



**International Rescue Committee response to
International Development Committee's Rohingya
follow-up inquiry**

April 2020

The International Rescue Committee responds to the world's worst humanitarian crises and helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their future. The IRC is scaling up its global response to the outbreak of COVID-19, including in severely overcrowded refugee camps and crisis settings, mitigating its spread and thus the suffering of the world's most vulnerable.

The IRC is responding in Cox's Bazar with health care, protection for vulnerable women and children, education, livelihoods and emergency support for the refugees and host community members.

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

The UN estimates that there are almost 900,000¹ Rohingya refugees living in the Cox's Bazar district, the majority of whom are women and children facing serious protection challenges including trafficking, child marriage, sexual exploitation and gender-based violence. The situation is compounded by COVID-19 as women and children are unable to access services learning and emotional healing facilities.

The camp is over-crowded with poor sanitation and hygiene services. Refugees remain almost entirely reliant on humanitarian aid due to restrictive policies on access to livelihood opportunities. For close to three years, the majority of children and youth have not had access to formal education or vocational training opportunities. To compound challenges that refugees face daily there exists difficult topography and extreme weather conditions, including two annual monsoon and cyclone seasons.

Conditions in Myanmar make refugee repatriation extremely difficult, if not impossible, in the short-term. For example, there is continued fighting between the Arakan Army and Government forces and there is a lack of commitment and progress by the government of Myanmar towards addressing the root causes of the conflict and demands by the Rohingya themselves. As such, the displacement of the Rohingya refugees in Cox's Bazar is set to become protracted. Some reports estimate that, even with a realistic scenario for repatriation, there will be significant numbers of Rohingya residing in Bangladesh for more than 10 years.²

Effects of COVID-19 on the Rohingya response in Cox's Bazar

All services deemed non-essential to the COVID-19 response in the Rohingya refugee camps have been stopped. The current priority for the International Rescue Committee's programmes in Ukhia and Teknaf in Cox's Bazar is therefore preparing for an expected outbreak of COVID-19. The IRC is setting up a 50-bed isolation center whilst continuing to provide health services and Infection Prevention Control (IPC) services for both refugees and host community. The camp is particularly vulnerable to virus transmission due to its exceptionally high density (40,000 people per km²), poor sanitation, limited access to healthcare services, and high levels of

¹ UNHCR (2020) *Joint Government of Bangladesh – UNHCR Population Factsheet*
[\[https://data2.unhcr.org/en/documents/download/74676\]](https://data2.unhcr.org/en/documents/download/74676)

² UNDP Bangladesh Country Office (2018), *Impacts of the Rohingya Refugee Influx on Host Communities*.
https://issuu.com/bdundp/docs/impacts_of_the_rohingya_refugee_inf

malnutrition and other comorbidities amongst camp residents. [Indeed, the density is twice that found on the Diamond Princess cruise ship](#), where the rate of virus spread four times as fast as it did during the peak of the crisis in Wuhan³. To-date, there is no capacity for testing and treatment of COVID-19⁴ and there are no ventilators in either Rakhine State or Cox's Bazar, covering a combined population of 6.5 million.

All land borders in Bangladesh have been sealed and flights between Dhaka and Cox's Bazar have been suspended. As of 24 March, there has been one confirmed COVID-19 positive case in the district of Cox's Bazar, but no cases of COVID-19 have been identified thus far. Camp officials and NGOs must take advantage of this time to step up prevention activities.

The humanitarian community is working closely with the Government of Bangladesh on preparedness and response in the district. Planning is underway to prepare an initial 1,700 beds across the district. The broad activities pursued are: infection prevention control (IPC) and cleanliness; training on COVID-19 and IPC for staff; and distribution of personal protection equipment. Handwashing, distribution of soap and other hygiene and sanitation supplies are scaling up across all sectors. All non-essential services and facilities in the camp, such as educational and training facilities, have been suspended. In particular, the IRC's services for survivors of gender-based violence are also suspended until at least 11th April, with a high likelihood of extension. As of 9th April, the district is under total lock-down which is likely to impact on access to essential services due restricted movement.

The IRC have trained all its staff members in COVID-19 and infection prevention and control. Communication is being disseminated to camp residents on prevention and preparedness over email, WhatsApp and bulk SMS messages. We have prepositioned key medical supplies such as personal protection equipment (PPE), thermometers, hand sanitizer, and emergency medicines. Finally, we have created 50-bed temporary isolation and treatment facilities for COVID-19 patients.

Access to telecommunications

Current constraints on telecommunications are curtailing efforts to slow transmission and ensure appropriate care. Rohingya refugees in Cox's Bazar are unable to legally acquire sim cards, and telecommunications operators were directed to restrict internet coverage in Rohingya refugee camps from September 2019. These restrictions prevent effective communication with the affected populations on hygiene, COVID-19 risks, symptoms and preventative measures, making it much more likely that people will contract and die from the virus.

Effective access to internet and telecommunications channels will ensure that people experiencing symptoms will know when and how to self-isolate and reduce risks of exposure to family, health workers and caregivers. It will also ensure swift coordination for the medical evacuation of any patient needing to be transported to hospitals for intensive care.

