



Save the Children®



Save the Children's Humanitarian Mission for Refugee Rohingya Children and Families in Bangladesh

An Overview of our Response

February 8, 2018

A young Rohingya girl waits with others at a transit camp shortly after her family arrived in Bangladesh. We have reached over 624,000 children and adults in spontaneous settlements and camps since large numbers of Rohingya began fleeing atrocities in Myanmar in August 2017. *Photo: Hanna Adcock/Save the Children*

"Every day our teams in Cox's Bazar meet families who have had their houses burned while they slept, and children who have been orphaned or lost their parents as they fled for their lives. Families are shocked, grieving and barely beginning their recovery from the traumas they've endured. Many have been divided in the chaos with many children arriving alone in Bangladesh. It is important to recognise Rohingya people's right to return, but there must be assurances that they will not be forced to do so prematurely or without guaranteeing their safety."

-- Michel Anglade, Campaigns and Advocacy Director for Save the Children

Summary of Commitment to Help Refugee Rohingya Children

Save the Children, the global movement for children, gives children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for girls and boys—every day and in times of crisis—transforming their lives and the future we share.

Save the Children has sustained a presence in Bangladesh for nearly 50 years, since 1970. Since 2012, we have addressed education, protection and water/sanitation needs of refugee Rohingya children from Myanmar. We are now working around the clock to alleviate the urgent needs created by the massive exodus of 688,000 Rohingya children and adults who have fled atrocities and horrors in Myanmar since late August of 2017.

Although the number of Rohingya arriving in Bangladesh has dropped significantly in recent weeks, the conditions in which they are living in spontaneous settlements and camps is so shocking that our veteran humanitarian experts on the scene report they have rarely seen such grave risks to children.

With \$44.9 million in new public and private support secured since September 2017, we are sustaining and scaling up food distributions and medical care; providing shelter to families; addressing sanitation and hygiene needs in overcrowded and dirty camps; and helping protect unaccompanied children from trafficking and abuse. Since our scaled-up response began, we have reached over 624,000 Rohingya children and adults living in settlements and camps in the Cox's Bazar District.

As the crisis continues, there are new fears that the approaching monsoon and cyclone season will strike further cruel blows to refugees, as the Cox's Bazar District fronts on the Bay of Bengal. Save the Children is now preparing plans for responding to the potential havoc that floods, landslides and high winds pose to refugees and the potential for a "disaster within a disaster."

As we look ahead to 2018, our funding target is set at \$95 million to fully support the breadth of our expanded response strategy. Our goals this year are to sustain the level of our current massive relief, which is critical for children's health, nutrition, education and protection from harm; strengthen and enhance the quality of programs; respond to spikes in need by scaling up

work as required if there are increases in the number of refugees arriving in Bangladesh; and respond to any urgent needs in camps created by monsoon floods or cyclones.

We will also continue to advocate that any return agreement between the Governments of Bangladesh and Myanmar must recognize Rohingyas' willingness to return voluntarily—and that they return to a safe environment, where they can access essential services and livelihoods opportunities.

The Rohingya Emergency at a Glance

Many Rohingya children and adults arrived in Cox's Bazar, Bangladesh, sick, hungry and exhausted from their dangerous trek to safety. The vast majority live under crude shelters of plastic and bamboo that they have erected in spontaneous settlements and camps. These places are overcrowded and unsanitary and are perfect breeding grounds for waterborne diseases.

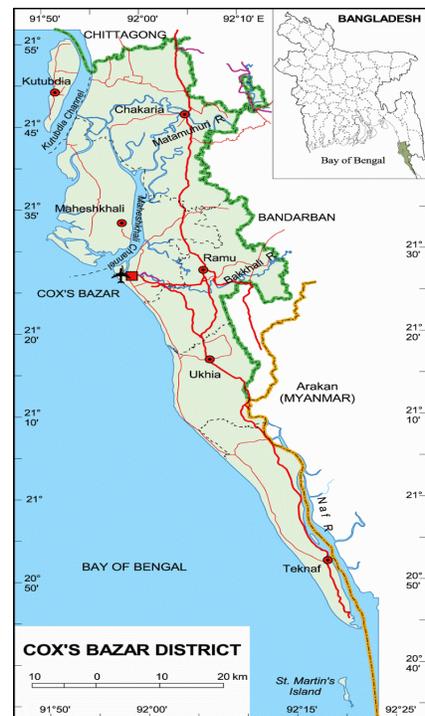
The main makeshift camp, Kutapalong, is now the largest refugee settlement in the world, with 585,000 people living in an area of only 8.4 square miles. Refugees' needs are vast and urgent. There is an increasing need to provide food, shelter, non-food items, safe drinking water, hygiene supplies and access to sanitation facilities.

