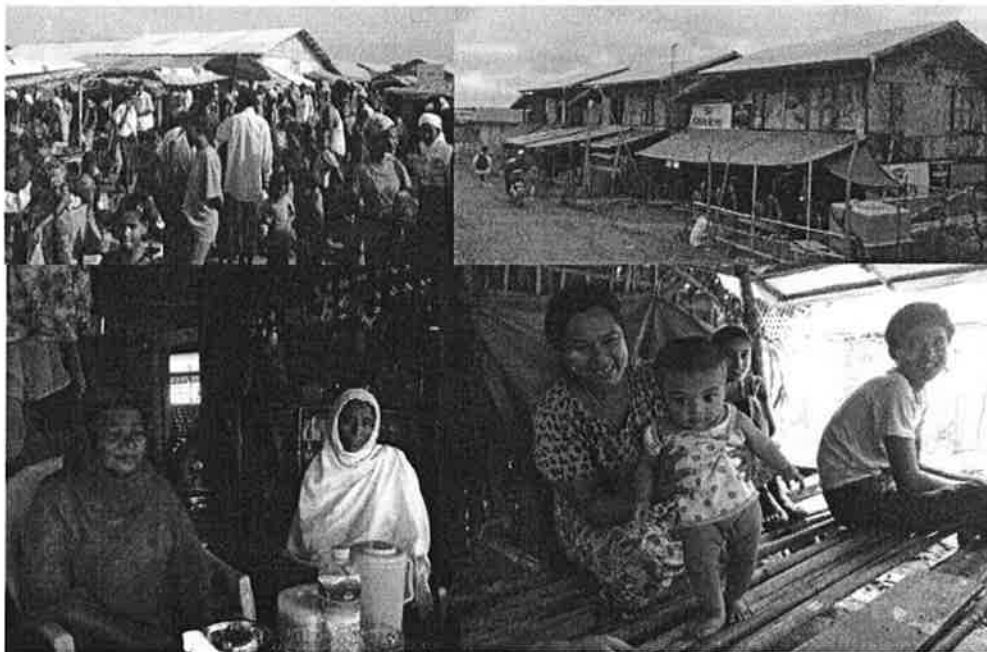




**Qualitative research and comprehensive study
on malnutrition in displaced and non-displaced
communities of Sittwe Township**

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Final report



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List of abbreviations used

- ACF: Action Contre la Faim
 CMC: Camp Management Committee
 DFID: Department For International Development
 FSL: Food Security and Livelihoods
 IDP: Internally Displaced Person
 MHCP: Mental Health and Care Practices
 TBA: Traditional Birth Attendant
 WASH: Water and Sanitation, Hygiene

Disclaimer:

The views and opinions expressed in this document are those of the author and do not necessarily reflect the official position of ACF International.

1. Executive Summary

- Since 2012, ACF has been working in IDPs camps and villages in Sittwe Township to overcome malnutrition needs and Mental Health Care and Practices. This qualitative research meant to the partners of the DFID consortium aims at going further than assessment methodologies in the understanding of knowledge, perceptions and practices related to care, health, nutrition, WASH, food security and livelihoods in the Buddhist and Muslim IDPs camps and host communities of Sittwe Township.
- The consultant team made of one international consultant, anthropologist, and 2 national researchers prioritized non-participative ethnology's methodology as well as focus group discussions and key informant interviews for data collection, with as much time as possible spent within the communities within 3 weeks. However, , the team could not stay overnight in the camps and villages.
- The study covered 8 different locations,

1.1. Findings

1.1.1. Livelihoods

- Before June 2012, in both urban and rural areas, patron-client bonds between Buddhist and Muslims represented the core of the regional economy. Muslims provided the main contingent of casual labour in agriculture and other sectors for Rakhine employers; Muslims were key actors in the fishing, vegetable, and poultry markets in Sittwe Township, providing important commodities for both communities in urban Sittwe; trade over the Bangladesh-Rakhine border was done by a network of Buddhist and Muslim traders
- Since June 2012, limited access to cash in the Muslim area is by far the main constraint. Poorer households have to sell part of their ration in order to diversify their food and purchase necessary items such as firewood. Muslim urban dwellers, except from few trishaw pullers or car driver employments, are not skilled for the available works in rural area (agriculture, fisheries). Irregular employment opportunities in the local markets (Dar Paing, Thakkeyyin and Thea Chaung) also explains that mainly self-settled IDPs in these areas don't want to be relocated in far away IDPs camps.
- In Buddhist camps, most households are able to access micro-loans from the Ministry of Cooperatives. Besides, employment opportunities are more diversified since the access to Sittwe town is not an issue. Some Buddhist households even underlined the fact of being better off in the camps than in their previous location.
- The conflict also hindered the local economy in non-resettled Buddhist isolated communities which used to profit by trade routes (notably along the railway closed after

2012), and through the lack of daily labour (which used to be principally Muslim) affecting Buddhist farmers' productivity.

- Trade between Muslim and Buddhist areas resumed since 2012. Most goods are available in the restricted Muslim area. However, a greater number of intermediaries to supply local markets contribute to rising prices. Few items such as ice for the Muslim fishermen have more than doubled since the conflict. While there are some signs of resume interactions in trade and livelihoods (some Buddhist farmers from isolated village hiring Muslim labour for example, Muslim fishers working with Rakhine traders), these relationships are kept discreet and are still diffuse.
- Gradually worsening tensions happen between IDPs and host communities in both Buddhist and Muslim locations.. This is partly due to a lower access to land for farmers because of the settling of IDPs camps, which is even reinforced by the poor governance of camp management committees. The rations distributions also create tensions since villagers are not included in the beneficiaries' lists. In the Muslim area, hosts show resentment toward IDPs for being similarly restricted in their mobility, yet both populations have to share the same resources (among which firewood supply is a critical issue). Livestock and other assets thefts are contributing to situation's aggravation.
- Social differences are also a source of conflict among Muslim communities. Urban Muslim communities have a greater exposure to religious and ethnic diversity. In rural area, communities tend to practice a stricter form of Islam, including a strong gender differentiation on livelihoods and mobility: *pardah* – women confinement – is more widespread and women livelihoods are mainly small home-based shops, as well as small-scale gardening and poultry activities. Urban Muslim women have a more liberated lifestyle translating in greater mobility and more livelihood opportunities (sell at the market). For these reasons, young males from rural host communities perceive IDPs girls as attractive and even sometimes "loose". Young males snooping on girls going to the latrines, or simply looking unrestrainedly to the girls are enough to create conflicts leading to small unrests.
- There is no major gender based differentiation of livelihoods in Buddhist communities. For most Muslim households (whether urban or rural), being able to support alone the household is considered as a major accomplishment for men. Since many men are left without sources of income, the current situation also impacts on their well being and therefore has repercussions in domestic violence. Gender based differentiation of livelihoods also impacts on how communities perceive Muslim female NGO workers: they were sometimes given as the example of what shouldn't do Muslim women.

1.1.2. *Nutrition, infant and young children feeding*

- In "normal" times, Muslim households' diet is mainly made of rice, *ngapi*/chilies, accompanied by fish for additional curry, plus vegetables. Fish the main source of proteins. Urban families with better access to cash generally had a more varied diet.

- In the Muslim camps, most of those who want to purchase fish have to sell part of their ration and other items. Poorest households' diet is mainly rice with chillies and firewood represent the main expense (done by selling off peas, oil and sometimes rice).
- In Muslim communities, boys are breast fed until the strict limit of 2 years old. Girls are breast fed until the limit of 2 years and a half. After 6 months, boys are systematically fed with additional food, while there is no clear limit for girls. In crisis time, boys are likely to receive more additional food after 6 months, while girls would be only breastfed.
- A great proportion of pregnant women respect Ramadan during pregnancy as they believe it brings double merit. However, fasting lactating mothers don't stop breastfeeding during the day.
- Muslim children are breastfed for the first time only after being given the ritual washing of the whole body and after receiving prayers from the Mullah. This may sometimes delay the first feeding.
- Muslim mothers eat mainly plain rice and chillies during 40 days after giving birth. Fish can be consumed if dried yet it remains an expensive food. Vegetables, beans and other common foods are prohibited during this period.
- Many food restrictions subsist for Muslim mothers until 6 months after giving birth, including a lot of fruits and vegetables as well as some fish.
- Buddhists' diet in camps is much more diversified than for Muslim IDPs and the data provided by NGOs show a really low number of children with Acute malnutrition in Buddhist camps.
- Buddhist, Hindu and Mara Ma Gyi communities, have also a great range of prohibited food after birth. The main consumed vegetable during the first 6-7 months after birth is gourd, while numerous vegetables are forbidden. Among meat, chicken and beef can be consumed.
- While contraception and family planning are well accepted in Buddhist, Mara Ma Gyi, Hindu and Kaman communities, a greater number of children to take care of, coupled with high stress are probably the main vectors of malnutrition among Muslim children under 5. In extreme cases, children may be seen as a coping strategy to access NGO services (nutritious food given to malnourished children is consumed with the other children of the household and even sometimes the adults).

1.1.3. *Social structure, mental health and care practices*

- In Muslim communities married women belong to their husband and stay with their in-law family. Respect is due to the mother in law more than any elderly woman because she is the mother of her husband who owes greatly to his mother. Women sometimes flee their in-law family when enduring a "guest" position, occasionally rejecting their own child who belongs to the in-law family. Mothers consider boys as the main vector for reproducing familial values and those who will enforce religion and related practices at the household level. The theme of the boys staying home to take care of their parents, "until their mother's funeral", is recurrent while daughters are loved but promised to leave the

household when married. This may influence the time mothers dedicate to their children and feeding practices in favour of boys: feeding boys before girls that may impact on the latter's nutrition in times of food restriction.

- Decision makers in Muslim households are the elders and the elder son (if not, the elder daughter). Daughters in law must “embrace” their family's values and follow the above rules that also apply to her behaviour (notably regarding practice of religion). Mothers are the main care-takers of the babies but they receive guidance from their mother in-law who also represents the husband's authority.
- Men gather at the Mosque for the 5 daily prayers. The Mosque is their main socializing environment for men. Mullah also provide, besides Islam teachings, mental relief in daily life as well as in times of crisis. However, few Mullahs in the camps believe that resettlement and life in the camps are too heavy burdens that prevent them for providing efficient relief to their followers. Some of them welcomed the idea of receiving psychosocial support.
- In Rakhine State, women cannot attend the Mosque and thus perform the 5 daily prayers at home, in an isolated room. Women access religious teaching mainly through teachings ‘tours’ performed by women associations (*Musk’rat Jamaat*) which main local centre is the village of Thea Chaung. *Musk’rat Jamaat* also conveys gender oriented teachings on sexuality, marital life and values that should be respected by women. Even since June 2012 these tours also visited the camps however the lack of privacy and the lack of resources to accommodate the tours are the main hindering factors for these associations to visit the camps, and the poorest families may not be able to participate.
- In Muslim communities, witchdoctors are generally people of high socio-economic status. They play an important role in dealing with daily issues, including health, economic problems, etc. They are consulted for a wide range of health issues, including malnutrition, mental health like crazyness – which are attributed to either malevolent spirits or the “bad eye”. Polio, epilepsy, continuous or repeated crying as well as over-frequent urination are among the illness considered as the consequence of bad spirits for children under 5.
- Domestic violence is especially widespread in Muslim camps. The lack of incomes, inactivity and proximity in the camps make men particularly irritable due to a loss of self-esteem. This situation also leads many of them to alcoholism as well.

1.1.4. WASH

- Water in Islamic societies is linked to creation and ablutions are a duty to be performed accurately before each prayer to reach the state of purity. Tube wells and deep tube wells with hand-pumps are preferred over other drinking water sources as the water “hidden” under the ground is believed to be free of contact with sources of pollution.
- Whether in Buddhist or Muslim communities, water filtering at household level is generally not practiced as it simply takes too long.