³ ACAPS (2020) *COVID-19 Rohingya response*

[\[https://www.acaps.org/sites/acaps/files/products/files/20200319_acaps_covid19_risk_report_rohingya_response.pdf\]](https://www.acaps.org/sites/acaps/files/products/files/20200319_acaps_covid19_risk_report_rohingya_response.pdf)

⁴ Inter Sector Coordination Group - Bangladesh, World Health Organisation (2020), *Cox's Bazar Update #4 - COVID-19 Preparedness and Response*

[\[https://www.humanitarianresponse.info/en/operations/bangladesh/document/coxs-bazar-update-4-covid-19-preparedness-and-response-5-april-2020\]](https://www.humanitarianresponse.info/en/operations/bangladesh/document/coxs-bazar-update-4-covid-19-preparedness-and-response-5-april-2020)

Additionally, as movement and access for humanitarian actors to these communities reduces as part of nationwide efforts to stop the spread of coronavirus, the urgent need to provide services remotely to Bangladeshi, Rohingya and Rakhine communities increases. The remote provision of protection, education and psychosocial support services will not be possible without access to mobile data.

Countries that have successfully started to contain COVID-19, have done so because people have had access to up to date, scientific evidence and information, in real-time. The restoration of full telecommunications access is essential in supporting humanitarian efforts to save lives and protect vulnerable communities against the potentially catastrophic impact of COVID-19.

Major concerns

Whilst conditions in the camp have stabilized since the start of the crisis, they are still severe, and the vast majority of refugees are dependent on aid to survive. The IRC, along with the Overseas Development Institute (ODI), conducted qualitative and quantitative research with Rohingya refugees in 2019⁵.

Refugees identified their immediate concerns as living conditions, lack of firewood or stoves, healthcare, water, sanitation and hygiene (WASH) support and protection, inadequate food and insufficient supplies. Broader challenges include education, marriage and livelihoods. Refugees felt that their lives would first and foremost be improved through education, then better living conditions, then the ability to support themselves.

Immediate concerns

- a. **Rohingya camps in Cox's Bazar are dangerously over-crowded.** Population density risks are recognised by the 2020 Joint Response Plan⁶ as a central challenge. Population density can be as high as 8m² per person, far below the minimum standard according to best practice of 45m². This is a particularly pressing concern in light of COVID-19 as such density, in addition to the overcrowded nature of facilities such as latrines, water access points, and aid distribution points, makes social distancing extremely difficult. Beyond COVID-19, living in such conditions presents clear health risks. Similarly worrying trends are beginning to be observed in Bangladesh. One 21-year-old man told us of living with 12 members of family. Another told us, 'we are living as confined people'. These poor living conditions are leading some refugees to consider a return to Myanmar, where they face violence and persecution.
- b. **Inadequate access to food.** Nearly 44% of Rohingya refugees and 40% of the host community have poor or borderline food consumption⁷. Not only do refugees not get enough food, they don't get the requisite variety needed to ensure proper nutrition. The UN reports that whilst 860,000 refugees regularly receive minimum food assistance, only 240,000 of those can expand what they eat beyond the basic package of rice, lentils and

⁵ Wake C., Barbelet V., Skinner M. (2019). *Rohingya refugees' perspectives on their displacement in Bangladesh uncertain futures* [<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf>]

⁶ UN (2020), *2020 Joint Response Plan: Rohingya Humanitarian Crisis*. [https://reliefweb.int/sites/reliefweb.int/files/resources/jrp_2020_final_in-design_280220.2mb_0.pdf]

⁷ Post, L., Landry, R., & Huang, C. (Oct 3, 2019). *Moving Beyond the Emergency: A Whole of Society Approach to the Refugee Response in Bangladesh*. [<https://www.cgdev.org/publication/moving-beyond-emergency-whole-society-approach-refugee-response-bangladesh>]

oil. 88% of refugees remain highly vulnerable to food insecurity. 32% of Rohingya children aged one to five are chronically undernourished; 13% are acutely undernourished World Health Organisation Director General, Tedros Adhanom, highlighted that malnourished children are particularly at risk from COVID-19⁸.

- c. **Despite efforts to distribute gas stoves, there is still a lack of stoves and reliance on firewood collection.** Those who own stoves often have trouble accessing refills and/or do not have money to buy gas. Assessments also show that the risk of violence when collecting firewood worries refugees. One refugee told us how, as a consequence, 'women are burning their clothes and plastic in order to cook food. Others are taking wood and bamboo from their houses'. In the context of the COVID-19 outbreak movement around the camps to collect firewood risks contributing to the spread of the virus.
- d. **Refugees cannot access the level of healthcare that they need.** This is another concern that becomes even more grave in light of COVID-19. The target standard is that for every 25,000 people there is one 24-hour primary health centre. In Cox's Bazar, each centre caters for more than double that many people – 54,000. The IRC runs three 24-hour centres in the camps. Furthermore, refugees report that quality of care is sometimes low and that there is distrust towards certain facilities. Our experience from responding to the Ebola outbreak shows that trust is a vital part of fighting pandemic outbreaks and that disinformation and mistrust can cause panic and increase transmission. This is compounded by the fact that few refugees have the money to pay for private care, nor do refugees have rights to freedom of movement, which further restricts their access. One woman said, *'if you have fever they just give tablets but they cannot treat any bigger disease. If we have a bigger problem the NGO can refer us to the hospital but otherwise we cannot go. Even if we are referred, if we do not have money we cannot go'*.
- e. **Poor sanitation and hygiene services.** Health conditions are exacerbated and caused by insanitary conditions in the camp. Many refugees face problems accessing adequate sanitation facilities – 53% of households report access challenges including distance, overcrowding, location, and overflowing. One refugee noted that 150 households lived in his area, but there were only 2 latrines. Long queues formed and children defecated on the road, which made people sick. This is a further example of how overcrowding and poor conditions expose the camps' residents to heightened risk of contracting COVID-19. One man told us, *'everywhere in [the] camp it is dirty'*. What's more, there are safety issues with facilities. There are basic issues such as a lack of locks, limited lighting or appropriately segregated facilities, which increases risks of gender-based violence. Many women and girls have reported experiencing violence at water points, bathing facilities and toilets.
- f. **Gender-based violence.** Forthcoming IRC analysis of data collected from its protection programming found that at least one in four of every woman and girl in Cox's Bazar are subjected to gender-based violence every month⁹. 81% of these women reported that violence occurred between intimate partners, known as intimate partner violence. Most survivors experience more than one form of GBV, especially emotional violence and

