

Save the Children written evidence submission to the International Development Committee on the Rohingya Crisis

1. Introduction

- 1.1. Save the Children was founded 100 years ago in London. It is now a global movement operating in 120 countries, fighting to ensure that all children survive, learn and are protected.
- 1.2. Save the Children is one of the leading International NGOs in Cox's Bazar, having reached a total of 853,140 Rohingya refugees and members of the host community, including over 469,430 children, since the escalation of the crisis in August 2017. Details of Save the Children's programmatic response can be found in the Annex to this submission.

2. Recommendations for the UK Government

- 2.1. Continue to support the joint response in Cox's Bazar, including by prioritising funding for critical education and protection activity.
- 2.2. Continue to work with diplomatic and humanitarian partners in Bangladesh to ensure that local and international NGOs, as well as UN agencies, are able to effectively provide assistance to refugees.
- 2.3. Make every effort through bilateral and multilateral engagement to ensure that the Government of Bangladesh is enabling high quality humanitarian response – ensuring that Rohingya children's rights are protected and upheld.
- 2.4. Urgently work with the Government of Bangladesh to enable a high-quality response to COVID-19 – including the provision of mobile internet and telecommunications to refugee communities.
- 2.5. Work with the Government of Myanmar, as well as its partners and allies, to address the root causes of the crisis in order to allow Rohingya communities to return. This includes full implementation of the Rakhine Advisory Commission (RAC) recommendations, and full accountability for crimes committed against the Rohingya.
- 2.6. Continue to work with its partners in Myanmar and globally to ensure that Myanmar complies with humanitarian and human rights law and international accountability mechanisms – especially regarding violations and crimes against children.
- 2.7. Make every effort through bilateral and multilateral engagement to ensure all Rohingya children can access quality, inclusive, accredited education which includes psychosocial support and social emotional learning – including during the response to COVID-19 through distance learning.

3. Please could you update us on the general situation in Cox's Bazar and your primary ongoing concerns for refugees in the camps.

- 3.1. There are approximately half a million children currently living in the camps of Cox's Bazar.¹ Many of these children will have [experienced and/or witnessed horrific acts of violence](#) in

¹ Strategic Executive Group, 2020. *2020 Joint Response Plan: Rohingya Humanitarian Crisis, January-December 2020*. Available at: <https://www.humanitarianresponse.info/en/operations/bangladesh/document/2020-joint-response-plan-rohingya-humanitarian-crisis-january>

Myanmar, separation from family members and caregivers, and sexual exploitation and abuse.² Rohingya children continue to struggle with their mental health and wellbeing – not just as a result of their experience in Myanmar, but due to the precarious and high-risk conditions in the camps.

- 3.2. In order to enable Rohingya children to fulfil their rights and recover from their experiences, it is crucial that they are able to access high quality education, protection and mental health services.
- 3.3. According to the latest Joint Response Plan, 30% of children and young people have no access to education at all.³ For those that do have access to some learning, it is too often not age appropriate, informal, and not accredited. Children have been prevented from learning in Bangla or attending local schools, and the Myanmar curriculum is not yet available across the camps.⁴ Learning opportunities are restricted to basic resources, in informal settings, with partial coverage. Current provision is insufficient, and incompatible with longer term solutions for Rohingya children – including a return to their homes in Myanmar. While it is positive news that the Government of Bangladesh have approved a pilot roll-out of the Myanmar curriculum for grades 6-9 (12-16 year-olds), this pilot will only serve a limited population (10,000 children), and will not be accredited, and therefore recognised, for further education in Bangladesh, Myanmar or elsewhere.

