BANGLADESH

Education Needs Assessment

Rohingya Refugee Response

March 2019

Cox's Bazar Education Sector

REACH Informing more effective humanitarian action

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ASSESSMENT CONDUCTED ON BEHALF OF:

IN COLLABORATION WITH:

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About REACH
REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).
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SUMMARY

Since August 2017, an estimated 720,849 Rohingya refugees have arrived in Bangladesh's Cox's Bazar District from Myanmar, fleeing a military crackdown in Myanmar's Rakhine state that has been characterised by widespread reports of violence against civilians and crimes against humanity.[1] The most recent influx of refugees follows earlier waves of displacement of Rohingya refugees from Myanmar in October 2016, 1991-1992, and 1978.

The approximately 485,000 Rohingya children now residing in Cox's Bazar are almost solely reliant on the national and international nongovernmental organisations (NGOs) for the provision of education services. Following a massive scale-up at the start of the response, education sector partners currently provide services through almost 3,000 learning centres spread throughout the camps. Services are available primarily to children aged 3-14, with minimal educational opportunities currently available to adolescents and youth aged 15 and over. Since the start of the response, sector partners' efforts to provide education services to refugees have been constrained by a number of factors, including a lack of space for facilities in camps that are already heavily congested, as well government restrictions preventing any formal or non-formal education programmes being offered to the Rohingya.[2]

With the humanitarian response well into its second year, education partners are exploring a number of routes to overcome these constraints in an effort to further expand coverage and improve the quality of services offered. In response to space constraints, partners have been working to supplement learning centre capacity with a range of alternative modalities including home-based learning and mobile learning centres, as well as exploring more efficient use of existing space through the construction of two-storied learning centres. To improve quality, learning centres are shifting to an enrolment model that groups children by competency rather than age, given the substantial differences in children's exposure to education prior to displacement. Further, the Sector is in the process of implementing a standardised learning competencies framework in the form of the Guidelines for Informal Education Programme (GIEP) issued by the government of Bangladesh, aiming to offer children a structured learning approach that addresses their current lack of access to formal education.

In recognition of the changing context, evolving strategic priorities of the sector, and the need to update and deepen the understanding of key education needs and priorities among the refugee population, REACH implemented an Education Needs Assessment in February-March 2019 under the mandate of the Cox's Bazar Education Sector and with financial support from UNICEF.

1. A survey of 4,397 caregivers stratified by camp, covering 33 out of 34 camps,[3] and producing data representative at a 95% confidence level and 10% margin of error for each camp. This data has also been aggregated to provide headline figures for the population of all assessed camps representative at 95% confidence level and 5% margin of error.
2. Assessments of a simple random sample of 428 learning centres from the Sector's facility list, producing data representative at 95% confidence level and 5% margin of error for all learning centres in the response.
3. A short survey of teacher and instructors present at these learning centres, producing representative at 95% confidence level and 5% margin of error for staff across the response.
4. A set of 22 focus group discussions (FGDs) with parents and teachers/instructors.

The assessment's key findings presented below, broken down according to the core thematic domains outlined in the Inter-Agency Network for Education in Emergency (INEE) minimum standards guide:[4]

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[1] Office of the United Nations High Commissioner for Human Rights: Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh, Cox's Bazar, 24 September 2017. https://bit.ly/2RGsz4X (accessed 2 August 2019).

[2] "Non-formal education" in Bangladesh refers to government-approved, semi-certified education programming that occurs outside of the formal school system. While a small number of registered refugees remaining from previous rounds of displacement in the 1990s are permitted to access these services, the vast majority of refugees—arriving in two waves of displacement in October 2016 and August/September 2017—do not. See The Right to Education Denied for Rohingya Refugees in Bangladesh, Burmese Rohingya Organisation UK, 2018.

[3] Kutupalong Registered Camp was not assessed due to security constraints.

[4] Inter-Agency Network for Education in Emergencies. Minimum Standards for Education: Preparedness, Response, Recovery. New York, December 2010. https://bit.ly/2JF5xZS (accessed 2 August 2019).

Access and Learning Environment

For children aged 3-5, 64% of girls and 64% boys were reported as attending learning centres at least four days per week in the 30 days prior to assessment, with attendance rates across camps varying from a low of 44% in camps 2W and 2E to 87% in Camp 22. Study findings suggest that the attendance gap for this age group is linked both to facility coverage, and to perceptions among caregivers that very young children should not be attending education: only 76% of assessed facilities offered services for the 3-5 age group, compared to the 99% of assessed facilities providing services for children aged 6-14. Younger children in this age group were substantially less likely to be attending than older children, with 40% of children aged three reported as attending compared to over 85% of children aged five. Related to this, "not appropriate for this child to go to school" was by far and away the most commonly reason for non-attendance reported by caregivers for out-of-school children of this age group. However, the fact that only 2% of children in this age range were reported to have dropped out suggests that retention is high once young children begin attending learning centres.

For children aged 6-14, 69% of girls and 73% of boys were reported as attending learning centres. Overall attendance rates for both genders were much more even across camps when compared to the 3-5 age range, varying from 66% in camps 3 and 1E to 82% in camps 4 extension, 17, and 20. Attendance was much higher among younger children, with reported attendance between ages 5 and 10 close to 90% for both boys and girls. However, from age 11 onwards, attendance rates were found to fall off rapidly for girls, and more steadily for boys, so that by age 14 only 7% of girls and 28% of boys were reported as attending. Only 3% of both girls and boys of this age range were reported as having dropped out of learning centres, a figure that was consistent among both older and younger children. This suggests that higher rates of non-attendance among children 11 and over are not an issue of retention, but of children not enrolling to begin with.

For girls, non-attendance after age 11 was closely linked by FGD participants to cultural norms limiting girls from mixing with boys after puberty, with "cultural reasons" the most common driver of non-attendance cited by caregivers, and only 22% of assessed learning centres splitting children by gender. For boys, preference for attending madrassas was the most commonly-cited reason for non-attendance, reported for 44% of out-of-school boys across this age range. For older boys (and to a lesser extent girls), FGD participants and surveyed caregivers also cited frustrations with the limitations of the current curriculum for older or more advanced learners as a key reason why older children don't attend learning centres. In this respect, 22% of out-of-school boys and 16% of out-of-school girls aged 6-14 were reportedly not attending because "what is taught is not relevant or age-appropriate."

For children aged 15-18, 1% of girls and 9% of boys were reported as attending learning centres. This is likely linked to the fact that centres are not generally set up to provide services for this age range, with only 3% offering services for children above 14. Reflecting this, the most commonly reported reason for non-attendance among boys was that "what is taught is not relevant or age-appropriate," reported for 52% of out-of-school boys in this age range. For girls, however, gender norms appear to represent the main barrier to accessing education, with caregivers reporting cultural reasons for non-attendance for 65% of out-of-school girls, and non-attendance due to marriage for 24%. For out-of-school children in this age range, caregivers reported wanting their children to access educational services for only 18% of girls, against 44% of boys. This implies that while some scope exists to expand education access for older children, they will need to be accompanied by efforts to convince caregivers of the value of doing so, especially for adolescent girls.

For the purposes of this assessment, the Washington Group/UNICEF module on child functioning[5] was used as a proxy to identify children with disabilities. Overall, children with functional difficulties were less likely to attend learning centres than their peers. For children aged 6-14, 10% of children were reported as having a functional difficulty. Of these, 61% were reported as attending learning centres, compared with an attendance rate of 73% among children of this age range with no functional difficulties. These figures were lower for children aged 3-5. Of

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[5] The Washington Group/UNICEF Module on Child Functioning covers children between 2 and 17 years of age and assesses functional difficulties in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. https://data.unicef.org/resources/module-child-functioning/ (accessed 18 June 2019). The module has two versions, one for children aged 2-4 and one for children age 5-17. For the purposes of this study, the age boundaries for these tools were adjusted slightly in order to align with the Education Sector's identified age boundaries. Specifically, the 2-4 module was used for children aged 3-5, while the 5-17 module was used for children aged 6-18. The module was administered by proxy through the primary caregiver for each child aged 3-18 living in the household.

the 8% of children in this age range reported as having a functional difficulty, 44% were reported as attending learning centres, against 65% among those with no functional difficulties. Across all ages, attendance rates were even lower among children reported as having physical and cognitive difficulties as opposed to emotional difficulties.[6] FGD participants reported substantial physical access constraints for children with disabilities, as well as worrying levels of verbal and physical abuse from peers at learning centres. Only 14% of assessed centres were wheelchair accessible, while only 26% of surveyed staff reported receiving training in supporting children with disabilities.

Overall, learning centres were mixed in their performance against Education Sector recommendations and minimum standards. In terms of space, 95% of centres assessed met the minimum area requirements of 6.7 x 4.5 metres per classroom. Only 4% of centres had two or more classrooms. Sixty-six percent (66%) of centres met the International Network for Education in Emergencies (INEE) suggested lower threshold of 35 or fewer students per classroom, while 83% met the suggested upper threshold for emergency contexts of 40 students per classroom. In terms of water, sanitation and hygiene (WASH) facilities, 96% of facilities had an improved drinking water source on site. However, only 69% of facilities had latrines on site, with only 38% meeting Sector minimum standards of at least 2 latrines per classroom, clear segregation, and 1 latrine per 30 girls/60 boys. Further, only 9% of facilities had all of the ten key WASH materials listed by the Sector as minimum requirements.[7] While learning centres were generally perceived to be safe spaces for children by large majorities of both caregivers and educators, safety improvements at learning centres were also among the top three most commonly-listed priorities for improvement of learning centre facilities listed by caregivers (40%), along with decongestion of classrooms (40%) and more learning materials (49%).

Teaching and Learning

Although not a specific barrier to access, the most commonly-listed priority for improvement for learning facilities among caregivers was the need for more teaching materials (reported by 49% of caregivers), with FGD participants emphasising the need for more textbooks and notebooks so that children could study more effectively at home. However, large majorities of learning centres did have key teaching and learning materials present onsite, such as blackboards/whiteboards (77%), markers (88%), and attendance registers (98%). In terms of what is being taught, FGD participants expressed frustration with the fact that there is little structuring of curricula for older or younger learners—an issue the GIEP aims to address—and no prospects of continuing with education beyond what is currently being offered at the learning centres and alternative learning facilities. In this respect, 40% of caregivers wanted to see improvements in the range of subject matter taught, 38% wanted to see some form of certification, and 37% wanted to see more separation of students by competency. As discussed above, frustrations with curricula appears to be driving higher rates of non-attendance for older children in particular.

Teachers and Other Education Personnel

According to education sector guidance, each learning centre should have a minimum of one Bangladeshi teacher and one Rohingya instructor per classroom. Overall, 71% of facilities met this standard on the day of assessment, with 83% of facilities had a ratio of 40 or fewer students per teacher. Achieving parity of staff remains an issue; female Bangladeshi teachers working at assessed learning centres outnumbered males by five to one, while for Rohingya instructors, males outnumbered females by two to one.[8] In terms of staff qualifications, 71% of Bangladeshi staff reported graduating from at least grade 12, while 64% of Rohingya staff had completed at least grade 10 in Myanmar. The majority (70%) of assessed staff reported receiving training on supporting children's emotional and psychological needs, while comparatively fewer reported receiving training on how to refer children with specific needs to other services (40%).

Staff absenteeism was not widespread but still affected a minority of centres: Overall, 79% of learning centres reported full attendance of all staff and volunteers on the day of assessment, and 11% of all staff and volunteers

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[6] Non-emotional functional difficulties included seeing, hearing, walking, self-care (or fine motor control for children aged 3-5), communication, learning, remembering, and concentrating; non-emotional functional difficulties included controlling behavior, and for children aged 6-18 only accepting change, making friends, anxiety, and depression. Attendance rates for children with non-emotional functional difficulties were 53% for those aged 6-14, and 19% for those aged 3-5.

[7] These include 2 x 30 litre plastic buckets with lids; plastic mugs; water pots for toilets; soap for cleaning; supplies of sanitary pads onsite; toilet cleaner; toilet brush; bleaching power; broom and broomstick.

[8] This contrasts with Education Sector 5Ws data from January 2019 showing a breakdown of 56% male Rohingya instructors trained against 44% females trained.

listed as normally working at facilities on the day of assessment were absent. In terms of barriers to access, traffic congestion was reported as the main blockage by Bangladeshi staff while lack of identification documents was reported by Rohingya staff. For female Rohingya refugees, pressure to stop work backed up by threats and harassment from militant groups was reported as a concern in Teknaf in particular, echoing wider concerns reported across the response at the time of assessment.

Overall, these findings show significant improvements achieved by the Cox's Bazar Education Sector and other actors over the past year. Attendance at learning centres has increased substantially compared to the Sector's 2018 Joint Education Needs Assessment, rising from around 40% to over 60% for children age 3-5, and from around 60% to over 70% for children aged 6-14.[9] Children are generally attending learning centres that are relatively accessible, perceived to be safe, and staffed by educators who are generally qualified and among whom absenteeism is low. However, substantial challenges remain: without provision of adequately structured curricula or grade progression, the current system is not meeting the needs of young adolescents, while adolescents and youth continue to be left out of education provision almost entirely. With space constrained, creative solutions will need to be found to decongest crowded learning spaces and ensure that they can meet minimum standards for WASH. And concerted, targeted efforts will be critical in providing services effectively to marginalised groups such as adolescent girls and children with disabilities, whose opportunities to effectively access education remain significantly constrained in the current context.

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[9] Direct comparison of attendance figures has not been possible since the 2018 assessment reported explicit figures only for enrolment, specifically 43% for children of both genders aged 3-5, 60% for boys aged 6-14, and 57% for girls aged 6-14. The report goes on to note that "attendance rates differ only slightly from enrolment." Cox's Bazar Education Sector. Joint Education Needs Assessment: Rohingya Refugee in Cox's Bazar. June 2018, p. 15.

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List of Acronyms

CFS	Child-friendly space
FGD	Focus Group Discussion
GIEP	Guidelines for Informal Education Programming
INEE	International Network for Education in Emergencies
ISCG	Inter-Sector Coordination Group
JENA	Joint Education Needs Assessment
MSNA	Multi-Sector Needs Assessment
NGO	Nongovernmental organisation
NPM	Needs and Population Monitoring
PRIO	Peace Research Institute Oslo
rCSI	Reduced coping strategies index
RRRC	Refugee Relief and Repatriation Commission
TWB	Translators Without Borders
UHS	Unpaid Household Services

Geographical Classifications

District	Third tier of administration in Bangladesh, forming sub-units of divisions
Upazila	Fourth tier of administration in Bangladesh, forming sub-units of districts

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INTRODUCTION

Since August 2017, an estimated 720,849 Rohingya refugees have arrived in Bangladesh's Cox's Bazar District from Myanmar, the latest of several waves of displacement from Myanmar to occur since 1978.[10] A total of 894,262. Rohingya refugees now reside in Cox' Bazar, including 710,842 in the Kutupalong-Balukhali extension site in Ukhia Upazila, and a further 144,157 in smaller camps in Teknaf Upazila.[11] In addition to the potentially traumatic experiences associated with displacement,[12] Rohingya children have also arrived from a pre-displacement environment in which educational opportunities were severely limited in terms of both availability and quality.[13]

Under the framework of the Inter-Sector Coordination Group (ISCG), the Cox's Bazar Education Sector—co-led by UNICEF and Save the Children International—is tasked with the coordination and strategic planning of education programming being implemented by humanitarian actors in Cox's Bazar District. Currently, the approximately 485,000 Rohingya children residing in Cox's Bazar are almost solely reliant on the national and international nongovernmental organisations (NGO) for the provision of education services. Following a massive scale-up at the start of the response, education sector partners currently provide services through almost 3,000 learning centres spread throughout the camps. Education is provided in English and Burmese by a combination of Bangladeshi teachers and Rohingya language facilitators/instructors. Since the start of the response, sector partners' efforts to provide education services to refugees have been constrained by a number of factors including a lack of space for facilities in camps that are already heavily congested, as well government restrictions preventing any formal or non-formal education programmes being offered to the Rohingya.[14] Currently, services are available primarily to children aged 3-14, with minimal educational opportunities currently available to adolescents and youth aged 15 and over.

With the humanitarian response well into its second year, education partners are exploring a number of routes to overcome these constraints in an effort to further expand coverage and improve the quality of services offered. In response to space constraints, partners have been working to supplement learning centre capacity with a range of alternative modalities, including around 1,213 home-based learning spaces and 755 mobile learning spaces.[15] The sector is also placing a greater emphasis on a variety of approaches to improve quality. For example, learning centres are shifting an enrolment model that groups children by competency rather than age given substantial differences in children's exposure to education prior to displacement. Further, the sector is in the process of developing a standardised learning competencies framework in the form of the Guidelines for Informal Education Programming (GIEP)—under review by the Government of Bangladesh at the time of writing. This aims to offer children a structured learning approach that addresses their current lack of access to the national curricula of either Bangladesh or Myanmar.[16]

In February 2018, the sector implemented a household-level Joint Education Needs Assessment (JENA)[17] to identify immediate priority needs and address information gaps in the education response. In recognition of the changing context, evolving strategic priorities of the sector, and the need to update and deepen understanding of key education needs and priorities among the refugee population, REACH implemented a second JENA in the dry season of 2019 under the mandate of the Cox's Bazar Education Sector and with financial support from UNICEF. The assessment aimed to identify key education-related needs among Rohingya refugee children and youth; identify key gaps in education services currently being provided by Education Sector partners; identify refugee and

[10] Office of the United Nations High Commissioner for Human Rights: Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh, Cox's Bazar, 24 September 2017. https://bit.ly/2RGsz4X

[11] All population figures: United Nations Refugee Agency (UNHCR). Population data and key demographic indicators, Cox's Bazar, 31 May 2019. https://data2.unhcr.org/en/documents/details/69853

[12] Save the Children International. Horrors I Will Never Forget: The Stories of Rohingya Children. London, 2017. https://bit.ly/31yHfrL (accessed 9 August 2019).