- For Muslims, defecation (and therefore latrines' orientation) must be done on a north-south axis and avoid the west-east direction indicating the Mecca. Latrines are believed to be a place where individuals are particularly vulnerable to the effect of bad and evil spirits. These beliefs, coupled to the fact that latrines are public (hence visited by a wide variety of individuals, i.e. good Muslims or not), explain for a great part the continued practice of open defecation. Besides, children under 5 are generally let on their own to open-defecate around the house, as they use to do as well in rural area, while in urban area households have their own latrine.
- Still in Muslim communities, the lack of intimacy is a very important issue for women going to latrines. The simple fact of being observed when going to the latrines is already a source of discomfort for women (let aside some men snooping from outside). Even worse, observing people may find out if a woman is going to latrines to perform the necessary ablutions after sexual intercourse as she carries with her new clothes to change herself.
- Latrines are generally not an issue in Buddhist area as IDP households have been provided with private latrines, with the exception of self-settled camps such as Set Yone Su 1.
- Water is rarely found in the Muslim camps' latrines so individuals have to bring their own bucket of water. However many people don't bring water to the toilets. Anal cleansing is sometimes done with mud available besides the latrines.
- Whether in Buddhist or Muslim communities, soap is generally not used for hand cleansing after defecation. As a matter of fact, diarrhea is not considered as a disease linked to water. Generally, local communities attribute diarrhea to unsuitable or food not fresh rather than to water quality. If diarrhea may be considered as severe for children under 5, Muslims often believe bad spirits to be the cause.
- Buddhist, Hindus and Mara Ma Gyi generally favour the taste of water rather than its assumed purity. They prefer the "heavy" water from ponds and rainwater.
- Hindu households in Set Yoe Kya face drinking water supply issues in rainy season when the water tanks are flooded.

1.2. Recommendations

1.2.1. Livelihoods

- The lack of cash especially in the Muslim area is one of the main issue regarding livelihoods and food security. However, cash programming, would be perceived as an extremely sensitive issue in this conflict context, and mismanagement by the CMCs risks bringing more conflicts
- Providing vocational training to women may be badly perceived in Muslim communities, while reinforcing income-generating opportunities for men (training for carpenters, small business skills, net repairing skills, fish processing skills etc.) would have positive effect on

gender based violence by giving them back their critical role in supporting the households' economy.

- It is not recommend working on inter-faith livelihood activities. Existing relationships between communities are already undertook where and when possible. At the contrary, launching inter-faith activities at the community level may bring more conflictive situations.
- Household-scale farming activities have positive effects on daily food diversification and alleviating food related expenditures. This activity would be interesting to be reinforced and beneficiate greater number of households.
- Providing Muslim IDP camps with alternative sources of fuel seems critical after two years in the area.

1.2.2. *Awareness and capacity building in Muslim communities*

- Acquiring better knowledge of the *Musk'rat Jamaat* present in Thea Chaung and the region and testing potential collaboration on awareness sessions, whether on hygiene, maternal care or nutrition could significantly improve efficiency of the messages delivered through NGO programming, through religious legitimacy. Besides, *Musk'rat Jamaat* provide women a way to identify themselves with groups outside those defined by birth and inherited by status alones. These groups could be approached through traditional birth attendants. Economically supporting these *jamaat* in the camps and providing appropriate (private) spaces could be an option.

1.2.3. *Psychosocial support and nutrition issues in Muslim communities*

- When providing psychosocial support, the language defines most of its efficiency and staffs underlined language discrepancies between Muslim communities as a possible undermining factor. Working on the terminology used by the staffs, their own experience on what terms they believe having the best impact in improving maternal care and psychosocial relief should be done between staffs on a regular basis.
- A better knowledge and acknowledgment by the team of beliefs regarding the causes of mental illness would surely improve their impact when providing support to mother of malnourished children by referring to these beliefs along with psychosocial support.
- The bad perception that some women (especially rural) have of Muslim women working in NGOs may be worked out notably through involving more the traditional birth attendants, among whom some already received NGO trainings. Discussing this with *Musk'rat Jamaat* members could also help précising where are the cultural and religious brakes.
- Psychosocial support as well as awareness and knowledge transfers regarding malnutrition of children under 5 could build on traditional beliefs by engaging work with traditional healers given there is no contradiction on consulting both the traditional healer and ACF premises.
- Procuring psychosocial counselling to religious leaders (Mullahs) could be an indirect way to help reducing their lack of self-esteem.
- Trying to reach men through group sessions of psychosocial support seems critical in order to reduce gender based and domestic violence. Creating opportunities to gather and

discuss the current situations, their own difficulties (to find a livelihood but also at home) should be considered.

1.2.4. WASH

- Working with women *jamaat* could be an option for providing hygiene awareness.
- Working closely with Mullah to enforce hygiene message and dismiss or clarify confusions on practices explained in the ahadit (like the use of stones or mud for anal cleansing) and their historical context may serve to improve hygiene practices.
- Providing privacy to women in the camps is the main priority expressed by communities. While private individual latrines may be difficult to provide in Muslim camps, working on fencing groups of latrines is a viable solution.
- Discussing with religious leaders and/or faith healers on potential religious remedies to the concentration of bad spirits in the latrines could be tested to improve latrines' use rates and reduce open defecation.
- Self-settled camps still lack of latrines considering the growing number of IDPs living in these places. Building more latrines is still needed in these places.
- Despite houses in Buddhist camps are equipped with their own latrines and water supply, the bad design of the infrastructures doesn't guarantee enough quality. The Hindu community in Set Yoe Kya is especially at threat of water pollution in the rainy season where water collecting tanks are regularly flooded. Raising the levels of these water tanks would provide at least temporary solution.
- Some solution should be also worked out for Mindaya village in Set Yoe Kya to find suitable additional space for the construction of latrines.

2. Rationale and objectives of the study

In 2012, two waves of inter-communal conflict in Rakhine in May and October caused the loss of lives and significant damage and loss of productive assets and livelihoods infrastructure. The inter-communities conflict in the rest of the country continued in Rakhine State as well and led to the massive displacement of people, principally Muslims but also some Buddhists who lost their home in communal violence. As July 2013, approximately 140,000 people remain displaced and hosted in 76 camps and camp-like settings across Rakhine State. Other isolated and host communities across the State have also been negatively impacted, either directly socially or economically due to restrictions on Muslim communities' mobility, limiting their access to basic services such as markets, education and health care¹, but also profoundly impacting on the regions' livelihoods and severely reducing employment opportunities.

Since 2012, ACF has been working in the camps and villages, performing community awareness and screening malnutrition cases for children under 5 and providing treatment for Severe acute malnourished children in Muslim camps and host villages. Besides, Mental Health Care and Practices activities as well as psychosocial support are provided to the vulnerable IDPs and host populations of both religious communities.

Community prevention in Sittwe IDP camps is essential to strengthen family resources linked to population resilience. Even if the main problems leading to malnutrition and psychosocial distress have been identified, more in-depth structural information needs to be gathered in an organized, systemic and interactive manner. Consequently, ACF together with the other partners of the DFID consortium wished to conduct a qualitative research, to go further than assessments methodologies, in the targeted camps and villages with the aim of:

- Exploring knowledge, perceptions and practices related to care, health, nutrition, WASH, food security and livelihoods;
- Increasing understanding about the context, available resources and barriers affecting child nutrition and care/health/wellbeing related issues;
- Increasing general understanding of the social and cultural background and patterns of the population: structure of power, kinship, beliefs and representations associated with practices (worship, rituals, etc.), protection issues, community, family organization and gender issues, psychosocial issues affecting families and impacting child wellbeing and health, etc.;
- Getting a better understanding of mutual aid mechanisms and positive coping mechanisms;
- Highlight the significant differences between both communities/cultures about above-mentioned topics;
- Providing operational recommendations for better-tailored activities and interventions in order to strengthen community-based, behaviour change and mutual-aid approaches, as well as multi-sector and sustainable prevention approaches to tackle under-nutrition.

¹ Rakhine Response Plan, July 2012 – December 2013, OCHA.

3. Methodology

3.1. Preliminary notes on the terms used in reference to the communities of Rakhine State

Many studies underlined since long the sensitivity of ethnic categorisation in Myanmar in general and in Rakhine in particular, at least since the first refugee crisis that happened in the 1970s and the 1990s, and lately in June 2012. Since the purpose of this study is fundamentally apolitical, we tried to make some rationale choices over the terms used to designate and distinguish communities inhabiting Rakhine State. Yet, to avoid confusion we must here explain about the terminology used in this report.

we choose to employ the generic term of “Muslim”, implying the Muslims living in Rakhine State (and for instance Sittwe Township), otherwise it will be specified. While it may be confusing in some instances, Muslims doesn’t encompass here the Kaman ethnic group, who are also Muslim and living in Rakhine State, but whose administrative status is different since they are considered as a Myanmar ethnic group and therefore received National Registration Cards (NRC). Besides, they usually didn’t face the same restriction of mobility before June 2012 that Muslims face since they don’t have NRCs, preventing them to leave Rakhine State and making travel authorizations compulsory to move from one Township to the other. Hence, Kaman are referred to as Kaman. However, when talking of the “Muslim area” (i.e. the restricted area West of Sittwe where Sittwe Township IDPs camps have been settled), it encompasses all the communities living there (that is Muslim, Kaman and some Buddhists).

Similarly, when talking about the main Rakhine Buddhist community, we will employ the term “Buddhist”. Here again it doesn’t encompass the Mara Ma Gyi ethnic group, also of Buddhist confession. Mara Ma Gyi will be referred to as Mara Ma Gyi. Finally, the Hindu community is referred to as Hindu. Here again, the “Buddhist area” encompasses all the communities living in, that is Buddhists, Mara Ma Gyi and Hindus.

3.2. Methodology

The consultants’ team was made of Maxime Boutry, independent researcher and consultant, Ph.D. in anthropology (2007), Saw Eh Htoo, Anthropologist and teacher at Myanmar Institute of Theology (MIT), Ye Wunna, Theology, teacher at MIT. The team spent 3 weeks in Rakhine State Sittwe Township between the 20th of July and the 8th of August 2014.

Ethnographical methods have been prioritized during the study, with as much time as possible spent within the communities. However, due to access restrictions, the team could not stay overnight in the camps and villages. Non-participative ethnology’s methodology as well as Focus Group Discussions and key informant interviews have been used for data collection. A breaking-out of key questions in each field covered by the study has been used in order to ensure homogeneity of data among the consultant team (see in Annex 1).

The selection of camps and hosting communities that would serve the research has been done with the inputs of departments’ heads from the DFID Wash consortium and ACF programme managers working in nutrition and MHCP.

The initial methodology planned to conduct the research in a total of 4 different sites – each site being made of at least a host village and an IDP camp – distributed between rural and urban areas and for each of the 2 main Buddhists and Muslims communities. However, the diversity of issues regarding activities implementation as well as the necessity raised by the consortium partners in Sittwe to better understand the diversity of communities and their relationships in the area – Buddhists, Muslims, Kaman, Mara Ma Gyi and Hindu – led the team to visit a greater number of locations (see table below).

