

A Glimpse at Camp Life in Cox's Bazar: Examining Aid Response and Distilling Solutions

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 **U.S. COMMITTEE
FOR REFUGEES AND IMMIGRANTS**

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I. Executive Summary

Seizing the attention and sympathy of the international community in 2017, Rohingya refugees, forced by genocidal military operations to leave their homeland, are one of the world's largest stateless populations. About one million Rohingya refugees now live in a number of camps in Cox's Bazar District, Bangladesh, where their living conditions are in flux and their futures are uncertain. To better understand the daily lives of the Rohingya and the humanitarian aid response, USCRI Policy Analyst Aaron Nodjomian-Escajeda conducted a field visit to Cox's Bazar District, Bangladesh in December 2022, where he met with domestic and international NGOs who are dedicated to serving Rohingya refugees. While in Bangladesh, USCRI visited multiple Rohingya refugee camps with Friendship NGO, which allowed USCRI to examine the inner workings of learning and health centers, to observe camp life in Cox's Bazar, and to speak directly with Rohingya refugees about their experience in the camps.

This report examines camp conditions, infrastructure improvements, and aid accomplishments witnessed by USCRI. It also provides a brief overview of the Rohingya crisis and the current refugee situation in Bangladesh. It considers the ongoing challenges of providing adequate healthcare, mitigating human trafficking risks, and ensuring access to education. Insight into the host community's perspective is also dispersed throughout the report. Finally, USCRI analyzes funding and U.S. resettlement issues. USCRI also offers recommendations at the end of each chapter to address the existing needs of Rohingya refugees and host communities in Bangladesh that the international community, the Bangladeshi government, local NGOs, and the U.S. Government can implement.

Portions of this report were modified and previously published as policy briefs: [Learning for What Future?](#) and [Vying for Work: Risk Factors, Push Factors, and Human Trafficking](#). Other advocacy installments included an event entitled *Reduction of Risk in Action: A Discussion of Efforts in Bangladesh to Mitigate Labor Trafficking Among Refugees, Stateless Populations, and Children for Human Trafficking Prevention Month*, during which Mr. Jishu Barua from Young Power in Social Action (YPSA) discussed issues related to the increased risks of exploitation and labor trafficking for Rohingya refugees, and Mr. Md. Tanvir Sharif from the Alliance for Cooperation and Legal Aid Bangladesh (ACLAB) discussed the dangers of [child labor in the dried fish industry in Bangladesh](#).

Acknowledgements

USCRI expresses its deepest appreciation to the United Nations High Commissioner for Refugees (UNHCR) for its assistance in obtaining camp passes and to Friendship NGO for accompanying USCRI to the Rohingya refugee camps and for providing unique access to different services provided within the camps. USCRI also expresses its sincere gratitude to [NGO Platform Cox's Bazar](#) for organizing local meetings and to [Young Power in Social Action](#) (YPSA) and the [Alliance for Cooperation and Legal Aid Bangladesh](#) (ACLAB) for providing in-depth interviews with USCRI in Cox's Bazar and after the field visit. Finally, USCRI would like to thank [Eco-Social Development Organization](#) (ESDO), Mukti Cox's Bazar, and [Bangladesh Legal Aid and Services Trust](#) (BLAST) for meeting with USCRI in Cox's Bazar and for providing issue-specific expertise as well as Refugees International and InterAction for providing logistical and advocacy support prior to and after the field visit.

II. Background

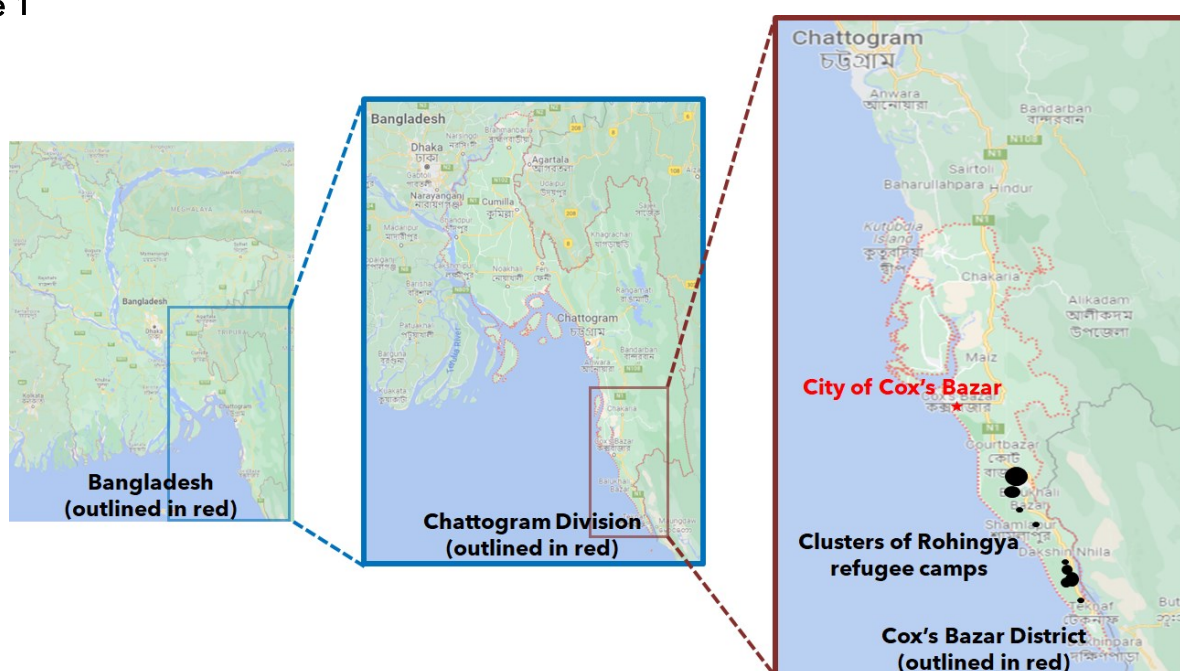
Socioeconomic Context of Bangladesh

When Bangladesh became an independent country in 1971, it was one of the [poorest](#) countries in the world. In little more than 50 years, it has become one of the [fastest growing economies](#), so much so that it reduced extreme poverty from 34 to 13 percent between 2000 and 2016 and reached lower-middle income status in 2015. The [Committee for Development Policy](#), an independent group of experts that reports to the UN Economic and Social Council ([ECOSOC](#)), has recommended Bangladesh for graduation from the UN [list of least developed countries](#) (LDCs) category in 2026. Bangladesh itself [aims](#) to become an upper-middle income country by 2031 and a developed country by 2041. But despite the country's economic progress, those living in Bangladesh's most remote regions continue to lack access to vital services and face disproportionate levels of inequity and poverty.

Socioeconomic Profile of Cox's Bazar District

As of 2023, Bangladesh is divided into eight divisions, each named after the major city within its jurisdiction. Each division is then divided into districts and upazilas, or sub-districts. Cox's Bazar is

Figure 1



Zoom over map of Bangladesh > Chattogram Division > Cox's Bazar District, source Google Maps with highlights by USCRI.

a district located in Chittagong, or Chattogram, Division in Southeastern Bangladesh. The city of Cox's Bazar is located in Cox's Bazar Sadar Upazila.

