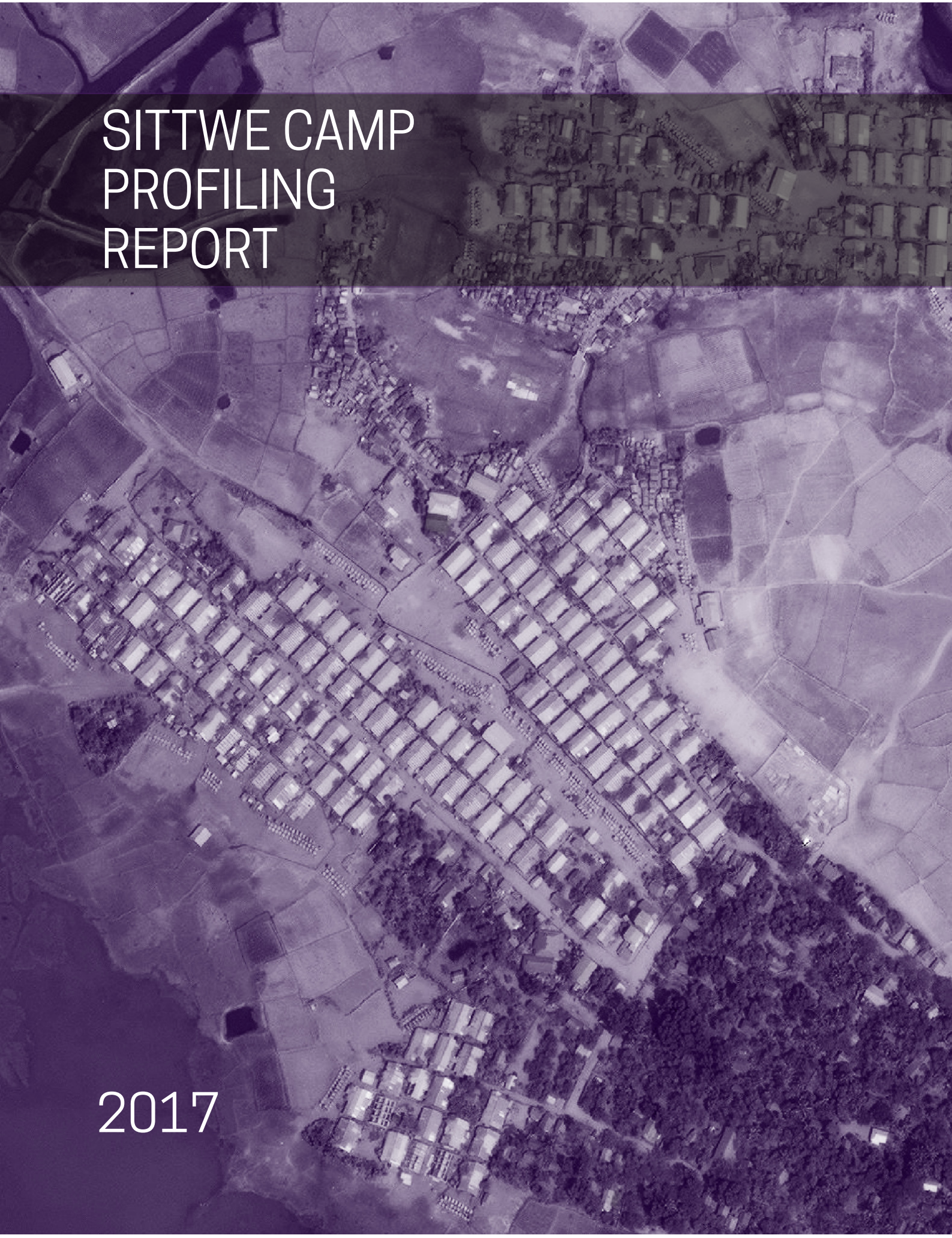

SITTWE CAMP PROFILING REPORT

2017

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The profiling exercise was a CCCM exercise co-led by: Danish Refugee Council (DRC) and United Nations High Commissioner for Refugees (UNHCR)

Technical support: JIPS and NorCap

Cover photo: A man and his grandson at Basara IDP Camp (Photo: OCHA/D.Longstreath)

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ACRONYMS

CCCM	Camp Coordination and Camp Management
DRC	Danish Refugee Council
FGD	Focus Group Discussion
JIPS	Joint Internally Displaced Person Profiling Service
UN	United Nations
UNOCHA	UN Office for the Coordination of Humanitarian Affairs
UNHCR	UN High Commissioner for Refugees
WFP	World Food Programme

EXECUTIVE SUMMARY

INTRODUCTION

Rakhine State, located in western Myanmar, is home to roughly 3.2 million people. Compared to the rest of the country, Rakhine State is relatively underdeveloped. The majority of the population are Buddhists from the Rakhine ethnic group; in addition, nearly three in ten people are Muslim.

In 2012, two waves of inter-communal violence between Buddhist Rakhine and Muslims in Rakhine State left dozens dead and tens of thousands of people displaced. As of the beginning of 2017, about 121,000 people remain displaced, most of whom live in Sittwe Township.

