



Half a Million Rohingya Children Seek Refuge

Since 25 August 2017, an intensification of targeted violence has seen over 626,000 Rohingya refugees driven out of Myanmar's Rakhine state across the border into Bangladesh in what became the world's fastest refugee influx in decades. They joined others who had earlier sought safety and protection from horrific violations of their human rights.

By December 2017, 832,000 refugees have entered Bangladesh, equivalent to a whole city's population. 88 percent are now in makeshift camps, accommodating up to 95 thousand people per square kilometer.

Bangladeshi authorities have responded admirably, complemented by the international humanitarian community. However, due to the overwhelming scope and scale of the influx, a lack of basic services and difficult living conditions leave

these Rohingya vulnerable to malnutrition, health problems and exposed to major protection concerns.



Sanitation is poor in crowded, makeshift camps. The risk of disease is ever-present, especially for children

Child Protection concerns

The vulnerability experienced in camps is extreme for children. Most of those arriving are minors: half a million innocent children who have become caught up in the crisis. Some are unaccompanied or became separated from their adult carers in the course of the perilous journey from Myanmar. They often lack safe places to stay and face an increased risk of abuse, neglect and exploitation, being trafficked, exposure to HIV/AIDS, child labor, lack of parental care, discrimination and recruitment into armed forces. Girls are particularly vulnerable. Rohingya women and girls are too often either survivors of, or witnesses to, multiple incidents of sexual assault, rape, or gang rape, both before and after their arrival. Fear and uncertainty prevalent among females in the camps also increase the likelihood of child marriage, given that arranged marriages were already common-place for under-18 Rohingya girls.

Emergency Response

Vaccination

To protect the physical health of Rohingya and the local Bangladeshi population, immunization against common diseases is vital, as 97 percent of children arriving into camp conditions are unprotected. “We are doing a vaccination campaign under the auspices of the Ministry of Health and our teams covered over 50,000 children in the last month alone”, says AMURT’s Mukteswar Biswal. The volunteer-assisted campaigns are effective, but it’s a race against time. On December 6, the WHO warned that diphtheria is rapidly spreading in the camps, with more than 110 suspected cases, including 6 deaths. It is a highly infectious respiratory disease, previously eliminated in Bangladesh, which can only be effectively controlled through vaccination.



A needle is never pleasant. The Bangladesh government, in coordination with NGOs are rolling out an emergency vaccination campaign.

HIV/AIDS awareness

Sexually transmitted diseases are also on the rise, according to Mukteswar, “Under these stressful circumstances, traditional family ties and roles have

eroded". He says AMURT plans an HIV/AIDS awareness drive.

Child-friendly spaces

Immediate, consistent mental health and psychosocial support services are crucial to help girls, boys and their families to cope and begin to heal.

"Displacement itself causes a lot of anxiety; refugees think of it as an existential crisis." Mukteswar talks about child-rights violations, "We look at it with a humanitarian angle", not as journalists. Child-friendly spaces (CFS) are AMURT's proven program to give children in a crisis situation the opportunity to gain a sense of stability, through a structured routine and psychological support. "We have done child-friendly spaces in Haiti, in Lebanon, Myanmar, Philippines, Indonesia, also Nepal."

Proposed CFS's will serve 1,500 Rohingya refugee girls and boys aged 4-17 years over three months. They will involve engaging the community and constructing semi-permanent classrooms, kitchens and toilet blocks. Program content will be structured into themes that address specific needs and common issues facing the children. CFS will operate as a protection hub dealing with sexual and gender-based violence, case referrals, and rights advocacy.

Afternoons, the sites will host youth clubs, with activities and focused psychosocial support. Youth will gradually gain the capacity to self-organize on chosen community issues.

Child malnutrition is pervasive in the camps, so supplementary feeding is provided each day to all participants.



Refugees collect wood for their cooking fires. Even tree roots are being harvested, causing severe deforestation. Many observers fear April's Monsoon rains will bring flooding and mudslides to the camps as a result.