“When I grow up I want to be a teacher so that I can help children become educated. This will help them to get a better life.” Abdullah, 14. Cox’s Bazar.*

- 3.4. The world’s largest refugee camp is no place for a child to grow up. Boys and girls are vulnerable to exploitation, trafficking and sexual abuse. Worryingly, as of September 2019, there were nearly 9,000 unaccompanied and separated children (UASC) registered in the camps.⁵ Through its case management programming, Save the Children routinely comes across forced marriages, cases of domestic violence and abuse, and often hears of instances of trafficking, labour and exploitation of children. Many children will be living with the effects of their exposure to rights violations in Myanmar but are unable to access the mental health and psychosocial support (MHPSS) they need to achieve a sense of wellbeing. In a study commissioned by Save the Children, participants cited a range of drivers of mental distress – including insufficient support with basic needs, scarcity of economic opportunities, safety and security, loss of or separation from family, desire to return home, and restrictions on freedom of movement.⁶
- 3.5. According to the latest JRP, nearly 70% of Rohingya children in the camps require access to MHPSS.⁷ Of those identified as needing support, less than 40% were expected to receive it this year – prior to the development of COVID-19.
- 3.6. In addition to these long-standing concerns, COVID-19 is the most pressing concern for refugee children and their communities in Cox’s Bazar. The first cases of COVID-19 have now been confirmed in Bangladesh, and in Cox’s Bazar town. While not yet confirmed in

² Save the Children, 2017. *Horrors I will Never Forget: the stories of Rohingya children*. Available at: <https://resourcecentre.savethechildren.net/node/12501/pdf/horrors-report.pdf>

³ See footnote 1, pp.70.

⁴ Human Rights Watch, 2019. *Are We Not Human? Denial of Education for Rohingya Refugee Children in Bangladesh*. Available at: <https://www.hrw.org/report/2019/12/03/are-we-not-human/denial-education-rohingya-refugee-children-bangladesh>

*Not their real name. Names have been changed to protect identities.

⁵ See footnote 1, pp.57.

⁶ Save the Children, 2020. *Internal Mental Health and Psychosocial Support (MHPSS) Community Assessment and Programming study*.

⁷ See footnote 1, pp. 96.

the camps, the threat of COVID-19 is an imminent one and will expose and exacerbate existing challenges for refugees in Cox's Bazar.

- 3.7. Critically, the current provision of health services – for Rohingya and host communities – in both Cox's Bazar district more widely and the camps, is totally insufficient. There are only 64 isolation beds across all 34 camps available for a population of over 900,000 people, with an additional 47 beds identified in Teknaf and Ukiya around the camps. While work is underway to increase existing capacity and add new facilities across the district by approximately 1,500 beds, it is unclear how this will be achieved in a timely fashion, and even with those additional beds, it is unlikely provision will be adequate.
- 3.8. The latest modelling from Johns Hopkins University estimates that some 550,000 people in the Kutapalong camp could become infected within 3 months, with nearly 19,000 people hospitalised.⁸ This number draws on data from experience in other outbreaks in non-humanitarian contexts. Given the conditions in the camps, the lack of mobile data, an absence of equipment and healthcare, and restrictions on the ability of humanitarian actors to respond, the potential impact could well exceed these projections.
- 3.9. The response is currently limited in a few key areas. First, there is a significant shortage in the availability of Personal Protective Equipment – not just for medical staff, but for all frontline workers. This not only puts volunteers and staff at risk, but also risks increased transmission within the camps.
- 3.10. Second, following concerns about security in the camps, the Government of Bangladesh have restricted access to the internet since September 2019. In addition, there is currently no way for Rohingya to legally acquire sim cards. This has implications for the ability of humanitarian organisations to respond in a safe, efficient manner – particularly as the number of staff allowed into the camps reduces. Further, it greatly affects the ability of Rohingya communities to access important public health information, to conduct contact tracing, and to access acute health support and life-saving assistance. Effective channels for communication will be critical to the response.
- 3.11. Third, although essential from a containment and prevention perspective, the impact of social distancing measures can negatively affect children's access to protection services and education. Children in the camps are exposed to a host of risks – including violence, exploitation and abuse. It is vitally important that any response to COVID-19 does not exacerbate existing vulnerabilities or create new child protection concerns.
- 3.12. Despite this, as part of the Refugee Relief and Repatriation Commissioner's (RRRC) response, all non-essential programming has been suspended, and as of 8th April service provision in the camps was further reduced to 'critical only'. The RRRC has not designated any protection – including child protection – activities as 'critical'. As a result, vulnerable and high-risk children will not have any access to any protection services for as long as lockdown measures are in place – likely to be months. This lack of access to any child protection services, coupled with the closure of Temporary Learning centres (TLCs), puts all half a million children in the camps at risk. Often these programmes are the only support and protection structures available, and are lifelines for children living in unsafe environments. Children must remain able to access protection services and education within the restrictions. Access to mobile internet and humanitarian actors will be crucial enablers of this.

