

In this issue

- Renewed fighting in Kachin P.1
- Aid operations resume in Rakhine P.2
- Gaps in healthcare in Rakhine P.3
- Disaster preparedness P.4

HIGHLIGHTS

- Renewed fighting in Kachin displaces over 2,700 people, with local NGOs leading response efforts.
- Humanitarian organizations resume activities in Rakhine, but there is still a shortage of offices and accommodation for staff.
- The Ministry of Health sends Rapid Response Teams to Rakhine, but challenges are huge and there are still major gaps in response.
- Risk of water borne diseases in Rakhine IDP camps.
- Efforts are made to strengthen disaster preparedness ahead of rains.

Key FIGURES

People targeted for humanitarian assistance in Rakhine State

IDPs*	146,000
Food insecure people	70,000
People in isolated villages	50,000
People in host communities	50,000

People targeted for humanitarian assistance in Kachin State

IDPs*	96,000
People in host communities	20,000

Source: UNHCR, OCHA, CCCM
* UNHCR (CCCM) figures on 30 April.



An IDP woman in Je Yang IDP camp, Kachin. OCHA, 2014

Thousands displaced by fighting in Kachin

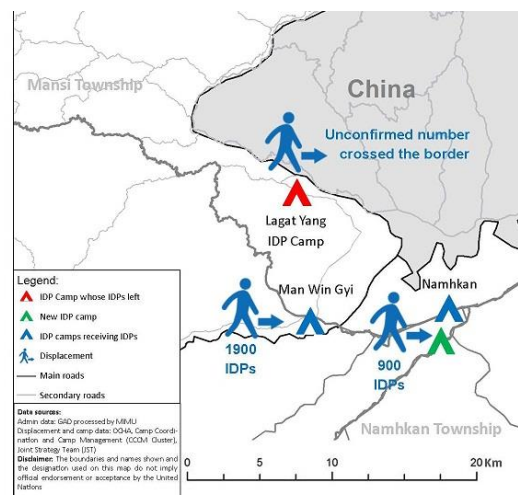
Fighting erupted on 10 April in the vicinity of Man Win Gyi Township, southern Kachin State, between the Government of Myanmar Army and the Kachin Independence Army (KIA). The fighting continued for approximately one week, affecting several villages in the area, which is located on the borders between Kachin State, northern Shan State and China. Over 2,700 people were displaced by the fighting. Most were already internally displaced persons (IDPs), who were living in camps that were located close to where the fighting took place. An unconfirmed number of people also fled across the border into China. While no new outbreaks of fighting were reported in the second half of April, the situation in the area remains tense, with landmine explosions and security incidents reported. The displaced are now being hosted in four camps around Man Win Gyi and Nam Kham.

Local organisations lead the humanitarian response

The response to the crisis has been led by local NGOs (LNGOs) present in the area, with support from international organisations. Food assistance has been provided to both newly displaced persons and those who were already displaced in the area. Cash grants have also been distributed for some people. Tents have been set up to provide immediate shelter to around 400 families, with other families being accommodated in existing temporary shelters or in host communities. Water, sanitation and hygiene support has also been provided. Temporary health assistance is available and no major health concerns have been reported.

More assistance needed to address urgent needs

Needs assessments took place on 24 - 25 April, with the participation of LNGOs Metta and KMSS, as well as OCHA, UNFPA, UNICEF, UNHCR, WFP, Save the Children, and the Danish Refugee Council. Initial results from the assessments show that temporary shelters are needed for between 300 and 400 households. The sites currently being used to accommodate displaced people in Man Win Gyi and Nam Kham are overcrowded with limited space for additional shelters. Humanitarian organizations are trying to identify safe and appropriate new sites for accommodating the newly displaced.



Assessments also confirmed the need for additional water points, latrines, showers and hygiene materials to provide adequate services for the increased number of people in the camps. Construction of emergency latrines, bathing spaces, and wells is ongoing.