Location	Type		Main community	Rational
	Camp	Village		
Onh Daw Gyi	X	X	Muslim	Big camp, stable population. Camp/village conflictive relationships.
Dar Paing	X	X	Muslim	Dynamic settlement (IDPs ins and outs). Expanding economic hub and self-settled IDPs.
Thea Chaung	X	X	Muslim and Kaman	Presence of Buddhist (Rakhine and Mara Ma Gyi) in the village
Takke Pyin (Market)	X	X	Muslim	Main market in the Muslim area. Dynamic settlement (ins/outs).
Takke Pyin Ywar Ma		X	Kaman	Kaman village close to Sittwe
Zaw Bu Gya		X	Buddhist	Rakhine village with good governance
Set Yoe Kya	X	X	Buddhist and Hindu	Main Rakhine camp. Conflictive relationship with village
Set Yone Su 1	X		Mara Ma Gyi	Non-resettled camp, Mara Ma Gyi

After a first day of consultation with the consortium partners and ACF national staffs in Sittwe, the assessment team focused on field research in the above locations. The following informants have been interviewed in each community (village and camps) when available:

- ACF teams (WASH, MHCP, nutrition)
- Camp management committees
- Religious leaders (mullahs, monks)
- Businessmen/contractors (construction)
- Traditional Birth Attendants (TBAs)
- Traditional healers
- Women (and malnourished children's mothers)
- Lactating mothers
- Poor and better-off households.

In Sittwe, some other key informant interviews were conducted to get a better understanding of the context, notably with some RNDP parliament representatives and members of Rakhine Youth groups.

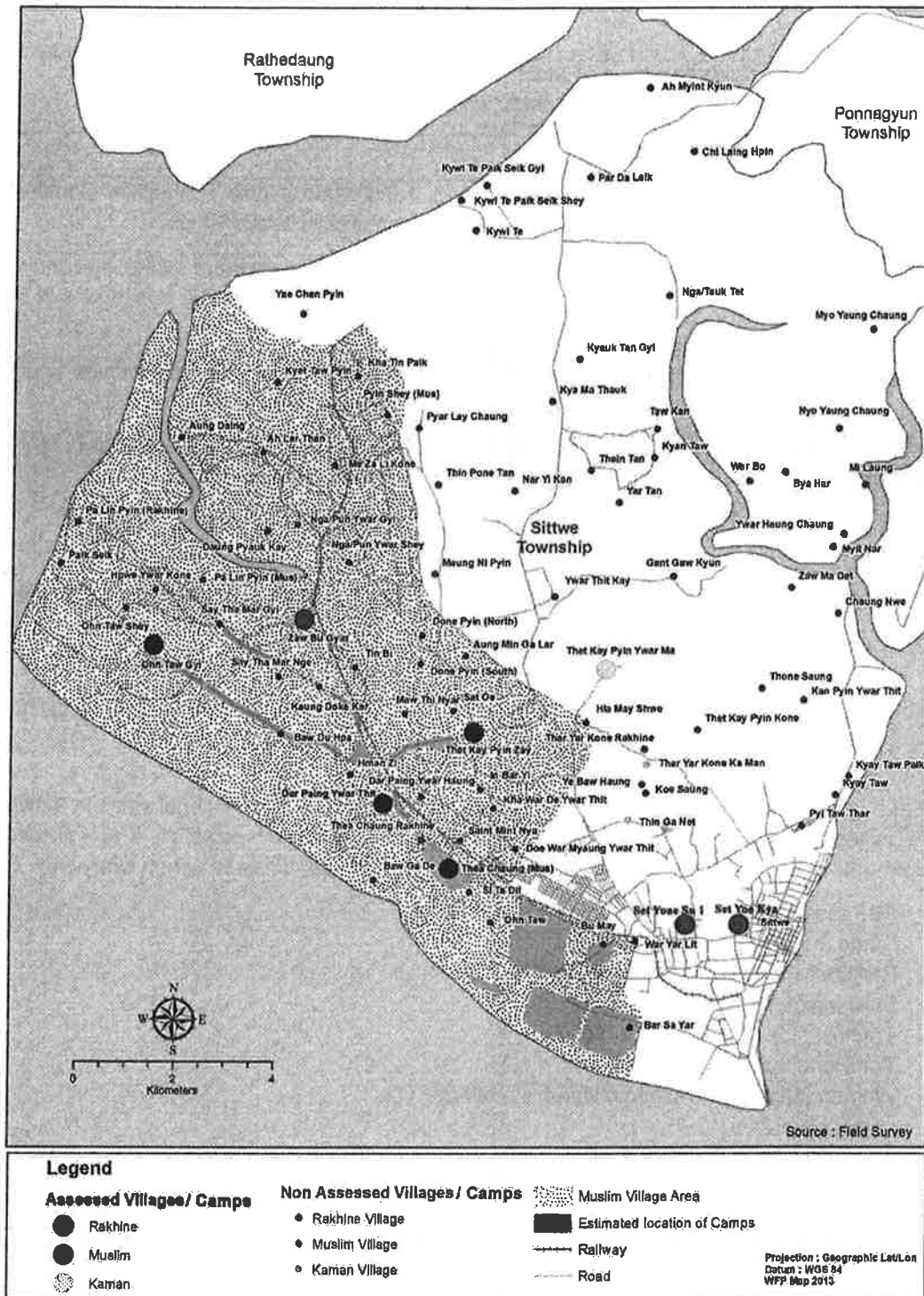


Figure 1: Locations assessed for the study (map adapted from WFP, 2013)

4. Overview of Rakhine State communities and livelihood aspects

4.1. Livelihoods and relationships between communities in Sittwe Township before June 2012

Since generations, Muslims and Buddhists have been engaged in the same livelihoods across Rakhine State that is mainly rice agriculture and fisheries. Depending on the Township, there are some discrepancies on the role of each community in these livelihoods. Actually talking about Sittwe Township (which is also true in the southern Townships of Pauktaw, Myebon and Kyauk Pyu), Buddhists often occupy the role of the patrons and investors. In fisheries, most traders are Buddhists, especially when it comes at the Township and State levels, while Muslims provided most of the fishing effort². In agriculture, differentiated policies on accessing land resulted in the concentration of land ownership³ in Buddhist hands. Hence, Muslims communities used to provide the bulk of casual labour to Buddhist farmers. The wide range of patron-client ties between Buddhists and Muslims of course translated into economic interdependence (whether from Buddhist farmers to Muslim labourers, or Buddhist fish traders to Muslim fishers) but also into patrons providing protection toward their clients – Buddhist patrons would support Muslim households when those faced financial difficulties – necessary to ensure the latter's fidelity. However, poor Buddhist households also engage in fisheries and agricultural labour since even in Buddhist villages landless households rates are usually high. In Sittwe town, trade again is also mainly handled by Buddhists, while small labour used to be mainly provided by Muslims (trishaw pullers, loaders in market, etc.). One notable exception used to be the predominance of Muslims on medicine trades and medicine shops in town.

Another important relationship at the State level exists also in trade, in order to bring goods from and to Muslim dominated Townships and in Northern Rakhine State (NRS) and reversely from these Townships to Buddhist areas and other parts of Myanmar. Taking the fisheries sector, baby shrimps for aquaculture used to be brought from Bangladesh through Muslim and Buddhist traders and grown shrimps sold to Bangladesh (especially under US sanctions) through the same chain. Illegal trade across the border as well used to be performed relying on both communities, bringing back and forth goods from both countries but also goods coming from China, Thailand, etc. (Van Schendel, 2006).

Kaman, , had long have access to better livelihoods than Muslims, but also education, health, etc. In, Kyauk Pyu, many Kaman were also fish traders and entertained close relationships with villages of Sittwe Township as in Thea Chaung where now most Kaman resettled.

Apart from symbiotic work relationships, Buddhists and Muslims used to live quite close together. Geographically speaking Sittwe town has its main Muslim ward in the center, Aung Minglar, and other peripheral wards such as Nar Zi (Set Yone Su) used to be populated by Muslims, Buddhists, Mara Ma Gyi and Hindus. The two latter communities, when in Nar Zi, were at the interface between main Muslim and Buddhist settlements. In villages of Sittwe Township, such as Thea Chaung and Dar Paing, Buddhist and Muslim also live side by side, even if the main community is by far Muslim.

² There are also many Buddhist fishing communities, especially in the Southern Townships, but numerous interviews with the fishery sectors' stakeholders underlined the greater efficiency and fishing effort provided by Muslim fishers compared to Buddhist ones. In other Townships as in Kyauk Phyu, many traders were also Kaman.

³ Note here that land in Myanmar, even after the new Farm Land Law issued in 2012, remains ultimately the property of the State.

4.2. Changes in living conditions since June 2012 in Sittwe Township

4.2.1. Resettlement and geographical repartition

Since the unrests in June 2012, most of urban Muslim communities have been resettled to IDPs camps situated in West part of Sittwe Township, Hence there are at least two or three kinds of IDPs in the Muslim camps: homeless IDPs (with among them those who still own a house in urban area but can't return to it) and economic IDPs. Muslim camps shelter also Kaman ethnics coming for the greatest part from Kyauk Phyu.

For Rakhine Buddhist communities, IDPs camps are mostly made of families whose houses were burnt during the same conflict. Buddhist camps are made of a majority of Buddhists, together with some Mara Ma Gyi and Hindus.

Immediately after the June unrests, Muslims whose houses were burnt fled to villages West of Sittwe, especially Takke Pyin Market, Dar Paing and Thea Chaung which were already economically important villages in the region. Thea Chaung has been a famous fish market since a long time. Hence part of the IDPs first self-settled in these villages, either because they had some relatives or former economical relationships with locals, or because they considered these "Muslim hubs" as the closest and most appropriate places to temporarily relocate. Many Kaman from Kyauk Pyu, mostly fishers and fish traders settled in Thea Chaung where they used to sell fish.

In July 2012, the first Rakhine Response Plan was launched by the UN and humanitarian partners. In Muslim area, the government relocated a great part of self-settled IDPs in camps with the support of UNHCR on former paddy fields and elevated grounds used to grow seasonal vegetables (see infra). The main camps of the area are in Ohn Daw Gyi, Say Thar Ma Gyi Baw Du Phar, Thea Chaung and Dar Paing. Households were each attributed a room in long barracks, each containing 8 rooms, measuring 4x4 yards. Yet, a great proportion of IDPs remained in self-settled camps, such as in Thea Chaung and Dar Paing, at least for three reasons. Some arrived late such as Muslims from Than Taw Li who until July were stuck in-between the designated Muslim area and the Buddhist one, and for these reasons were not included in the official IDP lists⁴. Others, as in the case of the Kaman from Thea Chaung don't want to mix with the Muslims in the IDPs camps, considering the living conditions and the populations of these camps as "uncivilized", insecure and "degrading". Finally, those self-settled in important economic places such as Takke Pyin Market, Dar Paing and Thea Chaung consider their situation better here than if they were relocated in far away camps such as in Onh Taw Gyi, that would increase transportation costs and reduce employment opportunities. This argument is important as many self-settled IDPs in Thea Chaung for example pay monthly fees to villagers owning the land, up to 2000MMK/month.

For Buddhist communities, self-settled camps were relocated in consolidated IDPs camps in Set Yoe Kya 1 and 2. Only few self-settled communities remained in Set Yone Su, with among them one Mara Ma Gyi community in Set Yone Su 1. Those resettled in Set Yoe Kya were attributed individual houses with private latrines according to a lottery system. While there are huge differences between living conditions for IDPs between Muslim and Buddhist camps, Buddhists resettled in Set Yoe Kya suffered a lot from this arbitrary relocation, while they tended to be grouped by relatives and acquaintances in former self-settled camps. Apart from possible discrimination Mara Ma Gyi could face if mixing with Buddhists in Set Yoe Kya (as explained above), the fear of being spread in different locations is also a motivation for

⁴ Than Taw Li, which is situated North of Set Yone Su, used to be a renowned place for its piracy on local trade and surrounding villages, with famous "bandits" who won't be named here. Therefore, we have been told in different places Muslims from Than Taw Li were purposely not welcomed in the camps and not including in the distribution lists, fearing of their reputation of thieves.

remaining in Set Yone Su 1, despite living on a former cemetery⁵. Last but not least, Set Yone Su 1 is closer to Sittwe town than Set Yoe Kya, hence reducing transportation costs to Sittwe where are found most employment opportunities for this poor community.