Prior to the Rohingya influx in 2017, Cox's Bazar District, being predominately rural, already faced economic disadvantages when compared to the rest of Bangladesh, including widespread poverty, poor infrastructure, food insecurity, and insufficient access to clean water and services. Figure 2 compares different indicators of poverty between Cox's Bazar and the rest of [Bangladesh in 2017](#).

Figure 2

Percent of:	Cox's Bazar	Compared to Bangladesh
Population Living Below the Poverty Line ¹	32.7%	31.5%
Households with Access to Electricity	32.2%	56.5%
Children Severely Stunted due to Malnutrition	27.8%	23%
Children Severely Underweight	9.4%	7.9%

Within this economic context, Cox's Bazar became host to nearly one million displaced Rohingya refugees in need of basic life-sustaining assistance. While the Bangladeshi government and humanitarian actors have made efforts to mitigate the impacts of the refugee influx, the rapid and massive increase in population has inevitably affected Cox's Bazar by taxing the infrastructure, creating more competition in the labor market, and putting pressure on the available resources in the area.

Rohingya Crisis

Bangladesh has hosted Rohingya refugees since the 1970s. Beginning in the late 1980s, violence and discrimination against the [Rohingya](#) became frequent, fueled by the narrative that they were part of a relatively recent, distinct social group that did not belong in contemporary Myanmar. As a result, by 2017, around [300,000 Rohingya](#) were living in refugee camps in Bangladesh, some of which had been established as early as 1991. The crisis escalated in late August and early September 2017, when over [700,000](#) Rohingya fled from attacks launched by Myanmar's military

¹ Living on [less than \\$1.90](#) USD per day

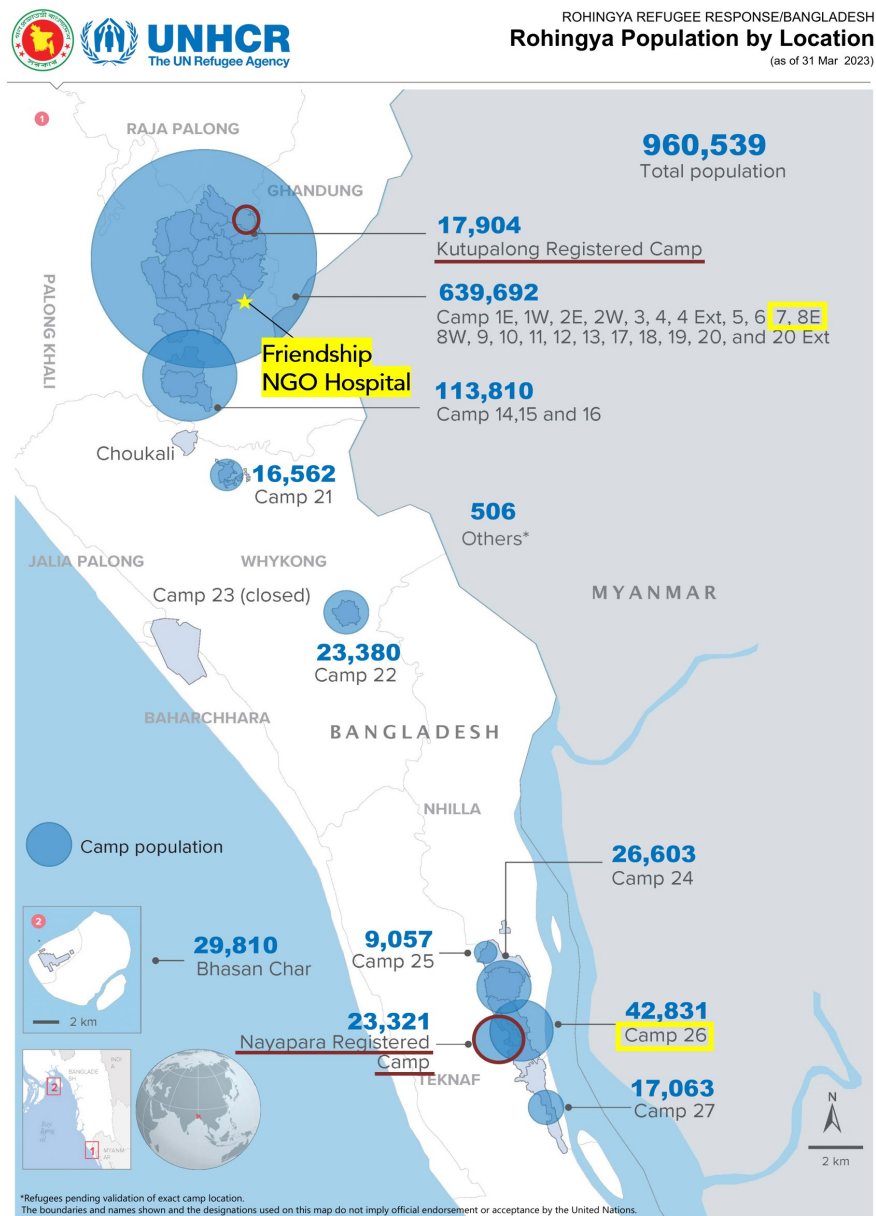
forces, the Tatmadaw, marking the largest and fastest influx into Bangladesh to date. The U.S. Government later [determined](#) that these attacks by the Myanmar military targeting ethnic Rohingya constituted genocide and crimes against humanity.

At present, nearly one million refugees live in an area of [17 square kilometers](#) (about 6.5 square miles) in the Ukhiya and Teknaf Upazilas of Cox's Bazar District. The nearest refugee camps are approximately 15 miles from the city of Cox's Bazar (see Figure 1). A [small number](#) of the Rohingya who sought asylum in Bangladesh in the 1990s were granted refugee status and are known as Registered Refugees; those who arrived after the influx are known as Forcibly Displaced Myanmar Nationals and have different rights. The majority of the Rohingya diaspora from the 1990s were not granted refugee status or the services associated with that status.

Since the influx in 2017, the Bangladeshi government has viewed the presence of camps and Rohingya refugees as a temporary problem and repatriation as the only durable solution. While NGO partners on the ground generally agree that repatriation is the most viable solution, they disagree with the government about the timeline. Bangladeshi officials call for repatriation to happen immediately.

Although the Bangladeshi government continued to view repatriation as the only durable solution, active negotiations about repatriation ceased in February 2021 when the Tatmadaw carried out a coup against the Myanmar government. The coup worsened displacement trends in a country that had already been the source of one of the most serious refugee crises in the world. Since then, thousands have fled their homes as the Tatmadaw clashes with armed ethnic groups and other resistance organizations. This is in addition to the nearly one million Rohingya who remain in refugee camps across the border in Bangladesh since the influx of 2017. Recent reports [indicate](#) that Myanmar and Bangladesh have resumed talks about repatriating Rohingya refugees. However, NGOs and advocates remain skeptical and understand that Rohingya refugees cannot return with safety or dignity if Myanmar is unwilling to accept them as full citizens and continues to inflict violence against them.

