

ROHINGYA REFUGEE RESPONSE

Child-Focused Secondary Data Review



Thematic report – November 2019

Cox's Bazar, Bangladesh has been a place of refuge for Rohingyas fleeing violence in Myanmar on numerous occasions since 1978. August 2017 saw the beginning of the largest and most rapid influx of Rohingya refugees, over 730,000 Rohingya, including 400,000 children, fled across the border in response to a genocide. They joined an estimated 300,000 Rohingya who had already fled violence in previous years, creating the world's largest refugee camps (UNICEF 30 Sep 2019). As of October 2019, there are 914,998 refugees living in 34 sites in Ukhiya and Teknaf sub-districts of Cox's Bazar (UNHCR 10/2019). Of those, 55 to 60% are children, 4% of households are headed by a child, and there is an estimated 11% of people with disabilities (ISCG 10/2019).

Currently, the needs most reported by the Rohingya are cash, food assistance, WASH and energy (fuel), and the main host community needs are access to jobs, water, roads and infrastructure, and health services (GTS, June 2019). Though an estimated 80% of refugees have reported that the services provided in the camps have been enhanced and that their day to day life have improved, living conditions remain very challenging and the needs of children, in both the refugee camps and the host communities are high (JRP, June 2019). Without a sustainable political solution the crisis is unlikely to be resolved in the near future and the Rohingya will continue to be largely aid dependent and these needs will continue unless actively addressed.

The refugee crisis has had a huge impact on the Bangladeshi population living in and around Cox's Bazar, particularly the sub-districts (upazilas) Teknaf and Ukhiya where the camps are located. Around 45 per cent of the local population of Teknaf and Ukhiya who are impacted by this crisis are children between the ages of 0-14 years (BBS, 2015). The refugees now constitute more than a third of the local population, and the influx has caused environmental degradation, increased prices, decreased local wages, and demands on the existing infrastructure and public services that cannot cope with the increased population (UNDP 2018, IOM 2018). This has led to increased and persistent tension between the refugees and the host community.

Rohingya Children and Youth (UNHCR 30 Sep 2019)

0-4 years	163,200 (81,600 girls/ 81,600 boys)
5-11 years	208,500 (99,700 girls/ 108,800 boys)
12-17 years	127,000 (63,500 girls/ 63,500 boys)
18-24 years	This data does not appear to be publicly available, UNHCR population profile include youth in the total number of adults (18-59yrs)

Host Community Children and Youth

Ukhiya*

0-9 years	62,900 (31,450 girls/ 31,450 boys)
10-19 years	49,852 (24,926 girls/ 24,926 boys)
20-29 years	36,594 (18,297 girls/ 18,297 boys)

Teknaf*

0-9 years	85,8756 (42,938 girls/ 42,938 boys)
10-19 years	62,580 (31,290 girls/ 31,290 boys)
20-29 years	47,812 (23,906 girls/ 23,906 boys)

*Population numbers taken for the entire subdistrict based of the 2011 Census. Only pre-disaggregated information was available.

Methodology

This document collates and analyses publicly available secondary information focusing on children and youth since the influx of Rohingya Refugees at the latter end of 2017 favouring the most recent reports. Over 35 documents and assessments have been reviewed and data from the MSNA and the NPM where relevant have also been included. Technical advisors from Save the Children reviewed the document and contributed to the identification of information gaps. The aim of the document is to give an overview of children's needs both inside and outside the camps and identify child related information gaps. The desk review will then be used as a basis to guide the design and methodology of the primary data collection of a children's consultation led by Save the Children.

Limitations:

This document relied solely on publicly available sources and therefore should be used only to provide a context overview. In order to inform child focused program planning and assessment design insights from sector leaders and other operational actors implementing child centered programs or activities as required.

Information gaps

1. Lack of standard reporting of the different age groups for children and youth

which impacts the usability of the data, reducing the ability to compare needs across sectors, between agencies and between the host community children and refugee children. This has led to the misconception that there is a general lack of information or data available on children and youth and make it very difficult to conduct cross sectoral analysis on pre-existing information. Different sectors and agencies collect, analyse and present information on children and youth using different age ranges. For example, the education sector groups their analysis on the Bangladesh education system for host communities (age brackets: 4,5-11,12-17,18-24) and the refugee children based on the learning centres (age brackets: 3, 4-5, 5-11, 12-14, 15-18, 19-24) however, when programs report beneficiary numbers they are aggregated using different age brackets, for example, number of children that received distribution of school materials in the JRP used 6-14 years (JRP 06/2019). In order to have a more nuanced understanding between the different ages groups, sex and vulnerabilities of children the data needs to be collected and analysed (or if already available it need to be reanalysed) at a more granular level to promote and allow for more specific targeting. Many datasets collect data at a much more granular level than what is reported such as the JMSNA, and therefore can be reanalysed at the level required.

2. Assessments need to avoid asking a direct repeat of previously asked questions

and topics based on the idea that the data does not exist or that information gaps can only be filled by conducting a new assessment. In many cases it exists but the analysis is insufficient or has been used to serve only one specific purpose. This is a very data rich response and the current information gaps for children and youth are not necessarily due to a lack of data. For children and youth there is a lot of general information in their needs and uses services such as education and child protection. However, this information does not necessarily help actors understand the effectiveness or quality of the support, or why children and youth are not accessing the services.

