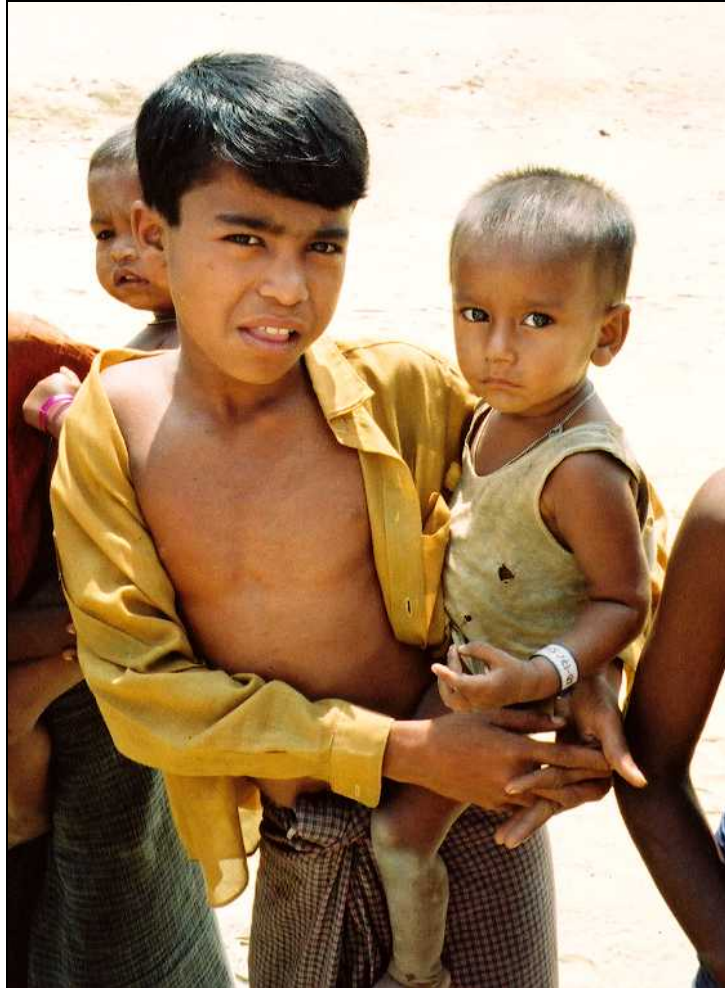


ROHINGYA REFUGEE CHILDREN IN COX'S BAZAR, BANGLADESH



**A Discussion Document prepared for
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Question:

Under which conditions would you return?

Answer:

“If there is security in Myanmar; otherwise I would rather face the many problems and struggles of life in a refugee camp...

It would be better to die here instead of returning.”

Sample Interview with Rohingya Woman

Refugees International, Pierpaoli Report on Rohingyas
June 6, 1994.

ACKNOWLEDGMENTS

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARNO	Arakan Rohingya National Organisation
BCG	Tuberculosis
BDRCS	Bangladesh Red Crescent Society
BSPP	Burmese Socialist Programme Party
CHW	Community Health Worker
CiC	Camp-in-Charge
CRC	International Convention on the Rights of the Child
DPHE	Department of Public Health Engineering (Bangladesh)
DPT	Diphtheria
DVR	Declaration of Voluntary Repatriation
FHH	Female-headed Household
GoB	Government of Bangladesh
GoM	Government of Myanmar (Burma)
HEM	High Energy Milk
HIV	Human Immunodeficiency Virus
HKI	Helen Keller International
MHH	Male-headed Household
MSFH	Medecins Sans Frontieres (Holland)
MOU	Memorandum of Understanding
MUAC	Middle Upper Arm Circumference
NGO	Non-Governmental Organisation
NID	National Immunisation Day
RRRC	Refugee Relief and Repatriation Commissioner
RSO	Rohingya Solidarity Organisation
SFC	Supplementary Feeding Centre
SHA	Self-Help Activity
SLORC	State Law and Order Restoration Council
SPDC	State Peace and Development Council
TFC	Therapeutic Feeding Centre
UAE	United Arab Emirates
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Family Planning Association
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USCR	United States Committee for Refugees
WFP	United Nations World Food Programme

EXECUTIVE SUMMARY

A Persecuted Population

For the last decade, Bangladesh has been the main country of refuge for members of the Muslim Rohingya minority from Burma's Arakan State, where they have been subjected to systematic discrimination and human rights violations perpetrated by the Burmese government. In 1991-92 alone, more than 250,000 Rohingya crossed the border into Bangladesh and took refuge in some 20 camps in the Cox's Bazar area. While the majority of these were repatriated under the guidance of UNHCR between 1993-97, close to 23,000 Rohingya still remain today in the Nayapara and Kutupalong camps, where their future remains uncertain. The Burmese ruling State Peace and Development Council (SPDC) continues to enforce policies that treat Rohingya as aliens within their own country, subjecting them to forced labour, restricted freedom of movement, confiscation of land, arbitrary taxation and extortion by local officials. Furthermore, the SPDC still refuses to recognise the Rohingya as legitimate citizens of Burma, and they are thus rendered stateless without official state protection.¹

Since the start of repatriation programmes in 1992, the Government of Bangladesh (GOB) has refused to recognise any "new-arrivals" of Rohingya in Bangladesh as refugees, and denies them access to refugee camps or the protection and assistance of UNHCR. It contends that they are illegal migrant labourers, and while many could indeed fall into this category, thousands among them are likely to be victims of abuse in Arakan, eligible for protection as refugees were their stories known.

Understanding the need for Rohingya Refugee Protection

To understand exactly why the Rohingya refugees (both official and unofficial) constitute a live and ongoing protection concern for the international community, it is necessary to first define the characteristics of the conflict that has led to their displacement. Burma is a country about which very little is actually known. We are aware that human rights violations and abuses are widespread and ongoing, and have led to an overall climate of horrific physical and psychological repression not dissimilar to that of Sudan and Iraq. However, the number of actual arms-related deaths appears to be relatively small, and the conflict does not openly exhibit the kind of genocidal characteristics recognised by the international community as constituting an emergency war situation.

Much of the conflict is hidden, such as when an entire village is forcibly relocated into an area infested with a particularly dangerous malaria strain in the knowledge that many of the residents will contract the disease and die. Such tactics amount to murder, and yet these deaths would be recorded (if at all) as disease-related, illustrating just how difficult it is to know the full extent of atrocities committed in Burma. This has led to the gross misconception that the Rohingya persecution is a low-intensity minority issue, and one that does not therefore require the level of protection or attention afforded those in the context of immediately visible armed warfare.

Secondly, the most visible group – those officially registered and beginning their ninth year within the camps – are the focus of all attention, and yet constitute only a small

part of the problem. Of far greater concern is the massive number of unofficial Rohingya who have fled across the border in the last 5/6 years who, unrecognised by the GOB, have had to conceal themselves within the local communities. Recent estimates of these unofficial Rohingya populations have been put at around 150,000 – more than six times the number currently inside the camps. Their situation is particularly precarious, as they face the constant threat of eviction by security forces and harassment by local communities. Although there is still very little information about this population, recent studies have found that many among them are returning to Bangladesh for a second time, having been repatriated once already.

This proves that the threat to their security in Burma is not only ongoing, but serious enough for them to return even without the protection of the camps. The insecurity of illegal migration and displacement is now the only strategy of survival available to the Rohingya, and the fact that so many are now hiding in the Cox's Bazar region under the constant threat of deportation gives some idea of their desperation. The figure of 150,000 is also likely to be heavily underestimated, due to the usual set of difficulties associated with recording unofficial populations. For a more detailed analysis of the unofficial Rohingya influx, see Box 1.

What makes the Rohingya special in the context of Bangladesh?

Protection of the Rohingya refugees has often been overlooked simply because of the acute poverty of their host country. Bangladesh is one of the most aid-dependent countries in the world, and socio-economic indicators across the nation are overwhelmingly poor. Given this context, it would be very difficult to suggest that the situation of Rohingya child refugees is significantly worse, or more deserving, than that of their Bengali counterparts. In some respects the Rohingya are undoubtedly privileged by the services they receive inside the camp, notably their access to healthcare.

However, what distinguishes the Rohingya in terms of meriting particular attention is the fact that underlying all comparable concerns of health, sanitation, nutrition and education, is the central and unchanging insecurity of a displaced people. They have been forced to leave not only their homes, possessions and livelihoods, but also the psychological security of familiar support systems such as community, friendships and daily routines – some for the second time. Unlike most refugee populations, those in the camps are also denied freedom of movement, employment and education beyond primary level, and are contained by the GOB within purposefully prolonged conditions of high insecurity designed to encourage repatriation. The generosity of their host country is strained to say the least, and the Rohingya know that at any moment they could simply be pushed back across the border. Stateless, landless and denied the means or opportunities to build independent lives, the Rohingya refugees are therefore already heavily disadvantaged even before they confront all the other social and economic vulnerabilities that Bangladesh embodies as a whole.

Why focus on children?

Children under the age of 18 make up more than 50% of the officially recognised Rohingya population, with a similarly high proportion estimated among the unofficial refugees (although there are still no similarly disaggregated sets of data available for this group).² Children constitute a very visible presence in the camps, yet the ways in which they have responded to the respective limitations and confines of their immediate environment and status has been largely ignored by institutional assessments of the Rohingya situation. Aside from the nutritional programmes targeted at the under 10's, those under the age of 18 have simply been collectively viewed within the single category of 'children' – a homogenous term that does not allow for the diversity of experience and needs within this group.

Adolescents for example, have completely different perspectives on their situation and future than pre-teens, not least because many of them are able to remember a life in Burma before they became refugees. They are at a different stage of development with a variety of social pressures and protection issues that set them completely apart from age groups either side of them, even before taking gender distinctions into account. Understanding the specificity of needs and vulnerabilities according to age and sex is the key to developing effective protection strategies, and yet there has been very little effort in the camps to distinguish between these categories of children beyond the most obvious lines of gender. The fact that children are generally perceived by their peers as 'adults' upon reaching the ages of 11-13 further confuses the issue, and impedes the recognition of their rights under the Convention on the Rights of the Child.

Furthermore, because of the length of time these Rohingya have spent as refugees in Bangladesh, there is a growing tendency to view them as somehow distanced from the conflict that inspired their escape, and thus not particularly deserving of 'protection'. This is especially true in the case of the children who have been born in the camps and have grown up without actually experiencing the persecution that still persists in many forms in their homeland. Yet these are just as much victims of conflict as those who bear the physical or mental scars, for their immediate environment, their childhood and in fact every aspect of their lives continue to be constrained by the conflict in Burma and by their status as refugees. Their existence is characterised by emergency rations, restricted movement and limited access to facilities, all of which have arguably disrupted the normalcy of their lives to a greater extent than if they had remained in Burma.

Why have Protection Mechanisms failed in the camps?

According to Article 22.1 of the CRC, "*State Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall... receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.*"

In reality, the GOB's treatment of the refugees appears to be guided not by the CRC but by the overriding drive towards the "quick and safe return" of the refugees to Burma, and this has considerably hindered the recognition and implementation of

necessary measures in the camps. Addressing the needs and vulnerabilities of those in the camps continues to be wrongly equated with efforts towards local integration or settlement, which the GOB perceive as diametrically threatening to the overall goal of repatriation. This has repeatedly brought the GOB into conflict with those organisations providing humanitarian assistance in the camps, who point out that given the continued persecution of Rohingya in Burma and the length of the refugees' stay in Bangladesh, efforts should be made to adapt or at least incorporate long-term development initiatives into what is currently an emergency relief operation. However, the GOB continue to forbid any kind of developmental infrastructure or service in the camp that could be seen as 'permanent', and as a result, an entire generation of children have grown up within the confines of these artificial boundaries without any significant elevations in their condition or status.

Children in these camps are now entering their 9th year as refugees, still living in makeshift bamboo huts, picking their way every day across open sewers to programmes attempting to relieve their persistent malnutrition. They remain utterly dependent on the delivery of rations and water (which are often inadequate) for their survival. The GOB prohibited schooling in the camps until 1997, and even now it remains non-formal and of low-quality, taught as it is by other volunteer refugees. This has greatly reduced the opportunities for Rohingya children to overcome the limitations of their poverty by developing academic and vocational skills for an independent future.

What does this Assessment aim to achieve?

Part One of the report investigates the background to the Rohingya refugee influx and gives an overview of the persecution in Burma which continues to prompt displacement into Bangladesh. As already discussed, displacement lies at the root of nearly all protection concerns for Rohingya refugees, and as such plays a pivotal role in this assessment. **Part Two** then examines the mezo level impacts of displacement on the refugee family and community – structures from which children have universally been shown to draw a lot of support, particularly in conflict-related situations. Secondly, it will examine how displacement as refugees has impacted on children in three areas:

1) **PHYSICAL HEALTH**

This will include an analysis of the current physical and nutritional health of Rohingya children, and of how far problems in these areas may be seen to be directly related to their status and treatment as refugees. The living conditions of their immediate environment will be taken into account, and there will also be an examination of how efficient current service provision in the camps is in tackling the various forms of physical impoverishment traditionally associated with refugee displacement.

2) **PSYCHOLOGICAL**

Although this is one of the areas where research (and interest) is substantially lacking, an attempt will be made here to assess how prolonged existence as

refugees has affected various groups of children, with particular focus on adolescents, upon whom the confines of camp life appear to have impacted the most. This will also examine how the limited provision of facilities such as education and vocational training has affected the child's future role as independent adults in society.

3) **PROTECTION ISSUES**

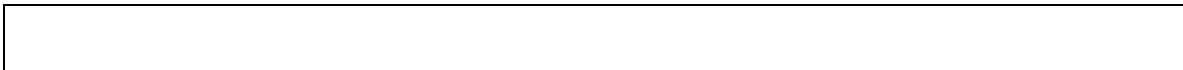
This area looks at the main protection concerns for Rohingya refugee children both in and outside the camps, and is disaggregated as far as possible by considerations of age, gender and religious groupings. Issues range from inter-personal security concerns such as trafficking, rape and sexual harassment, to familial problems of early marriage, teenage pregnancy and domestic abuse.

Information Sources, Limitations and Constraints

As part of this assessment, an extensive literature survey of contemporary and historical reports, surveys and studies was undertaken from sources across the board. The information available was limited, and mostly related to the period 1992-96, when the Rohingya influx was most prominent. Most of the insight offered on the Rohingya after this time comes from the NGOs working in the camp – particularly MSFH and CONCERN - who have the advantage of being able to develop a longitudinal perspective on the situation since their involvement began in 1992. Only one report by UBINIG and Save the Children UK has specifically focused on the unofficial Rohingya population living outside the camps, which has resulted in a scarcity of information regarding this group. Even those inside the camps are now being forgotten in refugee literature, mainly because they are now entering their ninth year and interest has faded.

This study therefore draws significantly on the author's own visit to the Nayapara and Kutupalong camps in March 2001, where the condition of children could be superficially assessed first-hand. There were, of course, a number of limitations to the investigation, mainly due to the widespread political sensitivity of the Rohingya issue, UNHCR's reluctance to disclose recent reports, and the apparent lack of interest in the particular needs and sensitivities of children in the camps beyond meeting their immediate physical needs.

Due to the time constraints of the visit and the weighting of the literature survey, most of the information collected for this report relates to recognised Rohingya children living within the two remaining refugee camps. Acknowledgment of – let alone access to – the unofficial population of Rohingya proved to be very difficult, and the huge gaps in knowledge pointed to in this assessment again underlines the very real need for further research among this group. Yet careful treatment is required in this case, for raising the awareness of the unofficial Rohingya in Bangladesh could very well endanger their security even further, as their very existence depends on blending in.



Box 1. THE UNOFFICIAL ROHINGYA

According to Human Rights Watch in 2000, Bangladesh has witnessed “*a steady influx of Rohingya for most of the past decade,*” with over 10,000 crossing the border between March and July 1997 alone.³ Sources suggest that a large number of the Rohingya who arrived in the last few years are those who were repatriated to Burma in the programme initiated by the GOB in late 1992, and who are now fleeing for a second time in the face of continued persecution. However, they – like all Rohingya arriving in Bangladesh after 1992 – are classified by the GOB as ‘new arrivals’, and have been denied access to the refugee camps on the basis that they are ‘economic migrants’. As a result, many of these new arrivals have been arrested and put in jail upon crossing the border, while others are deported immediately. Those who do make it past the tight security are forced to hide in the local villages, where they live in constant fear of deportation. Without even being given the opportunity to apply for asylum, many have been forcibly returned in violation of international standards. On April 20, 1996, 15 Rohingya Muslims who were part of a group of 150 seeking asylum in Bangladesh, drowned in the Naf river as they were being towed back to Burma by the Bangladesh Border Rifles, a branch of the Bangladesh army. All 15 were women and children.⁴

The continued influx of Rohingya into Bangladesh is something of an embarrassment to UNHCR and the repatriation operation as a whole, and they were quick to affirm the GOB position by stating that, from the evidence of sample interviews with new arrivals, all those who had crossed the border in the first half of 1999 had done so for economic reasons. However, as Human Rights Watch points out, it is particularly difficult to distinguish economic migrants from those who are fleeing human rights abuses in this context, and there could still be thousands among them who, were their stories known, would be eligible for UNHCR protection as refugees:

“Initially, villagers may say that they have come to Bangladesh because they were unable to make a living in Burma, but under more thorough questioning it may emerge that the reason they were destitute in Burma was related directly to the use of forced labour, arbitrary taxation and the confiscation of goods and land from Rohingya.”⁵

Even the UNHCR Handbook on Procedures and Criteria for Determining Refugee Status warn that “*Behind economic measures affecting a person’s livelihood there may be racial, religious or political aims or intentions directed against a particular group.*”⁶ This distinction needs to be carefully drawn in the context of those Rohingya who continue to arrive in Bangladesh, for they are particularly vulnerable through their lack of security and basic services.