There are two principal access roads to the Muslim area, one going through Takkeyyin Market and another through Bu May. Gates are kept by the police on each of these roads, short before entering the above mentioned villages when coming from Sittwe. On the other side, Rakhine IDPs are not confined to a particular area. They are free to circulate in the State and outside, even if most of them barely go to the Muslim areas to avoid conflictive situations. Besides, there is great pressure on Rakhine Buddhists in contact with Muslims apart from trade purpose (see below).

These limitations on mobility put on Muslim communities logically affect villagers in the same manner as IDPs. Those Muslim pockets remaining outside the delimited Muslim area are also affected. This new socio-geographical division is affecting all communities, at least in economic terms (see *infra*).

4.2.2. *Social issues among Muslim communities*

Other differences between the same assumed communities lie in their lifestyle, including their relationship to Islam. These differences can be explained by a generally greater exposure to religious and ethnic diversity for households used to live in urban settings compared to those living in rural areas. It is hard to generalize as current camps are made of IDPs of various origins. Similarly, such large urban villages like Nar Zi (Set Yone Su) contained a wide range of socio-economical classes and a great diversity of origins (families living in Sittwe Township since generations, other recently coming from other Townships such as Maungdaw, Buthidaung from NRS or coming from the Eastern islands between Pauktaw and Kyauk Phyu). However, different patterns between rural and urban Muslim communities can be summarized as follow:

In rural area, communities tend to practice a stricter form of Islam, including a strong gender differentiation on livelihoods and mobility: women confinement, *pardah*, is more widespread and women livelihoods are mainly small home-based shops, as well as small-scale gardening and poultry activities. Even those are not well perceived as it implies exposure for women involved in such businesses with men not belonging to their family. In urban areas, Muslims used to live in religious and ethnic melting-pot characteristic of urban settings. They thus have a greater exposure and accordingly a more “liberated” lifestyle. This lifestyle translates for example in a greater mobility for women – like Muslims women selling fish at the market – hence interacting more with men. Life in urban areas also suffers from less social pressure and individuals have the possibility to “escape” their neighbourhood for different purposes. One highly symbolic feature is the greater freedom that urban Muslim girls have to flirt with boyfriends before marriage. For these reasons, young males from rural host communities perceive IDPs girls as attractive and even sometimes “loose”. We’ve been told in several IDPs communities about the issue of young males from host villages coming in the camps snooping on girls going to the latrines, or simply come strolling in the camps and looking unrestrainedly to the girls. It is also true between IDPs young men and girls, the lack of privacy in general and between men and women in particular, being an issue especially for Muslim communities where interactions between men and women are highly restricted outside the household. Even in the household, small rooms of 8x8 yards don’t allow to create

⁵ The Set Yone Su 1 location used to be a former Muslim cemetery. For these reasons, Mara Ma Gyi here reminds their fear of ghosts in the first period of their settlement. However, monks from the Buddhist monastery nearby went to protect the place (*pe'yeit na-de*) which largely contributed to calm people down.

separated spaces, so married couples are sleeping together with children, siblings and parents.

In the socio-economical context of resettlement, the behaviours underlined above are enough to create conflicts between communities. During our fieldwork, at least three conflicts arose from pre-marital relationships between boys and girls of different origins (rural and urban), provoking disagreement between the communities. In such a context, the events led to arrests. We have even been told of some more extreme cases of murder following pre-marriage sexual intercourse between host and IDPs.

4.3. Livelihood constraints and opportunities brought by the conflict after June 2012

Besides the loss of assets for most IDPs, whether in Muslim or Buddhist areas, the main effects of the conflict are due to the geographical segregation between these two areas, affecting trade at the Township and State levels (thus affecting costs and in a lesser proportion supply), as well as employment opportunities especially for Muslim restricted to their area.

According to the joint livelihood assessment (ACF *et al.*, 2013), by 2013 there were between 60 and 70% of the households in Muslim area's camps entering in the "very poor" and "poor" wealth group. In Buddhist area's camps, the same groups represented between 40 and 60 % of total households.

4.3.1. Livelihoods based tensions between host and IDP communities

"We welcomed IDPs and we have nothing left"

Most IDP camps have been installed on former gardening lands and paddy fields owned by villagers, in Buddhist and Muslim areas. This is in some cases a first matter of animosity from the host communities toward IDPs, added of course to the fact to see arriving perfect strangers "in mass".

"Because of them", some villagers lost part of their income and food sources (especially in Muslim area where elevated grounds used to grow vegetable have been requisitioned) "Because of them", say the villagers in the Muslim area, they also suffer from the same economic constraints imposed by restrictions on mobility, notably the impossibility to access Sittwe which is the economic hub for trading with the rest of the country. Hence most of villagers also consider themselves as "refugees" (*dukkha the*), but refugees who don't receive food distribution. The very word of *dukkha the* is manipulated in many ways and also serves for self-victimization by the IDPs so that villagers underlined several times how arrogant the IDPs are, the latter claiming that under the pretext of being *dukkha the* they more or less have the right to do whatever they want to. This is reinforced by the bad governance and corruption of the Camp Management Committees (CMCs – see *infra*).

Muslim villages' fishers, of whom Rakhine traders usually say there are more skilled than Buddhist ones, are now limited in their trips by the numerous gates at sea, and upstream communities are often prevented to access the sea for the same reasons.

For urban Muslim IDPs (coming from Nar Zi or Set Yone Su, Than Taw Li for example), the few employment opportunities available in their new location usually don't fit with their skills. Urban dwellers' occupations ranged from merchants to daily labourers working on the market, including shop owners, trishaw pullers, small vendors, etc. In rural areas, the two main livelihood options are mainly fisheries and agriculture. If few urban dwellers converted

themselves in unskilled fishing labour, the majority of them have simply no knowledge of these livelihoods, and often no will to convert to these activities notably because urban dwellers look down on rural livelihoods. Given they cannot access urban daily labour opportunities as Muslims are officially forbidden to reach Sittwe city, those who are better off generally found some work in NGOs, or as trishaw pullers within the Muslim area, car drivers, or as small business/shop owners. Some educated Muslims also found jobs besides fish traders in the area, as record keepers for example.

Yet, as underlined in joint livelihood assessment (ACF *et al.*, 2013), “Muslim host villages [...] are also having to share local resources with the displaced. Availability of firewood was [and is still] a concern, as natural sources were being depleted rapidly by the newly arrived displaced population”. One year after, the situation remained more or less the same. Firewood is still an important and necessary post of expenditures for Muslim IDPs. Those running small scale business activities may purchase firewood which is taken from nearby mangroves and sold on local markets. Poorer households sell part of the ration distributed monthly by WFP (and other irregular rations obtained from external religious organizations), or other assets distributed by NGOs (hygiene kits, blankets, etc.). The poorest take firewood from other sources including latrines, bridges, or use some grass instead.

Hence, access to cash in Muslim area camps is surely the main hindering factor for IDPs and to a lesser extent for host villages’ labourers facing more competition.

As a result, robbery became an institutionalized practice in both areas. Onh Daw Gyi’s village headman reported more than 100 cows stolen in the past 2 years⁶. Other livestock as well as smuggled on the local markets principally. However, other assets, such as motorbike, became valuable goods smuggled in both directions between Muslim and Buddhist areas. This situation is of course worsening the relationship between host communities and IDPs (especially in Muslim area), adding to the socio-cultural differences exposed above.

In Buddhist area camps, access to Sittwe town is not an issue and consequently employment opportunities are more diversified. The most affected are probably those IDPs having lost their capital in the unrest and lacking necessary income to invest in restarting income generating activities. We even encountered some former shop owners, unable to restart their activities and unable to physically endure daily urban labour such as goods carriers in the markets. Yet, for many poor households the daily labour market left vacant by Muslims who usually occupied it created new economic opportunities.

If many Buddhist IDPs face a precarious situation as well, they have better access to positive coping strategies notably through their social capital (see *infra*). Besides, they can access micro-loans programmes implemented by the Ministry of Cooperatives. An important proportion is now relying on these loans in Buddhist camps as we could observe in Set Yoe Kya.

For non-resettled Buddhist isolated communities such as Zaw Bu Gya, the conflict also hindered the local economy. This village for example used to be a local crossroad for its proximity to the train station serving Sittwe and other villages in the North. However, the train stopped since the 2012 events isolating the village. The lack of daily labour (which used to be principally Muslim) also affects Buddhist farmers and hinders their productivity in most villages.

4.3.2. *Trading relationship between Muslims and Buddhist areas.*

The geographical segregation between Muslim and Buddhist areas obviously undermined local livelihoods. However, trade between the two areas is still performed for most

⁶ Here again, as in Dar Paing, villagers often hold Than Taw Li IDPs responsible for these actions.

commodities. Differentiation has to be made between the different levels of trade and stakeholders involved. Large Buddhist traders working in coordination with Muslim traders in the Muslim area are still able to perform exchanges between the Bangladesh-Myanmar border and Sittwe (and then Yangon) without much disruption in their economy. In other terms, there is no shortage of goods coming from both sides of the Muslim area. Food, but also gold, fisheries, cows, garments, etc., still circulate between Sittwe and the Muslim area and in the other way as well.

However the most affected are the small-scale traders and their beneficiaries. As an example, most of goods circulating between Sittwe and the Muslim camps area have to be transferred through a greater number of intermediaries than before, and are therefore more expensive. Muslim cargos trying to override Rakhine intermediaries are most often sacked up short after passing the gates.

Contrarily to the pre-conflict period, getting supply from the main providers situated in Sittwe town is now impossible for Muslim communities. Rakhine individuals having connections with Muslim traders (generally prior to the conflict) are now acting as intermediaries to supply Muslim markets. Hence the price of goods coming from Sittwe rose up in Muslim areas, with more or less increase depending on the goods. For example, ice for fish conservation which used to be supplied at the factory (between 5 and 6000 kyat per ice cube) with additional transportation costs, is now sold in Muslim areas between 12000 and 15000 kyats. The fish produced by Muslim fishermen is then sold back again toward Sittwe to Buddhist traders, but Muslim fishermen have few margin to negotiate the fish price in return as they are subject to the price intermediaries offer – and the local markets are not sufficient to counterbalance the demand coming from Sittwe compared to the offer, besides the fact Muslim population facing economic difficulties are not able anyway to pay extra prices for fish (or any other goods).

As observed in joint livelihood assessment (ACF *et al.*, 2013), most traders from both sides are able to answer the supply of most commodities. Yet the main hindering factor is cash availability. Indeed, where trade between Muslim and Buddhist area used to be done upon trust relationships and flowing (goods being reimbursed when being sold or in exchange with other goods going in the reverse direction), trade is now subjected to instant cash payments. In other terms, goods have to be paid on delivery by each intermediary. However, usual difficulties of having great amounts of cash added to the lack of cash available since the 2012 unrest especially in Muslim areas represent the main obstacles and may contribute to prices' increase.

Due to population increase in the Muslim area, local markets – such as in Thea Chaung or Takkeyyin – are expanding. While it may benefit local businessmen from host communities, the lack of cash for IDPs prevents most of them to start income generating activities.

Finally, the joint FSL assessment done in 2013 (ACF *et al.*, 2013) underlines that in rural Sittwe, there are signs that Rakhine are starting to hire some of their Muslim neighbours as casual labourers again and that in some locations, Muslim traders from IDP camps are purchasing goods from nearby Rakhine 'isolated' villages: IDPs from Ohn Taw Gyi and Say Thar Mar Gyi were purchasing fish from Rakhine fishers (on the beach) to resell in their camps. Informal networks to access cash and especially remittances are also provided through Rakhine and Hindu traders established in Sittwe town and transferred to the Muslim area.