Figure 3



Map of Rohingya refugee camps in Bangladesh, source [UNHCR](#) with highlights by USCRI

III. From Crisis Intervention to Long-Term Trauma

As a result of the government’s perception that the Rohingya crisis is temporary, infrastructure and activities within the camps that would be conducive to the integration of Rohingya refugees into Bangladeshi society have been limited. A staff member of the nongovernmental organization (NGO) Friendship stated that, “no permanent structures can be built in the Rohingya camps.” Even facilities that provide health services have “to be built in semi-permanent structures,” said another Friendship worker. Despite the government’s reluctance to commit to constructing per-

manent facilities in the camps, the protracted situation has allowed for international NGOs and local organizations to develop some infrastructure in the camps as well as the host communities to enable the delivery of humanitarian aid.

Developing Regional Infrastructure

Before 2017, there was a complete lack of established infrastructure linking the existing Rohingya camps to the surrounding region. Immediately after the 2017 influx, a rush of local and international support for the Rohingya overwhelmed the local community’s capacity to absorb the humanitarian aid response because Cox’s Bazar did not have the proper infrastructure. In fact, “electricity only lasted for 4-5 hours a day” because of the increased demand for energy and “there was not enough housing to support everyone,” said an NGO worker from Friendship.

Within Bangladesh, some “saw this as kind of an economic development opportunity,” said another Friendship staff worker, as people from other parts of Bangladesh came to the region in search of jobs to support the new industry. The “living standard became very costly,” said a staff member from the [Alliance for Cooperation and Legal Aid Bangladesh](#) (ACLAB), an NGO providing legal aid and other support services to refugees and the host community. For example, the NGO worker

Figure 4



USCRI staff in CNG in Cox’s Bazar

from Friendship discussed how transportation costs increased due to well-intentioned outsiders who would pay CNG drivers (a local form of transportation shown in Figure 4) more than what was expected. This resulted in base fares being doubled, ultimately affecting the host community, with Cox’s Bazar residents feeling the most pressure. In fact, a staff member from ACLAB stated that “people from [the] host community who live closer to the camps have more of a negative feeling than the people that live far away.”

The Friendship staff member recalled how well-intentioned humanitarian workers would travel towards the remote refugee camps until the road ended, only drop off donations, and leave without ensuring that the supplies reached the refugees. He stated that, “this caused more harm than good for both the host communities and refugees because the supplies were not distributed evenly and left thousands of newly arrived Rohingya without any assistance,” which contributed to regular conflict breaking out over the supplies.

Insufficient access to health services also posed a problem at the 2017 influx. Many Rohingya who fled genocidal attacks in Myanmar arrived in Bangladesh in poor health after crossing the Naf River into Bangladesh. USCRI spoke with a Rohingya refugee woman who lived through the military onslaught and was separated from her son while trying to escape. She was unable to find him for

Figure 5



Dense forest with Rohingya shelters and wastewater canal (left). Site of reforestation efforts inside Rohingya Camp 26 (right) . Photos taken by Aaron Nodjomian-Escajeda at USCRI

over a year until, due to the lack of healthcare available in the camps, her husband needed to travel from Camp 26 to the city of Cox's Bazar to receive treatment. While in the city, someone ap-

Figure 6



Roads, bridges, and waste receptacles (left), canal and water tanks (top right), and power poles and lines in Rohingya Camp 26 (bottom right). Photos by Aaron Nodjomian-Escajeda at USCRI

proached the mother and said that they knew her son. She learned that, in 2017, a propeller had injured his leg during his escape, leading to three amputations. This story underscores the need for accessible healthcare near the camps, since many refugees have had no choice but to travel from remote areas to the city of Cox's Bazar in search of treatment for serious injury or illness.

Newly displaced Rohingya refugees arrived to camps that had been built on a wildlife sanctuary. With nearly one million displaced Rohingya now living there, environmental concerns arose that continue to today. A Friendship staff member discussed the need for "elephant watch committees because camps are located in old migratory routes." Elephants can be incredibly destructive to the impermanent structures built with resources from the surrounding forest.

Deforestation caused the camps to be susceptible to flooding and landslides because natural barriers from the forest were removed to make shelter. However, another Friendship staff member said that "there are ongoing efforts to address this issue by planting trees and building other bar-

Figure 7



PHC in Camp 26. Photo by Aaron Nodjomian-Escajeda at USCRI

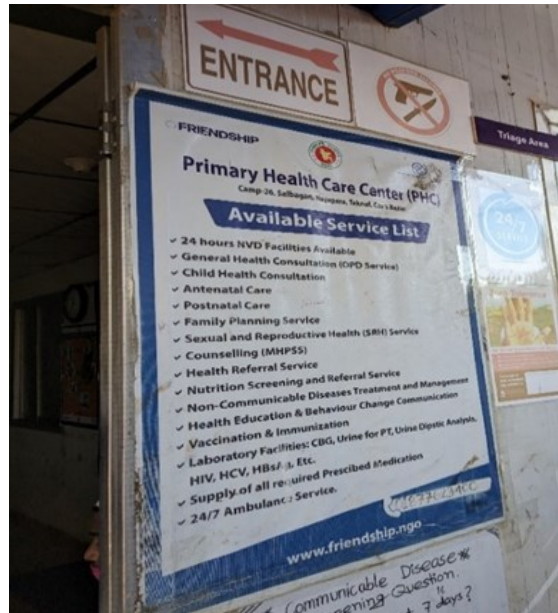
riers.” In the years following the influx, infrastructure for potable water, waste management, wastewater, and roads led to the construction of more complex systems, such as healthcare infrastructure. Finished roads enabled the delivery of aid to the most remote camps. A Friendship staff member, who previously worked for Doctors Without Borders in different humanitarian crises across Africa, stated that the Rohingya camps’ infrastructure is now a “five-star hotel” when considering current conditions.

Figure 8



Waiting area for PHC in Camp 26. Photo by Aaron Nodjomian-Escajeda at USCRI

Figure 9



List of services provided at PHC. Photo by Aaron Nodjomian-Escajeda at USCRI

Healthcare in the Camps

Camp 26

USCRI visited two Primary Health Care Centers (PHCs), also called health centers, as well as a hospital, while in Bangladesh. Accompanying Friendship NGO on their routine audits, USCRI travelled for more than three hours from the city of Cox's Bazar to Camp 26, one of the most remote Rohingya camps. The camp had been the site of turmoil during the 2017 influx. This was in part due to the scarcity of resources and lack of infrastructure in 2017. A Friendship NGO staff member said that, "originally, the Registered Refugees were protective of what limited resources and services they had, so when PHCs and other resources were established after 2017, the new arrivals claimed those as their own."

Another Friendship NGO staff member talked about a Registered Refugee who had diabetes and was preparing to die because the care he was receiving was inadequate and too far from where he lived. After the PHC in Camp 26 was established, he could access quality, life-saving care closer to his home. However, as a Registered Refugee, he was met with resistance from the recently arrived Rohingya, who felt the services provided at the PHC should

Figure 10



PHC in Camp 8E. Photo by Aaron Nodjomian-Escajeda at USCRI

only be available to them. Currently, there are 400 to 500 PHCs strategically placed throughout the Rohingya refugee camps that provide accessible healthcare for everyone.

