Rohingya men participate in a shelter strengthening training session at Jamtoli camp.

Photo: Christian Aid/Rahul Dey

15,500 Rohingya households receive shelter upgrade kits to strengthen homes to withstand high winds & heavy rains

> Rain began in Jamtoli on April 19. Planning for the monsoon & cyclone season is focused on increased community resilience, risk mitigation, & prepositioning supplies.

> With support from IOM, Christian Aid is distributing shelter kits & technical training across 4 camps/areas:

> 6,500 shelters at Camp 15/Jamtoli
> 3,600 shelters at Camp 12
> 5,000 shelters at Camp 19
> 400 shelters outside the zone system

Equipped with training & materials, community households will strengthen their own shelters.

> 3,000 vulnerable households (persons with disabilities, women-led households) will receive technical support/labour.

**KEY POPULATION DATA**

- 116,946 Rohingya in host communities**
- 781,366 Rohingya in camps/settlements in the Cox’s Bazar area (including Jamtoli)**
- 51,388 Rohingya in Camp 15/Jamtoli*

An ISCG risk mapping found that around 200,000 people in the Cox’s Bazar area will need advance relocation due to high risk of flooding/landslides.

*CA Household Survey, **ISCG, April 12
Distributions & Services...

**health**
- 71,971 people received health care support (DAM, DSK)
- 1 health camp hub, 6 “pop-up” clinics, & 1 primary care clinic at Jamtoli, Balukhali & Thangkhali (DAM, DSK)
- 2901 BCC sessions held with pregnant & lactating women & adolescent girls on ANC, PNC & reproductive health issues (DAM)
- 5,650 patient referrals for outside treatment (DAM)

**protection**
- 6 women & child friendly spaces, supporting 3,729 women & adolescent girls & 5,123 children (GUK).
- 150 women supported through 6 community kitchens (GUK)
- 1,700 dignity kits distributed (GUK)
- 30 solar lamps (IOM, CAID & GUK)

**WASH**
- 4,000 families received WASH kits (CAID & CCDB)
- 418 group health & hygiene sessions for women & adolescent girls (GUK & DSK)
- 6,175 door-to-door health & hygiene sessions conducted (GUK & DSK)
- 295 latrines installed (GUK & DSK)
- 360 latrines improved/reconstructed (GUK & DSK)
- 30 dustbins installed (GUK)
- 37 bathing spaces installed (GUK & DSK)
- 12 deep tube wells (GUK & DSK)
- 2 sites selected for fecal sludge management (GUK)
- 4 sites selected for gravity water systems (CA)

**shelter/NFI**
- 9,500 families received blankets (IOM)
- 11,500 families received floor mats (IOM)
- 8,000 families received kitchen sets (IOM)
- 480 families received tents, and 12,400 received shelter kits (CA, IOM & CCDB)
- 6,700 children, 10,000 babies & 5,000 mothers received winter clothing (CA, UNICEF)

**food security**
- 10,539 families received supplementary food packages (WFP)

**shelter upgradation/disaster risk reduction**
- 15,500 families receiving shelter upgrade kits (CA, IOM)
- 319 sites selected for at-risk households to be relocated at Jamtoli (CA)

**communicating with communities**
- 1 information hub established at Jamtoli (ACLAB)
- 4 community radio “Listener Groups” established at Jamtoli (ACLAB)
- 165 frontline staff oriented on accountability, CHS standards & CwC (CA)

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*[FD7 still pending, ACLAB is currently operating at Jamtoli with its own funds.]*
Key challenges & ways forward...

# 1: Current regulatory environment

> FD7 approvals can take months to process. The NGO Affairs Bureau may require multiple revisions to justify and/or clarify proposed activities. Currently, some USD $14 million in funding is inaccessible due to lack of approval.

> The list of approved activities is subject to frequent change. Currently, the RRRC and NGO Affairs Bureau have placed restrictions on the following activities for emergency support to the Rohingya: conducting study and research; construction of permanent structures, including centers for women, children and elderly, and houses such as community common kitchen; CwC activities; educational activities in the Bangla language, or formal education activities.

Solutions:

> Strategic advocacy from the global humanitarian community.

> Coordination with government authorities at national, district & local levels.

# 2: Camp governance

> The Majhi system (Rohingya community leaders of blocks & sub-blocks, appointed by the Army & Camp in Change) is currently the default leadership system in operation in the camps — but it is prone to corruption, with Majhis quickly accumulating and exploiting power.

> Majhis are overwhelmingly male, leading to a lack of representation of women’s voices.

> Reported abuse by Majhis include: corruption, bribing, GBV, arbitrary detention of men in order to sexually exploit female family members, withholding/confiscating aid distributions & physical violence (ACAPS Thematic Report, December 2017).

Solutions:

> Reform of Majhi system, including code of conduct, and rotational system to prevent power accumulation & abuse.