3. Incomplete understanding of children's opinions, preferences, aspirations and challenges.

This is required to improve the quality and increase the appropriateness of the assistance and support services available for children. This gap can only be addressed by reviewing the available secondary data and speaking directly with children to understand the situation from their perspective. To date, despite there being many

strategic documents and programs designed aimed at meeting the needs of children and youth many are not informed or designed by understanding the viewpoint of the children themselves. To do this safely and respectfully it requires well designed assessments using properly trained field researchers.

4. Lack of information on children under 18 perspective on the appropriateness and effectiveness of aid.

The major assessments and feedback mechanisms used by humanitarian agencies to assess impact do not allow for or are not conducive to receiving children's input.

5. Information on the specific needs and barriers of boys, children and youth from SOGIESC1 community and children and youth with disabilities is limited.

This impacts assistance and services provision to these groups, without the relevant information targeting is difficult and these groups are at risk of being missed. For example, health clinics are reporting that adolescent boys are not attending the clinics however, there is a lack of information that investigates why that is and how to overcome this problem. The lack of data on number of children and youth from SOGIESC and children and youth with disabilities means that their specific needs are going unmet. HI reports that efforts are being made to make programs more inclusive although it remains very inconsistent and ad hoc. Disaggregated data on disability must include direct engagement with PWD to identify and monitor their capacities, needs, and access to assistance and services (HI 10/2019).

6. Limited information on how to address the access challenges that response actors face

when trying to provide assistance and services to adolescent girls. It is a well-known fact that they are one of the most vulnerable groups across the response in camps and in the host community and that they are difficult to access. However, there is a lack of information that goes past identifying their access constraints and their vulnerabilities, and there is limited information that discusses ideas on how to reach this group.

7. Lack of public information and understanding of the different needs, wants, opinions, and preference of youth².

Also, there is no standard age bracket for those who are considered youth, so it is difficult to understand which ages are being referred to when using the term. For example, the Government of Bangladesh considers those between 18 to 35 years of age as youth, the UN defines youth as people between the ages of 15 and 24 years, in Myanmar the term includes those between the ages of 15 to 35 years and the MSNA refers to youth as 18-24 years.

¹ Sexual Orientation, Gender Identity and Expression, and Sex Characteristics

² According to ISCG's assessment registry mid 2019 there was a primary data collection exercise labelled Youth Assessment which suggests that there has been information collect but it may not be publicly available.

Summary of findings for Rohingya refugee children

Infants 0-4 years

Top concerns: nutrition and parents Sexual Reproductive Health (SRH)

- Poor infant and young child feeding care practices among children under 2 years including poor diet diversity.
- Though, GAM rate reduced from 18% in 2017 to 11% by the end of 2018, 50% of children 6-23 months were found to be anaemic (UNHCR 04/19).
- Households have difficulty identifying and referring acutely malnourished children to treatment programs.
- There are significant gaps in knowledge on maternal health and reproductive health combined with traditional practices such as giving birth at home, which result in poor health service utilization. Language of health services, staffing and services available at the accessible health clinics also impact their utilization.
- High rate of open defecation for children predominately under the ages of 5 years.
- Some reports suggest early pregnancy is leading to increase rates of underweight newborns.

Children 5-11 years

Top concerns: education, protection, diet diversity, and WASH facilities

- Children report feelings of fear and unsafety due to overcrowded, poorly lit camps, insecure homes, incidences of kidnapping and child trafficking, and child drownings and injury during monsoon season. As a result, families keep their children at home further reducing their places to play.
- There is a lack of access to education taught in Rohingya language which impacts the education appropriateness and effectiveness.
- Latrine lines are long and mothers do not feel comfortable taking their children to the non-gender segregated toilets.
- Lack of diverse diet, children report eating the same staple foods daily and less fresh fruit, vegetables and meat than when they were eating in Myanmar.

Adolescent girls 12-17 years

Top concerns: education, SRH, WASH facilities, mobility and protection

- Girls report increased restriction in mobility due to safety concerns and cultural norms which impact their ability to access services such as education.

- Lack of age appropriate education services including skill building opportunities.
- Feelings of fear and insecurity due to overcrowded & poorly lit camps, unsecure and unlockable homes, and incidences of sexual harassment, trafficking, rape.
- Incidence of child marriage and GBV
- Access to latrine and bathing facilities as they are not gender segregated and girls report being harassed and assaulted by men while trying to use the facilities. There is also a lack of knowledge of MHM.
- Limited knowledge about and access to health services particularly SRH and mental health services.
- Early pregnancy is common which increases adolescent girls risk of health complications.

Adolescent boys 12-17 years

Top concerns: education, health services, mobility and protection

- Lack of age appropriate education services available including skill building opportunities.
- Feelings of fear and unsafety due to overcrowded poor lit camps, unsecure and unlockable homes, and trafficking, violence, exposure to criminal activity, harassment.
- Incidences of child labour.
- Lack of access and knowledge of mental health services and SRH.
- Lack of information on the specific needs, challenges and preferences of adolescent boys.
- Not enough age appropriate friendly spaces for adolescent boys which is driving them to find places outside of the camps to play exposing them to increased protection risks.