⁸ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---16-march-2020>

⁹ IRC data

physical assault. This number could be the tip of the iceberg as less than a half of women who attended our women's centres agreed to screening. There is also a trend of violence against Rohingya women travelling through camps to access services or to volunteer with humanitarian partners.

Broader, structural concerns

- a. **Lack of rights and freedoms.** As of March 2020, only 4% of Rohingya have been granted refugee status. This means that the majority cannot access the full range of services and rights protections normally afforded to refugees. This is manifested primarily in the Rohingya not having freedom of movement, the right to work, or right to access education, which are primary aspirations for many refugee families. The lack of legal recognition for the Rohingya is a foundational barrier that contributes to the structural issues they face.
- b. **Poverty and limited livelihood prospects.** Due to the restrictions on movement and work, almost all refugees are wholly reliant on aid to survive. 43% sold aid items to meet cash needs and 75% of refugees live below the minimum expenditure basket – up 10% since 2017. Major barriers include no legal right to work, a lack of informal and volunteer job opportunities in the camp and being unable to travel to find work. Attempts to create their own work are often fruitless for refugees. One man told us, 'whenever we go to do fishing the military tell us not to do this work, we are not allowed to do this work because we are a refugee'.
- c. **Marriage.** Refugees told us that marriage was an important concern. It is seen as a foundational part of a good future and for many of those interviewed it was a pervasive issue. One elderly woman told us that she could not allow her daughters to go to work because they were not married. One barrier to marriage was the lack of income to pay the dowry that is expected in Rohingya culture. The limited job prospects and challenging conditions may encourage negative coping strategies such as early or forced marriage.
- d. **Access to justice:** As the vast majority of the Rohingya in Bangladesh haven't been recognized as refugees, they cannot access effective justice mechanisms – a critical but often overlooked element of refugee responses. Systems of justice, whether through community or legal systems, are essential in upholding and protecting basic rights. Moreover, the freedom to seek redress when rights are violated is the core function of protection under the rule of law and is enshrined internationally under Articles 6, 7 and 8 of the Universal Declaration of Human Rights. The lack of justice for Rohingya refugees is felt particularly keenly by women and girls, who have acute protection needs, and is exacerbated by an overwhelmed legal system in Bangladesh. Improved access to justice and conflict management skills is a vital pillar for Rohingya refugees' own self-reliance and the stability of Cox's Bazar.
- e. **Lack of medium-term strategy:** Global experience has demonstrated that developing a plan to address medium-term needs for refugees and for hosts—known as a whole of society approach—is critical and that this plan should be put in place within the first few years of a crisis. The positives of this approach have been demonstrated in countries such as Uganda, Jordan, and Colombia, where refugees have legal pathways to formal education and decent work. At the same time, the risks of failing to devise and implement such a plan have been made clear through protracted refugee situations such as in Thailand, where refugees do not have livelihoods opportunities, leading to high

levels of economic stress and negative coping strategies such as early marriage, alarming levels of suicide, and violence—impacting the well-being of both refugees and host communities alike. Furthermore, our research shows that Rohingya refugees are not consulted on these longer-term decisions. The inevitable protracted nature of this refugee crisis, combined with the increasingly pressing challenges faced by Rohingya and their hosts, demands a change in course.

Recommendations

To prepare for the impending COVID-19 outbreak additional and flexible funding must be made available. International NGOs have particular experience in disease response that can be used and harnessed to support national NGOs and delivery partners already embedded in communities on the ground. At least 30% of the immediate Global Humanitarian Response Plan financing should be directed to frontline NGOs.

Donors should encourage the government, UN and other stakeholders to involve the Rohingya in the planning for preparedness and response for COVID 19.

International donors should provide funding to adapt and improve conditions in Cox's Bazar, support social distancing, increase capacity for testing and provision of PPE, improved hygiene facilities at isolation centres, and adequate support for all front line workers who will be working during this time. For example, shelters can be upgraded so large families are no longer crammed together in one tiny container or flimsy shelter; additional toilets, water points, and hand washing stations can be built so that fewer people have to share facilities; essential hygiene and prevention activities can be undertaken.

In addition to funding for COVID-19, there must be adequate levels of guaranteed funding to improve living conditions for Rohingya refugees and host community in Cox's Bazar, who have been living hand-to-mouth and are now in total lockdown.

2. What have been the main challenges for coordinating the humanitarian response in the camps?

The humanitarian response to the Rohingya crisis has been large-scale and has avoided any major health outbreak like Cholera. The support that humanitarian actors provide in the camp is invaluable and priority still needs to be paid to this response. However, there exist several impediments to effective coordination.