There is no doubt that Buddhist and Muslim communities at the grassroots level, especially in the rural parts of Sittwe Township, are still having economical relationships, but also are willing to work together again.

4.3.3. *Coping strategies: social capital and power relationships*

Several Buddhist IDP households said having a better situation now in the camps than before in their ward. This cannot be generalized, as many Rakhine households lost most of their economic capital and are now located further than they used to be to downtown economic area. Those individuals who prospered after the conflict in the camps were generally able to transfer at least part of their assets to the camps. These individuals early started income generating activities in Set Yoe Kya camp, initiating the local market or opening tea-shops and small restaurants.

While it has been possible for many Buddhists affected by the June 2012 unrests, most of Muslims told they have been prevented to save part of their capital even when they had time to do so. Only Muslim traders having good connections with Buddhists were able to retrieve part of their capital after being displaced.

Those Muslim households who have been able to invest in small-scale businesses most often profit by remittances sent by relatives living in third countries. Even if the sums received are not really consequent (between 20,000 to 40,000 kyats on an irregular basis), remittances definitely make a difference in terms of living among IDPs. Locally employed NGO staffs are also a source of revenue for their relatives, especially in Muslim area camps. However, other social mechanisms for redistribution, notably small and large-scale donations usually made by wealthier individuals during Ramadan (*fitra*), and just after the Bakari Eid (*zakat*, one month after the end of Ramadan), couldn't be performed for most of them due to financial difficulties. Muslim communities repeatedly said that the impossibility to honour these socio-religious obligations, especially *zakat*, was lived as a humiliation for a lot of them.

Yet, two years after the conflict, the main social asset to access cash (whether through employment or income generating activities) is now having some relationships with the Camp Management Committees (CMCs). This is true in both Muslim and Buddhist areas, but the power the CMCs hold in Muslim area camps seems even greater, if not absolute. While NGOs assumed the camp management and coordination tasks in late 2013, the government (*General Administration Department, GAD*) created the CMCs in 2014 to answer the needs of better involvement in camp coordination and management tasks by the locals. However, where the CMC members should have been elected, they were merely designated self-proclaimed leaders (Muslims in Muslim camps and Buddhists in the others) who establish the first lists of beneficiaries notably for WFP. The current power these CMCs hold over Muslim camps may represent the main hindering factor for any cash or food and non-food items distribution, largely hindering the control of aid.

While CMCs seem less omnipresent in Buddhist camps, they nonetheless levy taxes on local businesses (for profitable shops such as "restaurants" it can reach up to 1,5 Lakh per month) and designate workers for recruitment for local construction activities implemented by humanitarian organizations.

Hence for the poorest and less connected households, the main coping strategies remain selling part of their ration and other assets (hygiene kits, kitchen utensils, mosquito nets, etc.) and migrating. On the latter point, recent studies show that besides a 62% increase in migration between 2011 and 2012, women and children now makes 17,2% of illegal Muslim migrants detained in Thailand (Oh, 2013: 2-3), while illegal boats used to transport mostly men before 2012. Poor households also collect wild firewood in nearby mangroves, on bridges and even on latrines, used to exchange with food. Finally, there are irregular employment opportunities in the local markets (Dar Paing, Thakkepyin and Thea Chaung), explaining that mainly self-settled IDPs in these areas don't want to be relocated in faraway IDPs camps.

4.4. Gender and livelihoods

Rakhine communities are generally not affected by gender discrimination regarding the types of livelihood. Rakhine women even work in daily labour, notably for water and sanitation construction works done in the camps.

In rural Muslim communities, the woman is ideally not working. However, home based works, such as home-tea-shops, betel shop, and other small trades are the best option for a livelihood run by women. For urban Muslim communities, with more exposure in terms of education, livelihoods opportunities and to other religions, working outside home is not uncommon. Educated women would work in NGOs, as teachers and others sell goods in the market for example. Yet, for most Muslim households (whether urban or rural), being able to support alone the household is considered as a major accomplishment for men. For this reason, gender differentiation of livelihoods among Muslim communities also impacts domestic and gender based violence as well as mental health, as explained in chapter 4, since the men normally responsible for supporting the household are left for many without sources of income. In other word, their main role in the family cannot be fulfilled. For the same reasons, many expressed the dependency on food rations distribution as socially destructive. Other expressions of this issue translate into migrating to other countries such as Malaysia, following the widespread idea that: "even if the trip is dangerous and many die at sea, we the men are also dying here".

We must underline here that this gender differentiation dictating women to stay at home impacts also on how NGO Muslim female workers are perceived by the community. When discussing livelihoods opportunities for Muslim women according to religion, respondents pointed out several times NGO workers as infringing their religious obligations. In some occasions they were even given as the example of what shouldn't do Muslim women, as NGO workers are particularly exposed to the outside world and in contact with men not belonging to their household. This perception also implies the fear that Muslim female NGO workers may be used to hinder the development of Muslim communities through familial planning, contraception and providing "contraceptive food" along nutrition support to the children. Hence, the assumed benefits of recruiting NGO female workers from within the community may actually not be real and even sometimes counterproductive on the trust communities give to the NGO.

On this point, see recommendations.

5. Nutrition, infant and young children feeding

5.1. Muslim communities

5.1.1. Diet

Household members often eat in the same pot. The meal can be taken on a piece of cloth directly put on the ground. Hand washing is generally practiced before eating, but rarely with soap.

In "normal" times (especially for rural Muslim families) diet is mainly made of rice, *ngapi* chillies, accompanied by fish for additional curry, plus vegetables. Beef is an occasional food and fish the main source of proteins. Urban families with better access to cash generally had a more varied diet. In the camps, most of those who want to purchase fish have to sell off part of their ration that is not always sufficient for the families' needs. Other items such as hygiene kits (one kit is sold out for 4000MMK on the local market) can provide additional incomes. Yet, rice, chillies and vegetable remain the daily diet for the poorer households, and rice with chillies compose the daily diet of the poorest. Indeed, in order to cook meals, firewood has to be purchased, which is done by selling off peas, oil and sometimes rice.

Children under 2 years old are not given every food. Under this age, some foods are believed either to give nettle rash (such as shrimps) or to cause madness (goat).

5.1.2. Gender issues

The consultant team was asked to enquire the roots of malnutrition among children under 5 which seems to affect more girls than boys. Indeed, 55% of children admitted in Therapeutic Feeding Program are girls.

Yet, beyond the social value given by the parents that may differ between a girl and a boy (discussed in chapter 5), only few findings regarding maternal care and breast-feeding may explain this difference. Food interdictions during pregnancy and breast feeding are detailed hereafter.

- Boys are breast fed until the strict limit of 2 years old. Girls are breast fed until the limit of 2 years and a half, this limit not being strictly followed. Besides, after 6 months, boys are systematically fed with additional food, while there is no clear limit for girls. This seems to be related to the necessity to give strength to the boys given the fact that mothers tend to value more boys than girls (see infra). Hence, in crisis time, boys are likely to receive more additional food after 6 months, while girls would be only breastfed.
- There are no food restrictions for pregnant women in Muslim communities except from beef.
- Respecting Ramadan during pregnancy brings double merit for the woman added to the fact that they can touch and access the Koran because they don't have their period. To our knowledge, a great proportion of pregnant women therefore fast during Ramadan for this reason.
- Breastfeeding mothers fasting during Ramadan don't stop breastfeeding during the day.
- Pregnant women shouldn't have any contact with rainwater in particular, and with cold water in general. Hence they must only drink hot water/tea. This also applies to the 40 days after birth.
- Child is breastfed for the first time only after being given a Ghusl (ritual washing of the whole body) and after receiving prayers (*azan/tawkbir*) from the Mullah (2 for the boys, expressed loudly, 1 silent for the girl). This prayer may last between 15 min and 1 hour depending on the blessings and the status of the family. A well-organized birth – the Mullah is ready and arrives right after the birth – may be quick between rituals and the first breast-feeding. However it arrives that unexpected births delay the time the newborn will receive his/her first breast-feeding if the Mullah cannot be reached straight away.
- After birth, during 40 days the mother eats mainly plain rice and chillies. Fish can be consumed if dried yet it remains an expensive food. Vegetables, beans and other common foods are prohibited during this period. Dry foods, especially dried chillies, are believed to help the uterus retract and fasten the mothers' recovery. Besides, some mothers use dried chillies to apply on the child's navel to dry the remains of the umbilical cord. The umbilical cord is generally cut with a razor blade first disinfected with fire.
- Contrarily to the pregnancy period, there are a lots of food taboos during the first 6 months after birth. These are related to traditional beliefs rather than religion (Islam doesn't prevent any food for pregnant women except from the usual Haram food). Here are some of the most current dietary restrictions:

- “Fish with navel”. *Nga lawa*, *Nga tha lauk*, salmon. These are mainly salt or brackish water fish.
 - Shrimps: can cause itching.
 - Goat’s meat is believed to be poisonous. Most of meats are avoided, including chicken, duck meat and eggs
 - Many fruits and vegetables are forbidden, such as coconuts, pineapple, eggplants, fresh beans, etc.⁷
- Food taboos are respected until 3 months for girls and 6 months for boys.
 - Breast-feeding is stopped if the woman is again pregnant, as they believe breast-feeding could transmit illnesses to the elder child. This seems to be linked with the fact pregnancy – i.e. carrying something on the way to be human, but not yet – opens the door to malevolent spirits.

5.2. Difference between communities

Buddhist IDPs also receive rations. But they can perform livelihoods in Sittwe town. Hence Buddhists’ diet in camps is much more diversified than for Muslim IDPs and the data provided by NGOs show a really low number of children with Acute malnutrition in Buddhist and Mara Ma Gyi camps.

Buddhist, Hindu and Mara Ma Gyi communities, as Muslim communities, while observing few taboos during pregnancy (except from few sea fish and avoiding excessive chilly), have a greater range of prohibited food after birth. The main consumed vegetable during the first 6-7 months after giving birth is gourd⁸, while numerous vegetables are forbidden. Among meat, chicken and beef can be consumed (the latter rarely).

Hence, besides food diversity, the main difference between communities in Buddhist areas and Muslim communities seem to reside in educational and maternal care issues. Obviously, contraception and family planning are better implemented in the former than in Muslim communities. Kaman IDPs who also have better access to education and whom practice of Islam is “looser”, are to our knowledge less affected by malnutrition issues, despite being subjected to the same economic difficulties as Muslim communities. They also seem to have less children than Muslim families as, according to our interviews, contraception and family planning are generally well accepted. Besides the fact that Muslim women have to stop breastfeeding their baby if they are again pregnant, another probable consequence of greater families is that children are most often seen wandering outside in the Muslim camps together with other children than in the Buddhist ones. With more children to take care of, and especially new-borns, mother expressed the issue that they couldn’t give enough time to their older children. Another fact is that when several women are married to the household’s head, one of the women (generally the first married) generally takes care of the children (preparing food, feeding, washing and looking after and even breastfeeding in certain cases) born by the other spouses. Buddhist households (but also Mara Ma Gyi and Hindu ones) generally gave more emphasis during interviews on the necessity to look carefully after their children, as well as playing with them. On the contrary, we barely saw adults playing with children in Muslim communities.

⁷ There is a wide range of forbidden foods, so that no single informant was able to remind everything. Besides, it differs also from one individual to another, based notably on what they have been taught by their mother and mother-in-law.

⁸ In many South-East Asian societies, gourds are linked to the creation (of the human race).