PART ONE:



Figure 2. One of the earliest Rohingya Refugee Camps at Cox's Bazar,
(© Robert Mulder, 1992)

BACKGROUND

BACKGROUND TO THE ROHINGYA REFUGEE INFLUXES

GEOGRAPHY

The Arakan province of Burma is a long stretch of land running along the coastline with the Bay of Bengal. The northern part of the region adjoins Bangladesh and there is 176 miles of common border between the two countries, which are separated by the Naf river. See Fig. 1.1 for details.



Fig. 3. Map showing Burmese/Bangladesh Border areas
© University of Texas Library, USA.

REGIONAL HISTORY

As with so many other refugee problems, the Rohingya has its origins in religious conflict and the aftermath of colonial settlement. Their name derives from the north Arakan region known over a thousand years ago as “Rohang” or “Rohan”, and they see themselves as descendants of the first Muslims who ruled Arakan in the ninth century. During the Japanese occupation period of the 2nd World War, the Rohingya Muslims remained loyal to the British, while their neighbours, the Rakhine Buddhists, took the side of the Japanese. Although the British promised the Arakanese Muslims autonomy in a Muslim National Area following the war, this was not subsequently honoured, and there were widespread communal riots in the country. The Rohingya sense of alienation became more acute as the Buddhist dominated administration took control of Burma.

When Burma became independent in January 1948, an armed rebellion – known as the *mujahid* rebellion – took place with the main goal of creating an independent Muslim state within Burma. The rebellion was eventually quashed in 1954, and Muslims

were from that point viewed with suspicion and considered to be disloyal to the state. Shortly after General Ne Win and his Burma Socialist Programme Party (BSPP) seized power in 1962, the government began to dissolve Rohingya social and political organisations. It claimed that all Muslims of northern Arakan were recent arrivals from the adjacent Chittagong region of Bangladesh, and subsequently undertook measures to drive them out. Not only was Burmese citizenship withdrawn from the Rohingya, but severe restrictions on their freedom of movement were also imposed. Under the 1974 Emergency Immigration Act all citizens were required to carry identity cards (National Registration Certificates), but the Rohingya were forced to carry Foreign Registration Cards (FRCs) that further limited their movement. Muslim civil servants, police and headmen were also replaced with Rakhine Buddhists, who then proceeded to make arbitrary arrests and extort money from the Rohingya at their leisure. Most importantly for children, the educational and economic development programmes for the Rohingya Muslim community were totally neglected.

Following this, the Burmese government launched a programme in 1977 called Operation Nagmin (Dragon King) designed to “*scrutinize each individual living in the state, designating citizens and foreigners in accordance with the law and taking actions against foreigners who have filtered into the country illegally.*”⁷ This was accompanied by widespread human rights abuses, eventually prompting the first mass exodus of more than 200,000 Rohingya refugees into Bangladesh in 1978. Expecting to find protection, these refugees only found further persecution by a government that was as keen to see the back of them as their own. Over 12,000 refugees starved to death as the Bangladesh government reduced food rations in the camps in order to force them back, and following a bilateral agreement between the two governments, the majority of refugees were repatriated less than 16 months after their arrival.⁸

The situation in Burma had not improved however, and following their refusal to hand over power to the elected representatives of the 1988 elections, SLORC created a diversion by renewing their persecution of the ethnic Rohingya. Systematic human rights abuses such as rape, forced labour, property and land confiscation and religious restrictions all conspired to drive 250,000 ethnic Rohingya into Bangladesh in 1992, of whom 23,000 remain in Cox's Bazar camps today.⁹

THE SITUATION IN ARAKAN TODAY ¹⁰

DENIAL OF CITIZENSHIP

Burma is home to a staggering variety of ethnic groups, but not all enjoy the same levels of acceptance by the government. Rohingya in particular have been targeted and treated as little more than illegal migrants in their own country. Having been denied citizenship, Rohingya have found themselves as a consequence far more vulnerable to other abuses, including discriminatory limitations on their access to education and public services. The root of the problem lies in the 1982 Burma Citizenship Law, which provides for citizenship only for those who satisfy one or more of three requirements:

- 1) The person belongs to one of the national races: Kachin, Kayah, Karen, Chin, Burman, Mon, Rakhine, Shan, Kaman or Zerbadee (Rohingya *not* included);
- 2) The person is able to provide proof of ancestors who settled in the country before 1823, the beginning of British occupation of Arakan State;
- 3) The person is able to provide 'conclusive evidence' that he or his parents entered and resided in Burma prior to independence in 1948.

These stipulations effectively deny to the Rohingya the possibility of acquiring a nationality. Although Rohingya history may be traced back to the eighth century, Burmese law does not recognise the religious minority as a national race, and as many Rohingya families settled in Arakan during the British colonial period they are immediately excluded from citizenship. Those Rohingya who cannot satisfy the demand for 'proof' or 'conclusive evidence' of their ancestors are thus disqualified from the running altogether, despite the fact that a large proportion of Rohingya are illiterate and lack written evidence.

This has serious consequences for Rohingya children, who continue to be born in both Burma and Bangladesh as stateless and without citizenship. In order for a child to attain Burmese citizenship, at least one parent must already be a citizen themselves, and this conflicts with the Burmese government's obligations under the UN Convention on the Rights of the Child, which it ratified in 1991 and which states:

*"The child shall be registered immediately after birth and shall have the right to a name, the right to acquire a nationality... State Parties shall ensure implementation of these rights in accordance with their national law and obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless."*¹¹

RESTRICTIONS ON FREEDOM OF MOVEMENT

Because of their diminished status, Rohingya are currently restricted by the Burmese government from traveling within Arakan, to other parts of the country and

abroad, despite this conflicting with the Universal Declaration of Human Rights, which provides that any person who is lawfully in the territory of a state should enjoy the right to freedom of movement and residence within that state.¹²

For those Rohingya wishing to cross township or state boundaries, they must first of all submit 5 photographs and fill out eight forms in order to receive a travel permit from the local Peace and Development Council Chairman. This then allows them to travel for up to 45 days, although if they wish to stay overnight in a village within the township of their destination, another permit must be procured and presented to the headman of the home village and the village visited. Obtaining all of the required documentation is a difficult and laborious process, and many Rohingya have reported to Human Rights Watch that they have routinely had to pay bribes to secure receipt of the permit. There also apparently exists a strict screening process inviting bribery for those applying to make the *hajj* (pilgrimage to Mecca), thereby inhibiting the ability of the Rohingya to fulfil one of the fundamental tenets of their Muslim religion.¹³

These restrictions have significant consequences for Rohingya children in Burma, for they inhibit not only their access to institutions such as schools and hospitals, but also the development of their community support networks and their ability to visit extended family and friends. As was noted earlier, part of the government strategy in encouraging Rohingya to leave Burma was to purposefully neglect the development of infrastructure and services in areas of Rohingya settlement. In combination with the restrictions on their mobility, Rohingya children and their families are thus heavily disadvantaged, and have far fewer economic and social opportunities than their Buddhist Rakhine counterparts. As MSFHH confirmed in 2001,

*“The situation in Myanmar (and in particular the Northern Rakhine State where the returnees are repatriated to) deteriorated in 2000. Notably the Rakhine Muslims residing in the state have been further restricted to move freely from one town to another.”*¹⁴

EDUCATION

The Burmese government presently forbids any child who does not possess proof of citizenship to receive any tuition beyond the most basic primary education. Rohingya thus have no access to secondary schooling, and are heavily disadvantaged in seeking employment as a result, for non-citizens are also barred from any positions within the civil service, including jobs such as teaching or health-workers.¹⁵ The government of Bangladesh appears to have used this situation to justify its own denial of secondary education to Rohingya children within the refugee camps, asserting that the refugees would be anyway deprived of the privilege in their own country. This goes against provisions made in the CRC, the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights that guarantee access of all children to secondary education.¹⁶

ARBITRARY CONFISCATION OF PROPERTY

With the central government unable to provide adequate sustenance for its 450,000 strong army, those posted in heavily militarised areas such as Arakan have taken to extorting food from the local communities. This may amount to taking rice, watermelons, poultry and even livestock – regardless, the result is the further economic decline of the family and their children. Such events were often accompanied by abuse and torture if the family showed any reluctance to comply, and it is this constant intimidatory presence that has led to a widespread lack of personal security, and a pervasive sense of fear among Rohingya in Burma. A study conducted by UBINIG and Save the Children UK in 1998 interviewed 200 unofficial Rohingya families who were “new arrivals” to Cox's Bazar as to their reasons for fleeing Arakan, and found that the majority voiced their unrelenting fear of the army:

“The new arrivals reported that they were facing torture, providing forced labour and a share of their produced food as taxes, and were even paying the increased taxes. They were never relieved of fear of intimidation and torture and could not sleep a peaceful night. They passed each and every second of their life with the fear that NaSaKa¹⁷ or their foes might come any moment and impose a new form of torture, and this had appeared as a psychological breakdown in most of the cases.”¹⁸

According to Human Rights Watch, these soldiers commit these acts with impunity, and are very rarely punished.

FORCED LABOUR

In most areas, forced labour is organised and coordinated by a NaSaKa officer, who daily recruits villagers by force. While the more affluent villagers can afford to bribe or pay someone else to take their place, the majority are forced to send family members to the site. In many cases it is the children who are the most capable of carrying out the labour, and Rohingya of all ages are reportedly accepted by the local government authorities to perform periods of forced labour. Human Rights Watch have received reports that children as young as seven years old have been seen working as part of forced labour teams, usually constructing ‘model villages’ for non-Muslim migrants in Arakan. Other children have been recruited to work on infrastructure development projects, as one witness described to Human Rights Watch:

“The children were working on widening a road in Maungdaw Township. They had to dig a ditch and broaden the road and then put down chipping stones to maintain the track. Occasionally, a soldier gave a child a swat with a bamboo cane if that child became sluggish or lax.”¹⁹

The use of forcible child labour once again directly contravenes the Burmese government's obligations as set out in Article 32 (1) of the UN Convention on the Rights of the Child:

“States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere

with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.”



Figure 4. A young Rohingya boy arrives in Bangladesh
© United States Committee for Refugees (USCR), 1992.

THE REPATRIATION PROGRAMME

The continuation of human rights abuses perpetrated against Rohingya in Burma has made the issue of repatriation highly problematic for the refugees in Cox's Bazar. From the very first days of the repatriation programme in early 1993, the movement has been surrounded by controversy and allegations concerning the use of force and coercion by

both the Bangladeshi government and UNHCR authorities. The latter have to some extent held up the repatriation of Rohingya as a success story in speeches of senior officials and even in the publication of the UNHCR annual report, "The State of the World's Refugees" in 1995. Yet independent NGOs and those working in the field have advanced a more critical view of the operation, and have questioned the "voluntary" nature of the repatriation. The turbulent history of repatriation still resonates strongly in the lives of the refugees remaining in the camps today, and has heavily influenced their current attitudes and trust towards organisations involved in camp administration.

Initially, Bangladesh effectively welcomed the influx of Rohingya refugees and organised a huge effort to provide them with relief services. However, only 6 months later, the GOB began to pursue a massive repatriation programme which effectively ignored the protests and wishes of the refugees themselves. As a result, UNHCR pulled out of the process in November 1992, and gathered with it enough international support to pressure the GOB into signing a Memorandum of Understanding (MOU) between the GOB and UNHCR in May 1993. This gave UNHCR the power to ensure the protection of refugee interests within the camp and establish the voluntary nature of repatriation through private interviews. An important provision of this Memorandum was that UNHCR would undertake to carry out "...*promotional activities to motivate the refugees to return home once international presence for observing reasonable conditions of safety for the returnee is established in Myanmar*" (6/c). A second Memorandum was signed in November 1993, this time between the Government of the Union of Myanmar (GOM) and UNHCR, which gave the latter permission to start a mission in the Arakan Burmese state to monitor the safety of those refugees returning across the border. It also provided that "*Returnees will enjoy the same freedom of movement as all other nationals in the Rakhine state, in conformity with the existing laws and regulations.*" (5).

With these provisions in place, UNHCR announced in December 1993 a plan for mass repatriation based on individual interviewing, that would return between 15-18,000 refugees per month to Burma. A UNHCR mission was also established in the Arakan state in 1994 to monitor the safe return of repatriated refugees under a Memorandum of Understanding with the Government of Burma, yet in practice the access for monitoring was severely restricted. As a survey by Refugees International discovered, returnees were not allowed by the SPDC to contact UNHCR, and while some were given a yellow card at the reception centre in Burma ensuring safe passage to their home village, once they had arrived they found they were unable to secure documents that allowed them to leave. The NGO community also began to voice concerns that the UNHCR presence within Burma as too small to handle and/or monitor effectively such a large operation. With such a vast area of land to cover without the help of any other human rights group, doubts were expressed as to how a team of just 9 field officers could effectively carry out such a task.

The process moved one step deeper into controversy with a visit by a senior UNHCR delegation to Bangladesh on July 23, 1994, who officially announced that the UNHCR had decided to "evolve" from information sessions on repatriation to active promotion sessions, and from private interviewing to mass registration. UNHCR had decided to start "*advising refugees that they should return*". They justified this sudden change in policy by asserting that "*the situation in Myanmar was conducive*" and that

“refugees had shown to be interested to return to Myanmar as evidenced by the large scale interviews recently conducted in one of the camps”.

It was a significant turnaround in the UNHCR mandate, which had previously aligned itself with the standard repatriation procedures laid down in its Guidelines on Voluntary Repatriation. Yet the change was finally openly acknowledged by the High Commissioner herself in her statement to the ExCom Meeting during the 46 Session in 1994. Referring to some recent experiences she stated that *“in none of these instances is return likely to be under ideal conditions. In many, it will be dogged by political insecurity and economic uncertainty.”* She added that this created *“a new dimension to our protection responsibilities ... we can no longer passively wait for conditions to change so that refugees can volunteer. Instead, we must work actively to create the conditions conducive to their safe return.”*²⁰

Despite the start of repatriation, the situation in Burma remained far from safe. Many returning refugees confirmed that forced labour continued unabated, and that poverty arising from having to supply chickens, rice and potatoes to army soldiers was still widespread. The males also reported their fear of being arrested or executed for suspected involvement in the Rohingya Solidarity Organisation (RSO), a political opposition group, which led to them marrying as soon as possible to avoid accusations by the SPDC of political activism. This was reiterated by a number of students in the refugee camps, who expressed their fear of going back.²¹

Many NGOs in the field – notably MSFH Holland – also argued that the refugees were not being given enough information about the programme, and that they did not understand going for registration with UNHCR actually amounted to volunteering for repatriation. An Awareness Assessment survey conducted by MSFH in 11 of the Rohingya camps on March 15, 1995 found that of 412 families interviewed, 79% had gone for registration because they were called by UNHCR or the Camp-in-Charge (CIC), and that only 12% had gone because they wanted to repatriate. A massive 65% were not aware of the possibility of saying NO to repatriation, while 66% of those who expressed concerns about repatriation to UNHCR reported that UNHCR was not taking their concerns seriously.²²

Many refugees lost their trust in UNHCR at this point, and perceived them to be on the same side as the GOB with similar priorities. Although repatriation continued, numbers began to dwindle, and the refugees became more and more adverse to being pushed back across the border. In 1997, the issue of coerced repatriation led to open rioting in the camps, and refugees took law and order into their own hands, boycotting health and nutritional services as well as those connected with the GOB and UNHCR. Bangladeshi officials and UNHCR staff were barred from entering the camps, and a number of their buildings were burnt to the ground. Police eventually regained control in March 1998, and 8 months later the repatriation programme began once more, this time with a new set of problems (see “Current Obstacles to Repatriation” below).



Figure 5. A Rohingya refugee family await their fate in 1992

© Robert Mulder

Today the flow of Rohingya back to Burma has been reduced to a mere trickle. In the month of February 2001, a total of only 16 individuals were repatriated, with 75 births across the camps within the same period. As a result, the camps are now increasing in size daily, with a massive birth rate overwhelming comparatively small numbers of deaths. Whether this will be enough for the GOB to rethink their perspective on the Rohingya problem and to start accepting them as longer-term residents requiring more permanent fixtures remains to be seen.

CURRENT OBSTACLES TO REPATRIATION
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Following the resumption of the Repatriation programme in November 1998, a new set of problems arose in the shape of restrictive bureaucratic procedures and conditions laid down by the Burmese authorities. Over 7,000 refugees had signed Declarations of Voluntary Repatriation (DVR) prior to the suspension of repatriation in 1997, and yet when the process began again the Burmese authorities refused to accept these previously cleared refugees, and introduced new measures of verification to assess the relative merits and residency claims of each refugee. Permission to repatriate is now denied to refugees falling into an number of categories (see Table 1.1)

	CATEGORY OF REFUGEE:
1	Incomplete families (where one or more persons are missing)
2	Families that cannot provide and include for repatriation the biological father of each child born in the camp who wishes to repatriate
3	Remaining members of families that have already repatriated
4	Refugees cleared for repatriation who are married to uncleared refugees
5	New born babies under 40 days old

Table 1. Categories of Refugees who are refused permission to Repatriate by the Burmese Authorities²³

Categories 1 and 2 are of particular concern, for in some instances, the father has abandoned the family either for another woman or to work in another part of the country. In other cases the father may be a Bangladeshi citizen, or may simply be out of contact and unable to be located. Polygamy is also very common in the camps, with some husbands having as many as five concurrent wives. This in itself also raises the probability of refugees falling into category 4, where they are denied repatriation by virtue of being married to a refugee who has not been cleared. How are these families supposed to fit the requirements of the near nuclear family as dictated by the Burmese authorities?

