

**Situation of older people and their specific
protection issues in Government Controlled
Camps in Myitkyina and Bhamo
Kachin State, Myanmar
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Background

The conflict in Kachin State and northern Shan State intensified in 2011, resulting in the displacement of populations and their resettlement in Internally Displaced Person (IDP) camps, most of which are in the Government Controlled Areas (GCAs) located well inside the state borders. There are also a large number of IDP camps under the control of the ethnic groups, referred to as 'Non-Government Controlled Areas' (NGCAs) located mostly along the China border. Presently there are 168 camps with a total displaced population of 90,735. Most IDPs have lived in camps for between one and three years and do not know when they can return to their original villages. While several rounds of peace negotiations have taken place and some are ongoing, due to a lack of serious commitment on both sides, people have lost hope of an early resolution and realise this could be a prolonged stay.

The IDP camps have a management structure with a Camp Committee lead by the Camp Manager, who in most cases, comes from the host community. For food and basic services, people in the camps depend on aid provided by the UN and other humanitarian agencies operating in Kachin State. There is total freedom for camp residents to engage with the wider community, be mobile and find employment. The camps are set up within the compounds of local churches or monasteries, which is the place of worship for local communities who consequently feel deprived of their common community spaces. While no reference was made to problems between the host community and the residents in the camps, many staff from agencies working here has acknowledged that **the IDP camps have become isolated from the host communities due to the lack of a clear strategy on integration**. There are tensions in some camps but these are still early days and not many serious complaints have come to their notice. However, they all recognise that integration is a must and efforts should be made to engage with the host community to avoid potential future conflicts.

The mission was carried out from 29 October 2014 until 28 November 2014 with visits to the UNHCR offices in Yangon and Myitkyina for initial briefing, visiting camps and service agencies in Myitkyina and Bhamo, meetings with UNHCR staff and making presentations of the findings to the Protection Working Group (PWG) in Myitkyina and the UNHCR office in Yangon. The logistics were arranged by the UNHCR office in Myitkyina. Annex A , attached to this report, is the work plan developed for this mission in consultation with the UNHCR Coordinator, Matt Byrne.

The objectives of the mission were:

- Identify protection gaps, capacities and skills of older people to actively engage in activities.
- Suggest innovative, concrete, realistic and achievable actions to these gaps & to build capacities of older people
- Introduce tools and guidance for identifying and addressing protection risks that older people face

Details of camps, hospitals and agencies visited

Date	Name of camps & agencies in Bhamo	Met with	Accompanied by
6 Nov 14 (am)	AD2000, smaller Catholic camp, Bhamo	No official	Aye Nyein San
6 Nov 14 (pm)	AD2000, main Catholic camp, Bhamo	No official	Lucia
7 Nov 14 (am)	Hpan Hka Kone, KBC, Bhamo	Camp Manager	Lucia
7 Nov 14 (pm)	Ta Gun Taing, Buddhist camp, Bhamo	Village Leader	Lucia
10 Nov 14 (am)	KBC Camp, Momauk	Camp Manager	Aye Nyein San
10 Nov 14 (pm)	Momauk General Hospital	Senior Nurse	Aye Nyein San
10 Nov 14 (pm)	General Administration Dept, Ministry of Home Affairs, Momauk	Mr. Peter Doila, Assistant Director	Aye Nyein San
11 Nov 14 (am)	Robert Camp, KBC, Bhamo	Camp Manager	Aye Nyein San
11 Nov 14 (pm)	Bhamo District Hospital	Dr. Khin Maung Myint, Medical Superintendent/District Health Officer	Aye Nyein San
11 Nov 14 (pm)	World Food Programme, Bhamo	Naw Wah Wah Hser, Field Monitor Assistant	Aye Nyein San
Date	Name of camps & agencies in Myitkyina	Met with	Accompanied by
14 Nov 14 (am)	Main KBC Camp, Waingmaw	Committee member	Paul Mikki and Ms. Ja Seng Awng, EVI Facilitator, KBC
14 Nov 14 (pm)	In Jan Dohn, KBC	Camp Manager	Paul Mikki and Ms. Ja Seng Awng
15 Nov 14 (am)	Ngwe Pyaw San Pya resettlement village *	Village Leader	Paul Mikki & Ms. Aung Ja and Ms. Moh Moh, DRC
15 Nov 14 (pm)	Thar Ga Ya, Buddhist camp	Camp Manager	Ms. Aung Ja and Ms. Moh Moh, DRC
15 Nov 14 (pm)	Danish Refugee Council	Ms. Carlotta	Paul Mikki
17 Nov 14 (am)	Dai Fin (local NGO)	Mr. Lateim Zawng Hkawng, Director Daw Lum Naw, Logistics/EVI Focal person	Paul Mikki

17 Nov 14 (pm)	Myitkyina General Hospital	Dr. Maung Maung Zin, Administator	Paul Mikki
17 Nov 14 (pm)	Karuna Myanmar Social Service (KMSS)	Fr. Vincent, Vice Director Ms. Naw Thei Phyu, Programme Manager Mr. Luke, Project Co-ordinator	Paul Mikki

***Note: The Ngwe Pyaw San Pya Resettlement village has a separate section in this report as the context is very different from the other camps.**

Limitations

The mission faced several limiting factors, including:

- No permission to visit camps in NGCAs, only GCA camps visited.
- No meetings with the host communities were arranged or held.
- No opportunities to meet with all local partners as they were busy.
- Interactions had to be translated into three languages, making communication more difficult and less accurate.

