



Rohingya refugee crisis

Advocacy brief – Child Protection

Since August 25, Bangladesh has seen an unprecedented arrival of Rohingya refugees fleeing targeted violence and serious human rights abuses in Myanmar's Rakhine State. To date, more than 609,000 people have crossed the border, at a speed the world has not witnessed in decades. Coupled with the pre-existing refugee population there are now more than 821,000 people in Cox's Bazar in need of humanitarian assistance; 55% of whom are children¹. Those who have fled speak of seeing both children and adults killed indiscriminately² and women and girls targeted for brutal sexual violence. All are in desperate need of food, medical attention, appropriate shelter, basic hygiene items, and critical social services.

In addition to the serious protection issues shared by all age groups (of which current statelessness is one of the most prominent), the most urgent child protection issues to be addressed are **psychosocial distress**, **separation of children from their caregivers**, **child-headed households and child carers**, **gender-based violence (GBV)** including high risks of rape, sexual assault and widespread child marriage, as well as the high risk of **child labour** and **trafficking**.

How children are affected

Psychosocial distress and mental health

Children have told staff working in Cox's Bazar (CXB) of the horrific violence they witnessed in Myanmar, including **seeing family members killed and their homes burnt down**. Parents repeatedly explain that their children are suffering night terrors and are afraid that they will be attacked again. Children are suffering the traumatic loss of loved ones and anxiety due to acute fear and the unknown whereabouts of their parents and siblings. Others have also been the **victims of abuse and torture themselves** and forced to watch family members tortured. Immediate, consistent mental health and psychosocial support services are crucial to help girls, boys and their families to cope and begin to heal. Overcrowding and unaddressed psychosocial distress can in turn lead to negative coping mechanisms, increased vulnerability to physical and sexual abuse and isolation.

"The [Myanmar security forces and Rakhine Buddhist individuals] surrounded our house and started to shoot. It was a situation of panic – they shot my sister in front of me, she was only seven years old...I tried to protect her and care for her...after one day she died. I buried her myself...My mother was outside the house with my four brothers. I do not know where they are now."- 12-year-old girl from Rathedaung township (OCHCR Mission Report)

¹ UNHCR-RRRC family count:

www.humanitarianresponse.info/system/files/documents/files/rrrc_dashboard_hh_counting_oct23_2.pdf

² Ibid. Reported that "the team received information...of 100 bodies of Rohingya victims (20 male, 38 female, and 42 children) that were collected floating down the Naf River...Several of the bodies recovered had signs of gunshot wounds on different parts of their bodies."

Unaccompanied and separated children

Hundreds of children have been separated from their parents or primary caregivers while fleeing into Bangladesh for safety. Child Protection agencies have already registered 2,462 unaccompanied and separated children.³ But with most key informants, within all settlements, reporting knowing of children who are either missing or looking for their parents this number is likely to be far higher.⁴

“I belonged to a group of 25 people attempting to cross the border. Myanmar military started to shoot at us and 8 people got injured. My father was killed earlier during our journey from our village to the border, and I was separated from my mother” - 11 year-old boy, who arrived with a gunshot wound on his thigh (OHCHR Mission Report)

Highly mobile populations, numerous formal and informal settlements, of which only 27% of sites are accessible by car, and a lack of access to information and communication within displaced populations are leading to challenges in identification of separated and unaccompanied children and successful family tracing. This leads to prolonged separation. Not only are these children dealing with the emotional distress of being separated from their closest caregivers, but in this vulnerable position, they are at high risk of child trafficking, abuse and exploitation. While some neighbours have opened their homes to unaccompanied boys and girls, the majority of families (if not all of them) are experiencing profound stress and struggling to care for all within their households.

Sexual and gender-based violence (SGBV)

Multiple reports indicate that, prior to or during flight, **women and girls were threatened, raped, mutilated, and/or abducted**. Stories of women and girls raped in front of family members and by multiple perpetrators are disturbingly common, with girls as young as five to seven years old abused. While many girls and boys have reached Bangladesh, their physical safety and emotional wellbeing continue to be threatened. There is a high risk of sexual exploitation and gender-based violence in all the new spontaneous sites. In contexts like this, GBV is heightened; this has been observed time and again in humanitarian crises. This time is no different. For the short period of 22 to 28 October a total of 306 incidents of GBV were reported and referred to care. Of these, 96 percent were referred to emergency medical care services. A cumulative total of 1,644 incidents have been reported to date. These incidents include, but are not limited to, sexual violence.⁵

There is also **the risk of girls being forced into marriage**, often with older Bangladeshi men. However, girls and women are reluctant to seek assistance due to fears of reprisal, shame and stigma, little likelihood of privacy, and limited awareness of or trust in available services.⁶ Observations also show that some girls are kept within their makeshift houses in an effort to reduce risks, due to lack of appropriate clothing, or traditional restriction on girls' public presence after reaching the age of puberty, which then limits their access to psychosocial support, information and relief.