To reduce the chances of further violence, the Government segregated the two communities in Sittwe Township in 2012, and cordoned off a rural area on the outskirts of Sittwe for Muslims who were displaced. Movement restrictions for these internally displaced people remain in place as of June 2017. Meanwhile, many Rakhine who were displaced were settled in four camps in Sittwe Town. In 2015, these sites were either relocated, or their residents were locally integrated and provided with housing.

In order to obtain more detailed information on this displacement situation, the Camp Coordination and Camp Management Cluster (CCCM), the Danish Refugee Council (DRC), and the United Nations High Commissioner for Refugees (UNHCR) conducted a profiling exercise on internally displaced persons in Sittwe, with the support of the Rakhine State Government.

OBJECTIVES

The profiling exercise was conducted to address the need for up-to-date information on the situation faced by people displaced by the 2012 crisis in Sittwe Township. The specific objectives of the exercise were to:

- Update population figures for the Sittwe rural camps, based on anonymous data disaggregated by age, sex, location, place of origin and diversity;
- Analyse the displacement history of the target population;
- Analyse the current situation of target populations, including their socio-economic situation, living conditions, and protection concerns;

- Develop a better understanding of the vulnerability, capacities, coping mechanisms, and future intentions and perceptions of target populations;
- Provide a dataset available to the Government, and humanitarian and development community; and
- Develop a methodology and data collection tools that could be replicated in other Rakhine townships with displaced populations.

METHODOLOGY

The profiling exercise covered four target populations in Sittwe Township: all four Rakhine relocated sites and all 14 Muslim camps, as well as two host communities: Rakhine villages and Muslim villages.

A desk review and informant interviews on the displacement situation in Sittwe Township guided the development and implementation phases of the exercise. In addition to informal interviews with relevant stakeholders, the exercise reviewed over 50 reports, surveys, needs assessments, and other documents on displacement in Myanmar.

An enumeration was conducted, which found that 17,618 households were living in the Muslim camps. The short enumeration questionnaire provided basic information about the Muslim camp population and informed the sampling strategy. This was followed by 4,662 household surveys administered to a sample of the target populations, to gain more in-depth information on their situation. The surveys were conducted using mobile devices by Government enumerators in Rakhine areas and camp management agency staff in Muslim areas.

The exercise also convened 15 focus group discussions to provide additional information on several topics covered by the household survey, such as intra- and inter-communal relations, social cohesion, and future intentions and perceptions. Mapping exercises were conducted in cases where information was lacking on the number of makeshift shelters in certain camps. This was important for guiding data collection, and ensuring that all households were covered in the enumeration. To ensure community buy-in for the profiling exercise, a large-scale community awareness raising campaign was conducted before the enumeration and household survey took place.

Limitations of the profiling exercise include the following: the exercise only provided updated population figures for the Muslim camps in rural Sittwe, not the other population groups; it was conducted in the cold dry season, when food security indicators are generally higher; and information was not collected on respondents' gender or age. The findings cannot be used as a proxy for the needs or living conditions of other Muslims, displaced or non-displaced, in Rakhine State.

MAIN RESULTS

WHO IS IN THE CAMPS?

Based on the enumeration, there were 17,618 households, or 97,484 people, living in 14 camps in rural Sittwe in January 2017. From the household surveys administered to a representative sample of this population, 94 per cent of people living in camps left their place of origin in 2012. Furthermore, 98 per cent of households had been in camps for more than three years, and more than half had been there for four-and-a-half years.

COMMUNICATING

Among Rakhines, more than 85 per cent of adults were reported to be literate. More than 95 per cent of Rakhines surveyed spoke the Myanmar language, while children aged 6 to 9 years from Rakhine relocated sites were less likely to speak Myanmar.

Younger Muslims were less likely to be able to speak the Rakhine or Myanmar languages. In Muslim camps, there is a strong correlation between speaking Rakhine and having more stable job opportunities. However, Muslims often reported having few opportunities to learn or practice these languages.

EDUCATION

School attendance among Rakhine children was high, at over 94 per cent for primary and middle school-aged girls and boys. It was lower for high school-aged girls and boys, at 80 per cent in Rakhine villages and 55 per cent in Rakhine relocated sites. In Muslim camps, over 80 per cent of primary school-aged girls and boys were attending school or temporary learning spaces. School attendance was lowest in Muslim villages, with less than two-thirds of primary school-aged boys and girls attending school.

SHELTER

As of February 2017, the Government and humanitarian partners had provided 1,827 temporary shelters in the Sittwe rural camps. 70,573 people were living in eight-unit temporary shelters (72 per cent), 10,313 people in 10-unit temporary shelters (11 per cent), 16,404 people in makeshift shelters (17 per cent), and 273 were living in wooden or concrete housing (0.3 per cent). Temporary shelters have deteriorated over the years, and in May 2017, 1,440 shelter units (housing roughly 8,000 people) fully collapsed due to Cyclone Mora.

