



# Findings from the Child Protection Assessment in Rohingya Refugee Camps in Cox's Bazar

October 2021

The Assessment was conducted by UNICEF and the Child Protection Sub-Sector with support from International Rescue Committee, Danish Refugee Council, Terre de Hommes, Good Neighbours Bangladesh, Relief International, BRAC, CODEC and COAST Trust.

Unless specified, the subjects of images used in this report are not the survivors of any form of violence.

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## Introduction

The purpose of the rapid assessment was to gather information on the priority protection concerns perceived by communities in 2021 and the causes of these concerns. Additionally, the assessment sought to understand which protection concerns communities perceived to have increased in 2021. The assessment was a joint initiative between UNICEF and the Child Protection Sub-Sector to inform a range of stakeholders of the importance of child protection in the humanitarian response and the key focus areas for intervention in 2022. When triangulated with other sources such as the bi-weekly reports from child protection focal points and CPIMS+ trends analysis, the results are largely consistent, therefore addition validity to these findings.

## Methodology

The methodology for the assessment was random sampling of community members in Camp 1E, Camp 1W, Camp 2E, Camp 2W, Camp 3, Camp 4, Camp 6, Camp 7, Camp 8E, Camp 8W, Camp 10, Camp 11, Camp 12, Camp 14, Camp 15, Camp 16, Camp 17, Camp 18, Camp 19, Camp 20, Camp 21, Camp 22, Camp 24, Camp 25, Camp 26, and Camp 27. A sample size of 690 male and female adults were interviewed by partner staff and recorded on a Kobo survey form on the Kobo Humanitarian database. The sample size was 684 with 342 female (41 with disabilities) and 341 male (26 with disabilities) and 1 other gender.

**Table 1: Sample size**

	Not PWD	PWD	Not sure	Total
<b>Female</b>	299	41	2	342
<b>Male</b>	313	26	2	341
<b>Other</b>	1	-	-	1
<b>Grand Total</b>	613	67	4	684