- a. **Donor fatigue and underfunding:** The 2018 UN Joint Response Plan (JRP) received 69% of its total requested funding, a shortfall of nearly \$300m. The 2019 JRP fared little better, receiving 70% of requested funding, \$271m short of its total. As the crisis becomes protracted, donor fatigue risks setting in and funding could reduce even further. To add to this, the impact of COVID-19 could require much more additional funding in both the short-term to respond to the pandemic and in the long-term to help refugees respond to the macro effects of the crisis. There is a risk, too, that funding could be redirected from existing programmes to deal with the outbreak.
- b. **Short-term funding.** The money that is distributed to humanitarian actors is often short-term in nature. For example, some of the funding we receive for sexual and reproductive health services is only for 3 – 6 months. This is ineffective for various reasons. Time and resources are wasted in setting up programmes, recruiting staff, disbanding them, and

re-establishing programmes once new funding comes in. The need to lay-off staff and the ephemeral nature of programmes breeds distrust between humanitarian actors and the local community and refugees. What's more, many of the problems that programmes intend to tackle are entrenched and will not be solved in the space of one year. There must be a shift towards financing that is long-term and flexible, particularly in the time of COVID, to allow frontline responders to pivot their responses as needs change on the ground and implement strategic and effective programming to address the pandemic's longer-term impacts.

- c. Bureaucratic impediments.** The Government of Bangladesh has honourably committed to not prematurely or involuntarily returning refugees to Myanmar. However, the government's default position remains that the displacement is temporary and that repatriation is the only solution. This position stems from the belief that because the government of Myanmar are culpable for causing the crisis, they should be held accountable and it is they who should resolve the crisis. As a result, the Bangladeshi government is reticent to commit to development programming to support Rohingya refugees build economic and educational capacity for fear of appearing to be committing to allowing the Rohingya to remain in Bangladesh permanently. To add to this, the government of Bangladesh does not want to provide any so-called 'pull factors', such as economic development or education, that could attract further waves of Rohingya refugees. This results in regulations and procedures that limit humanitarian actors to 'life-saving' assistance. For example, income-generating activities in the camp are banned. Refugee-owned marketplaces are officially forbidden and cash-for-work programmes run by UN agencies and NGOs have limits on the hours refugees can work and the income refugees can earn. There is also reluctance to permit the use of cash transfers, despite the research pointing to the fact that such transfers are effective ways of delivering aid and benefit the local economy.
- d. Poor coordination between humanitarian actors.** In usual refugee response scenarios, the UN High Commissioner for Refugees (UNHCR) is the lead agency. However, in this case responsibility has been split between UNHCR and the International Organisation for Migration (IOM). The two agencies divide the management of the camp geographically and have historically been poor in their data-sharing and in aligning their objectives and activities. Furthermore, given that the UN lead the response, manage funds and also deliver services, a UN-centric coordination system has been created that doesn't reflect either good practice in humanitarian coordination or expertise of NGOs.
- e. Limited opportunities for refugees to contribute to decision-making.** Whilst 78% of refugees in a 2019 GroundTruth Solutions poll¹⁰ reported that humanitarian organisations take their views into account, there is no official mechanism whereby Rohingya refugees can contribute to policy or programmatic decision making. Research has also found that refugees have little say over medium-term response decisions¹¹. The 2019 JRP and the site management strategy had proposed setting up new camp governance structures, but this was never implemented. The associated challenges persist.

¹⁰ GroundTruth Solutions (2019) Bulletin Rohingya: Feedback and Relationships, June 2019.
<https://reliefweb.int/report/bangladesh/bulletin-rohingyafeedback-and-relationships-june-2019>

¹¹ [Ibid.](#)

- f. **Conflicts between Rohingya refugees and host community members.** According to research the UNDP¹², the refugees' influx into Cox's Bazar in August 2017, has had negative effects on the host community including on education, infrastructure, health and most profound is the loss of livelihoods. This is challenging for a community that is largely uneducated and predominantly reliant on agriculture and fishing. Land previously cultivated by some host community members, is currently occupied by refugees and for about 3 months fishing was banned by the government. Daily labor wages have drastically reduced after the influx as the Rohingya are willing to offer their labor for lower rates. Most of the host community are unable to get jobs with the humanitarian agencies due to lack of skills. There is also a perception that refugees are receiving more and better services than the them. As a result, the host community members feel that the refugees should return to their home so that they can start using their land again. Following the failed repatriation, the situation has deteriorated. The host community backed by some local leaders including NGO leaders are increasingly demanding for a 25% share of all funding. Some NGOs have been occasionally forced by some Camp in Charges (CiCs) to split relief items in the camps and give some to the host community despite having different commitments and plans for both communities. There have been continuous fights that have at times, unfortunately, resulted in death.

Recommendations

A report co-authored by the IRC and the Centre for Global Development¹³ recommends that: The government of Bangladesh, with development and humanitarian actors, should create a coordination platform that is responsible for designing the plan, coordinating its implementation, and monitoring its progress towards agreed outcomes.

We also recommend that the Government of Bangladesh finalises the Refugee Relief and Repatriation Commission's endorsement of new guidelines for the establishment of additional Camp and Block Committees across the Cox's Bazar camps.

Finally, the UK Government should work with the Government of Bangladesh to find a state or non-state forum suitable for hearing inter-community legal disputes between Rohingya and host communities of Cox's Bazar.