WATER and SANITATION

As of April 2017, 4,649 latrines were maintained in the Muslim camps. Overall, there is an average of one latrine for 21 people in the Muslim camps. This ratio is highest in Thae Chaung (one latrine for 63 people), followed by Dar Paing (28 people) and Say Tha Mar Gyi (22 people). SPHERE standards recommend a maximum of 20 people per latrine.

Drinking water in the Muslim camps comes from shallow boreholes (generally six to ten metres deep), fitted with hand pumps. All the camps in the Sittwe rural area with the exception of Thae Chaung meet the SPHERE standard, which indicates that there should be at least 1 hand pump for every 192 people.

HEALTH

Healthcare was a key expense for both Muslim and Rakhine households, and was one of the main reasons households took out loans. The Government provides the highest-level health facilities in the Sittwe rural camp area, while humanitarian partners run additional clinics in most camps. More than three-quarters of households that experienced a serious health issue in the past six months sought healthcare.

Eight hundred women (comprising roughly 30 per cent of pregnant women) in Muslim camps reported having had serious pregnancy-related issues in the past six months. Less than 10 per cent of Muslim children under the age of five had birth certificates, compared with two-thirds of Rakhine children of the same age.

EMPLOYMENT

Eighty-five per cent of working-aged Rakhine males were participating in the labour force, compared to 74 per cent among males in Muslim villages and 66 per cent in Muslim camps. Approximately 44 per cent of work-aged Rakhine females were participating in the labour force, compared to less than 15 per cent of Muslim females.

For all target populations, the proportion of people in salaried employment was significantly lower than the national average. Muslims were in salaried employment at a rate less than half the national average. Less than ten per cent of all target populations owned businesses; the rate was lowest among Muslim camp households, at three per cent. However, 22 per cent of Muslim camp households reported having owned a business or trade stall prior to displacement.

FINANCIAL SITUATION

Half the households in the Muslim camps had an average income of 25,000 MMK per month or less, compared with 35,000 MMK for Muslim villages, 75,000 MMK for Rakhine villages, and 100,000 MMK for Rakhine relocated sites. The highest monthly expense across all population groups was food, followed by fuel and healthcare. Sixty-seven per cent of households in Rakhine villages and 65 per cent in Rakhine relocated sites were indebted, nearly double the national average of 35 per cent. The rate of indebtedness was even higher for Muslim villages and camps, at 84 per cent.

FOOD SECURITY and COPING MECHANISMS

Over 95 per cent of Rakhine households were found to have acceptable levels of food consumption, compared with 67 per cent of households in Muslim villages and 73 per cent in Muslim camps. The majority of people living in the Muslim camps and Rakhine relocated sites rely on food distributions as their main source of food. The main source of food distributions are the World Food Programme (WFP) through partners, followed by Myanmar Resource Foundation and private donations.

Almost three-quarters (73%) of Muslim groups used negative coping mechanisms to meet basic expenses, such as borrowing money, selling non-food item that were distributed, and selling food. Forty-five per cent of Rakhine groups reported using negative coping mechanisms.

MOVEMENT

The most common reason that people moved from their houses for more than a week was for work opportunities, followed by healthcare and insufficient food (in the Muslim camps). Rakhine tended to move elsewhere in Myanmar, or abroad, whereas those who left Muslim camps tended to move elsewhere in the local area.

The relatively small sample means that findings on movement are not statistically representative. However, they are included to give a rough indication and to guide future research.

COMMUNITY RELATIONS and VULNERABILITY

Relations within all target communities were perceived to be generally positive. However, sources of tensions in the Muslim camps included: living in close proximity to each other; urban/rural cultural differences; deteriorating infrastructure in the camps; and socio-economic divisions.

There were high levels of interaction between people in Muslim camps and villages, with approximately two-thirds of households having some form of interaction in the past week. While interaction was reported to be generally collaborative and positive, some sources of tension included: camps being located on host village farming land; less land available for breeding animals; and increased demand for limited firewood.

Among the Rakhine, proximity to Muslim settlements was cited as a source of anxiety. Less than one per cent of Rakhine households surveyed had any interactions with Muslims in the past week.

SELF-IDENTIFIED PRIORITY NEEDS

Food was the most frequently cited top non-cash priority need across all populations. Among the Muslim groups and the Rakhine relocated sites, more than half of respondents rated food

as their first need, as well as 42 per cent of respondents from Rakhine villages. After food, health services and job opportunities, education and shelter/housing assistance were the most frequently cited priority needs across all target populations.

LOOKING FORWARD

The potential solutions to internal displacement are to return to the place of origin, to integrate into the local areas where people initially sought refuge, or to resettle in another location. Ending displacement must be carried out only after consultation with affected communities, and must be conducted in a way that respects the dignity, safety, and desires of displaced persons.

The vast majority of those living in Muslim camps – 94 per cent – said they would prefer to live in their pre-2012 place of origin. The main reasons they cited for wanting to return were better access to education, job opportunities, reconnecting with pre-displacement social networks, better access to healthcare, and safer, more reliable housing. In order to return, more than half of respondents said they would first need housing and a plot of land there. Other prerequisites for return included access to employment opportunities and peaceful co-existence with the local community.

