

## HIGHLIGHTS

- Two years after inter-communal violence in Rakhine and the outbreak of conflict in Kachin, serious humanitarian needs remain.
- Growing nutrition concerns for vulnerable children in Rakhine.
- Major gaps in health coverage in Rakhine and risk of water borne diseases as rainy season starts.
- Livelihood support programmes for vulnerable communities in Rakhine.
- NGOs start innovative water and sanitation project in Sittwe IDP camps.

## Key FIGURES

### People targeted for humanitarian assistance in Rakhine State

IDPs*	137,000
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Food insecure people	70,000
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People in host communities and isolated villages	100,000
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### People targeted for humanitarian assistance in Kachin/northern Shan

IDPs*	99,000
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People in host communities	20,000
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## FUNDING

**192 million**  
requested (US\$)

**44%** funded

Source: UNHCR, OCHA, CCCM  
\* UNHCR (CCCM) figures on 31 May.



A boy in That Kay Byin camp, Rakhine. OCHA June 2014

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## UN Deputy Humanitarian Chief highlights plight of vulnerable people during visit to Myanmar

The United Nations Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator, Ms. Kyung-wha Kang, visited Myanmar from 9 to 14 June 2014. The mission coincided with the second anniversary of the outbreak of inter-communal violence in Rakhine State and the third anniversary of the outbreak of conflict between the Myanmar army and the Kachin Independence Army in Kachin State.

During her mission, Ms. Kang visited camps and communities in Rakhine and Kachin, and met with Union-level officials in Nay Pyi Taw. She also met with State-level officials and staff working for a number of national and international humanitarian organizations. In both Rakhine and Kachin, Ms. Kang witnessed the serious challenges humanitarian workers face in delivering aid to the estimated 421,000 people in need of life-saving humanitarian assistance in Myanmar. Despite substantial progress in Myanmar's reform agenda over the past few years, she expressed concern that many people in Rakhine and Kachin are still living in appalling conditions, with inadequate access to basic services, and that for some people conditions had further deteriorated in the last year.

### Two years on, serious humanitarian needs remain in Rakhine

In Rakhine, Ms. Kang travelled with the then Deputy Minister of Border Affairs to Sittwe and Pauktaw to visit camps for displaced people and conflict-affected communities. She also met with local authorities, community leaders and humanitarian workers to evaluate progress in resuming and scaling up the humanitarian response following the 26-27 March attacks on UN and international NGO (INGO) premises in Sittwe. In her meetings she urged the Government to ensure that the perpetrators of the attacks are brought to justice, so as to send a clear message that such attacks are totally unacceptable and to avoid further incidents. She also urged that more action be taken to enable humanitarian organizations to find suitable premises for their offices and accommodation, so that they can fully resume all essential humanitarian activities.

International humanitarian operations started resuming their operations in the central part of Rakhine State at the end of April, following a four week period during which their staff



Ms. Kang with the director of local NGO KBC in Maina camp, Waingmaw, Kachin, June 2014. Credit: OCHA

*“Local NGOs have been, and will continue to be, central to the humanitarian response in Kachin, but more regular, predictable, and sustained access by international organizations is needed to reach the required levels of assistance in all IDP areas,” ASG, Kang*

were unable to travel to camps and communities. In June, the World Food Programme (WFP) and its partners delivered food assistance to 138,000 people. Education activities also resumed in June following school holidays and most other response activities are ongoing. However, despite the efforts that are being made to address the most urgent humanitarian needs, many people in isolated villages and remote IDP camps continue to live in dire conditions, with inadequate access to decent healthcare, education and other basic services, and with continued severe restrictions on their freedom of movement as a result of the ongoing inter-communal tensions. Organizations working in the health sector report that there are still major gaps in the response, particularly with the continued suspension of MSF-Holland’s (MSF-H) activities and the interruption of many of Malteser’s activities following the incidents in March. “The situation that I witnessed in Nget Chaung IDP camp was appalling, with wholly inadequate access to basic services including health, education, water and sanitation,” said Ms. Kang.

### **More sustained access is needed to displaced people in Kachin**

In Kachin State, where 100,000 people remain displaced three years after the outbreak of conflict, Ms. Kang also visited camps and met with local NGOs and authorities. More than half of the displaced people, including women, children and the elderly, are hosted in camps in areas beyond Government control, where access by international organizations is limited to irregular cross-line humanitarian missions.

While cross-line missions have become more regular, the UN and humanitarian partners have continued to highlight the need for more sustained cross-line access, in order to be able to more effectively address humanitarian needs and support local NGOs. Delays in getting approvals for cross-line missions, together with funding problems experienced by local NGOs, resulted in difficulties in ensuring food supplies during June. During her visit, Ms. Kang remarked that “local NGOs have been, and will continue to be, central to the humanitarian response in Kachin, but more regular, predictable, and sustained access by international organizations is needed to reach the required levels of assistance in all IDP areas.”