⁸ Spiegel, P. et al, 2020. *COVID-19: Projecting the impact in Rohingya refugee camps and beyond*. pp. 7. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3561565

4. What preparations are being undertaken to implement formal education and economic opportunities in the camps?

- 4.1. As above, the camps in Cox's Bazar are no place for a child to grow up. Despite the fact that more than half of the total refugee population in Cox's Bazar are children,⁹ some of the most significant gaps relate to children's needs. While funding for the education sector in 2019 exceeded the requirements in the joint response plan (JRP),¹⁰ the vast majority of children are still not expected to have access to quality, accredited, education this year. Despite donor prioritisation of education and commitments to ensure refugee children have access to education globally, the restrictions on language, curriculum and accreditation continue to prevent children accessing quality formal learning in Cox's Bazar.
- 4.2. These restrictions – many of which were described by the APPG on the Rights of the Rohingya report in 2019¹¹ – include the routine denial of programme approvals – known as FD-7s – for education programmes; the prohibition of the use of the Bangladesh curriculum in the camps; preventing access to national schools and higher education; and, a protracted delay in approving a basic learning framework for use in the camps.
- 4.3. In early 2020, the Government of Bangladesh approved a pilot education intervention for 10,000 children – implementing the Myanmar curriculum in existing education programmes.¹² While an extremely positive development, the pilot was subject to a range of issues – including teacher capacity and numbers, availability of appropriate structures, accreditation of learning outcomes, and concerns regarding access for the most marginalised and deprived children. However, Save the Children – along with partners across the education sector, welcomed the approval and were actively engaged in its next steps.
- 4.4. In response to COVID-19, all education activities in the camps – including the pilot – have been suspended. This not only has a negative effect on children's right to education, but is detrimental to their overall health and wellbeing. Many of the children attending Save the Children's learning centres were also accessing support with their nutrition and emotional wellbeing, as well as accessing protection services through learning activities. With the prospect of an extended lockdown and restrictions on camp access and programming, the national, regional and local authorities must allow organisations to develop interim measures to continue providing these essential services.

5. What is your latest assessment of the plan to move some of the Rohingya to the island of Bhasan Char in the Bay of Bengal? Can this ever be a solution?

- 5.1. Any relocation should only occur after the UN has conducted a thorough technical assessment on the safety, protection and sustainability of services on the island.
- 5.2. If the UN technical assessment concludes that refugees can safely inhabit the island, consultations should be conducted with refugees and comprehensive information should be made available to them so they can make an informed and free decision. Any relocation of Rohingya refugees to any site must be voluntary, safe and dignified and should be based on a thorough consultation with the refugees themselves.

⁹ See footnote 1. pp. 11.

¹⁰ UNOCHA Financial Tracking Service, 2020. *Bangladesh: 2019 Joint Response Plan for Rohingya Humanitarian Crisis (January-December)*. Available at: <https://fts.unocha.org/appeals/719/summary>

¹¹ Rights of the Rohingya APPG, 2019, 'A New Shape of Catastrophe': Two years on from the 2017 Rohingya Crisis. Available at:

https://d3n8a8pro7vhm.cloudfront.net/labourclp483/pages/1450/attachments/original/1568117958/A_New_Shape_of_Catastrophe_Two_years_on_from_the_2017_Rohingya_Crisis.pdf?1568117958

¹² UNICEF, 2020. *Expanding Education for Rohingya refugee children in Bangladesh (Press Release)*. Available at: <https://www.unicef.org/rosa/stories/expanding-education-rohingya-refugee-children-bangladesh>

5.3. Save the Children believes that any relocation plan must guarantee that refugees will be provided with access to basic rights and services, including at a minimum, access to security, health, education, protection and self-reliance opportunities. There must also be clear provisions to allow for effective freedom of movement to and from the island to existing refugee camps in the Cox's Bazar area.