Youth 18-24 years

Top concerns: lack of access to livelihood generating activities, skill development trainings, risk of SGBV, WASH facilities, SRH and criminal activity

- Lack of livelihood opportunities and job-related skills training and development
- Lack of awareness of MHM and SRH
- Lack of access and knowledge of mental health services
- SGBV is a high risk for women

- Mobility restrictions remain a barrier to access to services for women
- Lack of information which investigates the specific needs, wants, opinions, and preferences of youth.
- Access to latrine and bathing facilities is difficult for women as they are not gender segregated and girls report being harassed and assaulted by men while trying to use the facilities.
- Feelings of fear and unsafety due to overcrowded poor lit camps, unsecure and unlockable homes, and incidences of trafficking, violence, exposure to criminal activity, harassment.

Summary of findings for host community children

Host community children (under 18) and youth (18-24)

Top concerns: education, mobility and protection (road accidents, drowning, trafficking, GBV, child labour, sexual assault and harassment)

- Host community children remain at high risk of human trafficking especially in Teknaf and the southern areas of Cox's Bazar. However, it is unknown whether this has increased as result of the crisis.
- High rates of child labour particularly impacting boys, though child labour was present before the influx reports suggest that it may have increased due to the influx.
- Increased road accidents due to increased traffic.
- Children remain at risk of death and injury due to flooding and landslides during monsoon season.
- The influx of refugees has decreased feelings of safety and children report having less space to play. Adolescent girls report a reduce mobility due to increased security concerns and cultural norms. Women and girls report being harassed by refugee men.
- Adolescents girls are at risk of child marriage and SGVB
- Education for adolescent children is of concern as many families are pulling their children out of school to assist in income generating activities particularly boys. In addition, protection concerns and the cost of education is cited as a reason for adolescent girls to be withdrawn from school.

- Host community youth are in need of livelihood earning opportunities and job-related skills development training and support.

Humanitarian Conditions for Children

Education:

There are currently 694,400 children and youth, both Rohingya and host community, are in need of education support (JRP, 06/2019). The Education Sector has provided access to education, including life skills and resilience programs, to close to 294,545 children and youth from refugee communities in learner-friendly environments, as well as supported 87,485 children and youth from the host community (50% females) (JRP 06/2019). There is a large difference between access to education for refugee children and host community, due to the fact that refugees are prohibited from receiving an accredited education, and between different age groups and gender. For the refugee population, children between the ages of 6-11 have increased access in comparison to children between the ages of 12-14, and 15-18. The MSNA reported that over 85% of households with children between the ages of 6-11 years are attending temporary learning centres (TLCs), whereas, only 54% of boys and 34% of girls between the ages of 12-14, and the attendance further decreases for children between the ages of 15-18 for both boys and girls, 13% and 2% respectively (JMSNA 9/2019).

For the host community children, even though the JRP targets have been exceeded for all age groups, in the context of Bangladesh as whole, the host community continue to lag behind the rest of the country with lower levels of education compared to the national average (UNDP 11/2018)³ According to the latest MSNA, a third of host community households reported that at least one primary or secondary school-aged child (5-17) who was not attending any learning opportunities (formal or non-formal) (JMSNA 9/2019). Though there doesn't seem to be a major difference in attendance between males and females, however, when looking at the completion rates of the different levels of education it is much more likely that host community children will complete primary school than secondary school with more than 60% of individuals aged 12-24 were reported to have completed primary education (male: 65%; female: 72%), whereas, only 16% of males and 13% of females aged 18-24 years had completed secondary education (MSNA 03/2019).

According to the latest MSNA, the top five barriers to education reported by the host community, in order, are: too expensive (34%); child is needed to contribute to household

³ Primary education includes grade 1 to 5, covering ages 5-11. Secondary and higher secondary education includes grade 6-12, covering ages 12-18. Compulsory, free education is currently provided at primary level up

to grade 5, covering ages 6 to 10. UNESCO. Data for the Sustainable Development Goals. Bangladesh. <http://uis.unesco.org/country/BD>

income (32%); child is needed to help at home (26%); what is taught is not appropriate (22%); and child does not get an education for marriage (18%) (JMSNA 9/2019). The results were consistent across both Teknaf and Ukhiya (MSNA 09/2019). However, these preliminary results are slightly different to those identified in the MSNA published in March 2019, which found that distance to education facilities, safety and expenses were the most frequently reported barriers (MSNA 03/2019). A joint assessment conducted by the Education sector and the Child Protection sub-sector in 2018, cited child labour as the main reason for not sending boys to school (38%), and high school costs (28%) for not sending girls to school (Education sector and child protection sub-sector 01/2018).

Across all assessments, school expenses are consistently reported as a barrier. For primary education, the government provides free books and exempts fees, but families must pay for stationery, uniforms, examination fees, and transportation. For secondary school, parents must pay the tuition fee on top of the forenamed costs making it even more expensive to send their older children to school (MSNA 03/2019).

Changes that are directly related to the refugee influx were reported by the host community as:

- Increased the traffic accidents therefore, parents are apprehensive about send their children to school
- Increased fear of young girls getting harassed, even teased on their way to education facilities.
- Some reports that qualified school teachers are leaving their jobs to join NGOs and work in the camps, which has left a shortage of teachers in local schools (MSNA 03/2019).