In areas beyond Government control, humanitarian staff also reported that more land needs to be allocated for temporary accommodation for displaced people, until such time as they are able to return to their places of origin. Thousands of displaced people, particularly in Laiza town, have been living in crowded and appalling conditions in warehouses for over three years.

## **More funding needed to support children suffering from malnutrition in Rakhine**

According to humanitarian organizations working on nutrition, recent data shows a deterioration in the nutrition status of children in some parts of Rakhine State. In May, Action Contre La Faim (ACF), Save the Children International (SCI) and Myanmar Health Assistants Association (MHAA) screened over 32,000 children across camps and villages in the seven townships in the central part of Rakhine and found over 2.1 per cent severe acute malnutrition (SAM) and 6.8 per cent moderate acute malnutrition (MAM) rates. This is an increase from 1.7 per cent SAM and 4.1 per cent MAM rates among almost 27,000 children screened in March.



Mother and child in Thea Chaung camp, Rakhine, Dec 2012. Credit: OCHA

Following the attacks on UN and INGO premises in Rakhine on 26-27 March there was a significant disruption of the aid operation, and this was further compounded by the

*Reports from displaced people and vulnerable communities indicate that high transportation costs, fewer referral services and in some cases fear of travelling to Sittwe for treatment are preventing many vulnerable children from receiving the medical care they need.*

suspension of MSF-H's activities and constraints also faced by Malteser. Organizations working in the health and nutrition sectors report that this resulted in a reduced number of stabilization centres where complicated cases of severe acute malnutrition (SAM) among children can be treated. These severely malnourished children are now being referred to Sittwe Hospital. However, reports from displaced people and vulnerable communities indicate that high transportation costs, fewer referral services and in some cases fear of travelling to Sittwe for treatment are preventing many vulnerable children from receiving the medical care they need. Many humanitarian organizations have still not managed to find adequate alternative premises for their offices and staff in Sittwe and this continues to have an impact on humanitarian activities. The opening of critical new therapeutic feeding centres has been delayed and planned nutrition surveys had to be postponed until after the rainy season.

### **Addressing malnutrition in Rakhine State**

To strengthen treatment for children suffering from complicated cases of severe acute malnutrition, UNICEF supported the Myanmar National Nutrition Centre in conducting training on the management of acute malnutrition cases for medical personnel in Sittwe and 17 townships across Rakhine from 12 – 14 June. However, additional health facilities are needed to provide in-patient care for these children.

In order to strengthen the nutrition response in Rakhine State, an updated nutrition information management system has been developed by UNICEF and is being introduced to improve the availability and use of nutrition data for emergency coordination, monitoring, and response. Also, ACF is working with the Ministry of Health (MOH) to implement a pilot outpatient therapeutic feeding project, and has started a supplementary feeding programme for over 23,000 children suffering from moderate acute malnutrition in Maungdaw and Buthidaung. Overall, humanitarian organizations aim to provide nutrition assistance to 62,000 people across Rakhine in 2014. The nutrition sector is only 25 per cent funded and resources and technical support is urgently required to sustain and scale up interventions.

## **Continued gaps in health coverage in Rakhine**

International organizations continued to support MOH medical teams and national health institutions as part of combined health teams. In June, international and national medical organizations were also allowed to resume independent health clinics in camps and communities in the central part of Rakhine State. Independent health teams are providing primary healthcare services, as well as maternal and child healthcare, reproductive healthcare and malaria treatment. The total number of health teams increased from 15 in May to 18 in June, with just over 100 international and national health staff working independently in clinics or as part of the combined teams.

However, according to the World Health Organization (WHO), access to health services in Rakhine is still far below levels prior to February 2014, when MSF-H was asked to cease operations. The situation is particularly bad in the northern part of Rakhine and in the more remote areas where needs are not being met. While the majority of the mostly rural population of Myanmar has limited access to quality healthcare, the situation is particularly bad for Muslim IDPs who continue to face severe movement restrictions as a result of the ongoing inter-communal tensions.

With the rainy season now underway, there is an increased risk of water borne diseases and humanitarian organizations report that they are increasingly concerned about the serious gaps in health coverage and lack of access to disease surveillance data.

## ICRC provides livelihood support to vulnerable communities in Rakhine

*ICRC livelihood support programmes take into consideration the different needs of communities affected by communal violence, and benefit both communities*

The International Committee of the Red Cross (ICRC) is conducting economic security programmes in Rakhine State in close collaboration with the Myanmar Ministry of Agriculture, and in consultation with village elders. The implementation of livelihood projects was delayed this year as a result of the attacks on the offices and premises of international organizations in Sittwe on 26-27 March. Following the resumption of activities in late April, all planned ICRC projects in Rakhine were approved by the local authorities. In June, nine cash grant projects to provide income support to almost 800 households resumed in Pauktaw, Mrauk-U and Sittwe Townships.