Arriving at the camps

The visits were made with very little advance warning to the camps. In some cases, the team simply arrived at the camp without any prior notification. The UNHCR staff informed us that due to poor mobile signal, it was difficult to contact camp leaders despite repeated efforts. Due to this, it was not



possible to meet with the Camp Manager in all the camps. In some camps, they informed older people to assemble but the camp leaders themselves did not attend. One camp had a public address system to inform older people, but in most camps it was by word of mouth. In all the camps, it did not take long for older people to emerge from their homes and head for the meeting.

For the older people in the camps this was **their first time ever to be invited for a formal meeting with an external agency**. The older people themselves think they are not important members in the camp and that their role is only in their homes. In the Robert Camp, 86 older people turned up for the meeting within 8 minutes of the announcement. In most cases, it was not difficult at all to assemble older people for meetings as they came willingly. According to the Camp Manager, a designated place was built for older persons to meet but they do not use it. When asked, older people said that there was no consultation with them or guidance on activities, therefore, it remains under utilised. It is clear that the Camp management does not have awareness of the needs of older persons and would benefit greatly if a training programme was organised to create greater awareness and develop skills in working with older people.

Meetings with local agency staff in Bhamo proved difficult as they were engaged with committed activities and not available. Most of the local agency meetings took place in Myitkyina. The Government Hospital Administrators also readily agreed for the meetings. The UNHCR staff in Bhamo and Myitkyina did an excellent job of contacting and confirming these meetings despite communication challenges.

Profile of older population in the camps

Camp name	Camp numbers				Number of OP at the meeting	Older people at the meeting						
	Number of HH	Total pop	Average HH size (people)	Number of OP in the camp		OP aged 50 - 60	OP aged 60 - 70	OP aged 70 - 80	OP aged 80+	Widow/widower	Raising GC	Living alone
AD2000 small	52	223	4.3	N/A	12 f-11/m-1	5	3	3	1	N/A	70%	2
AD2000 main	301	1,403	4.66	20	14 f-10/m-4	2	6	4	2 81y. F, 95y. M	N/A	65%	4
HpanHkaKone, KBC	171	801	4.70	64 f-34/m-30	38 f-29/m-9	Nil	22	13	3	N/A	70%	6
Ta Gun Taing	42	194	4.61	26	13 f-12/m-1	5	4	4	Nil	13	100%	Nil
KBC camp, Momauk	421	1,875	4.45	103 f-65/m-38	23 f-16/m-7	Nil	15	7	2	16	13 GC incl 3 GGC	2
Robert Camp, Bhamo	652	3,706	5.68	278 f-190/m-88	90 f-72/m-18	Nil	57	31	2	53	72 incl 22 GGC	9
Main KBC, Waingmaw	428	2,229	5.20	80 f-62/m-18	26 f-16/m-10	Nil	16	6	2	16	23 incl 6 GGC	4
In Jan Dohn, KBC	56	229	4.08	22 f-13/m-9	15 f-10/m-5	Nil	7	7	1	5	8 incl 2GGC	Nil
NgwePyaw San Pya, resettlement village	114	550	4.82	30 f-20/m-10	17 f-11/m-6	5	11	1	Nil	6	5incl1 GGC	1
Tar KaYa, Buddhist camp	91	466	5.12	26 f-16/m-10	19 f-13/m-6	1	13	5	Nil	14	15incl 2 GGC	N/A
TOTALS	2,328	11,676	5.02	649	267 f-200/m-67							

Profile of camp older population

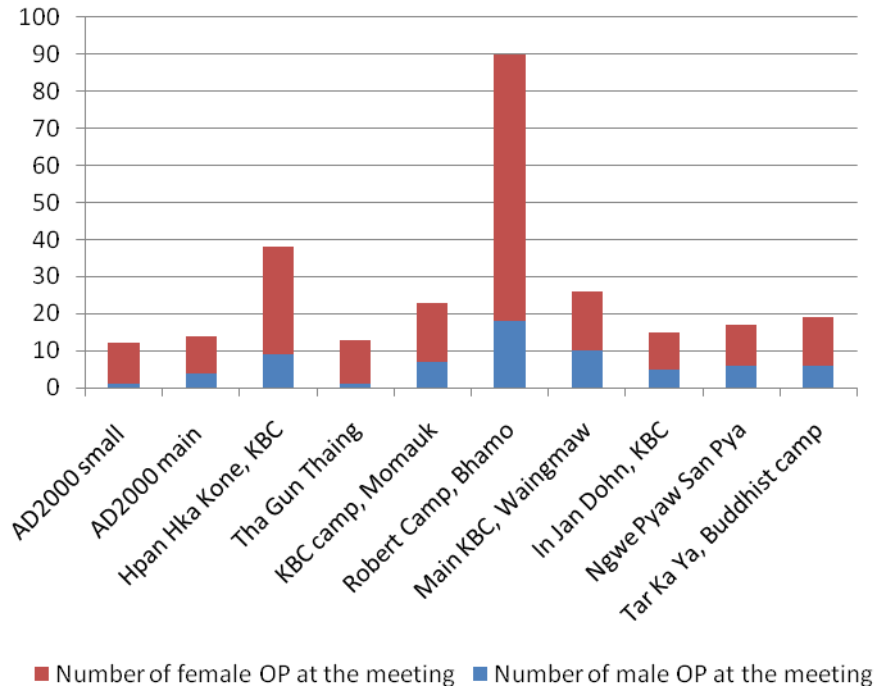
Sex and age disaggregated data – women

- 80% of older people in the camps are women, with the oldest being 103
- Nearly 68% of them are widows
- Raising grandchildren – 70%
- Raising great grand children – 20%
- Living alone – 2-3%