For refugee children the major barriers are as follows:

Safety, transport and congested camps: In the more densely populated camps space restrictions have impacted younger children's access to learning opportunities, UNICEF estimate 640 additional learning centres are needed (UNICEF 03/2019). The major reason for dropping out s for children aged 3-14 years was due to safety and transport (MSNA 03/2019).

Appropriateness of education: Exclusion of children from formal education opportunities leaves children with no access to accredited education, which is particularly impacting youth. Learning Competency Framework Approach / Guideline for Informal Education Programme (GEIP) for the levels 1 and 2 have been approved however, for the youth, levels 3-4-5 are not yet permitted. There is also a lack of qualified teachers, thus 21% of

refugee households have reported removing their children from school because, 'what is taught is not useful/age appropriate' (JMSNA 9/2019). In addition to this the dramatic drop in attendance rates for both boys and girls above the age of 14 is also due to the fact that the vast majority of learning centres do not have the capacity to provide services for students between the ages of 14-24 (REACH 03/2019).

In addition to the curriculum challenges, the learning centres are not permitted to teach in Bangla, and there is a lack of Rohingya teachers, this means many centres are teaching in a mix of English, Burmese, and Chittagonian. It was found that many teachers do not have strong skills in all of these languages⁴ or a structured curriculum and training to teach multilingual education (TWB 2019). This is reducing the amount and quality of content that they are able to teach the students, which is especially evident for the adolescent students. For disadvantaged groups such as girls, children with disabilities, and those who have missed years of schooling the language barrier is even greater as they are less likely to understand languages other than Rohingya (TWB 2019). TWB found that students' competencies were often tested in languages other than Rohingya, which commonly resulted in students being streamed at a lower grade (TWB 2019). Parents report a lack of trust in the education services and struggle to understand information regarding education due to language barriers, this impacts their ability to make decisions and contributes to the belief that the education is inappropriate (TWB 2019). Some children are attending small informal schools that have emerged within the camps, these are commonly run by respected Rohingya teachers. However, these schools lack resources and space to meet the demand, and families that are unable to afford the fee are unable to send their children (TNH 12/11/2019).

School facilities and learning materials or methods are not appropriate for children with disabilities (CWD), and no capacity to provide special assistance in the class room were named as the top barriers to accessing education for CWD in Jadimura camp, Teknaf (HI 01/2019).

Pursuit of income earning activities: One of the main reasons cited for school dropouts among youth was so they could engage with livelihood activities (JMSNA 9/2019).

Social norms: Social and cultural norms is reported as the major reasons for dropping out of school particularly for adolescent girls (REACH 03/2019, JMSNA 9/2019, SC 01/2019). In the education assessment conducted by REACH in March 2019, caregivers reporting cultural reasons for non-attendance for 65% of out-of-school girls, and non-attendance due to marriage for 24% (REACH 03/2019). Girls who have reached puberty are often withdrawn from school to take on domestic responsibilities or forced into early marriage

⁴ The TWB found, low Myanmar language skills of ethnic Rohingya teachers and low Rohingya skills of Chittagonian- speaking teachers and humanitarian education managers (TWB 2019).

(NPM Round 15/09/2019, JMSNA 9/2019). Some Rohingya families also practice *pardah* reducing girls' mobility. The fear of both physical and verbal harassment prevents girls and women from accessing education and participating in community activities. There is also a lack of gender segregated latrines at the school which impacts adolescent girls' attendance (SC 01/2019).

Child Protection

One of the main issues for children in the camps is their feelings of safety which impacts their ability to access essential services and is leading to negative coping mechanisms. Rohingya children's feelings of being unsafe are derived from a combination of factors such as the overcrowded camps (where they can easily become lost from their carers) which are inadequately lit, incidence of violence, and unsafe shelters. Young children report being afraid of getting lost, harassed, kidnapped and of break ins as they are unable to lock their homes (SCI, PI, WVB 2018). Young girls report being afraid to go to the toilet, use bathing facilities and water collection points due to daily harassment and risk of violence and sexual assault. Children also reported being harassed and feeling unsafe when traveling outside of the camp area as there have been incidences of kidnapping, trafficking, wild animals, and sexual harassment (SCI, PI, WVB 2018). Both male and female adolescents named the market as the most unsafe place in the camps because verbal and physical abuse is common (SC 01/2019). In reaction to this, parents are keeping their children inside, particularly girls which impact their ability to access services such as education and health clinics. Many girls reported that since arriving in the camp, they never or rarely leave their shelter. Adolescent girls cannot move freely about the community for a combination of cultural reasons, perceived safety concerns and a lack of space (PI 2018, SC 01/2019). The prevalence of sexual exploitation and abuse, though difficult to measure, is occurring, and this puts children at risk especially adolescent girls. It also has a determinantal impact on their engagement and trust in humanitarian responders and the services they provide (ISCG 03/2019).