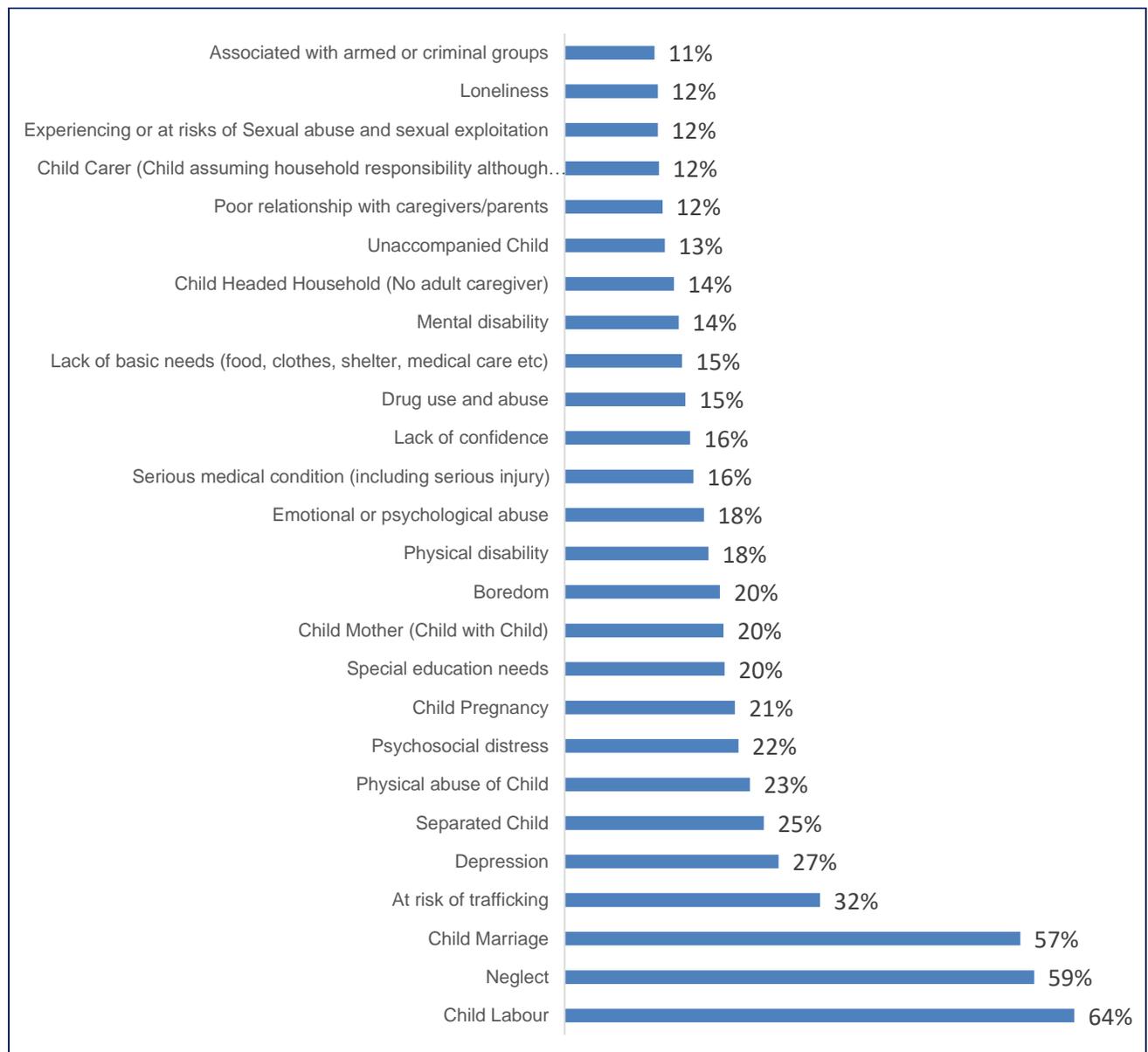
## Limitations

The assessment was conducted over 4 days and was limited to Rohingya refugee camps. Therefore, the child protection issues in the host community are not captured in the findings within this report. Furthermore, the assessment was a perception-based assessment and therefore the inherent biases of the respondents must be considered. Additionally, it is important to note that child protection concerns are often underreported such as sexual and gender-based violence and violence in the home, due to cultural sensitivities surrounding these issues. Additionally, while neglect is often the most visible child protection concern, it is not necessarily the result of direct actions by the caregiver but relates to the overall condition in the camps.

## Key Findings

### Current perceptions of priority child protection concerns in the community

The most reported child protection concerns perceived by respondents as existing currently in the camps were Child Labour (64%), neglect (59%), Child Marriage (57%) and risks of trafficking (32%). These were followed closely by depression (27%), separation of children (25%) and physical abuse of the child (23%). This is to be read considering what is “seen” in the camps; thus the data on violence, particularly sexual and gender-based violence (12%), does not correlate with what is generally considered to be extremely prevalent in the camps.



Respondents declared that the reasons for choosing these priority concerns were that they are most visible or most frequent.