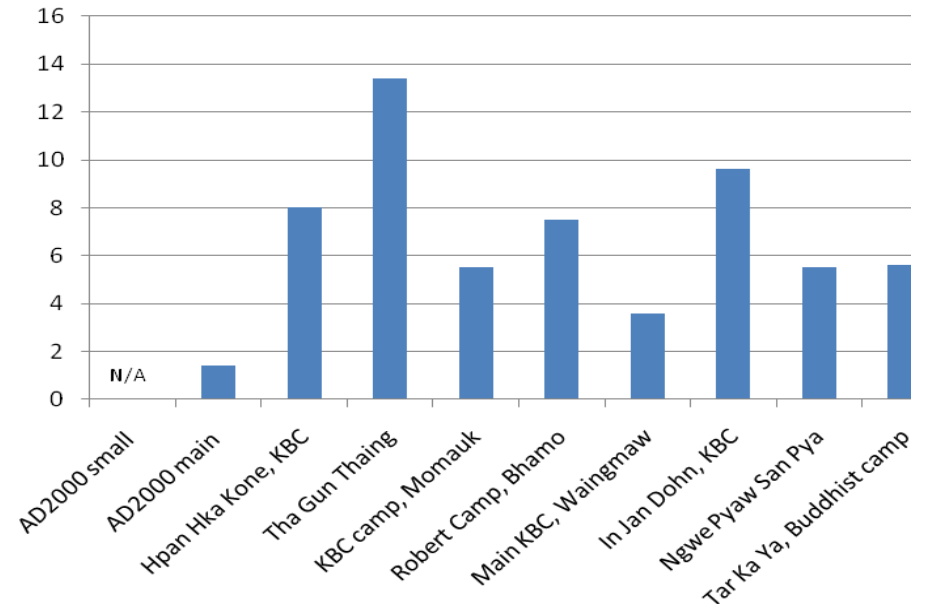
Sex and age disaggregated data – men

- 20% of older people in the camps are men, with the oldest being 95
- Nearly 30% of them are widowers
- Raising grandchildren – 40%
- Raising great grandchildren – one person
- Living alone – 2 people

Numbers of male and female older people attending meeting



Older people as a % of total camp population



Key protection issues

Shelter and living arrangements

While a large proportion of the older people are in the age group of 60-70, there is a significant number in the 70+ age group with the oldest being 95. The composition of communities differs by ethnic and religious backgrounds. The camps run by the Catholic Church house residents from the Kachin community similar to the residents in the KBC camps. The residents in the Ta Gun Taing camp are Buddhists belonging to the Shan community. The



The concentration of populations and close proximity of shelters is a common phenomenon in most of the camps. The congestion of shelters in camps and lack of space in between houses was a major concern. The only exception is the Ta Gun Taing camp, where each shelter houses 3 families, and shelters are scattered over a large area in the monastery compound on the banks of the river.

In most shelters each family has a room, size 8 feet by 8 feet, except Thar Ga Ya camp in Myitkyina where rooms are 22 feet by 9 feet. The shelter is the same for every family and is not based on the number of family members. For example, an older person living alone will have the same room size as those with several members. Larger families face challenges of space for sleeping and keeping their minimum possessions. Privacy for married couples and young adults is a big issue.

The older people are worried that they do not have sufficient blankets and warm clothes for themselves and their grandchildren for the winter which is almost upon them. They would also like to get more daily wear clothing to be able to change more regularly.

Health

Health issues and access to health services came up as the number one issue in a majority of camps. The common problems among older people are heart burn; general lethargy and dizziness due to high/low blood pressure; seasonal illness like flu during the monsoon and diarrhoea in June/July due to the large number of flies; skin infections; arthritis; paralysis; eye problems (mainly cataracts); and hearing loss. One older man from the KBC camp had a surgery in the private hospital to remove his prostate. The total bill was 140,000 kyat, which was paid by his children and relatives living abroad.

Nearly 40% of the residents have vision impairment and close to 25% have hearing impairment. Most cases of poor vision are likely preventable with cataract surgery or spectacles, however, only a health check-up will assist in proper diagnosis for appropriate steps to be taken.

Since there are no regular health check-ups, illnesses are not detected early and most are diagnosed in an advanced stage. When older people were asked how they know if they have high blood pressure, one older person held his head and said that it was throbbing and so he knows he has high blood pressure yet he had not presented to the clinic, suggesting that even when there are symptoms, they tend to ignore them. Others said when they felt dizzy, it was high BP.