[13] For further details on the status of the education system in northern Rakhine state prior to 2017, see REACH Initiative. Joint Education Sector Needs Assessment, Northern Rakhine State, Myanmar. Geneva, 2015. https://bit.ly/2ThUjia (accessed 9 August 2019).

[14] "Non-formal education" in Bangladesh refers to government-approved, semi-certified education programming that occurs outside of the formal school system. While a small number of registered refugees remaining from previous rounds of displacement in the 1990s are permitted to access these services, the vast majority of refugees—arriving in two waves of displacement in October 2016 and August/September 2017—do not. See The Right to Education Denied for Rohingya Refugees in Bangladesh, Burmese Rohingya Organisation UK, 2018.

[15] Cox's Bazar Education Sector, Bangladesh: https://www.humanitarianresponse.info/en/operations/bangladesh/education (accessed 16 June 2019).

[16] Geneva Palais Briefing Note: Education for Rohingya Children in Bangladesh. Geneva, 03 May 2019. https://bit.ly/2FdClrd (accessed 16 June 2019).

[17] Joint Education Needs Assessment: Rohingya Refugee in Cox's Bazar. Cox's Bazar, June 2018. https://bit.ly/2WPclxp (accessed 16 June 2019).

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staff preferences for addressing these needs and gaps; and provide data comparable across different camps, age groups, genders, and by disability status.

The remainder of this report is structured as follows: First, the assessment methodology and limitations are explained. Second, the assessment's findings are presented. These begin with household demographics before presenting findings according to the relevant core education domains laid out in the Inter-Agency Network for Education in Emergency (INEE) Minimum Standards for Education: i) access and learning environment; ii) teaching and learning; iii) teachers and other education personnel; and iv) community participation. Finally, the conclusion synthesises key issues and outlines suggestions for further data collection initiatives.

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METHODOLOGY

Overview

The assessment was implemented using a mixed-methods approach in the form of a household survey of caregivers stratified by camp; direct observations and staff surveys at learning centres run by sector partners; and FGDs with parents and teachers. These methods were chosen to answer as effectively as possible the research questions outlined by the Education Sector Needs Assessment Task Force, while also providing triangulation of information across different data sources and qualitative/qualitative methods. Data collection took place between 3 February and 14 March 2019. The household survey covered 33 out of 34 camps, comprising 4,397 interviews with caregivers that also collected proxy information on 3,108 individuals aged 3-5, 5,807 individuals aged 6-14, 2,132 individuals aged 15-18, and 2,205 individuals aged 19-24. Direct observations covered 428 learning centres and included structured interviews with 688 staff (including 338 Bangladeshi teachers and 350 Rohingya instructors). These quantitative methods were complemented by 22 FGDs run across three purposively selected locations across the camps. A table detailing the numbers of interviews conducted per assessed camp is available in Annex 1.[18]

Indicators and tool design

Research questions and indicators for inclusion in the assessment were developed during a one-day inception workshop with the Education Sector Needs Assessment Task Force, and structured around the INEE domains selected for the assessment (access and learning environment; teaching and learning; teachers and other education personnel; community participation). Following review and validation by the Task Force and REACH technical staff in Geneva, tools were translated into Rohingya[19] with support from Translators Without Borders (TWB).[20]

Sampling and data collection

Household survey

The survey consisted of a simple random sample of primary caregivers of children and youth aged 3-24; only primary caregivers who were aged 18 and over were eligible for participation. The survey collected data from the primary caregiver on household demographic and socioeconomic characteristics, as well as caregivers' perceptions on education needs and priorities. In addition, data were collected via caregivers as a proxy on education attendance and associated indicators for all children and youth aged 3-24 residing in each assessed household. The survey was stratified by camp, with the sample size for each camp derived from a sample frame based on the most recent UNHCR Family Counting[21] population figures for each camp. The sample design aimed to produce household-level data generalisable with a 95% confidence level and 10% margin of error for each of the 33 assessed camps, while also producing camp-level data at the same confidence level and margin of error for individual boys and girls aged 6-14.[22] The sample was also designed to ensure that data could be aggregated to a weighted average for all assessed camps at a 95% confidence level and 5% margin of error for both households, and for male and female individuals aged 3-5, 6-14, 15-18, and 19-24.

In the absence of a household list for each camp, REACH used the following procedure to select households for inclusion in the sample, attempting to ensure that as far as possible each household in each camp had an equal chance of being selected for inclusion. First, ISCG camp boundaries were overlaid onto Open Street Map shelter footprint data so that all shelters existing in the camps could be identified. From there, a random distribution of GPS

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[18] The study's full terms of reference is available here: https://bit.ly/2LVhH4p (accessed 3 August 2019).

[19] A widely-used written script for Rohingya does not currently exist. TWB therefore transliterated Rohingya-language tools into Bangla script and provided specific training on how to read the transliterated tool to REACH's team of Chittagonian-speaking Bangladeshi enumerators.

[20] A link to the final versions of tools and accompanying data analysis plan linking questionnaires and discussion guides with indicators and research questions is available here: https://bit.ly/2KpYG6Z (accessed 3 August 2019).

[21] UNHCR population counts use the terminology of "families" instead of households. For the purposes of this assessment, these terms were assumed to be equivalent.

[22] Ages 6-14 are the core demographic served by the vast majority of learning centres. Resource constraints meant that it was not possible to collect camp-level data at an acceptable confidence level/margin of error for other age groups within the target population, since the sample size required to do so would be too large.

points corresponding to the required sample for each camp was generated, with each GPS point indicating a shelter to be interviewed. An additional 25% buffer was included in all sample point allocations to account for anticipated rates of non-response/non-eligibility. If no primary caregiver over 18 was available at the GPS point, or the point was not a household (e.g. latrine, mosque, or other camp facilities), then the point was marked as "not eligible" and the enumerator moved on to the next point. If the minimum sample size was not reached upon completion of all GPS points for each camp, a second round of random GPS points was drawn based on the number of interviews still needed per camp.

The survey was implemented by a team of 40 Chittagonian-speaking Bangladeshi enumerators, overseen in the field by five Team Leaders and managed by a Field Coordinator.[23] Prior to data collection, enumerators underwent a two-day training to familiarise them with the tool and with field protocols. TWB provided additional support to clarify language issues in the form. Training was followed by a two-day pilot to identify and troubleshoot issues with tools and protocols. During data collection, GPS points and a map of each camp were then uploaded to enumerator phones using the Maps.Me app. Each day, enumerators were assigned a list of GPS points by their team leaders, and instructed to navigate to each point and select the nearest household for interview. Female enumerators interviewed female respondents and males interviewed males. Informed consent was sought, received, and documented at the start of each interview. During interviews, data was entered directly onto smartphones using the Kobo app. A total of 4,397 households were assessed according to this method, comprising 3,108 individuals between the ages of 3 and 5, 5,807 individuals between the ages of 6 and 14, 2,132 individuals between the ages of 15 and 18, and 2,205 individuals between the ages of 19 and 24.

Facility assessments

This component of the assessment consisted of a simple random sample drawn from a list of the 2,467 learning centres operated by Education Sector partners at the time of assessment. The sample was designed to collect data generalisable to all facilities on the list at 95% confidence level and 5% margin of error. Prior to assessment, Education Sector partners informed selected facility staff about the nature and objectives of the assessment. Specific dates were not provided to partners to reduce the risk of staff preparing facilities specifically in anticipation of being assessed and hence biasing study results. A total of 428 facilities were assessed. Within each facility, a short questionnaire was also administered to available Bangladeshi teachers and Rohingya instructors, covering a total of 688 staff, providing a sample representative of teaching staff working at learning centres as a whole at 95% confidence level and 4% margin of error.

The survey was carried out by a parallel team of Bangladeshi enumerators under the same management structure and according to the same training/piloting protocols. Enumerators then used GPS points provided by the education sector to navigate to each facility, calling facility focal points for assistance with directions in cases where GPS points were inaccurate. Informed consent was sought and received from facility focal points before enumerators entered facilities, as well as from individual staff members prior to conducting interviews.

Focus group discussions

A total of 22 group discussions consisting of 6 to 10 individuals each were held. FGDs were sampled to allow for triangulation with the study's quantitative components with caregivers and teachers/instructors respectively; the number and type of groups implemented is outlined in Table 1. The number of groups in each stratum aimed to balance the diversity of respondents required by the research questions for this assessment, with the time and resources available to implement it. To reflect the geographic diversity of the context, one "set" of 6 groups consisting of one discussion for each gender for each stratum was carried out in each of three locations: one sample site in a densely-populated area on the eastern side of the Kutupalong-Balukhali megacamp close to the road and the main markets; one in a more remote and less densely-populated location on the western edge of the megacamp, and one the southern Teknaf camp area where Rohingya refugees live intermixed with Bangladeshi host communities.

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[23] Chittagonian is the dialect of Bangla spoken in Bangladesh's Chittagong Division. The Chittagonian spoken in Cox's Bazar district overlaps substantially with the Rohingya spoken in northern Rakhine. However, there are still substantial differences between the two languages; for this assessment TWB translated research tools into Rohingya and provided intensive support during enumerator training on understanding the differences between the two dialects. For more information, see Translators Without Borders. The language lesson: What we've learned about communicating with Rohingya refugees. Cox's Bazar, December 2018. https://bit.ly/2C9X7qw (accessed 3 August 20190.

Table 1: FGDs implemented by gender and type of participant

Gender	Parents	Rohingya instructors	Bangladeshi teachers	Parents of CWD	Total
Male	3	3	3	2	11
Female	3	3	3	2	11
Total	6	6	6	4	22

FGD participants were recruited through education sector partners working in each sample site. Each discussion included an average of 9 participants, covering a total of 87 teachers/instructors and 113 parents. Groups were implemented by a moderator and a note-taker matched to the gender of participants. Informed consent was sought and received from participants prior to the start of each discussion. Data was recorded on paper as detailed summary notes in Bangla.

Data cleaning and checking

Data checking and cleaning for quantitative tools was conducted on a daily basis according to a set of pre-established standard operating procedures. Data cleaning included the removal of identifying data, outlier checks, correct categorisation of "other" responses where appropriate, and the identification and removal/replacement of incomplete or inaccurate records. A daily report of identified issues was compiled and reviewed with assessment teams at the start of each subsequent day of data collection. All changes to the dataset were documented in a data cleaning log included in the clean, anonymised datasets.[24] Data checking of FGD data took place in the form of debriefings at the end of each day of data collection, where transcripts were reviewed by the research team for clarity and accuracy. Following finalisation, Bangla-language transcripts were sent to TWB for translation into English.

Data analysis

Following the finalisation of tools, a data analysis plan was drafted, providing a roadmap outlining stratification, weightings, statistical functions required, etc. Following the completion of data collection, analysis was conducted according to this plan, with an analysis syntax created in R software. For FGDs, thematic analysis of transcripts was carried out in alignment with the data analysis plan using NVIVO Pro 12 software, with greater importance ascribed to trends occurring across multiple different groups and mentioned by multiple participants within each group.

Challenges and limitations

- **Tool coding:** due to errors in the logic of how Kobo tools were coded, a small number of indicators in the original data analysis plan could not be included in final analysis as relevant questions were only administered to a small fraction of respondents. These questions mainly related to parental participation in children's education in the household tool. Where possible, missing data has been supplemented in the report by information from FGDs.
- **Comprehension:** Around four-fifths of refugees have had little to no access to formal education prior to displacement.[25] Based on the results of the pilot, questions that required some form of calculation on the part of respondents (such as calculating the total number of hours worked, or household income generated, in a given recall period) proved challenging for many. Further, more complex concepts used in some questions were challenging for some respondents to interpret (including parts of the Washington Group/UNICEF module on child functioning used as a proxy to measure disability). As a consequence, some indicators originally included in the data analysis plan were dropped following the study's pilot. Questions where a minority of

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[24] Household survey data is available here: https://bit.ly/2TJiTJa; Facility assessment data is available here: https://bit.ly/31c3JP1 (both links accessed 16 August 2019).
[25] Translators Without Borders. The language lesson: What we've learned about communicating with Rohingya refugees. Cox's Bazar, November 2018, p. 19-20. https://bit.ly/2C9X7qw (accessed 16 June 2019).

respondents were reported to have struggled were included in the final tool, but have been flagged in the study's findings as requiring caution when being interpreted.

- **Respondent bias:** Certain indicators may be under-reported or over-reported due to the subjectivity and perceptions of respondents (especially "social desirability bias"—the documented tendency of people to provide what they perceive to be the "right" answers to certain questions).[26] The possibility of such biases should be taken into consideration when interpreting findings. Further, data collected on individual children via proxy may be skewed by the bias or level of knowledge of the proxy. This is important to note with regard to Washington Group questions on disability, where proxies tend to under-report people with disabilities.[27]

- **Sampling bias:** The lack of a household list means that the sample frame of OSM shelters used to identify households for interview did not align fully with the family figures used to calculate required sample sizes. This is likely to have slightly skewed the probability of some households being selected for interview relative to others (in some cases OSM shelter footprints are outdated, with a small number of households having moved or been relocated without corresponding updates to the dataset).

- **Coverage:** Kutupalong Registered Camp (RC) was not covered by this assessment due to persistent concerns around security of enumerator teams related to community hostility toward aid providers in this camp. Aggregate findings do not represent the population of this camp.

- **Facilities operating outside the education sector:** With the exception of madrassas, education activities not implemented by NGOs (e.g. private schools, private tuition, or activities organized by Rohingya civil society organisations) were not substantially covered by this assessment.

- **Potential for data overlap with child friendly spaces:** There is no commonly-understood terminology within the refugee community that clearly delineates a child-friendly space (CFS) from a learning centre. Efforts were made to compensate for this in the tool by clearly describing activities at both learning centres and CFSs and asking respondents to focus on the former. However, this does not preclude the possibility that some respondents understood questions referring to learning centres as referring to CFSs, potentially skewing data in a small number of cases.

A full list of the indicators excluded from the final analysis is included in Annex 3.

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[26] For example, recent studies on experiences around complaints mechanisms in Myanmar have identified significant social and cultural barriers to people providing negative or assertive feedback. See 3MDG. Case Study: How effective are community feedback and response mechanisms in improving access to better health for all? Yangon, July 2016, p. 21-22.
[27] Washington Group on Disability Statistics. Using the Washington Group Questions for the First Time. https://bit.ly/2WHbdad (accessed 16 June 2019).
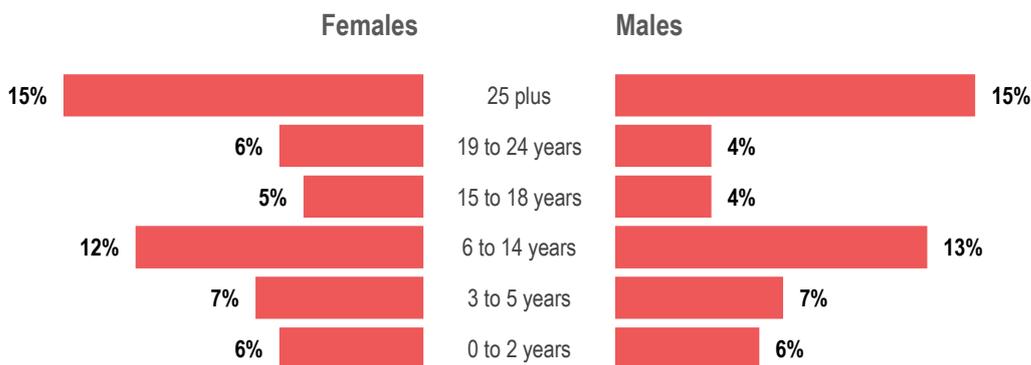
FINDINGS

This section of the report presents the main findings of the assessment. It begins by outlining the demographics and characteristics of assessed households, before exploring issues related to access and learning environment, teaching and learning, teachers and other education personnel, and community participation.

Demographics and household characteristics

From the household surveys, data on the education-related needs, perceptions, situation of the household, and other related data were collected from primary caregivers in 4,397 households with at least one individual between the ages of 3 and 24. Of the households surveyed, the average household size was 5.2 individuals. A majority of interviewed primary caregivers were female (79%) with the mean age of primary caregivers at 32 years. Four percent (4%) of primary caregivers were aged 60 and above, while 12% reported having a disability as measured by the Washington Group short set of questions on disability. Fourteen percent (14%) of households were single-parent—defined here as having only one household member aged 18-59. Thirteen percent (13%) were female single-parent, and 1% were male single-parent.[28]

Within assessed households, data on the personal situation and individual experience with education was collected from 3,108 individuals between the ages of 3 and 5, 5,807 individuals between the ages of 6 and 14, 2,132 individuals between the ages of 15 and 18, and 2,205 individuals between the ages of 19 and 24 living within these households. A population pyramid of the age/gender breakdown of surveyed households is provided in Figure 1 below.

Figure 1: Composition of surveyed households, by gender and age

Females	Age	Males
15%	25 plus	15%
6%	19 to 24 years	4%
5%	15 to 18 years	4%
12%	6 to 14 years	13%
7%	3 to 5 years	7%
6%	0 to 2 years	6%

Vulnerability characteristics

As part of an attempt to assess potential factors affecting attendance at learning centres, data were collected on a range of individual and household-level vulnerability characteristics, focusing specifically on disability, protection concerns, and economic vulnerability.

Child disability/functional difficulties

At the individual level, data were collected on children's disability status, measured in terms of whether they were reported as having functional difficulties in at least one domain in the Washington Group/UNICEF module on child functioning, with separate measures used for children aged 3-5 and 6-18.[29] Children aged 3-5 were assessed for

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[28] A total of 35% of respondents reported that the head of household was female. However, in many cases there were also adult males aged 18-59 in the household. There may be a variety of reasons for this, including respondents understanding "head of household" to mean the holder of the households' yellow registration card (in many cases this is a female household member irrespective of the presence of adult males). However, further research is needed to understand this discrepancy.