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

There is a wide range of research examining the positive effects of education and livelihood programmes on refugees in protracted displacement and the host community. In Turkey, a 2017 study¹⁴ found that there were over 10,000 businesses owned by Syrian refugees, and that

¹² UNDP Bangladesh Country Office (2018), *Impacts of the Rohingya Refugee Influx on Host Communities*. https://issuu.com/bdundp/docs/impacts_of_the_rohingya_refugee_inf

¹³ Post, L., Landry, R., & Huang, C. (Oct 3, 2019). Moving Beyond the Emergency: A Whole of Society Approach to the Refugee Response in Bangladesh. <https://www.cgdev.org/publication/moving-beyond-emergency-whole-society-approach-refugee-response-bangladesh>

¹⁴ Building Markets. 2017. Another Side to the Story: A market assessment of Syrian SMEs in Turkey. [https://buildingmarkets.org/sites/default/files/pdm_reports/another_side_to_the_story_a_market_assessment_of_syria]

between 2011 and 2017, Syrians had invested nearly \$334m into more than 6,000 new companies, whose average annual revenue was more than \$450,000. This positive experience has been replicated in countries such as Uganda, Jordan and Colombia.

Benefits of these programmes expand beyond the monetary. For example, schools can provide a safe environment for children, reducing the risk of abuse, gender-based violence and child labour.

In contrast, a large uneducated and unwaged population in Cox's Bazar presents its own risks. Trafficking, crime, and negative coping strategies, such as child labour, early and forced marriage, could thrive, and even the risk of possible radicalization especially for youth. Indeed, where the IRC has worked for over 30 years with refugees in Thailand, we have witnessed high levels of suicide and gender-based violence where refugees are denied access to livelihoods programmes¹⁵.

Furthermore, given that refugees are forced to access the market to meet their needs, it is clear that the current humanitarian response is not sufficient in supporting their ability to live well.

As the situation in Cox's Bazar becomes protracted, it is vital that such programming is made available to Rohingya refugees. The Government of Bangladesh has the opportunity to pioneer a model that balances the solution of repatriation with the pressing socio-economic needs of refugees and the host community. Without action, crisis will set in.

Education opportunities

Opportunities that currently exist

According to research the IRC conducted with the ODI, education is the single biggest aspect that the Rohingya believe would improve their lives¹⁶. Often, refugees will make sacrifices, such as selling rations, in order to pay for their children to access education. This takes the form of private learnings offered by former teachers in the camp or some instances of clandestinely access Bangladeshi private schools, although children and parents face harassment if they are found out. 50% of pre-primary and primary learners and 97% of youth and adolescents lack access to quality education or learning opportunities¹⁷.

Up until this year, the Government of Bangladesh only allowed informal, basic education. Around 300,000 children are enrolled in informal education centres, where teaching of children is limited to two hours per day with significant variations in the method of teaching, assessment and quality assurance. The learning centres are small, 4x4 metre rooms where children are divided into four groups and cramped in the same room, causing great difficulties for communication and learning. Quality is varied and there is no system for quality assurance or

[n_smes_in_turkey.pdf](#)

¹⁵ Post, L., Landry, R., & Huang, C. (Oct 3, 2019). Moving Beyond the Emergency: A Whole of Society Approach to the Refugee Response in Bangladesh. <https://www.cgdev.org/publication/moving-beyond-emergency-whole-society-approach-refugee-response-bangladesh>

¹⁶ Wake C., Barbelet V., Skinner M. (2019). *Rohingya refugees' perspectives on their displacement in Bangladesh uncertain futures* [\[https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf\]](https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf)

¹⁷ UN (2019), *2019 Joint Response Plan: Rohingya Humanitarian Crisis*. <https://reliefweb.int/report/bangladesh/2019-joint-response-plan-rohingya-humanitarian-crisis-january-december-enbn>

accreditation, meaning attainment is not recognized in Myanmar or any other country. Furthermore, there is no data available to assess attendance.

The IRC is one of the NGOs offering limited educational programming. IRC is piloting an innovative “semi-autonomous learning” approach targeting children aged 6-14 years to equip them with literacy and numeracy skills using tablets. We also lead the Early Childhood Development (ECD) intervention for younger children. It is designed to foster their growth and development and prepare them for further learning.

In January 2018, UNICEF led a coalition that developed a Learning Competency Framework and Approach that would guide learning for Rohingya refugees from four to 18 years. Whilst the Government of Bangladesh approved the first two of four levels of the framework in 2019, it still believed the framework overtly encouraged formal learning and renamed it ‘Guidelines for Informal Education Programme for Children of Forcibly Displaced Myanmar Nationals in Bangladesh’¹⁸.

Breaking from previous policy, the Government of Bangladesh agreed in January 2020 to pilot the provision of education for 10,000 refugees in Grades 6-9 using the Myanmar curriculum¹⁹. This is an encouraging and welcome step. To be a truly transformative change, the IRC have identified seven challenges that the programme will have to overcome.

1. There are a limited number of refugee teachers or Bangladeshi teachers who speak Burmese. Learning in Burmese will be critical to support refugees’ return to Myanmar. NGOs should identify Burmese language teachers and establish a teacher training centre in the camp.
2. Teachers need to be trained in pedagogical skills and Myanmar curriculum. The UNICEF-led Teacher Professional Development Framework (TPD) must be adapted to this end.
3. The population targeted by the pilot is small. There are an estimated 500,000 Rohingya children in Cox’s Bazar, however it may be difficult to find a reasonable number who are at the requisite level to attend grades 6-9 given the previous lack of educational programming. The pilot should be broadened to include lower grades.
4. Quality assurance teams should be formed to monitor teaching quality, the availability of teaching materials, learning progress, and community engagement.
5. There are severe space constraints in Cox’s Bazar which means there are limited opportunities to open new learning centres. Half of current learning facilities are home- or community-based. Two-storied centres, which are currently banned, should be piloted along with improved home-based learning, using models such as IRC’s tablet-based learning.
6. Without accreditation there is no pathway to further education or for education attainment to be recognized outside of Cox’s Bazar. There must be a formal process for assessment and certification agreed with the Government of Myanmar.