Household hygiene practices are poor—a recent World Health Organization survey noted that over 75 percent of water sources and household storage containers tested positive for the E.coli bacteria. An outbreak of Diphtheria occurred in December 2017, and while it is now under control, it sickened some 5,000 refugees.

Many Rohingya children experienced the trauma of witnessing violence and atrocities and endured a dangerous trek to the border. Not only are these children dealing with extreme emotional distress, but they are also at high risk of child trafficking, early marriage, abuse and exploitation.

According to estimates from the United Nations' Office for the High Commissioner for Refugees (UNHCR), 55 percent of newly arrived Rohingya, or 378,000, are children under age 18. Save the Children is especially concerned for the well-being and protection of the nearly 3,000 girls and boys whom we have to date identified as being separated from their families or unaccompanied by an adult.

There are also concerns that with the approaching monsoon and cyclone season, settlements and camps may be flooded, landslides may occur on steep terrain and high winds from storms may destroy families' fragile shelters. Recently completed mapping shows that large areas of camps are at risk of flooding and/or landslides during the rainy season, putting some 85,900



refugees at risk. Some one-third of fixed health posts and one-third of our child-friendly spaces are at risk of flooding and landslides, which will impact the availability of essential services.

Other camp areas that are not in immediate risk of flooding or landslides will become extremely dangerous during the monsoon, as poorly maintained pathways on steep slopes are likely to turn into torrents of mud. These could destroy pathways, render shelters uninhabitable, make latrines unusable and create barriers for Rohingya to accessing critical services. Movement around camps would also become more difficult and dangerous, especially for children and women who are frequently responsible for collecting material from distributions.

Local communities and the Bangladesh government have been accommodating to refugees; the government has allowed a total of 900,300 Rohingya into the country in recent years. However, the recent exodus has far outpaced the capacity of responders' local resources and the work of aid agencies like ours.

Our Scaled-up Relief to Help Rohingya Refugees

Save the Children has worked in Bangladesh since 1970 and has provided vital education, child protection and water and sanitation support to displaced Rohingya communities since 2012.

As of February 1, 2018, our food, health and nutrition, shelter, water and sanitation, child protection and emergency education programming benefited over 624,000 children and adults. We were one of the very first aid organizations to respond to the crisis as it unfolded in 2017. *(Please see below for an overview of Save the Children's unique role in responding to this crisis.)*

Save the Children is committed to conducting humanitarian relief for as long as Rohingya remain in Bangladesh and require



18-month-old Shafiq* is screened for malnutrition by Save the Children staff. We are identifying malnourished children among Rohingya refugees and treating them through our supplemental feeding and outpatient nutrition programs.

Photo: Rik Goverde/Save the Children

**Name changed to protect identity*

aid. We will continually monitor conditions and changes in Cox's Bazar and will adapt our work to any changes that impact Rohingya children and their families.

Our 2018 strategy is to sustain the current scale of our massive relief and, across all of our program sectors, strengthen and ensure responses are providing the maximum benefit to those being served; scale up programs as needed if spikes in new arrivals occur; and be prepared respond quickly should refugees be affected by monsoon floods or cyclones.

Here are highlights of our ongoing work:

Health and Nutrition

Our nine health posts are located in the most remote camp locations where there are no other health services. These health posts provide a basic package of primary health care services and are staffed by doctors, midwives, paramedics, clinic aides, maternal child health and nutrition promoters and community mobilizers. Each post sees an average of 70 patients a day. Since the exodus began, we have seen 35,000 patients, of whom 17,740 were children.

We are now waiting for government permission to open a 24/7 primary health care center that will include basic emergency obstetric and newborn care and sexual and reproductive health services with in-patient capacity.

Each health post also has an outpatient feeding function to help identify



Jila*, 21, sits in a camp. She is pregnant with her second child.

“We’re expecting about 130 births every day in camps where sanitation is poor, creating a breeding ground for diseases like diphtheria, measles and cholera, to which newborn babies are particularly vulnerable. The disadvantages these newborn babies will face, by virtue of the situation they are born into, is truly heartbreaking.”

-- Rachael Cummings, Save the Children’s Health Advisor in Cox’s Bazar District.

Photo: Antonia Roupell/Save the Children
*name changed to protect privacy

malnourished children and provide their families with supplemental food. Since our scaled-up response began in September 2017, we have screened over 13,300 children under age 5 and treated 1,250 for malnutrition. Our nutrition team also runs 10 mother-baby areas that counsel mothers on infant and young child feeding practices, screen children refer those who are malnourished for treatment.