The PHC in Camp 26 is one of Friendship's oldest health centers. A small divide made from chords separates the men and women's respective waiting areas. The structure itself is far from grand, yet this and other health centers host a variety of healthcare professions that

Figure 11



Ambulance in Camp 8E. Photo by Aaron Nodjomian-Escajeda at USCRI

support the Rohingya in the camps: doctors, nurses, pharmacists, lab technicians, psycholo-

Figure 12

PHC Opening Date: 10.03.2022
UID: HF452

FRIENDSHIP-PHC 8E Yearly Performance - 2022

Month	Total Patients	Host	FDMN	Host (%)	FDMN (%)	Total Male	Total Female	Total Service	Child health	ANC	PNC	NVD	Total IPD Patients	Family Planning						Pathology		Referrals		MAM	SAM	
														OCP	Depo	Condom	Implant	MRM	IUD	MPAC	Total Patients	Total Service	Refer From			Refer To
March	1070	134	936	12.5%	87.5%	449	621	1288	230	12	08	00	00	09	06	00	00	00	00	00	08	08	00	01	03	03
April	1843	270	1573	14.6%	85.4%	761	1082	2191	416	53	12	00	00	86	09	08	02	00	00	00	44	44	01	02	00	00
May	2152	382	1770	17.7%	82.3%	798	1354	2600	423	51	07	00	00	80	08	02	00	00	00	00	137	221	06	01	01	02
June	4340	656	3684	15.1%	84.9%	1613	2727	5268	959	96	14	00	16	98	18	02	00	00	00	00	174	272	82	12	00	01
July	5034	909	4125	18.0%	82.0%	2038	2944	5952	1156	117	15	03	17	127	18	21	04	08	03	01	261	639	112	48	00	02
August	4423	970	3453	22.3%	77.7%	1757	2666	5222	971	155	35	14	24	120	16	24	09	04	03	0	344	705	126	84	23	11
September	5693	1079	4614	19.1%	80.9%	2331	3312	6533	1469	176	53	25	20	130	33	24	04	01	01	01	344	705	126	84	23	11
October	6022	1080	4942	17.9%	82.1%	2338	3684	6839	1389	184	79	34	42	191	49	39	22	12	09	02	474	1151	286	76	32	10
November	5125	1159	3966	22.6%	77.4%	2101	3024	5857	1318	137	34	34	49	244	34	37	29	05	07	01	371	800	321	62	19	14
December	2729	530	2199	19.4%	80.6%	1018	1711	3224	687	71	29	13	19	91	17	09	18	00	06	00	218	530	94	21	05	09
Grand Total	44521	8452	36069	19.0%	81.0%	16226	29843	59097	12400	1384	315	110	174	2084	292	157	67	30	23	05	1340	3867	891	284	78	45

Up to: 12.12.2022

Performance chart of PHC in Camp 8E. Photo by Aaron Nodjomian-Escajeda at USCRI

gists, and other mental health practitioners fit into the small, centralized locations. The health center contains a pharmacy, men’s and women’s rooms, a quarantine center for communicable diseases, a lab, a room for psychological care, a room for counseling, and a small emergency room where minor surgeries occur every 20 days. Common prescriptions from the pharmacy are “for skin conditions such as scabies and fungal infection and vaccinations,” said a Friendship NGO staff worker. The lab can test for sexually transmitted infections (STIs), run kidney tests, detect HIV, and conduct pregnancy tests. Health centers also work to improve maternal health and provide sexual and reproductive health services as well as voluntary family planning services. Another Friendship NGO staff member stated that, “family planning is a goal for 2023, since there are more than 30,000 children born in the camps each year.”

Figure 13



Friendship Maternity Center and Ukhiya Hospital. Photo by Aaron Nodjomian-Escajeda at USCRI

For many Rohingya women, maternity care is usually the first point of contact with the health system. USCRI observed more women than men at the health center, many of whom were waiting to receive different levels of maternal care. When interviewing the refugee mother whose son's

Figure 14



Child-friendly space located in the Friendship hospital. Photo by Aaron Nodjomian-Escajeda at USCRI

leg was amputated, we could hear the cries of a woman giving birth to a healthy baby in the next room. The mother brought her amputee son to that health center for ongoing treatment. She now works as a volunteer community health worker for the PHC. The Friendship NGO staff worker mentioned that, “she is great at talking with the community about doing in-center births,” an important skill to have, since home births are [reported](#) to have higher rates of neonatal deaths and stillbirths and may cause additional complications, such as bleeding and infections, that, if uncontrolled, could lead to maternal death. In addition to teaching Rohingya about the importance of in-center births, community health workers also teach about [family planning](#) and related services offered at health centers, namely contraceptive pills, injections and implants, menstrual regulation with medication, intrauterine devices (IUDs), and condoms. Furthermore, health centers function as “resource hubs to connect people with referrals” to legal, social, and other

Figure 15



Pre-ops room (left) and operating room (right) in health center at the Ukhiya hospital. Photos taken by Aaron Nodjomian-Escajeda at USCRI

services available outside of health centers, said another Friendship NGO worker.

Camp 8E

Opened in March 2022, the PHC in Camp 8E is one of Friendship’s three new health centers, along with two others in Camps 7 and 20. The health center in Camp 8E is located on the border of the host community and the Rohingya camps, which Friendship NGO workers pointed out as

they were almost indistinguishable from each other. As a result, both the Rohingya and the host community can receive services in this camp.

Compared to the older PHCs, the three new centers have better equipment, such as ambulances donated by the Japanese government, and improved procedures. Based on feedback from Rohingya in the camps and the host community, new health centers have both an outside waiting area that is better covered and an indoor waiting room with space for activities to occupy children who often accompany their mothers. Additionally, there is a new triage system, separated between men and women and divided into three categories: green, yellow, and red. The colors dictate the level of urgency of care each patient requires. There is also more room for patients and staff to spread out. In just nine months, this PHC served nearly 39,000 patients, 18 percent from the host community and 82 percent from the Rohingya camps. Even these modern health centers “had to be built in semi-permanent structures,” said a Friendship worker.

Maternity Center and Hospital

Located along the Cox’s Bazar-Teknaf Highway, Friendship’s maternity center and Ukyiha Hospital also serve both Rohingya and host communities at a 60/40 ratio, according to one NGO worker from Friendship. Rohingya can be referred to the hospital from any of the camps. The hospital is shaped like a hollow cube, the center of which had no roof, allowing for adequate ventilation while people waited to receive services. The facility was also equipped with an indoor restricted area with men and women-specific wards, rooms for providing counseling and psychological support, and women- and child-friendly spaces. These areas provide a space for women who are victims of gender-based violence (GBV) to find support and respite as well as a space “for adolescent girls to come and learn about sexual health.”

USCRI observed facilities at the hospital that provided services such as ultrasounds, dental care, and vision care, all of which are generally not available at PHCs. According to a Friendship NGO staff member, there are between 400 and 500 ultrasounds done in the hospital each month.

Moreover, due to the expanded capacity of the hospital lab, doctors “can detect more pathologies,” said the worker. In addition to the expanded services and tests, the hospital contains an operating center for gynecological surgeries, such as cesarean sections.