[29] The Washington Group/UNICEF Module on Child Functioning covers children between 2 and 17 years of age and assesses functional difficulties in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. https://data.unicef.org/resources/module-child-functioning/ (accessed 18 June 2019). The module has two versions, one for children aged 2-4 and one for children age 5-17. For the purposes of this

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the presence of functional difficulties in the following core domains: seeing, hearing, walking, fine motor control, communication, learning, controlling behaviour, and playing. For children aged 6-18 the following core domains were used: seeing, hearing, walking, self-care, communication, learning, remembering, concentrating, controlling behaviour, accepting change, making friends, anxiety, depression. For both age groups and especially ages 6-18, caregivers reported functional difficulties at much higher rates for emotional domains (controlling behaviour, accepting change, making friends, anxiety, depression) than for others. Data on functional difficulties have therefore been analysed both including and excluding emotional domains (see Figure 2 below).

Figure 2: Proportion of children and youth with reported functional difficulties in at least one domain, by age group
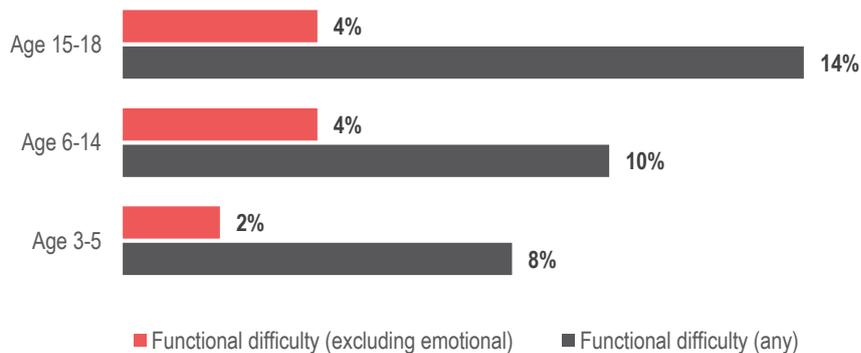
Frequency counts for the number of assessed children with a functional difficulty in each specific domain are provided in Annex 2.

Protection concerns

Households were also assessed on key protection indicators, specifically the presence of separated and unaccompanied children,[30] the presence of children who were married or about to get married, the presence of children aged 6-18 involved in economic labour,[31] and the presence of children aged 6-18 engaged in hazardous unpaid household services (UHS), which is defined as conducting household chores for more than 28 hours per week.[32] Overall, 14% of households reported the presence of at least one separated child (no unaccompanied children were reported), while 23% reported the presence of at least one child who was already married or about to get married. Three per cent (3%) of households reported the presence of at least one child age 6-18 engaged in economic labour in the seven days prior to data collection, while a total of 7% reported the presence of at least one child age 6-18 engaged in hazardous UHS for the same recall period. The proportion of individuals involved in economic labour and hazardous UHS for each gender/age group is broken down in Table 2 below.[33]

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study, the age boundaries for these tools were adjusted slightly in order to align with the Education Sector's identified age boundaries. Specifically, the 2-4 module was used for children aged 3-5, while the 5-17 module was used for children aged 6-18. The module was administered by proxy through the primary caregiver for each child aged 3-18 living in the household.

[30] Separated children were defined as those having joined the household since it arrived in Bangladesh, who were related to the head of the household. Unaccompanied children were defined as those having joined the household since it arrived in Bangladesh, who were guests or non-relatives (children who had joined as spouses were not included in this definition).

[31] Economic labour in this case includes having done any of the following in the seven days prior to the assessment: work or help on the household's plot, farm, food garden, or looked after animals, helped in a family business or a relative's business with or without pay, or run his/her own business, produced or sold articles, handicrafts, clothes, food or agricultural products, or engaged in any other activity in return for income in cash or in kind. This threshold and set of questions are drawn from the UNICEF Multiple Indicator Cluster Survey (MICS) questionnaire for children aged 5-17, Chapter 9: "Protected from violence and exploitation." https://bit.ly/2FijZp9 (accessed 18 June 2019).

[32] Questions on household chores specifically explored fetching water for the household, collecting firewood for the household, shopping for the household, cooking for the household, washing dishes or cleaned around the house, washed clothes for the household, cared for children for the household, cared for someone sick in the household, or carried out other miscellaneous household tasks. This threshold and set of questions are drawn from the UNICEF MICS questionnaire for children aged 5-17, Chapter 9: "Protected from violence and exploitation." https://bit.ly/2FijZp9 (accessed 18 June 2019).

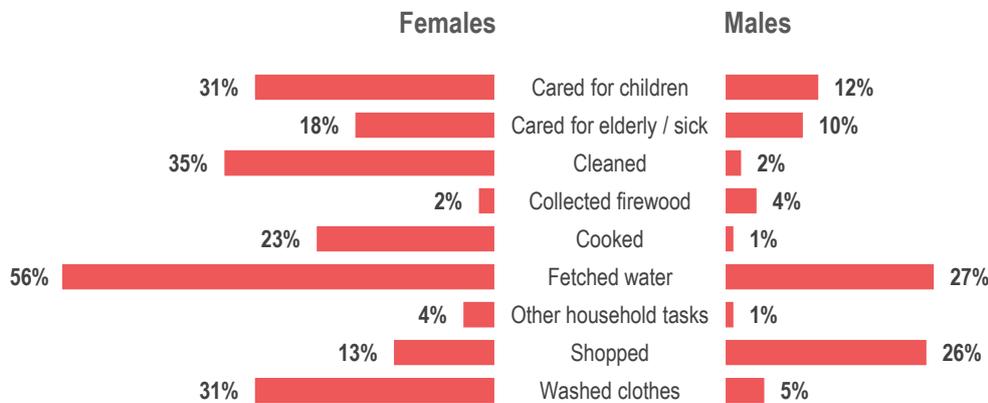[33] Economic labour findings are broadly consistent with the most recent (January 2019) UNHCR Multi-Sector Needs Assessment, in which 3% of boys and less than 1% of girls under 18 were reported to be working to earn an income in the 30 days prior to data collection. UNHCR/REACH. Multi Sector Needs Assessment II. Cox's Bazar, January 2019. https://bit.ly/2lmTT6m

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Table 2: Proportion of children and youth engaged in economic labour and hazardous UHS in the seven days prior to data collection, by gender and age group

	Females			Males	
	Hazardous UHS	Economic labour		Hazardous UHS	Economic labour
	7%	1%	15 to 18 years	1%	2%
	9%	2%	6 to 14 years	1%	7%

The most commonly reported type of economic labour engaged in across all age and gender groups was the production or selling of items such as handicrafts or food. For children aged 6-14, the distribution of UHS of any kind (including non-hazardous) was found to be heavily gender-segregated, with girls more likely to be involved in UHS across a wider variety of tasks (see Figure 3 below). Significantly, relatively few children of this age group (<5%) were reported as engaging in the potentially hazardous activity of collecting firewood for the household.

Figure 3: Proportion of children aged 6-14 reported as engaging in UHS of any kind in the seven days prior to data collection, by gender

Females		Males
31%	Cared for children	12%
18%	Cared for elderly / sick	10%
35%	Cleaned	2%
2%	Collected firewood	4%
23%	Cooked	1%
56%	Fetched water	27%
4%	Other household tasks	1%
13%	Shopped	26%
31%	Washed clothes	5%

Economic vulnerability

The study collected data on household economic vulnerability in order to test for the presence of a relationship between economic vulnerability and learning centre attendance. To do so, the reduced coping strategies index (rCSI)—a tool commonly used to measure of household food insecurity—was used as a broad proxy.[34] The rCSI measures five consumption-based coping strategies measured using the reduced coping strategies index (rCSI) including i) relying on less expensive or less preferred food; ii) borrowing food, or relying on help from a friend or relative; iii) limiting portion size at mealtimes; iv) restricting consumption by adults to allow small children to eat; v) reducing the number of meals eaten in a day.[35] For coping strategies, 91% of households reported using at least one of the five coping strategies captured by the rCSI in the past seven days, ranging from 88% relying on less preferred or less expensive food, to 38% reducing the number of meals eaten in a day. The overall average household CSI score was 13.2 out of a possible 57.

Access and learning environment

This section explores the extent to which learning spaces are equally accessible to all children, supportive of their protection and wellbeing, and adapted to meet their specific learning needs. It begins by focusing on enrolment and attendance at learning centres, before looking at caregivers' stated reasons for children's' non-attendance, and analysis of the relationship between key individual and household characteristics and attendance rates. It goes on

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[34] The study also attempted to collect basic data on household income levels, but the results were not used as they did not align with those of other, more comprehensive assessments of income and livelihoods conducted during the same time period.
[35] The rCSI is an indicator of household food security. Each household is ascribed a score calculated using the frequency of the use of five negative coping behaviours in response to a lack of food or money to buy food by used by a household during the 7 days before the survey, weighted by the severity of each behaviour. The five coping behaviours measured are: For more information, see CARE. Coping Strategies Index: Field Methods Manual. 2008. https://bit.ly/2kddQzu (accessed 18 June, 2019).

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to present data on contact time at spaces, caregivers' and teachers' perceptions around safety at spaces, and data from the facility assessments regarding the extent to which facilities are meeting sector minimum standards.

Enrolment and attendance at learning centres

In most circumstances, measurement of children's school enrolment and attendance is based on a recall period of the previous academic year.[36] Given that a standardised structure for terms and academic years has not yet been implemented in learning centres operated by the Education Sector, the following proxies were used: a child was defined as enrolled if they had attended a learning centre[37] at least once since arriving in Bangladesh, and defined as attending if they were reported to have attended a learning centre at least four days per week in the 30 days prior to assessment. Similar proxies were used for out-of-school children, with children deemed never to have attended school if they were not reported attending a learning centre at least once since arriving in Bangladesh, and to have dropped out if they were reported as attending a learning centre at least once, but were not reported as attending at least four days per week in the 30 days prior to assessment.

Overall, enrolment was highest among children aged 6-14, with 75% of children in this age group (72% of girls and 78% of boys) reported as enrolled at learning centres. For children aged 3-5, a somewhat lower 66% of children (66% of both girls and boys) were reported as enrolled. Enrolment for adolescents aged 15 to 18 was much lower at 7% (3% of girls and 10% of boys), and enrolment among youth aged 19-24 was negligible at less than 1% for both genders. These figures show an increase in learning centre enrolment for all children ages 3-14 compared to the 2018 JENA, where enrolment for children 6-14 was 60% for boys and 57% for girls respectively, and 43% for both genders for children aged 3-5. By contrast, figures for children aged 15-18 are slightly lower compared to 2018, where 14% of boys and 5% of girls were reported being enrolled.[38]

Rates of attendance match rates of enrolment closely: overall, 64% of children of both genders aged 3-5 were reported as attending, rising to 69% for girls and 73% for boys aged 6-14, and dropping substantially to 1% of girls and 9% of boys aged 15-18. Almost no individuals aged 19-24 were reported as attending. Consistent with the previous JENA, reported drop-out rates were low, with only 2% of both genders aged 3-5 and 3% aged 6-14 dropping out (see Figure 4 below). This implies that once children begin attending a learning centre, they consistently do so over time. For children aged 15-18, the higher proportion of individuals dropping out relative to those attending may represent those who have aged out of learning centre attendance since arriving in Bangladesh.

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[36] Joint Intersectoral Analysis Group. Measuring severity of humanitarian conditions for education in emergencies – Recommendations for selection and use of key indicators for HH level surveys and Multi-Sector Needs Assessments (MSNAs). Geneva, 2019.

[37] learning centres were defined to respondents as "a non-religious temporary learning centre run by an NGO or the government."

[38] These figures are also consistent with UNHCR/REACH MSNA data—which measured attendance with a 7-day recall period—which showed attendance for children aged 6-14 at 64% for boys and 63% for girls in July 2018, rising to 73% for boys and 69% for girls in January 2019.

Figure 4: Proportion of children reported as attending, dropped out, and never attending learning centres, by age and gender

Age 3-5

	Female		Male	
	64%	Attending	64%	
	2%	Dropped out	2%	
	34%	Never attended	34%	

Age 6-14

	Female		Male	
	69%	Attending	75%	
	3%	Dropped out	3%	
	28%	Never attended	22%	

Age 15-18

	Female		Male	
	1%	Attending	9%	
	2%	Dropped out	4%	
	97%	Never attended	87%	

Age 19-24

	Female		Male	
	0%	Attending	2%	
	1%	Dropped out	1%	
	99%	Never attended	97%	
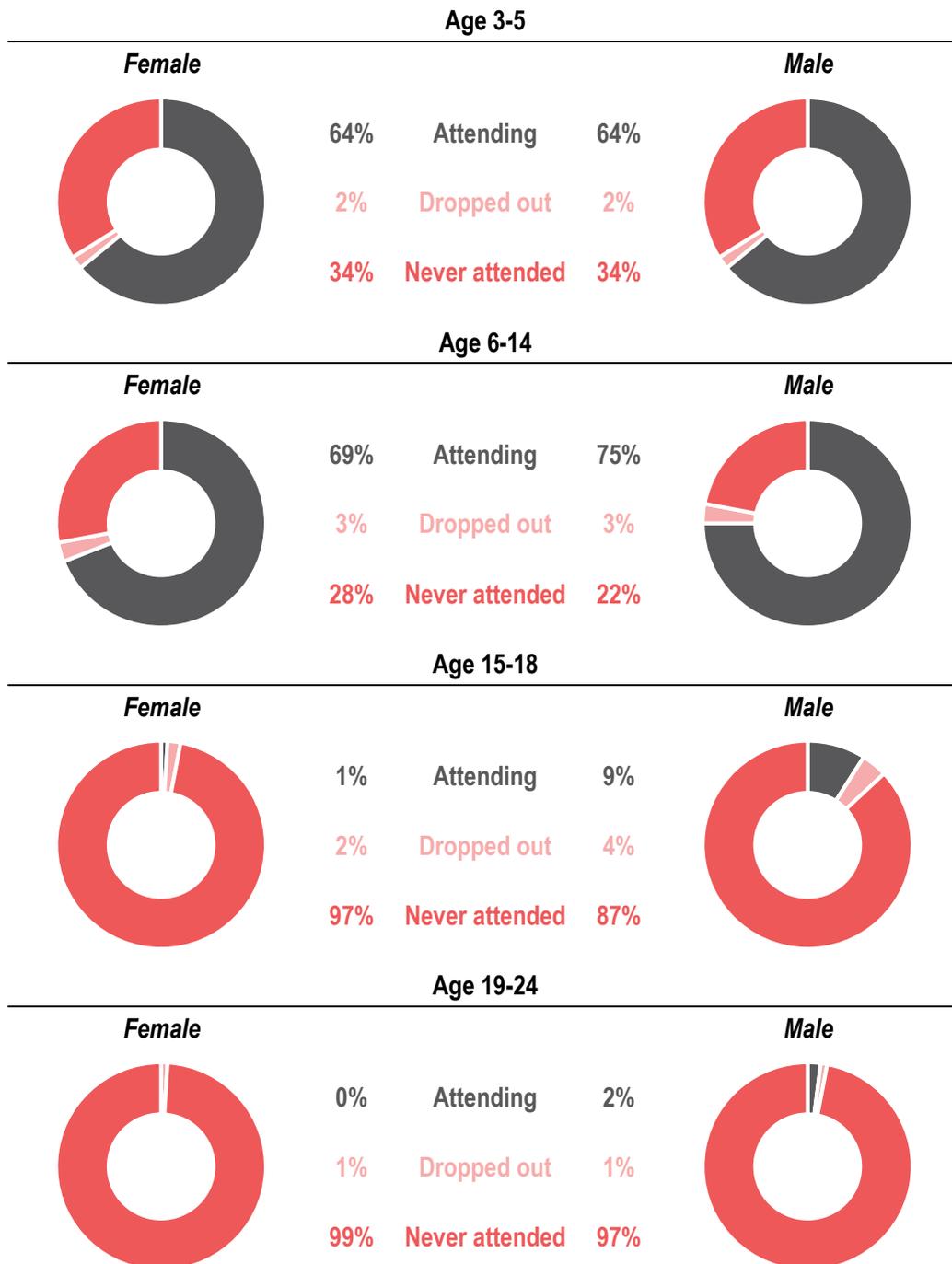
At the camp level, there was substantial variation in attendance for children aged 3-5, with Camps 2E, 2W (44%) and 1W (46%) having significantly below-average attendance rates. For children aged 6-14 attendance rates were broadly similar across all camps, with only Camp 10 (62%) reporting significantly below-average attendance. Figures 5-6 map out attendance across all camps for ages 3-5 and 6-14 respectively, with darker shades of red indicating lower attendance.