Shelter

Our teams have to date distributed basic shelter kits to 29,100 households, benefiting 145,000 refugees, of whom 79,980 are children. We've also arranged for more durable shelters to be constructed for over 130 very vulnerable families. We have also distributed close to 500 tool kits with hand tools for building shelters.

Food

We are partnering with the World Food Program (WFP)—we are its second-largest partner worldwide—on a massive food distribution that reaches 380,000 children and adults every two weeks. This consists of rice, lentils and cooking oil distributed at 11 sites. We also collaborate with WFP on a supplemental feeding program for very vulnerable households, targeting children under age 5 and pregnant and nursing women. Already, over 52,000 children and 12,700 women have received supplemental nutritious foods.

Our prior work in camps in Bangladesh and our global relationship with the WFP – we are its second-largest partner worldwide – positioned us to quickly launch and scale up these distributions. We are also UNICEF's main partner in infant and child feeding activities and are responsible for conducting trainings for all partners in the response.

Child Protection and Mental Health

Since September 2017, over 50,600 children have benefited from our child protection activities, which range from fixed and mobile child-friendly spaces, where children can play and receive psychosocial support, to our addressing the needs of unaccompanied children and those separated from their families either through emergency interim care, family tracing and reunification or alternative care such as foster families.

We have 86 child-friendly spaces operating across the camps, of which 34 are fixed and 52 are mobile to bring activities right to children in camps. We also have eight girl-friendly spaces that serve the needs of adolescent girls, such as offering access to education, activities raising awareness of health and hygiene, access hygiene materials and sessions on topics specifically affecting girls.

Given the emotional trauma many Rohingya experienced, we have opened four psychosocial support centers in camps. During the month of January 2018, we trained 14 doctors on identifying people with mental health and psychosocial needs, and trained 150 community mobilizers on messaging around mental health. Nearly 200 of our own staff who work in camps and may come in contact with children have been trained in “Psychosocial First Aid.” This training enables them to help reduce children’s initial distress by offering reassurance, support and comfort and referring children to additional care as needed

“I lost all the hope I had in Myanmar. Now I will just try and survive here. I want those responsible to be punished for what they have done. I want them to go on trial. Unit they are, I don’t think I will ever want to go back.”

-- 17-year-old boy

Water and Sanitation

We have constructed 13 deep tube wells and 12 more are under construction in camps to provide clean water. Our teams have overseen construction of over 300 latrines and 160 bathing cubicles since September 2017. Our hygiene promoters provide households with water purification tablets, handwashing kits and messages about proper hygiene and have provided over 27,000 households with hygiene kits.

Emergency Education

While the Bangladesh government does not support formal education for Rohingya children, it does allow non-formal learning activities.

In January 2018, we opened our 100th temporary learning center to provide children with access to pre-

primary, lower primary and upper primary activities in safe, inclusive environments. Over 9,300 girls and boys are enrolled. These centers run three shifts per day to accommodate all children



Children at one of our temporary learning centers receive a backpack filled with school supplies.

Photo: Daphnee Cook/Save the Children

who are eager to learn. We have recruited and trained nearly 200 teachers and on basic education in emergencies practices. Nearly 6,000 children received student kits full with learning supplies.

Non-food Relief Distributions

Our teams distributed hygiene kits to 25,100 households (with an estimated 125,100 members); 27,400 families (with an estimated 137,400 members) received kitchen kits with eating and serving utensils.

Preparing for the Monsoon and Cyclone Season

We will conduct a monsoon planning session in mid-February with our on-ground response team, regional and country office staff to create an action plan for the possible scenarios of floods and landslides in camps. We have already built 33 bamboo bridges in the Kutapalong camp to provide access to services and used over 10,000 sandbags on pathways and slopes. We are seeking support for more site improvement work before the rains begin, such as additional bridges and drainage work. In addition, we will work with refugee communities to raise awareness of locations that are at risk of flood and support them to prepare contingency plans. This will include the identification of five open spaces that will be prepared in advance in the event that families need to be evacuated.

Our Advocacy: Speaking for Rohingya Children and Families

Save the Children has a robust private and public advocacy presence in the Rohingya crisis. We are advocating privately with the Government of Bangladesh that all Rohingya in the country be recognized as refugees and that school-age Rohingya children have access to a quality education.

Publically, we are speaking as one organization, and with others on a number of key points regarding the possible repatriation of Rohingya to Myanmar. This is in response to the January 15, 2018 announcement from the Governments of Bangladesh and Myanmar that 1,500 refugees would be repatriated each week for a period of two years, or about 150,000 refugees in total. However, this plan is on hold and a start date has not been set.