This may be hampered by the very low levels of interaction between Rakhine and Muslim populations. Although the two communities frequently interacted before the 2012 crisis, the profiling exercise found that less than 1 per cent of Rakhine households had interacted with Muslims in the past week, and only 10 to 13 per cent of Muslim households had interacted with Rakhines. This points to a need for a sustained effort to reduce tensions and improve inter-communal relations.

ACCESS TO FURTHER DATA

Users can manipulate the data further on the online DART platform available at http://www.dart.jips.org/ Individuals and organisations can also apply for access to the raw data through UNHCR and DRC Myanmar.

INTRODUCTION & BACKGROUND

Rakhine State and the 2012 inter-communal violence

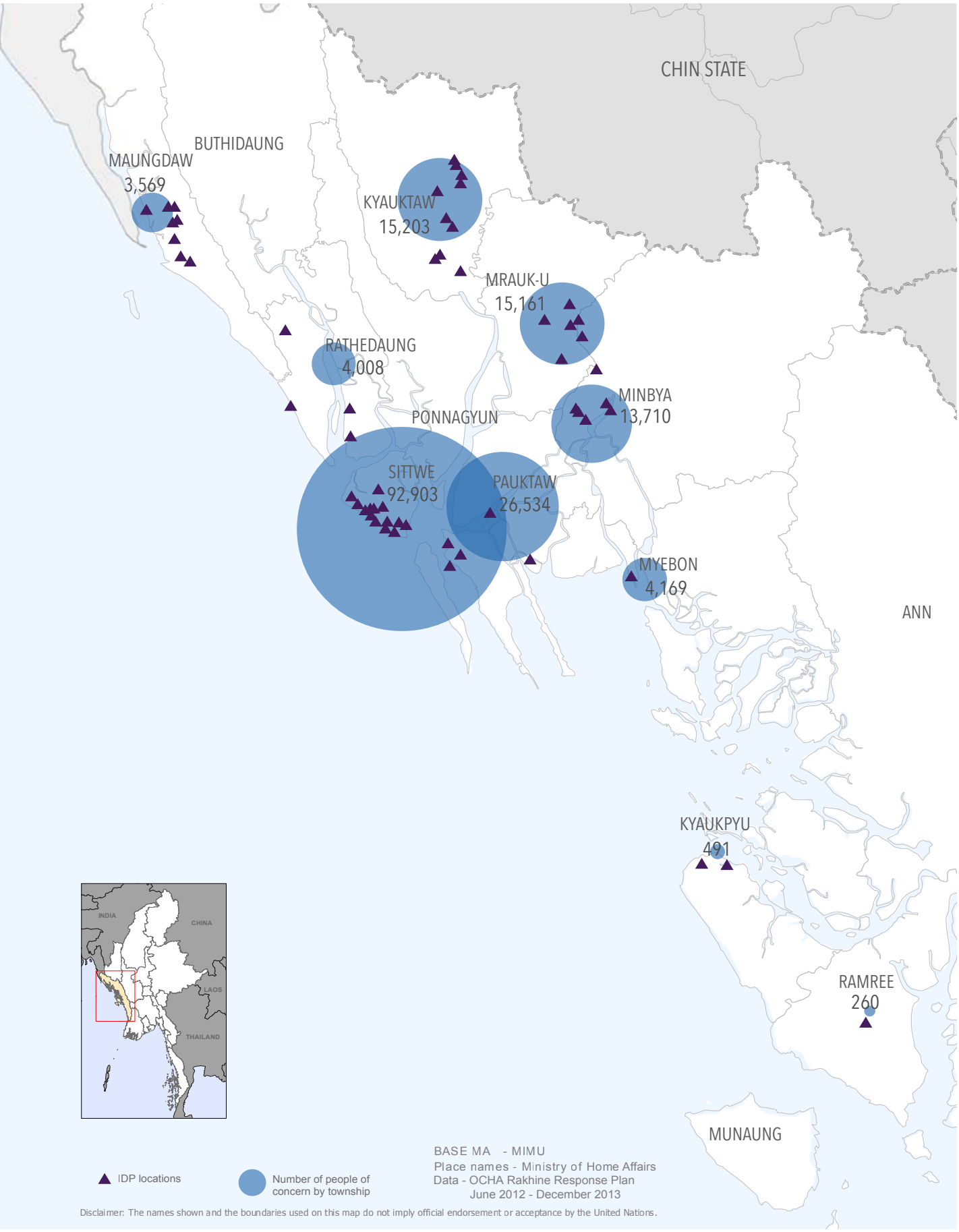
Rakhine State, in western Myanmar, has an estimated population of 3.2 million people.[1] It consists of four districts—Sittwe, Maungdaw, Kyaukphyu and Thandwe—with a total of 17 townships and 1,058 village-tracts. Rakhine State rates among the least developed regions in Myanmar: it has the second highest poverty rate (78 per cent of the population compared with 38 per cent nationally) and per capita income is less than half the national average.[2] High rates of poverty and low income are the result of several factors including poor health indicators, low levels of education, under-developed infrastructure, and its predominantly rural population that depends heavily on subsistence farming and fishing.[3] According to the Rakhine Inquiry Commission, the population in Rakhine State was 70 per cent Buddhist (predominantly from the Rakhine minority group), 29 per cent Muslim, 0.75 per cent Christian and 0.35 per cent other religions.[4]