Some of the large camps have a clinic in the camp with trained health care staff deployed from the local government hospital to provide basic services. For all serious cases, patients are referred to the public hospitals close to the camps. The transportation to the hospital differs from camp to camp. In some, the Camp Manager assists with transportation using camp funds but in most cases, patients have to meet their own cost. The cost of treatment is beyond the reach of many older people, so consequently they avoid the public hospital. They also complained about discrimination by the hospital staff against patients coming from the IDP camps. The hospital staff speak rudely to them because they know that the IDPs are not able to pay for services. For these reasons, many older people prefer going to the local traditional healer, which in most cases is walking distance and the medicines are cheaper. Others take herbal medicines they have always used in their village.

The two clinic staff in the KBC camp in Bhamo were trained by the KIO and worked in KIO-managed territory before their relocation to this camp. They attend to basic illnesses like flu and diarrhoea and dispense medicines, mostly vitamin tablets. When older people report to the clinic complaining of dizziness, their blood pressure is checked with an old instrument that needs a stethoscope to measure.

Best practice: the role of EVI coordinators to support camp residents presenting to hospital

The KBC camp manager in Bhamo said that their residents do not face discrimination in the local government hospital and are treated well. The camp has established a system whereby patients referred to the government hospital are accompanied by the EVI focal person who manages all negotiations to get the best treatment for the patient. He also said that the public hospital has funds to provide free treatment to patients coming from the IDP camps for which forms had to be filled out. The EVI coordinator would assist in completing and submitting the forms to ensure patients receive free treatment. It appears the Camp Manager is well informed of the protocols in the hospital and has established a system in the camp with a designated focal person, to get the best outcome for patients from the IDP camps, but that older people themselves are not aware of the protocols.

WASH (Water, Sanitation and Hygiene)

Toilets and bathing areas in camps are not too far in most cases (generally between 50 and 60 metres) but using the toilet in the night is a challenge for some as there is no lighting near the toilets. They use torchlight to get to the toilet.

The land in the camp is uneven with stones and overgrown roots of trees in many walkways, making it difficult for walking with a constant risk of tripping and falling.

Two women in the Catholic camp in Bhamo fell down when they tripped over overgrown roots in separate incidents and each broke their hand as a result of their fall. They were taken to the government hospital but could not get treatment because they did not have the money to pay

for services. They have been using traditional medicines as it is cheap. One of them continues to have pain in her hand even after 7 months of treatment. The other woman has pain in her shoulder, particularly when the weather becomes cold.



The In Jan Dohn KBC camp was an exception as the toilet is 150-200 metres from most residents. Older people complained about it being too far and in some cases, they are unable to control their bladder or bowel movement on the way to the toilet. This is quite embarrassing to them. The path leading to the toilet and the water point is littered with stones posing a falls risk. This must be addressed urgently.

Bathing space did not come up as a major issue but water was mentioned as a problem in open wells, particularly in the summer when the wells become dry. In most cases they get up very early in the morning (1–2 am) to collect water during the summer months. Older people, who are able, are the ones collecting water at early hours. They are asking for water tanks to be built so everyone can have water throughout the year without any difficulty.

In the winter, they need hot water to bathe and due to the shortage of firewood, most try to keep a bucket of water in the sun to heat and by midday, they bathe. Some do not bathe daily and during the cold months, bathe only once a week. Access to hot water in the winter for bathing and washing clothes must be secured. Where the common bathing place is at a distance, older people, and particularly older women, chose to clean themselves by wiping with a wet cloth instead of bathing.

The hygiene practices differed from camp to camp and also within each camp. The frequency ranged from daily to once a week. For many older people, bathing once a week during the winter would be normal practice even in their villages. For most, the distance to the bathing area was not a reason for

not using the facility more regularly. There may be a need for awareness and education on hygiene. Most of the programmes on hygiene focus on children and women. Better hygiene can improve general health and wellbeing of older people as well. Older people reported changing and washing their clothes regularly, but this was contradicted by one of the camp managers who said that he covers his nose when older people come near due to the smell.

Case study: Ta Gun Taing camp

In contrast, the hygiene practices, lifestyle and the quality of life of older people in the Ta Gun Taing camp, situated on the banks of the river on the monastery compound in Bhamo, was of a good standard. They bathe daily, wear clean clothes and have a very positive attitude. They have a busy lifestyle taking care of the usual chores in their homes and making sure their grandchildren and great grandchildren are well looked after to allow them to pursue their education without stress. They all seemed in good mental and physical health. When asked if they wanted to share or discuss any concerns in the camp, none had any. They all seemed content with life in the camp which was obvious in their appearance.

While the quality of life in Ta Gun Taing camp is a good example, camp data regarding their personal status was quite unusual. All the 13 older people at the meeting are widowed and are raising a new generation of grandchildren and in some cases, great grandchildren. This is very unusual. They also said that some older men from the camp have gone back to live in their villages to protect their home and property. Their children and grandchildren lived in the camp. The reason for older men to return to the village is to ensure their property is protected from being destroyed by government soldiers. The soldiers do not consider older people a threat and are unlikely to harm them although their total safety cannot be guaranteed. The older men living back in the villages were not the husbands of the older women in the camp. Some of the older persons receive periodic financial support from their children working outside the camp but in most cases, the households depend on the food aid from WFP.