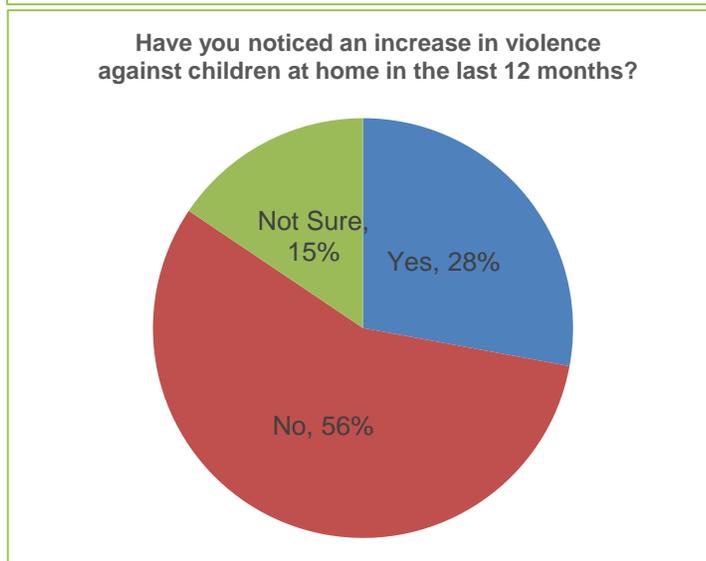
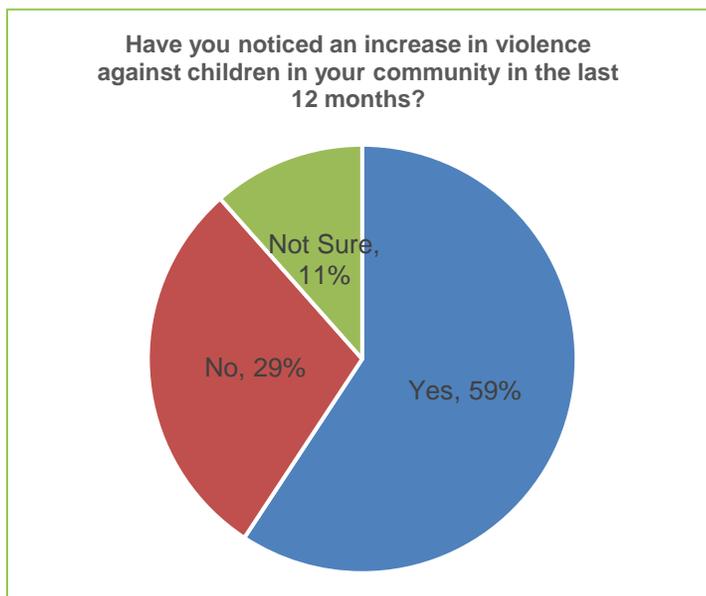
### Priority child protection concerns perceived to have increased in the last 12 months.

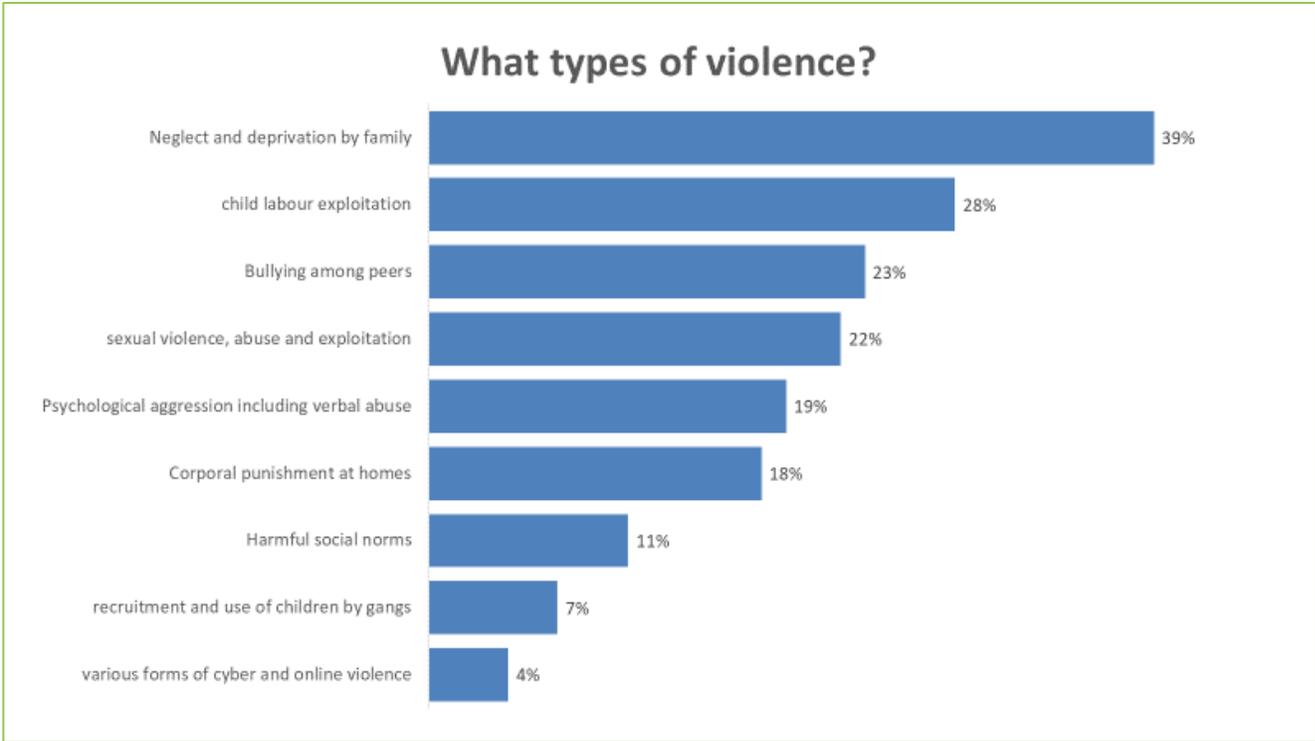
The assessment sought to not only identify the priority concerns but to assess what has increased in the last 12 months. Many of these results will correlate with the COVID-19 containment measures and associated concerns.