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Figure 5: Proportion of children aged 3-5 reported as attending learning centres in the 30 days prior to data collection, by camp

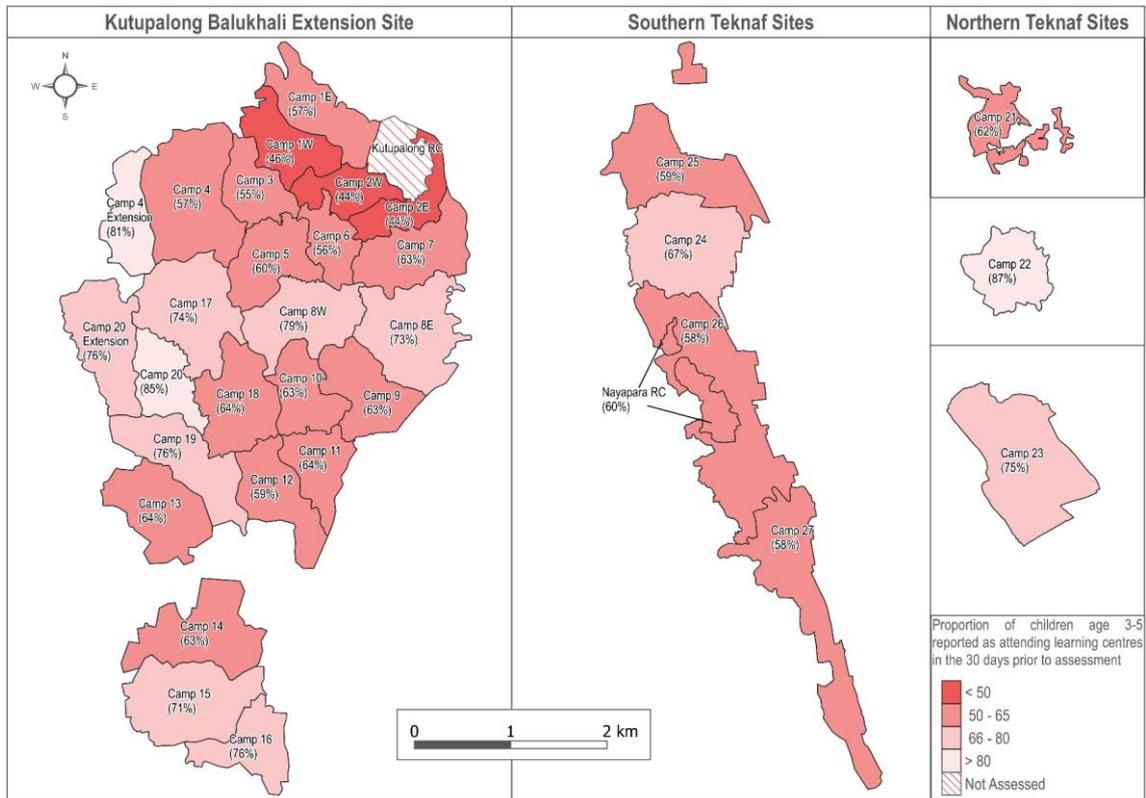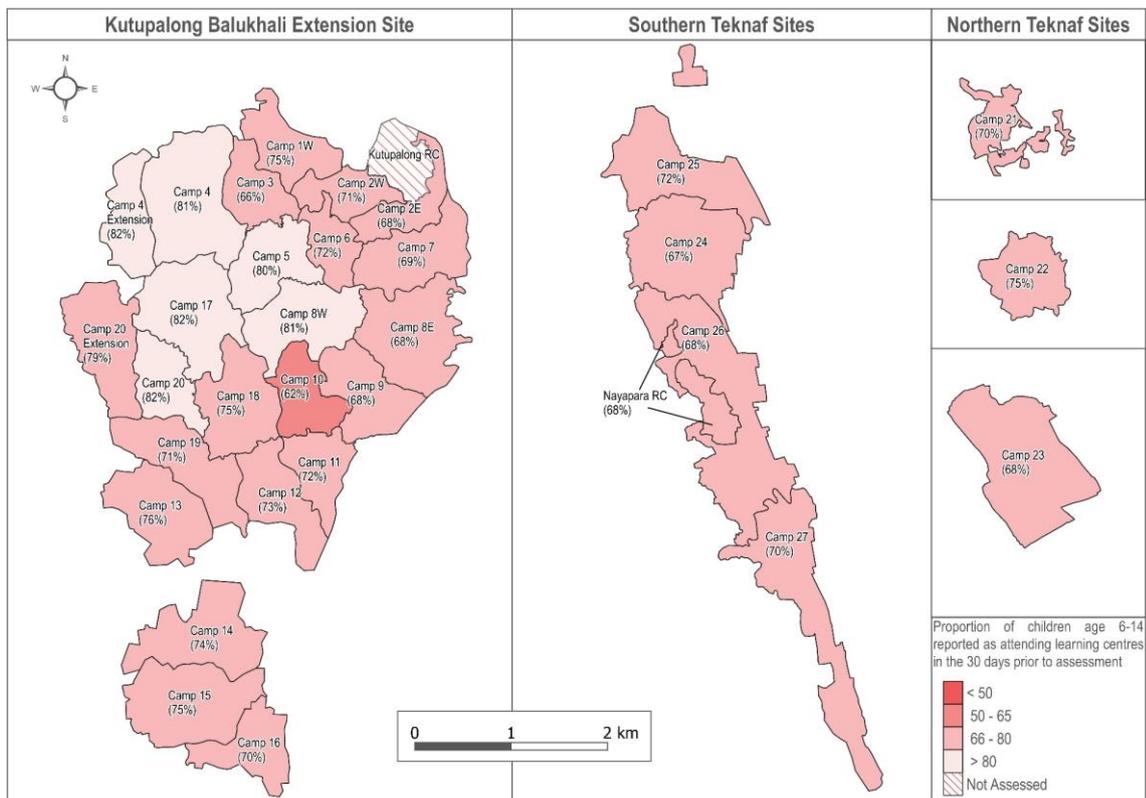**Figure 6: Proportion of children aged 6-14 reported as attending learning centres in the 30 days prior to data collection, by camp**

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Collecting data on children's individual ages and attendance status also allows for a more detailed analysis of attendance patterns by age and gender. This shows substantial variation in attendance patterns within the Education Sector's age groupings: reported attendance is much lower for younger children aged 3-4, climbing to consistently high levels (close to 90% for both genders, and slightly higher for girls than for boys) between the ages of 5 and 10, while dropping off after age 11—sharply for girls and more gradually for boys. Any analysis of the main barriers to access for out-of-school children therefore needs to take careful account of these specific age/gender dynamics.

Figure 7: Attendance at learning centres in the 30 days prior to data collection, by age and gender
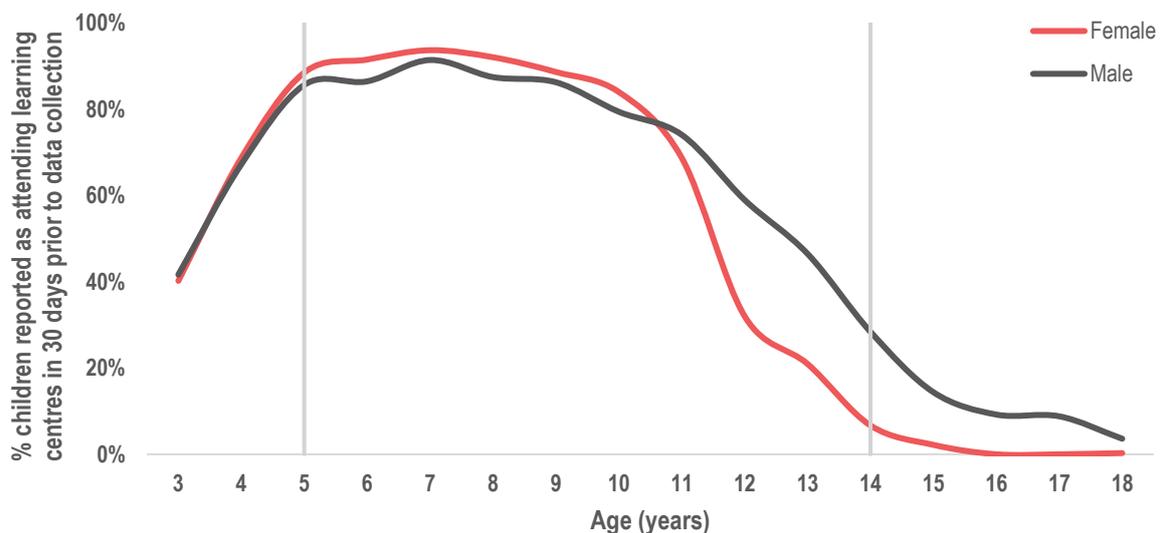
Enrolment at learning centres compared with pre-displacement enrolment

Similar to the findings of the 2018 JENA, this study found that 54% of children aged 6-14 and 57% of children aged 15-18 were reported to have ever been enrolled in school prior to displacement. With enrolment at learning centres at over 70% for children 6-14, this suggests that more children are now being exposed to basic education opportunities compared to pre-displacement. As with the previous JENA, there was no observed relationship between pre- and post-displacement enrolment, with around three-quarters of children who were enrolled in Myanmar, and three-quarters of those who were not, now currently enrolled in learning centres. For children aged 15-18 (equivalent to high school age in Myanmar), data suggest that access to secondary education was as limited prior to displacement as it is now. Of the individuals aged 19-24 covered by this study (i.e. those who would have been at least old enough to be eligible for enrolment in high school prior to displacement), less than 5%--almost all of whom were male—were reported as completing at least one grade of high school.

After close to a year and a half of displacement, parents in all FGDs overwhelmingly reported that the education opportunities available post-displacement were an improvement on conditions in Myanmar, in terms of both access and quality. This sentiment was not completely unanimous, with a minority of male parents in southern Teknaf feeling that the standard of teaching was worse.

Attendance at alternative modalities

In addition to offering education through learning centres, Education Sector partners offer a range of alternative modalities in order to extend education to children not currently able to attend learning centres. In particular, this includes: i) providing non-religious education to children who are in madrassas but do not go to any learning centres; ii) home-based learning—with NGO staff or volunteers teaching small groups of children using refugee shelters meeting minimum basic criteria as learning spaces; and iii) tutoring/big brothers/sisters—small-group or one-to-one tutoring run by NGO staff or community volunteers inside refugees' homes.[39] Provision of education by community-led networks is discussed separately in the section on Community Participation below.

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[39] Cox's Bazar Education Sector. Alternative Model Standards. Cox's Bazar, May 2018.

Participation in alternative modalities was assessed by asking parents whether children had attended either of the above three modalities in the seven days prior to data collection.[40] To understand the prevalence of private tutoring activities run outside the scope of the Education Sector, parents were also asked if their children were receiving private lessons in other peoples' homes.[41] Overall, attendance at some form of alternative modality in the 7 days prior to data collection was reported for 13% of children aged 3-5, 15% of children aged 6-14, and 11% of children aged 15-18, with minimal gender differences. In terms of the types of alternative modality reported, the most common across all age and gender groups was teaching provided by NGO staff in respondents' own homes, reported for just under 10% of children of all age groups and genders. This was followed by madrassa-based learning, reported for 4% of children aged 3-5 and 6-14. Home-based education in other refugees' houses was reported by a negligible number of respondents across all ages and genders (see Figure 8 for a full breakdown).

However, multiple factors suggest this data should be interpreted with caution. First, due to the diverse nature of alternative modalities being offered, and the ease with which they might be confused by respondents with other activities—for example regular community outreach or hygiene promotion programming aimed at children—it is possible that caregivers may have interpreted questions around alternative modalities differently to their intended meanings. For example, it is possible that caregivers may have categorised NGO-run home-based learning at others' homes as attendance at learning centres, or that they may have categorised ordinary house-to-house awareness-raising or hygiene promotion as NGO-run tutoring in their own home. Further, a review of the January 2019 5Ws data (the last publicly available dataset) suggests that around 10% or more of children aged 6-14 were being provided with home-based learning in camps 1E, 1W, 3, 6, and 7, with no home-based services operational in other camps. This footprint is not reflected in the data for this assessment, with none of these camps reporting significantly higher rates of attendance at home-based activities. Overall, these findings suggest that a more targeted assessment of participation in alternative modalities may be required.

Figure 8: Proportion of children reported as attending different alternative modalities and private teaching, by age and gender
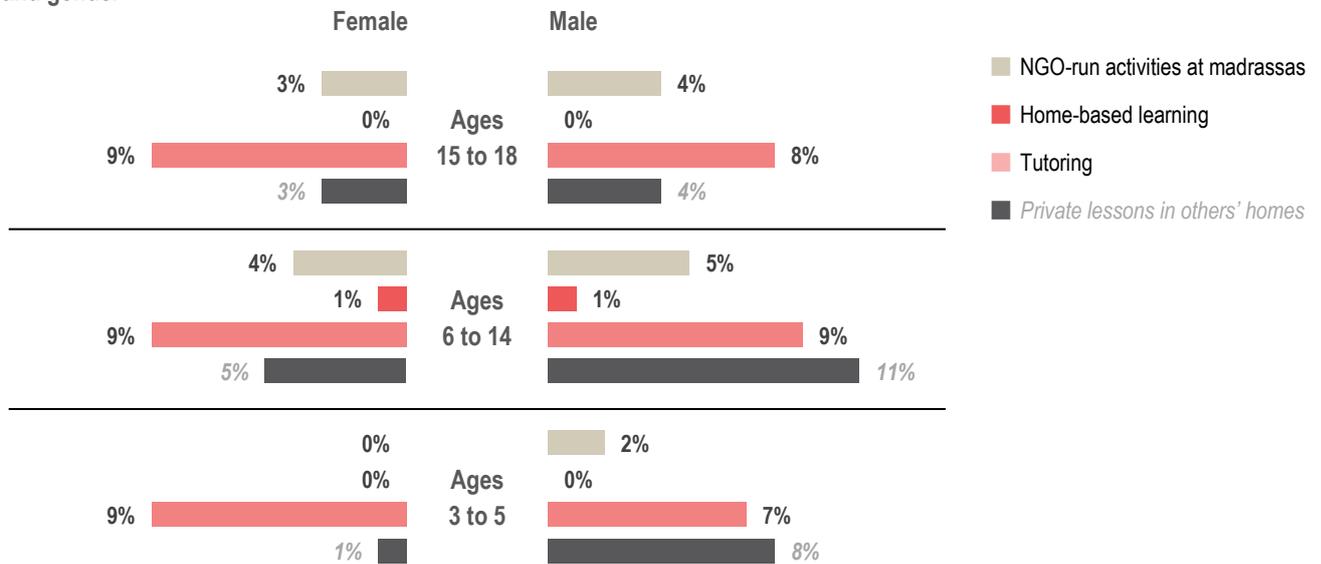
For children reported as attending alternative modalities, there was a substantial overlap with learning centre attendance, with 10% of children aged 3-5 and 12% of children aged 6-14 reported as attending both learning centres and alternative modalities, while only 4% aged 3-5 and 3% aged 6-14 were reported as attending alternative modalities only. This suggests that alternative modalities as reported by caregivers are only slightly expanding education coverage beyond the capacity of conventional learning centres for these age ranges. By contrast, the

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[40] These were asked as follows: i) How many days in the past 7 days has this child/person attended a Madrassah for learning non-religious topics, with teaching provided by an NGO?; ii) How many days in the past 7 days has this child/person attended learning for non-religious topics [provided by an NGO/privately] in someone else's home?; and iii) How many days in the past 7 days has this child/person received lessons for non-religious topics from an NGO volunteer or staff in their household?

[41] Refugees were not asked about private tutoring received inside their own households. Data on private tutoring are therefore most likely underreported here.

vast majority of children aged 15-18 reported as attending alternative modalities were not doing so in combination with learning centres.

Alongside alternative modalities provided by NGOs, a small minority of caregivers reported that children were attending private tuition at others' homes. This was more prominent among children aged 6-14, with boys attending at substantially higher rates than girls (see Figure 8). In 80% of cases, parents reported that this tuition was paid rather than free. Unlike other alternative modalities, private tuition was discussed in half of all FGDs with parents. This was framed—for those who could afford it—as both a means to supplement the perceived poor quality of education offered at learning centres, as well as a coping strategy to deal with the lack of available education opportunities for older children. Fees for tuition were quoted as around 300-500 Bangladeshi Taka (USD 3.5-6) per month, with a minority of parents in one group reporting selling rations in order to cover these costs. It should also be noted that the majority of children attending private tuition in the 6-14 age range were also attending learning centres, suggesting that such tuition may be a supplement to learning centre attendance rather than an alternative.

Reasons why children are not attending learning centres

In the 2018 JENA, all parents were asked to list the main perceived barriers to children attending learning centres, with the main perceived challenges/barriers for children of both genders aged 3-14 reported as distance to learning centres, safety concerns at learning centres, and lack of sufficient learning materials.[42] With general perceptions of challenges identified, this assessment focused more specifically on the reasons why out-of-school children do not attend learning centres. This issue was explored through a number of intersecting approaches. Within the household tool, caregivers were asked to explain the key reasons why any child in their household was reported as not attending learning centres regularly in the 30 days prior to the assessment (see Table 3 below for a summary of the main reported reasons overall). In addition, the relationships between learning centre attendance and a range of household and individual-level characteristics were explored to identify key factors either not directly reported by parents or affecting specific parts of the population. Information from these sources was triangulated by FGD data, as well by responses to relevant questions elsewhere in the household tool.

Table 3: Of children reported as out of school, % for whom different reasons were given[43]

Age		Boys				Girls	
Age 15 to 18	52%	What is taught is not useful/age-appropriate	❶	Cultural reasons		64%
	14%	Child goes to madrassa	❷	Marriage		24%
	14%	Child is needed at home to help the family	❸	What is taught is not useful/age-appropriate		14%
Age 6 to 14	44%	Child goes to madrassa	❶	Cultural reasons		59%
	22%	What is taught is not useful/age-appropriate	❷	What is taught is not useful/age-appropriate		16%
	9%	Child is needed at home to help the family	❸	Child goes to madrassa		9%
Age 3 to 5	67%	Not appropriate for child to go to school	❶	Not appropriate for child to go to school		69%
	16%	Learning centre is too far	❷	What is taught is not useful/age-appropriate		12%
	11%	What is taught is not useful/age-appropriate	❸	Learning centre is too far		11%

Column headers: Boys (of 91% out of school) / Girls (of 99% out of school) for Age 15 to 18; Boys (of 25% out of school) / Girls (of 31% out of school) for Age 6 to 14; Boys (of 36% out of school) / Girls (of 36% out of school) for Age 3 to 5.

Overall, the main barriers listed by parents in the 2018 JENA were not found to be as prominent as other factors in determining children's attendance at learning centres. These are discussed in turn below.

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[42] JENA 2018, p. 18.
[43] Respondents could select multiple options; top three most commonly selected options for each stratum presented.

Physical access

In the 2018 JENA, physical access issues ("learning centre too far" or "there is no learning centre") were among the most commonly reported barriers or challenges to education access. This trend was much less pronounced in data for this assessment. Overall, physical access barriers were reported by caregivers as reasons for non-attendance for 14% of out-of-school children age 3-5, 9% of out-of-school children aged 6-14, and 2% of out-of-school children aged 15-18, with no significant differences by gender. At the camp level, physical access barriers were reported at significantly above-average rates for out-of-school children aged 3-5 in camps 4 Extension (50%), 6 (30%), 8W (29%), and 25 (31%), and for children aged 6-14 in camps 1E (24%), 3 (21%), 6 (27%), and 25 (24%). Parents in the majority of FGDs did report physical access issues as a concern—largely related to steep slopes to learning centres on hilltops or children's journeys being made more challenging in rainy season. However, very few reported that children were unable to attend learning centres as a direct consequence, with the exception of parents of children with disabilities (see further discussion below).