Save the Children recognizes the right of refugee return. However, to ensure the voluntary, dignified, informed, and safe (physical, material and legal) return of Rohingya refugees, we believe a credible return framework outlining minimum conditions must be in practice. Further, any credible return process must include the substantive involvement of UNHCR. Neither of these criteria are present in the Returns Arrangement or are the current conditions in Rakhine State, Myanmar.

We recommend that the following conditions and mechanisms be in place to create a conducive and safe return environment for children to Rakhine State and ensure children's rights to survival and protection are respected and fulfilled:

- Physical safety: Children must be safe from conflict and from abuse

- **Material safety:** Children must be protected, and their basic rights to health, education and other basic services need to be secured
- **Mental health and psychosocial safety:** Children’s mental health must be supported and children should have a sense of inclusion
- **Legal safety:** Children must have civil documents and be united with their families
- **Credible process:** substantive involvement of UNHCR

Save the Children is also one of a dozen international aid agencies who work in Myanmar’s Rakhine State—the place from which Rohingya fled atrocities—to sign a recent memorandum outlining 12 points that we are urging must be in place to guarantee the rights, safety and protection of returnees before any returns process commences. The paper notes that as demonstrated in numerous consultations, refugees in Bangladesh are still severely traumatized by their experiences. They have told us that they can only return to Myanmar if they receive clear and reliable guarantees that the violence and human rights abuse from which they fled will not continue and they will enjoy full and equal human rights and freedoms upon their return.

What is Save the Children’s Unique Role in this Crisis?

Save the Children has been in Bangladesh since 1970. We reach more than 15 million children and families each year with programming in nutrition, education, child protection, and maternal, newborn, and child health.

We are also a leading humanitarian organization for children in Bangladesh, with expertly trained staff and proven programs to respond swiftly and effectively to emergencies. We now have over 400 national staff working on this response.

Here are some of the ways that differentiate Save the Children from others responding to this crisis:



One of our staff explains how a distribution of materials will take place.
 Photo: Maria De La Guardia/Save the Children

- **Programs:** We were one of the first international aid agencies on the ground in Cox’s Bazar—we have addressed education, child protection and water and sanitation needs of displaced Rohingya communities since 2012. We are currently a leading partner of

the World Food Program and are running health programming in the hardest-to-reach settlements, where there is little or no public health service.

- **Coordination with Others:** We participate in the Cholera Preparedness Technical Working Group and, with UNICEF, co-lead the education “cluster” of responding agencies. We are one of three international aid agencies on a strategic advisory group of humanitarian stakeholders that discusses common challenges for the response, coordinates action and ensures that members can speak as one unified and stronger voice to the government regarding the possible return of Rohingya to Myanmar.

Save the Children is also active in the Inter Sector Coordinating Group and engages in bilateral meetings with key actors in our response areas to avoid duplication of services. Our staff also participate in weekly “camp-in-charge” coordination meetings.

Our education and child protection experts recently contributed to the Joint Education in Emergencies and Child Protection in Emergencies Rapid Needs Assessment, which identifies education and child protection needs, priorities and capacities of Rohingya girls and boys to inform and provide the evidence base for the UN’s 2018 Joint Response Plan.

- **Government:** We have a government relations officer in Cox’s Bazar District to coordinate our relations with government and military officials in the district. We are in touch with the government regularly on our response and have worked with the district administration to allow us to maintain separate distribution centers to ensure quick disbursement of material to those in need.
- **Advocacy:** Save the Children is a strong voice for Rohingya refugees, both individually and as member of the global humanitarian community. We also give refugees a voice through reports and high-level position papers, including our November 2017 “Horrors I will Never Forget” report on the violence perpetrated against Rohingya children and families inside Myanmar (see Annex A). A second report, “Childhood Interrupted,” will be released soon. Save the Children International Chief Executive Officer Helle Thorning-Schmidt met with the Bangladeshi Minister of Foreign Affairs during the Davos economic forum in January 2018 to raise our concerns about education for Rohingya refugee children and access to refugees. Follow-up emails and letters were sent, as well as an invitation to further discuss the issues.

Annex A: Stories from the Field: *Horrors I will Never Forget*

Helle Thorning-Schmidt, chief executive officer of Save the Children International, travelled to Cox's Bazar, Bangladesh in October 2017. While there, she spoke with Rohingya children and their families about their experiences. These and other stories from our staff were compiled into a report, *Horrors I will Never Forget*, to draw international attention to the atrocities that children have experienced and seen. Testimonies were provided by children, along with testimonies from families and friends who recounted the stories that others could not tell for themselves.