Traumatized and vulnerable people in need of special attention

Most of the people who were displaced in the most recent outbreak of fighting had already been displaced during fighting which took place in southern Kachin State in November 2013. For many, this was the third time they had to flee to new locations. Recent assessments identified a number of sick or elderly people, as well as pregnant women and mothers with very young children who are particularly vulnerable and in need of special attention.

Assessments showed that many of the displaced – particularly people who have suffered multiple displacements – are in need of psychosocial support. Given the ongoing military activity in close proximity to the camps, there are concerns about the safety of some of these camps. Humanitarian organisations in Kachin are concerned about reports that they have received of attacks on civilians and violations of International Humanitarian Law. They also point out that women and adolescent girls are at risk of sexual violence and trafficking.



Newly arrived family at IDP camp in Nam Kham Town. April 2014. Credit: OCHA

Many of those displaced in the most recent outbreak of fighting had already been displaced during fighting in southern Kachin State in November 2013, with this being their second or third displacement.

Children are at particular risk. Over 40 per cent of the people who were displaced are children under 18 years of age. Schools are currently closed and according to humanitarian organizations there is a lack of safe child-friendly spaces. The school year is due to start on 6 June and newly displaced families are facing uncertainty about whether their children will be able to enroll in local schools.

Humanitarian organizations resume activities in Rakhine after one month suspension

Most humanitarian activities carried out by the UN and international NGOs were suspended for four weeks after violent mobs attacked their offices and premises on 26-27 March. The attacks caused extensive damage and forced over 300 aid workers to be temporarily relocated. During this period some of the most critical humanitarian activities were able to continue with the support of local authorities, but in most cases at a much reduced rate.

Food distributions were able to continue with support from local authorities. The Government also put in place some interim measures for medical emergencies and other critical life-saving needs through the Ministry of Health and other national institutions. Clean water was supplied by the Department of Rural Development, with ICRC support, to people at immediate risk of water scarcity in remote camps in Pauktaw, and some critical nutrition work was able to continue in Sittwe and Pauktaw camps. While strong efforts were made to keep vital services going, these interventions fell far short of the services that were being provided prior to the attacks on 26-27 March.

The Emergency Coordination Centre (ECC) has been meeting regularly to share information and discuss operational issues related to the humanitarian response in

Rakhine State. Following approval from the Rakhine Security Minister, Chair of the Emergency Coordination Centre in Sittwe, most humanitarian organizations were permitted to resume their activities on 24 April. However, two prominent international NGOs working in Rakhine State – MSF-Holland (MSF-H) and Malteser – were told they may not yet resume normal operations, as a result of continued tensions. Discussions are continuing with the authorities to resolve the status of both these INGOs. MSF-H was until February the biggest provider of health-care amongst the international NGOs in Rakhine State, and Malteser was the second biggest. Their continued suspension has had a huge impact in the health sector in particular, but also in other sectors such as water, sanitation and hygiene.

Humanitarian activities are gradually being scaled up as more staff return to Sittwe, but with many organizations still unable to find suitable accommodation and offices for their staff, less than 50 per cent of the staff who left Sittwe following the March attacks had returned by the end of April. As part of resuming operations, humanitarian actors in Rakhine are adopting new ways of working. They are also making an effort to engage more closely with local authorities and local communities in assessing and responding to needs.

The Lutheran World Federation has expanded its Camp Coordination and Camp Management (CCCM) coverage in Sittwe, to ensure that all priority camps in this Township have a camp management agency or focal point. However, a major gap in Camp Coordination and Camp Management still remains for two camps in Pauktaw Township which have a combined population of over 10,000 people. Humanitarian organizations have resumed many of their monitoring activities.

While many critical humanitarian activities have resumed, aid workers in Rakhine report that many of the needs of affected communities are still not being met.

Food distribution not interrupted

The World Food Programme (WFP), with support from Government authorities, managed to ensure that there was no interruption in food distributions in Rakhine, despite the attacks of 26-27 March, which included the destruction of WFP's office and massive damage to its warehouses, vehicles, boats and other equipment and facilities. As WFP contracted transporters were reluctant to deliver food to camps due to security concerns, the Government provided commercial trucks for food delivery, with police escorts to ensure their safety.