Temporary Learning centers

A unique aspect of AMURT's CFS program is to gradually stimulate a child's curiosity and love for learning to prepare them for non-formal education activities.

Educational possibilities for refugee children are limited, so AMURT hopes to transition children who have been suitably prepared into new Temporary Learning Centers (TLC). "A CFS is in a very preliminary bamboo hut with some plastic on top and the TLC is a more robust, semi-permanent building." Over a period of ten months, children will get the chance to achieve basic numeracy and literacy through AMURT's child-centric, holistic curriculum.

AMURT's local Bangladeshi partner is SKUS (Social Welfare and Development Organization), an independent Bangladesh NGO, operating since 1995 in coordination with the UN, government and other key actors on activities including education, women's empowerment, HIV, livelihoods and rights advocacy. They have been working with undocumented Rohingya in the area since 2015.

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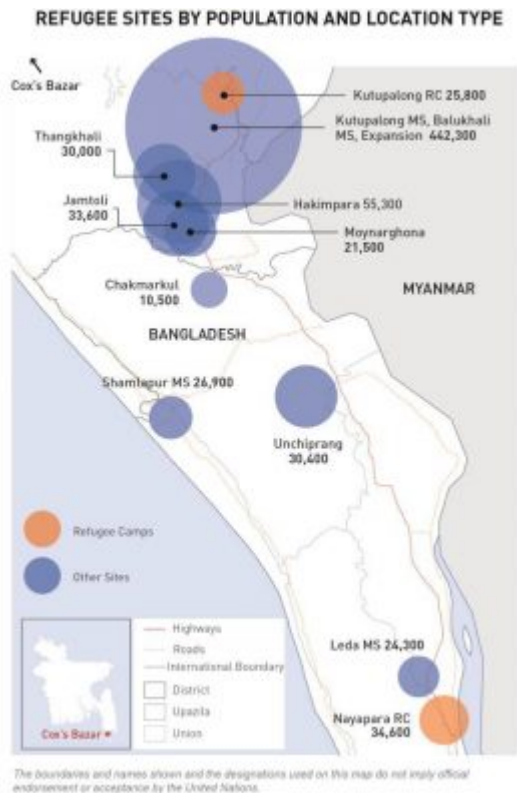
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Rashida's story

Rashida's family led a prosperous life in Naribil village, Maudwan, living in a two-story house with three acres of farmland, five bulls and a cow. She and her husband Aban have three children, their youngest a son is four months old. Over time, Rohingya, already stateless, began to experience more frequent violent attacks: "If girls became 12 to 13 years old, they were abducted for rape and if we opposed they assaulted us and tore off our clothes", says Rashida, "For the last six months we were not able to sleep there". In August 2017 the situation escalated and attackers surrounded village houses. "They set fire to houses", Rashida recounts her experiences, telling how innocent people were killed and maimed in shocking violence. Terrified their house may be burned and fearing for their lives, they fled under gunfire: "one bullet passed by my ear and I was frightened", her hand brushes the right side of her head.



Rashida: “I could not sleep during the night while in Myanmar fearing for our lives; now, I cannot sleep because of the terrible things I saw”.

They walked for days through wetland forest. She shows how all her toenails are missing. The perilous journey across the Naf River to Bangladesh with her baby still makes her shudder. “I held my little son over my head and crossed the river. The water was up to my throat.” They finally reached Hakimpara camp on August 25th. Her husband has been sick and they worry about their future. “Even though we have lost everything and the memories haunt us, we feel safe here”. She says they don’t want to return to Myanmar, “If you want to send us there, better kill us here, because they will kill us”.

How to support the Rohingya refugee program:

- **[1. Donate to AMURT’s Rohingya Refugee Response now](#)**
Make a difference today, with a safe & easy on-line contribution.
- **[2. Fund-raise with your friends and family for the Rohingya](#)**
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