation, as well as the three organisations that contributed to this report.

Children’s recommendations

Lights

- Provide light for the camp when it turns dark, especially to protect children when they go to the latrines.

Shelter

- Children expressed a desire for bigger and more comfortable accommodation based on household size as they have to share their living space with people, who are not part of their family.

Food Security and Livelihoods

- The children requested to organize Technical and Vocational Training (TVET), so that they can earn to support their families to ensure economic empowerment.
- Increase portion of food assistance that can cover 15 days and provide cash to purchase other food.
- Opportunities to work for the refugees to sustain food and basic needs of the family.
- For families of host communities to have alternative options for coping on limited access to agricultural land and increase in food prices.

Access to Education

- The children requested to get access in the Bangladeshi schools, so that they can develop their minds.
- Set up schools or organise learning activities, or expand ongoing school activities to ensure all children can go to school.
- Provide lights, books, notebooks and pencils to support children in their education.

Health

- The children suggested to establish a hospital for the community as many children are suffering from different diseases after entering into this camps and settlements.
- Children emphasized on improving the quality and coverage of the health services. They mentioned that medical center and the agencies should diagnose properly and then give them proper medicines so that they can heal faster and do not have to go to alternatives.
- The host community children suggested to create more opportunities for them to avail the health service facilities from the existing facilities which provides services to Rohingya Children. More centers are necessary in their communities where there is little or no focus.
- Health centers can be established in a common location where Rohingya and host community will receive health service together.
- Establish separate space in the health centers for men and boys, and women and girls.

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

Health and nutrition

- Improve children 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.
- Identify mechanisms to improve access of households to nutritious foods to complement existing food distributions efforts.

Cultural sensitivity

- Develop a greater understanding of how people’s faith and culture could be supported for improved overall wellbeing of communities and children.
- Rohingya and host communities highly regard mosques and religious leaders. Therefore, it should be considered how to capitalise on these spaces and organised leadership within the communities to enable more impactful programmes.
- Include appropriate gender segregation in activities, organised distributions and services to make males and females more comfortable when standing in lines, interactions during activities, bathing areas etc.

Safety and comfort

- Considerations for 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 could be expanded and strengthened, with formal support from agencies or the government.
- Explore creative evidence based solutions around for safe and more efficient use of firewood e.g. 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.
- Greater consolidated awareness raising efforts around trafficking and kidnapping within the camps i.e. who to look out for. Engage security forces in this effort to have a jointed concerted effort to reduce this risk.

Conclusion

This Children’s Consultation engaged 200 children and 40 women, to better understand their experience in the Rohingya crisis, and their fears, hopes and desires. This report has provided critical insights in children’s day-to-day lives, from host and refugee communities, and in how this crisis has affected their well-being and future.

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.

Children themselves are in the best position to express their needs, priorities and experiences. They have clearly identify safety risks in their direct environment related to their daily activities in support of their households, that should be addressed in a consolidated effort by all those responding to this crisis. The consultations with refugee and host community children have also clearly brought to light the importance of inclusive humanitarian assistance to all communities affected by this crisis. Children also identified gaps in meeting their basic needs, the need for gender sensitivity and the desire for a sense of normalcy in their lives.

It is our hope that the recommendations of children, their mothers and the participating agencies lead to programmatic improvements across all sectors and that children’s voices are considered frequently and systematically to inform decisions that direct and indirectly impact their lives.

Participating Organisations

Plan International

Plan International has been operating in Bangladesh since 1994. Plan 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 & Chittagong. Plan International partners with national and local non-governmental organizations, 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 Bangladesh 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 is working in close collaboration with two local partners to increase access to local knowledge and communities.

Save the Children International

SCI 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. SCI 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, SCI 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, SCI responded with an 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.

SCI 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 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 works closely with the Government of Bangladesh and aid agencies to meet the needs of the refugees who have fled violence in Myanmar’s Rakhine State. Its six-month response aims to meet urgent humanitarian needs through food assistance, child protection, health and nutrition, water, sanitation and hygiene, and shelter interventions. To date, the organization has reached more than 135,000 individuals: 5,100 families received temporary shelter kits (tarpaulins, tents, blankets, sleeping mats, kitchen sets, plastic rope), 135,250 individuals received food packs. Child-friendly spaces were set up, providing psychosocial support to 2,270 children while 2,332 pregnant and lactating mothers are currently attending women, adolescent and young child spaces. Distribution of 12,000 hygiene kits, in partnership with UNICEF has started while construction of 1,200 toilets, 55 deep tube wells and 600 bathing cubicles will commence within December 2017. World Vision is also the lead agency for camp coordination in Barmapara. In partnership with IOM, World Vision will put up a Camp In-Charge Multipurpose Hub to ensure systematic humanitarian works, enhance information management, and conduct site improvement activities. The space will be available for the government, non-government organizations and the refugees themselves.