Sittwe is the largest city and administrative capital of Rakhine State. Most of the land in Sittwe Township is coastal with 74 per cent of land less than or equal to five metres above sea level.[5] In terms of land usage, in 2011, 90 per cent of land in Sittwe Township was used for agriculture while 10 per cent was settled and less than 1 per cent was forest or scrubland.[6] There are three main seasons in Rakhine State: the wet season, the cool dry winter season and the hot dry summer season. Rakhine State receives nearly its entire annual rainfall between mid-May and October with flooding common during this period. The State is highly susceptible to cyclones and was severely affected by Cyclone Giri in 2010, Cyclone Komen in 2015 and Cyclone Mora in 2017. There is also risk of earthquakes and associated tsunamis. Vulnerability to these hazards is exacerbated by weak infrastructure and underdevelopment.[7]

In June and October 2012, there were two waves of inter-communal conflict between the main ethnic and religious groups in Rakhine State: Buddhist Rakhine and Muslims.* The first wave of violence in June, which was centred on Sittwe, left an estimated 78 dead, over 4,800 public and private buildings destroyed and an estimated 64,000 Muslims and 5,000 Rakhine displaced. The second wave of violence, left 89

* For the purposes of this paper, the term Muslims is used to refer to the population the Government refers to as "Bengali" and who refer to themselves as "Rohingya". The labelling of this group in Rakhine State is a contentious issue and continues to fuel misunderstanding.

Map 1: People affected by 2012 inter-communal violence (as of 2013)



people dead, destroyed over 5,300 public and private buildings, and displaced a further 36,000 people especially from Pauktaw Township.[8] In late 2016, insurgent attacks and the ensuing military response led to the displacement of an estimated 90,000 people in Northern Rakhine State.[9] An analysis of the needs of people displaced in 2016 lies beyond the scope of this report.

At the height of the crisis in 2012, the Government segregated the two communities in order to prevent further violence and to reduce tensions. Within Sittwe Township, a section of rural Sittwe on the outskirts of town was effectively cordoned off, with movement into and out of the area controlled by a series of military checkpoints. As of June 2017, these movement restrictions and check points remain in place. By the end of 2012, an estimated 84,000 Muslims displaced by the crisis had moved to the Sittwe rural area, while some 5,000 Rakhine Buddhists remained displaced within Sittwe Town. Over the next year-and-a-half, the people displaced by the conflict were hosted in 76 camps or camp-like settings across ten townships of Rakhine State, including 16 Muslim camps in Sittwe rural and 4 Rakhine camps in urban Sittwe. The bulk of the displaced population—64 per cent—was based in Sittwe Township, an additional 14 per cent were displaced in nearby Pauktaw Township; the remaining 22 per cent were in other townships of Rakhine State.[10]

At the beginning of 2017, four-and-a-half years after the first wave of inter-communal violence, an estimated 121,000 people displaced by the 2012 crisis remained in 36 camps or camp-like settings.[11] The majority of these people were living in camps in Sittwe (16 camps), Pauktaw (4 camps), Rathedaung (3 camps) and Myebon (2 camps) Townships. While movement between the camps and villages in the Sittwe rural area is not restricted, severe movement restrictions remain in place for Muslims outside of the Sittwe rural area including to downtown Sittwe.

In 2015, some 25,000 displaced persons in Rakhine State were assisted to return, relocate or locally integrate. In Sittwe Town, the four camps housing Rakhine people displaced by the 2012 conflict were either relocated or locally integrated and provided with housing. For the purpose of this report, all four relocated or locally integrated sites will be referred to as Rakhine relocated sites. Rakhine living in these relocated sites continue to receive some humanitarian assistance, including food rations, but no longer fall under the humanitarian camp coordination structures.

The Government is responsible for responding to the needs of those displaced by the 2012 crisis, and does so with the support of the international humanitarian community. As with all people in Myanmar, all target groups fall under the national legal framework. The Rakhine State Government provided extensive support to the profiling exercise including feedback on the questionnaire and methodology, providing enumerators who conducted the household survey in Rakhine areas, facilitating data collection in all areas, and providing feedback during analysis, review and recommendation phases.

WHY PROFILING?

The profiling exercise, whose findings are outlined in this report, was conducted to address the need for up-to-date information on the situation faced by people displaced by the 2012 crisis in Sittwe Township. While a significant number of assessments and data collection activities have been conducted since 2012, the methodologies used make it difficult to compare the situation between different camps and across sectors. The overarching aim of the profiling exercise was to establish a common evidence-base to inform a comprehensive response and the pursuit of solutions by the Government, and humanitarian and development communities.