USCRI was able to visit the maternity operating center, which had a pre-ops area, modern health equipment, and two operating rooms. A Friendship NGO staff member stated that, “they are looking to expand the type of procedures provided.” While USCRI visited the center, doctors were operating on a mother who recently gave birth via cesarean section as a nurse cradled the healthy newborn baby outside of one of the operating rooms.

The back of the hospital had a large pavilion-like space where staff could rest, and meetings could take place. There was a group of paralegals working in the area when USCRI visited. A Friendship NGO worker stated that because of its proximity to the host community and their relationship with the Camps in Charge (CiCs), “the hospital also works as referral hub” to connect Rohingya with services, such as legal, social, and nutrition programs.

Considerations for Vulnerable Populations

USCRI had a discussion with a program manager from Friendship about the lesbian, gay, bisexual, trans, queer, intersex, and asexual (LGBTQIA+) refugee population. In Bangladesh, the term LGBTQIA+ is not politically accepted and individuals who are part of the community are generally referred to as “gender-diverse” individuals. The program manager stated that “I personally have a serious argument with that because you know, gender and sexuality are not the same thing, but it is for people in the government. Humanitarian workers must close their eyes and say gender-diverse people for everybody.” This is necessary because the government must approve the services provided by organizations that work to address the health, social, and mental health needs of the “gender-diverse” population. These organizations provide safe spaces for “gender-diverse” people. He said there are also GBV issues related to this population but “it unfortunately takes a backseat,” as do issues with other vulnerable populations, such as people with disabilities. He stated that, “we have other immediate problems that we are dealing with, but these issues should be integrated” into other treatment and care.

COVID-19

While each hospital or PHC is equipped with a quarantine center for communicable diseases, they were fortunately not overutilized during the COVID-19 pandemic. A Friendship NGO staff member

stated that, “for reasons unknown, the Rohingya camps did not have high infection rates of COVID -19.” He discussed that the health centers already considered communicable diseases in its model, “which were things that the rest of the world did not seriously think about until the pandemic.”

Mental Health Treatment

With the “emergency response at its rawest completed,” as a Friendship NGO staff member put it, treatment shifted from crisis intervention to longer-term care, including mental health care. In addition to processing genocide and the grief and loss that come with it, Rohingya are stuck in a stateless limbo, which has led to severe depression for many. In response to the prevalence of trauma, anxiety, and depression among the refugee community, many NGOs, such as Friendship, are providing more mental health services. A staff member stated that Friendship has different types of mental health practitioners “at 70 to 80 percent of health centers to provide some kind of mental support and to give primary psychosocial aid.” He discussed that he has worked in the field for over two years and has seen how “deeply mentally stressed” and traumatized this population is. In fact, one refugee spoke about the sense of despair that he feels because “there is nothing left for [him] here.” This is the same refugee who received treatment for his diabetes. The staff member stated that, “healthcare requires humanity and many Rohingya, like this man, have not felt that.” Along with his diabetes diagnosis, the NGO worker stated that, “he primarily diagnosed the refugee with depression. He did not know that those symptoms could be addressed.” Like this Rohingya man, many Rohingya are unaware that depressive symptoms can be treated. Community health workers and some Majhis, or local Rohingya leaders, work to educate the Rohingya community in the camps about depression and about possible treatment at the health centers. However, this can “take months and years” to spread the word, said the worker.

Recommendations

The prolonged nature of the crisis will inevitably exacerbate the already fragile mental health of many Rohingya refugees. USCRI recommends that the international community, the Bangladeshi government, and local NGOs take the following steps to mitigate mental health risks and promote better health for Rohingya refugees:

- The international community should fully fund the \$876 million ask in the [2023 Joint Response Plan: Rohingya Humanitarian Crisis](#). Portions of this will go to support primary healthcare, mental health, and GBV services for refugees as well as the host communities.
- Local NGOs should continue to work with and train community health workers to provide psychosocial education on mental health and relevant treatments.
- International and local NGOs should continue to work to improve the capacity of health centers to provide mental health services.
- International and local NGOs should prioritize protections for “gender-diverse,” or LGBTQIA+, refugees, children, and other vulnerable populations into all models of care to ensure sustainable peacebuilding efforts.
- The U.S. Government should issue detailed guidance on the definition of “[vulnerable Rohingya](#)” who will be resettled to the United States.
- International support should also go to increase localization efforts of humanitarian aid to ensure the host communities are not disproportionately affected by refugees.

IV. Vying for Work: Risk Factors, Push Factors, and Human Trafficking

The Impact of the 2017 Influx on Human Trafficking in Cox's Bazar

According to the domestic and international organizations that actively serve the Rohingya community, Cox's Bazar District is a hotbed for trafficking due to its: 1) socioeconomic situation, 2) tourism industry, and 3) geographic location.

Lamentably, the local population of Cox's Bazar is no stranger to human trafficking. For years, low education, high poverty, and high unemployment rates have increased the risks of trafficking in the district. With millions of domestic and foreign visitors each year, the tourism industry in Cox's Bazar facilitates the movement of individuals throughout the area and creates exploitative conditions for workers. Additionally, the district's location along the Bay of Bengal, in the southeastern corner of Bangladesh, renders it even more prone to trafficking, as traffickers use the bay to transport vulnerable individuals to different countries in the region, particularly Thailand and Malaysia. This was the existing situation as more than 700,000 Rohingya refugees fled genocidal attacks in 2017 and sought refuge in the remote communities of Cox's Bazar.

The refugees fleeing Myanmar in 2017 joined hundreds of thousands of Rohingya already living in Bangladesh who had claimed international protection from Myanmar's previous waves of state-sanctioned violence and persecution. The chaos experienced by the community in the wake of this humanitarian crisis in 2017 enabled bad actors to blend in among Rohingya arrivals. A staff member of [Young Power in Social Action](#) (YPSA), an NGO providing services for survivors of human trafficking to Rohingya refugees and the host community, said, "new refugees could not identify or recognize who wanted to give them opportunities or hope, and who were their enemies." Moreover, the influx introduced additional vulnerable people to an area that had already been struggling with human trafficking. The YPSA staff member stated that, "the traffickers got a new group of people who were especially vulnerable who had nothing to survive with." Existing traffickers who took advantage of those arriving were joined by small groups of Rohingya that had arrived prior to 2017 to also exploit the newcomers. Labor trafficking is particularly a problem for Rohingya who do not have authorization from the Bangladeshi government to work.

Risk Factors of Trafficking for Rohingya Refugees

Barriers to Accessing Legal Assistance

In Bangladesh, the primary legislative mechanism to combat human trafficking and provide protections for survivors is the [Prevention and Suppression of Human Trafficking Act of 2012](#). All trafficking cases are tried under this law regardless of locality, whether in a refugee camp or the host community. This law also established a [National Plan of Action](#), which is renewed every four years and outlines specific initiatives at the national, divisional, district, upazila, and municipal levels. Local organizations work to raise awareness of these protections in Rohingya camps. The most recent

Figure 16



Community theatre teaching Rohingya about human trafficking. Photo by Jishu Barua at YPSA

plan was dated from [2018-2022](#), and there are [efforts](#) to revise and extend it for the next four years.