6. What is being done to repatriate refugees and what are the obstacles?

- 6.1. Rohingya refugees – including children – speak of their desire to return home and an opportunity to fulfil their rights. At a minimum, Rohingya civil society and diaspora groups highlight full citizenship, freedom of movement, and security as some of the pre-requisites to any return. Therefore, any repatriation – which must be voluntary, safe and dignified – is contingent on progress in Myanmar addressing the root causes of the displacement. To date, progress has been insufficient. As of late 2019, the UN's Special Rapporteur on Human Rights in Myanmar reiterated it is not yet safe for Rohingya to return.¹³
- 6.2. Across Rakhine state, Rohingya communities are still confined to what Human Rights groups describe as apartheid-like conditions, with little access to basic services, citizenship or freedom of movement. Conflict between the military and armed groups continues to cause civilian harm – including to Rohingya¹⁴ – and there is yet to be any repercussions for those responsible for some of the most egregious rights violations against children in recent decades. Justice is not only a crucial end in its own right for those affected, but accountability for the atrocities committed against the Rohingya are a necessary indicator of progress by the Government and military in Myanmar.

For more information, please get in contact with Joseph Anthony, Save the Children Public Affairs Adviser at j.anthony@savethechildren.org.uk

Annex

Save the Children programmatic response in Cox's Bazar:

Save the Children has nearly 1,364 staff and volunteers supporting our programmes in child protection, access to education, health and nutrition, water, sanitation and hygiene services, as well as distribution of shelter and food items. We work in almost all the Rohingya refugee camps in Cox's Bazar.

We distribute food rations to 496,261 Rohingya refugees in Cox's Bazar, including 279,786 children, on a regular basis, providing families with items like rice, lentils and cooking oil.

We run eight health posts serving about 650 people every day. Each health facility is staffed by a team of highly trained health professionals, including a medical doctor, pharmacist, psychosocial counsellor, paramedics and a midwife.

Save the Children operates a 20-bed Primary Health Care Centre (PHCC), which includes a maternity unit, a psycho social counselling room, a laboratory, a pharmacy, separate buildings for triage, inpatients and outpatients an emergency room and an isolation room. The Centre is the only

¹³ Lunn, J. 2020. *Myanmar: January 2020 Update*. House of Commons Briefing Paper No. 8443. Jan 2020. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-8443/>

¹⁴ Human Rights Watch, 2020. *Myanmar: Civilians Caught in Surge of Fighting*. Available at: <https://www.hrw.org/news/2020/03/04/myanmar-civilians-caught-surge-fighting>

one in the area to provide 24/7 in-patient care and serves a population of 20,000 people, both Rohingya refugees and the host community.

We run around 76 Child Friendly Spaces, 10 Girl Friendly Spaces, five Adolescent Friendly Spaces, 84 Child and Adolescents Clubs, and supporting more than 78,899 beneficiaries with a safe space to play, learn and recover.

We provide children with vital emotional support and if needed refer cases to mental health services. We conduct awareness sessions with community leaders, parents and children to help protect children from issues like trafficking, child labour and child marriage. We also provide Family Tracing and Reunification support to children who have been separated from their families.

We run 106 Temporary Learning Centres, 140 Community Based Learning Facilities and run education sessions in 10 Girl Friendly Spaces. Peer Education has also been started and reached 1,500 learners through 500 peer facilitators. At the learning centres, children aged 4-14 have access to learning opportunities in Burmese, their mother tongue, together with literacy, numeracy and life skills.