#### Violence against children

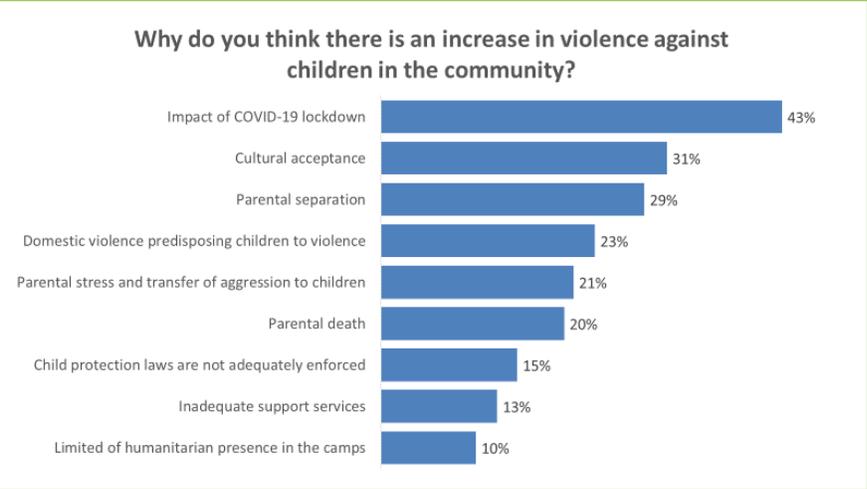
A total of 59% of respondents have noticed an increase in violence against children in the community in the last 12 months. The COVID-19 containment measures, closure of child-based facilities and children remaining unsupervised may have contributed to the upturn. When asked about the increase of violence in the home, however, the response was quite different with 28% of respondents noticing increase in violence in the home. Nevertheless, 28% of respondents still reported that they have noticed an increase of violence in the home in the last 12 months.

When community members were asked about the types of violence perceived as most common, most said neglect and deprivation by the family (39%). This is particularly concerning given that there are limited opportunities for children to report abuse in the home and has been extremely limited in the past 12 months due to COVID-19 restrictions. Other types of violence respondents reported as priorities were bullying amongst peers (23%) and sexual violence, abuse, and exploitation (22%).