Category 3 also means that many family members will possibly never be reunited again. In the confusion and coercion surrounding previous repatriation efforts, it is likely that many family members separated, particularly during instances of forced repatriation (see for example, Box 1).

These stringent conditions have effectively rendered a substantial number of families in the camps permanently ineligible to return to their country. They directly contravene the provisions set down in Article 10 of the CRC, which state that "*States Parties shall respect the right of the child and his or her parents to leave any country, including their own and to enter their own country.*" Such requirements are also unrealistic. Changes and alterations to the family structure are only to be expected in many cases, given the nine

long years these refugees have spent in the camps. Many have lost husbands and fathers to other women, other areas and even to other countries. Some have simply disappeared into the huge unofficial population of Rohingya living in and around Teknaf and Cox's Bazar. So, rather than singling out their families for exclusion as the Burmese authorities seem intent on doing, they should actually be given extra support and assistance in making the arduous return to their homeland, if this is what they desire.

It is this kind of ill-conceived, contradictory administrative bureaucracy from both the GOB and the GOM that continues to make the future of the refugee children in Bangladesh problematic. On one hand they are punished for the actions of other members in their family that render them unable to return home should they wish to, while on the other they continue to find themselves suffering from local resentment and a government policy that refuses to accept their presence as anything but temporary. Their lives continue to be dictated by an agenda that holds political sensitivities well above personal well-being, and that perpetuates rather than resolves the insecurity of their stateless status.²⁴

Box 2. Forced Repatriation from Nayapara Camp **July 20, 1997**²⁵

According to information passed to Amnesty International, on 20 July 1997, the Bangladeshi security forces forcibly returned 187 refugees from the Nayapara camp across the Naf river to Burma. Apparently, as no-one had volunteered for repatriation, the authorities picked mostly women and children. The police had entered Nayapara camp the day before to search for refugees cleared for return, but some of the refugees responded by throwing stones. The police tried to subdue them with tear gas, and eventually singled out a group of refugees for return who were then locked in a building overnight the day before repatriation. The next day the authorities reportedly forced this group onto awaiting buses, beating some of them and separating families in the process. Many of the men whose families were returned had hidden outside the camps and so were not sent back at the same time. Refugees who were ill or disabled were also forced to return with no medical supervision.

After the refugees were taken from Nayapara camp to the river, a group in that camp attacked security forces with canes, iron rods and bows and arrows. The security forces responded by firing shots and lobbing tear gas canisters. As a result, 15-20 people were reportedly injured, including several policemen. A group of refugees was arrested at the time, but Amnesty International has no information about the status of these people.

After these events, refugees in the camps began to refuse to accept food rations and medical care at health centres. Sit-in demonstrations by some refugees also took place, protesting the events. Reports indicate that many of the refugees were coerced into refusing food by militant refugee camp leaders. UNHCR stated that some women who attempted to accept food were beaten (*Agence France Presse, 29 July 1997*). Scores of refugees reportedly became ill due to lack of food and medical care. According to reports, on 31 July refugees at Kutupalong camp began to take their rations again, but many in Nayapara still refused to do so, and the atmosphere remained tense until the Government of Bangladesh announced that the repatriation process was suspended.

PART TWO:

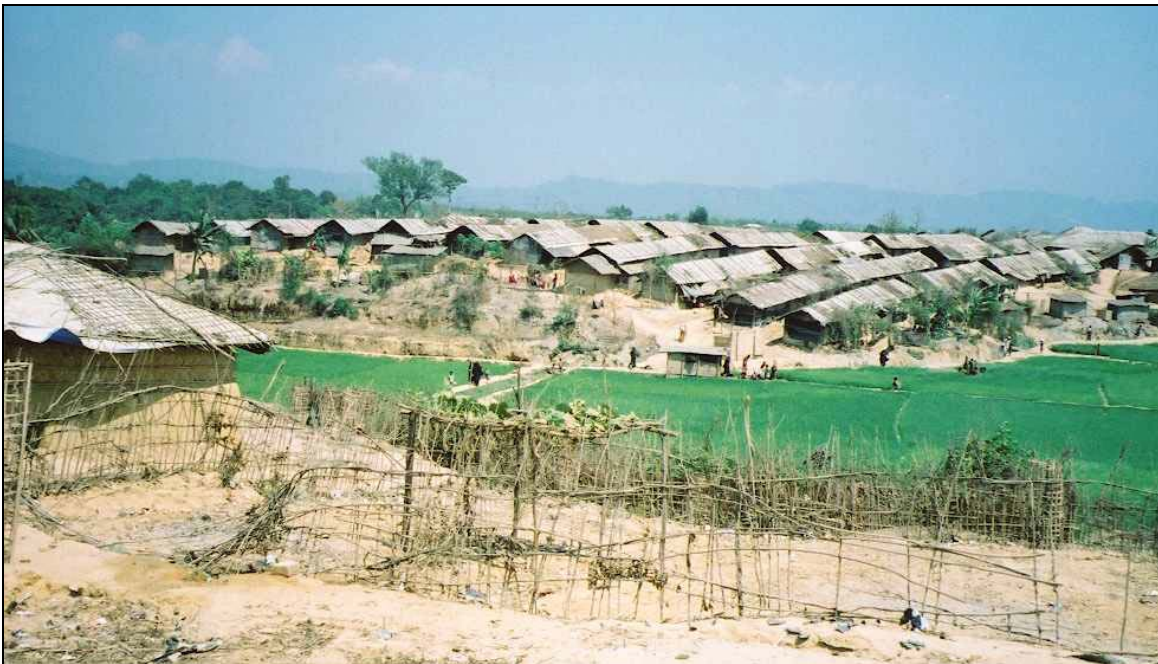


Figure 6. Panorama of Kutupalong Camp

THE CAMPS TODAY

OVERVIEW OF CAMP ADMINISTRATIVE STRUCTURE

The **Ministry of Disaster Management and Relief** is the Government administration responsible for the Rohingya Refugee camps in Cox's Bazar, of which the **Refugee Relief and Repatriation Commissioner (RRRC)** is the highest official in charge. Each camp also has a **Camp-in-Charge (CIC)** deputed by the government who is responsible for providing facilities to the refugees, the maintenance of law and order and for the activities of the camp as a whole. **Police, Ansar** and **APBN** are also deputed to the camps for security enforcement under the direct supervision of the CIC. The role of the office of the **United Nations High Commissioner for Refugees (UNHCR)** is one of overall coordination and protection of the refugees' rights.

The Water Supply to the camps is under the control of the **GOB Department of Public Health Engineering (DPHE)**, which has carried out a programme for sinking shallow tube-wells. However, Nayapara suffers from frequent water shortages throughout the year and emergency water trucking operations using UNHCR trucks are used daily to transport more than 2,000,000 litres of water into the camp from the Dumdumia dam. Water rationing in Nayapara has become a frequent necessity.

The refugees are also provided with rations such as rice, pulses and oil from the **World Food Programme (WFP)**, which are distributed each week by the **Bangladesh Red Crescent Society (BDRCS)**. These rations are distributed to all refugees irrespective of age. However, as will be later discussed, the quality, delivery and distribution of these items has been shown to be irregular and at times unreliable.

The NGO **Medecins sans Frontieres Holland (MSFH)** is responsible for providing medical and nutritional relief as well as activities designed to increase and maintain sanitation, and operates from the Nayapara camp. **Concern Bangladesh** undertakes similar health activities including immunization and family planning programmes within the Kutupalong camp, and is also responsible for education and social activities for refugees across both camps.²⁶

IMPACTS OF DISPLACEMENT ON FAMILIES AND COMMUNITIES

Family Separation

The experience of displacement has led to a high level of family separation within Rohingya communities. Prolonged persecution and reports of indiscriminate attacks on Rohingya villages in Burma have destabilised both communal and familial networks, and left many family members dead or too seriously injured to undertake the journey across the border into Bangladesh. According to the Muslim Youth Movement of Malaysia, a recent military attack on a Rohingya village in early February 2001 left around 300 Rohingya dead and 200 missing, most of whom were women and children.²⁷ Without the support of male members of community leaders, the latter group are particularly vulnerable, and in the process of trying to cross the border many have fallen prey to traffickers.²⁸

Forced repatriation movements by the GOB between 1992 and 1998 also separated many family members as the authorities frequently picked out individuals arbitrarily to fulfil their quotas (see Box 1, above). Given that the Burmese authorities demanded a list of names of all those being repatriated, it is also very likely that many members who had escaped because of their involvement in the Rohingya Solidarity Organisation (RSO) were effectively being sent back to prison, if not death.

Female Headed Households

Over the course of 9 years inside the camps, many husbands and fathers have become separated from their families, sometimes voluntarily, sometimes through economic necessity. Many have disappeared into the local communities, where they have begun new lives with marginally greater freedom. As a result, 40% of households in the camps are today headed by women. However, distinctions need to be made between households that are *managed* by women in the absence of a husband working illegally outside the camp and those that are actually *headed* by women following the death of the husband or the breakup of their marriage. No information was available for these two categories, in spite of the fact that these households apparently constitute almost half of the entire population. The only distinction that has been drawn in the past was by the WFP, who divided them into two groups: households with adult males (15 years or older) but headed by females (FHH), and households headed by females with no adult males present (FHNM).²⁹

The problem remains however that not enough is known about what it actually means in practice to be a FHH in the camps. It has been suggested in the past that FHH's come up against numerous practical difficulties in the camps, particularly in the queuing for and collection of rations (which is typically undertaken by males and should not according to traditional models be undertaken by women). The social and religious stigma of being a single woman in a Muslim society may also play a strong role in the vulnerability of FHH's, as would the economic disadvantage of not having a male

member to generate income outside the camp. In 1998, a young Rohingya refugee woman who had twice been abandoned by her husband attempted suicide by drinking insecticide. Luckily, her condition was discovered early and she recovered at Teknaf hospital.³⁰ In late 2000, a 16-year old girl actually succeeded in committing suicide, apparently after her offer of marriage was turned down by her suitor.³¹ The experience, and even the fear alone of being a FHH appears to resonate deeply among the Rohingya community, and yet without a systematic study of the difficulties peculiar to FHH's in the refugee context, their protection concerns are very likely to be marginalised or ignored altogether.

Lack of Livelihood

As official refugees in Bangladesh, Rohingya families are not permitted to own any land, undertake any form of self-provisioning livelihood or utilize government-run institutions outside the camps (such as schools, with the exception of certain hospitals). In reality, the most of the male adults bribe the security guards (paying approximately 6 Taka each time they leave) and take up cheap labouring jobs outside the camps to earn money to buy items not included in their ration baskets, such as vegetables or razors. Although the bribe goes into the hands of the guards at the gates, inside sources believe that some of it ends up in the pockets of the CiCs, who turn a blind eye to these unofficial departures.

Because of their status, the salaries refugees receive are very low, and the family inside the camp remains utterly dependent on the delivery of rations and the provision of medical and sanitary services by the GOB and NGOs. Those living outside the camp undertake self-provisioning activities at their own risk, and must work with the constant knowledge that anybody could turn them in to the authorities for deportation at any time.

The fact that families in the camps lack a central livelihood or common interest around which they could mobilise has a significant effect on intra-familial relations, particularly concerning the children. Work is a very important means by which young people in impoverished situations become integrated into society as adults, and because of the lack of white-collar opportunities, is more important in this sense than education. Work is vital not only to individual feelings of maturity and self-efficacy, but also to playing a contributive role in the eyes of family and society. However, with no opportunity to learn livelihood practices or vocational training in the camps, many adolescents grow up at risk of being perceived as worthless both by themselves and their social peers, and research from other parts of the world indicates that children who contribute little to the family are more susceptible to abuse.

While not condoning gender-discriminatory practices, it must be acknowledged that the camp context does not necessarily interfere with the expected domestic 'duties' of girls as daughter, wife and mother. These roles may still be fulfilled, though within more limited boundaries. In contrast, what is expected of boys in the refugee environment is not so clear or easily accessible, as their gender role is usually attached to income generation and labour, both of which are forbidden to them. In this way the camps are effectively estranging boys from their own societies.

Inter-familial Tension

According to the Camp-in-charge of Kutupalong, overcrowding, boredom and the restricted freedom of movement has led to an increase in inter-familial tension and a loss of community spirit. The families enjoy very little privacy, and this has tended to aggravate relations between close neighbours. Underlying tensions and fears connected with repatriation have also affected trust to the point of divisions being drawn within the refugee families according to their level of cooperation/respect for the authorities running the camp. Certain sheds housing reputed 'troublemakers' have even been subsequently labeled as 'no-go' areas. The loss of trust and respect for the institutions pertaining to protect them (such as UNHCR), has strained relationships within the camp as a whole, as well as traditional respect and obedience structures within the family.

PHYSICAL IMPACTS OF DISPLACEMENT ON CHILDREN

INTRODUCTION

In all refugee situations there is a concern to make conditions within the camp similar to those of the surrounding area - not just to stop more people from coming to the camps, but also to prevent possible conflict with the local community. In many countries, agencies now provide similar services to the locals surrounding a refugee community for these very reasons. However, this has been a serious problem in Cox's Bazar in the past, for the GOB has consistently tried to keep the Rohingya as an isolated, contained and therefore 'manageable' group, despite evidence that the refugee population is increasing at faster rate than the national average. It has refused to consider any notions of interaction between the refugees and locals, and this has allowed a mental and physical distance to form between the two groups, which may pose a threat to the safety of the refugees in the future as long as the disparity is allowed to continue.

The issue is not so much that the refugees are much worse off than the locals, but that their continued difficulties – particularly in terms of their living conditions – are due to political circumstances and perspectives. Even after nine years and little progress in Burma, the emergency approach currently enforced by the GOB and related NGOs has still not been converted to a long-term developmental approach, and this has led to numerous problems across all areas of child health within the camps. It also contravenes the provisions outlined in Articles 24 and 27 of the CRC, which assert the right of every child – regardless of political circumstance - to “*a standard of living adequate for the child's physical, mental, spiritual, moral and social development*”. Emergency strategies are continuing in a non-emergency context, and the camps are facing serious 'development' problems that will require investments and trained people to go in and work on these issues – something current workers in the camps freely admit to having no experience of.

The other problem appears to be that where agencies have tried to improve conditions, progress has not necessarily followed as the refugees themselves have found it difficult to change the attitudes and practices they have followed for years. For example, MSFH have sought to raise awareness of basic hygiene by carrying out a number of activities based around health education in the camps promoting good hygiene practices. Although it is still too early to properly assess the impact of these activities, initial reviews suggest the extent to which these practices have actually been adopted by the Rohingya remains slight.

At the time of writing, UNHCR and the GOB were tentatively drawing up plans to merge the two remaining camps sometime in the next 18-24 months. This consolidation would focus on moving all of the refugees to the Nayapara complex, where construction of a more permanent infrastructure is being considered. However, the movement of the refugees in and out of the camp would remain highly restricted, and economic activities would still be forbidden. Many workers I spoke to had concerns about the proposed merge, given that Nayapara has so many problems in terms of water and sanitation – how could it possibly absorb 8,000 more people?

The Growth of Refugee Population

Table 2 shows the current population of recognised Rohingya refugees in Bangladesh as calculated by the camp authorities through births, deaths and repatriations in the period 1st – 28th February 2001.

Camp Name	Population As of 31 Jan 2001 (persons)	Births		Deaths		Repatriations		Population As of 28 Feb 2001 (persons)
		1-28 2001 (persons)	Feb	1-28 2001 (persons)	Feb	1-28 Feb 2001 (persons)		
<i>Kutupalong</i>	8,318	35		3		1		8,342
<i>Nayapara</i>	13,195	40		5		15		13,222
TOTAL:	21,513	75		8		16		21,564

Table 2. Current Population Report by Camp for Period February 2001 ³²

While these figures give a broad outline of the numbers involved, they are not entirely accurate, for according to workers inside the camp there may be as many as 200 unregistered babies - most from a mixed marriage between a registered refugee and a local villager. UNHCR has stated unequivocally that if one of the parents is a refugee the child automatically qualifies for registration, and although the GOB officially agreed to this in March 2001, the CiCs are moving slowly. Pressure from the GOB to keep the official birth rate down may also be hindering the process, and would perhaps explain why there are still more than 30 cases of unregistered babies from two registered parents in the camps. Lack of registration is a serious problem, for it affects the child's ability to receive food rations and medical care.

The average family size in the camps is 5.7, with nearly 40% of families classified as Female-Headed Households (FHH's). ³³ As the figures demonstrate, the imposition of conditions for repatriation has reduced the flow back across the border to a mere trickle, and deaths are far below births, which confirms that the camp populations are effectively

growing in size. The birth rate among the refugees has actually been shown to be higher than that of the surrounding district, and there are a number of possible reasons for this.³⁴

Perhaps the most obvious is the way in which conflict and displacement changes the instrumental, economic and emotional value of children. Living in the camps has definitely had a significant impact on the roles Rohingya children play. In most conflict-related situations, the instrumental and economic value of children is a key factor in helping the family survive the associated hardship and impoverishment. Families tend to be large so that there are more opportunities for income and load-bearing. In a protracted refugee setting, these priorities are redefined. On the one hand, as ration distribution is not differentiated according to age or sex, babies and young children receive adult-sized ration portions, despite having smaller quantitative needs. In this context, having a large number of children becomes a strategy of ensuring a greater influx of food into the family circle, as well as increasing their bargaining power in terms of trading rations for non-food items. When a girl marries, she leaves her natal home to live with her husband's family, who encourages her to have children as they will then benefit from the rations in the same way.