Furthermore, newly arriving women and adolescent girls between the ages of 13 and 20 typically have two to four children each⁷, which suggests that child marriage may be taking place within the community prior to this crisis. There is also academic and NGO evidence available which demonstrates that child, early and forced marriage are commonplace amongst the Rohingya population. A UNHCR report shows that more than half of Rohingya girls who have fled Myanmar since 2012, married prior to the age of 18.⁸ We therefore know that in

³ Child Protection Sub-Sector Achievements report as of 6 Nov 2017.

⁴ International Rescue Committee / Relief International Report: Assessment Report: Undocumented Myanmar Nationals Influx to Cox's Bazar, Bangladesh, October 2017.

⁵ Situation Report: Rohingya Refugee Crisis, Cox's Bazar, 29 Oct 2017

⁶ IRC/RI report, op. cit.

⁷ UN Women, Gender Brief on Rohingya Refugee Crisis Response in Bangladesh, October 2017; ISCG Situation Report, September 2017.

⁸ GBV Policy and Advocacy Task Team, Inter-agency Briefing Paper, October 2017, p. 3

times of crisis, the Rohingya population have previously engaged in **child marriage as a negative coping mechanism** and mitigation of this is needed in this crisis, both for prevention and response. Liaison with the religious leaders is an important measure⁹

Dangers and threats

With the **camps and settlements sprawling, chaotic, and quickly changing, young children are getting lost**, creating a need for child services in each site to care for lost children and locate their family members. Observation at the sites suggests an urgent need for child friendly spaces and education as **children of all ages are seen alone, or in groups, both inside the camps and wandering outside the camps** with no adult supervision.¹⁰ One assessment found that women asked for the mosque's microphones to be used to announce when children are missing or lost.¹¹

Access to latrines and bathing facilities is difficult in most sites, with women reporting in certain sites that they are deliberately not eating available food to avoid having to use the bathroom, or are using makeshift systems inside the shelters increasing hygiene and public health risks. Women and adolescent girls refrain from going to the toilet at night, partly out of cultural belief that they should not go out at night, and partly because of fear of security. Women have also reported that they feel ashamed to walk in front of men to go to the showers.¹² Additionally, adolescent girls do not have access to necessary hygiene materials, which can promote their dignity and mobility.

It has been reported that some parents are sending their children out to **collect water and firewood or to find work**, often in dangerous conditions. At some sites, both girls and boys are also having to step into adult roles with many children now responsible for carrying heavy aid items from distribution points to their shelters. Child-headed households face additional barriers, in particular when headed by girls who face high risks because of the mobility limitations and socio-cultural norms. This also puts them at further risk while travelling long distances to return to their shelters. As for **child participation**, at one site girls and boys suggested that they could support relief actors by sharing information on services with the rest of the community and leading recreational activities. They were also interested in raising awareness on topics such as domestic violence. However, cultural practices limiting freedom of movement for adolescent girls will make it more difficult to engage this group in such activities.¹³ Other dangers include two children who were killed in car accidents, two who drowned in ponds and more children have been injured due to the high number of people on the move.¹⁴

Education and child protection

In some settlements, the majority of children are out of school, thereby creating a need for informal education and safe child-friendly spaces. Not only is education important for children's learning and emotional wellbeing, but it is also a safe space where they are protected from the risk of exploitation and abuse. Education in a context like this can act as a major component of strategies for child protection. We know that out-of-school children are at greater risk of violence, sexual abuse, and exploitation. At the Kutupalong Extension site, for example, the majority of adolescent girls, in particular, are not accessing school due to security concerns and cultural reasons.¹⁵ Traditional definitions of when childhood ends (often at the age of 13 or 14 years) means that bringing children into a system of learning will require a concerted engagement with families and communities. Many children have, particularly adolescents, have not been in school prior to flight, and have assumed adult responsibilities. Education programmes need to consider the specific learning needs of this group of children.

⁹ Ibid, pp. 2-3.

¹⁰ IRC/RI report, op. cit.

¹¹ Inter-Agency Rapid Protection Assessment, 15 October 2017.

¹² Protection WG Report: Assessment #3, 25th October.

¹³ Inter-Agency Rapid Protection Assessment, 15 October 2017.

¹⁴ Inter-sector Coordination Group, Multi-sectoral Rapid Assessments, Final Report, 17 September 2017; UNICEF.

¹⁵ Protection WG Report: Assessment #3, 25th October.

Advocacy paper by the Child Protection sub-Sector, November 2017 - <https://tinyurl.com/cxb-cp-subsector>

Child malnutrition

Child malnutrition is a major concern not only amongst the newly arrived refugees but also previous arrivals. The latter can be attributed to the fact that communities sharing their limited resources with the newcomers. Identifying and referring children with malnutrition to nutrition service providers is a child protection priority, and the role of community-based child protection mechanisms is pivotal to this effort. Food security is also a child protection issue and close engagement with nutrition and food security sectors remain a priority child protection intervention.

Birth Registration and Documentation

Children born during the flight or within the camps are not issued birth certificates. While health centres are issuing documents to the parents such as discharge certificates and child health cards, these documentations are not standardised and vary from centre to centre, while children born at home do not receive any documentation unless they are taken to a health facility due to illness. Birth registration and documentation of birth are linked to the child's identity and status.