Another unusual phenomenon in this camp was the total absence of young men. The Camp Manager said that all the young men work on farms away from the camp, to earn income. Some have rented land to grow rice, corn and vegetables. They do not live in the camp but visit occasionally to provide food and money to their families. The camp seemed well managed and the Camp Manager seemed relaxed which is a sign of a happy and content camp. There are also activities with the local community in the common religious centre to celebrate festivals. There were no complaints about any tensions with the host community. Humanitarian agencies have built a water tank in the temple ground as a gift to the host community for their generosity. It is important to study this model in greater detail to find out more about its success in creating a positive environment in the camp, ensuring a healthy lifestyle of its residents and linkages with the host community. Lessons can be learned from this model and adapted in other camps.

Food and Nutrition

The World Food Programme (WFP) provides 13.5kg rice, 1.8kg pulses, 1 litre cooking oil and 150gm salt per person per month. According to the older people, the food aid is sufficient. However they need money to buy vegetables and meat. Most of the time they cannot afford to buy meat. Only when their children find work and earn some extra income are they able to buy meat. Otherwise it is vegetables when they can afford them. Most of the time, they have only the rice and pulses. Metta Development Foundation Myanmar provides cash grants to meet the cost of supplementary nutrition but this has not been regular. The biggest challenge is the lack of opportunities for IDPs to find work for additional income to support the nutritional requirements for the family.

The food distribution is normally well organised by the camp manager but a few staff from partner agencies have been rude to some older people. An older woman who wanted to collect food aid for her grandson who was at school was refused and told that her grandson needed to be present to sign in person. The dispute was settled after the Camp Manager intervened and allowed the woman to collect the aid. This case may have been an exception but an important lesson nonetheless for agencies to be aware of. Another issue raised by few older women was that, due to poor eyesight, they put their thumb print in the wrong column on the list. They were shouted at by the agency staff. The older people feel they are not respected at the distribution site and they are not treated with dignity. However, they stated that these are minor issues compared to the food aid they receive and they did not want to complain.

Livelihood

Older people complained that they did not have opportunities to practice their traditional knowledge and skills to earn additional income in the camps. The biggest challenge was the lack of space. The shelters are built close to each other with hardly any space in between the blocks of houses. They have also been told by the camp managers not to grow food and vegetables on the camp property. This restriction severely limits their ability to plant a vegetable garden. Some women raise pigs that are locked in a bamboo cage. In some cases, camp managers allow raising chickens but in most, this is not permitted.



There are men who know how to weave baskets but cannot get enough bamboo in the camp. It is only available in their villages where they cannot go. The only option is to buy the bamboo, but they do not have money for this. Women have the knowledge and the skill to knit but for many their poor eyesight prevents them from doing this. Some of them are good at weaving

clothes on handloom but they cannot do it in their homes due to lack of space. They need a bigger place to operate the loom. Both older women and men would like to be economically productive to support their household, if they had opportunities in the camp.

The restrictive environment in the camp curbs the pursuit of normal village life activities, making life difficult and earning additional income almost impossible. Lack of job opportunities within the camp forces young men and women to work outside the camp keeping them away from families. This also increases the responsibility on older people as heads of households.

Quality of Life

Older people have lived in these camps between 1 and 4 years yet this is the first time they had been invited to a meeting to discuss their problems and hear their views on ways to improve the camp life for everyone. They felt a loss in their sense of worth. Most said they live a purposeless life in the camp doing their regular work without anybody ever noticing or paying attention. Being invited to the meeting was uplifting and they felt important and respected. Apart from just discussing issues, this was also the first time someone had discussed ideas about forming an older people group to actively participate in camp life. They were interested to hear ideas for their active participation and opportunities for taking responsibilities in the camp. They seemed quite motivated by the idea of forming a group and developing activities that are easy to do yet have the potential to improve the quality of their lives. Interestingly, in meetings attended only by older people, the interest, participation and willingness to be involved was quite high compared to meetings attended by the Camp Manager or Committee Members. Their mere presence restricted participation and in some cases, they dominated discussions.

Working with older people in the IDP camps can be challenging and one that requires investment of time on the part of partner agencies and camp management. Life for older people in the camps is not normal compared to their life in the village. Despite the major shift in living arrangements, unnatural environment, lack of space, shortage of food, health problems and the responsibility of bringing up a new generation; they have adapted remarkably well. This shows a noteworthy resilience. If the family members and the Camp Managers listed down the contributions older people are making, it would surprise them. It is therefore important to acknowledge and recognise the role played by older people and the contributions they are making and include them in discussions and the decision making process. Their wisdom and knowledge will add value to the camp life.

Camp Managers have a responsibility to the residents in the camp and must make time to meet with them on a regular basis to develop a relationship. This is not happening and is one of the reasons why the residents feel they are less important and are living on charity and therefore do not have a voice. Most Camp Managers are from the host community having their families and work which restricts their involvement in camp life. One Manager said that he spends 2 days in a month for camp related activities, which according to him are meeting with external agencies and addressing issues brought to his notice by the camp committee. This is the understanding of all the Camp Managers, including the few that belong to IDP community. **They do not spend time with the residents since it is not considered part of their role. This needs to change. As Camp Managers, their main responsibility is to their residents.** It is important for them to meet regularly with the residents, not only to discuss

problems but to get their views and ideas on solutions. Otherwise, the disconnect is likely to isolate residents from camp life.

The work of humanitarian agencies would be strengthened with a more inclusive approach. Agencies are currently focused on deliveries and achieving targets. The Camp Managers think their role is to engage with the humanitarian agencies to get assistance for people living in the camps. Nobody has time to sit and talk to people in the camps to find out about their quality of life. This is a major gap and one that is affecting camp residents psychologically. The residents need to be given more opportunities to be involved in camp operation both by being asked for their inputs and mobilised to contribute to improving camp life.