Organizations like [Eco-Social Development Organization](#) (ESDO), YPSA, the [Alliance for Cooperation and Legal Aid Bangladesh](#) (ACLAB), and [Bangladesh Legal Aid and Services Trust](#) (BLAST) work at the municipal level to teach Rohingya about the legal processes and protections they have access to in Bangladesh. ACLAB manages a radio station that broadcasts programs related to legal issues and services. YPSA hosts community theatre in the camps to educate the Rohingya population on legal and human trafficking issues.

These organizations and other NGOs run legal assistance centers in Rohingya refugee camps to raise awareness and address issues such as domestic violence, dowries, divorce cases, and human trafficking. Both female and male community outreach workers often have the largest impact in disseminating information. A staff member of ACLAB stated that a positive outcome of this outreach is that “some Rohingya feel like they can raise their voice if they are deprived of a right.”

Figure 17



Barbed wire fence surrounding Rohingya camps. Photo by Aaron Nodjomian-Escajeda at USCRI

This did not happen immediately after the influx in 2017. However, a staff member from ESDO pointed out that the level of comfort and ability to report issues varies from camp to camp and that Registered Refugees, who came prior to 2017, navigate the legal system more effectively. Independent of these improvements, challenges persist in ensuring protections for Rohingya survivors of human trafficking.

Barriers in obtaining accurate information in cases can lead to mistrust from law enforcement. A staff member of BLAST stated that, “law enforcing agencies become very reluctant to accept these cases because some information may be inaccurate or misleading.” Often, Rohingya women may confide abuse to community health workers, who are other Rohingya women, but be reluctant to corroborate the outreach worker’s report of abuse to law enforcement, which is in part due to the expectation of women to be subservient to men in Rohingya society. In fact, a YPSA staff member has “observed that women are much more conservative than men in camps, so

sometimes they don't raise their voice if their rights are violated." Another issue is that some Majhis, or local Rohingya leaders, tell Rohingya women that they do not need to get legal support and "should not speak about familial issues outside of the home," said the YPSA staff member. Even when Rohingya girls and women do speak up, they are often ignored as evidenced by the recent [reports](#) of the rape of a Rohingya girl by a Bangladeshi humanitarian worker, which has not been investigated.

Limited Mobility

While USCRI observed Rohingya interacting with and walking past guards from the Armed Police Battalion (APB), camp policy states that refugees are not allowed to leave the premises without prior authorization. Permission is often granted on a discretionary basis by the Camp in Charge (CiCs), Bangladeshi officials who manage each camp. Mobility also depends on the APB guards who are on duty at any given time and whether they enforce certain rules. For Rohingya survivors of human trafficking, the limited mobility between camps furthers their vulnerabilities because they cannot leave the place or the people who trafficked them. A YPSA staff member stated that, "after being rescued, they have to live in the same place, with the same criminals." The inability

Figure 18



Shop in Rohingya camp with child inside. Photo by Aaron Nodjomian-Escajeda at USCRI

to physically leave the locations of their trafficking hinders a survivor's ability to recover from trauma in addition to placing them at risk for re-exploitation and further trafficking.

Figure 19



Bridge inside Rohingya camps, which was the site of violence between Registered Refugees and newer Rohingya. Photo by Aaron Nodjomian-Escajeda at USCRI

Limited Access to Livelihood Opportunities

As previously noted, the Bangladeshi government has viewed the presence of camps and Rohingya refugees as a temporary problem. As such, the government has limited activities that could lead to integration into Bangladeshi society, such as livelihood activities in the camps. The lack of such opportunities functions as a push factor for Rohingya to leave the camps in search of work. USCRI observed that this trend, paired with Rohingya refugees' inability to obtain work authorization, leaves refugees vulnerable to exploitation and labor trafficking.

An ACLAB staff member noted that, "when Rohingya leave the camps in search of livelihood opportunities, they actually do not have any protections." Rohingya do not have the same workplace protections as Bangladeshi citizens, which can lead to their working in unsafe conditions, receiving inadequate compensation, and not having access to healthcare if injured at work. Furthermore, if the Rohingya complain about work conditions, employers may threaten to report them to law enforcement for 1) leaving the camp and 2) for working without authorization.

Age and sex are factors in the different sectors in which Rohingya work; Rohingya men are often

found working as day laborers, especially in the brickmaking industry or salt fields. Rohingya women, on the other hand, often work inside homes as cleaners, and there is a reported trend of Rohingya children working in the [dried fish industry](#). During the Human Trafficking Prevention Month event, that USCRI held in January 2023, Tanvir Sharif from ACLAB said that, “Rohingya children are often pushed to work in these situations because there is a lack of investment in education and livelihoods at the community level.”

To mitigate the trafficking risks associated with leaving the camps, NGO workers from various organizations recommend that the government should allow livelihood activities in camps, but on a smaller scale. One such activity is to allow small shops to operate within the camps, as seen in Figure 18. While such business initiatives are not allowed according to camp policy, some Rohingya operate small shops at the risk of facing consequences. Similar to the situation with mobility between camps, the operation of such shops depends on the stringency of CiCs and APB guards.

There is a framework in place that offers [limited](#) cash-for-work activities and stipend volunteer service with UN agencies and NGOs in the camps. USCRI spoke with several volunteers in teaching positions and at health centers who commented that the opportunities are “not enough to meet everyone’s needs.” Compensation for these activities comes from international funds and donations, which fluctuate and are unreliable. Every NGO that USCRI spoke with mentioned the funding cuts expected in 2023.

Many in the host communities feel that they are losing jobs to the Rohingya. YPSA staff discussed how companies in the salt fields or bricklaying industry can “hire Rohingya at a very cheap rate.” Owing to this perceived threat to their livelihood, the host community believes that “they should get the priority in recruitment and whenever there is human resource cutting, they should not be considered.” This concern will mount with the specter of funding cuts to support humanitarian efforts for the Rohingya that also support the host communities indirectly. According to a Friendship NGO staff member, “nearly 25 to 30 percent of humanitarian funding typically goes to support the host community.” The YPSA staff member stated that some in the host community claim to have “lost a very good amount of land that is forested,” which could have been used for other purposes. In addition to facing risk factors of human trafficking, Rohingya must also face growing resent-

Figure 20



Volunteer mobile firefighting unit station. Photo by Aaron Nodjomian-Escajeda at USCRI

ment from a host community who initially “felt sympathetic towards what happened, but it’s now shifting due to resource distributions,” said a YPSA staff member.

Further to acting as a push factor, the lack of livelihood activities is often associated with increased criminal activities. The YPSA staff worker stated that, “if someone doesn’t have the opportunities for work, then issues like GBV, human trafficking, or gangs goes up.” The bridge in Figure 19 is where two camps meet – one camp of Rohingya Registered Refugees and one with newer Rohingya that came after the influx. A worker from Friendship NGO, whose health center is located within the fence, stated that, “it was the site of violence and fights between the two groups.” USCRI was shown where a bullet from a gang conflict hit the health center.