The specific objectives of the profiling exercise were to:

1. Update population figures for the Sittwe rural camps, based on anonymous data disaggregated by age, sex, location, place of origin and diversity;
2. Analyse the displacement history of the target population;
3. Analyse the current situation of target populations including their socio-economic situation, living conditions and protection concerns;
4. Develop a better understanding of the vulnerabilities, capacities, coping mechanisms, and future intentions and perceptions of target populations;
5. Provide a dataset available to the Government, and humanitarian and development community; and
6. Develop a methodology and data collection tools, which could be replicated (with adjustments as required) in other Rakhine townships with displaced populations such as Pauktaw, Myebon and Rathedaung, as part of a phased approach.

The profiling exercise was a collaborative process conducted by the Camp Coordination and Camp Management (CCCM Cluster) and co-led by the Danish Refugee Council (DRC) and United Nations High Commissioner for Refugees (UNHCR) with the support of the Rakhine State Government. The profiling coordination structure including a technical working group was established from the beginning of the process. The exercise was jointly funded by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and UNHCR. The Rakhine State Government provided extensive support to the profiling exercise including feedback on the questionnaire and methodology, providing enumerators who conducted the household survey in Rakhine areas, facilitating data collection in all areas, and providing feedback during analysis, review and recommendation phases.

A Technical Working Group made up of representatives from DRC, International Rescue Committee, International Organisation for Migration, Lutheran World Federation, Norwegian Refugee Council, PLAN, Relief International, the Protection Working Group, UN Office for the Coordination of Humanitarian Affairs (OCHA), and UNHCR steered the different phases of the exercise. This included developing the methodology and survey questionnaire, seconding staff to conduct the enumeration and survey among the Muslim target populations, facilitating focus group discussions, participating in collaborative analysis workshops for all Clusters/Sectors, reviewing the draft report and providing recommendations. The Joint Internally Displaced Person Profiling Service (JIPS)* offered technical support throughout the exercise; NorCap also provided technical support during the data analysis phase.

Preliminary findings were shared and validated through analysis workshops for each Cluster/Sector including CCCM, Education, Food Security, Gender-based Violence sub-Cluster, Livelihoods/Early Recovery, Health, Protection, Shelter, and Water, Sanitation and Hygiene. These workshops represented an opportunity to draw on the technical expertise and sector-specific knowledge of key personnel from the Government and humanitarian community. The feedback provided was invaluable in guiding the direction of the analysis and resulted in a much richer interpretation of the data collected. Each Cluster/Sector, as well as key stakeholders from the Government and humanitarian community, provided feedback on the draft report. Recommendations based on the findings were developed with each Cluster. This included recommendations for programming, information gaps and advocacy. Ownership of these recommendations rests with the Clusters and implementing partners.

Capacity building activities were undertaken with local and international partners. This included eight days of training on data collection for enumerators seconded by Danish Refugee Council, Lutheran World Federation and Norwegian Refugee Council; three days of training on mobile data collection for Government staff enumerators; a series of information management and mapping workshops attended by DRC, Lutheran World Federation, International Rescue Committee, International Organisation for Migration, Norwegian Refugee Council, OCHA, and UNHCR. Responding to requests by humanitarian agencies and clear operational needs, the coordinator of the profiling exercise led a working group which developed site maps for each of the camps in Sittwe Township. These maps are included in the Annex.

* JIPS is an inter-agency service, which was set up in 2009. Based in Geneva, its mission is to support government, humanitarian and development actors design and implement collaborative profiling exercises. For more information on JIPS visit the website on http://www.jips.org/en/home.

METHODOLOGY

Target populations and coverage area

The profiling exercise aimed to provide a comprehensive analysis of the situation faced by people displaced by the 2012 crisis who are currently residing in Sittwe Township. This involved looking at the situation in: Muslim camps; the Rakhine community that was displaced in 2012 and have now been relocated or locally integrated into new communities within Sittwe Town (hereafter referred to as Rakhine relocated sites); Rakhine host communities (Rakhine villages hereafter); and Muslim host communities (Muslim villages hereafter). Such an approach allows for a comparative analysis not only between the displaced and host Rakhine and Muslim communities but also between the different camps in the Sittwe rural area.

The profiling exercise covered the following target populations:

- All four Rakhine relocated or locally integrated sites in Sittwe Town: Mingan, Set Yone Su, Set Roe Kya 1 and Set Roe Kya 2;
- All Muslim camps in Sittwe Township: Basara, Baw Du Pha 1, Baw Du Pha 2, Dar Paing, Kaung Dok Kar 1, Kaung Dok Kar 2, Maw Thi Nyar, Ohn Taw Chay, Ohn Taw Gyi North, Ohn Taw Gyi South, Phwe Yar Gone, Say Tha Mar Gyi, Thae Chaung and Thet Kae Pyin (see annex for alternate names);
- Rakhine villages in Sittwe Township: including a cross-section of rural and peri-urban areas as well as a combination of villages that are close and relatively far from the Sittwe rural Muslim camps; and
- Muslim villages in Sittwe Township: including a cross-section of rural and peri-urban areas as well as a combination of villages that are close and relatively far from the Sittwe rural Muslim camps.

