

Kutupalong Rohingya camp visit brief

Visit date: September 26th 2017

Camp location: Kutupalong

We coordinated our first camp visit with the Army who joined the relief efforts on the 23rd of September in order to distribute relief and manage the large number of daily refugee influx. They have also been mapping the area, which, according to them is divided into zones and stretches over 8 kilometres, with the last 2 kilometres closest to the border being the most affected by new arrivals and which is the least accessible.

From what we saw, the camps are at breaking point, with half a million refugees having arrived in the last month, thousands still arriving every day on top of the existing Rohingya population of approximately 350,000. These numbers are very likely to cross a million by the end of the year. This sudden large influx of people has forced the refugees to be scattered in makeshift sites and local villages in addition to the overpopulated camps. It also seems that the new arrivals are mixed with the previously settled refugees who are also coming forward to receive the immediate aid.

With regards to the demographics of the new arrivals of refugees, we have been told that 70 % are women and children. We saw for ourselves that there were barely any men or any teenagers (men or women) but mostly children (aged 0 to 9 possibly) and some women. According to the government statistics, more than 70,000 Rohingya women in the camps have given birth recently or are pregnant and some 400 children were born on the road as their parents fled from Myanmar.

We distributed all the donations we received in three parts: 1) We provided the Turkish Cooperation and Coordination Agency (TIKA) with items in bulk (rice, lentil, oil, salt and chicken) as they have a kitchen and cook for over 8000 refugees every day. 2) We handed over 1 tonne of powder milk to the army who will distribute to children mainly. 3) We made 550 donation bags (including dry food and 500 litres of water), which could provide for 1 family for 1 week approximately and distributed them through the army as they have given the refugees a card which allows them to collect food by lining up once a day.

After the distribution, we followed some children back to their shelters and realised that most of the farthest shelters have food stored as these people are not certain of how long these donations will be given for.

The overall condition seemed very dire. Many reports are saying that most of the refugees are children, some who even fled on their own, walking for 4-7 days before reaching Bangladesh. We can confirm that from our camp visit, where we saw mostly children.

Most of the new refugees are still in a state of shock, and have not cleaned themselves in weeks or had the chance to drink water in days. This state of mental distress makes them unaware of important aspects like hygiene, which could lead to catastrophic disease epidemics in the next couple of months and, which has already affected the majority of the children population as there is a high rate of child mortality every day. This situation is being aggravated by the lack of basic infrastructures (toilets) and torrential rains, which leave the campsites flooded with water contaminated with faecal matter. This is

already on its way to spreading waterborne diseases such as cholera, typhoid and other diseases such as dengue and malaria.

We also noticed that healthcare and medical services were very scarce (with makeshift clinics and the army struggling to provide medication or consultations for all these people). Even though the arrival of the army seems to have reduced the state of chaos, most of the volunteer workers seemed overwhelmed with all the work that still needed to be done every day. We are mostly concerned by the sheer number of children in these camps who are all vulnerable to all sorts of threats. Any suggestions would be helpful regarding ways in which we can protect these children or make their precarious situation safer at the camps.

ASSESSMENT AND SUGGESTIONS FOR FUTURE RELIEF EFFORTS	
Large population of children with a high mortality rate (approximately 8-10 children dying every day according to the army's initial assessment) due to diseases, lack of food and safe drinking water	<ul style="list-style-type: none"> a) We are working with companies such as FloWater to implement permanent water solutions with the help of Oxfam and possibly UNICEF to provide safe drinking water for at least 20,000 people per day from one plant alone. b) We will focus on food for children (powder milk and other) as an immediate solution. c) Collaborate/call on medical organizations to immediately provide help
Lack of sanitation: The overwhelming number of new arrivals has affected access to toilets.	<ul style="list-style-type: none"> a) The army is coming up with a new "Toilet concept" which can be used by 20 people, with two shower areas, latrines and two tube wells at each site. This, according to them will cost about 50,000 BDT per toilet area and for which we will also be raising funds.
List of current and potential future diseases affecting the population: <ul style="list-style-type: none"> - Cholera - Measles - Pneumonia - Typhoid - Severe Diarrhoea, malnutrition, skin diseases, etc - Dengue, Malaria, and more... 	<ul style="list-style-type: none"> a) The makeshift clinics need to become permanent. Help needs to be provided in terms of sanitation, awareness, mosquito nets, shelters, etc.
There are not enough shelters and the ones that are being built are makeshift ones which are not resistant to the weather and severely affected by the floods.	<ul style="list-style-type: none"> b) We have found shelters called "Better Shelters", built by IKEA specifically for refugees. The cost is relatively high per shelter (approximately 1000\$ for one shelter that can accommodate 10-14