The trauma of relocation to a new place, death or physical separation of their spouse and children and the loss of their home and property is having a major impact on them. Many of them would like to go back to their homes and do not want to die in the camp. There is no trauma counselling or psychosocial support available in the camps. In Thar Ga Ya camp with 26 older people, the Camp Manager confirmed 3 deaths of older people in the past year due to trauma and stress. He said that trauma counselling is a great need for older people.

Some older people and families would like to return to their village but not much information is available on the real situation in the villages, particularly regarding safety and security. This uncertain situation is also causing serious concerns among the families willing to return. UNHCR is trying to get guarantees from the government on safety issues but nothing has been communicated yet.

Caring for children – the number of older caregivers

Young people from most of the camps are either working or looking for work. Others are in the army fighting or have been killed in the decades-long conflict. All this means the raising of new generations is mostly the responsibility of older people. From the camps visited, about 75% of older people, mostly women, but also older men, are bringing up their grandchildren. In addition, nearly 20% are also looking after their great grandchildren. In a majority of cases, they are the sole caregivers as their children visit just for few days in a month. Older people fulfil this role with no recognition and are not consulted about matters relating to the children in the camps.

Many young children are under the care of older people and there is no plan for when their caregivers die. They are already in a very advanced stage of their life and may not have too long to live. This is a crisis waiting to happen. There may have been cases of this already and will be useful to know what has been done to ensure the child has a family support to continue education and a normal life. This is something that will need to be addressed by the child focused agencies and the Camp Managers. The issue was recently tabled with the CP sub-sector in Kachin.

Care for older people

One significant question is who provides care to older people, especially those who are heads of households, when they are sick and in need of care. It is likely that some older people will become frail and will be in need of care. Currently, there is no system in the camp for this. The health care agencies working in the camps could discuss and initiate specific plan with the Camp Management.

Ngwe Pyaw San Pya, resettlement village

This is not a camp but a resettlement village which needs a development approach. Residents have only lived here for 6 months and will need a lot of support and assistance to make this into a well serviced settlement. People living here are those whose houses and properties have been destroyed in the conflict and therefore do not have a place anymore to return to. They are here to make a new life. It is not an easy place to live. It is 25 miles from Myitkyina with the last stretch of 5 miles being a mud road recently built by humanitarian agencies. Although the nearby villages are very sparsely populated with hardly anyone in sight, the settlers claim they are always watched and their movements restricted. They have been warned not to collect firewood from the nearby mountains as it belongs to the villagers. It is a barren land with no trees in sight and settlers will have to wait for the few saplings recently planted to grow. In the meantime, they venture out after dark to collect firewood.

Each house has a small plot of land around it where some families have tried to grow vegetables but the soil is not fertile and the plants are not growing well. Individual toilets have been built for each house but there is no bathroom. Residents bath behind their house. Transportation to the outside world is a major problem. There is only one tuktuk for a community of 550 people. Almost half of the older people at the meeting have not left the village since arriving six months ago. When they need to get to the hospital, at least for now this tuktuk seems to be sufficient but normal trading and marketing is impossible. A school from grade 1 to 9 operates on the camp compound and the residents are happy with the commitment of the teachers who provide their services. Water is a major problem. The settlement only has 9 open wells and not a single water tank for storage. The water level in the wells goes down in the summer months creating water shortage. Livelihood is a major concern due to the lack of opportunities to venture out for buying and selling.

ACTED provides 12kg rice, 2.7kg pulses, 1L oil and 100gm salt per person which is given for 3 months at a time. Mobile vendors come to the settlement from Myitkyina to sell vegetables. Most of them do not have money to buy daily so they borrow from neighbours. Due to the lack of job opportunities, young people are planning to leave the village to work in the gold mine, which is hundreds of kilometres away and will only visit their family once every 3 to 5 months. This will further disintegrate families. The Village Leader wants agencies to assist them to develop their settlement by providing them with better soil, trucked in to improve soil quality. This will enable them to grow vegetables and fruit trees. Also he requested to have two or three water tanks for storage built so everyone can get sufficient water at all times, to have bathrooms built so that people have privacy, and to get permission from the government to use the vacant land on their property for livelihood activities.

Suggestions for the resettlement village:

It is obvious that this needs a development approach rather than just the provision of humanitarian aid. For the people living in this settlement, this is the only home they have and they will have to build their life here. While they need the food aid currently, the sooner agencies support them to be independent and grow their own food, the better for them and those who are providing aid. People here need to build the local infrastructure and the means for their livelihood. The water tank is a must and so is the need to improve their soil. Following is the list of things that could be considered:

- Having a soil expert to assess the quality of soil and suggested improvements for families and residents to grow vegetables, fruits and flowers.
- Water tanks for regular water supply to all the families.
- Building bathing space in each house.
- Install solar lighting in the village and in each house.
- Making the village less prone to flooding.
- Negotiating with the government use of the land available to the community. The land can be used to grow rubber which grows nicely here.
- Develop ponds to raise fish for sale and consumption.
- Grow fruit trees like banana, mangoes, papaya and water melon for sale and consumption.
- Provide better transportation for the residents needs as well as for trading.
- Build the capacity of village leaders in governance and effective management of the settlement with participation of all residents.
- Form an older people's Self Help Club to address their specific needs and to enable their increased role in the development of the settlement.