USCRI met with a Registered Refugee and his wife who had lived in the camps for 30 years and were affected by the ongoing conflict, during which local gangs kidnapped and held their son for ransom for 12 days. The Registered Refugee reported that his son had been injured and needed stitches on his head. The elderly couple appeared anxious, too, because local authorities had recently rescued their son from the kidnappers and had him in their custody.

The elderly man reflected on his time in Myanmar and how he used to be a landowning, patriotic man. He pointed out that he was not poor back then and that he was ready to go back, but as a citizen and not a stateless person. He mentioned that his wife had lost weight due to the constant stress over their family’s safety. He pleaded that the Bangladeshi government and other

countries continue to “help out because to live in this situation is dehumanizing.” He further stated that, “there's nothing left for me. I lived as a refugee, and I don't want that for my children or grandchildren.” This elderly refugee alluded that many Rohingya have left Cox's Bazar by boat due to deteriorating camp conditions and in search of a chance at a livelihood elsewhere.

Without the proper infrastructure for emergency response, such as the mobile firefighting unit station depicted in Figure 20, overcrowded conditions can lead to devastating fires. An estimated 12,000 Rohingya refugees, half of them [children](#), were without shelter after a large fire swept through a camp in Cox's Bazar on [March 5](#). Reports detail an increasingly dire situation unfolding in the camps that in turn has fueled an [increase](#) in Rohingya refugees taking dangerous journeys by sea in pursuit of safety and opportunity.

On January 17, UNHCR [released](#) an update that tracks boat movements of Rohingya from Bangladesh to parts of Southeast Asia across the Bay of Bengal and the Andaman Sea. One NGO worker commented that, “so many people, last December and early January, died in the Bay of Bengal on the way out.” According to the report from UNHCR, more than 3,500 Rohingya attempted the deadly sea crossings in 2022, which is a 360 percent increase from 2021. Nearly 350 individuals are believed to have died or disappeared at sea while making the journey last year. A YPSA staff member said that many of the Rohingya who left by boat do “not have any idea about their destination country.” The lack of information increases the risk of human trafficking and exploitation en route and at the destination country.

Marriage-related Vulnerabilities

Culturally, early marriage and child marriage are common in the Rohingya community. Early marriage is an added vulnerability for Rohingya women and girls. Child marriage poses a risk to physical safety, the proper development of young girls who are pregnant at an early age, and heightens the risk for sexual exploitation. Friendship and other NGOs run health centers and hospitals that specialize in mitigating the maternal health risks associated with being pregnant as a refugee, as discussed in the health chapter of this report.

Another concern surrounding early marriage is the increasing trend of early divorce. An ESDO

staff member discussed how divorce adds to the vulnerabilities that women face. He explained that, “in the Rohingya community, divorced women and widows are less respected and the traffickers take advantage of their vulnerabilities.”

Marriage can pose a different risk for men in the Rohingya community, as dowries can act as a push factor to leave the camps in search of work. Given that the dowry system is an important aspect for the Rohingya community, brothers and fathers of the prospective bride leave the camps to find work that will help finance dowries. A YPSA staff member stated that these men “are intercepted by the traffickers and at the end of the day, they are physically, mentally, and economically exploited.”

Recommendations:

As refugees and stateless people, Rohingya already face numerous vulnerabilities and risk factors. Rohingya should not have the added risk of being forced to choose from precariously operating unsanctioned shops, placing themselves at greater risk by leaving the camps, or fleeing the place that is meant to be a refuge. USCRI recommends that the international community, the Bangladeshi government, and local NGOs take the following steps to mitigate trafficking risks:

- Promote livelihood activities specifically within the Rohingya camps to not detract from livelihood opportunities in the host community:
 - ◇ The international community should fully fund the \$876 million ask in the [2023 Joint Response Plan: Rohingya Humanitarian Crisis](#). Portions of this will go to support Rohingya volunteer stipends and cash-for-work opportunities, which will also help reduce the impact of labor competition in the host community.
 - ◇ The Bangladeshi government should expand the availability of volunteer and cash-for-work opportunities to better meet the needs of all Rohingya.
 - ◇ International partners should establish mechanisms in the region to offer temporary work opportunities for the Rohingya.
- Local NGOs should conduct community outreach and train Majhis about the importance of reporting crimes and seeking legal assistance.
- Local government and NGOs should establish safety mechanisms to ensure that victims

identified as survivors of human trafficking can physically relocate to a different camp away from their abuser or trafficker.

- Local government actors at the national, divisional, district, upazila, and municipal levels should meet regularly and be consistent in enforcing laws that protect survivors according to the National Plan of Action.

V. Learning for What Future?

Background of Rohingya Learning in Bangladesh

Of the group of Rohingya who arrived prior to the 2017 influx, only individuals given Registered Refugee status were allowed to study the national curriculum of Bangladesh up to grade eight. But the majority of the Rohingya diaspora from the 1990s were not given Registered Refugee status, and as such could not study the national curriculum.

Even those that were allowed to study were not allowed to sit for national exam certifications. The Bangladeshi government allowed the humanitarian community to provide informal education to Rohingya who arrived after the 2017 influx, with the stipulation that there would be no instruction in Bengali to prevent permanent integration. Until recently, there were no formal educational opportunities for most Rohingya children in the camps. In 2021, programs were [launched](#) that allowed Rohingya children to be taught the Myanmar curriculum.

Figure 21



Learning center sign (left) and two-story learning center (right) inside Rohingya camp. Photos by Aaron Nodjomian-Escajeda at USCRI

Figure 22



Inside the learning center with USCRI staff. Photo by Friendship NGO staff member

Learning in the Camps

USCRI was able to visit two of the newly built learning centers while in Bangladesh. The learning centers were located right inside the barbed wire fence, surrounding Camp 7, along Cox's Bazar-Teknaf Highway.

The learning centers are two-story innovative structures run by Friendship NGO. A staff member stated that they are “creative structures built for space and cooling in the summer.” The multi-level design provides more space for programming to be conducted in the crowded and dense camps. Additionally, the bamboo structure allows for children to attend class and keep cool in the extreme heat of the summer. Children up to grade nine are able to attend these institutions.

Students are kept in small groups of about 15 that allows for individualized attention in their learning. Each class is taught by one Rohingya and one Bangladeshi teacher, who instruct the Myanmar curriculum in Burmese. Teaching such a [curriculum](#) is a necessary step to ensure access to education and to help prepare Rohingya children for repatriation to Myanmar. One of the teachers said that the curriculum includes seven different subjects: math, science, life skills, English, Burmese, social studies, and physical education.

The education system appeared to be standardized as all four classes were learning Burmese at the same time. During the visit, the children were chanting a nursery rhyme in Burmese to learn the language. Students in each of the classes were either in first or second grade, and both girls and boys were included. While learning centers are a big step, barriers to attending school still exist.

Another Friendship NGO staff member stated that, "as soon as Rohingya girls start to hit puberty, they can't go to school." Even then, it has taken extensive community outreach to convince parents to allow their children to attend classes at a younger age. During the visit, Majhis, or local Rohingya leaders, were distributing mosquito nets to families of the students who attended classes to incentivize more parents to send their children to class.