Overall, these data suggest that with exceptions in certain locations, **caregivers of out-of-school children do not generally perceive that physical access is the main constraint preventing their children from attending learning centres.** Their low prominence in the current study as compared to the 2018 JENA could be linked to the increase in learning centre coverage between the two assessments: the total number of learning centres in the camps rose from 1,180 in March 2018 to 2,997 by February 2019. However, it may also be linked to the current study's focus on specific reasons why out-of-school children are not attending, rather than the more general questions about "challenges" for all children asked in the 2018 JENA.

Safety and security

Similarly, **safety and security concerns were not widely reported as reasons for non-attendance by caregivers of out-of-school children, and both parents and staff generally perceive learning centres to be safe spaces for children of both genders**.

Overall, safety concerns on the way to learning centres were reported as reasons for non-attendance for 7% of children aged 3-5, 2% of children aged 6-14, and 1% for children aged 15-18. At the camp level for the 3-5 age range, safety on the way to school was reported as an access barrier at significantly above-average rates for out-of-school children in Camps 10 (27%) and 20 (25%), with no significant differences across camps for children aged 6 and older. In contrast to these figures, safety concerns for children on the way to learning centres were somewhat more prominent as an issue in FGDs with parents. Specifically, minorities of participants in two FGDs with female caregivers and one FGD with males reported continuing fears of kidnapping, while participants in one FGD with female caregivers held in the north-eastern side of the megacamp (and hence closer to vehicular access roads) reported traffic accidents as a concern. Significantly compared to the 2018 JENA and the 2017 Joint Rapid Education Needs Assessment (JRNA), no FGD participant reported getting lost as a problem in this respect. This may suggest that after spending 18 months in the camps at the time of assessment, people are more familiar with their surroundings.

In a marked contrast to the 2018 JENA, safety concerns at learning centres were not reported as a major issue by caregivers. For out-of-school children, they were reported as reasons for non-attendance for 9% of out-of-school children aged 3-5, 3% of children aged 6-14, and 1% of children 15-18. No significant differences by gender were observed. At the camp level for children age 3-5, safety concerns at learning centres were reported at significantly above-average rates for children in Camps 4 (23%), 6 (22%), 7 (19%) and 20 (25%). There were no significant differences between camps for children aged 6-14 or 15-18. These data are largely supported by the fact that 95% of surveyed caregivers felt that learning centres were either "safe" or "very safe" spaces for both boys and girls to study in, with no significant differences according to caregiver gender. The same perceptions were also reported for both boys and girls by 92% of the teachers and instructors interviewed for the study's staff survey component, with no significant differences according to staff gender or between Rohingya/Bangladeshi staff. A large majority of participants in parents' FGDs agreed that learning centres were generally safe spaces.

Participants in FGDs for learning centre staff and volunteers were more mixed in their attitudes toward safety in spaces. In six out of 12 staff FGDs, participants raised the weakness of some learning centre structures as a safety concern, arguing that spaces were not strong enough to withstand rainy season or had become dilapidated due to

prolonged exposure to the elements. Participants in two groups (both female) also raised the issue of harassment from male youths as an issue, explaining that boys would sometimes come to taunt female students or throw stones at the learning centre. While not directly related to the safety of students, staff in six FGDs also raised the issue of night-time security at learning centres, explaining that the lack of adequate security measures or night guards rendered centres vulnerable to frequent thefts. It should also be noted that despite broadly positive perceptions of safety among caregivers, "improved safety measures" was still listed by 40% of caregivers as something they would like to see change to improve the buildings and classrooms where children are taught (the second most frequently listed priority after better access to learning materials).

Opportunity costs

Data from this assessment suggest that economic barriers and opportunity costs are not an especially widespread barrier to children's attendance at learning centres for the 6-14 age group. Access to learning centres is provided free of charge by the humanitarian community and cost of services was not raised as a barrier to learning centre access by either surveyed caregivers or FGD participants. Overall, needing the child to stay home and support the family was reported as a reason for non-attendance for 4% of out-of-school girls and 9% of out-of-school boys aged 6-14, and 4% for girls and for 14% boys aged 15-18.

It is possible to further triangulate these figures by examining attendance rates for children reported as involved in child labour or hazardous UHS against those who were not. In general, children were more likely to be involved in both hazardous UHS and child labour as they got older—the average age for children in the 6-14 age group reported as involved in both types of activity was 11.5 years old, compared to an average age of 9.5 for assessed children in this age group as a whole. Since learning centre attendance is also closely correlated to age (with older children in this age range less likely to be attending learning centres compared to younger children), the relationships between children's involvement in child labour/hazardous UHS and learning centre attendance were therefore tested while controlling for age.[44] No significant relationship between child labour and learning centre attendance was found—in other words, for children of the same age, those involved in child labour were no more or less likely to be attending learning centres than their peers who were not involved. The reverse was found to be true for children involved in hazardous UHS, who were significantly less likely to be attending learning centres than peers of the same age who were not involved.

In this respect, it is also important to note that no significant relationship was found between household rCSI score—here used as a basic proxy to measure household economic vulnerability—and learning centre attendance for children aged 6-14. In other words, even households that reported making extensive use of coping behaviours to deal with a lack of adequate food—such as restricting the number of meals eaten in a day—did not appear to be sending children to learning centres at a reduced rate compared to those that did not.

Intersection with religious education

Compared to the 2018 JENA, reported attendance at religious spaces has slightly expanded for children age 3-5. In the current study, 78% of children aged 6-14 were reported as attending a religious space in the 30 days prior to assessment. This compares with the 65% of children aged 6-14 that were reported as attending a religious space since arriving in Bangladesh in the 2018 JENA. By contrast, attendance for children age 6-14 has remained more or less constant (78% of boys and 73% of girls reported as attending in the current assessment against 81% of boys and 78% of girls in 2018), while attendance for children 15-18 has dropped off, especially for boys (20% of boys and 1% of girls reported as attending against 30% of boys and 22% of girls in 2018). In terms of intersection with learning centres, majorities of children 3-5 and 6-14 reported attending both learning centres and religious spaces. However, small but significant proportions reported attending religious education only, leaving them with no access to basic education services (see Figure 9).

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[44] Significance was tested using a binary logistic regression model.

Figure 9: Proportion of children reported as attending madrassas and learning centres in the 30 days prior to data collection, by age
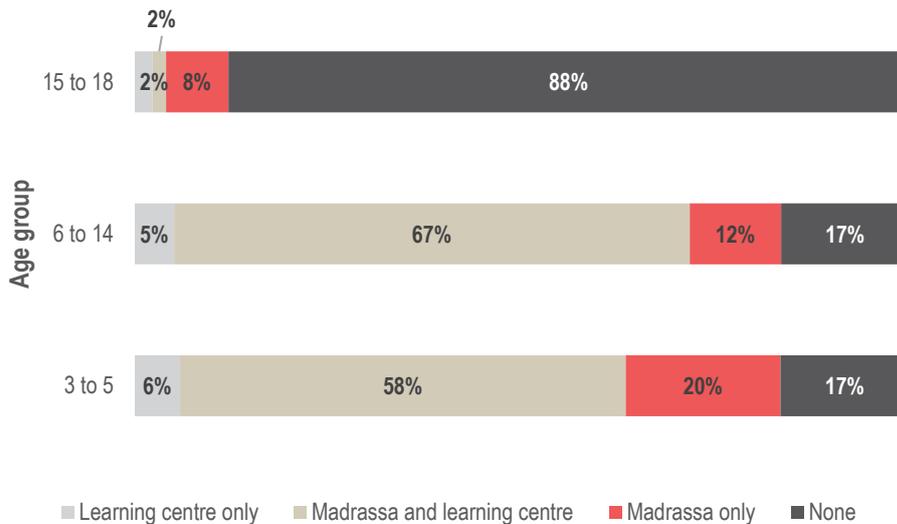
Attendance at religious facilities was the most commonly reported reason why boys aged 6-14 were out of school (reported for 44% of out-of-school boys in this age group). It was also the third most commonly-listed reason for out-of-school girls of this age group (9%). For boys age 6-14 in particular, this trend held true regardless of age—in other words, even among boys between ages 6-10, for whom learning centre attendance rates are close to 90%, attendance at religious spaces was the most commonly reported reason for non-attendance. This stands in marked contrast to the 2018 JENA where religious spaces scarcely featured in survey and FGD data on barriers to learning centre access. Significantly however, while a higher proportion of children aged 3-5 were reported as attending religious spaces only, this was very rarely listed as a reason for non-attendance (see further discussion below).

This assessment did not distinguish between the different types of religious spaces operating in the camps. These include maktabs, madrasas, and hefzkhanas. Of these, maktabs reportedly offer a mix of religious and secular education to both boys and girls, and, with a shift structure that generally offers early morning and late afternoon slots, allow for parallel attendance at learning centres.[45] By contrast, the latter two spaces only provide services for boys and, whether due to conflicting hours or due to explicit prohibition, do not allow their students to attend learning centres.[46] It may therefore be that a substantial proportion of the boys aged 6-14 who report only attending religious spaces are attending these latter two types of space.

However, data from this study's FGD component also highlights continued friction between learning centres and maktabs—an issue that was also raised in the 2018 JENA. In discussions on the relative merits of morning and afternoon shifts at learning centres, parents generally explained their preference for either morning or afternoon shifts (with afternoon shifts being more preferred) with reference to whether or not this shift clashed with the shifts at their local maktab. In two FGDs with teachers/instructors, participants accused instructors at maktabs of beating children if they attended learning centres or if this attendance impacted their studies at maktabs in any way. When asked to compare modalities, parents in FGDs generally felt that it was important for children to be able to access both learning centres and religious spaces. However, in two out of three FGDs with female parents, participants ultimately expressed a preference for religious spaces on the basis that "school is for jobs, but madrasa is for eternal life."

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[45] Peace Research Institute Oslo. We Must Prevent a Lost Generation. Oslo. July 2019, pp. 39-40 provides more detail on the dynamics of how maktabs operate in the camps. According to key informants assessed in this report, maktab educators are often interested and accepting of teaching academic as well as religious subjects as components of education at these spaces, but aware that their ability to do so is limited.

[46] BBC Media Action. CXB Foresight: Education. March 2019, p. 2. Madrasas teach primarily Arabic and the Koran, offering this service for boys only up to class 12. Hefzkhanas specialise specifically in memorising the Koran and are only open to boys.

Age and coverage issues for children age 3-5

As discussed above, attendance rates vary widely across the 3-5 age range, starting from around 40% for three-year-olds and peaking at close to 90% for five-year-olds. **For out-of-school children in this age range, the most common reason for non-attendance reported for both genders was "not appropriate for this child to go to school."** With formal education in Myanmar starting at age five and very few opportunities in Rakhine state for early childhood programmes,[47] it is possible that there may be a normative preference among caregivers for keeping children out of education until towards their fifth birthday. However, it is also important to consider that education coverage for children aged 3-5 is not yet as comprehensive as it is for children aged 6-14. Of the 428 education sector facilities assessed for this study, 71% reported offering services for children age 3-5, compared to 96% offering services for children age 6-14.[48] If coverage is also not evenly spread across geographic areas, this factor may account for the wider variation between camps in learning centre attendance rates for younger children (see Figure 5 above). Parents and teachers in FGDs for this study did not specifically discuss access barriers for younger children, and overall more research or secondary analysis is needed to understand the specific dynamics driving non-attendance for children in this age range.

Age, gender, and coverage issues for children aged 6-18

As discussed above, attendance at learning centres begins to drop off after age 10—where 84% of girls and 79% of boys are reported as attending learning centres. From here, attendance drops rapidly for girls and more gradually for boys until by age 14, only 7% of girls and 28% of boys are still attending learning centres.

For girls age 6-14, the most commonly-listed reason for non-attendance for those out of school was "cultural reasons." This issue was especially common for girls at the older end of the 6-14 age group, with the average age of girls 6-14 for whom this was reported as an issue at 12.7, compared to 9.7 for the age group as a whole. **As confirmed by both participants in parents FGDs and extensive documentation in secondary literature, this is linked to families' tendency to withdraw girls from public life after puberty.**[49] In the context of education, this was linked with a variety of concerns, including fear that allowing adolescent girls to attend learning centres would bring shame on the family or hinder their chances of getting married, perceived limited utility of educating girls after puberty since they would be unlikely to secure jobs, and fear of harassment by men and boys. In this respect, the lack of gender separation at learning centres was also raised as an important barrier by FGD participants, with this issue also raised as a priority improvement for learning centre facilities by almost one-fifth of caregivers. These concerns are borne out by data from the study's facility assessment, which found only 22% of facilities segregating classes by gender and only 5% doing so in different rooms (provision of gender-segregated shifts was not assessed).

The second most commonly-listed reason for non-attendance for out-of-school children of both genders aged 6-14 was, "what is taught is not useful or age-appropriate." This was much more commonly reported for older children within this age group.[50] Evidence from FGDs with parents sheds further light on this trend. As parents explained, services offered by learning centres are only perceived to extend up to the equivalent of Burmese grade 5, attended by children aged 9-10 as the final year of primary school. As a consequence, parents explained, there is less motivation for older children to attend, since they are often learning things that they are familiar with already, or perceive that services on offer are not aimed at them but at younger children. It should however be taken into consideration that given the relatively low (3%) reported drop-out rate for children 6-14, these issues appear to be contributing to keep older children away from learning centres entirely, rather than driving them to drop out once they have started attending. Parents' concerns regarding appropriateness of the curriculum for older children are discussed further in the section on Teaching and Learning below.

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[47] REACH Initiative. Joint Education Sector Needs Assessment, Northern Rakhine State, Myanmar. Geneva, 2015, p. 20.

[48] This finding is at odds with the Education Sector's 5Ws, which report an enrolment rate in this age range of 94% of children of this age range (99,116 out of 105,433). This implies that the vast majority of learning centres should be offering services to children aged 3-5 and this finding is rejected by the sector. Without further data it is not possible to determine the reason for this discrepancy, but this may be related to issues with how the relevant question was asked by enumerators or interpreted by learning centre staff.

[49] This issue is also the most commonly-listed barrier to education for girls 12-17 in the most recent Needs and Population Monitoring (NPM) Site Assessment: Round 14 (January-February 2019), p. 10. It was also documented extensively in the 2018 JENA, and has been covered more recently in (e.g.) BBC Media Action. CXB Foresight: Education in regards to the current context. It is also covered in REACH Initiative: Joint Education Sector Needs Assessment in relation to pre-displacement practices.

[50] The average age of children for whom this reason was reported was 12, against an average age of 9.6 for the 6-14 age group as a whole

Any discussion of reported reasons for non-attendance at learning centres among children age 15-18 needs to take into account the extremely limited availability of services for this age group: of the facilities assessed for this study, only 3% offered services for children of this age range. The core reason why so few adolescents are attending learning centres therefore remains—as it did for the previous JENA—that services by and large do not exist. When reporting on reasons for non-attendance for children of this age range, however, parents tended to focus again on the above two dynamics: social norms for girls (with "cultural reasons" reported for 64% of out-of-school girls and "marriage" reported for 23%), and a lack of age-appropriate learning opportunities for boys (with "what is taught is not useful/age-appropriate" reported for 54% of out-of-school boys).

Household and caregiver characteristics

Demographic data collected for households and individuals as part of this study allows for an analysis of common vulnerability characteristics against children's learning centre attendance. At the household level, learning centre attendance for children age 3-5 and 6-14 was cross-checked against whether or not households' primary caregivers had a disability or were over 60, and against whether or not the household had only a single adult age 18-59 living in the household (single-parent households). Of these criteria, **the presence of an elderly caregiver had a clear link with lower attendance**, with children aged 3-5 and 6-14 both less likely to be reported as attending learning centres if their caregiver was 60 or over.[51] In households where caregivers had a disability, children aged 6-14 were somewhat less likely to be reported as attending learning centres than their peers, while children age 3-5 were no more or less likely to be attending. Similar trends were observed for children in single-parent households. Binary logistical regression was also used to test whether or not relationships existed between learning centre attendance and household size, and between learning centre attendance and dependency ratio.[52] In both cases, no significant relationship was found.

Table 4: Proportion of children reported as attending learning centres in the 30 days prior to data collection, by household vulnerability criteria[53]

| HH meets criteria?	Age 3-5		Age 6-14	
	Yes	No	Yes	No
Caregiver with a disability	67%	63%	67%	73%
Caregiver aged 60+	43%	64%	60%	72%
Single-parent household	64%	63%	68%	73%

Children with disabilities

At the individual level, **children with functional difficulties according to the UNICEF/Washington Group module on child functioning were less likely to be attending learning centres than their peers without functional difficulties for both ages 3-5 and 6-14.** This trend was more pronounced for the 3-5 age group, and for the smaller numbers of children across both age groups with non-emotional functional difficulties (see Figure 10). Children with functional disabilities aged 15-18 were reported as attending learning centres at similarly low rates to their peers, indicating that limited coverage is likely a more critical impediment to attendance at this level.

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[51] According to a recent Amnesty report, the needs of elderly refugees are often not adequately taken into consideration during the design and implementation of humanitarian programming in Rohingya refugee camps in Bangladesh. In this respect, having to serve as primary caregiver may intersect with and compound with other specific challenges faced by elderly people living in the camps. See Amnesty International. "Fleeing my whole life": Older people's experience of conflict and displacement in Myanmar. London, 2019, pp. 35-59.

[52] For the purposes of this study, dependency ratio was defined as the ratio of dependents (individuals aged 0-17 and 60+) to dependents (individuals aged 18-59), adapting the more commonly-used definition of non-dependents as individuals 15-64 in line with standard UNHCR age categories.

[53] Values in black are statistically significant at p <0.05.