ICRC's programmes provide seeds and fertilizer to support small-scale farming in Sittwe, Kyauktaw, Pauktaw and Minbya townships. They are also providing vocational training, fishing equipment and canoes, livestock and tri-shaw bicycles for 2,200 families. Other projects provide materials to help establish small grocery stores in communities.

Programmes take into consideration the different needs of communities affected by communal violence and benefit both communities. For example, ICRC distributes fuel sticks to Muslim communities and camps for displaced people as movement restrictions make it difficult to collect firewood for cooking. A distribution in June included fuel sticks to 2,200 families in three camps in Pauktaw. This will cover approximately 75 per cent of their wet season cooking fuel needs.



Distribution of seeds, fertilizer and tools in Sittwe, Rakhine, Dec 2013. Credit: ICRC

There are also many vulnerable people in local Rakhine communities and ICRC is also providing livelihood support to these people. ICRC targets their specific needs by distributing tools, seeds and fertilizer to improve the harvest and strengthen livelihoods. In 2014, over 1,368 predominantly Rakhine households in Sittwe, Kyauktaw, Pauktaw and Minbya townships received 63 kg of seeds and 100 kg of fertilizer. In December 2013, ICRC also provided tools, seeds, and fertilizer to 27 villages for the production of winter crops, such as tomatoes, beans, cabbage and rice.

UN agencies and other international humanitarian organizations are aiming to assist 85,000 people in Rakhine State with livelihood programmes in 2014. Early recovery efforts also include disaster risk reduction activities, conflict resolution, and governance support.

## Innovative INGO water and sanitation project

Myanmar experiences heavy rainfall during the monsoon season from June to October. Rakhine is one of the wettest states in the country and with over 90,000 displaced people living in crowded conditions in 16 hastily constructed temporary camps in Sittwe Township, this poses major challenges for waste disposal and latrine emptying. It also leads to a high risk of contamination of shallow groundwater resources, which are the primary source of drinking water in the camps. This in turn increases the risk of disease outbreaks, particularly during the rains.

*With the onset of the rainy season and with over 90,000 displaced people living in crowded conditions in hastily constructed temporary camps in Sittwe Township, there are major challenges in ensuring adequate waste disposal and latrine emptying*

To address this, Oxfam and Solidarites International (SI) were allocated close to US\$500,000 in funding from the UN Emergency Response Fund to implement a project that would safely and efficiently de-sludge over 7,000 latrines, transport waste and construct a Sludge Treatment Site (STS) that would protect the groundwater. Construction of the treatment site was started at the end of 2013, with a pilot project starting in April 2014. According to SI, in the first three months of operation, the site has processed over 1.3 million liters of latrine waste that would otherwise present a major risk of contamination in the camps. Organizations implementing water and sanitation activities in Sittwe camps, including Oxfam, SI, SCI, the Danish Refugee Council and the Consortium of Dutch NGOs, all contribute to the de-sludging process.



Desludging in Say Tha Mar Gyi camp, Rakhine, June 2014. Credit: OCHA

The treatment site requires no energy inputs or chemical additives and only needs a low level of technical capacity and financial resources to operate and maintain. The next phase of the project will be focused on increasing the treatment efficiency and capacity of the plant. In addition, research is also underway to look into the potential for resource recovery, either through co-composting of sludge or making bio-char briquettes for burning fuel.

Humanitarian organizations continue to dig drains in the camps, repair latrines and distribute hygiene kits to displaced families. However, heavy rains in June, combined with delays in essential preparations for the monsoon season due to the severe disruption of activities in April and continued difficulties in scaling up operations, means public health risks are increasing.

## Resettlement of displaced people in Meiktila

More than one year after the inter-communal violence that broke out in Meiktila, Mandalay region, more than 4,000 people remain displaced in five locations in Meiktila town, according to the Mandalay Relief and Resettlement Department (RRD). In addition, several hundred people originally from Meiktila are reportedly still displaced in Yin Daw town, staying with host families or in a camp, not registered by RRD.

More than half of the 12,000 people who were originally displaced by the violence have returned to their homes. The Mandalay State Government's resettlement plan for families who remain displaced in Meiktila is progressing, with authorities reporting that they expect approximately 500 people to be resettled in new homes by the end of August. Pending funding confirmation, the Mandalay Government is planning to resettle the rest of those displaced by the end of the year. According to the authorities, resettlement has taken longer than expected due to lack of funds, challenges clarifying the ownership of houses/plots of land and getting agreement with displaced people on the available housing and resettlement options.

While international and local organizations, including WFP, UNICEF, SCI and the Myanmar Red Cross Society have been providing assistance, there are still unmet needs. The main humanitarian concern for people in the camps is the inadequate supply of potable water. After more than a year in the camps, many people are also still looking for livelihood opportunities. Assistance provided by international humanitarian organizations is due to end in August.

For further information, please contact:

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

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

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