LIVING CONDITIONS IN THE CAMPS

Shed Accommodation

All refugees allocated to a camp are given a specific address utilising a system of blocks, sheds and houses. Each 'block' contains a group of between 2-8 sheds, with each shed holding between 5-10 divisions known as 'houses'. Kutupalong, the smaller of the two camps, had 259 sheds at the time of visiting in March 2001, and 1,327 families composed of 8,342 persons. This meant that each shed contained an average of 5 families, each with an average of 6.3 members. The houses themselves consist of mud floors, woven bamboo walls and bamboo roofs with plastic sheeting underlay as waterproofing. Each house was generally further internally divided by a thin bamboo partition into two main areas – one for cooking and the other for sleeping. There were no items of furniture save for one or two small wooden stools or a makeshift table, and the only apparatus for sleeping were thin mats rolled up in the corner. A few aluminium utensils for cooking were hung over the stove, while the main steel containers were used for the storage of water, a valuable commodity in Nayapara camp.

As Figure 8 shows, the shed areas are densely packed and on the whole very overcrowded, with little room for privacy or personal space. The size of the dwelling remains constant regardless of family size, and a 1999 Survey by the WFP found that the majority of sheds were "*small, crowded and inadequate for healthy living.*"³⁵ The interconnecting passageways between the sheds were very narrow and at no point greater than 3 metres in breadth, which added to the noise pollution and general sense of claustrophobia. The majority of refugees have also built small bamboo-fenced annexes

into these passageways for the purposes of storing firewood collected from the forest, and access to the different houses within a shed was often a matter of climbing over and around these extensions.



Figure 7. A typical row of sheds along the main thoroughfare in Nayapara Camp.

This was a definite fire hazard, and yet no action had been taken to prevent their construction or inform the refugees of the associated risks. It also made the monitoring and maintenance of sheds difficult, a vital safety measure during the cyclone season. In 1998, a joint assessment by UNHCR and the RRRC in Kutupalong camp identified some 117 sheds – approximately 45% of the total - as in need of repair.³⁶ Repair operations are often anyway delayed by the frequent country-wide *hartals* (political strikes) called for by opposition parties.

The sheds also suffer under the relentless summer sun, as the plastic sheeting on the roofs acts as a heat trap, causing the temperature inside to become uncomfortably hot. Ventilation in the sheds is minimal due to the systematic close-packing of the sheds next to each other, and the only sources of light were small holes in the bamboo walls, which makes visibility within quite poor. Some NGO members working inside the camps suspect that the shed design has actually contributed to the high rate of respiratory infections among the refugees - particularly the children – although this is yet to be investigated.

While these conditions may not be worse than elsewhere in Bangladesh, it must be noted that the possibility for improvement is to a large extent being deliberately held back by the GOB in the fear that better living conditions would undermine their repatriation effort. The Rohingya are therefore being effectively denied a better standard of living simply by virtue of their political status as unwanted refugees.

In 1999, UNHCR requested permission to begin a tree planting campaign in and around the camps through a food for work programme with the WFP. Their aim was to give unoccupied refugees motivation and employment while at the same time improving the general environment of the camp. The GOB initially opposed the scheme, asserting that a food-for-work programme would act as a 'pull-factor' for new refugee flows, and that foreigners were not allowed by law to plant trees in Bangladesh. Eventually it approved the initiative, but only on the condition that the local Bangladeshis plant the trees, not the refugees.



Figure 8. The small plots allowed for refugee gardening in Nayapara – one of the few programmes aimed at promoting self-reliance permitted by the GOB.

This is a perfect example of how the GOB have continued to limit progress within the camps in order to encourage the refugees to repatriate. Their lengthy bureaucratic deliberation and reluctance to approve proposed developments within the camp mean that the living conditions for the 22,000 Rohingya still remaining are actually not that dissimilar from those of their arrival in 1992. The extra facilities that have been added to the camps since their inception are the result of an unwilling compromise with the GOB, and have not gone far enough to solve the actual problem.

SANITATION

At present, both MSFH and Concern Bangladesh are in charge of sanitation in the camps, and concentrate their efforts as follows:

- 1) Latrines and Bath house maintenance according to international standards
- 2) Vector control including maintenance of garbage pits
- 3) Water control and quantity monitoring
- 4) Maintenance of existing drainage

Much of their work is restricted to the simple maintenance of existing sanitary facilities, for the GOB forbids the installation of any permanent infrastructure in the camp. This means that the general sanitation of the camps – particularly Nayapara – has been maintained rather than developed, and has hardly progressed from the makeshift instability of nine years before.

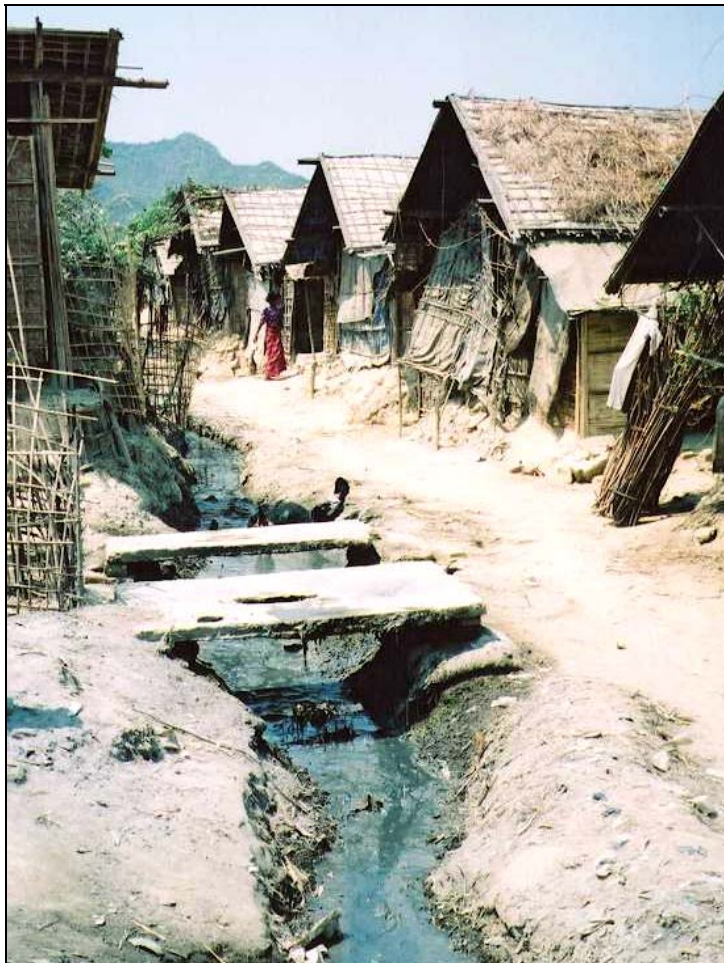


Figure 9. Open sewers in Nayapara camp

This is immediately evident by the fact that open sewers still flow between the sheds in the camps, inviting a host of insects, including malaria-carrying mosquitoes.

Since the sheds are tightly clustered less than a few metres either side of these smelly trenches, the risk of contamination and spread of disease among the communities is very high. More seriously, with the heavy and persistent downpours that daily affect the region in the rainy season, these sewers frequently overflow through the lack of substantial containment measures. As Figure 10 shows, very little effort has been taken (or perhaps, allowed) in Nayapara camp to confine the threat to health and sanitation such open drainage poses, and children in particular often play along the banks of trenches with little awareness of the hazards.

Other children, usually those younger than 5, were also seen using the sewer for urination and defecation. Statistics show that on average, the camps have roughly one latrine for every 20 refugees, and yet there has been no investigation into how they are actually being used – or ignored – by different age groups.³⁷ From a preliminary assessment, it appeared to be the adolescents and adults who used the facilities, while younger children simply found a spot elsewhere, usually close to the sewer. While this is normal in many parts of the world, given the prevalence of skin diseases such as scabies among small children in the camp, which has been directly linked to such practices. More encouragement of latrine use from an early age could therefore perhaps reduce the prevalence of this disease.

Given that the vast majority of children below 5 in the camp run around naked, the risk of infection in these instances is acute, and both camps continually record large numbers of skin diseases, particularly among the young. Scabies is common year-round, and is caused by mites that propagate in sewer-like conditions. Diarrhoea also regularly features as one of the top three causes of morbidity in the camps, yet despite these indicators, very little seems to be happening to improve the situation.³⁸ According to the Camp-in-Charge, the concept of latrines is still very foreign to the Rohingya, and the younger children naturally use the sewers for excretion without thinking.

In Kutupalong the problem was not as apparent, for a survey by Concern's Engineer in June 2000 had prompted some recent noticeable improvements. Firstly, in relation to the open sewers, they had taken the initiative to run 5 foot-high bamboo fences along the banks to prevent access to children and/or poultry. This greatly reduced the risk of infection and contamination. Secondly, they had installed a new model of latrine which had a longer life span than the old one, and also sealed the excreta properly to prevent the smell from spreading. Nayapara camp still suffers from the limitations of the old models which are made of bamboo, age quickly and require replacement every 9-12 months. Furthermore, as MSFH reported at the start of 2001, due to severe erosion and latrine overflow, many latrines in the lower areas of Nayapara need an improved construction. This kind of work is, wherever possible, carried out by the refugees, but the labour is itself dependent on the timing and scope of the bamboo harvest.³⁹

HYGIENE

According to Dr. Romy from the MSFH In-Patient's Department, the level of personal hygiene in the camp has improved greatly since 1992, but there are still a number of problems:

- Most children in the camp under the age of 5 or 6 roam around the camps naked, and remain dirty for the greatest part of each day. The few who do wear clothes usually only have one outfit, which they do not wash often enough due to a combination of a lack of water and simple awareness. Even though new clothes were being distributed during my visit, camp workers confirmed that many of these new items would end up being traded/sold to the local community.

- Secondly, although soap is included in the ration basket, refugees do not view it as particularly important and often trade it for other items. Children should be learning to use soap from their parents, but in 1999 only 26% of women reported using soap and water regularly to wash their hands after defecation.⁴⁰

- Finally, although the sheds in which the refugees live should ideally be cleaned every 3-4 days, it appears that very few families do anything but sweep the dust outside. Mud floors are difficult to keep clean, and can act as long-term dirt-traps, particularly in the wet season.⁴¹

REFUSE COLLECTION

The collection and disposal of refuse from the various rubbish pits around the camps is carried out by refugee workers under the guidance of MSFH for Nayapara and Concern for Kutupalong. The latter camp has also recently benefited from a new model of rubbish pit equipped with a low-cost drainage system, and is better constructed to prevent chickens from flocking into the pits and scattering the rubbish in the surrounding area – still a problem for Nayapara. Concern have also introduced a community refuse disposal system from December 2000 which ensures that garbage is collected once every two weeks by sanitation volunteers, and then incinerated. However, the ratio of users to rubbish pits in Kutupalong is still a serious problem, and was recorded in Concern's Annual Report for 2000 to be as high as 121:1. The reason for this was suggested to be a lack of space, and UNHCR has since been asked to solve this problem during 2001.⁴²

On the whole, both camps were generally free from loose litter, although it was obvious in some areas that the refugees threw a lot of their rubbish into the sewers running past their sheds rather than carrying it all the way to the specified garbage pits. Small amounts of refuse could also be seen discarded around the less densely populated areas of the camp, particularly in the overgrown areas and backstreets along the border fences.



Figure 10. A young girl washes her brother at the edge of an unofficial rubbish dump in Nayapara Camp

A few children were seen to be washing themselves and their siblings in these peripheral areas (see Figure 11, above) and although bath houses are provided for these activities, there is a significant disparity between the user ratios per bath house between the camps – 39:1 in Nayapara compared to 136:1 in Kutupalong.⁴³ The massive number of refugees to a bath house in Kutupalong is likely to cause overcrowding and problems of access, both of which then discourage people from using them as often as they should. Indeed, for the majority of young Rohingya children, washing is simply a matter of finding space in the immediate vicinity, regardless of how clean or free from rubbish it is, as shown in Figure 11.

WATER SUPPLY AND CONTROL

The main concern here is with the severe water shortage affecting Nayapara camp. The water level of the Nayapara reservoir (the main source of water for the camp) suffers from both a seasonal drop brought on by the beginning of the dry season in early November, and the construction of two illegal dams by local villagers in 1998, which further decreased the amount available.⁴⁴ During the months December-May of each year Nayapara is now subsequently forced to regularly rely on an emergency water trucking operation using vehicles supplied by UNHCR, which transport an average of 5 million litres of water to the camp each month from the Dumdumia Dam. However, even with this operation in force, water rationing is a common feature of Nayapara camp, along with long queues around the pumps throughout the day (see Figure 12).



Figure 11. Waiting for water at pumps in Nayapara camp, which run for only 2 hours a day during the dry season

Shortage of this basic necessity has had a serious effect on the refugees, not merely in the sense of further reducing their ability to reach targeted levels of personal hygiene. Many refugees risk numerous water-borne diseases and resort to drinking the untreated water from local ponds outside the camp, while a small number have even attempted to dig their own unofficial wells in secluded areas of the camp. Unfortunately, just a couple of weeks before my visit to the camp, MSFH reported the deaths of two children who had fallen into these makeshift wells in the dark and drowned. Since then, MSFH have been trying to ensure no other projects of this kind are taken on by refugees, but with such a large population to monitor, it is a difficult job.⁴⁵

To try and tackle the problem, UNHCR drew up plans to expand the current reservoir near Nayapara to save them the huge expense of having to truck water in from much further away. Initially, the GOB refused but has since appeared more receptive to the idea as the shortage has become more acute. The main obstacle now is the group of local villagers who currently occupy the land needed for the extension and who are unwilling to leave. During my visit, negotiations for paying the villagers and then hiring them to do the work were underway, with a finalized plan expected by October 2001. In the meantime, UNHCR has also started digging tubewells in Nayapara to try and ease the current crisis, but at the time of writing, they had drilled in 3 different spots without any luck.

In contrast, Kutupalong camp appears to manage without problem on 41 fully functioning tubewells.⁴⁶ This has not always been the case however, for in recent years, damage and sub-standard performance of these wells led to a similar shortage of water, at times reducing the supply to as low as 16 litres per person per day from an average of just over 20.⁴⁷ To be fair though, Kutupalong remains far more self-sufficient in terms of water than Nayapara, and this could be seen in the fact that the camp was simply much greener, and free from the lengthy queues around the pumps.

NUTRITION

Every week, the Bangladesh Red Crescent distributes to each refugee – regardless of their age - an assortment of 6 different ration items allocated by the World Food Programme (see Table 3).

RATION ITEM	SCALE (per person per week)
<i>Rice</i>	2.94 Kg
<i>Pulse</i>	0.42 Kg
<i>Soya Oil</i>	0.175 Kg
<i>Salt</i>	0.035 Kg
<i>Sugar</i>	0.35 Kg
<i>Blended Food (Wheat soyablend)</i>	0.35 Kg

Table 3. Amount of Food Rations per week per Refugee.⁴⁸

These amounts are calculated on the basis of the Rohingya refugees as existing in a non-emergency, protracted refugee situation in a closed camp setting, with no formal opportunities for income generation or food production. The minimum daily caloric requirement of Bangladeshis in 1999 was defined as 2,122 by the World Bank, yet up until very recently (June 2000), the refugees were in practice receiving food baskets amounting to much less. This was justified in 1998 in a UNHCR/WFP Food Assessment which asserted that the Rohingya refugee population are young, with an activity level described as 'light' and therefore less in need. This contradicts the reality of the camps, where it is a well-known fact that the vast majority of adult males are participating in casual labour activities outside. Furthermore, a 1999 Vulnerability survey conducted by

the WFP found that the activity levels of women in the camp were actually not that different from those of local women in the village. As a result, 56% of women inside the camp were malnourished in 1999, compared to 48% in rural Bangladesh as a whole.⁴⁹



Figure 12. The Weekly Distribution of Rice Rations at Nayapara camp

Following their Survey of nutritional vulnerability in the Rohingya camps in October 1999, the WFP have since increased their general food distribution ration to 2,122 Kilocalories per person/day as of June 2000. However, due to a mixture of reasons discussed below concerning the leakage and erratic provision of particular ration items, this has not yet led to a significant improvement in the state of chronic malnutrition in the camp, for as MSFH stated in 2001, “*in practice it turns out to be difficult to reach this target.*”⁵⁰

THE IMPACT OF RATIONING & FOOD INSECURITY

While nutritional indicators across Bangladesh are generally acknowledged as being very poor, the dependence on rations within the refugee camp context actually appears to pose particular risk to the nutritional well-being of children. Statistics and studies have suggested that although children born in the camps begin their lives with a relatively clean bill of health (most likely due to the extra care afforded to pregnant and lactating mothers), their nutritional status quickly decreases to a level lower than that of the immediate surrounding area. As the WFP stated in 1999,

*“...many children are not malnourished when born but quickly become so, as illustrated by the rapid decrease of the mean weight-for-age z-score (waz) with age. In general, the children are given a decent start in life nutritionally, due to the quality antenatal care of mothers and the feeding programmes for pregnant women.”*⁵¹

According to the same source, over 50% of children who are born relatively healthy and without problems then go on to exhibit wasting between 18-23 months old, and this gives an indication of how severely – and quickly - camp conditions affect these new individuals. Indeed, the disadvantageous nutritional effect of life in the camp on Rohingya children may be further underscored by a comparison with indicators for local children in the immediate surrounding areas such as Cox's Bazar. It has been subsequently revealed that:

- The prevalence of all forms of malnutrition is higher for children in the camps than for children in the surrounding area. This is in spite of access to feeding programmes, healthcare and immunization.
- Much higher rates of diarrhoea are found among the younger children in the camps than their counterparts in the local community.
- Prevalence of both underweight and stunting is also higher in the camps than either the surrounding population or the national average.⁵²



Figure 13. A 6 year-old boy displaying the oedema (abdominal swelling) characteristic of malnutrition is washed by his sister in Nayapara camp.