REACH Informing more effective humanitarian action

Figure 10: Proportion of children reported as attending learning centres in the 30 days prior to data collection, by presence of functional difficulty[54]

■ No functional difficulty ■ Functional difficulty (any) ■ Functional difficulty (excluding emotional)
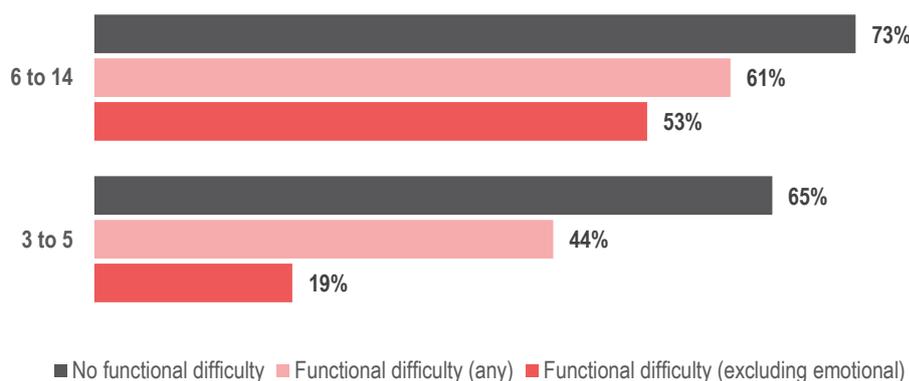
In FGDs, parents of children with disabilities cited a number of specific barriers constraining their children's meaningful participation at learning centres. Parents of children with physical disabilities highlighted the fact that they needed to accompany—and sometimes physically carry—their children to learning centres each day, which was not something they always felt able do consistently, especially in rainy season. At learning centres, participants in all four discussions highlighted bullying as a consistent issue faced by their children—not something that was widely highlighted in other FGDs. Several parents spoke specifically about their children experiencing both verbal and physical abuse from other children, and the negative impact this had on their children's' willingness to attend classes. A smaller number also reported that, due to being unable to access specialised support, their children would grow frustrated at their inability to progress at learning centres, leaving parents struggling to persuade them to attend. In these respects, it is important to note that only 26% of staff surveyed at learning centres during this assessment reported receiving training on supporting children with disabilities, suggesting that at present staff and volunteers may not be fully-equipped to handle some of the issues raised above. Further, only 14% of assessed facilities were wheelchair-accessible, which may signify limited mainstreaming of physical adaptations (although additional questions on other possible adaptations were not asked).[55]

Do parents want out-of-school children and youth to access education services?

As part of the study's household survey, caregivers were asked if they would want any of their children who were reported as out of school to start attending learning centres (for children aged 3-14), or receive educational services (for children and youth aged 15-24), if it were possible to do so. To understand what kinds of enabling environments might be required, parents were also asked what changes would need to happen to encourage more out-of-school children to attend learning centres.

Responses from surveyed caregivers suggest that parents would consider sending out-of-school children to learning centres in the majority of cases for children aged 3-5 and in around half of all cases for children aged 6-14 (see Figure 11 below). For out-of-school boys aged 6-14, there was a strong overlap between madrassa attendance as a reported reason for being out of school, and no reported interest in the child starting to attend a learning centre. This may therefore suggest an explicit rejection of non-religious education among approximately 5-10% of households. For children aged 15-18, there was a clear demand for educational services for boys, with interest in receiving educational services reported for just under half of all out-of-school boys in this age group. This interest was not translated as strongly to girls, with demand for services reported in just under one-fifth of out-of-school girls in this age group. By comparison, interest in educational services was only expressed for minorities of youth age 19-24—just under one-quarter of males and just over one-tenth of girls.

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[54] Non-emotional functional difficulties included seeing, hearing, walking, self-care (or fine motor control for children aged 3-5), communication, learning, remembering, and concentrating; non-emotional functional difficulties included controlling behavior, and for children aged 6-18 only accepting change, making friends, anxiety, and depression.

[55] Trends observed in parents' FGDs were broadly reflected in a recent report on the barriers and facilitators for access to services in Camp 27. See Humanity and Inclusion. Inclusive Access to Services for Persons With Disabilities. January, 2019, p. 21-22.

Figure 11: Proportion of children and youth reported as currently attending learning centres, out of school/interested in attending, and out of school/not interested in attending, by age and gender
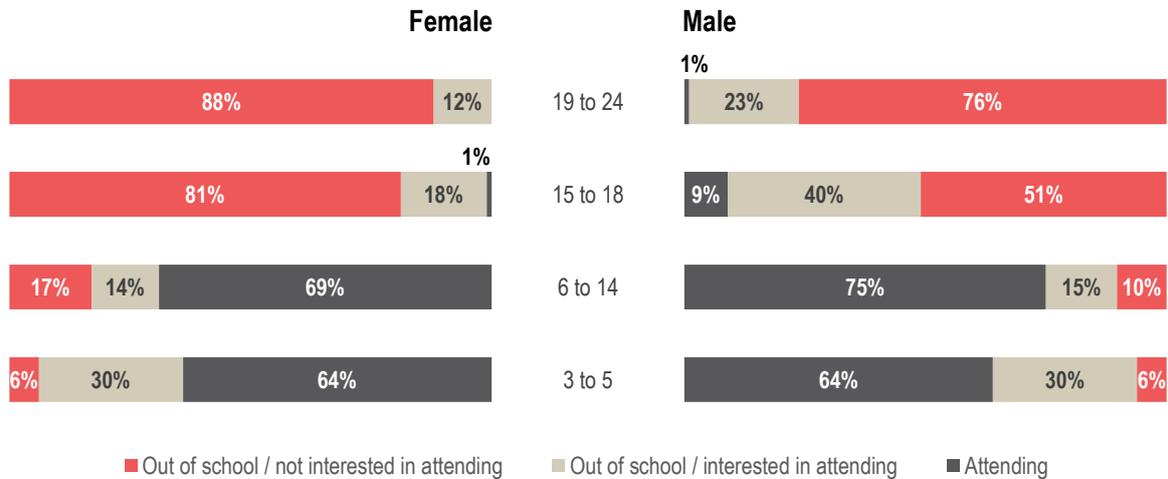
It is important to note that these findings only represent a snapshot of caregivers' perceptions at the time of assessment, which were taken in isolation without further discussion of possible enabling environments or service modalities. In FGDs, the main focus of discussions of enabling environments was on providing free services of any kind for older children, with parents struggling to afford the costs of private tuition that they feel currently represents the only option for continued education for many children past the age of 14. As with the previous JENA, while some parents felt that education for girls past puberty was not necessary or desirable (see discussion above), participants in five out of six parents FGDs reported that at least some parents of adolescent girls would be willing to allow them to attend learning centres if certain conditions were met that would effectively allow girls to maintain purdah. These included: the provision of separate teaching for boys and girls (22% of assessed learning centres organised groups by gender, while only 2% were girls-only,), limiting teaching of female students to female teachers, with Rohingya females most trusted according to 2018 JENA data (23% assessed learning centres had no female staff present on the day of assessment, while 71% had no female Rohingya staff present); distribution of veils to allow girls to move outside of the home; and offering the option of teaching girls close to or inside their own homes. As secondary research shows, it is important to consider in this respect that for adolescent girls as well as their families, maintaining purdah may often be seen as a key manifestation of upholding dignity, and may be in some cases viewed as an active choice in favour of privacy.[56]

As a final component of this research question, caregivers of out-of-school children and youth aged 15-24 who expressed an interest in these individuals receiving education services were asked what types of subjects would be most useful. Languages were the most commonly reported subjects of interest for out-of-school males (49%) and females (44%) of this age group, with English, Burmese and Arabic the top three in that order. Mathematics were also similarly popular for males (28%) and females (30%). For females, tailoring classes were the other key subject of interest (34%), while for males it was training to become teachers (41%). A wide variety of other subjects, such as medicine and computer literacy were raised, but only for relatively small numbers of individuals in each case.

Facilities and services

This subsection outlines relevant findings from the study's facility assessment component, coupled with perceptions of FGD participants where relevant. It examines learning centres' provision of core services, learning centre structures, WASH in learning centres, safety and visibility, and use of accountability mechanisms. Where relevant, findings are presented with reference relevant minimum standards (Cox's Bazar Education Sector, INEE, SPHERE). It concludes by examining parents' perceptions of learning centre facilities and preferences for improvement.

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[56] Overseas Development Institute. Dignity and the displaced Rohingya in Bangladesh. London, August 2018, p. 8.

Core services

As discussed above, the vast majority of assessed learning centres (96%) offered services to children aged 6-14, with 76% offering services to children age 3-5, and only 3% offering services to children age 15-18. Only one single assessed facility was providing services exclusively to girls, specifically for ages 15-18. Twenty-two percent (22%) of facilities reported organising groups by gender, with only 5% actually segregating boys and girls in different rooms.

The Cox's Bazar Education Sector recommends that learning centres operate six days per week, offering up to three two-hour shifts per day. Ninety-nine percent (99%) of centres operated six days per week with a further 98% operating at least two shifts per day. The majority (68%) offering three shifts per day, with 31% offering two per day. In general, centres that offered two shifts per day tended to have longer shifts (at least three hours). Centres offering two, longer shifts per day had likely switched from the previous shift system to the revised system of two shifts of minimum 2 hours and 15 minutes proposed under the GIEP.

Learning centre structures

A large majority (79%) of learning centres were built broadly according to recommended sector designs, involving bamboo/tarpaulin walls with a concrete floor. A further 18% were bamboo structures with no concrete floor, while 3% were more solid structures with brick or wood walls and a concrete floor. The construction of facilities was raised as an issue in half of all FGDs with teachers/instructors, with participants raising concerns that centres were in a state of dilapidation, and were not adequately waterproofed in the face of the upcoming monsoon season.

According to sector minimum standards, each learning centre should have a minimum of two classrooms, each measuring a minimum of 6.7 x 4.5 metres (24 feet x 16 feet). While 95% of centres assessed met the minimum classroom area requirements,[57] only 4% of centres had two or more classrooms. The number of students present at the time of assessment at each centre was counted in order to estimate student: classroom ratio. Overall, 66% of centres met the INEE minimum standard of 35 or fewer students per classroom, while 83% met the highest acceptable threshold in emergency contexts of 40 students per classroom. The average number of students per classroom was 41, with some learning centres observed as heavily overcrowded (8% had 100 or more students per classroom). A lack of adequate classroom space was raised as a problem with facilities in half of all parents FGDs and just under half of FGDs with teachers/instructors. This was framed both as a general issue of overcrowding, and as preventing adequate gender segregation. While these issues are similar to those raised in the 2018 JENA FGDs, they were not given the same prominence by staff in FGDs (in 2018 overcrowding was pointed out as the most important challenge to teaching effectively in the majority of staff discussions).[58]
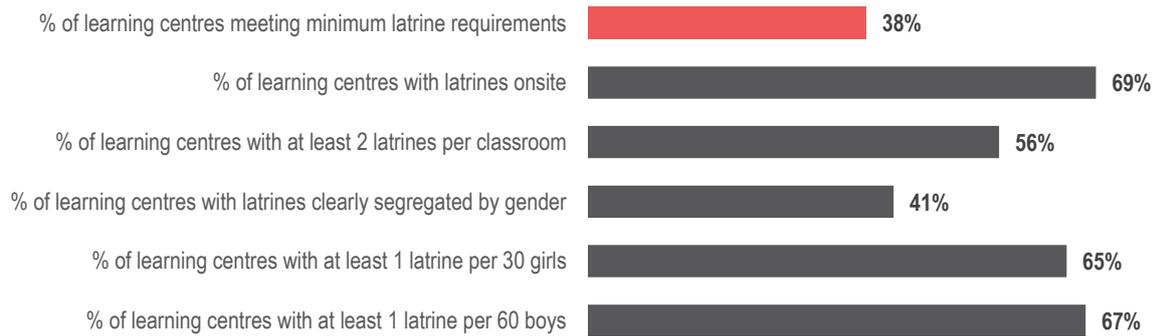
In addition to classroom space, only 20% of assessed centres had a clearly demarcated outdoor play area. This was raised as an issue in one-third of FGDs with teachers/instructors, who explained that children needed to be able to play as well as study, but had nowhere safe to do so at the learning centre itself. As discussed above, only 14% of spaces were reported as wheelchair-accessible.

WASH facilities

Almost all facilities (96%) had an improved drinking water source available onsite (mainly tubewells). In terms of sanitation facilities, sector standards recommend two latrines per classroom, gender-segregated for girls and boys, with one pit for a maximum of 30 girls and one pit for a maximum of 60 boys (aligning with SPHERE standards). Overall, only 38% of facilities met all of these standards, with 31% of facilities having no latrines on-site and 56% meeting the minimum requirement of two per classroom. While two-thirds technically had sufficient pits for both girls and boys, these were only gender-segregated in 41% of centres. Notably, 10% of centres also had at least one latrine locked and inaccessible to students, presumably for the exclusive use of staff. In addition to latrines, handwashing facilities were assessed, with 59% of facilities having water available at latrines for handwashing, and 56% having soap available.

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[57] Enumerators measured classrooms with a tape measure to ascertain if they met minimum area requirements.
[58] JENA 2018, p. 25.

Figure 12: Proportion of learning centres meeting sector standards for latrine availability

% of learning centres meeting minimum latrine requirements	38%
% of learning centres with latrines onsite	69%
% of learning centres with at least 2 latrines per classroom	56%
% of learning centres with latrines clearly segregated by gender	41%
% of learning centres with at least 1 latrine per 30 girls	65%
% of learning centres with at least 1 latrine per 60 boys	67%

In addition to facilities, sector minimum standards also recommend that centres maintain a range of materials and equipment in order to maintain the minimum material requirements for WASH. Overall, only 9% had all nine of the identified materials present in sufficient quantities at the time of assessment (see Figure 13).

Figure 13: Proportion of learning centres meeting minimum material requirements for WASH

Material	Percentage
All WASH material requirements met	9%
2 x 30 ltr Plastic Bucket with lid	33%
Plastic Mug	85%
Water Pot (Badna) for toilet	62%
Soap for cleaning	77%
Supply of sanitary pads for girls on site	16%
Toilet cleaner (Harpic)	44%
Toilet cleaning brush	48%
Bleaching powder (box of 250gr)	28%
Broom & broomstick	79%
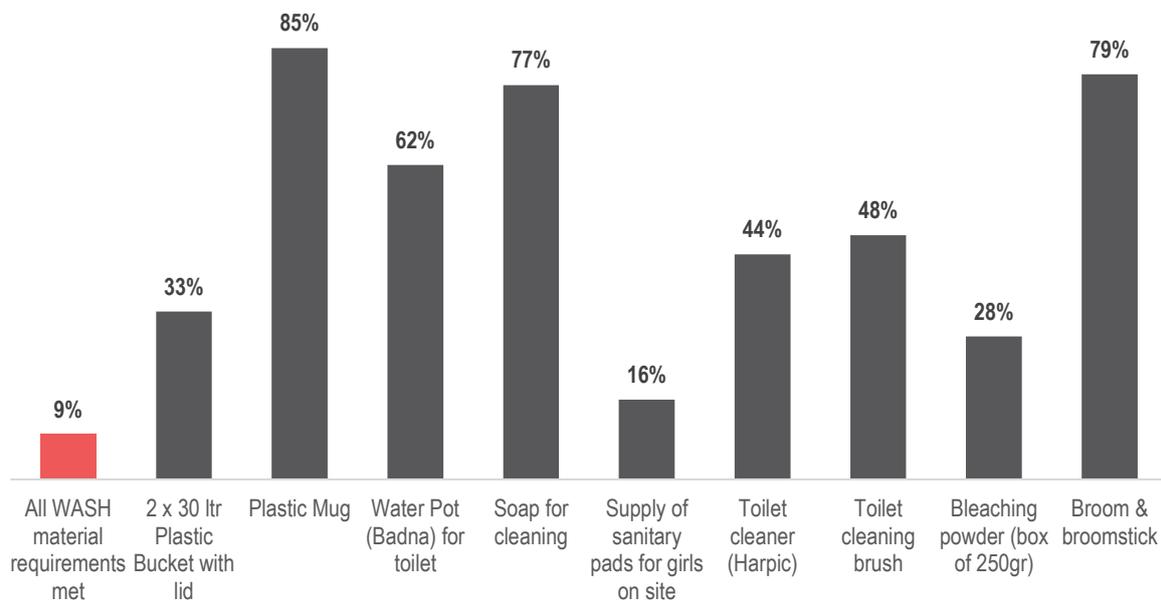
WASH facilities were not raised as a priority issue by parents in FGDs, and did not feature prominently as an issue in the survey of caregivers (WASH issues were cited as a reason for children's non-attendance in less than 1% of cases, while improvements to WASH facilities were one of the less common improvements suggested for learning centre facilities, suggested by 17% of caregivers). While assessment data are directly comparable, this may suggest that this issue is somewhat less of a problem for caregivers than it was in 2018, where around one-quarter listed WASH as both a challenge for children's attendance and a priority for improvement. However, WASH services were still raised as a problem in around half of FGDs with teachers/instructors.[59] A minority of participants highlighted the lack of toilets at some centres as a disruptive influence in cases where children had to leave learning centres or go home to go to the bathroom. In Teknaf especially, a minority of participants also discussed inadequate water availability at learning centres, reflecting wider water access issues in the area.[60] The most commonly-discussed issue was drainage and solid waste management, with teachers/instructors in five FGDs raising the issue of waterlogging in and around centres during monsoon season presenting a risk to children as both a physical obstacle and a breeding ground for mosquitoes.

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[59] JENA 2018, p. 26.
[60] See, for example, REACH Initiative. Water, Sanitation and Hygiene baseline assessment. April 2018.

Safety and visibility

While parents and teachers generally felt that learning centres were safe spaces for children, the presence of key safety features and procedures was somewhat uneven across learning centres. Only 29% of learning centres were surrounded by a fence, wall, or other boundary, and while 72% of centres had at least one first aid kit per classroom, only 11% had an emergency services contact list clearly displayed. In addition, staff practices related to security were not always consistently applied: assessment teams were only asked to sign into a visitors' register in 35% of assessed centres, while all staff were observed wearing ID badges in 39% of centres, and all staff wearing organisational visibility in 39%. However, 88% of assessed staff reported having signed an organisational code of conduct prior to starting work at learning centres.