The community perceive that most violence against children occurs in the community (30%) and at home (24%), with some respondents also identifying water collection (3%) and at distribution points and times (both at 1%).



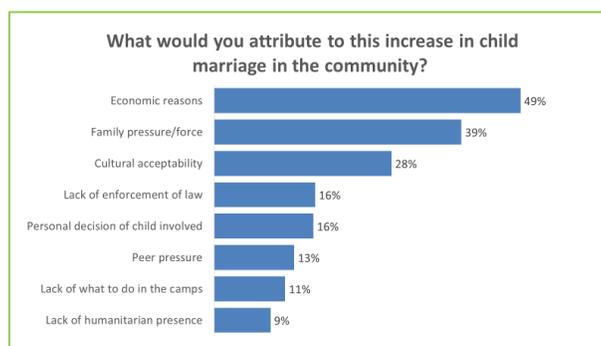
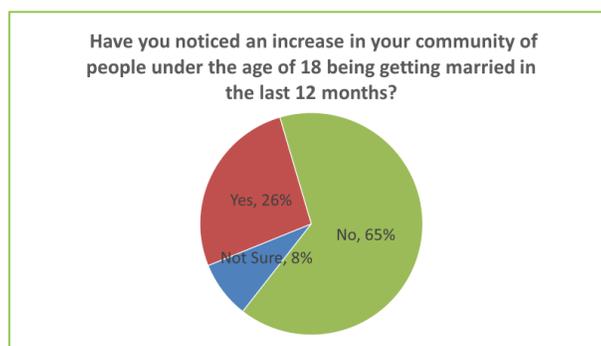
When communities were asked **why** there has been an increase in violence against the community, the overwhelming response was the impact of the COVID-19 lockdown (43%), followed by cultural acceptance (31%), parental separation (29%), and domestic violence predisposing children to violence (23%). More information is required to

better understand parental separation as a cause of violence and more qualitative research is needed to unpack some of the root causes.

## Child Marriage

Even though child marriage was listed as one of the top two priority child protection concerns in the community, it was not seen to have increased dramatically in the past 12 months. Only 26% of respondents noticed an increase in the past 12 months. This indicates that it may have been a pre-existing concern.

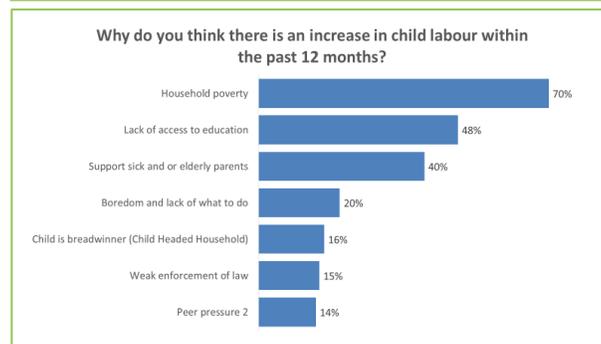
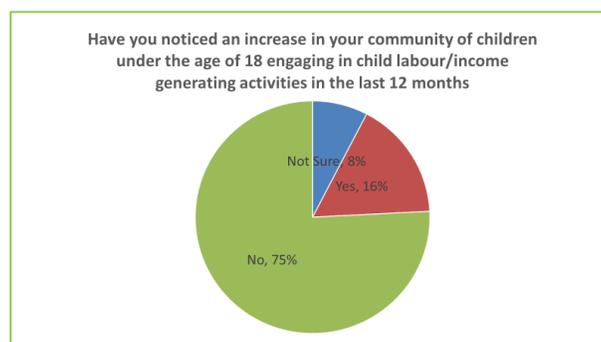
The key causes of child marriage that emerged from the assessment included economic reasons (49%) followed by family pressure/force (39%) and cultural acceptability (28%). This indicates a need for a holistic response which eases both economic tensions in families as well as behavioural change and norms in communities.