MALNUTRITION

In May 1992, Helen Keller International (HKI) conducted the first nutrition survey in the Rohingya refugee camps and found an extremely high prevalence of acute malnutrition or wasting – indicated by low weight for height – in children under 5 years of age. The prevalence ranged from 20.7% to as much as 49.3% for five different camps.⁵³ The factors that HKI cited as having influence on this malnutrition included, among others, female headed households (FHH), overcrowding, and food access and availability – all of which continue to be important issues in the camps today. As was stated earlier, around 40% of the families in the camps are FHH's, acute overcrowding still persists across the shed system, and recent episodes of civil unrest have certainly restricted access to food resources (refer back to Box 2). Furthermore, it appears that refugees have not been receiving the full amounts of their ration items through a mixture of delivery and distribution problems, pilfering of supplies (termed as 'leakage' in official reports), and the seasonal nature of some items.⁵⁴ In January 2000 for example, blended food was missing from the food basket for two weeks running, with no additional item distributed in compensation, reducing the average number of calories provided per person per day to less than 1,800. The pulses given out were also noted to be of very poor quality.⁵⁵

The point is that even after nine years of operations in the camp, the Rohingya refugees continue to live in conditions of food insecurity. In October 1999, it was found by the WFP that children in 50% of households in Nayapara camp had eaten 2 meals or less the previous day, when they should actually be eating 3.⁵⁶ The same survey also highlighted the remarkable vulnerability of Female-Headed Households in the camps, as compared to their Male-headed counterparts. For the purposes of the study, the WFP divided female-headed households into two groups: households with adult males (15 years or older) but headed by females (FHH), and households headed by females with no adult males present (FHNM). Their analysis revealed that not only did children from FHH and FHNM had a significantly higher prevalence of diarrhoea, but that children from FHNM also had a higher prevalence of malnutrition than those in male-headed households (MHH) in all cases of indicators (see Table 4). We still do not know enough about FHH's in the camp context to suggest definitive reasons for this, although it is likely that various religious and cultural directives play a significant role.

	Moderate Wasting	Moderate Underweight	Moderate Stunting	Severe Underweight	Severe Stunting	Angular Stomatitis
FHNM	20%	76%	70%	20%	28%	12%
FHH	19%	73%	61%	20%	28%	4%
MHH	16%	65%	63%	17%	25%	7%

Table 4. Child Malnutrition by Household Composition⁵⁷

MSFH-Holland's own Nutritional Survey of the camps in November 2000 further discovered that all women (including adolescents and pregnant women) in the camps are particularly at risk, and that the chronic malnutrition percentage is 61.6% irrespective of age. Over 50% of the population were also found to have a Body Mass Index of less than 18.5%. This has led them to describe the current situation as 'unacceptable'.⁵⁸

The WFP/UNHCR and NGOs working in the camps have also recently sponsored yet another survey to investigate the persistence of malnutrition among the refugees, and are this time concentrating on possible economic reasons for the problem. The suggestion is that malnutrition may actually be due to – or at least exacerbated by – the lack of livelihood and movement rather than the quantity of food rations. At the time of writing, the investigating body was just finishing their primary research in the camps, so whether these suspicions were substantiated remains to be seen.

DIETARY DIVERSITY

Malnutrition is also linked to the nutritional diversity of the food eaten by the refugees, and their ability to procure items such as meat and fish from outside. As the GOB forbids the Rohingya from engaging in any income generating or food-producing activities either inside or outside the camp, many families sell or trade part of their ration package each week to the local community in order to diversify their daily intake and to acquire items necessary for daily life that are not distributed, such as razors. According to camp officials, the oil and sugar rations are the most commonly sold or traded, with only the most vulnerable families trading rice and dahl. This is in line with the findings of the WFP Vulnerability Survey in 1999, which found that the average percentage of rice ration sold or traded by FHNM was 21.9% - significantly higher than 13.6% for MHH. Households headed by women also ate meat/fish less often and blended food more often than male-headed households (MHH).⁵⁹

SUPPLEMENTARY FEEDING PROGRAMMES

Following the shocking findings of the Helen Keller Institute's first survey of malnutrition in the camps in 1992, a number of supplementary and therapeutic feeding programmes have been introduced to the camps targeted at acutely malnourished children under 5 and low birth-weight babies respectively. Following camp wide MUAC screenings, most children are enrolled in the feeding programmes before the age of 18 months, as the risk of acute malnutrition is highest in children between 12 and 24 months old.⁶⁰ MSFH and Concern then provide these children with two daily meals of High Energy Milk (HEM) plus nutritional supplements on top of the food they then receive at home. Pregnant and lactating mothers also receive daily portions of HEM, vitamin and mineral supplements to help them cope with the added demands of their condition, and the mothers of babies enrolled in the Therapeutic programmes are given lunch every day so they can breastfeed sufficiently.

There are, however, a number of persistent problems with the feeding programmes – firstly, the attendance of those enrolled, which continues to be irregular. In 1999 the WFP suggested that time constraints placed on adults accompanying a child to a feeding centre play a key part in the erratic appearances of patients in these programmes, and the vast majority of adults seem to have since passed on this responsibility to others among their children.⁶¹ Today, most acutely malnourished children are brought to the SFC sessions by their siblings, who were very rarely more than a few years older themselves – none older than 6 or 7. Although these children may have fewer social commitments, this has not in practice meant that attendance levels have risen as a result. In many cases, the responsibility of carrying their malnourished brother or sister to the centres twice a day coupled with the difficulties naturally associated with feeding any young child is simply too much for some of them to bear on a daily basis. Others were late or simply forgot to come altogether, too young to recognise or execute the task set upon their shoulders.



Figure 14. A young Rohingya girl looks on as her baby sister is fed at a Supplementary Feeding Session.

MSFH are trying to counteract this absenteeism with an efficient registration system that allowed them to follow up on any children who had missed sessions, and have raised the attendance rate in Nayapara to 80% at the start of 2001. This still leaves significant room for improvement however, if it is to rival the 96% attendance rate cited by Concern Bangladesh in connection with the Supplementary Feeding Centres in Kutupalong.⁶² Part of this discrepancy may be put down to the increased population pressures and demands of Nayapara as compared with Kutupalong, though in general it appeared from my brief assessment that the latter benefited from better communication and coordination between authorities and refugees.

The most worrying aspect of the feeding programmes is however connected with their efficacy. In 1999, the WFP unearthed statistics suggesting that children who at one time or another participated in these feeding programmes “...*have never really improved nutritionally*”, and that “...*the feeding programmes may simply be keeping them alive but not allowing them to catch up.*” They found the wasting prevalence of children 18-23 months of age who had been in the programme to be 70% - more than double that of children who had never participated.⁶³ This has since been recently confirmed by Concern Bangladesh's Annual Report for 2000, which discussed the continuing problem of the high readmission rate for the feeding programmes. It concluded that “...*as many as 153 children (35%) quickly lost their weight and had to be readmitted as soon as they were discharged from the programme. This clearly indicates that children do not get sufficient nutrition at home.*”⁶⁴

HEALTHCARE FACILITIES

Aside from their nutritional setbacks, the Rohingya children in the camps generally enjoy a good state of health, and the overall quality and range of medical assistance made available by organisations such as MSFH and Concern is excellent. The main causes of morbidity up to 4 years of age are fevers, respiratory infections, skin diseases and diarrhoea. However, MSFH confirmed that diarrhoea currently accounts for less than 5% of the U5MR (as opposed to 10% in Bangladesh), reflecting the success of their efforts to improve sanitation and medical access in the camps. Furthermore, while malaria and fever still make relatively heavy seasonal contributions to the morbidity rates, the absolute number of deaths actually remains extremely low. Even the In-Patients ward serving the huge numbers in Nayapara camp was relatively empty (see Figure 16).



Figure 15. The Inpatients ward at Nayapara Camp

The relative desertion of the ward was partly due to the seasonal fluctuation of health problems (which tend to increase in number in the rainy season), but also because of the new Community Health Workers (CHW) MSFH had been training to shoulder some of their load at the community level. These workers were then the eyes and ears of MSFH, enabling them to establish an early warning system for health threats in the camp as well as continued monitoring and surveillance of discharged patients. They also carried out a lot of work with defaulter tracing for refugees who had failed to turn up to family planning or feeding programmes.

The CHWs that I saw during my visit were severely under-resourced and, like everybody else in the camp, heavily restricted by the GOB in terms of what they were allowed to do. Though MSFH had initially intended them to operate mini 'village-clinics', in practice these had turned out to be no more than open-air bamboo structures less than 10 feet across. The only furniture was a small wooden stool for the CHW and a wooden table for her 'equipment', which amounted to little more than some iodine, swabs and basic first aid. Large numbers of refugees – particularly bored children – hung round these 'clinics' to watch the CHW examining others, which not only destroyed any attempt at privacy but also gave the CHW little room in which to conduct her duties, as Figure 17 shows.



Figure 16. A Rohingya CHW administering basic first aid to a baby

There were also problems higher up the administrative hierarchy, where relationships had become strained. During my visit, many of those I spoke to referred to the persistent lack of trust between camp officials and NGO expats, who are accused by the former of enacting 'anti-repatriation' activities in the camps. Camp officials apparently resent the presence of expat workers and restrict their actions as much as possible, particularly in talking to or interviewing the refugees directly. This kind of internal mistrust undoubtedly hinders the smooth running of the camps, and jeopardizes the interests of the refugees themselves.

OTHER HEALTH PROGRAMMES

MSFH and Concern also undertake the following child-oriented preventative and curative health programmes in the camps:

❑ **Expanded Programme of Immunisation (EPI)**

National Immunisation Days (NIDs) as chosen by the GOB are observed at the camp levels to protect children from six communicable diseases, and all new-born babies also receive vaccination against BCG, DPT, Polio and Measles with an average of 98% receiving all necessary immunisation across the camps.⁶⁵

❑ **Vitamin A + B and De-worming Campaigns**

Because of the lack of diversity in their diet, Rohingya children are very prone to micronutrient deficiencies that can have an adverse effect on their health. Angular stomatitis results from Vitamin B deficiency, and has been commonly found among children in the refugee camps, who exhibit whitish casts in the corners of their mouths. However, recent efforts by MSFH and Concern to hand out Vitamin B supplements alongside those of Vitamin A have gone some way to reducing the problem.

❑ **Health Education Awareness Sessions**

Due to the large population of Rohingya refugees in the camps, these sessions run over the course of 14-week cycles and are designed to penetrate each household at least once every two years. The series is divided into 14 topics oriented towards three different groups among the refugee population: adult women, adolescent girls and adult males. Children who attend the non-formal primary schools are also supposed to receive very superficial health education in 12 topics, but the group that need this kind of information the most – the adolescent boys – are still as yet uncatered for. Attendance at these sessions is not compulsory, and Concern is having a difficult time trying to attract female participants to the classes, let alone teenage boys. For example, at a recent session held in Kutupalong camp on 13th January 2001 on "The Importance of Education and Hygiene" open to all refugees, a total of 17 females and 13 males attended.⁶⁶ Apparently, certain incentives appear to encourage refugees to the programme, for a Video Programme for general females on "Water-borne Diseases and Malaria" a month later attracted 75 participants – more than double.⁶⁷

Aside from the fact that many of the male members of the camps very likely dismiss these sessions out of hand as a waste of time, it is possible that some confusion exists within households about who exactly is supposed to attend these sessions, particularly as concerns children. The term 'adolescent' is open to a number of interpretations influenced by issues of gender, culture and religion, to name but a few. Furthermore, the high rate of early marriage in the camps has trapped many children in adult roles – should these young wives and husbands be educated as adults or adolescents, and is this 'education' likely to render the execution of their role any easier? What efforts have been made to follow up the practice of guidance disseminated in the sessions, or to ascertain the efficacy of different techniques of communication? Without further investigation into these areas, the sessions may simply be acting for their own sake, and risk contributing little concrete improvement to the overall situation of the refugees.

REPRODUCTIVE HEALTH

Maternal health and the well-being of new-born babies is dependent upon many factors of reproductive health, including pregnancy and family planning. At present the camps are showing extremely high rates of pregnancy and birth – so much so that the population is increasing faster than the combined numbers of deaths and repatriations. The birth rate in the camps is also much higher than in the local communities, and this is likely to be the result not simply of the refugees being confined in a small area day in, day out with little else to do, but because of the widespread prevalence of early marriage in the camps, and the high levels of teenage pregnancy (see section on Protection Issues).

In 1998, the United Nations Family Planning Association began activities to lower the birth rate in the camps by providing contraceptive pills to women on a voluntary basis. However, very few women actually came forward to receive the pill and by January 2000 the rate of couples in Kutupalong camp using this method of family planning was only 5%. The reasons for this were varied, but mostly revolved around three areas. The most common was a fear that pills or injections were bad for the mother's health, and the WFP recorded many instances of women who had started on a family planning course only to stop because of apparent side effects. Following a close second were objections on the grounds that such practices interfered with and went contrary to the Rohingya Muslim religion. Finally, a significant number of women simply expressed their desire for a large family.⁶⁸

By December 2000, the number of couples practicing family planning had risen to around 19% in Kutupalong, thanks largely to an increase in the popularity of injections over the pill or condoms, which presented a greater intrusion into their lives. In early 2001, the GOB put further pressure on NGOs in the camps to introduce sterilization and abortion into their range of services, and when this was refused, it was suggested that women be given food incentives for enrolling in reproductive health courses (i.e., birth control). UNHCR, WFP, MSFH and Concern all agreed together that it was unethical to offer food (to a malnourished population) as a means of 'helping' a woman make a decision about her body, and the motion appears to have been successfully overruled.⁶⁹

HIV/AIDS & SEXUALLY TRANSMITTED DISEASES

According to UNAIDS, at the end of 1999, Bangladesh had 13,000 people infected with the HIV virus. In earlier tests among the STD clinics in Chittagong District (in which Cox's Bazar is located), 0.5% of patients were HIV +.⁷⁰ While this is still low compared to countries in Africa for example, incidences of the disease are steadily increasing, and it is likely that many people are carrying the virus without knowing it.

It is difficult to say how many cases of HIV/AIDS exist within the camp, as there are no facilities for testing or monitoring refugees. Awareness both inside and outside the camp is virtually nil, and the only efforts made by the GOB are tatty written posters in the local hospital that completely alienate the widespread illiterate population. At the time of my visit, MSFH and UNHCR were planning some AIDS awareness sessions in the camps, but whether the refugees will really be ready to take the threat on board along with all their other problems is debatable. They have little reason for taking it seriously given the attitude of the GOB officials, who dismissed the issue of HIV/AIDS immediately, and said that they 'had never had any problem with that here'. MSFH-Holland were not so sure, but pointed out that their work was targeted mainly at children below 10 who they assumed were not sexually active, so they were not in a position to say.

The assumption that a 'contained' refugee population like the Rohingya is not at risk of infection is naïve, given the significant unofficial movement in and out of the camp by adult males. Adolescents are also believed to be stealing out of the camp at regular intervals, though very little is known about how they spend their time, let alone the percentage that are sexually active. Boys may not be socially primed for marriage until their late teens and early twenties, but sexual urges/experiences arrive many years before this, and these are unlikely to be simply suppressed. Because of the various restrictions resulting from their political, economic and cultural status, it is very probable that those adolescent refugees who are interested in sex and/or sexually active go outside the camp to clandestine and illegal outlets. This then increases the risk of STD infection and also heavily reduces the willingness of the infected individual to seek medical assistance. They may not even understand or know they are infected.

MSFH were also convinced that at the very least, the risk of infection from HIV/AIDS was very high simply because of the proximity of the camps to the Burmese border, where the disease has become a serious threat. According to UNAIDS, 530,000 adults were estimated to be carrying the HIV virus at the end of 1999, with many more likely to be infected today given the high rate of transmission. The HIV prevalence among sex workers in Rangoon and Mandalay (who include girls trafficked to and from Bangladesh) has increased from a median of 4% in 1992 to 26% in 1997, a massive rise in just 5 years.⁷¹ Both refugees and economic migrants constantly flow back and forth across the Bangladesh/Burmese border, and many head straight for the urban centres of Chittagong and Cox's Bazar. This increases the risk of infection not only for those officially registered refugees working illegally in these areas, but also for the 150,000+ unofficial Rohingya also residing here.

PSYCHOLOGICAL IMPACT OF DISPLACEMENT ON CHILDREN

INTRODUCTION

Although I had no formal training in the field of psychology at the time of my visit to the camps, the effects of long-term displacement were evident in the tangible insecurity and fear of the refugees. Given the pressure to repatriate from the GOB, the underlying tension in the camps has frequently spilled over into violent confrontations, protests and disputes on both domestic and administrative levels. As yet there has been no effort to analyse how various groups of children in the camp react to their situation or the possible psychological effects such prolonged displacement may have for these children. Nothing is known of how they perceive of their identity or how they cope with the knowledge that they belong somewhere else, yet these considerations are just as vital to the overall well-being of a child as their physical health, which receives all the attention.

In the absence of any systematic psychological study, this section is therefore forced to rely largely on connections that have been made in studies of similar refugee contexts elsewhere. Part of this involves analysing how children spend their time in the camps, and what facilities/opportunities are made available to them that may impact upon their mental well-being. This includes recreational, vocational and educational opportunities, all of which contribute to a sense of dignity, self-reliance and the ability to actively participate in society as the child grows up. From this initial assessment of the camps, it would appear that children are being denied these qualities in numerous ways.