¹⁸ Post, L., Landry, R., & Huang, C. (Oct 3, 2019). Moving Beyond the Emergency: A Whole of Society Approach to the Refugee Response in Bangladesh. <https://www.cgdev.org/publication/moving-beyond-emergency-whole-society-approach-refugee-response-bangladesh>

¹⁹ <https://www.unhcr.org/uk/news/press/2020/3/5e5cfb984/un-appeals-us877-million-rohingya-refugee-response-bangladesh.html>

7. An awareness raising campaign must be launched to ensure parents are aware of the policy change. Our assessments since the change have revealed that many parents are not aware of the change as of yet.

As a result of the COVID-19, the pilot, which had been set to begin in April, has been delayed until July. All non-essential activities, including educational programming, have been suspended.

Economic opportunities

Rohingya refugees do not have the right to work in Bangladesh nor do they have freedom of movement, further restricting their opportunities. Two-thirds of refugees depend entirely on aid²⁰.

The economic opportunities that do exist are informal and inconsistent. These include small-scale cash-for-work programmes run by UN agencies or NGO, where refugees are paid to work on small construction or monitoring projects in the camps. There are limits placed on how many hours refugees can work in these schemes. In April 2019, for example, around 38,000 refugees participated in such programmes.²¹ Small markets and shops, whilst officially banned, do exist, but only in some camps.

Some refugees have gained employment in the local informal labour market. However, this has had the effect of depressing wages – dropping from 500 – 600 Taka per day to as little as 200 Taka per day – which creates tensions with the host community²². This is an example of where regulated economic opportunities could benefit both refugees and host community.

Host community and refugee shopkeepers cited capital constraints as one of the main barriers to operating their businesses. Our assessment supports these findings, showing that refugees have had no access to formal financial mechanisms. Concerning the host community, 61 percent of shopkeepers had no access to finance at all when starting their business, while only a small minority (13 percent) had ever accessed formal financial services through NGOs or banks²³.

For those refugees who do have the means to create their own business, such as clothes-making, there is not enough demand or wealth in their areas to make the business viable. One woman was given a sewing machine by an NGO and said that if a company placed an order she would be able to run a viable business, but without external demand she struggles²⁴.

The large-scale livelihoods programmes that do exist are targeted at host communities. The programmes for refugees focus on informal training such as vocational training or vegetable

²⁰ Wake C., Barbelet V., Skinner M. (2019). *Rohingya refugees' perspectives on their displacement in Bangladesh uncertain futures* [<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf>]

²¹ Post, L., Landry, R., & Huang, C. (Oct 3, 2019). *Moving Beyond the Emergency: A Whole of Society Approach to the Refugee Response in Bangladesh*.<https://www.cgdev.org/publication/moving-beyond-emergency-whole-society-approach-refugee-response-bangladesh>

²² *ibid*

²³ International Rescue Committee (2019) *Left in limbo: The Case for Economic Empowerment of Refugees and Host Communities in Cox's Bazar, Bangladesh* [<https://www.rescue.org/sites/default/files/document/4101/finalircbangladeshlivelihoodspolicybrief.pdf>]

²⁴ Wake C., Barbelet V., Skinner M. (2019). *Rohingya refugees' perspectives on their displacement in Bangladesh uncertain futures* [<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf>]

gardening. In one example, the World Food Programme is piloting aquaculture ponds, which are maintained and fished by refugees. Due to limitations these ponds serve only to meet consumption needs, but they do provide a model that could be scaled up to service refugee or local markets²⁵.

These opportunities that do exist are insufficient to sustain the Rohingya refugee community in Cox's Bazar. Of the households surveyed in IRC and ODI research, one-third had at least one person that undertook some kind of paid work. Even then, most of those who workers had to supplement their income with aid.

Women and girls face disproportionate barriers to harnessing economic opportunity. If Rohingya women are to defy these trends, livelihoods support programmes must not only open opportunity to refugee women, but also tackle the social norms that prevent women from capitalising on them and increase risk of harassment and violence. In research by the IRC²⁶, most women did not want to work outside their house and most men agreed. Some men forbade it. Despite this, men are open to the idea of women working for money if it is home based, such as sewing. For some, the need for women to work has started to change their views.

Creating the conditions necessary for women to have safe and consistent livelihoods relies fundamentally on access to education, training and financial literacy, and freedom of movement— all of which are constrained for refugee women in Cox's Bazar.

One potential option to support refugee livelihoods is giving out cash. An IRC survey revealed, 63% of Rohingya refugees believed that cash distributions would make long-term difference to their lives²⁷. Many preferred to receive cash to invest in businesses rather than receive skills training. Assessments show that nine out of ten Rohingya households could benefit from cash programming²⁸. Cash has benefits for host population economies, too. Further IRC research shows that a similar scheme in Lebanon provided a return of \$2.13 in local markets for every dollar spent by refugees²⁹.

Recommendations

The Government of Bangladesh and donors must prioritise the removal of barriers to education and livelihoods, and the provision of multi-year planning and funding and planning for these sectors, in order to reduce refugees' dependence on aid and their vulnerability to exploitation and negative coping strategies.