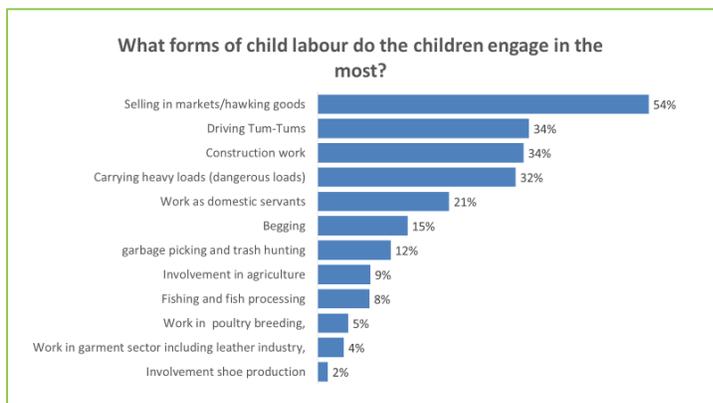
## Child Labour

Whilst child labour was perceived as one of the top two priority child protection concerns in the camps, it was not necessarily seen to have increased the past 12 months. With only 16% of respondents seeing it as having increased. It is also worth noting that when triangulating data with secondary resources such as the CPIMS+, the rise in child labour cases during COVID-19 when compared to previous years was quite evident. However, when comparing 2020 to 2021 the difference was not so obvious.

Household poverty was the most commonly given reason for the increase in child labour at 70%. Other reasons given were lack of access to education (48%) and sick or elderly caregivers (40%). There is evidence to suggest that when a child spends a significant amount of time out of school, they are less likely to return to formal education<sup>1</sup>. Furthermore, these results indicate a need for more economic opportunities for caregivers, and targeted interventions for children whose primary caregivers are elderly or chronically ill.



<sup>1</sup> Rapid Gender Analysis 2020

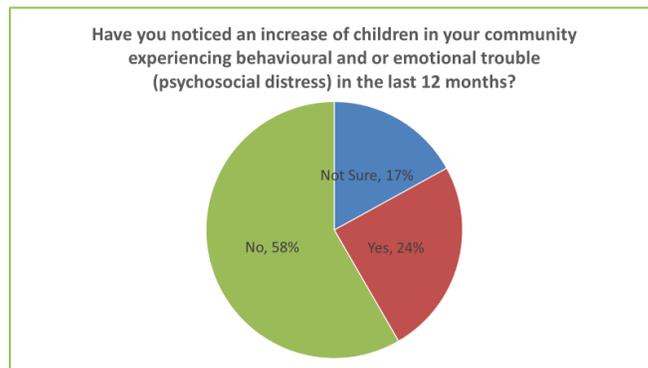


The most common forms of child labour in the camps are of greatest concern. The top priority observed by communities was working in shops and stalls (54%), followed by more dangerous activities such as driving tum tums (34%), construction work (34%) and carrying heavy and dangerous loads (32%). Whilst this question was not disaggregated by gender, 21% of respondents noted working as domestic

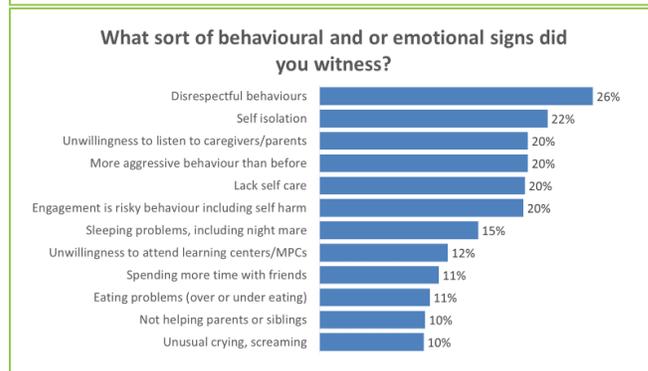
servants as a form of child labour, which is primarily undertaken by girls.