THE IMPACT OF RESTRICTED FREEDOM AND RECREATION

The Rohingya refugee children are not permitted to leave the camps at any time, and unlike the older adult males, do not have the capacity to bribe the gate officials for unofficial departures. Although it is suspected by NGOs in the field that some adolescents work as rickshaw drivers and labourers outside the camp, it is generally accepted that children on the whole remain inside the gates. The boundaries of the camp are the boundaries of their world, and all children born within them – that is, all children under 9 – have known nothing else their whole lives. This appears to become more of an issue to the child on finishing their non-formal primary schooling within the camp, following which they are abruptly denied any further educational continuance or development and their daily routine falls apart. The girls are quickly absorbed into domestic duties and the responsibilities of an early marriage, but the boys remain in limbo, having grown out of primary school but still too young to seek employment outside. This group is at high risk of becoming idle and frustrated.

During my visit I saw many of these boys hanging round in desultory groups playing cards, watching the smaller children play or listening to the pocket radios they had traded from locals. When I asked a few of them how they spent their days, the response was as I had expected:

*“I came here in 1992 with my family after some women in my village were raped. When I finished primary school I was not able to continue because there are no secondary schools allowed in the camp. I want to study more, but the only class for our age [the adolescent class run by Concern] teaches things we already know. There is nothing to do here. Sometimes I play football or listen to the radio but it’s very boring to do the same thing all the time.”*⁷²

Another boy who had also arrived with the first batch in 1992 confirmed his frustration:

*“It makes me angry to be in the camp, but we don’t want to return to our village because there is no change. My father, mother and 7 brothers and sisters have been here so long, but all we do is collect rations every week and sit around the camp. It’s easy when you’re young to make games every day, but I am very tired of this place. Everyone argues very often because they are so bored.”*⁷³

Children were everywhere in the camps, but very few were actually engaged in any kind of activity. Most roam around the camps in small packs looking for something to do, while many kids simply sat and cried by themselves in the alleys between the sheds. Some played in groups around the wheels of UNHCR and MSFH trucks, others hung around the inactive water pumps, and large number simply wandered aimlessly up and down the roads. A few had constructed makeshift wheels from wire and were rolling these in and out of the various potholes in the road, but aside from one group of girls with a skipping rope (see Figure 18), on the whole I saw very few children who actually had anything to play with.



Figure 17. Children skipping in Nayapara camp

The importance of recreation to children is addressed in Article 31.1 of the CRC:

“States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child...”

With this in mind, UNHCR were quick to point out that they regularly distributed a selection of recreation items to children in both camps, including footballs, tennis balls, skipping ropes, carom boards and volleyballs. However, I saw very little evidence of these as I walked around the camp (as they had probably been sold/traded), and even the football pitch that UNHCR claimed was ‘very popular’ was run down and deserted (see Figure 19).

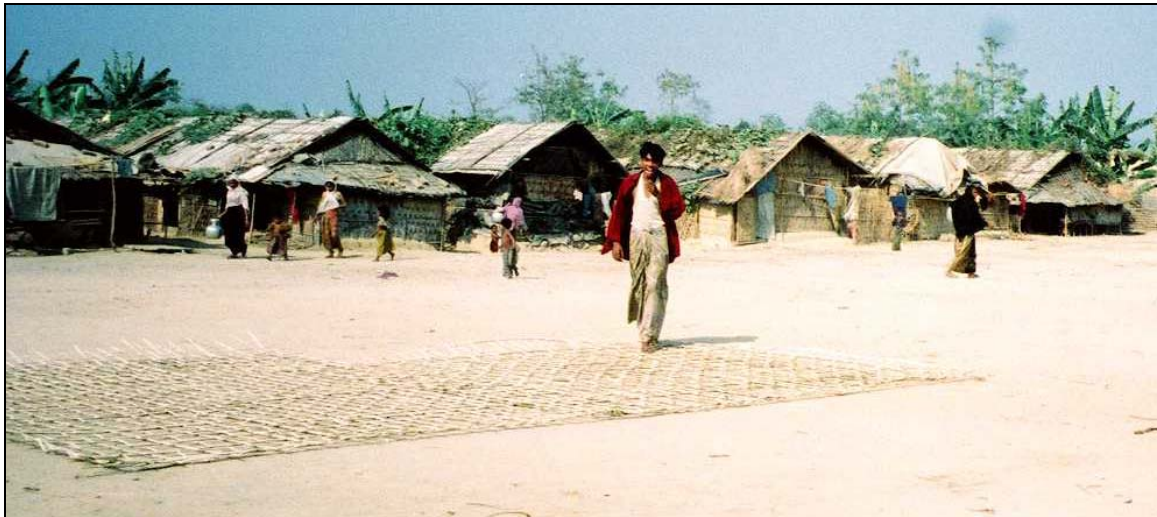


Figure 18. The football pitch at Nayapara camp

SPORT AND COMPETITION

Another recent addition to the recreational calendar was the Annual Sports Day for school children, held at both camps in February. Boys' events included 100/150/200m sprints, long jump and sack races, while the girls took part in skipping races, ball throwing and a strangely titled event called 'chair-sitting'. Winners were awarded prizes for their efforts, and the event was seen as a great success. However, opportunities of this kind come to the children only once a year – the camps should include physical exercise and team building activities like this every week, and not just for school children but across all age ranges. A special effort should be made to perhaps involve the adolescents in football or volleyball teams that can then challenge the other camp or those from the local villages. They might also benefit from activities that are less sexually-biased, although this may be the result of cultural sensitivities.

VOCATIONAL TRAINING & 'SELF-HELP ACTIVITIES'

Concern have introduced a number of schemes aimed at teaching handiwork and vocational skills to women and adolescent girls in the camps. Known as 'Self-Help Activities', these sessions take place at the UNHCR Women Centres, and include basic guidance in embroidery, crochet, sewing/tailoring, making school bags and the construction of fishing nets. At the time of visiting, 200 women across both camps had involved in these SHA groups, and from the small selection of items displayed on the walls, they were working very well. While these goods were seen as not particularly marketable, they at least give their makers a sense of purpose and achievement. Concern were also planning to open Carpentry buildings in the camps for the men and teenage boys to learn practical skills, but no further information was available on this.

Concern have also begun distributing chicks to the more vulnerable families in the camp for the purpose of both supplementing their future diet with eggs and to keep them busy with responsibility for the activities connected with their rearing (see Figure 20). Since the project began in mid-2000, 617 families have each received five 1-month old chicks, a chick case, bamboo and a plastic sheet.⁷⁴ The project has proved quite successful, and the growing number of chickens poking about has given the camps more of a communal, agricultural atmosphere. However, it was noted that keeping track of the chickens' survival rate was difficult, because refugees could either sell or eat the chickens as soon as they had grown.



Figure 19. New chicks arrive at Kutupalong Camp from Chittagong City

WORKING CHILDREN

The vast majority of male adults work outside the camp illegally, and some have been able to find relatively good jobs that, although demanding their absence from the camp for up to months at a time, have helped them to earn small amounts of money. With this they have been able to purchase small quantities of fruit, vegetables and meat that they then sell through their families to other refugees inside the camps at a small profit. In practice, this has led to the development of small road-side stalls – mostly in Nayapara camp – that are staffed from dawn to dusk by children (mostly boys).

Using children to run the tiny stalls is one way of avoiding heavy punishment from the authorities (which have so far turned a blind eye to these ‘baby stalls’), and means that the mother and daughters are free to manage the household and the father to continue his illegal job. The problem is that most of the children I saw running these stalls were of school-going age, and while no formal study has yet been conducted, it is likely that the introduction of these stalls has also contributed to the high drop-out rates in schools, particularly among the boys.



Figure 20. A 7 year-old boy sits behind a stall selling biscuits in Nayapara

Staffing the units also denied these children exercise - some of them seemed to sit there all day without a break, more bored than the other children in the camp who at least could play together. A few had constructed makeshift protection for themselves from the hot sun and had even found something to sit on, as in Figure 21. However, too many were sitting for long periods of time in soaring temperatures on the roadside, unprotected against the dust and dirt blown up by the people and water trucks moving continuously up and down the road (see Figure 22). These conditions are categorised by the ILO as hazardous and are likely to contribute – at least in part – to the widespread respiratory problems experienced by children across the camps.

Having said that, running the stalls did seem to give the boys a sense of importance and contribution to family life, and were the means for learning both social and mathematical skills. At the very least, the stalls represent an activity that noticeably increases the self-reliance of the refugee population, and one to which the GOB is perhaps prepared to turn a blind-eye. However, NGOs in the field need to carry out a little more evaluation of exactly what demands the stalls place upon the children running them before they can be given more general approval.



Figure 21. Two brothers (8 and 5) sit behind their fruit stall at Nayapara camp

The camp authorities themselves have also taken advantage of the children in the camp as a source of cheap labour. In 1999, the parents of two refugee children reported to UNHCR that their children had been taken by two GOB camp officials to work as domestic helpers in their residence outside the camp. UNHCR raised the issue to the RRRC in Cox's Bazar, who then sent out a memo to all staff ordering that such practices be stopped or action would be taken against them. The two children involved were returned to the camps two days later.⁷⁵ Although this was the only incident of child labour to be officially reported and investigated, it is not likely to be the only one. The problem is, without adequate systems of monitoring both in and outside the camps, and with the authorities following their own agendas rather than those dictated by law, the number of Rohingya children in these situations will remain unclear.

EDUCATIONAL OPPORTUNITIES

According to Graca Machel's comprehensive study of children affected by armed conflict in 1996, school is the social community and element of stability in a child's life, quite apart from the benefits in terms of cognitive development. Its importance during a period of displacement is paramount as it provides an essential element of normalcy, routine and a much-needed source of occupation. In 'captive' refugee populations such as the Rohingya, there is also a greater need for secondary education simply because the adolescents have so much time on their hands and so little to do with it. This is even before taking into account the fact that the camp population is growing at a faster rate than the national average, and that the demand for schooling – at all levels – is becoming demographically more urgent.



Figure 22. Rohingya children playing together during another closure of their school

For the first 5 years of their stay within the camps, the Rohingya children were denied access to any form of education by the GOB. Education was viewed more as a luxury than a necessity, and is still only recently gaining acknowledgment as one of the pillars of assistance in humanitarian aid. It was therefore not until 1997 that the first non-formal schools were introduced into the camps, and even then the GOB has restricted them to kindergarten/primary levels only. By refusing to permit any level of schooling beyond this, the GOB has effectively contravened Article 28 (b) of the CRC, which requires state parties to “*Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child...*”

Following a request from UNHCR in January 2000, the responsibility of the education programme in both camps has been taken over by Concern, who decided that the current service provision needed an entire overhaul. In the course of the year they have undertaken a number of improvements (see Box 3).

Box 2. IMPROVEMENTS TO THE EDUCATION SYSTEM

- ❑ 14 new schools have been constructed (8 in Nayapara, 6 in Kutupalong), each containing five classrooms.
- ❑ Refugee teacher motivation has been encouraged through the provision of monthly incentives such as lungis, shirts and kerosene lanterns.
- ❑ A 'Base-line Survey' has been conducted to enhance the enrolment of children, which rose steeply from 2,183 in January to 3,196 in December 2000.
- ❑ Parent/guardian meetings and home visits have been facilitated to help motivate parents to send their children to school, particularly girls, whose education is often heavily undervalued as part of Rohingya culture.
- ❑ School assemblies have been introduced every morning before classes where children sing the Burmese national anthem and teachers raise awareness of important issues such as health and sanitation.
- ❑ Casual adolescent and adult learner classes have been started for those who wish to learn or maintain their basic literacy skills (any level of education for this age group is forbidden by the GOB).

These are all significant improvements on a system that was undeniably poor, and yet an equal number of problems still remain:

1. Poor Quality/Lack of Facilities

The 14 new schools (rectangular bamboo structures not unlike the residential sheds) still have no furniture other than a single blackboard on the wall. There is no chair or table for the teacher and the students sit cross-legged on mats on the floor. Given that each square classroom is required to hold an average of 40+ children, they suffer from overcrowding and high temperatures, particularly in the summer. There were no pictures or teaching aids on the walls to inspire the students, and visibility was quite poor.

2. Poor Teacher Motivation

Teachers continue to be recruited from voluntary members of the refugee community, and are given only the most basic training and resources to work with in heavily overcrowded classes. Their performance has gradually deteriorated over 2000 due to low

incentives and a refusal to provide food instead of household goods. Four refugee teachers dropped out from schools in Nayapara for this reason, and several more have threatened to boycott classes unless the incentives are increased.⁷⁶ After law and order was restored to Nayapara camp in October 1998 following a brief takeover by militant refugee leaders, three teachers were arrested and another three fled the camp to avoid arrest. Schools were subsequently closed for 10 days.⁷⁷

3. Biased Enrollment

The high enrollment rate, while not actually telling us anything about actual attendance (which may be very sporadic), also masks clear bias on two accounts. The first is that the vast majority of students enroll only for the kindergarten class. Enrollment for classes I-V is far lower, and steadily decreases as the class level advances (See Table 5). This is understandable in that there are obviously fewer students who have the ability to learn in a higher class because of being denied access to education for so long already. However, what still needs to be addressed is the clear bias towards boys across all levels of enrollment – as few as 7 girls were enrolled in Class IV and V combined at the time of visiting Kutupalong, out of a total of 63.⁷⁸ The problem lies in the cultural devaluation of female education among the Rohingya, and how Concern intended to tackle this sensitive issue was not clear at the time of my visit.

Class Level	Enrollment Figures
Kindergarten	951
Class I	244
Class II	114
Class III	70
Class IV	41
Class V	22
TOTAL	1442

Table 5. Enrollment Levels for Schools in Kutupalong, March 2001⁷⁹

There also appear to be problems in attracting participants to the Adolescent Classes, with a total of only 49 students enrolling across both camps.⁸⁰ Whether this is through a lack of awareness because the scheme is new, or whether they are simply more convinced by the prospect of labour outside the camp is unknown. Female students in the adolescent classes do seem to be slowly increasing in number, but this will cause problems in the near future as they do not accept male teachers, and there are very few female refugees who are literate enough to be a teacher. It is therefore vital that more research is done on the lives of adolescents in the camp, so that problems such as these can be resolved in the most effective and sensitive manner.

4. High Drop-Out Rates

Drop-out rates remain high at 22% (boys 21% and girls 22%).⁸¹ This can no longer be attributed to repatriation as the process has since slowed to a trickle. As such, reasons for

dropping out are likely to include a lack of motivation or, for those in the adolescent classes, a preference for work outside the camps.

5. Lack of Teaching Aids/Textbooks

The provision of Burmese language textbooks collected and sent from the UNHCR office in Burma is erratic and unreliable. The textbooks were not distributed at all during 2000 as they did not even arrive until September, and were then put aside for distribution in January 2001. Teachers therefore found themselves struggling to conduct classes without these essential items throughout the year, further adding to their unhappiness.

6. School Closure

Unstable situations in the camps – particularly Nayapara – had led to frequent closure of the schools, often for many days at a time.⁸² Other non-political events also disrupt schooling such as religious festivals and administrative procedures. During both of my visits to the camps the schools were closed, and were likely to remain closed for at least another 2-3 days for the distribution of clothes sent by a Muslim NGO in the UAE. Many children remained hanging around the school entrances looking hopeful however, because lessons for them at the very least meant an interruption from their boredom.

PROTECTION ISSUES INSIDE THE CAMPS

INTRODUCTION

Despite the presence of UNHCR in the camps, Rohingya refugees, particularly children, still suffer from a lack of adequate protection. Due to a combination of lack of funds and the lack of progress in achieving durable solutions to their continued presence in Bangladesh, there is a great tendency to simply ignore protection concerns and social problems in the hope that they will simply be forgotten. UNHCR is actually very limited in its ability to address these issues, and most of the time it is up to the GOB authorities whether or not any action is taken to tackle them. More often than not, social problems such as domestic abuse are ignored on the basis that they are 'part of Rohingya culture', or that they do not constitute a serious concern. There seems to be a widespread unwillingness to view the refugees as individuals with legitimate protection concerns. The prevalent attitude regards any internal problems the refugees may have as vastly subordinate to the problem they pose *en-masse*, and any efforts made by the GOB are influenced more by notions of repatriation than protection.

EARLY MARRIAGE

Early marriage tends to be overlooked in traditional approaches to protection, largely because it is often dismissed as a 'cultural norm' that also occurs in times of peace. While this may be true, early marriage still poses cause for concern in three areas: the dangers to the health and development of the young mother and child; problems regarding their social integration; and the increased risk of abuse within the marriage. Various studies have also shown that conflict and conflict-related situations (such as displacement) often lead to a marked increase in incidences of early marriage, and the Rohingya refugee camps are no exception.

The recognised Rohingya refugees are effectively contained as a 'captive' population within the camps, and the limitations that are imposed upon them in this context have significant consequences in terms of when and how they deal with traditional life stages such as marriage. Firstly, the sphere of social interaction for the refugees is almost entirely limited to the population of the camp, thereby intensifying the competition for social resources such as a husband. While it is apparent from UNHCR situation reports that some parents have sought to marry their daughters to men from the local villages, very few actually succeed, possibly because such brides are able to bring very little material assets or economic advantages to one such union. The result is that securing a suitable husband for one's daughter takes on greater urgency and importance, which leads many parents to arrange matches at increasingly earlier ages.

According to the Camp-in-charge of Kutupalong, there was at the time of my visit not a single girl over the age of 16 in the camp who was not already married, and the vast majority of these child-brides were already expecting their second child. Though most of the authorities simply attributed this to the unspecified parameters of 'Rohingya cultural norms', it is far more likely that, as has been shown in other refugee case studies around the world, it is the numerous particular pressures that are placed on the Rohingya community by virtue of their displacement that have encouraged such a high level of child-marriage. The unrelieved stress and insecurity of their status as refugees is without doubt a significant contributor to the astonishing prevalence of early marriage in the camps, as the following influential factors illustrate.