²⁵ *ibid*

²⁶ Wake C., Barbelet V., Skinner M. (2019). *Rohingya refugees' perspectives on their displacement in Bangladesh uncertain futures* [<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf>]

²⁷ *ibid*

²⁸ Post, L., Landry, R., & Huang, C. (Oct 3, 2019). *Moving Beyond the Emergency: A Whole of Society Approach to the Refugee Response in Bangladesh*.<https://www.cgdev.org/publication/moving-beyond-emergency-whole-society-approach-refugee-response-bangladesh>

²⁹ Wake C., Barbelet V., Skinner M. (2019). *Rohingya refugees' perspectives on their displacement in Bangladesh uncertain futures* [<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf>]

4. Gender based violence, including sexual exploitation and trafficking, appears to be a persistent problem in the camps. Why is this and what is the international community doing to prevent it?

Gender-based violence (GBV) is one of the biggest barriers to achieving Sustainable Development Goal 5, the goal to achieve gender equality and empower all women and girls. Displaced women and girls, of whom the Rohingya are a part, are particularly at risk of being left behind.

IRC research shows that in conflict and crises, women and girls are more likely to experience gender-based violence (GBV)³⁰. This research estimated that one in five women and girls in humanitarian crises experienced GBV. In Cox's Bazar, unpublished IRC findings show that at least one in four women and girls who were screened in our programming have experienced GBV. This data is based on screening assessments that the IRC runs with women in centres located in 19 camps across Cox's Bazar. Due to the risks and stigma associated with reporting GBV, fewer than half of centre attendees consented to screening, suggesting that the one in four could in fact be an underestimate. The 2020 Joint Response Plan also indicated that under-reporting hinders our understanding of the true scale of GBV in Cox's Bazar³¹.

Violence can take multiple forms, including physical assault, psychological or emotional abuse, sexual assault, and rape. Our data shows that the primary form of GBV occurs between intimate partners, known as intimate partner violence (IPV) – 81% of those who reported GBV told us that this had taken the form of IPV. As countries across the world recommend social distancing and reduced mobility, the risk of IPV grows as abusers are forced to spend more time with their abuser.

GBV has a clear immediate impact on the individual's physical and mental wellbeing. But it also undermines the long-term development of women and girls and harms the wider society in which they live. GBV prevents women and girls from accessing education, healthcare, economic opportunities and from taking a greater part in their community through leadership roles. GBV leads to a cycle of disadvantage for future generations.

What causes GBV?

GBV is driven by various interlocking factors – amongst them, patriarchal social norms and power structures; increase in violence and stress due to displacement; transforming gender roles; and limited personal and legal recourse for survivors of violence.

There are protection risks within the camps themselves that expose women and girls to greater risks. There is poor lighting across the camps, which creates risk for women and girls when they travel outside their home. At latrines and water facilities there is a lack of gender-segregation and locks. In IRC assessments, women and girls reported that the GBV they experienced outside the home would usually occur at these facilities..

³⁰ What Works (2019) Violence against women and girls in conflict and humanitarian crisis: Synthesis Brief
<https://www.rescue-uk.org/report/what-works-prevent-violence-against-women-and-girls-conflict-and-humanitarian-crisis> retrieved February 17th 2020

³¹UN (2020), *2020 Joint Response Plan: Rohingya Humanitarian Crisis*.

[\[https://reliefweb.int/sites/reliefweb.int/files/resources/jrp_2020_final_in-design_280220.2mb_0.pdf\]](https://reliefweb.int/sites/reliefweb.int/files/resources/jrp_2020_final_in-design_280220.2mb_0.pdf)

A lack of economic opportunity has disrupted traditional social norms and led to negative coping mechanisms. For example, the IRC has found that stress and the lack of employment leads some men to exert control over their families through violence. Early or forced marriage, trafficking and sexual exploitation become more prevalent as formal ways of making money do not exist³².

The prevalence of GBV is compounded by the lack of support both legally and socially for women who experience it. There are some grassroots organisations in camps that are led by women or whose leadership have a good representation from women. On the whole, however, women are not present at important meetings and we have seen examples of women being actively blocked from participating substantively in community decision-making³³.

The male-dominated informal justice system in camps further dissuades women from reporting cases. Disputes are usually raised through Majhis, unelected Rohingya community representatives who are usually men and have been criticized for being corrupt. Often, it is the male head of the household who is the person responsible for reporting disputes, which makes reporting IPV exceptionally complicated for women. Once a dispute has been logged, the usual way of dealing with it is through community mediation, again led by men. This brings survivors into close physical proximity to their abuser and forces women to detail their experience in public, risking further violence and societal isolation.

The formal Bangladeshi legal system offers little external relief. Courts are hugely overburdened and it is almost totally inaccessible for Bangladesh's rural poor, which includes both refugees and host community. As of August 2019, there were around 3.6 million cases pending hearing. Those cases that do get heard rarely end in conviction. A study by Naripokkho, a Dhaka-based women's rights body, found that of 20,228 cases heard by Women and Children Repression Prevention Tribunals over an 8-year period, only 19 ended in a conviction³⁴.

What is the international community doing?