Recommendations

For the government

- **Adequate and safe space for the delivery of child protection services must be allocated immediately.** Areas for child protection and recreational play should be included in the site planning, with sufficient space to ensure minimum standards and safe location. Site planning and infrastructure must also be appropriately planned to minimize protection and security risks by ensuring adequate lighting, accessible sanitation facilities and access to safe spaces. Furthermore, there must be space for first-entry response points.
- **Registration and authorisation processes (FD7) must be sped up**, with longer validities, to allow for immediate scale-up of the child protection response and the set-up of longer term activities. National and international actors are experiencing delays in establishing their response and to scale-up due to times required to obtain permission to operate in the area. The government is currently issuing operating permits to NGOs who provide humanitarian assistance for a length of 3 months, on average, with a maximum length set at 6 months.
- Recognizing the generosity of the Government and people of Bangladesh in keeping their borders open to the hundreds of thousands of refugees fleeing conflict and violence in Myanmar, it is also essential that the Government of Bangladesh maintains its critical leadership role in responding to the refugee crisis for as long as necessary. This includes recognizing their **refugee status, extending international protection to refugee girls and boys**, and guaranteeing that children born to Rohingya communities residing temporarily in Bangladesh have their **births registered**.

For all actors providing humanitarian services

- **Family tracing services and interim family-based care for unaccompanied and separated children:** there is an urgent need for prevention work on separation and to ensure that unaccompanied and separated children are identified and reunited with their families, or benefit from appropriate alternative family or community based care following international standards. Immediate interim care solutions must be found for separated and unaccompanied children. As outlined in international standards, **institutional care (orphanages) for children must be the last resort option** after all other tracing and reunification as well as fostering options for children have been exhausted, as it is in the best interests of the child to keep them in a family environment. Any actor who obtains information relating to the creation of orphanages must immediately report this information to the child protection sub-Sector and the Ministry of Social Welfare (represented through the Department of Social Services). In addition, it is fundamental to ensure male and female staff and other measures to care for boys and girls as per their specific needs and risks.

- **Consistent mental health and psychosocial support services are crucial to help girls and boys cope and begin to heal.** Child-friendly Spaces, both stand-alone and integrated into other sectors, are needed to ensure the protection and psychosocial wellbeing of children and their caregivers. Spaces are needed where nurturing adults can provide a sense of safety and also identify those children requiring more intensive care and support. Measures to create supportive environments and reduce levels of distress are crucial in order to prevent the children's natural reactions to adverse events from developing into more severe and chronic mental health and psychosocial support problems. Child-friendly spaces provide not only much-needed psychosocial support, but are also a **crucial entry point for integrated care** for child survivors, case management, and (informal and formal) education. Specific strategies, activities and planning need to be implemented to ensure enrolment and retention of girls.
- **Continued capacity building of national actors, including NGOs** is necessary to ensure that the affected children receive appropriate services and care. Most local and international organizations are used to offer development rather than humanitarian services and lack personnel experienced in child protection in emergencies. Local organisations need to be supported to deal with the technical and institutional capacity strengthening concurrently so that programme quality will increase sustainably.
- **Ensure that adolescent girls and boys can contribute to governance and community-based governance systems within the camp population.** Adolescent girls and boys, of different ages and abilities, shall be given opportunities to reflect their concerns and priorities in community-based governance systems. Child protection actors need to be trained in child protection and participation to help facilitate the process of adolescent active participation in community-based governance systems.
- **Tap into and build on the community's own mechanisms for preventing and responding to child protection risks.** Although community structures have been severely impacted due to the incidents during flight and the displacement, communities are congregating around places of origin in their new locations. Communities also include individuals who have played an important role prior to flight. Identifying, training and supporting such structures are essential to ensure ownership for the protection of girls and boys.
- **Strengthen linkages between child protection and GBV, Education, and Nutrition.** Prevention and response to gender-based violence against girls and boys needs to be strengthened through collaboration with programmes for GBV prevention and response, while links between activities for children will be linked to efforts focusing on improving access to education. Child protection actors need to be trained on detecting incidents of malnutrition and ensure timely referral to services.

For the donor community

- **Child protection is one of the critical underfunded sectors in the Rohingya crisis response.** Girls and boys, including children and adolescents, are in critical need of support and care that is sensitive to the levels of violence that have already been experienced, and that address the urgent protection needs that they now face. Donors must step up to ensure that children are protected and receive the care they need after all they have experienced. More funding is needed to ensure life-saving and other services to all children in need. As of November, there is a **78% gap in child protection funding**. Without substantial, longer-term funding, displaced girls and boys are at risk of prolonged psychological distress, thereby affecting their development and wellbeing. Children separated from their primary caregivers are also at greater risk of abuse, neglect, gender-based violence, and other forms of abuse, with risks increasing the longer family separation continues. Given the traumatic nature of this crisis, long-term investments are critical to ensuring affected girls and boys can begin to feel a sense of normalcy and hope of healing.