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- Improvements in access to healthcare for displaced people, but many vulnerable communities remain under-served
- Humanitarian organizations in Rakhine take measures to strengthen their accountability to affected people
- Hundreds of people displaced as tensions in Kachin and northern Shan continue
- Displaced families are resettled in Myitkyina

Key FIGURES

People targeted for humanitarian assistance in Rakhine State

IDPs*	137,000
Food insecure people	70,000
People in isolated villages	50,000
People in host communities	50,000

People targeted for humanitarian assistance in Kachin and northern Shan states

IDPs*	98,000
People in host communities	20,000

FUNDING

192 million requested (US\$)

39% funded

Source: UNHCR, OCHA, CCCM

* UNHCR (CCCM) figures on 31 May.



Young boy in Set Yoe Kya camp, Oct 2013. Credit: OCHA

Humanitarian operations continue to scale up in Rakhine following disruptions in March/April

Humanitarian organizations continued to scale up operations in May following severe disruptions due to attacks on UN and international NGO (INGO) premises in Sittwe, Rakhine State, at the end of March. However, many organizations are still operating at reduced capacity, with only 60 per cent of UN and INGO staff having been able to return to Sittwe by the end of May. The main constraint is the limited offices and premises available for the UN and INGOs in the “Southern Quarter” of Sittwe, a designated area where humanitarian organizations have been told they have to have their premises and where the Government is providing additional security. Approximately 100 staff are still looking for accommodation, while office space is required for an additional 80 staff. Two INGOs, MSF Holland (MSF-H) and Malteser, have still not been allowed to resume their normal operations in the State.

Humanitarian operations have resumed in IDP camps and villages in all townships in the central part of Rakhine in close coordination with the Emergency Coordination Centre and local authorities. However, some critical activities are still taking place at reduced levels. Humanitarian organizations in Rakhine report that there are still difficulties with the referral of severely malnourished children who have medical complications from IDP camps to Sittwe Hospital, due to continued limitations on medical referral services. Most water, sanitation and hygiene (WASH) interventions have restarted, however some rainy season preparations have been delayed and some major interventions requiring construction materials are still on hold.



Water collection in Set Yone Su camp, May 2014. Credit: OCHA

Improvements in access to healthcare for displaced people, but many vulnerable communities remain under-served

Humanitarian organizations continued to support Ministry of Health (MOH) medical teams and national health institutions in restoring access to healthcare for displaced people and vulnerable communities in Rakhine State during May. The number of health staff taking part in the joint Rapid Response Teams (RRTs) increased from 83 at the end of April to just over 100 staff at the end of May. The number of teams conducting mobile clinics increased from 11 to 15 during the same period. MSF-H – prior to March the biggest healthcare provider amongst the international NGOs in the state – remains suspended leaving a critical gap in services, in particular in Maungdaw and Buthidaung. The MOH has deployed healthcare staff from other parts of the country since April, but has indicated that it lacks funding to continue the response. The World Health Organization

Prior to MSF-H's suspension, the organization was providing primary and secondary health care services to over 500,000 vulnerable people in the northern part of Rakhine

(WHO) will therefore provide financial support to the MOH to maintain the RRTs in Rakhine for three months, from July to September.

According to information obtained by WHO, there was a significant increase in the number of health consultations and patient referrals during May. The number of emergency referrals grew to 40 at the end of the month, up from 11 in April. The frequency of visits of mobile health clinics to camps also increased. This increase is likely due to a number of factors including the scale-up in the number of mobile clinics and health staff, as well as improved coordination, planning and access to camps and vulnerable communities.