Rapid investment of resources since August 2017 has gone some way to addressing humanitarian and protection needs. The 2018, 2019 and 2020 Joint Response Plans (JRP) for the Rohingya crisis set out directives for developing the GBV sub-sector. The plans provided an important foundation for the GBV response and have registered a number of successes including improved access to services for survivors, enhanced coordination between operations, improved integration in response planning (including in the JRP) and expansion of available information for the prevention of GBV. However, in 2018, only 6% of the Cox's Bazar Rohingya population (62,113 people) were reached by the GBV prevention and response teams³⁵. In the

³² International Rescue Committee (2019) *Access to Justice in Crisis: Legal Empowerment for Rohingya refugees living in Cox's Bazar, Bangladesh*. [<https://www.rescue-uk.org/sites/default/files/document/2078/accesstojusticeincrisis.pdf>]

³³ Wake C., Barbelet V., Skinner M. (2019). *Rohingya refugees' perspectives on their displacement in Bangladesh uncertain futures* [<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf>]

³⁴ International Rescue Committee (2019) *Access to Justice in Crisis: Legal Empowerment for Rohingya refugees living in Cox's Bazar, Bangladesh*. [<https://www.rescue-uk.org/sites/default/files/document/2078/accesstojusticeincrisis.pdf>]

³⁵ Wake C., Barbelet V., Skinner M. (2019). *Rohingya refugees' perspectives on their displacement in Bangladesh uncertain futures* [<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf>]

same year, a 50% gap in coverage for psychosocial support services and case management was reported.

Both the 2018 and 2019 JRPs have lacked specificity on programming targets or goals – a reality compounded by the ongoing lack of technical knowledge and service delivery expertise. The new 2020 JRP marks a more positive step towards GBV programming with at least one specific objective on improving access to services, a significant gap in 2018 and 2019.

In Cox's Bazar, the IRC runs an integrated health and protection programme, supports two Integrated Women's Centres (IWCs), as well as a Comprehensive Women's Centre offering case management, crisis counselling, psychosocial support, information and focus group discussions about women and girls. The IRC's 57 facilities in Cox's Bazar employ over 400 staff members, 50% of whom are women, and 390 Bangladeshi nationals and 10 international staff. By the end of 2019 over 200,000 Rohingya and host community beneficiaries – including 97,000 women – had been served by the IRC's health, women and empowerment, education, child protection, and protection and rule of law programming.

Recommendations

GBV services are life-saving and vital. They are not optional and should not be an after-thought in humanitarian responses. The UK government should triple their funding of GBV services and should ensure that the needs of women and girls are central to their COVID-19 response.

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?

The Government of Bangladesh have proposed moving 100,000 Rohingya refugees to Bhasan Char as a solution to the overcrowding in Cox's Bazar. The island was formed by moving silt 20 years ago and is one of various unstable, fluctuating islands that appear in the region. It has been reported that housing blocks and initial infrastructure have already been constructed by the Bangladeshi government³⁶.

What do refugees want?

In research conducted by the IRC and ODI with Rohingya refugees in Cox's Bazar, the majority told us that in general their end-goal was safe return to Myanmar. If they had to stay in Bangladesh, they preferred to stay where they were. When asked what they would prefer if returning to Myanmar were not an option in the near future, 79% of Rohingya refugees surveyed said they would want to stay in their current camp with their family³⁷. Their reasons included a desire to stay where they were settled, avoid further disruption and displacement, and be close to friends and family rather than have to uproot their lives yet again. Very few refugees told us they wanted to stay because they were happy with living conditions.

Other concerns

³⁶ <https://www.thenewhumanitarian.org/maps-and-graphics/2019/08/22/Rohingya-crisis-camps-satellite-timelapse>

³⁷ Wake C., Barbelet V., Skinner M. (2019). *Rohingya refugees' perspectives on their displacement in Bangladesh uncertain futures* [<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12719.pdf>]

There are serious safety concerns over the feasibility of human habitation on Bhasan Char. The island is located in the cyclone track in the Bay of Bengal and is extremely vulnerable to flooding and rising sea levels. In January 2019, the UN Special Rapporteur on the situation of human rights in Myanmar, Yanghee Lee, visited the island and called on officials to release feasibility reports and to allow the UN to make its own humanitarian assessments. The assessments that the UN did carry out were not comprehensive. The UN intends to conduct further assessments but this is yet to occur.

Given the isolated nature of Bhasan Char, located 30km off the coast of Bangladesh, there are also worries about what this means for Rohingya refugees' rights to movement and their ability to access educational and economic opportunities.

Can it ever be a solution?

As long as there remain concerns around the safety of the island, around the ease of delivering humanitarian assistance on the island, and as long as studies on its feasibility for human habitation have not been released, relocating 100,000 refugees to the island is not a solution. Relocation to the island should only happen after an independent study has ascertained its habitability and the financial viability of relocating refugees to an island at a time when donors are struggling to fully fund the entire response. In addition, there should be guarantee of their safety, access to education, access to livelihood opportunities, health care and freedom of movement. Failing to provide such a guarantee would simply recreate the protracted conditions of malaise that the Rohingya currently find themselves in. The entire process should happen with full participation of refugees and be voluntary and dignified. Any forced relocation would violate the rights of the Rohingya and would set a dangerous global precedent for the treatment of refugees.

Recommendations

It is possible that some Rohingya refugees could be locally relocated. For example, Human Rights Watch identified six possible areas in Cox's Bazar that could accommodate 263,000 people³⁸.

The Government of Bangladesh should communicate clearly with refugees on their options and intentions. The Government should also abide by international safety standards, coordinate with the UN throughout the entire process, and ensure that the Rohingya are fully engaged and involved in decision-making. This would help to dispel uncertainty and relieve some of the stress and anxiety of the future that refugees are faced with. This is particularly important when consulting on plans for relocation or voluntary return.

³⁸ Human Rights Watch (2018) *"Bangladesh is not my country": the plight of Rohingya refugees from Myanmar* (https://reliefweb.int/sites/reliefweb.int/files/resources/bangladesh0818_web2.pdf)