Let us underline here that the way relationship between parents and children differs among communities have no evident explanations involving religion or beliefs. Our interpretation is that beyond a greater number of children per household, Muslim communities are experiencing since long harder daily conditions than the others. In some extreme cases we could even suggest that children can be seen as a coping strategy itself to access NGO services, especially if cash (daily allowances, transportation costs⁹) is provided. In many cases, nutritious food given to malnourished children is consumed with the other children of the household and even sometimes the adults.. Similar negative behaviours can be seen in poor urban communities in Yangon for example, where children are sometimes rent to beggars or forced to work for the parents' benefit¹⁰ (plastic collecting, begging, etc.).

We will see in the following point that malnutrition discrepancies among Muslim communities may be explained, at least partly, by the practice of Islam for Muslim IDPs (notably gender repartition of roles in the household) added to the gender differentiated social value attributed to boys and girls, affecting mothers' mental health and their ability to take care of their children.

6. Social structure, mental health and care practices

6.1. Socio-religious behaviour and practices among Muslim families

6.1.1. Familial structure and roles distribution

As said above, gender balance and possible explanations of discrepancies between malnutrition rates among boys and girls under 5 are probably to be found in familial structures which will impact on care given to the children.

Here an explanation of the ideal familial structure and reproduction of religious and social values according to this scheme is necessary.

It is well known that in Muslim communities married women will follow their husband and married men will bring their spouses to their parent's home. Hence the household's structure is patri-local. According to our interviews both with households, individuals and Mullahs, the married woman belongs to her husband. It is even common for husbands to forbid their spouse to go visit her family, taking an extreme position on the fact that "all the rights of the in-laws draw from the rights of the husband. One is thus obliged to respect her mother in law more than common elderly women because she is the mother of her husband who owes greatly to his mother" (Saif, 2011). Therefore, after marriage the woman's new family is her step-family. According to this scheme, mothers consider boys as the main vector for reproducing familial values and those who will enforce religion and related practices at the household level. Of course, interpretation of Islam values in daily practice is highly influenced by the local Mullah's preaching.

In terms of child care practices it may influence on the time dedicated to the child by their mother (giving more time to boys) and on feeding practices: in some (not all) families, mothers feed their boys before feeding girls, which may impact on the latter's nutrition in times of food restriction.

Hence the elders (husband and spouse) with their married son(s) and daughter(s) -in-law compose the ideal household. Decision makers are the elders and the elder son (if not, the

⁹ The counter productive effects of providing incentives were discussed with some former NGO staffs.

¹⁰ Evidences on these urban Yangon practices have been collected during another work by the team.

elder daughter). Daughters in law are considered as new daughters, and, as such must “embrace” their family’s values and follow the above rules that also apply to her behaviour (notably regarding practice of religion) and child care. Taking care of the elders is also a way for daughters in law to acquire “merits” (*doa*). According to our interviews women have very different experiences with their in-law family. Firstly, this is the religious tradition and has to be followed by married woman, whatever her feelings. Secondly, it depends greatly of individuals’ personality. In some cases, being separating from their mother and having no good relationship with their mother in law affected a lot the mental health of the interviewed women, while other really felt confident with their in-law family¹¹.

Accordingly, we can draw a pattern for reproducing moral, social and religious values within the household as follow:

Men are the guarantors of the household’s economy, by being sole entitled to work and provide for the family. By staying with their parents, they also guarantee the lineage’s unity to which the in-laws will be incorporated. While men are raised to take care of their native household, women are taught to be good (docile) daughters in law. When becoming daughter in law, the woman will be transmitted her in-law family’s values, including how they should behave in regards of Islam (practically will they have to stay mostly at home, to wear the burka, will they have to pray five times a week, etc.), how they should take care of their children¹², etc. If mothers often say that they are the main care-takers of the babies, there is no doubt that they receive guidance from their mother in-law who also represents the husband’s authority. This is notably justified by the fact that children belong to the husband before all when the mother remains essential only until the child is weaned.

Domestic conflicts are most often solved by elders (often belonging to the mosque trustees). But when it comes to divorce (which are not really common but do exist in these communities), the Mullah is in charge of applying the Sharia law. In case of divorce, the couple must live separately during 3 months with no possibility to contract other alliances. Children being the man’s property, they generally follow the father but the mother can claim the right to keep them especially if they are still breastfed. In this case, the man has to provide for food and clothes to the mother. If the husband has no other wives, the mother in law or elder sister in law will take care of the children. However, rights of the man and woman depend also on the offence committed. If the man is guilty of adultery, the woman may be able to claim her children. However, securing a livelihood and the well being of children is often a hindering factor for separated women so they may deliberately leave their children with their husband.

6.1.2. *Gender, religious environment and persons of authority*

Whether women in the Islam world can attend the Mosque for praying differs among the countries, even if Mohammad himself conferred half the role of his teachings to her latest wife Aih’sha. Yet, Muslims across the world often objected that a feminine presence in the Mosque brings some distraction to men and hinders the holiness of praying times. In Rakhine State, it is clear that women are banned from the Mosque. They thus perform the 5 daily prayers at home, in an isolated room.

Mullahs are the main religious authority in the village or in the ward. Mulvis who are the teachers at the Madhrasa also benefit from a status and are generally listened by the community.

¹¹ Among couples separated from the elders because of the conflict, some women would even go preferably to their mother in-law to seek advice rather than to their own mother.

¹² We don’t have much detail on this point. However, the mother in law will notably state on forbidden foods during and after pregnancy as well as if the children should be fed together with adults or not.

Men gather at the Mosque for the 5 daily prayers. The Mosque is thus the main socializing environment for men. As Mullah preach Islam teachings, they also provide mental relief in daily life as well as in times of crisis. However, few Mullahs in the camps believe that resettlement and life in the camps are too heavy burdens that prevent them for providing efficient relief to their followers (inciting men to remain strong despites having no incomes, inciting men to live peacefully and according to the Sharia law). Some of them, notably in Dar Paing, even welcomed the idea of receiving psychosocial support.

Yet, women have only few access to these religious authorities and may rely for the transmission of Islamic teachings to their immediate family circle. Before being married, religious teachings as well as the transmission of knowledge in general is principally done by the mother and by the elder sisters. When married, the mother-in-law, as stated above, represent within the women circle the highest authority. Their elder sister in-law (if not married), may also transmit both religious and sociocultural knowledge. However, Muslim communities in Rakhine State adopted for most of them the *Tablighi Jamaat* religious movement (originating from India) which main purpose is the strengthening of Islam among Islam followers. While men are primarily concerned with the propagation of Islam, performing tours in their region and across the country, as noted by Metcalf (1997: 592), "assimilating women into what were seen as normative Islamic standards [...] was clearly a goal of Tabligh as well". Therefore, women similarly organize yearly tours, called locally *Musk'rat Jamaat*. These tours are generally done in the neighbouring villages. The main local centre for organizing these tours in the region is the village of Thea Chaung. Interestingly, *Musk'rat Jamaat* not only convey Islam preaching, but also, as we have been told in several camps, some gender oriented teachings on sexuality, marital life and values that should be respected by women.

The *Musk'rat Jamaat* usually happen after *Eid ul-Fitr*, marking the end of Ramadan. Even since the settlement of IDPs camps in the region, these tours also visited the camps, as in Onh Daw Gyi for example. However, the lack of privacy – women gather in one house to which access is prohibited to men during the presence of the association – and the lack of resources to accommodate them – the cost of their visit and stay in the village/camp has to be supported by the community – is a main hindering factor for these associations to visit the camps, and the poorest families may not be able to participate.

Some of the traditional healers interacting with the spirits also count among locally powerful individuals. We have been described two kinds of healers: healers mainly who learned their art and those who have been "chosen" and whose knowledge can be transmitted by inheritance. Ally and Laher (2008: 48), based on multiple studies across the Islam world remark that "it is believed that the art of witchcraft is passed on by inheritance; while sorcery is not something that is necessarily inherited — but can be learnt"¹³. Healers knowing the art of witchcraft are feared and respected as this art "is assumed to exist on a pendulum, with the one extreme expressing the witch was having malevolence as a motivator; while on the other side of the pendulum is the witchdoctor — often called in to cure the ailments thereof, or to defeat the spells of the evil witch. The witchdoctor is often referred to as a faith healer" (*ibid.*: 48).

In Muslim communities, witchdoctors seem to be generally people of high socio-economic status. They play an important role in dealing with daily issues, including health, economic problems, etc. Those amulets worn by most children (either around the neck or the hips) and

¹³ There are some writings that can be found on practicing sorcery and a sorcerer can teach some followers. For witchcraft, the spontaneous nature of the phenomenon is always emphasized (being contacted by a Jinn, being able to see Jinn) and the teaching relationship with others conversely diminished.

some adults (especially pregnant women) are confectioned by the traditional healers. They are consulted for many different problems, among them malnutrition or other health issues – in particularly mental health ones like crazyness – which are attributed to either malevolent spirits – *Jinn* – or the “bad eye”. Polio, epilepsy, continuous or repeated crying as well as over-frequent urination are among the illness considered as the consequence of bad spirits for children under 5.

The lacks of enthusiasm, loss of appetite, impossibility to sleep are also believed to be caused by the bad eye. It fits with the findings of Ally and Laher (2008: 53), underlining that traditional healers believe that this bad eye can be inflicted by any human beings toward an individual having an “ill will”.

For all these mental illnesses, traditional healers confection amulets (done with herbs and other natural products) combine with some verses of the Quran. Almost every child also wear these amulets (some time several) even in good health, in order to protect them from the bad spirits and the “bad eye” (according to some mothers the bad eye can simply results from compliments said about the child for example) as well as pregnant women who are particularly vulnerable. For the same reason, pregnant women should wear some steal on them when going outside at night. It seems that the fear and respect they enjoy from the population give them access to strategic positions in the community. In Takkepyin camp for example, on tradition healer is a fireman officer and as such is both respected and profiting from economic opportunities. As a sign of their socio-economic status, traditional healers have often several wives, which is far from being the majority as Islam imposes that every wife of a single man be treated (economically and socially) in the same manner.

6.2. Child care and well-being in Muslim communities

Based on the above overview of women’s relationship to their in-law family, and the differentiated value accorded to boys and girls in Rakhine-Muslim households we can underline the following points.

When asked in a direct manner about their preferences among their children (whether boys or girls), women usually make no differentiation. However, when discussing their relationship with their children through their life, the theme of the boy staying home to take care of their parents, “until their mother’s funeral”, is recurrent while daughters are loved but promised to leave the household when married. These facts suggest that mothers are likely to take greater care of their sons than their daughters (feeding boys first, giving them better food or even nutritious food normally prescribed to the malnourished daughter), especially in time of crisis.

The mother is the first care-taker of the children while fathers seem to be principally involved in socializing the boys at the Mosque for example, though it is not uncommon in the camps to see Muslim men with their children of both sex. The fact that many men have no economic occupation in the camps may also foster this phenomenon, even if men are outside most of the time in search of incomes. However, the mother-in-law, as said previously, is in charge of transmitting the family values to the household and therefore often interacts with their daughters-in-law in providing care to her children. After marriage, mothers-in-law are also the main person providing advice to the child’s mother.

The relationship between the women and their mother-in-law is of course subjected to individual characters. We encountered both women being in very good terms with their mother-in-law and the contrary. Yet, as the counterpart of the husband who has a predominant role in taking care of the household’s livelihood and economy, married women are often the receptacle of tensions happening within the household and at a certain point can be rejected, “being only the in-law” in their host family. For the same reason, women sometimes flee their household when in distress as they cannot find proper psychosocial

support in their host family, often to seek help besides her own mother. This even happened that a mother left temporarily to seek support by her biological mother leaving her malnourished 1-year child to the husband. This suggests that children may sometimes be rejected by their own mother upon the host-guest relationship they endure and which is set-up by patri-locality, where household members “belong” to the household head (whether the husband or the parents in-law). This is especially true in case of domestic violence.