Almost every child Helle or our staff spoke to witnessed a family member or someone from their community killed. Others tell of witnessing massacres or being taken away to be sexually abused. They have seen and experienced things that no child should ever see, and many are deeply traumatized as a result.



A new spontaneous camp in Cox's Bazar, Bangladesh.

Photo: Maria de La Guardia/Save the Children

Their testimonies corroborate violations documented by the Office of the United Nations High Commissioner for Human Rights, Amnesty International and Human Rights Watch. With almost 60 percent of the refugee population under age 18, this is truly a children's emergency, and this collection of testimonies gives a voice to these children. By recording these grave violations against children we send a clear message to those responsible that these atrocities will not be tolerated.

The report also contains our recommendations to prevent further grave violations against Rohingya children. Here are excerpts of stories told to Helle and our response staff in Bangladesh. All names have been changed to protect privacy.

“They told us to go in our house and stay there...then they set our house on fire with us still in it.”

“When the military came to our village they told us to go in our house and stay there. If we

didn't comply, they said, they would beat us up. So I took my four children and wife inside. Then they set our house on fire with us still in it.

"We panicked and tried to get out of our house, but everything happened so quickly. I saw my 6-year-old daughter's skirt on fire, so I grabbed her and ran out of the house. My wife and 12-year-old son also made it out of our house, but we lost two of our other children in the chaos.

"I still don't know what happened to them. I fear that they didn't make it out of the house in time and were burned alive. As people tried to run away the military attacked them with machetes. It took us 15 days to get to Bangladesh. The whole way my daughter was crying. She needs urgent medical attention. She has really bad burns on her upper legs. She is in so much pain."

– *Recounted by Hakim, father of the two boys who are missing and presumed dead.*

"The military came to our village and took away all the young men. Some of them were only 14 years old."

"I have been heartbroken for so long. Three years ago the military came to our village and took my son and some of the other men away. He was only 17. I don't know why they took him, he had done nothing wrong. Every day I hoped he would come back. But we have not seen or heard from him since.

"Then the attacks on the police posts happened and everything was destroyed. After the attacks the military came to our village and took away all the young men. Some of them were only 14 years old. They took my husband from me and left me alone to look after my five daughters. Like my son I don't know if I will ever see him again.

"Then the military came back again. But this time they arrived at night and there was gunfire. Houses caught fire and everyone tried to run away. Our house was burned down. It took us 15 days to reach the border from our village. We had nothing to bring as it had all been destroyed. We travelled the whole way on foot and were very tired. There was nothing to eat. Just the leaves of plants and some raw vegetables we found on the way.

"When we got to the border we had to cross the river by boat. It was very busy and my group got split up. I held onto my two youngest children but the older three were put on another boat. They were 10, 11 and 12 years old. When we landed here I could not find them. I asked everyone if they had seen them. Then someone told me that the boat they were in had capsized. No one has found their bodies. Now I'm heartbroken again.

"I am here with just my two daughters left. We don't know where we will go or how long we will be here. I want to go back to where our village was one day if it is safe. I hope that if we go back I will find my husband and son again."

– *Recounted by Seniora, the mother of four missing children.*

“Without any warning they shot both of my parents in front of my eyes.”

“When the military came to my village, they told us we had to leave Myanmar. They said we don’t belong there. They took away our cows and water buffaloes and then they set our village on fire.

“Without any warning they shot both of my parents in front of my eyes. I grabbed my younger siblings and we ran away. My sisters are seven and 12 and my brother is 10. Now we are orphans. My siblings are always crying for their parents. They don’t understand that they will never see them again.

“We are staying with our uncle but they are scared that the military will come here and kill him too. He is all we have left now. I try to be strong for them as I am the oldest. When we arrived in Bangladesh we knew we were safe now.”

– *Recounted by a 16-year-old boy*

“I am the only one left here now.”

“About six weeks ago the military attacked the village my family lived in. My father was shot dead in front of my eyes. He died immediately. I started running away with my neighbours and my older brother. I don’t know what happened to my mother.

“We walked barefoot for four days and my feet were covered in cuts. We didn’t have any food or water and at times I had to crawl, because I was so weak. When we crossed into Bangladesh, the border was full of people and I lost my brother in the chaos.

“The police took me to one of the refugee camps and I now live here (Save the Children’s child safe space). There used to be 8 children here, but all the other children have been reunited with their families. I am the only one left here now. I feel very lonely and I really miss my brother. I wish he was here with me.”

– *Recounted by a 10-year-old boy.*