Gaps in health-care provision in Rakhine

By integrating staff from national and international NGOs, Ministry of Health Rapid Response Teams scaled up from 20 staff in early April to 83 medical staff by end of the month, but there are still major gaps in the health response

Despite concerted joint efforts by the Ministry of Health and Health Cluster partners to ensure the continuation of all life-saving activities in the health sector, the suspension of MSF-Holland's activities in Rakhine at the end of February and the one month disruption of UN and INGO activities following the attacks on 26-27 March has had a severe impact on health service provision to hundreds of thousands of vulnerable people in camps and communities in Rakhine State. Inadequate measles vaccination coverage and disruptions in routine immunization programs have also resulted in further health risks.

Rapid Response Teams (RRTs) established by the Ministry of Health (MOH) increased from approximately 20 medical staff in early April, to 83 medical staff by the end of April, by integrating staff provided by national and international NGOs. Despite this increased capacity, health provision during April was well short of the needs, according to the World Health Organization (WHO) in Myanmar. Until February, medical personnel provided by humanitarian organizations were doing about 18,000 consultations in camps for internally displaced persons (IDP) and host communities every month. This number dropped to about 6,000 consultations in April.

Emergency medical referrals for people in camps also dropped notably. In April, only 11 patients were referred for treatment to the Sittwe General Hospital, compared with an average of 45 referrals per month in the previous year. Displaced people in camps reported that a number of people died as a result of the lack of access to emergency medical assistance. With severe movement restrictions in place for people in camps, timely medical referrals facilitated by INGOs are the only life-line for many.



A sign with information on the importance of vaccinating children in Set Yoe Kya camp, Sittwe. Oct 2013, Credit: OCHA

Outside the camps, there are also still major gaps in health-care provision. Until February, MSF-Holland was reaching over 500,000 people in Maungdaw and Buthidaung townships directly or indirectly with primary health care and referrals to secondary healthcare, including HIV/AIDS care. Prior to its suspension, MSF-H was doing about 300 emergency referrals to the township hospitals in Maungdaw and Buthidaung every month.

Risk of water borne diseases

Health problems are compounded by a general deterioration in the water, sanitation and hygiene situation in camps, increasing the risk of water borne diseases. Organizations working on water, sanitation and hygiene are preparing for the rainy season, including rehabilitation of water storage ponds, latrine repairs, drainage and scaling-up of de-sludging in camps. However, there are concerns for more than 23,000 people who do not have secure access to safe water or hygiene items and who are dependent on daily intervention by humanitarian organizations. Humanitarian staff report that the one month suspension of activities of international organizations has led to low levels of supervision and maintenance of water and sanitation facilities. This has resulted in an increase in the number of water points, as well as latrines that are not functioning, which increases the risk of water borne diseases in camps.

Disaster preparedness ahead of the rains

Disaster preparedness efforts got underway at both the national and regional levels ahead of the cyclone season. Preparedness and contingency plans were updated in collaboration with Government and local partners to strengthen response mechanisms in the event of a major natural disaster.

In Rakhine, preparations included the repositioning of stocks and working with local authorities to ensure conditions in evacuation sites are adequate and to put in place the required logistics arrangements for moving people to these sites, if needed. However, the one month disruption of humanitarian activities delayed progress on this and there is an urgent need to scale up preparedness efforts that were due to take place in April prior to the onset of the cyclone and rainy season.

In May, WFP is planning to open a new office in Mawlamyine, Mon State. This will considerably enhance WFP's ability to quickly deploy emergency assistance in the south-east of Myanmar in any new emergency. Food stocks have also been prepositioned in all WFP sub-offices, in particular in Chin and Kachin states, where roads are inaccessible during the rainy season.

For further information, please contact:

Eva Modvig
Reports Officer
Email: modvig@un.org
Tel. (+95) 9 420 275 877

Pierre Peron
Public Information Officer
Email: peronp@un.org
Tel. (+95) 9 250 198 997

OCHA humanitarian bulletins are available at www.reliefweb.int