Domestic violence is especially widespread in the camps. As explained by Mullahs as well as married men, the lack of incomes, inactivity and proximity in the camps make them particularly irritable due to a loss of self-esteem (“we are useless in this situation” came back many times in the interview). Money is the main cause of discord among couples. This is explained by the resentment men feel at being unable to perform their most essential duty as household heads, that is supporting their family, as many spend their times wandering in the camps and nearby villages for employment opportunities (some goods to off-load, some help here and there) but often come back empty handed. This situation leads many of them to alcoholism as well. In return, the men’s resentment and guilt for being unable to fulfil their duty is also triggered by their wife especially if some money disappeared (either for buying alcohol or because it has simply been spent for daily expenditures) without them knowing.

As briefly said in the livelihoods part, many men expressed the dependency on food rations distribution as socially destructive as it further supports the feeling of being a *dukka the* (literally somebody who faces deep problems) and secondly enhance their feeling of being dependant. Men also underlined the fact of not being able to manage their time, as usually they would spend day time at work and either come back to the household by night or relax with friends at the teashop. Without regular employments, they don’t feel staying at home (as generally relationship with their wife is tensed) but often know no place to gather except from the Mosque. Several women also said that their only preoccupation was waiting for the ration-day (food is distributed once a month) and having no taste in daily life. The fact of “dying alive”, or “living in a prison without doors” is also recurrent. Accordingly, many men and women have no hope in the current settings

Women mental health in camps also suffers from being separated from their former neighbours, and especially other women they use to meet with during the day. This is even accentuated by the forced proximity with strangers in the camps. For these reasons, on the one hand they are not able to express their feelings as they use to with acquaintances and on the other cannot hide daily tensions and conflicts due to the proximity in the housing stalls made for Muslim IDPs.

7. WASH

7.1. Muslim communities

7.1.1. Drinking water

Water has an important role and meaning in Islamic societies. Water is linked to creation in the Quran and ablutions are a duty to be performed accurately before each prayer to reach the state of purity. The meaning of Shariah (the Canonical Law) itself either means “the watering source” or “the path that leads to a source of water” (Mallat, 1995). Besides, many hadith (statements by the prophet Muhammad, *pl. ahadith*) contain actual measures for preserving water by prohibiting to defecate or urinate in the proximity of water sources. For the same reasons, water itself must be pure and protected from potential sources of pollution (whether human or animal), and it is probably “the origin of the concept of *harim*, that is the buffer zone around a water source where human activities are prohibited in order to avoid corruption of this water body” (Gilli, 2004). Quite logically, tube wells and deep tube wells with hand-pumps are preferred over other drinking water sources as the water “hidden” under the

ground is believed to be free of contact with sources of pollution. According to Mullahs, ideally wells should be 40 feet away from toilets.

If water is contaminated, 40 (sometimes hundred) buckets may be pulled out from the well before the well is considered pure again. Traditionally, water thought to be unsuitable for consumption was treated with a steel rod heated up. While there is no contradiction (whether religious or linked to beliefs) with water chemical treatment, communities often consider the subsequent taste that lasts three to four days as unbearable. Despite the distribution of filtering kits, water filtering is generally not practiced by households as it simply takes too long. Hence, if filtering kits are not sold out to make additional incomes, most of the time they are just put on the container after it has been filled up with water.

7.1.2. *Latrines, Mecca and the Jinn*

For Muslim communities, defecation and going to the latrines in general is done according to some ahadith. First, defecating is believed to be impure, and for this reason a person must not do so on a west-east axis which is the direction indicating the Mecca (for instance toward west) and more exactly the Kabba (the sacred house). Hence latrines should be built on a north-south axis. As it is not always the case in camps, individuals going to west-east latrines will sit perpendicularly to the washbowl. This may be also one of the reasons for preferring open defecation.

Secondly, latrines are believed to be a place where individuals are particularly vulnerable to the effect of bad and evil spirits (*Jinn*, *Shaytann*).

While the presence of *Jinn* appears in different interpretations of the Quran, local Mullahs also explained that the two *Farishta* – angels – protecting individuals – one on the left and one on the right side – were at threat to be scared or chased by malevolent *Jinn*. Interestingly, we have been able to trace a similar belief recorded in Padwick, 1924: 435) talking about peasant's beliefs in Lower Egypt:

Women are especially subject to be the victims of *Jinn*. To avoid being harassed by *Jinn*, individuals must recite prayers when entering the latrines to place them under the protection of Allah.

These beliefs, coupled to the fact that latrines are public (hence visited by a wide variety of individuals, i.e. good Muslims or not), make latrines in the camps places where individuals feel highly vulnerable (which may be even truer in these times of humanitarian crisis), and despite the possibility to protect oneself with prayers, explain for a great part the continued practice of open defecation.

Another reason that may be linked to the previous one is that adults openly say that children in the camps open defecate. The rationale is children cannot climb the stairs to the latrines, are that climbing may be too dangerous. Besides, in some camps they might need to cross draining canals and other obstacles that render the trip more dangerous. While this is true also for villagers, urban communities generally having private latrines say that they would manage a proper space for their child to urinate and defecate if not directly in the latrines. Another reason is that children under 5 are generally taken care of by the mother, so as to go to the latrines. This also causes an intimacy issue for women in the camps as to do so they'll have to go outside, which is not a problem when having the latrines in one's household's compound. Of course Muslim women in camps have to go outside (whether to the latrines or some place for open defecation), which is already causing a lot of issues regarding privacy (see above and below). Therefore they are unlikely to make extra trips outside for their children. Finally, it is also widely said that children, especially under 5 years, are more vulnerable to harassment by *Jinn*, who, as we have seen, especially haunt the latrines.

7.1.3. *Privacy, gender and other issues*

Regarding the use of latrines, the lack of intimacy, besides the threat represented by Jinn, is surely the most important issue. As remarked previously, the fact latrines' walls are rarely totally opaque – which is progressively worsened since wood from the latrines is sometimes used as firewood – makes women feeling insecure in this place. As reported already, it seems some men would profit from this to snoop women on this occasion. And even if it is not always the case, the simple fact of being observed when going to the latrines is already a source of discomfort for women. Even worse, observing people may find out if a woman is going to latrines to perform the necessary ablutions after sexual intercourse as she carries with her new clothes to change herself.

In most camps latrines have been later separated for men and women use, by painting "male" and "female" on the doors. However, we observed that these signs are barely respected. The reason invoked was that not everybody is able to read. Our interpretation however is rather that this artificial separation is not enough to provide more comfort to women. In the self settled IDP areas of Dar Paing (mostly Kaman from Kyauk Pyu) where latrines are not enough for the whole IDP population, men said they were practicing open defecation and keeping the use of latrines for the women of their community.

7.1.4. *Hygiene practices*

The Quran and associated ahadit also contain a lot of practices regarding daily hygiene, mostly using water. However, according to our observations, soap is barely used in the camps, whether before eating or after defecation. One of the issues is that hygiene kits, soap and other materials are used by the poorest as sources of income. A hygiene kit is valued around 4000 MMK on the local market. Some of the better-off households use soap, yet this practice cannot be generalized.

Before being in the camps, urban communities also used tissue for anal cleansing. Usually water is used for this purpose. Nonetheless, in the camps' latrines water is rarely found, meaning that individuals have to bring their own bucket when going to the latrines. According to our observations, many people don't bring water to the toilets, which means at least that urinating is generally not followed by cleansing with water and that may be the case also for defecation. However, Quran teaches that men should clean their penis after urinating in order not to contaminate their clothes, which is especially true before the daily ritual prayers. We may remind also that Muslims won't urinate in standing position.

In the ahadit, some references are made about cleansing with sand and/or with stones. And, actually, sandy stones made of mud found in the river beds are available in the latrines for cleansing after urinating.

These ahadit mostly relate to water scarcity in the cradle places of Islam and may not apply for daily use (notably for anal cleansing) in the environment of Rakhine. However, some individuals told us that they use sand/mud for anal cleansing in the camp, both because they don't have proximate access to water and because it is said as such in the ahadit.

As a matter of fact, diarrhea is not considered as a disease linked to water. Generally, local communities attribute diarrhea to unsuitable or food not fresh rather than to water quality. If diarrhea may be considered as severe for children under 5, the causes are often believed to be also linked to some bad spirit – as often malnutrition does.

7.2. Buddhists and other communities

Contrarily to Muslims, Buddhist generally favour the taste of water rather than its assumed purity. Water from wells is generally considered too “light” and Buddhists prefer the “heavy” water from ponds and rainwater. Hindus and Mara Ma Gyi follow the same patterns.

Latrines are generally not an issue in Buddhist area as IDP households have been provided with private latrines, with the exception of self-settled camps such as Set Yone Su 1. Besides, gender differentiation and privacy is far from being a sensitive issue unlike Muslim communities.

On the contrary, Mindaya village which is now surrounded by Set Yoe Kya camps, is facing increasing problems as the village of a bit less than 200 households may have no more than 10 latrines. This village composed of daily Buddhist labourers who came from other Townships in order to work in the once governmental rice mill have long been concentrated in a small piece of land, barely accommodating their individual houses and leaving in most cases no place for latrines. While open defecation has been the rule since decades, the presence of the nearby camps highly reduced available places for such practices. This may represent an issue in coming years, while this village (according to the villagers) already faced diarrhoea outbreaks in the past.

Access to water is provided in Set Yoe Kya by system of pumps in the dry season while rainwater is collected during the monsoon. There are few issues regarding access to water maybe with the exception of the Hindu community who is located on the lowest fields in Set Yoe Kya 2, where heavy rains are regularly flooding the rain collectors, rendering rainwater consumption impossible.

8. Recommendations

8.1. Livelihoods

As underlined above, lack of cash especially in the Muslim area is one of the main issue regarding livelihoods and food security. However, cash programming, while sought by Muslim IDPs would also be perceived as an extremely sensitive issue in this conflict context. Besides, the mismanagement by the CMCs risks bringing more conflicts (between IDPs, villagers and authorities) which already regularly shake the area.

As noted in the joint livelihood assessment (ACF *et al.*, 2013) “the lack of productive activities [in Muslim area] does not only leads to negative coping strategies but also impacts negatively on self-esteem”, and we may add especially for men. Indeed, providing vocational training to women may be badly perceived in Muslim communities, while reinforcing income-generating opportunities for men would have positive effect on gender based violence by giving them back their critical role in supporting the households’ economy.

Therefore, vocational training (carpenters, small business skills, net repairing skills, fish processing skills etc.) would be interesting to consider, as a source of income through self-employment.

If doing so, it would be important to study the market and identify skills appropriate for each camp in order to diversify the offer in the camps and villages. Besides, the design of integrated livelihood activities that would involve both host and IDPs may represent an important step toward pacifying the area.

On the contrary, we do not recommend working on inter-faith livelihood activities. While there are signs of resuming economical relationships between Buddhists and Muslims (notably through trade) we believe that these relationships based mostly on former patron-client relationships are already undertook where and when possible. Besides, those engaged in

inter-communities activities always take great care of not advertising on their relationships as they are under pressure from both sides. At the contrary, launching inter-faith activities at the community level may bring more conflictive situations. However, if in the future advocacy may serve to reduce the tensions, we have been told by grassroots communities on both sides that they would be ready to interact again with each other.

Household-scale farming activities initiated by humanitarian actors and religious organisations also seem to have positive effects on daily food diversification and alleviating food related expenditures. This activity would be interesting to be reinforced and beneficiate greater number of households.

As noted already in 2013 in the joint livelihood assessment (ACF *et al.*, 2013), one of the main constraint in the Muslim area remains firewood supply. Providing Muslim IDP camps with alternative sources of fuel seems critical after two years in the area.