Respondents in Save the Children's adolescent assessment reported that child protection services in child friendly spaces and adolescent friend spaces are inadequate, citing that there is not enough compared to the number of children and that they are not equipped with age appropriate materials. The majority of spaces are designed for younger children which causes adolescents to look outside of the camps for a space to play which exposes them to various protection risks such as beating, abuse and exploitation (SC 01/2019).

⁵ Unmarried girls that have reached puberty are considered ruined if they are seen by a male outside of their immediate family. Many believe that girls going outside the home even for work is not acceptable as girls who

Cox's Bazar district is well known for trafficking, organized crime and armed groups. These illegal activities are driven by unemployment, poverty and the proximity and accessibility to neighbouring countries such as Myanmar and India (ACAPS 01/2018). Widespread drug trafficking in and around the camps is thought to be widespread with adolescent reporting that drug traffickers use children to transport drugs because they are less likely to be searched (SC 01/2019). The prevalence of human trafficking is high, particularly in the sub districts of Teknaf and Shah Porir Dwip (IOM X 2018). It is difficult to gauge the scale of the issue, although there are countless anecdotal reports of kidnapping and attempted kidnapping, as well as reports of dead children found in the forest and the presence of traffickers in the camps, that suggest that the problem goes extremely underreported in assessments across the camps and host communities (ACAPS 11/2019, CXB Child Protection sub-cluster cluster 11/2019). The most at risk are impoverished, uneducated or illiterate individuals and Rohingya refugees including young children and adolescent girls (IOM X 2018). Rohingya girls are reported to be particularly vulnerable to sex trafficking, while boys and girls are both forced into child labor (UNICEF, UNFPA, UN Women 07/2019). Rohingya adolescents between the ages of 13 and 17 in an assessment highlighted that child labour is common and that unaccompanied and separated children (UASC) are at high risk of child labour and exploitation such as working longer hours as they treated differently from biological children of the same age in the household (SC 01/2019).

Child marriage is common practice amongst the Rohingya refugees however, the rate of child marriage is difficult to estimate as it is not often reported in large quantitative data collection exercises. According to the IYCF monitoring survey conducted in April 2019, of the 1,811 female caregivers interviewed across all camps, 41% were married under the age of 18. In addition, participants in a recent vulnerability assessment explained that unmarried adolescent girls (agreed by all FGDs to be girls 12 and over) are at high risk of being 'ruined'⁵ and face extremely high risks of harassment and assault. This risk has only increased due to the overcrowded living situation in the camps as it is harder for adolescent girls to practice *pardah*. In response to this increase risk, families report trying to marry their girls as soon as possible to both protect them from harm and to protect the family's reputation (ACAPS 11/2019). Underage marriage put girls at risk of negative physical and mental consequences including domestic violence and early pregnancy. They have limited access to education, knowledge of reproductive health, and influence over family planning (UNHCR 2018).

A Knowledge, Attitude and Practices (KAP) baseline assessment conducted by UNICEF in October 2018 reported similar levels of GBV in the camps and in the host communities

work are too old for marriage. Girls that are outside collecting water or visiting facilities face harassment and even assault.

including being aware of severe forms of physical violence such as intentional suffocation, electric shocking, and burning (UNICEF 10/2018). As of June 2019, referral pathways have been improved and services for GBV prevention and response are available in all 34 camps and in some of the surrounding host communities. 100 female police officers have also been trained on gender responsive policing (ISCG 09/2019). However, in spite of the provision of services, access to them remains a challenge due to mobility restrictions and cultural factors especially for adolescent girls. In addition, there is a lack of disability friendly and age-friendly spaces which further impacts their utilisation. More information dissemination on the services available and their locations is required to increase awareness which could lead to an increase in use (ISCG 09/2019)

Host community children report concerns of safety due to the sudden influx of people in their neighbourhood, limiting their place to play and their freedom of movement. In general, roads and bazaars were viewed by the community as being dangerous, especially after the rise of kidnapping and traffic accidents around these crowded locations (MSNA 03/2019). In the MSNA, host community households were asked to report on perceptions of safety risks for boys and girls within the community. The most commonly reported safety risks for boys were child labour and risk of detention, while the most commonly reported risks for girls were child marriage, risk of sexual abuse/violence, and risk of kidnapping (MSNA 03/2019). Due to cultural norms, child marriage and mobility restrictions for girls are common in the host communities in Cox' Bazar, with these communities being among the more conservative in the country. Since the influx of refugees there have been reports of increased mobility restrictions for women and girls due to safety concerns. There have been reports of sexual harassment by Rohingya men against host community women and girls. According to the MSNA, the majority of women reported not being allowed by male family members to move outside the home or, if they do go out it is only in the company of a chaperone (chaperone: 52%; never allowed: 31%), health centre (chaperone: 72%; never allowed: 3%), or local religious places (chaperone: 37%; never allowed: 49%) (MSNA 03/2019). However, keeping in mind that due to social and cultural norms the use of chaperones and women and girls being restricted to the confines of the family home was widely practiced pre-crisis.

Cox's Bazar has one of the highest rates of child labour in Bangladesh with 9.4% of children between 10-14 years old engaged in child labour in the district compared to the national average of 6%. In Ukhiya, the proportion is one of the highest with over 9%, and in Teknaf, it is between 7-9% (UNICEF 2014). Some host community members reported in a UNFPA report in late 2018 that criminal activity such as smuggling and selling drugs has increased as has substance abuse since the influx, and that this puts young boys at risk (UNFPA, 11/2018).