	<p>people). But these are very resistant shelters and have a solar panel that allows them to generate light for about 6 hours and protect them from floods. If this cost seems too high for the refugee's housing, we could consider it as an alternative to school building, small clinic or other required infrastructure in the camps.</p>
<p>Most of the new arrivals of refugees are in an extreme state of shock</p>	<p>a) These people need immediate counselling from organizations that have experience in dealing with refugees. We have contacted the Norwegian Council for Refugees and are still waiting on a response. Any suggestions with regards to this is welcome.</p>
<p>There have been international warnings of these Rohingya children being vulnerable and susceptible to being targets of terrorist organizations who want to recruit them. And they are vulnerable to child trafficking and child labour.</p>	<p>a) Any suggestions with regard to this is welcome. We believe that some sustainable long-term solutions have to be launched soon as to prevent these children from becoming targets. This can be done by working towards education within the camps, awareness campaigns, etc</p>
<p>In terms of donations, we noticed that all over the camp there were clothes piled everywhere. After talking to some refugees, we realised that they had no need for clothes, especially used ones. What they asked for directly was rice and medication.</p>	<p>a) For our future donations, we will not be taking any clothes unless they are new and that can be worn by Rohingya refugees (such as the Burmese lungies). b) Food in bulk will be our main focus along with safe drinking water for the near future, which we will directly give to the kitchens cooking for the refugees. c) TIKA is planning on building 6 kitchens all over the camp and 2 more will be built by the government. d) We are in constant communication with the army regarding the inventory of food items in order to raise donations for what is actually needed at the camps.</p>
<p>Among the refugees, we met with a young man who has a physics degree and who taught in the community he lived in in the Rakhine state. We asked this man to make a list of other</p>	<p>a) We believe that the skills existing within the camps should be tapped into. As there is no current plan of integrating them in our society, it is crucial that we allow them to build a community with basic services within the camps.</p>

literate refugees in the camp and who have work experience.	b) We would urge the donors to think of sustainable ways to use these skills legally allowing the refugees to help their own community.
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DONATIONS MADE IN SEPTEMBER 2017

We are forming an NGO named Rise Up in order to facilitate funding of specific projects and to take the aid directly to those who need it most by coordinating the help personally and directly to the camps. 100% of the funds were used directly for the donations and no fee was kept by the organization. All the packaging was done with the help of the girls from IBE orphanage and procurement was done by us, with the help of SK & FK Foundation.

Item	UOM	QUANTITY	PRICE	BDT
Daal/Lentil	kg	5000	57	285000
Suji/Semolina	kg	800	40	32000
Milk Biscuit	packs	400	45	18000
Pran Biscuit	packs	400	44	17600
Energy biscuits	packs	400	12	4800
Chira/Flat rice	kg	1600	56	89600
Indian rice	kg	1600	39.25	62800
Muri/Puffed rice	kg	800	57	45600
Gur/Molasses	kg	800	57	45600
Goalini Powder milk	kg	1000	365	365000
Orsaline	box	400	84.5	33800
Labor cost in Chittagong	job	1	1000	1000
Bags and ropes, etc	pcs	600	8.67	5202
One way truck fare Chittagong to Ukia Camp	job	1	15000	15000
Loading/Unloading Labor cost at camp	job	1	6000	6000
Total				1027002
SK & FK FOUNDATION DONATIONS				
Oil	kg	5000		
PRAN DONATIONS (bowl, glasses, mugs)	pcs	400		

CGS DONATIONS	bags	100		
Daal/Lentil	kg	150		
Rice	kg	100		
Dry Food				
MUSKAN DONATIONS				
Salt	kg	250		
Atta/flour	kg	240		
Water	L	500		
Suji/Semolina	kg	240		
Sunflower Oil	L	180		

For future donations, we are waiting for the army to complete their full assessment in order to know what we need to focus on. For our next visit, we are trying to find more sustainable and long-term solutions to implement. If there are any organizations that would need our help or like to collaborate with us on such projects, please contact us on contact.riseupbd@gmail.com

Thank you to all our generous donors for their help! We are trying to use your donations as directly and effectively as possible and are open to any suggestions for the next steps.

Amamah Ahmad Khan