Feedback mechanisms

Staff at all assessed facilities reported offering some form of feedback mechanisms. The most commonly-reported were parents' meetings or group discussions with parents (51%), followed by helplines (20%), feedback boxes (17%) and meetings or group discussions with children (5%). A further 20% reported the use of other mechanisms, mainly ad-hoc face-to-face interactions between parents and teachers.

Caregiver satisfaction and priorities for improvement

In the caregiver survey, respondents were asked if there was anything they would like to see change about the buildings and classrooms where children are taught. Overall, 81% of caregivers reported that they would like to see some form of change. If they reported they would like to see changes, caregivers were then asked to list their top three priorities areas for improvement. There were a wide variety of reported areas for improvement (see Figure 14 below), with the most common being more learning materials (reported at higher rates by female caregivers (51%) than by males (43%)); improved safety measures—standing in contrast to findings elsewhere in this study suggesting that both caregivers and teachers are comfortable with current levels of safety at learning centres; and more classrooms to reduce overcrowding. Male caregivers also reported separation of children according to age as a priority at a substantially higher rate than females (29% compared to 14%).

Figure 14: Proportion of caregivers reporting different priorities for the improvement of buildings and classrooms where children are taught[61]
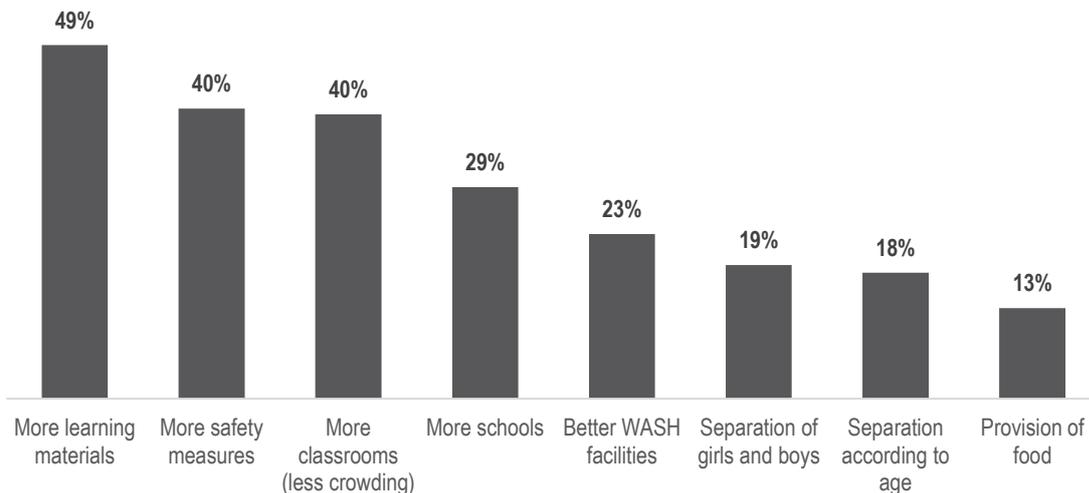
[61] Caregivers could list up to three priorities

Teaching and Learning

This sub-section outlines assessment findings related to how content is taught. It covers issues related to teaching and learning materials, perceptions of what is being taught, and issues related to timing and contact hours.

Teaching and learning materials

As part of the study's facility assessment component, learning centres were assessed on the extent to which they were meeting the education sector's minimum material requirements for teaching. These included key materials for teaching (attendance register, chalk, teaching guidelines, and educational charts), and a "school administration kit" (blackboard, blackboard stand, plastic mats, trunk box with lock, cloth dusters, and fire extinguishers). Overall, at least three-quarters had each type of material (see Figure 15). The exception was blackboard stands, which is the main reason why only 13% of learning centres had a full school administration kit—with this variable removed 50% of learning centres would have a full kit. Due to time constraints, availability of learning materials for students was not assessed during facility visits.

Figure 15: Proportion of learning centres with key teaching and learning materials
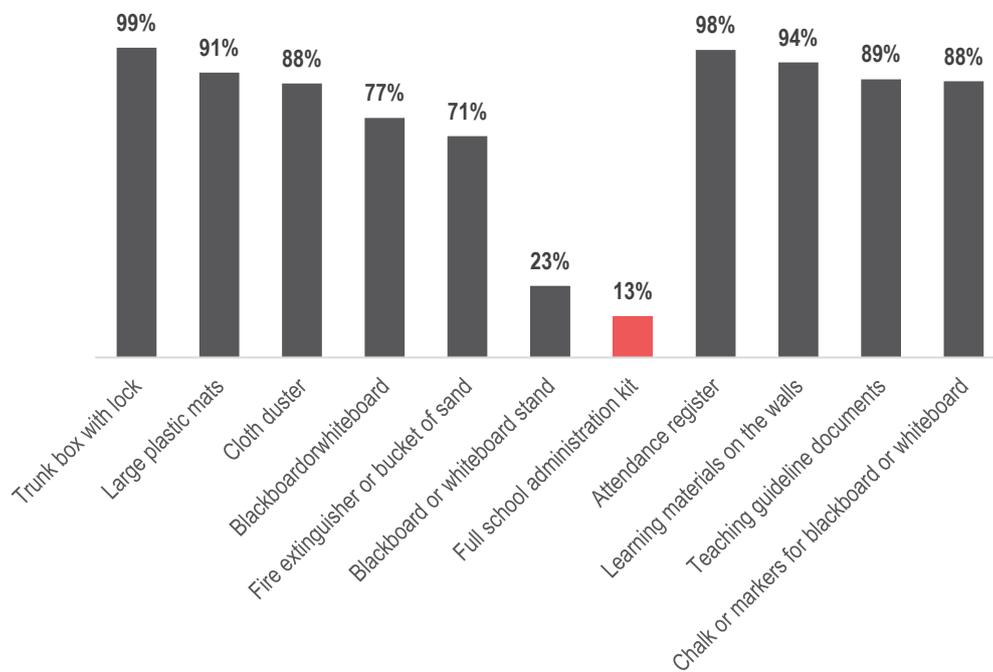
In terms of improvements teaching materials, participants in FGDs with teachers/instructors did not consistently list a single area as an issue (blackboards, lack of pens and pencils, and equipment for sports were the most commonly cited gaps). A related issue raised in one-quarter of groups was that equipment was not replaced fast enough when it ran out or broke, with one instructor explaining that staff sometimes had to provide their own resources to fill gaps. Another issue raised in one-quarter of groups was the lack of chairs and tables for students, which was felt to constrain children's ability to study effectively, especially in rainy season.

Inadequacy of learning materials was rarely cited by parents as a reason why children were not attending learning centres, and was listed as a reason for only 3% of out-of-school children aged 3-5 and 4% of out-of-school children aged 6-14. However, as referenced above, provision of more learning materials was the most common priority improvement for learning centre facilities, listed by 49% of caregiver survey respondents. In FGDs with parents, the main issue in terms of learning materials was perceived inadequate provision of textbooks and notebooks, discussed in five out of six groups. Participants explained that having more access to these materials would inspire children to take more interest in the subjects being taught, and enable them to continue their studies while at

home.[62] A lack of books was also discussed as a demotivating factor for children in four out of twelve groups with teachers/instructors.

Perceptions of what is being taught

Due to legal and policy reasons, students are unable to access teaching or certification in either the Bangladeshi or Burmese curriculum and education provided to Rohingya refugees remains strictly "informal." As stipulated under government directives, the language of instruction is English and Burmese—in practice spoken by very few children or their parents[63]—with additional translation in practice into Chittagonian or Rohingya by teachers and instructors. At the time of assessment, the education sector was engaged in efforts to transition from a general absence of a commonly-agreed learning approach—including means of progression or certification—to a more standardised learning framework in the form of GIEP. However, at the time of this study the GIEP was still under review by the Government of Bangladesh (as of May 2019 only guidelines for pre-primary through to grade 2 had been approved, with grades 3-5 still under review).[64]

Overall, over 90% of caregivers reported that the subjects taught in learning centres were "useful" or "very useful" for boys and girls. However, REACH has observed in multiple previous assessments that refugees reported levels of satisfaction with various parts of the response often appear overstated in household surveys, and may be linked more with a reluctance to provide negative feedback in a survey format than reflective of people's actual levels of satisfaction.[65] Likely more relevant are the 65% of caregivers who reported that they would like to see changes to make the subjects and information that children learn more useful (for this question, 71% of male caregivers reported they would like to see changes against a lower 63% of female caregivers). If they reported they would like to see changes, caregivers were then asked to list their top three priorities areas for improvement. Four issues were listed with very similar frequency: improvements to language of instruction, highlighted by 41% of caregivers, diversification in the range of subject matter taught (40%), provision of certification (38%), and separation of students by ability (37%).

While most commonly cited as a priority, issues related to language of instruction were not specifically covered in the household survey component, and FGD participants tended to address the issue of language—as was the case in the previous JENA—in terms of languages that students need to learn rather than the medium of instruction.[66] In FGDs with parents, the issue that most commonly emerged in terms of the usefulness of subjects taught was the need to provide education relevant and appropriate to the age of students. A common request from parents in this respect was for teaching to happen "in accordance with standards or classes"—often coupled with an emphasis on the need for age-appropriate textbooks.[67] In this respect, they felt that the lack of a grade system was preventing older children from progressing and forcing them to cover already-familiar subject matter, while hindering younger children's ability to learn by starting them off with material that was too challenging.[68] These findings are similar to the 2018 JENA, in which repetition of existing material and mixing abilities and ages were cited as problems for older children especially. They should also be read in conjunction with the findings on attendance in the above sub-section, which indicate that children on the older end of the 6-14 are less likely to be attending learning centres than their younger peers, due in many cases to the fact that what is taught is not perceived to be relevant or age-appropriate.

A further issue discussed by parents in relation to the relevance of subjects taught at learning centres was the perceived over-emphasis on play at the expense of education. This issue was raised half of all FGDs with parents,

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[62] See also CXB Foresight: Education, p. 5.

[63] According to a December 2018 assessment by Translators Without Borders, Burmese is spoken by 27% of refugees, with English spoken by only 15%. See Translators Without Borders. The Language Lesson: What we've learned about communicating with Rohingya refugees. November, 2018, p. 10.

[64] ISCG. Situation Report Rohingya Refugee Crisis. Cox's Bazar, May 2019.

[65] For example, recent studies on experiences around complaints mechanisms in Myanmar have identified significant social and cultural barriers to people providing negative or assertive feedback. See 3MDG. Case Study: How effective are community feedback and response mechanisms in improving access to better health for all? Yangon, July 2016, p. 21-22.

[66] Preferences for language learning was not a core research question for this assessment. However, findings form FGDs reflect core findings in other assessments, specifically that it is important to learn English because "it is useful everywhere", and that Burmese remains relevant. Notably, in four out of six parents' FGDs there was also an expressed preference for learning Bengali—not currently permitted by the Government of Bangladesh—if displacement was likely to be prolonged. For further discussion on language preferences, see 2018 JENA pp. 28-29, and We Must Prevent a Lost Generation, pp. 25, 35.

[67] This view was shared by multiple community educators in a recent report on informal education networks in the camps, who defined "quality education" in terms of being able to progress through a systematic grade system. See We Must Prevent a Lost Generation, p. 32.

[68] Similar issues are described in CXB Foresight: Education, pp. 5-7.

where participants explained that they felt that excessive time spent on play was effectively time wasted at the expenses of learning. This stood in contrast to the attitudes of some teachers/instructors, who felt that parents did not understand that "sport is a part of education."

Contact time

Overall, children who were reported as attending learning centres were also reported as attending close to a full schedule of classes in the previous week. In cases where children were reported as attending learning centres regularly in the 30 days prior to assessment, caregivers were also asked to report on how many days they had attended out of the previous seven. Of children who were reported as attending regularly, average number of days attended for children aged 3-5 was 5.6, with 76% reported as attending at least six days out of the previous seven. For children aged 6-14 reported as attending regularly, the average was 5.7, with 83% reported as attending at least six days. With learning centres generally offering shifts in two- or three-hour slots, this implies a range of between approximately 11 (assuming two-hour shifts) and 17 hours (assuming three-hour shifts) per week of contact time on average for children reported as attending learning centres regularly in both age groups.

In the study's FGD component, parents and teachers were asked if they had a preference for morning or afternoon shifts in order to understand whether there was any perceived link between the quality or accessibility of teaching learning, and the time of day it took place.[69] Overall there was a strong preference for morning shifts among parents and teachers, although a minority in both cases expressed a preference for afternoon shifts as well. In almost all cases, participants' preferences were linked to the need to minimise overlaps between learning time at learning centres, and at religious schools (specifically maktabs, which also operate in shifts). As discussed above and in the 2018 JENA, while the majority of children attend both religious and NGO-run education, lack of coherence in scheduling between the two was seen by parents to generate stress and frustration for children by placing unreasonable time demands on them or bringing these two aspects of education into unnecessary conflict.[70]

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[69] In other humanitarian contexts, running double-shift systems has sometimes led to a perceived disadvantage for students attending afternoon shifts. See, for example, The New Humanitarian. How the Lebanese school system is segregating refugees. June, 2017. https://bit.ly/32q6LAG (accessed 14 July 2019).
[70] See 2018 JENA, pp. 39-40.

Teachers and Other Education Personnel

This section presents study findings on availability of qualified teaching staff, including staff per student/facility, staff qualifications and training, and absenteeism and access barriers. It goes on to examine caregivers' perceptions on the quality of teaching and priority areas for improvement.

Availability of qualified teaching staff

Part of the study's facility assessment component focused on presence of teaching staff, examining staffing breakdowns by gender and nationality, levels of education, and attendance. **According to education sector guidance, each learning centre should have a minimum of one Bangladeshi teacher and one Rohingya instructor per classroom. Overall, 71% of facilities met this standard on the day of assessment**, with 83% having at least one Bangladeshi teacher and 89% having at least one Rohingya instructor per classroom present when teams visited. Distribution of staff by gender was more uneven. Only 15% of learning centres had at least one male Bangladeshi staff member present on the day of assessment, compared to 71% with a female Bangladeshi staff member. The trend was reversed for Rohingya instructors, with 84% of centre having at least one male Rohingya staff member, against 29% with at least one female Rohingya staff member present on the day of assessment.

Figure 16: Proportion of teachers/instructors present at learning centres on day of assessment, by nationality and gender

- Bangladeshi male
- Bangladeshi female
- Rohingya male
- Rohingya female
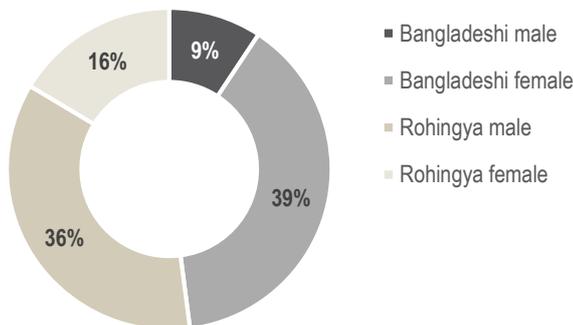
Overall, the average number of students per teacher/instructor (irrespective of gender or nationality) was 25. Eighty-seven percent (87%) of assessed facilities had a ratio of 60 or fewer per teacher on the day of assessment—the threshold suggested by INEE minimum standards for acute crises. A similar 83% had a ratio of 40 or fewer students per teacher, while only 41% had 30 or fewer students per teacher—the boundaries suggested by INEE as appropriate to a more chronic crisis.[71]

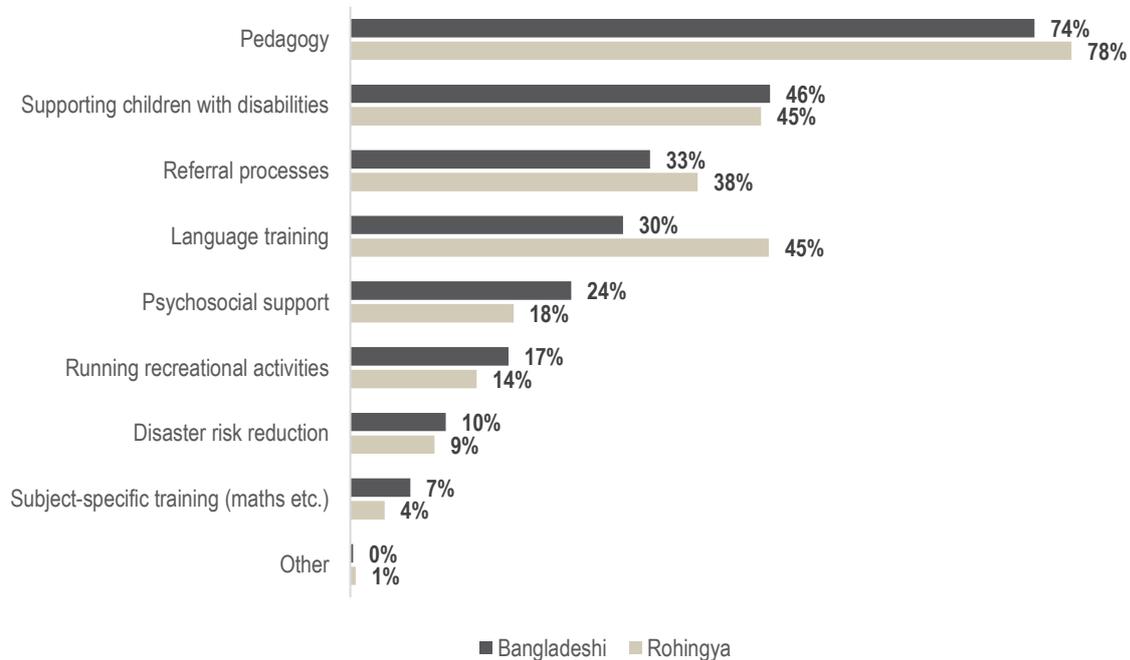### Staff qualifications and training

Staff who consented to participate in short interviews at learning centres were also assessed according to their levels of education. According to education sector standards, the recommended minimum qualifications for teachers are a higher secondary school certificate for Bangladeshi teachers (i.e. at least grade 12) and some form of secondary-level education for Rohingya instructors. **For Bangladeshi instructors, 71% of interviewed staff reported completing at least grade 12.** This was higher for male staff at 81% compared to female staff at 68%. **For Rohingya volunteers, 64% of interviewed staff had completed at least grade 10 in Myanmar** (the first year of high school), with rates for males and females similar at 64% and 62% respectively.