It is difficult for parents to support something that may not ever be used. Some parents of the children at the learning center said that they wish there were prospects for their children to use their education in the future and that it's disheartening when they cannot use it in Bangladesh. Rohingya are not allowed to work legally in Bangladesh, which is why some parents might feel that education may be a waste of time. Moreover, they said that it will be unlikely for them to be able to use it back in Myanmar. Still, a Friendship NGO staff member stated that, "it is inspiring to see the innocence of children learning without knowing the challenges the future holds."

In contrast to Rohingya children, youth and young adults are prevented from obtaining further educational opportunities. A Friendship NGO staff member told the story of a Registered Refugee who continuously hung out at different health centers. He would volunteer to bring in patients and then loiter afterwards to observe what was happening. When speaking with him, the staff member discovered that he wanted to become a doctor or a health worker. He studied the national curriculum until grade eight. However, he reached a point where he could no longer continue his studies at a university or college since he did not have any certifications and the Bangladeshi government did not allow him to do so. Unfortunately, this young man became lost in a system that did not allow him to continue his studies and achieve his goals. The Friendship staff member stated that "if people do not have something to look forward to or work towards, they may resort to drugs, gangs, or violence to occupy their time," as was the case with this

young man.

Recommendations

The U.S. government recently [announced](#) an initiative to resettle vulnerable Rohingya Refugees from Bangladesh in the United States. Another actionable step the United States can take is to create education pathways for Rohingya to U.S. universities and colleges by:

- Establishing student visas for Rohingya as a stateless population
- Authorizing travel documents for Rohingya prospective students to attend higher education

Local NGOs should continue to:

- Conduct community outreach to improve attendance at learning centers
- Conduct community education to allow Rohingya girls to attend school after reaching puberty

VI. Funding and U.S. Considerations

Funding Streams

According to a staff member from [NGO Platform Cox's Bazar](#), an NGO that coordinates advocacy efforts between actors involved in the Rohingya response, there are consistent issues with foreign donations being caught up in local bureaucracy. As a matter of practice, all national and international NGOs receiving international funding for the refugee response must complete the [Form FD-7](#) and receive special permits issued by the [NGO Affairs Bureau](#) (NGOAB) to operate in Cox's Bazar District. In principle, FD-7 requests should be processed within 72 hours of submission and should cover a three-to-six-month timeframe. However, "out of six months, two to three are lost" in approval bureaucracy, said the NGO Platform staff member. As a result, most of the Sector Coordinators have flagged critical gaps in partners' capacity to deliver on the immediate needs of refugee and host communities. An extended timeline between approval periods and increased flexibility would help the humanitarian community in its response.

The threat of funding cuts is a concern raised by every local actor that USCRI met with in Cox's Bazar. According to an NGO Platform Cox's Bazar staff member, "globally, they are reducing funds by 20 to 30 percent." By no means a rich country, the "Bangladeshi government is often portrayed as the bad guy," said a UNHCR staff member, even though they are attempting, with increasingly limited resources, to address the humanitarian crisis effectively. Conversely, wealthier countries are actively limiting access to protections at their own borders, as evidenced by the U.S. Government's [notice of proposed rulemaking](#) that aims to limit access to asylum and the United Kingdom's proposed [asylum ban](#) introduced in the House of Commons. Since the United States remains one of the largest funders of humanitarian aid for Rohingya and host communities, the NGO Platform staff member asked that the United States "minimize reductions to any funding" that aim to mitigate the need for global migration.

U.S. Resettlement Concerns

USCRI provides services to Rohingya refugees through the Enhanced Services for Refugees from Nauru and Papua New Guinea ([NRPP](#)) Program and has observed barriers to family reunification.

Because they are stateless individuals who have been away from their spouses for over 10 years, many Rohingya refugees in the United States do not have the necessary documentation, such as passports, marriage certificates, or pictures with their spouses, to file forms [I-730](#) or [I-130](#) for family reunification. Moreover, due to the Bangladeshi government's restrictions on green card holders travelling to Bangladesh, many cannot go there to take pictures with family members or acquire the necessary documentation to support said applications. Additionally, their spouses cannot leave the refugee camps in Cox's Bazar to meet their partners in a third country due to restrictions on movement. Without the proper documentation, it is difficult to apply for family reunification through the current process.

The U.S. Citizenship and Immigration Services (USCIS) treats the evidence for forms I-130 and I-730 differently. Form I-130 requires a higher standard of proof compared to Form I-730. Applicants who file Form I-130 must establish their relationship to an [eligible relative](#), while applicants filing Form I-730 can more likely than not establish proof of the relationship based on the "preponderance of evidence standard." According to a USCIS [policy memo](#), some examples of indicia of a marriage include "the color of a marriage ceremony, cohabitation over a period of time, holding themselves out to be spouses over a period of time, and children born to the union." The USCIS Policy Manual section on Evidence also discusses primary versus secondary evidence of relationships. The main aspect to which the Policy Manual points is, in the absence of primary evidence, it is not enough for the applicant to just state so; they must produce evidence that there is a true unavailability of documents, such as a written statement from the appropriate issuing authority attesting to the fact that no primary record exists and the reason for its inexistence. Once that document is obtained, the applicant must submit secondary evidence that overcomes the unavailability of the primary evidence. This is a non-standard and complicated process that leaves many Rohingya unable to petition for family reunification.

Rohingya also face challenges in passing the citizenship exam due to preliteracy concerns, the inability to access stable quality education, and compounded trauma. As discussed in the education chapter of this report, many Rohingya have lacked formal educational opportunities throughout their life and are not accustomed to formal writing systems, since the Rohingya language is

spoken without a [standard](#) written version. Furthermore, the effects of [trauma](#), anxiety, and [depression](#) many Rohingya experience may impact their ability to learn and take standardized tests.

Recommendations

In December 2022, the United States [announced](#) a resettlement initiative for vulnerable Rohingya refugees in Bangladesh. Additionally, the [proposed ceiling](#) in fiscal year 2023 for refugees from East Asia is 15,000 people. This includes Rohingya from Bangladesh and Malaysia, which host 90 percent of all Rohingya refugees. More than 9,800 Rohingya, primarily from Malaysia, have been [resettled](#) to the United States since 2009. However, this fiscal year, as of [February 28, 2023](#), only one individual has been resettled to the United States from Bangladesh and none from Malaysia. Not only should the United States uphold its commitments to the Rohingya people and resettle more than the current figures, but also:

- Establish specific guidance to support stateless populations with family reunification,
- Continue to support and fund humanitarian aid for host and Rohingya communities at or above historical levels,
- Release a timeline on when vulnerable Rohingya populations are predicted to arrive in the United States, and
- Establish procedures and oral components for written parts of the citizenship exam for preliterate populations.

The international community should:

- Fully fund the \$876 million ask in the [2023 Joint Response Plan: Rohingya Humanitarian Crisis](#). Portions of this will go to support the host community, and
- Provide more funding opportunities to local NGO networks and not only to UN bodies

The NGOAB of the Bangladeshi government should:

- Process, approve, and issue FD-7 forms in a timely fashion to ensure that NGOs have sufficient access to funds to serve Rohingya and host populations, and
- Provide multi-year approvals to local NGOs to ensure the prompt delivery of life-sustaining assistance