Food security and livelihoods

According to the vulnerability assessment (REVA II) conducted by WFP in May 2019, around half of the Rohingya (46%) and a third of the host community (37%) are multi-dimensionally poor, and an estimated 90% of Rohingya and host communities combined resorted to some kind of coping mechanisms to fulfil their food or non-food needs (WFP 5/19). High risk emergency coping strategies such as child labour, begging, engaging in illegal risky activities were reported as uncommon (WFP 5/19). The most commonly recorded coping strategies for the Rohingya are described as 'crisis-ranked strategies' (55%) which include behaviours such as selling food/non-food assistance, borrowing money, asking for support from relatives and friends (WFP 5/19). In the host community 43% employ stress-ranked coping strategies which include behaviours such as buying food on credit, selling of domestic goods and jewels, and 34% reported no coping mechanism (WFP 5/19). The Rohingya refugees have higher rates of more severe negative coping mechanisms as they are unable to legally earn an income.

Households are fulfilling their food needs by purchasing items from markets and through food assistance (ISCG, 08/2019). 52% of refugee households have at least one family member earning an income, and the majority of employment comes from NGOs/UN programs and unskilled casual labour. Some 5% of those households have a child/children under the age of 18 working (MSNA 03/2019). Access to food distribution points is challenged by long waiting times and the distance some households are required to travel significant distances. Many children are tasked to stand in long food distribution lines which impacts their ability to attend school and increases their risk of harassment. Many households in the camps also rely on the unpaid household labour provided by adolescent girls, including caring for younger siblings, cooking meals, collecting water and firewood, and other household chores (CXB Child Protection sub-cluster cluster 11/2019, PI 2018). The vulnerability assessment (REVA II) shows a lack of diversification of diet which was also highlighted by children when they were interviewed directly (WFP 5/19). Many children explained that they eat the same meal of rice and lentils every day, and do not get the nutritious food such as vegetables, fish and meat (SCI, PI, WVB 2018).

The three most commonly reported sources of income for the host community are skilled wage labour, small business, and agricultural production and sales (MSNA 03/2019). The majority of households cited the market as their primary source of food. The influx of refugees has increased employment and business competition which has lowered the wages of casual labour impacting the host communities household income. UNDP reports that since the crisis in 2017, children are dropping out of school or skipping classes to help their families with income-generating activities, such as selling goods at refugee settlements (UNDP 11/2018). Save the children report that around 65,000 youth

across Cox's Bazar are in need of job-related skills training and relevant support to join the labour market (SCI 2019). Their Market Survey in July 2019 found huge potential for youth to access the labour market, but a lack of technical and vocational institutes that could provide youth with the skills that will link them to these income earning opportunities. For female youth the barriers to gaining employment and participating in skills development is a far greater challenge than for males because of the added obstacles provided by cultural and social norms that put girls at a lower status than boys and because of practices (discussed above) of preventing women from moving outside the family sphere (SC 07/2019).

WASH

In Cox's Bazar access to clean drinking water and improved sanitation is below national average, which has only worsened since the influx of refugees (ACAPS 01/2018). The overall environmental impact of the influx put additional strain on the solid waste management and WASH systems of the area (UNDP 11/2018). The WASH sector maintains 50,833 functional latrines out of a constructed 58,940 for 794,043 people in camps (JRP 06/2019). Barriers to accessing latrines and bathing facilities exist for Rohingya women, girls, elderly and people with disabilities because of a lack of sex segregated facilities (MSNA 03/2019, 9/2019, NPM Round 15 09/2019, ACAPS 03/2019). The location and design of many facilities make it difficult for those with mobility challenges. Adolescent girls also explained that many Child friend space (CFS) and Adolescent Friendly space (AFS) have insufficient WASH facilities for example, at one camp the CFS and AFS are adjacent to each other and share one toilet between the girls and boys and they have to queue to access these facilities (SC 01/2019).

Women and girls are reportedly too scared to visit the latrines at night due to a lack of lighting and are afraid during the day to bathe or use the public facilities as men harass them, they report that men yell at them or try to pull their burkas off (NPM Round 12). Adolescent girls have reported that they were ashamed of bathing during the day when men can see them and prefer to bathe at night, this in combination with a lack of facilities and clean water, restrict women and girls to bathing once every 3-4 days (CXB Child Protection sub-cluster cluster 11/2019, NPM, Oxfam 12/09/2018).

The lack of adequate latrines has led to open defecation in areas adjacent to shelters and made households construct makeshift facilities closer to their shelters which poses hygiene/waste management concerns. REACH household survey data suggests that open defecation is predominantly practiced by children under 5, with 48% of girls and 44% of boys between the ages of 1-4 years defecating outside (REACH 11/2019).

Water collection is predominately done by women and girls. In many of the blocks it is a long walk with long wait times to collect water. 27% of households that water collection takes more than 30 minutes (PI 2018, REACH 11/2019). To avoid crowds and lining up in long collection line where they are harassed, women and girls reportedly resort to collecting water at dawn and dusk (NPM Round 12).