RRT visit to Thet Kel Pyin camp, Rakhine, May 2014.
Credit: MMA

Despite this increased capacity, significant gaps remain, with many isolated and vulnerable communities still without access to medical services. Also, while the majority of camps for displaced people around Sittwe now have regular access to primary healthcare services provided by mobile clinics, the frequency of visits by joint RRTs to some remote camps, including in Pauktaw, is still not meeting needs. With the onset of the rainy season at the end of May, gaps in health coverage are of particular concern due to increased likelihood of outbreaks of waterborne diseases and influenza. Access to healthcare remains seriously deficient for vulnerable communities in the northern part of Rakhine, where MSF-H was providing primary and secondary health care services to over 500,000 vulnerable people prior to its suspension at the end of February. MSF-H was also facilitating an average of 400 monthly referrals to the township hospitals.

Strengthening accountability to affected people

Humanitarian organizations in Rakhine State are taking steps to increase accountability to affected populations (AAP) in their programming. AAP is a framework that focusses on [five core commitments developed by the IASC Principals](#): (1) leadership; (2) transparency; (3) feedback and complaints mechanisms; (4) meaningful community engagement in participation and in design; and (5) monitoring and evaluation of projects. It is an approach that puts crisis-affected people at the centre of its programming, and links closely with age, gender, disability and mental health issues in humanitarian contexts.

Based on feedback from communities, WFP's office in Maungdaw has expanded the number of food distribution sites in this part of the state, so that people now have to travel shorter distances to receive their monthly food rations

The World Food Programme (WFP) office in Maungdaw, in the northern part of Rakhine, has set up a feedback and complaints mechanism for households receiving food assistance in Maungdaw, Buthidaung and Rathedaung townships. Based on feedback from communities, WFP has expanded the number of food distribution sites in this part of the state, so that people now have to travel shorter distances to receive their monthly food rations. This is particularly important for women, who are more vulnerable when travelling to distribution sites. WFP in Maungdaw also provides an information letter detailing each of its activities and criteria in advance of distributions to the community. Since last year, WFP has also been piloting "community volunteers" who are briefed on WFP's selection criteria for receiving food assistance, based on vulnerability including assets, age, gender and disability. The volunteers help clear up misunderstandings in the community and also collate and share community concerns with WFP, helping them adapt programming accordingly.

Strengthening the participation of women in camp management and fire safety

The Lutheran World Federation (LWF) organizes monthly inter-agency meetings for Camp Management Committee (CMC) members, camp community workers, LWF staff and other agency staff in four camps in Sittwe Township, where over 18,000 displaced

This year's group of fire safety trainees for camps will be almost entirely women

people live. During meetings, issues affecting people in the camps relating to food, water and sanitation, health, protection and camp management are raised and solutions discussed. These meetings have attracted greater participation by women and also include youth, elderly and people with disability into the CMCs.

Last year, the majority of those trained by LWF in fire safety were men, but women have asked to take part in the training this year. While the CMCs had initial reservations about providing training to the women, it was eventually agreed that women are most often at home, and thus more vulnerable to fires. They are also most likely to be the first responders in a fire and therefore more in a position to save their children's lives, and should therefore be provided with training. This year's group of trainees will be almost entirely women.

Other humanitarian organizations in Rakhine, including the Danish Refugee Council (DRC), Save the Children International, Action Contre la Faim and UNHCR, are also integrating AAP measures in their programmes.



Inter-agency camp meeting in Khaung Doke Khar 2 camp, Rakhine, Feb 2014. Credit: LWF

Hundreds of people displaced in northern Shan

Clashes broke out between the Myanmar Army and Kachin Independence Army and other armed groups, including the Ta'ang National Liberation Army, in Muse Township of northern Shan State at the beginning of May. According to reports from humanitarian organizations in the area, at least ten villages were affected. Over 700 people fled to Muse town due to the fighting and ongoing tensions throughout May. They have been accommodated at the Kachin Baptist Convention (KBC) church camp and Roman Catholic Church camp. In the last week of May, over 200 displaced people from the KBC camp in Muse returned to their areas of origin. Over 500 people remain at the two church compounds. This displacement follows the movements of people in April in the areas of Namhkan in northern Shan and Man Win Gyi in southern Kachin, where some 2,500 newly displaced people remain in camps.