Recommendations

After assessing the specific issues faced by older people and their capacities for engagement in camp life, I would like to make the following recommendations for the IDP camps. I am aware that these recommendations are based on the 9 camps visited, which by no means can be considered representative. However, these are practical steps and most do not need additional funds to implement. UNHCR and the PWG will need to review its own responsibilities towards the residents to develop a strategy for greater engagement. In addition, the local partner staff, the Camp Managers and the Camp Committee roles and responsibilities will need to be reviewed to ensure adequate time is spent in interacting with residents and getting their involvement in making the camp life better for all.

The recommendations are presented sector wise and highlight the key protection aspects in the camp.

Shelter	Safe cooking place in all shelters.
	General cleanliness of shelters and the camp. This can be done by forming a residents committee.
	Build the traditional ceiling in the shelters to reduce heat and create space for storage.
	Build toilets closer to houses particularly to enable older people to use in the night without any difficulty.
	Walkways to be made safer by removing obstructions.
Health	Awareness on health services, fees, transportation, etc. (Hospital provides FOC to patients from camps).
	Organise a meeting with Hospital administrators in Myitkyina and Bhamo to explain services to residents from the camps.
	Organise health camps to detect eye and ENT problems.
	All camp clinics to be provided with a digital blood pressure instrument and resident volunteers trained to carry out regular monthly checks of older people.

	EVI focal person to accompany patients to the hospitals to ensure they receive proper treatment and care and the cost covered by the hospital.
	Where needed, camps to assist with transportation to hospital.
WASH	Building water tanks in all the camps for storage for availability throughout the year.
	Water from open wells to be pumped into tanks as a mechanism to offset shortages in the summer.
	Install additional water points to reduce carrying distance for older people.
	Common solar water heater to be installed in each camp to enable residents to have hot water for bathing in winter.
	Awareness programmes to be organised on hygiene and self-care for OP.
Nutrition and food distribution	Urgent need for food supplement/opportunities to grow vegetables, raise pigs, chickens and ducks.
	Continuation of monthly cash grant to residents until sustainable sources developed.
	Agencies to consider distribution of nutritional supplement.
	Train partner staff to maintain dignity of residents at all times during distribution of food
	Priority queuing for food distribution: Separate queue for OP, PWD and pregnant women (HelpAge model)
Livelihood	Camp managers to hold regular consultations with residents to start traditional activities
	Training for new activities (such as mushroom growing, above ground vegetable gardening, etc)
	Camp Managers to take responsibility for procurement of raw materials and marketing of finished products
	Permit residents to use the land in the camp for livelihood activities (raising pigs, poultry, home garden, etc.)
	Develop inter-generational activities for income generation as well as for transfer of knowledge from the old to the young.
Quality of life	Formation of older people's group in every camp
	Initiate meaningful group activities for OP like physical exercise and growing flowers to beautify the camp. Flowers can be grown near the entrance, along the road to the camp office, around the church and temple and even near their homes. Flowers bring cheer and happiness and can improve the wellbeing of the residents. In addition, the older people could take up the responsibility for decorating the church every Sunday for the service with the flowers they grow.
	Doing physical exercise as a group. Older people said that they did not have the same level of physical activity as in their villages where they walked and kept working all day. In the camp, there is hardly any physical activity. 20 – 30 minutes of simple exercise will make a difference in improving their physical and mental health. This is an excellent activity to develop group dynamics.
	Give them responsibilities for maintaining cleanliness of camps, toilets, water points, etc. They could ensure the camp is clean; the walkways are cleared of stones and other obstructions to make it safe for all to walk without the risk of falling; and that the toilets, the bathing space, the water points and the common kitchen is clean all the time. Cleanliness improves health and leads to a healthy lifestyle
	Support with raising children/find out what they need
CCCM	An orientation programme for the Local Agencies and Camp management on working

	with residents, formation of groups and developing meaningful activities in the camps.
	Camp Managers and agency staff to plan regular meetings with residents including older people. If the Camp Manager does not have time, consider appointing a Deputy Camp Manager whose main responsibility will be to the residents
	The Camp Committee to have additional members to engage specifically with residents and develop meaningful activities for their wellbeing.
	Those who know basket weaving, handloom, knitting, could train others to produce more. This could increase their income for improving nutrition and to pay for health care and education in the family. Older people need extra space, raw materials and help in marketing to make this a success. They said that the tag of IDP has stigma attached to it and is a major barrier in getting similar patronage and income as sellers from the host community. The local agencies and Camp Managers need to address this problem.
	The Camp Manager and the Camp Committees must devise an orientation plan for all new residents to make adjustments to life in the camp. Inform them of the services and have regular discussions with them on improving the quality of life in the camps. This can be done by older people.
	Camp managers to consult with residents to start traditional livelihood activities and take responsibility for buying raw materials and marketing

Integration with the local community

The current situation of the residents in the camps having very limited interaction with the host community, and a lack of vision and thinking on the part of camp managers to address the growing isolation which is already raising tensions in some camps, has the potential to boil over. There are poor people in the host community who are equally in need and are becoming resentful towards the residents for the aid they receive. There are poor families, older people in need, children with disability unable to attend school, living in the host community. It is important for the humanitarian agencies to be mindful of the needs in the host community and to include those in need in the programme. The camps still have a window of opportunity to address this and remove the barriers for better integration of the communities. The following suggestions could be considered.