According to Humanity and Inclusion's assessment of the Jadimura camp in Teknaf there is a low access to drinking water and latrines for PWD including children with disability. The barrier for latrine access is overwhelming due to a lack of adapted latrines⁶ (96%) (HI 01/2019).

Menstrual hygiene management (MHM) is an issue where women and girls report being underinformed in addition to not having enough supplies. Almost all assessed households report wanting to receive more information on menstrual hygiene materials or menstruation (92% and 89% respectively) (REACH 07/2019). A reason for this appears to be that most MHM awareness is conducted at distribution points, while it is known that only 27% of women and girls collect MHM materials themselves (they are usually collected by male family members along with other household supplies due to the social and cultural restrictions on women's movement). This means women and girls are missing out on the awareness sessions and they are not having the desired impact (REACH 07/2019).

Health

From both refugee and host communities, children indicated that they are concerned about the cleanliness of their living environment and the impact of that on their health (SCI, PI and WVB 2018). Refugee children reported that their family members are falling sick more often since leaving Myanmar (SCI, PI and WVB 2018). Children reported suffering from diarrhoea, fever, colds, coughs, respiratory problems, eye problems and skin diseases, which was also reported by health providers (SCI, PI and WVB 2018, UNFPA 10/2018). According to the MSNA, 35% of individuals report having an illness serious enough to seek medical treatment in the month prior to data collection (self-reported) (JMSNA 9/2019). Health centres are widely available. However, often refugees prefer to seek self-treatment (purchasing medicines with no preliminary check-ups) or to refer to hospitals outside of the camps because they report being dissatisfied by the long wait times, being mistreated and disrespected by health workers, and there is a common belief that they don't provided adequate medical support (ORF 07/2019, ACAPS, 11/2019).

As child marriage and early pregnancy are common, adolescents, particular girls are in need of quality health services. Service providers reported that common health issues for

⁶ Adapted latrines refers to toilets that have been altered to enable PWD to use the facilities for example widening the door frames for mobility devices.

married adolescent girls are anaemia and malnutrition, as well as, giving birth to under weight babies (UNFPA 10/2018). Adolescent girls identify distance and lack of transport to health centres as significant barriers to accessing health centres (PI 2018). For those that had access health services, many perceive the treatment inadequate which prevents them from seeking it in the future. Though there are services, the assessment conducted by Plan International targeting adolescent girls, revealed that the girls identified mental health services as unavailable, indicating a lack of awareness and the need for more targeted information (PI 2018). There is a need for Sexual and Reproductive Health (SRH) services and information for both adult women and adolescent girls which are not only women friendly but also age and culturally appropriate (ISCG, 03/2019). Adolescent girls reported very little knowledge on SRH, but expressed a desire to learn more about relationships, SRH, and contraception. Some adolescent girls said in interviews that they were forbidden by their mothers or older relatives from asking questions about SRH (PI 2018). This is supported by the findings from the UNFPA's research report on maternal and sexual reproductive health, which found that reproductive health services are often available but inaccessible for the Rohingya adolescents and youth in the camps. KII's from services providers revealed that issues with transport/physical access to services, social and cultural norms and general of shyness adolescents is reducing their interaction with SRH services. The reported also highlights that adolescent boys rarely visit health clinics which they identified as a gap in services. Service providers suggest that outreach is the most effective strategy for overcoming these issues (UNFPA 10/2018). Cultural and social norms present the largest barrier to contraception. Many believe that it is against their religion to use contraception which is then reinforced by misconceptions such as contraception will cause infertility. There is also a limited knowledge of STIs and HIV (UNFPA 10/2018).

More than half of host community households surveyed (59%) reported no challenges when attempting to access medical services. The most common access challenges were reported to be long distances to services (33%) and high costs related to obtaining services (18%) (MSNA 03/2019). A UNDP reports that the average wait time for host community members to access health services has increased by 50% since the influx (UNDP 10/2018).

Host community members report that there is a direct link from the refugee crisis and the increase in health conditions such as skin disease, diphtheria, diarrhoea, and malaria due to the overloaded water and sanitation systems, and overcrowded living conditions (UNFPA 10/2018).

Nutrition

In host communities in Cox's Bazar, food insecurity, poor food consumption water quality and poor sanitation and hygiene practices contribute to high malnutrition rates. Although

rates of acute undernutrition are lower in Teknaf and Ukhiya than the national averages, stunting rates are notably higher, indicating chronic malnutrition and possible early exposure to illnesses (BBS 2015, ACAPS 01/2018).

UNHCR reports poor infant and young child feeding care practices among children under 2 years and that poor diet diversity in the camps are impacting infants' health, many women report not being able to access fresh food (UNHCR 04/19). Majority of lactating women surveyed do not have a minimum acceptable diet themselves (MAD).

GAM rates have reduced substantially from 18% in 2017 to 11% by the end of 2018 with this reduction recorded across both registered (pre 2017 influx) and non-registered camps (post 2017 influx). The rates of GAM and SAM were higher in the non-registered camps in 2017 shortly after arrival but the difference is now within 1% for both global and severe malnutrition rates (JRP 06/2019). Nevertheless, 50% of children 6-23 months were found to be anaemic (UNHCR 04/19). Households have difficulty identifying acutely malnourished children and therefore they don't get treatment. The language used at health services, a lack of female staff, and the limited services available at the accessible nutrition treatment facilities often go underused.