Local NGOs have been providing initial emergency assistance to over 700 newly displaced people in Muse, northern Shan, with support from international organizations



Displaced families hosted in KBC church camp in Muse, May 2014. Credit: UNHCR

Local NGOs (LNGOs) are providing initial emergency assistance, with support from international organizations, including a one month food ration from WFP. However, more assistance is needed. Immediate gaps are in the availability of water and sanitation, which are being addressed by local organizations. The availability of suitable land remains a challenge amid continued military clashes. Humanitarian organizations in Kachin have raised particular concerns for the safety and security of several hundred civilians who temporarily returned to their original shelters in Lagat Yang camp in Kachin State, but who were forced to move again due to security concerns.

Humanitarian organizations continue to work closely with local authorities to provide support to ensure that resettlements are voluntary and based on adequate information

Resettlement of displaced families in Myitkyina

On 10-11 May, the Kachin State Government resettled 113 families from camps for displaced people in Myitkyina and Waing Maw townships to newly built houses in Pa La Na, located 20 kilometers west of Myitkyina. Before the relocation took place, humanitarian organizations including LNGO Shalom and UNHCR, UNOCHA, UNDP, UNFPA, UNICEF, WHO, WFP and the DRC visited the site to assess living conditions. The inter-agency group also spoke to families to ensure that the people being resettled were informed about their rights and entitlements, and that the process was voluntary.

The assessment of the site found that access would be challenging in the rainy season, and that there are no markets and employment opportunities in the vicinity of the site. Access to land for agricultural activities also remained uncertain and a clinic is needed to cover primary healthcare needs. Families interviewed reported that they had agreed to be resettled. People being resettled reported that they were assured by Government representatives that they would be able to retain access to and possession of their properties at their places of origin. Some families, who initially signed up for resettlement, decided to remain in the camps where they are currently staying.

The Government has requested support from international actors to provide initial assistance to resettled families. WFP has provided food rations to cover needs for the coming three months. Following this period, ACTED will provide a three month food distribution as well as a distribution of seeds and tools/equipment to cover needs for six months. Organizations in Kachin will continue to work closely with local authorities and provide support to help ensure that resettlements are voluntary and based on adequate information.

Myanmar Humanitarian Appeal 39% funded

The 2014 Myanmar Humanitarian Strategic Response Plan requests US\$192 million to assist 421,000 people in Rakhine, Kachin and northern Shan states. As of 31 May 2014, donors have contributed \$75.2 million and the appeal is funded at 39 per cent. An additional \$25.6 million has been provided by donors to projects which fall outside of the appeal, including to the national programmes of UNHCR and WFP, and to the ICRC.

The UN Emergency Response Fund (ERF) has received commitments and contributions of \$3.4 million from Australia, Sweden and the United Kingdom. The ERF will have at least \$4.5 million to allocate to new projects during 2014. As of the end of May 2014, the ERF has provided \$1.4 million to five humanitarian projects supporting health, education, WASH and protection activities in Kachin and Rakhine States during the first five months of the year. During 2014, UN humanitarian agencies in Myanmar have received \$5.5 million from the UN Central Emergency Response Fund.

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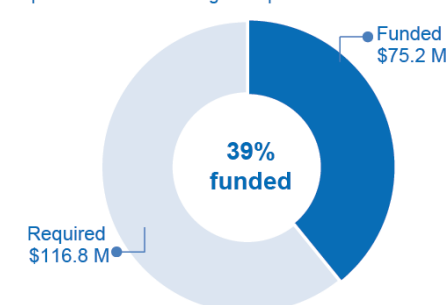
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OCHA humanitarian bulletins are available at www.reliefweb.int

2014 STRATEGIC RESPONSE PLAN

\$192 M

requested for 2014 Strategic Response Plan



Central Emergency Response Fund (CERF) and Emergency Response Fund (ERF) 2014