> Invest in community-led Block & Camp Development Committees (BDC & CDC) as alternative to Majhi system.

# 3: Emergency Preparedness & Response

> The camps are not prepared to withstand extreme weather. No cyclone-resistant communal shelters exist in the camps, and it is not feasible to build them given time constraints & lack of permission (ISCG Emergency Preparedness Report, April 2018).

> Because of land scarcity, movement restrictions, and lack of secure structures on which to relocate people, there is currently no plan to evacuate the Rohingya in event of disaster. (ISCG, ACAPS, April 2018)

> The Rohingya people are worried about the approaching cyclone & monsoon season. They lack information about what to do in the case of disaster. When they ask about cyclone shelters or evacuation plans, we lack good answers.

> Bangladesh is a leader in disaster preparedness, and its existing Cyclone Preparedness Programme is considered an international role model. However, the scale of the camp population (almost 800,000 people), and camp topography (deforestation, steeply cut hills, lack of drainage, lack of radio coverage) present significant challenges to CPP.

> The ISCG reports a funding gap of US $40 million for shelter upgradation & relocation.

Solutions:

> Strategic advocacy for additional flat usable land & secure cyclone shelters.

> Advance relocation of vulnerable families.

> Prepositioning of materials & distribution plans.

> Further investment in DRR programming.
Anwara Begum finds safety, financial security & empowerment as an employee at CA’s Jamtoli Camp Management Office

At the Camp Management Office in Jamtoli, 28-year-old Anwara Begum has become a familiar sight. She fled violence in Bagh Ghona Village in Rakhine in September 2017, and now lives in Jamtoli’s Block H. Since January, she’s been employed by Christian Aid office support staff, with a CCCM grant from IOM. She was referred by CA partner GUK.

“For the first time, I have a job,” Anwara says. “This has made me very happy, and I am very poor, and there is no one to take care of me.”

Anwara’s household is one of the 1,538 female-led households at Jamtoli (UNHCR Family Counting Report, March 2018). Her husband, who collected & sold firewood, was killed by security forces in Myanmar. Fifteen days after his death, Anwara fled with her sons Yasin Arafat (9) and Mohammad Zubair (7), and her brother Rahmatullah (14). Mohammad Zubair and Rahmatullah are mentally disabled. They left everything behind, including 7 kanis of land (1 kani = 1619 sq m), 4 cows, 8 goats, 3 chickens, and 10 pigeons.

As a cleaner at the CCCM Office, Anwara earns 5,000 taka/month. Her hours are from 8 am-4 pm. She prepares her family’s daily meal in the early mornings, and her neighbors take care of her children while she is at work.

She says her biggest needs are a tubewell near her house & shelter strong enough to withstand the monsoons.

Block Development Committees (BDCs) give Jamtoli resident Mohammad Eisa a voice for his people & hope for the future

In the village of Kondo Pran Putioli in Rakhine state, 38-year-old Mohammad Eisa was a doctor. Government restrictions placed on the Rohingya prevented Eisa from continuing his education after Class 10, but he dispensed treatment from his family-owned pharmacy.

“We were well-off there,” he says, about his large extended family of 18, including 7 daughters, two of who are employed at Jamtoli. “We used to support others in our area, the way that you {Christian Aid} are now supporting us.”

Eisa was recruited by CA’s site management team to join the Block Development Committee for Block E. BDCs were formed as a community-based CCCM mechanism to ensure quality, equality and accessible facilities for the Rohingya people at Jamtoli, in accordance with their needs, culture, and values. Every Sunday at 9 am, BDC meetings are held in a designated tent “office” in each of the 8 blocks of Jamtoli.

“BDCs are helping us to resolve our complaints,” says Eisa — citing extortion or confiscation of relief by host community residents and Majhis, who are prone to abusing the power invested in them by the Army and Camp in Charge (CiC), as major issues.

Currently, after 10 weeks of piloting the BDC system, CA is exploring how to transition camp leadership and governance from Majhis to BDCs, and is sharing its learnings with the humanitarian community in Cox’s Bazar.
In January, Christian Aid completed a knowledge, attitudes and practice (KAP) survey of 373 Rohingya people (194 women & 179 men) regarding accountability mechanisms at Jamtoli. The report’s recommendations for tailoring accountability systems toward Rohingya preferences & practices are being adopted by humanitarian agencies working in the Cox’s Bazar area. Read the full report here.

Top 5 issues Jamtoli’s Rohingya men & women would like to give feedback about

* 1. food distribution (qty, type) 82% of women, 40% of men
* 2. WASH facilities (latrines, etc) 77% of women, 37% of men
* 3. lack of info regarding services 56% of women, 11% of men
* 4. food distribution (time, place) 46% of women, 22% of men
* 5. shelter/housing 40% of women, 31% of men