8.2. Awareness and capacity building in Muslim communities

Women are the main stakeholders for taking care of the households, which includes of course child care, child hygiene, household tasks, etc. Yet they're not reached by Mullah's teaching and other stakeholders such as Muslim female workers from NGOs are often considered as illegitimate.

However, the Tablighi Jamaat movement offers a counterpart to women both for accessing religious teachings and alternative social networks. Indeed, the choices made to join the Jammah "produce a realignment of social relations in which not only men, but women as well, identify with groups outside those defined by birth and inherited by status alones" (Meltcaf, 1993: 596). Other interesting elements about this movement are notably its apolitical nature (Meltcaf, 1996), and the fact that the texts used offer detailed guidance for every aspect of life, including hygiene, ways of defecation, etc. (Meltcaf, 1993: 600-601). Since there are no criteria for entry or membership in the Jamaat, any woman who seeks to join the Jamaat is welcome. No priority is given to intellectualism and each person, by virtue of being born a Muslim, is assumed to be a potential participant worthy of respect. Each Jamaat member is considered to have the same capacity for full participation.

Therefore, our point here is that acquiring better knowledge of the Musk'rat Jamaat present in Thea Chaung and the region and testing potential collaboration on awareness sessions, whether on hygiene, maternal care or nutrition could significantly improve efficiency of the messages delivered through NGO programming, through religious legitimacy. Being aware of the difficulties that working with religious groups could pose for NGOs, one way to approach these groups could be through traditional birth attendants whom often have experience – and some participating actively –

8.3. Psychosocial support and nutrition issues in Muslim communities

8.3.1. *Communication issues and relationships between NGOs and communities*

Cultural and social diversity are probably the main hindering factors when dealing with humanitarian aid's efficiency. Behind many assumed homogenous entities, this diversity often impacts on how aid is communicated and received.

Similarly, Muslim communities are far from being identical in all points, and we already underlined the actual and perceived differences between urban and rural Muslims for example. Other differences exist also in language, whether Muslims come from urban or rural areas, and depending also on their origin in rural areas (between Pauktaw and Myebon for example). Yet, when providing psychosocial support, the language defines most of its efficiency and staffs underlined these language discrepancies between communities as a

possible undermining factor. Besides, the terms used by psychosocial teams differ from one staff to the other, besides the fact that not all of them are of Muslim mother language for example. Finally, a better knowledge and acknowledgment by the team of beliefs regarding the causes of mental illness (see after) would surely improve their impact when providing support to mother of malnourished children by referring to these beliefs along with psychosocial support. For instance, there are some stories told by elders and conveying certain concepts that according to some staffs prove to be useful for ensuring the mothers' attention on malnutrition seriousness. One of these concepts is for example "*ganda*", which seems related to the story of an underdeveloped (physically and mentally) child who is then threatened to be separated from his mother. While we haven't been able to uncover other similar stories, we believe that staffs may have a knowledge of such concepts. It would be worth testing the use of some traditional beliefs and/or stories linking more or less with malnutrition, child care and health to gain the communities' trust and attention and improve their awareness on the severity of these issues.

Therefore, working on the terminology used by the staffs, their own experience on what terms they believe having the best impact in improving maternal care and psychosocial relief should be done between staffs on a regular basis.

The other point raised about the relationships between communities and staff concerns the perception that some women (especially rural) have of Muslim women working in NGOs (when women should stay at home). This may be worked out notably through involving more the traditional birth attendants, among whom some already received NGO trainings. Discussing this with Musk'rat Jamaat members could also help précising where are the cultural and religious brakes.

8.3.2. *Breastfeeding*

Whether changing traditions regarding breastfeeding is possible or not is quite difficult to state on. Especially regarding the period of time, occasionally long, between Ghusl (ritual washing of the baby) and the first breastfeeding, this would need some discussions with religious leaders to see whether feeding the baby before is haram or not. Then, our point of view is that even if there is no contradiction on feeding a baby before Ghusl and that work is done with traditional birth attendants to advocate women of this point, many women wouldn't derogate from this habit as it consecrates the entry of the new-born into the Muslim world. Therefore it is conceived as the first and main thing to give the baby, even before feeding him.

However, education on nutrition and notably discrepancies between haram (unsuitable) food and traditionally forbidden foods proved in other regions to be successful. This could be tested with lactating women but would then require a close monitoring and probably a more detailed review on most available foods in the camps and possible contradictions with these food taboos.

8.3.3. *Working with traditional healers*

As in many cultures, Islam interacts with other ritual practices and beliefs that don't necessarily contradict each other. And in the same way, western knowledge/medicine may interact positively with "indigenous" practices and be complementary. As discussed previously, resorting to faith-healers or witchdoctors is a common practice among Muslims for a wide range of illnesses and mental disorders that they generally consider not as the cause but as symptoms. Traditional healers themselves may work out the same issues as the "Western" doctor. Yet, once again, the latter may in many cases only treat the symptoms according to local beliefs.

The belief regarding "bad eye" related illness such as lethargy, loss of appetite, difficulties to sleep seems particularly worth working on together with traditional healers (i.e. combining psychological support with traditional healing practices) in the current context where many

men and women feel anxious. More discussions with traditional healers on their perceptions of current state of mind of IDPs, and the methods for curing these illnesses in relation with these perceptions, would probably help uncovering ways of improving mental health in IDP camps.

For the same reasons, psychosocial support as well as awareness and knowledge transfers regarding malnutrition of children under 5 could build on these beliefs by engaging work with these traditional healers. Apart from building trust with the communities, this proved in another regions to be a positive approach for improving psychosocial relief (see Ally and Laher 2008). Yet, this may be true only if traditional healers recognize that illness can be either medical, psychological and/or spiritual. On this point, according to our interviews with Muslim households and especially children under 5's mothers there is no contradiction on consulting both the traditional healer and ACF premises. This is true also for other kinds of illness and consulting doctors. However, in the absence of health facilities providing efficient care in the Muslim area, resorting to traditional healers may be even more important in these times.

8.3.4. *Psychosocial support for men*

The main wish expressed by men is logically to regain a livelihood in order to support their household. However, as said previously procuring psychosocial counselling to religious leaders (Mullahs) could be an indirect way to help reducing their lack of self-esteem.

Trying to reach men through group sessions of psychosocial support seems critical in order to reduce gender based and domestic violence. Creating opportunities to gather and discuss the current situations, their own difficulties (to find a livelihood but also at home) should be considered.

8.4. WASH

8.4.1. *Muslim communities*

In terms of hygiene practices, working with women *jamaat* could be an option as we have seen that texts used to teach religious are also dealing with daily practices.

For hand washing and anal cleansing, financial difficulties are surely the main limitation on promoting the use of soap, as it represents a potential non-food item that can be sold for obtaining cash. Working closely with Mullah to enforce hygiene message and dismiss or clarify confusions on practices explained in the ahadit (like the use of stones or mud for anal cleansing) and their historical context may serve to improve hygiene practices.

Providing privacy to women in the camps is probably the main priority expressed by communities regarding WASH activities and would surely relieve some socio-cultural tensions around the lack of intimacy from which women suffer a lot in the current settings. While private individual latrines may be difficult to provide in Muslim camps, working on latrines' compounds reserved to women could be an option. The idea would be to have few latrines in a same place and separated from the camps by fencing. This fencing wouldn't necessarily need to be totally opaque, as its main purpose is to prevent direct contact between women in the latrines and prying eyes. While quite easy to implement, the main limitation is the deficit in firewood sources that would probably lead some individuals to predate on bamboo or wooden fences.

Discussing with religious leaders and/or faith healers on potential religious remedies to the concentration of bad spirits in the latrines could be tested to improve latrines' use rates and reduce open defecation.

Finally, self-settled camps still lack of latrines considering the growing number of IDPs living in these places. Building more latrines is still needed in these places.

8.4.2. *Other communities*

Despite houses in Buddhist camps are equipped with their own latrines and water supply, the bad design of the infrastructures doesn't guarantee enough quality. The Hindu community in Set Yoe Kya is especially at threat of water pollution in the rainy season where water collecting tanks are regularly flooded. Raising the levels of these water tanks would provide at least temporary solution.

Some solution should be also worked out for Mindaya village in Set Yoe Kya to find suitable additional space for the construction of latrines.

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Annex 1: Key questions and issues

1. Power, statuses and organizational structures

- 1.1 *Statuses (local and traditional figures of authority)*
- Who are the traditional figures of authority and their field of enforcement
 - How is leadership acquired, transmitted, lose?
- 1.2 *Statuses (local and traditional figures of authority)*
- How is organized access to resources: individual property, communal property, user groups..? Gender and livelihood activities?
 - Are there any forms of mutual aid, communal tasks: purpose (agricultural tasks, market supply, forest, water supply) and organization (lineages, gender, inter-villages)?
- 1.3 *Statuses (traditional and religious figures of authority)*

2. Pregnancy and childhood

- 2.1 *General facts around sexuality and pregnancy*
- How is considered sexuality: before official alliance (“marriage”), discussed/not discussed, among women and among men, etc.
 - What are the main occasions, events, to contract union?
 - What are (if any) traditional methods of contraception?
 - Birth calendar and representations (bad/auspicious months or seasons, beliefs and rituals linked with birth...)
- 2.2 *Pregnancy, post-natal associated restrictions*
- Are there any food restriction/special diets during pregnancy and in post-natal recovery?
 - Are there any prohibited or, at the contrary, commended behaviour and activities (notably livelihoods) during pregnancy?
- 2.3 *Birth*
- What are the beliefs around birth, associated rituals?
 - Who help labour, are there any traditional midwives?
 - Is there any relevaille period (ex: the 45 days after birth for Burmese), how long? And how is celebrated the end of this period?
- 2.4 *Nursing*
- Who is in charge of the infant (besides mother)? Does it depend on gender, lineage, other...?
 - How long does breast feeding last?
 - What are beliefs associated with breast feeding
 - When does infant start eating solid food? And what kind of food?
 - Is there any gender-based differentiation in providing care/nursing infants? Why, how?
- 2.5 *Division of ages*
- Is life divided into stage (early age, childhood, adult)
 - What is the status of new born in the society? At what age a baby becomes really part of the society? Is it marked by a ritual?
- 2.6 *Childhood*
- What the relationship between child (take into account gender) and HH, the child and village?
 - Who are the main child's tutors (take into account gender): kinship ties, duties and responsibilities...

3. Nutrition

- What is the main diet, how does it link to cultural patterns?
- Is there any seasonal pattern in diet? Are there reasons beyond foods' availability?
- Is there any impure food, prohibited food, how does it affect the community (gender, status, etc.)?

4. Water and hygiene

4.1 *Water – geographical/mental representation and distribution*

- Where does "come" water? (myth)
- How are classified water bodies (rivers, creeks, fresh, brackish, salted)?
- How is "traditionally" managed access to water

4.2 *Wastes and excrements*

- How/where are disposed wastes?
- What are the beliefs associated to defecation?
- Are there any toilets? Where are disposed the excrements?

5. Health seeking behaviour / Mental health

5.1 *Healers, shamans, health workers...*

- What are the main types of acknowledge diseases/illness, how are they classified (supernatural origin, physic, psychologic, etc.)?
- Who are the existing traditional healers (shaman, herbalist, midwife, etc.)?
- Do the different types of diseases/illness refer to different health specialists?

5.2 *Mental sickness (handicap, status)*

- How is mental sickness perceived? Is it considered as an illness?
- What is the place of mentally sick people in the society, are they taken care of, how, by whom, etc.?
- What is their access to livelihood?

5.3 *Depression – acceptance and resolution – derived effects (child care, livelihood)*

- Is depression expressed and perceived? Is it considered as an illness?
- Is depression treated, how? What kind of effects can depression have on livelihoods?