Within the Sittwe rural camp area, some camps share similar characteristics and were grouped for the purposes of household survey. For example, Ohn Taw Gyi North and South are contiguous, separated only by a road, as are Baw Du Pha 1 and 2. Phwe Yar Gone is a small camp of 40 temporary shelters alongside the much larger Say Tha Mar Gyi Camp (260 temporary shelters) and comes under the same camp management structure.

Data collection methods[1]

Desk review and informant interviews

A review of existing socioeconomic and humanitarian information—including over 50 research reports, surveys, needs assessments, anthropological studies and focus group discussions as well as Government reports and the 2014 Myanmar national census—with a focus on Rakhine State and more specifically the situation of displaced persons in Sittwe Township, was conducted as part of the profiling process. The review, together with informal interviews with relevant stakeholders, guided the development and implementation phases of the profiling, and complemented the analysis phases. The desk review is available online at www.sheltercluster.org/rakhine/library/camp-profiling-2016-2017-jips.

Enumeration (Muslim camps only)

An enumeration was conducted, which indicated that at the time of data collection 17,618 households were living in the Sittwe rural camps. The short enumeration questionnaire assessed the number of people in the household, place of origin, date of displacement, presence of pregnant/lactating women, presence of children under five years old, number of shelter units occupied by the household and if the head of the household is female, disabled, elderly or a child (see Annex). The data collection was conducted by a team of 41 camp-based enumerators (15 female; 26 male) and nine team leaders (3 female; 6 male) using mobile devices from December 2016 to January 2017.

Household survey and sampling strategy

In-depth information was then gathered through a household survey conducted with a sample of the population. A sample of 3,603 households was calculated as the minimum requirement for the survey, stratified by population type and groups of camps. The final sample included 4,662 successfully completed surveys, which were administered by the Government enumerators (in Rakhine areas) and staff seconded from camp management agencies (in Muslim areas) using mobile devices. The data collection was conducted by a team of 41 camp-based enumerators (15 female; 26 male), 12 Sittwe-based enumerators (3 female; 9 male) and nine team leaders (3 female; 6 male) using mobile devices from January to March 2017. The household survey questionnaire can be found in the Annex.

The sample size and weights for the Muslim camp populations were developed using the findings of the enumeration.* The Rakhine relocated sites' sample size and weights were developed based on information collected by the Camp Management Agencies in 2015. The size of the Rakhine host population in Sittwe Township was based on the findings of the 2014 Myanmar census. Finally, no reliable baseline figures were available for the Muslim host population. As a result, the Muslim village population was intentionally over-sampled to allow for the lack of precise population figures. Weights were not applied to the findings for either of the host populations.

* Weights were used to ensure that the data for each group of camps contributed the correct proportion to the overall camp estimates based on the size of the camp population. Without this weighting, the smaller camps would be over-represented and would skew the total Muslim camp figures.

Table 1: Distribution of sample (successful interviews) by population and camp groups

Target populations	Site sample	Grouped sample
RAKHINE VILLAGE	415	415
RAKHINE RELOCATED SITE	346	346
MUSLIM VILLAGE	543	543
MUSLIM CAMP	3,358	3,358

Rakhine relocated site	Site sample	Grouped sample
MINGAN	62	346
SET ROE KYA 1	109	
SET ROE KYA 2	154	
SET YONE SU	21	

Muslim camp	Site sample	Grouped sample
BASARA	272	272
BAW DU PHA 1	197	377
BAW DU PHA 2	144	
DAR PAING (FORMAL)	353	468
DAR PAING (INFORMAL)	155	
KAUNG DOK KAR 1	302	302
KAUNG DOK KAR 2	36	377
MAW THI NYAR	161	402
OHN TAW CHAY	315	315
OHN TAW GYI NORTH	267	449
OHN TAW GYI SOUTH	182	
PHWE YAR GONE	68	403
SAY THA MAR GYI	335	
THAE CHAUNG	370	370
THET KAE PYIN	241	402

The sample size used allows for the estimation of significant results at a 95 per cent confidence interval with a five-point margin of error for the different target populations and between the different camp groups.** The required sample size was exceeded for each of the surveyed populations due to the very high response rate. The sample drawn from each camp within the grouped camps was proportionate to the size of each camp population in that group (Figure 1). All sample selections were randomised at the

temporary shelter level based on the enumeration data in the Muslim camps, and was randomised at the household level based on household lists provided by Government Village Administrators for Rakhine villages, Muslim villages and Rakhine relocated sites. The randomisation was conducted using a random number generator.

Focus group discussions

The focus group discussions aimed at providing in-depth information about intra- and inter-communal relations, social cohesion and future intentions/perceptions, as well as contextualising information on several topics addressed by the household survey. A total of 15 focus group discussions were conducted targeting different populations, ages, both sexes and people working in different sectors. The focus group discussions were conducted in April 2017. All focus group discussion facilitators were female, as were all except for one of the note takers (only used for the Rakhine village discussion). In every focus group, either the facilitator, the note taker or both were employed in the DRC protection or child protection teams.