Reports also suggest that community acceptance and lack of child care for their other children has meant that women often do not stay overnight at stabilisation centres to treat children with SAM despite that being the recommended course of action (JRP 6/2019).

In host communities in Cox's Bazar, food insecurity, poor food consumption, poor water quality and poor sanitation and hygiene practices contribute to high malnutrition rates. Cox's Bazar has a high prevalence of stunting with moderate and severe stunting at 49% which is higher than the national average of 42%. Severe acute malnutrition (SAM) is 3% in Cox's Bazar compared with the national average of 1.6% (UNDP 11/2018).

Shelter

The Government of Bangladesh (GoB) has, to date, only permitted the construction of temporary housing for the Rohingya. This means their shelters are made from bamboo and plastic sheeting resulting in homes that are vulnerable to extreme weather (heat and rain) and break ins. As a result, 77% of households have requested interventions to feel safer at night in their shelter, including locks, lights, security whistles and night guards (JRP 6/2019). Children have reported that they do not feel safe in their homes because the shelters are often overcrowded, and the shelters are not lockable. Children, especially girls, indicated that they worry about their privacy at public facilities and in their homes, where there are no separate spaces for sleeping, bathing and changing their clothes.

The camps also lack lighting which makes mobility at night dangerous, scary and difficult for children (SCI, PI and WVW 2018). According to Humanity and Inclusion's assessment of the Jadimura camp in Teknaf, PWD are facing difficulty accessing shelter, with the

majority reporting at least some difficulties moving easily within their shelter. The most common challenges identified as the steps leading up to the doorway, height of the bed, narrow doorways and uneven ground (HI 01/2019).

Refugees reported that they did not have enough appropriate clothes to wear outside of their shelters, over half of the women surveyed by Oxfam's protection baseline survey said they borrow burqas from other female family members to go out and around 35% report further restricting their movements to areas close to their home (Oxfam 02/2019).

Housing conditions in Teknaf and Ukhiya for host communities are poor. Most people live in houses built with polythene roofing (ACF 01/2017). According to the 2011 census, approximately 20% of houses in Ukhiya and Teknaf are made of temporary materials. Almost 70% of houses in Ukhiya and 46% of houses in Teknaf are made up of mud brick walls, bamboo, sun-grass, wood and CGI roofing (BBS, 2011). These structures are vulnerable to heavy winds, rains and flooding which is a concern in an area prone to natural disasters including cyclones (ACAPS 01/2018). UNDP report that power cuts have become more frequent since the influx, disrupting daily life and adding further to the cost of running a business (UNDP 11/2018).

Aggravating factors

Conditions that increase a child's vulnerability

Monsoon season and other extreme weather events: Monsoon season and other weather-related incidents such as cyclones affect both the host community and refugee children. This year approximately 81,000 people and temporarily displaced 17,000 individuals from April to September 2019 as a result of monsoon season (USAID 30/09/2019). For children and youth, the monsoon season impacts their mobility and ability to attend school and poses a significant risk to their safety especially for young children. On the 10th of September, 3 host community children died as a result of landslides and drowning (ECHO 11/09/2019).

Vulnerable children: Children are dependent on others to meet their essential needs which makes them vulnerable, however not all children experience the same level of vulnerability. Among both Rohingya refugees and host community, children that belong to economically poorer households are more vulnerable. These households are likely to have a high dependency ratio meaning that fewer members are contributing to livelihood activities as compared to the number of people living together, for example large families

with many children, single-parents, child-headed households, and possibly households with other at risk members such as, people with disabilities, elderly, and chronically ill.

Children from monolingual and illiterate families particularly those that only speak Rohingya do not have access to the same income earning opportunities and are more reliant on others accessing information regarding assistance, services and other essential information (TWB 09/2019).

Considering the children and youth exclusively, adolescent girls, unaccompanied children⁷ and disabled children are often more vulnerable than others because they have less access to services, reduced mobility and increased protection risks (SC, 01/2019, PI 2018, ISCG 09/2019, HI 2019).

Social cohesion: Refugee families do not get to decide where they are located within the camps, therefore the different blocks within the camps are made up of refugee families who did not know each other before arriving in Bangladesh, and the social structures that existed in Myanmar have been disrupted. This impacts the social cohesion of the blocks and the feelings of insecurity for children who report being surrounded by 'strangers'. There are also tensions between host community and the refugees which increases their exposure to protection risks. Public service delivery in Teknaf and Ukhiya are stretched beyond capacity as they now have to cope with an extra million people which is a main source of tension (UNDP 11/2018). On August 22 2019, the suspected killing of a local Bangladeshi youth leader in Cox's Bazar prompted host community protests and attacks against Rohingya refugees in the district. From August 23 to September 14, Bangladesh police forces reportedly killed six Rohingya refugees who were allegedly involved in the death of the local leader (USAID 30 Sep 2019).

⁷ Of the 64,920 families that UNHCR have identified as having specific needs, 4,419 households are housing separated children and 1,440 households are caring for unaccompanied children who lost both of their parents and do not have relatives to live with (UNHCR, 09/2019).