Gender Distinctions

Gender plays a significant role in the instrumental value of children, for it is a generally perceived trend in Muslim societies that girls are considered to be a cost within a family, while boys, because of their expected roles as income-earners, are an investment. The limitations of the refugee camps intensify this distinction, particularly in the case of families with more than one daughter. While the first girl of a family may be kept longer for her domestic contribution, second and third daughters become superfluous and tend therefore to be married off as soon as possible, or even sold to traffickers.

Boredom and Sexual Activity

Secondly, as has been shown in other similar refugee communities, it is likely that the lack of activities in combination with the density of the population in the camps has led refugees – particularly adolescents – into sexual experimentation at increasingly earlier ages. Considering the shame that pre-marital sex is generally perceived to bring upon a Muslim family, this again is another reason for parents to arrange early marriage, if only to avoid dishonor.

The Threat of Dishonor

Thirdly, the continued problem of sexual harassment and assault both within and outside the camp looms as a potential factor in parents' minds, particularly if they have within their household an unmarried pubescent girl. The longer she stays unmarried, the more suspicion is likely to circulate concerning her suitability, and thus the girl becomes both an economical and psychological burden in the eyes of the parents. Boys do not suffer so much from this, as they are not seen to be repositories of the family honour in the way that girls are. Prospective husbands are anyway expected to be between 5-10 years older than their bride, and do not necessarily have to conform to ideals of virginity and purity. Taking more than one wife is even seen to be an indicator of prosperity in many Muslim cultures, and polygamy is apparently not an uncommon feature of matrimony in the camps.

THE CONSEQUENCES OF EARLY MARRIAGE

Despite being aware of the various ways in which displacement and prolonged refugee status have contributed to the high rate of early marriage in the Rohingya camps, there is nothing being done at any level to address it. Under the national Constitution, the camp authorities are supposed to ensure that no girl in the camp enters into marriage under the age of 16 (in accordance with the Muslim Family Laws Ordinance of 1961), but in practice they turn a blind eye, and most refugees simply enforce the marriage unofficially without their knowledge or consent.

This causes a number of problems for the young wives further on down the line: firstly, they are unwilling to approach the authorities for help with any marital problems/abuse they may suffer as they are not even supposed to be married anyway, and fear they will be punished rather than given assistance. Secondly, marriages that do not carry official stamps of approval from the camp authorities cause a number of problems for the repatriation process, which continues to scrutinise very closely claims of marriage and paternity. Finally, these early marriages pose a significant risk to their health and nutritional status in teenage pregnancy (see next section). Malnutrition is already widespread across the camps, and for a girl as young as 12 to become pregnant and face the added nutritional demands of an extra person when her body is still undeveloped is a risk to say the least.

TEENAGE PREGNANCY

Most females in the camp (including many children) give birth at least once every year without adequate spacing or periods of rest, partly because family planning/contraception is seen as contrary to their religious beliefs. The crude birth rate continues to spiral out of control, but the number of babies born with low-birth weight in the camps refuses to decline, despite the best efforts of NGOs to strengthen the mothers in advance.⁸³

One only has to visit one of the camp Feeding Centres to see that the majority of mothers receiving supplementary assistance are children between the ages of 12-18. On a single visit to a TFC in Kutupalong, I found that of the 7 mothers attending at the time, there was:

- ❑ 1 x 12 year-old girl 4 months pregnant with her first child
- ❑ 2 x 14 year-old girls expecting their first child
- ❑ 2 x 16 year-old girls expecting their 2nd and 3rd children respectively
- ❑ 1 x 19 year-old woman who was heavily pregnant with her 4th child
- ❑ 1 x 25 year-old woman who was pregnant with her 8th child.

All of these girls/women admitted (after some gentle coaxing) to being married, with the average age of their husband being 20-25 years old.⁸⁴



Figure 23. A 14 year-old wife regards the first child of her marriage at the Therapeutic Feeding Centre in Nayapara camp

In the TFC at Nayapara, at the time of my visit there were 9 mothers with their babies, all of whom were severely underweight and suffering from nutritional or physical complications arising from pregnancy. The smallest baby weighed just 1.5kg and was lying next to his very malnourished mother aged approximately 13. Another baby weighing 2.2kg was struggling with a cleft lip that had formed during embryonic development (see Figure 25) and which had extended a long way up his nose, rendering his breathing difficult.

Although the mothers were all present at the sides of their new offspring, they seemed to understand very little about what was actually happening. MSFH confirmed that many mothers, particularly those who are still children themselves or who have given birth to their first child, come to the MSFH clinics and feeding centres and simply hand over the baby to a worker as if to say – “here – you look after it”. Their physical and mental immaturity frequently prevents them from recognising or enacting the serious responsibilities of being a mother, and those who cannot pass the baby to their own parents for caretaking (due to reasons of existing overcrowding for example) try to then pass the baby to the NGOs.

While the latter cannot refuse assistance, they nevertheless try to incorporate it with educating the mother as to her necessary involvement in the process of childcare. Many simply react with fear at the role they are expected to play, while others treat their babies as just another in the long line of siblings they have experience of caring for already. Meanwhile, the fathers spend most of their time outside the camp, and although MSFH are hopeful of having both parents learning the skills appropriate to parenting in the future, this is unlikely to ever happen in practice.



Figure 24. A new-born baby boy suffering from a cleft-lip at the Nayapara TFC

DOMESTIC ABUSE

Girls above the age of 11 are viewed by the Rohingya population as 'adults', and are quickly absorbed into early marriages. They are then referred to as 'wives' by those around them (including other children, the camp authorities and particularly the husbands themselves), even though they are still children for many more years under the CRC definition. It therefore tends to be forgotten that these girls have not yet developed a maturity adequate to protect their own interests. Many must go through the emotional and physical turmoil of puberty and early adolescence while simultaneously carrying out the domestic duties expected of a wife and mother, and are particularly vulnerable to abuse and exploitation. Their age and inexperience mean that those who do suffer beatings, physical or verbal abuse from their husbands usually choose to suffer in silence, and lack the social power to do anything to help themselves.

On the whole, the attitude of the camp authorities to domestic abuse was one of informed ignorance. They admitted that it was 'common', but did not see it as their responsibility to treat what they saw as a 'cultural norm'. Even UNHCR admitted that, while "...domestic violence is... rampant in the camps, ...it would take a very long time to document and investigate each case. Cox's Bazar jail is already full, so we try wherever possible to solve the problem at camp level." This means in practice bringing specific cases to the attention of the GOB officials, who then decide whether or not the case merits action. If it does, the result is often short-term physical punishment, such as beating the offender with sticks, detaining him for one or two nights in a separate building, or even hanging him upside down for a length of time.⁸⁵

Sometimes Concern sends the couple to a session with their counselor, but there is very little information available about these 'discussions', and it would appear that a simple one-off apology from the husband is all that is needed for the case to be classified as 'solved'. In one case of wife-beating highlighted in the Social Counselor's Report for January 2001, it was stated under the "Solution" column that "*A discussion was held with him [the husband] and he realised and felt sorry.*" Similarly, the case of another wife who had been beaten by her husband in connection with her daily household duties was written up as simply "*Counseled and solved*".⁸⁶ According to a Concern worker, the couples are counseled together, which is hardly a suitable arrangement for a wife who is already too afraid of her husband to speak the truth. Furthermore, there appear to be no activities following the counseling sessions to check the continued well-being of the wife.⁸⁷ Domestic abuse is unlikely to be 'solved' with such brevity and ease, and the more likely outcome is that the wife has simply resigned herself to enduring it alone, having seen the inefficacy of help available. Although the ages of the wives are not specified in the Social Counselor's report, it must be stressed again that children make up a large percentage of these wives, and are subsequently the most vulnerable to this kind of abuse.

The camp authorities assert that over the past few years the reported incidents of domestic abuse in the camps have substantially decreased, and that the separation rates are also very low.⁸⁸ However, this does not prove that domestic abuse in the camps has in any way lessened or that most marriages are very happy, for it is more likely that the

wives are simply choosing not to report it through a combination of their immaturity, fear of further punishment or disgrace, and the insecurity of being married illegally. Interestingly, posters drawn by female refugees at the Women's Centre at Kutupalong indirectly suggest that domestic abuse is more prevalent than ever – more than half showed scenes of a wife being shouted at or beaten by her husband while children cried in the corner. These posters show that abuse is very prominent in the minds of Rohingya wives, and yet they remain inside the Women's centre, unseen by those who would benefit from the awareness. UNHCR also confirmed the continuing problem of abuse in an Inter-Agency meeting in 1999, when they drew attention to “...*the alarming increase of incidents of mistreatment and assault on refugee women and children*”, and advised refugees to “...*treat their women and children with respect.*”⁸⁹ The extent to which this ‘advice’ has been acted upon is still unknown, and the issue of domestic abuse remains heavily under-researched.

RAPE & SEXUAL HARASSMENT

Rohingya children continue to suffer an unnecessarily high level of risk regarding rape and harassment. They are seen as easy targets not only for villagers resentful of their continued presence, and who have less fear of judicial redress because of the Rohingya's precarious position in Bangladesh, but also from other refugees in the camps. The attacks usually occur outside the camp boundaries, when the children are collecting firewood for their parents from the thickly-forested hills that back onto the area (see Figure 26). More often than not it is the girls between 7-12 years old who carry out this task, and they are rarely accompanied by anyone other than another sibling or friend. In the month of July 1998 alone, the following incidents were recorded:

- Two villagers attempted to rape a young refugee girl from Kutupalong, while she was collecting firewood in the forest outside the camp. She was saved by the unexpected arrival of another villager on the spot. The CIC was reluctant to lodge a complaint to the police given the continuing tensions with the local villagers, therefore UNHCR filed a complaint.
- A young refugee girl (10 years of age) from Nayapara camp was raped while her brother (24) was held captive. The assault took place inside Nayapara camp at 8:00 in the evening. The girl was hospitalised in Cox's Bazar under police guard and her well-being routinely monitored. A complaint was lodged at Teknaf police station and 5 villagers were named as suspects. UNHCR hired a lawyer to represent the case.⁹⁰

Incidents like these continue to appear with alarming regularity in the monthly reports of UNHCR, particularly with girls who are in thickly forested areas collecting firewood. UNHCR have tried to solve the problem by supplying Compressed Rice Husk to use as fuel instead of firewood, but the amounts given are too small for the refugees needs, and children continue to be sent out illegally to collect wood.

Children continue to be vulnerable targets both in and outside the camps, and as the first of the cases cited above confirms, the camp authorities are not always willing to help the victim seek justice. While UNHCR helps the victim to make a statement to the police and attends any court proceedings that may follow, as M. M. Sunnah (UNHCR Protection Officer) confirms, the huge backlog of cases means getting any kind of result is still an uphill struggle:

“Something like 5,500 cases are pending per judge in the region, and very few results are ever worth the effort, cost or time expended. Many cases do not even get investigated as witnesses refuse to come forward or victims are too frightened to make statements. Pressure from parents not to cause trouble, or from parents who have received a cash pay-off to keep the victim quiet also contributes to the problem. This makes it extremely difficult to establish how authentic the claims are in the first place.”⁹¹



Figure 25. The hills behind Nayapara Camp where children can be seen on their way to collect firewood.

The legitimacy of claims is also made problematic by parents who use their children as pawns to exact revenge for disputes with other families. In one rather complicated case, a refugee couple made a report alleging that another refugee had raped a young girl (13/14 yrs old). Medical examination showed no evidence of sexual violence or abuse, and it transpired that the accused was in fact the girl's maternal uncle. After a great deal of interviewing, it was revealed that the incident had been thought up to take revenge on the girl and her family after the girl's mother had stopped her from working as a domestic help in the house of the refugee couple.⁹² Cases like these give the authorities all the more excuse not to take allegations of child rape seriously, and many real victims have no doubt been overlooked or chosen to keep quiet as a result.

ADOLESCENT ALIENATION & DRUG ABUSE

The adolescent Rohingya are a group who are virtually ignored not only by humanitarian agencies and camp authorities (who focus on immediate needs of shelter, food and health), but also by their parents, who leave them very much to their own devices. With no opportunity for secondary schooling or vocational training, many among this alienated group have turned to smoking and recreational drugs such as marijuana, which they get from local villagers. While the authorities simply shrug off smoking as a 'cultural norm' rather than a health risk needing awareness, they have been seen to inflict various punishments on those who use illegal drugs in the camp. In 1998 for example, 5 refugees who were caught smoking marijuana had their heads shaved and coloured red before they were then garlanded with shoes around their necks and paraded around the camp in humiliation.⁹³ Corporal punishment has since become more common, with the offenders receiving several strokes of a cane on the soles of their feet as a disciplinary measure. There is no evidence that any of them are offered counseling or help in tackling the underlying causes of the problem.⁹⁴

Being in the camp is likely to be harder for the late teens, who were exposed directly to the disruption of forced migration and who may have consequently experienced violence and other human rights violations during their exodus. They are also old enough to remember a different life in Burma before coming to the camps. Although they may have then been less safe, they at least were able to make their own decisions about their futures and how they wanted to tackle the problem. In the camps they, like everyone else, must follow a set of rules and guidelines imposed from the top down. Some continue to risk the confiscation of their ration books by sneaking over the boundary fences to urban areas such as Teknaf, Ukhiya and Cox's Bazar, but this requires a lot of effort for those in Nayapara camp, which is more isolated in terms of transport and distance than Kutupalong.

PROTECTION ISSUES OUTSIDE THE CAMP

LOCAL HARASSMENT

It has been recently estimated that there are approximately 150,000 unofficial Rohingya living in Bangladesh today, concentrated mainly in the area from Teknaf in the far south to the port city of Chittagong and the southern Chittagong Hill Tracts.⁹⁵ As they are not easily distinguishable from Bengalis, the unofficial Rohingya have been able to blend into local communities relatively successfully, usually occupying the lower employment tiers such as rickshaw drivers, fishermen and domestic servants. They are willing to work for lower wages than their Bengali counterparts, and some have even managed to get themselves registered to vote in local elections.⁹⁶ However, for these very reasons they also frequently find themselves the target of local resentment and blame. Seen primarily as a burden, locals often unfairly use the Rohingya as scapegoats for any kind of price rise in essential commodities, and for any theft or anti-social activity. According to a study of unofficial Rohingya conducted by UBINIG in 1998, this has led to widespread discrimination and a general insecurity among the Rohingya, especially among the women and girls. Almost a quarter had at some time or another been in conflict with the local communities, and as a result many of the women have chosen to wear Burkha (thick black veil/dress) over the thami they are wearing to hide their identity as Rohingya.⁹⁷

In February 1999, Bangladeshi authorities expelled 250 unofficial Rohingya families from St. Martin's Island (off the south coast of Bangladesh) after villagers there claimed the families were taking their jobs, and a few months later the RRRC reportedly called for measures to be put in place to identify, arrest and expel all illegal Rohingya immigrants from Bangladeshi territory.⁹⁸ Although this has not as yet led to any organised operation, anti-Rohingya sentiment among local authorities and residents is likely to increase, and the situation of the Rohingya – many of whom qualify for protection as refugees – remains precarious.

Of the 200 unofficial Rohingya families surveyed in Teknaf and Cox's Bazar in 1998, more than 50% of the total family members are children in the age range of 1-15 years old, showing just how prominent children are in these unofficial populations. Furthermore, it was revealed that two-thirds of all family members over the age of 11 are (or have been) married, confirming that early marriage appears to exist in Rohingya communities both in and outside the camps. However, the main concern raised by the report appears to be the increased vulnerability of children – particularly girls – to mental and physical harassment. More than a third of the sample families having young girls were able to give evidence of some kind of problem they had experienced in the past or were still living in fear of now, including:

- ❑ Constant teasing by local boys
- ❑ Throwing of stones at houses during the night
- ❑ Beating of young children when they go outside to play
- ❑ Locals who sometimes force families to give their daughters to them at night against the threat of alerting security to their presence
- ❑ Abduction, rape and general sexual harassment⁹⁹

As the majority of Rohingya adult males work as fishermen, they usually leave the house at night, leaving the household at an increased threat of disturbance, particularly in the cases of women living alone. It must be remembered as well that these Rohingya cannot appeal to any security force for protection or judicial redress against these crimes, for they are seen as illegal migrants and can face immediate deportation if they are found out.

TRAFFICKING

UBINIG's 1998 report on the situation of unofficial Rohingya women and children also highlighted various cases of disappearances of young girls who they believed had been trafficked either within Bangladesh or to other countries. A report by Images Asia in 1999 confirmed that the trafficking network in Bangladesh is very active, and has consistently exploited the vulnerability of Rohingya women and children in particular. Pakistan is a popular destination for the traffickers, who prey on the insecurity of unofficial Rohingya families in Bangladesh by promising them better jobs and quality of life. The family will then be forced to typically sell all their possessions, including land and house to pay the amount of money required by the trafficker for the journey. If the family is too poor, the trafficker will usually advance the cost from his own pocket, well aware that in Pakistan he can easily recover his loan by selling family members, especially young girls. This was confirmed by Mahmooda, a widow with 4 children who fled Burma and initially tried to survive unofficially in Bangladesh before she was trafficked to Pakistan:

*"I first stayed in Cox's Bazar for about one year. I worked cleaning houses and my children were selling fish. It was hard to earn some money there and it was not sufficient for the five of us. A man that we knew came to my quarter where many Rohingya are living. He offered us to accompany him to Pakistan where there are better jobs and prices are lower. He demanded 10,000 Rs for my family. As I could not pay, he said we could reimburse him as soon as we started working in a carpet factory in Karachi."*¹⁰⁰

During the arduous journey to Pakistan, which can take between 10 days and one month, the Rohingya are vulnerable to all kinds of exploitation, including rape, extortion, abandonment, beatings and arrest. According to Images Asia, in many instances only a third or half of those who set out from Bangladesh actually reach Karachi, with many dying along the way.