In addition to collecting data on educational qualifications, teachers were also asked whether they had received training on three key areas: supporting children's emotional and psychosocial needs, referring children with problems to other services (e.g. health and protection), and supporting the needs of children with disabilities. . **Overall, 70% of staff reported receiving training on psychosocial support, 40% reported received training on referrals, and 26% reported receiving training on supporting children with disabilities.** In all cases, only minor differences were observed by nationality and gender of instructor. Over 90% of staff who had been trained on each topic reported feeling confident or very confident in terms of implementing what they had learned in the

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[71] International Network for Education in Emergencies. Minimum Standards for Education: Preparedness, Response, Recovery. New York, 2010. p. 11. https://bit.ly/2JF5xZS (accessed 14 July 2019).

training. Staff were also asked what issues they would like to focus on if they could receive more training (see Figure 17 below). In general, Bangladeshi and Rohingya teachers identified similar needs, with pedagogy, supporting children with disabilities and referral processes the most commonly reported priorities overall. The one exception was language training, which was requested at notably higher rates by Rohingya volunteers.

Figure 17: Proportion of Bangladeshi teachers and Rohingya volunteers identifying different priority training needs

Pedagogy — Bangladeshi 74%, Rohingya 78%
Supporting children with disabilities — Bangladeshi 46%, Rohingya 45%
Referral processes — Bangladeshi 33%, Rohingya 38%
Language training — Bangladeshi 30%, Rohingya 45%
Psychosocial support — Bangladeshi 24%, Rohingya 18%
Running recreational activities — Bangladeshi 17%, Rohingya 14%
Disaster risk reduction — Bangladeshi 10%, Rohingya 9%
Subject-specific training (maths etc.) — Bangladeshi 7%, Rohingya 4%
Other — Bangladeshi 0%, Rohingya 1%

■ Bangladeshi ■ Rohingya

Absenteeism and barriers to teacher attendance

To assess levels of teacher absenteeism, staff at each facility were first asked to provide the total number of teachers/volunteers who normally worked there, before being asked how many were actually present on the day of assessment. **Overall, 79% of learning centres reported full attendance of all staff and volunteers on the day of assessment, and a total of 11% of all staff and volunteers listed as normally working at facilities on the day of assessment were absent.** Rates of absenteeism were highest for male Bangladeshi staff, around 20% of whom were absent on the day of assessment. By contrast, absenteeism among all other groups was similar at around 10%. Reflecting these figures, absenteeism was not discussed by parents in FGDs, and was only raised as an issue for improvement by 5% of surveyed caregivers.

Teachers and instructors in FGDs were asked to identify the main barriers, if any, that were limiting their ability to attend work. For Bangladeshi teachers, the main issues listed by participants were traffic congestion on the way to the camp, and sexual harassment of female staff while moving around in the camps—both listed in half of FGDs with Bangladeshi instructors. For Rohingya instructors the main issue raised was being regularly delayed and questioned by camp authorities on their way to and from work due to not having organisational ID cards or visibility. As one put it, "Cards are proof. If we had uniform, no-one would ask us any questions. Raids and sweeps are always going on, and our word is no proof."

One issue mentioned by both male and female Bangladeshi instructors in FGDs in Teknaf was threats to female Rohingya staff from militant groups. This reflects a wider issue that has been persistent—especially in southern Teknaf—since late-2018. As a February 2019 Protection Sector Working Group brief explains, "Since the beginning of January 2019, reports of men harassing and threatening volunteer women, and in some cases their relatives, in an effort to prevent their engagement in volunteer work have increased. These threats have impacted service delivery in the camps, with refugee women teachers, health and community outreach volunteers refraining from pursuing volunteer activities due to security concerns for themselves and their families."[72] This being the case, it is

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[72] Protection Sector Working Group. Strategy to Assess Women's Security in the Rohingya Refugee Camps & Key Considerations. February, 2019.

notable that threats to female volunteers were not mentioned in any FGDs with Rohingya volunteers of either gender. This may therefore represent a degree of self-censorship on the part of volunteers.

Caregivers' perceptions of teaching quality

Overall, 93% of caregivers reported that they felt the quality of teaching received in learning centres was either good or very good—again, it is important to note that this may represent a reluctance to provide negative feedback rather than high levels of satisfaction. However, only 52% of caregivers overall reported that they would like to see improvements to teaching at learning centres—lower than the 81% wanting to see improvements to facilities and the 65% wanting to see improvements in what is being taught. The most commonly-reported request for improvement was more training for teachers (reported by 40% of caregivers), followed by more teachers (27% requested more Bangladeshi teachers, 25% requested more Rohingya teachers, and 20% request more teachers overall), and, less frequently, better behaviour from teachers (13%) and lower teacher absenteeism (5%).

Participants in FGDs offered a mix of views on the quality of teaching. At least some participants in all parents FGDs spoke positively about teaching staff at learning centres, emphasising in particular their appreciation for house-to-house follow-up by teachers to ensure students were attending regularly. Specific criticisms of teaching were less common, featuring in three out of six parents' groups, and generally focused on the need for quality control about who was appointed. In this respect, two participants in separate groups with male parents argued for a system that would allow parents to monitor staff performance. As on suggested, "There should be inspections to check whether teachers are teaching everything properly. A committee should be set up to supervise the quality of education being delivered by the teachers." In contrast to other parents' groups, male parents of children with children with disabilities were much harsher in their criticism of teaching, accusing staff of an over-emphasis on recreational activities and not paying adequate attention to children's educational needs.

Community Engagement and Participation

This sub-section examines assessment findings on engagement and participation by the refugee community. It discusses the extent to which community outreach engaging learning centres and caregivers is taking place, before exploring the extent to which caregivers are interested in taking part in initiatives to help parents support their children's education.[73] It concludes by outlining in brief key secondary data on community-led education networks in the camps that function largely independently of the Cox's Bazar Education Sector's response.

In terms of community outreach, **86% of assessed learning centres reported convening parents' committees** (groups of staff meeting regularly to discuss issues related to the centre), while a smaller 26% reported facilitating community education committees (group of community members that meets regularly to design and implement activities to promote education in the community). In FGDs with parents, a large majority of participants reported at least some engagement with staff at the learning centres their children were attending. In most cases this took the form of outreach and monitoring related to absenteeism. Both parents and teachers described a system of regular home visits in which instructors would remind parents about the importance of sending their children to learning centres, report instances of absenteeism to parents, and try to convince absent children to attend. A smaller number of parents in two out of six groups reported attending parents' meetings, while almost all teachers and instructors reported holding monthly or bi-monthly meetings with parents. In all cases, the content of the meetings was described as similar to the household visits: reminders on the importance of education and on regular attendance by children. Overall, **evidence from the FGDs suggests that although a high level of interaction between parents and staff is taking place, it appears largely to be structured as a one-way flow of information from staff to parents, with less space for engagement, support, or monitoring by community members themselves.**

In terms of parental support to children's education, caregiver survey participants were asked if they had taken part in any activities, such as training or parents' groups, that had tried to help them support their children's education while at home. A total of 44% of caregivers reported taking part in activities of this nature—a contrast to FGDs with parents where none reported doing so. Caregivers were then asked if they would be interested in taking part in parents' committees or education committees run by learning centres. Overall, 55% reported interest in parents' committees, while 38% reported interest in education committees. In both cases, male caregivers reported slightly higher rates of interest relative to females.

Additional community-based activities to support education were not directly assessed by this study. However, a recent report from Peace Research Institute Oslo (PRIO) provides extensive data on the community-led education networks currently functioning in the camps. According to the report, there are at least 27 community networks providing largely primary education to around 10,000 children. These networks are generally staffed by experienced educators, some of which were already established providing education to children in Rakhine state after the withdrawal of many government staff from Rohingya-majority schools in Rakhine state after a previous wave of violence in 2012. These networks operate in a legal grey area, usually with verbal permission from camp authorities, and with minimal funding and very little interaction with NGOs. They generally teach a mixture of English, Burmese, Mathematics, and place a significant emphasis on using the Burmese curriculum as a vital means to maintain links –both institutional and cultural—between Rohingya youth and their home country, to which educators expect to return. PRIO research also reports a high degree of scepticism among members of these networks with regard to NGO education providers, which are perceived to be failing to provide education of adequate quality or to advocate effectively for the formalisation of services.[74]

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[73] A number of indicators for this section cannot be reported on due to an error in the coding of the household kobo tool. These concern reported parental support to learning activities in the home, attendance at learning centre parents' committee meetings, parental school visits, and interaction with teachers. A full list of indicators that were not measured is provided in Annex 3.
[74] We Must Prevent a Lost Generation.

CONCLUSION

Overall, 72% of surveyed caregivers reported that the situation for children's education in their areas had improved in the previous months, compared to 18% who felt there had been no change, 4% who felt it had got worse, and 6% who were unsure. These findings largely echoed the 98% of staff who reported that conditions for teachers working on the Rohingya crisis had improved during the past 12 months.

These findings are largely supported by FGD data, in which caregivers generally contrasted the education opportunities in Bangladesh—both secular and religious—favourably with what was available in Myanmar prior to displacement, while educators felt there had been tangible improvements in children's educational attainment, behaviour, and motivation to learn. These positive views likely reflect significant improvements achieved by the Cox's Bazar Education sector partners and other actors over the past year. Attendance at learning centres for target has increased substantially compared to the previous JENA, rising from around 40% to over 60% for children age 3-5, and from around 60% to over 70% for children aged 6-14. Children are generally attending learning centres that are accessible, perceived to be safe, and staffed by educators who are generally qualified and among whom absenteeism is low.

However, substantial challenges remain: without provision of adequately structured curricula or grade progression, the system at the time of assessment was not meeting the needs of young adolescents—although extensive efforts to introduce more structured learning under the GIEP are ongoing[75]—while older adolescents and youth continue to be left out of education provision almost entirely. With space constrained, creative solutions will need to be found to decongest crowded learning spaces and ensure that they can meet minimum standards for WASH. And concerted, targeted efforts will be critical in providing services effectively marginalised groups such as adolescent girls and children with disabilities, whose opportunities to effectively access education remain significantly constrained in the current context.

The findings of this assessment provide a significant amount of the household and individual level regarding education needs and gaps among the refugee population. However, a number of information gaps remain that should be targeted in further assessments:

- Effective measurement of attendance at alternative learning modalities—including those provided by community-led and private sources—was challenging in this assessment. It is recommended that: i) further effort is devoted to developing tools that can measure coverage of alternative modalities and effectively distinguish between them; ii) more targeted assessment approaches are used to understand refugee experiences of alternative modalities and evaluate their effectiveness.
- Due to errors in form coding, the majority of indicators on community participation were not collected as intended. Qualitative evidence from this assessment suggests high levels of regular interactions between parents and teachers, and interest among parents in closer engagement around monitoring and quality control. However it also indicates a focus on one-way awareness-raising by learning centre staff with limited interactivity for parents. Further assessment is therefore needed to explore the current dynamics of community engagement with learning centres in order to better identify ways forward as the sector seeks to expand programming in this direction.
- Due to resource constraints, the voices of children were not included in this report. Data from this assessment should therefore be triangulated with their experiences wherever possible when informing decision-making.

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[75] At the time of assessment, the GIEP level V and the Skill Development Framework were being finalised. The GIEP level V and the Skill Development Framework have since been submitted to the Government of Bangladesh. GIEP level V and the Skill Development Framework have been endorsed at the Education Sector level since then. Pilot approaches are being conducted in some camps whilst waiting for the GOB's formal approval.

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ANNEXES

Annex 1: Sample Frame[76]

Upazila	Camp	Families	Individuals	Interviews
	Camp 1E	9,329	40,525	157
	Camp 1W	9,470	41,027	153
	Camp 2E	7,292	30,132	155
	Camp 2W	5,965	26,002	159
	Camp 3	9,197	39,637	148
	Camp 4	7,948	32,399	99
	Camp 4 Extension	1,495	6,188	101
	Camp 5	6,047	25,120	164
	Camp 6	5,826	25,022	170
	Camp 7	9,411	39,646	99
	Camp 8E	7,208	31,234	103
	Camp 8W	7,465	32,357	99
Ukhia	Camp 9	8,682	36,736	101
	Camp 10	7,652	32,966	105
	Camp 11	7,127	31,379	100
	Camp 12	5,276	23,740	156
	Camp 13	9,800	41,772	99
	Camp 14	7,049	31,912	100
	Camp 15	11,184	49,453	100
	Camp 16	4,880	21,785	107
	Camp 17	4,020	16,993	184
	Camp 18	6,540	26,801	106
	Camp 19	4,826	20,833	100
	Camp 20	1,794	7,439	115
	Camp 20 Extension	1,119	4,539	110
	Camp 21	3,017	12,269	174
	Camp 22	4,587	22,215	206
	Camp 23	2,661	10,963	99
Teknaf	Camp 24	7,760	33,540	130
	Camp 25	2,143	9,497	128
	Camp 26	9,393	41,010	258
	Camp 27	3,150	14,269	136
	Nayapara RC	5,702	26,922	176

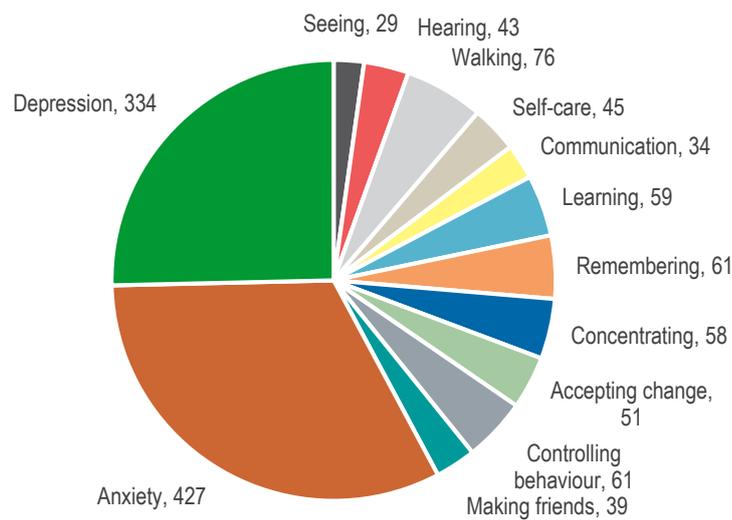[76] Population data current to period of assessment. Source: UNHCR. Population Data and Key Demographical Indicators. 28 February, 2019.

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Annex 2: Frequencies of assessed children with functional difficulties, by age

Ages 3-5
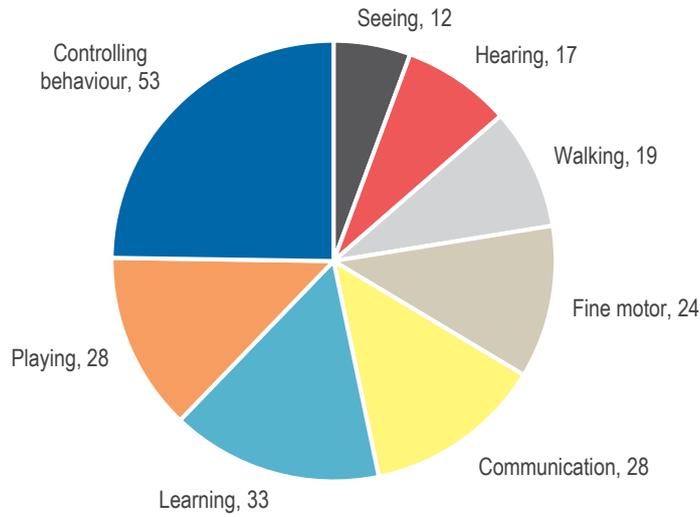
Ages 6-14

Ages 15-18
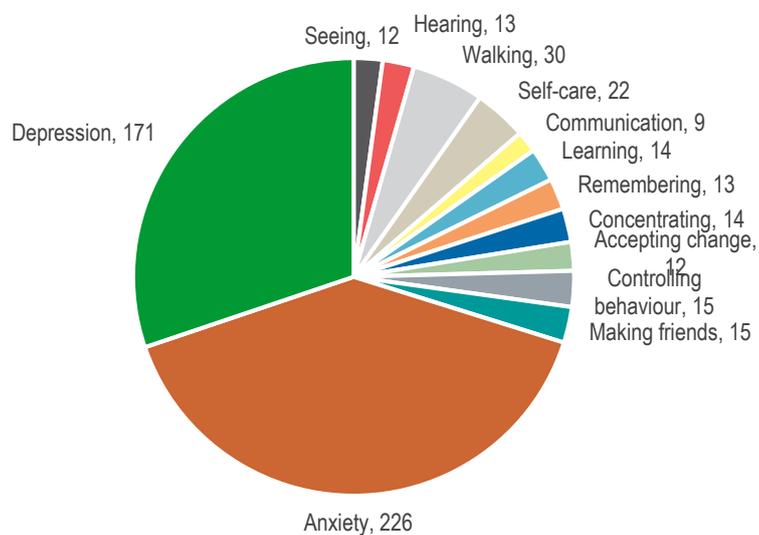
Annex 3: List of indicators not collected through caregiver survey

#	Indicator
1	% children who have received help in learning activities from caregivers at home
2	% children attending a learning centre with a parents' committee
3	% primary caregivers who have attended a parents' committee meeting
4	% primary caregivers who have visited the learning centre attended by their child
5	% primary caregivers who have spoken with a teacher at a child's learning centre about their education
6	% primary caregivers who have attended recreational activities at a child's learning centre
7	Average time (in minutes) individual spends travelling to and from learning centres each day
8	% children attending learning centre closest to them
9	% children for whom different reasons are reported for not attending learning centre closest to them