### Psychosocial distress

Whilst the majority of respondents had not noticed an increase in psychosocial distress amongst children in the past 12 months, other data which highlights that in the first year of COVID-19 (2020), psychosocial distress increased<sup>2</sup>. 24% of respondents, did, however, say that psychosocial distress, behavioural or emotional trouble has increased in the previous 12 months.



Respondents were also asked the signs of emotional or behavioural trouble; with disrespectful behaviours being the most commonly reported (26%), followed by self-isolation (22%) and equally by aggressive behaviours, self-harm, lack of self-care, and unwillingness to listen to caregivers (all at 20%). Self-harm that is noticed by community members is particularly concerning.



### Support for children experiencing child protection concerns

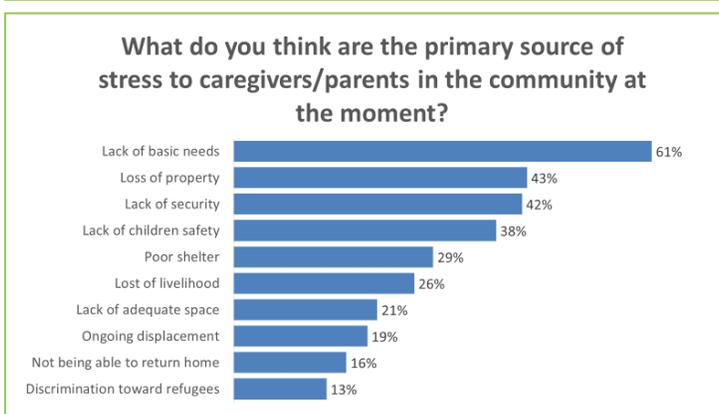
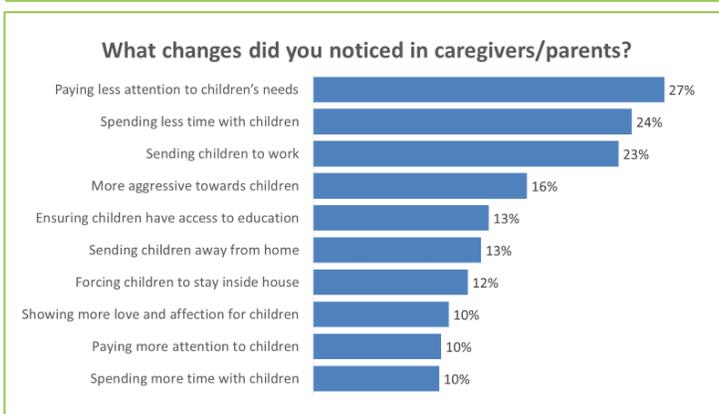
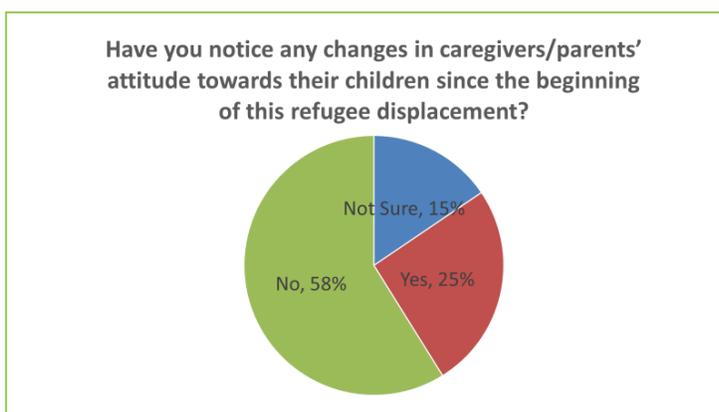
In order for humanitarian actors to support existing mechanisms, it was important to understand the community's perceptions as from whom children would seek support if experiencing a problem. The majority of respondents listed parents as the primary person from which a child would seek such support (59%), followed by social workers or case workers