Trafficking to Pakistan is still a huge business however, and in a 1994 report, the Pakistani Sindh police estimated the number of illegal Rohingya living in and around Karachi to be 200,000 – an increase of 700% from their previous survey in 1988. Images Asia actually believe the number to be much higher, as many of the Rohingya would most likely conceal their origin in fear of deportation.¹⁰¹ Children among these Rohingya communities are in a particularly bad way. They are not permitted to attend government schools unless their parents pay a hefty bribe that most cannot afford, and so spend most of their time working in prawn factories or making carpets in an effort to help supplement their family's meagre income. On one visit to a prawn factory in Karachi, Images Asia found it to consist of a dark room where around 100 children aged between 5-10 were peeling prawns, squatting in the water all day. For each bowl of peeled prawns they receive 10Rs (20 US cents) and they usually manage to fill up 3 or 4 bowls a day.¹⁰²

Apart from proudly proclaiming their occasional successes in 'rescuing' Rohingya on the verge of being trafficked to India and Pakistan in the local press, the Government of Bangladesh has remained largely insensitive to the plight of trafficked Rohingya, and has so far neglected to develop an adequate system of protection and monitoring to tackle the problem. As long as the Rohingya are taken out of Bangladesh, they apparently seem to care little how or where they go. Awareness of the problem at any social level in Bangladesh is slight, but in many cases the result of deliberate ignorance, and as long as this laissez-faire attitude exists, the more Rohingya children will fall into the hands of exploitative traffickers.

ACCESS TO HEALTHCARE

Although the unofficial Rohingya suffer from the same kinds of illnesses and afflictions as the local Bangladeshis, unlike their official counterparts inside the camps they have no recourse to proper healthcare services. The UBINIG survey found that the none of the unofficial Rohingya children under five had been immunized, and that there was a significant absence of any kind of preventative measures of knowledge concerning disease. A number of children were found to have polio, and malnutrition was once again, very severe. Deficiencies in food had also inflicted night blindness and general weaknesses upon many children. Furthermore, because of their unofficial status, they are very reluctant to approach the government hospitals lest their identities are discovered and they are deported. Most are forced to rely on the quack or unqualified doctors sitting in the bazar, who have been found to dispense medicine without any real diagnosis or understanding of the disease, thus endangering their patients further.¹⁰³

DRUG SMUGGLING AND SMALL ARMS

According to a recent report in the Bangladesh Daily Star, many of the unofficial Rohingyas are engaged in smuggling arms, drugs and gold across border points in Teknaf on the Bangladesh-Burma boundaries. Caches of arms and ammunition are apparently shipped in from Libya, the United Arab Emirates and other Middle Eastern countries, with more supplies incoming from Karin rebels in Thailand and separatist militants in Malaysia. These are then received and controlled by an organised crime syndicate headed by the Arakan Rohingya National Organisation (ARNO). According to sources in the local police department and other law enforcement agencies, the unofficial Rohingya settlers are actively assisting in the regular supply of these arms and ammunition to the separatists, thereby incriminating themselves as accomplices to the crime. Although information on this is still very scarce, the GoB is apparently very concerned at the effect this could have on relations between Bangladesh and Burma, not to mention internal security.¹⁰⁴

Notes:

- ¹ Human Rights Watch, Burmese Refugees in Bangladesh: Still No Durable Solution, Vol.12, No.3 (C), May 2000, p2.
- ² The total number of children under 18 in both camps on 31/12/98 was 12,791, which is approximately 58% of the total population of 22,133. Source: Distribution of Remaining Population by Specified Age Groups, Muhammadul Hoque, EDP/Repat. Unit, UNHCR, Cox's Bazar.
- ³ Human Rights Watch, Burmese Refugees in Bangladesh: Still No Durable Solution, Vol.12, No.3 (c), May 2000.
- ⁴ Human Rights Watch, The Rohingya Muslims: Ending a Cycle of Exodus?, Vol.8, No.9 (c), September 1996.
- ⁵ Human Rights Watch, Burmese Refugees in Bangladesh: Still No Durable Solution, Vol.12, No.3 (c), May 2000.
- ⁶ UNHCR, UNHCR Handbook on Procedures and Criteria for Determining Refugee Status, Geneva, January 1992, p16.
- ⁷ Statement by the Ministry for Home and Religious Affairs, November 16, 1977.
- ⁸ Human Rights Watch, The Rohingya Muslims: Ending a Cycle of Exodus?, Vol.8, No.9 (c), September 1996.
- ⁹ For a more detailed account of the social and political history of the Arakan region, see Chowdhury, R Abrar, "*Dynamics and Transformations of Government, NGO and UNHCR Relationships in the Rohingya Refugee Problem*" in On the Margin: Refugees, Migrants and Minorities, Ed. Chowdhury R Abrar, Refugee and Migratory Movements Research Unit (RMMRU), Dhaka, June 2000.
- ¹⁰ There is a substantial lack of information on Burma because it is simply so difficult to acquire. However, the majority of the abuses referred to in this section have been reliably documented by Human Rights Watch, Burmese Refugees in Bangladesh: Still No Durable Solution, Vol.12, No.3 C, May 2000.
- ¹¹ Article 7.
- ¹² Article 13.
- ¹³ Human Rights Watch Interview, August 23, 1999 as quoted in Human Rights Watch, Burmese Refugees in Bangladesh: Still No Durable Solution, Vol.12, No.3 C, May 2000, p12.
- ¹⁴ Medecins Sans Frontieres-Holland, Bangladesh, Humanitarian Medical Relief Programme for Rohingya Refugees from Myanmar's Rakhine State Proposal – Extension of Current Relief Programme, 1 January 2001 – 31 December 2001, p6.
- ¹⁵ If the Rohingya were given a chance to develop skills in the latter that they could use within their own communities, it may go some way to help Rohingya areas make up the developmental defect.
- ¹⁶ Article 28 (1), Article 26 (2) and Article 13 (b) respectively.
- ¹⁷ The NaSaKa (Border Administration Force) was created in 1992 after the Rohingya exodus, and comprises 5 different government agencies: Police, Military Intelligence (MI), Lon Htein (riot police), Customs, and the Immigration and Manpower department. It functions under the direct command of the SPDC and the army's western Commander based in Sittwe. See Human Rights Watch and Refugees International, Rohingya Refugees in Bangladesh: The Search for a Lasting Solution, August 1997, p13.
- ¹⁸ UBINIG (Policy Research for Development Alternative) sponsored by Save the Children Fund (SCF) UK, Vulnerability and Insecurity – Study on Situation of Rohingya Women and Children in Cox's Bazar and Teknaf, August 1998, pp2-3.
- ¹⁹ Human Rights Watch Interview, August 23, 1999 as quoted in Human Rights Watch, Burmese Refugees in Bangladesh: Still No Durable Solution, Vol.12, No.3 C, May 2000, p12.
- ²⁰ As quoted in Chowdhury, R Abrar, Repatriation of Rohingya Refugees, 1996.
- ²¹ Data from interviews conducted between April 21-29 1994 by Yvette Pierpaoli, Representative of *Refugees International*, Refugees International Bulletin, June 6, 1994, pp1-5.
- ²² Statistics taken from Medecins Sans Frontieres – Holland, Awareness Survey, Rohingya Refugee Camps, Cox's Bazar District, Bangladesh, 15th March 1995.
- ²³ These were among a number of conditions for repatriation as cited by Md. Salahuddin Chowdhury, CIC of Kutupalong Camp, Cox's Bazar in interview 17th March 2001.
- ²⁴ In a meeting in Yangon between high level officials of Burma and Bangladesh on 14-15 January 2000, the Burmese government tenuously decided that split and separated families would be considered for

repatriation on a case by case basis, if their application is supported by legal documents produced by the GOB and endorsed by UNHCR. (See UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh UNHCR Situation Report, February 10, 2000). However, according to the author's interview with the CIC of Kutupalong camp on 17/3/01, this has had little effect at the field level, and incomplete families are still in practice being denied repatriation solely by virtue of their status.

²⁵ Case study quoted in Amnesty International, Myanmar/Bangladesh: Rohingyas – The Search for Safety, 1/9/97.

²⁶ For more information on the programmes run by MSFH and Concern, see the relevant sections on Health, Education, Sanitation, etc.

²⁷ Report posted on website www.abim.com on 11/4/01.

²⁸ For more on this, see Images Asia, Trafficked from Hell to Hades: The Plight of Rohingya Women from Burma Trafficked in Pakistan, November 1999.

²⁹ This division was then used to make a number of interesting points concerning the nutritional vulnerability of these households in comparison with Male headed households (MHH) in the camps.

³⁰ UNHCR, Situation Report for Bangladesh, 1-31 July 1998.

³¹ As told to me in interview with Md. Salahuddin Chowdhury, CIC of Kutupalong camp, 17/3/01.

³² Births/Deaths statistics supplied by the RRRC's Office. All other statistics supplied by UNHCR Sub-Office, Cox's Bazar.

³³ Statistics taken from Medecins Sans Frontieres Holland, Humanitarian Medical Relief Programme for Rohingya Refugees, 2001, p9.

³⁴ Ibid.

³⁵ WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p11.

³⁶ Assessment carried out on 21 September 1998. UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh Situation Report No. 93, 1-30 September 1998, section E.5.1.

³⁷ In March 1999, the average user ratio of latrines was 21:1 for Nayapara and 23:1 for Kutupalong. UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh - Situation Report No.99, 1-31 March 1999.

³⁸ Interview with Dr. Romy, MSFH doctor in charge of the In-Patients Department at Nayapara camp, 15th March 2001.

³⁹ Medecins Sans Frontieres Holland, Humanitarian Medical Relief Programme for Rohingya Refugees, 2001, p18.

⁴⁰ WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p34.

⁴¹ Interview with Dr. Romy, MSFH Doctor, Nayapara Camp, 15 March 2001.

⁴² Concern Bangladesh, Annual Report 2000: Rohingya Refugee Programme, Cox's Bazar, February 2001, p5. Statistics for garbage pit user ratios in Nayapara were unavailable at the time of visit, but have been consistently much better – in 1999 it was as low as 27:1 (See UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh - Situation Report No.99, 1-31 March 1999).

⁴³ Ibid.

⁴⁴ UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh - Situation Report No.96, 1-31 December 1998.

⁴⁵ As related by Jonathan Kaplan (MSFH) during my visit to the camp, 15 March 2001.

⁴⁶ Statistic supplied by Md. Salahuddin Chowdhury, Kutupalong CIC, 17th March 2001.

⁴⁷ See UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh - Situation Report No.99, 1-31 March 1999.

⁴⁸ Statistics supplied by Md. Salahuddin Chowdhury, CIC Kutupalong Refugee Camp, March 2001.

⁴⁹ WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p7.

⁵⁰ Medecins Sans Frontieres Holland, Bangladesh, Humanitarian Medical Relief Programme for Rohingya Refugees from Myanmar's Rakhine State, 1 January 2001 – 31 December 2001, p9.

⁵¹ WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p27.

⁵² Ibid, p38/39.

- ⁵³ Wasting is a physical response to acute lack of adequate nutrients, while stunting occurs when linear growth is slowed in response to chronic lack of quality and quantity foods. For more information, see WFP Survey (ibid).
- ⁵⁴ Because of leakage of commodities at both delivery and distribution points, most refugee families actually receive only 80% of the daily food basket, or about 1,625 kilocalories per person/day. This loss is still not considered in the total food allocation. For more on this, see WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p17.
- ⁵⁵ UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh, February 10 2000.
- ⁵⁶ WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p20.
- ⁵⁷ Ibid, p10.
- ⁵⁸ Medecins Sans Frontieres Holland, Nutrition Survey in the Nayapara camp, Teknaf, Bangladesh, November 1-2, 2000.
- ⁵⁹ WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p9.
- ⁶⁰ MUAC = Middle Upper Arm Circumference measurements, the most reliable indicator of malnutrition.
- ⁶¹ WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p13.
- ⁶² Concern Bangladesh, Annual Report 2000: Rohingya Refugee Programme, Cox's Bazar, February 2001, p4.
- ⁶³ WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p22.
- ⁶⁴ Concern Bangladesh, Annual Report 2000: Rohingya Refugee Programme, Cox's Bazar, February 2001, p4.
- ⁶⁵ Concern Bangladesh, Annual Report 2000: Rohingya Refugee Programme, Cox's Bazar, February 2001, p2.
- ⁶⁶ Concern Bangladesh, Social Counsellor's Monthly Report for Nayapara & Kutupalong Camps, January 2001.
- ⁶⁷ Concern Bangladesh, Monthly Progress Report for Nayapara & Kutupalong Camps, February 2001.
- ⁶⁸ WFP, UN Vulnerability Survey of Refugees from the Rakhine State of Myanmar in Bangladesh, October 1999, p33.
- ⁶⁹ Information collected from interviews conducted on 15th March 2001.
- ⁷⁰ Statistics taken from UNAIDS/WHO, Bangladesh – Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections, Update 2000. Adults in the report were defined as men and women aged 15-49, thereby including a large number of what the CRC refer to as children.
- ⁷¹ Statistics taken from UNAIDS/WHO, Myanmar – Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections, Update 2000. Adults in the report were defined as men and women aged 15-49, thereby including a large number of what the CRC refer to as children.
- ⁷² Interview with 17 year-old boy (anon), Nayapara camp, 15th March 2001.
- ⁷³ Interview with 18 year-old boy (anon), Nayapara camp, 15th March 2001.
- ⁷⁴ Concern Bangladesh, Annual Report 2000: Rohingya Refugee Programme, Cox's Bazar, February 2001, p8.
- ⁷⁵ Ibid.
- ⁷⁶ Concern Bangladesh, Annual Report 2000: Rohingya Refugee Programme, Cox's Bazar, February 2001, p9.
- ⁷⁷ UNHCR, Refugees from Rakhine State of Myanmar in Bangladesh Situation Report No.94, 1-31 October 1998.
- ⁷⁸ Concern Bangladesh, Annual Report 2000: Rohingya Refugee Programme, Cox's Bazar, February 2001, p6.
- ⁷⁹ Statistics supplied by Md. Salahuddin Chowdhury, CIC of Kutupalong Refugee Camp, 17th March 2001.
- ⁸⁰ Statistics taken from Concern Bangladesh, Education Progress Report, February 2001.
- ⁸¹ Concern Bangladesh, Annual Report 2000: Rohingya Refugee Programme, Cox's Bazar, February 2001, p6.
- ⁸² See UNHCR, Refugees from Rakhine State of Myanmar in Bangladesh Situation Reports 1997-2000.
- ⁸³ The low-birth-weight rate, which is the rate of babies whose initial weight is less than 2.5kg, was 18% for Kutupalong in 2000, compared to a national average of 30% in 1990. While the latter figure is expected

to lessen to around 10% by 2001, the figure for the camps shows signs of increasing, rather than decreasing. Source: Concern Bangladesh, Annual Report 2000: Rohingya Refugee Programme, Cox's Bazar, February 2001, p2.

⁸⁴ Visit to the TFC in Kutupalong camp, 17th March 2001.

⁸⁵ Interview with M. M. Sunnah, Protection Officer, UNHCR Bangladesh, 4th March 2001.

⁸⁶ Both cases cited in Concern Bangladesh, Social Counselor's Monthly Report for the Month of January 2001, February 2001.

⁸⁷ Interview with Dayal Kanti Dasgupta, Concern Bangladesh worker, 17th March 2001.

⁸⁸ Interview with Md. Salahuddin Chowdhury, CIC of Kutupalong Camp, 17th March 2001.

⁸⁹ UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh, Situation Report No.99, 1-31 March 1999.

⁹⁰ UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh, Situation Report No.91, 1-31 July 1998.

⁹¹ Interview with M. M. Sunnah, Protection Officer for UNHCR Bangladesh, 4th March 2001.

⁹² UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh, Situation Report No.98, 1-28 February 1999.

⁹³ UNHCR, Refugees from the Rakhine State of Myanmar in Bangladesh: Situation Report No.88, 1-30 April 1998.

⁹⁴ See for example the report on three refugees who were found smoking ganja in Nayapara in February 1999. UNHCR, Refugees from Rakhine State of Myanmar in Bangladesh Situation Report No. 98, 1-28 February 1999.

⁹⁵ Aman-ud-dollah, "Worrying Information in Government Documents: 150,000 Rohingyas are permanently residing in the Chittagong Region", The Daily Janakontha, July 17, 1999 (In Bengali).

⁹⁶ Human Rights Watch, Burmese Refugees in Bangladesh: Still No Durable Solution, Vol.12, No.3 (c), May 2000.

⁹⁷ UBINIG (Policy Research for Development Alternative) and SCF-UK, Vulnerability and Insecurity – A Study on the Situation of Rohingya Women and Children in Cox's Bazar and Teknaf, August 1998, p10/15/29.

⁹⁸ Human Rights Watch, Burmese Refugees in Bangladesh: Still No Durable Solution, Vol.12, No.3 (c), May 2000, p18.

⁹⁹ Ibid, pp18-19.

¹⁰⁰ Interview with Mehmooda, 45, Karachi November 1999. Cited in Images Asia, Trafficked from Hell to Hades: The Plight of Rohingya Women from Burma Trafficked in Pakistan, November 1999.

¹⁰¹ Ibid, p14.

¹⁰² Ibid.

¹⁰³ UBINIG (Policy Research for Development Alternative) and SCF-UK, Vulnerability and Insecurity – A Study on the Situation of Rohingya Women and Children in Cox's Bazar and Teknaf, August 1998, p22.

¹⁰⁴ Alam, Nural, Gunrunning is their Business, The Daily Star (Bangladesh), 30/01/01, front page.