- Breaking the barrier events around Christmas, New Year and Buddhist festivals by having joint celebrations.
- Hold joint consultations to brainstorm ideas for greater integration and working together.
- Create joint committees/ meet regularly to address issues and to organise joint programmes
- Agencies to assist people in need from host communities

Conclusion

The visit to meet with older people in the camps highlighted aspects of their quality of life and how things can be improved. The suggested recommendations are practical and doable without any additional funding. However, these changes will require reviews of the job descriptions of key officials responsible for the camps. Only a significant revision of the current system can ensure greater participation and engagement of residents to improve their lives.

The meetings with older people also reaffirmed their resourcefulness and their willingness to take on responsibilities to make camp life better. Only a significant revision of the current system can ensure

greater participation and engagement of residents to improve their lives. Older people can form into Self Help Groups to engage in different types of activities to increase family income and support the development of the camp. They are also an excellent group to engage with the host community to foster greater engagement and peace building.

A few critical issues which were observed are highlighted below, along with the responsible sector. Currently there are no plans for:

ISSUE	RESPONSIBLE SECTOR
Orientation of newcomers to adapt to camp life	Older People's Group/CCCM
Briefing to those leaving the camp. Things like safety and security issues, names and contact details in case of danger, etc.	CCCM
Care for caregivers	Resident volunteers/CCCM
What happens to the children when older people die?	Child protection
Keeping families united by having employment opportunities for young adults in the camp.	Local agencies/CCCM

KEY ACTION POINTS listed by the UNHCR and PWG members after the presentation in Myitkyina and Yangon.

ACTION	RESPONSIBLE ACTOR	TIMEFRAME
Hold regular meetings with older people		
Review distribution of material assistance to implement the key suggestions of separate queue and orientation to partner staff.		
Share the report and recommendations with other agencies		
EVI focal position to be reviewed, include spending time with residents		
EVI to report specific issues of residents to camp management		
EVI organising meetings, discussions, consultations and activities with residents regularly		
Inclusion of OP in community based mechanisms of camp life, invite them to meetings, OP co-organising meetings. This is for empowerment		
Linking OP in child care activities in camps.		
Involve elderly who are sole caretakers for grandchildren/great-grandchildren in Child Protection Groups		
Raise awareness on entitlements and services.		
Arrange meetings with hospital authority and agencies. Write down meeting minutes and circulate, refer to it in case of ill treatment		

Establish a complaint mechanism with hospitals.		
EVI co-ordinator to accompany residents to the hospital		
Review the roles and responsibilities of the Camp Manager and the committee to be more inward looking and spend more time with residents		
Home Care – joint activity with the host community		

Support needed from HelpAge:

- Assistance in setting up OP groups in camps
- Assist with strategies and activities for integration with host communities
- Developing intergenerational activities
- Training for EVI focal persons and camp management on developing community activities and promoting well being
- Technical support and training on livelihood activities for older people
- Training on working with older persons
- Technical advice on volunteer based home care

Annex A: Work plan

Date and time	Location	Activity
29 Oct	Yangon	Arrival from Bangkok
30 Oct	UNHCR office, Yangon	Meeting with Maja and Gry to discuss ToR, clarity on the assignment, signing of contract.
31 Oct	Myitkyina	Arrival in Myitkyina, check into hotel, UNHCR office for meetings with Kaneko & Matt.
1 Nov (Sat)	Myitkyina	Reading documents, changed hotel.
2 Nov (Sun)	Myitkyina	Joined the Protection analysis workshop planning session with the PWG working group.
3 Nov	Myitkyina	Attended the workshop on Protection Analysis. Met with all the members of the PWG including representatives from local NGOs.
4 Nov	Myitkyina	UNHCR office to plan field visits, apply for travel authorization and preparing for the travel to Bhamo tomorrow
5 Nov	Bhamo	Travel by road with Bhamo staff. Check into hotel.
6 – 11 Nov	BHAMO: Ta Gun Taing Monastery (Shwe Kyi Na) - urban, Robert Church - urban MANSI: Baptist Church - urban, Lagatyan - rural MOMAUK: Loi Je Lisu Camp - urban, Momauk catholic church - urban	Visiting camps
12 Nov	Myitkyina	Travel by road to Myitkyina from Bhamo. Check into hotel.
13 – 17 Nov	MYIKYINA: Jan Mai Kawng Baptist Church - urban, Le Kone Bethlehem Church - urban WAINGMAW: Qtr. 4 Monastery (Thargaya Thayett Taw) urban, Maina KBC (Bawng Ring) rural	Visiting camps
18 Nov	Myitkyina	Consolidating data and information and writing the report and preparing the presentation
19 Nov	Myitkyina	Presentation to UNHCR staff on the key findings of the specific issues and suggested action points.
20 Nov	Yangon	Travel by flight from Myitkyina
21 Nov	Yangon	Presentation to the UNHCR staff in Yangon the key findings of the specific issues of older people and suggested action points
22 Nov	Thailand	Travel to Chiang Mai, via Bangkok.
23 – 28 Nov	Thailand	Writing the final report and submission to Maja.