<sup>2</sup> CPIMS+ trends and reports by partner organisations and bi-weekly CFPF reports

(50%). This response should be placed in the context of the methodology whereby the social workers and case workers were primarily conducting the interview, and responses may reflect community members wish for an increased presence of social workers. Community based child protection mechanisms also rated high on the list of where children might go for help (33%) with friends (25%), Majhi's and teachers (24%) also amongst these options, followed by siblings at 22%. Friends, neighbours, and other relatives ranked quite low at 18% and health workers at 14%. One of the most important findings is that government officials rated the lowest (8%). Again, it is critical to take these results in the context of community perception, and not as answers provided by children themselves.

### Parents and Caregivers

With parents being perceived as the most likely for children to seek help, it is critical that parents and caregivers are provided adequate support. With the closure of facilities, parents have additional burdens for caring for children and in many cases, anecdotal reports indicate that they do not have the capacity to provide adequate care and supervision of children round the clock. One fourth of the respondents have noticed a change in caregivers' attitude towards children since the beginning of the refugee displacement. It is crucial to note that this question did not focus on the last 12 months but over the entire period of displacement. It is a continuum of care and support to caregivers that is needed to ensure they are equipped to provide nurturing, safe environments for children. The burden of the COVID-19 containment measures is likely to have had a significant impact on the ability of caregivers to do so, therefore requiring a scale-up of psychosocial support and positive parenting guidance. It was noted that parents are paying less attention to children's needs (27%) which aligns with the abovementioned findings on neglect. This was followed closely by spending less time with children (24%) despite the fact that children are now spending more time at home in light of



the containment measures and, importantly, sending children to work (23%) aligns closely with the priority protection concern of child labour mentioned above.

The primary sources of stress perceived by respondents were lack of basic needs (61%) followed by loss of property (43%), lack of security (42%) and lack of safety for their children (38%). Whilst the assessment did not go into detail on the root causes of, for example, security, property or livelihoods, it serves to illustrate the need for a whole of system approach to support caregivers and parents.



Shaheed, a 12-year-old boy studying under the home-based caregiver-led learning program during the COVID-19 pandemic  
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## Recommendations

### **a. To humanitarian actors:**

1. Ensure all actors within each sector are provided with an orientation on child protection, safeguarding and referral pathways
2. Include child protection measures in project documents, strategies and monitoring and evaluation tools
3. Ensure accountability to children and caregivers with specific measurements to ensure safety
4. Allocate resources towards child protection initiatives within sector programming
5. Intersectoral coordination measures proactively promote and ensure the centrality of child protection

### **b. To Child Protection actors:**

1. Scale-up activities which support volunteers and community-based child protection mechanisms to prevent and respond to child protection concerns including enhancing safety measures and risk mitigation, focusing on those child protection concerns which have been highlighted as critical within the present report
2. Scale-up activities to support caregivers and parents through Psychosocial support, positive parenting sessions and other initiatives that enhance healthy child development to mitigate and respond to the violence in the home as well as parental distress as highlighted in the present report
3. Coordinate with, and provide support to other sectors to ensure child protection is mainstreamed and/or integrated in all programming for the response
4. Continue to gather evidence and data on child protection for advocacy and programming purposes

### **c. To donors and other stakeholders:**

1. Allocate resources to support life-saving child protection activities until sustainable solutions are realised
2. Increase multi-year funding modalities to accelerate progress in bridging the humanitarian-development nexus
3. Allocate specific resources and requirements for other sectoral activities to ensure child protection is mainstreamed throughout the response
4. Advocate with all stakeholders to open site-based facilities and expand services to children through ensuring restrictions on access for child protection actors remain lifted and equal opportunities for women and girls are ensured
5. Liaise with all levels of government to enhance the knowledge and recognition of the life-saving nature of child protection actions