Twelve focus group discussions were conducted using a harmonised question guide across all target populations (see Annex for methodology and question guide). Eight of these were with Muslim camp participants with two discussions conducted each for: female adults, male adults, female youth and male youth (aged 15 to 24 years). Two separate focus group discussions were conducted for females and males from Muslim villages (incorporating both youth and adults). Finally, one focus group was conducted with Rakhine villagers, as well as one for people from Rakhine relocated sites. Participants for the host community discussions were selected in such a way as to incorporate people from isolated villages and camps, and those closer to downtown Sittwe. In addition, two work sector-specific focus group discussions were conducted as well as one townhall discussion with enumerators to follow-up and contextualise the findings that emerged from the household survey. The focus group discussion question guide can be found in the Annex.

Camp mapping

While site plans were used to guide the data collection in the Muslim camps, there were no maps or solid information available on the number of makeshift shelters in Dar Paing and Thae Chaung. As part of the profiling exercise a 3-day mapping exercise was conducted in the Dar Paing makeshift shelters and a 6-day mapping exercise was conducted in Thae Chaung. Each shelter was identified with the help of camp focal points and geo-tagged by the profiling team. This information was then used to develop maps that guided the enumeration of these areas to ensure all households were covered.

In parallel to the profiling exercise, and in response to the clear operational needs of the humanitarian community, the coordinator of the profiling exercise led a working group which developed site maps for each of the camps in Sittwe Township. These maps are included in the Annex.

** This means that if the survey was repeated 20 times, 19 times out of 20 the results would be expected to fall within +/- 5 percentage points of those actually obtained.

Additional information sources

In March 2017, a half-day workshop was conducted in the Muslim camps on community participation. The aim of the workshop was to understand better how the community prefers to communicate with humanitarian organisations, to map existing communication channels between the camp population and humanitarian agencies, and inform the strategy for communicating the findings of the profiling exercise back to the communities. Nineteen people (including 5 women) participated in the workshop.

In addition to the above methods, information about the services, facilities and infrastructure in the camps was collected directly from the Clusters/Sectors and humanitarian partners. This took place through collaborative analysis workshops and review of the findings, as well as ad hoc requests.

The artwork throughout the report was provided by children aged 10 to 17 who live in the Sittwe rural Muslim camps. Children attending Child Friendly Spaces in the camps were requested to design a painting that depicted their daily life.

Communicating with communities

A large-scale community awareness raising campaign was launched in the weeks prior to the enumeration and household survey. The campaign was carried out in order to: communicate the purpose of the profiling exercise; manage expectations (both positive and negative); reduce potential bias; ensure informed consent; and promote transparency towards the community. This awareness raising was considered particularly important amid the heightened tensions following the October 2016 insurgent attacks and military response in northern Rakhine State, less than two months before the start of data collection. Awareness raising activities included: placing posters explaining the exercise on every temporary shelter in the Sittwe rural camp area; conducting a series of information sessions with the Government, humanitarian partners and camp management committees; and informing the community through an extensive network of community mobilisers. Despite the sensitivities around data collection, the communities surveyed were cooperative and engaged in the process. There were no major incidents throughout data collection.

Limitations

The enumeration approach was designed to only provide updated population figures for the Sittwe rural camps and to inform the sampling strategy. It was not designed to estimate the total number of the other three target populations: Muslim villages, Rakhine villages and Rakhine relocated sites. As such, the results cannot be used to estimate the population for these three target populations.

The findings of the profiling exercise only refer to the Sittwe rural camps and Sittwe Rakhine relocated sites. The dynamics and geography of the Sittwe rural camps are fundamentally different to those of other camps, such as those in Pauktaw, Myebon and Rathedaung Townships. For example, the people living in the Sittwe rural camps are overwhelmingly from urban Sittwe, while those in other camps primarily came from rural areas or smaller towns. Moreover, the large number of people living in the Sittwe rural area and its proximity to Sittwe Town, contrast it with many of the other camps which are more remote

At a camp in Sittwe. (Photo:/H.Lat)

and often smaller. As a result, the findings cannot be used as a proxy for the needs or living conditions of other displaced or non-displaced Muslims in Rakhine State. The expansion of the profiling exercise to cover camps in Pauktaw, Myebon and Rathedaung is currently under consideration. Moreover, the demographics or situation of the Muslim people in the Sittwe rural camps cannot be extrapolated to the Muslim population across Rakhine State as a whole.

Data collection for the household survey was conducted from February to March during the cold dry season. Due to the timing of key harvests and the generally favourable weather, secondary research indicates that households have more livelihood opportunities and better food security indicators during this period.[2] The effect of the season on income was to some extent mitigated, by asking for the range of monthly incomes in the past six months. However, it should be assumed that food security indicators are likely to be worse than presented in this report during the lean season from June till September.

During the household survey, information was not gathered on the gender or age of the respondent. As a result, it is difficult to identify any gender or age bias across the various responses given. The enumerators estimated that approximately 60 per cent of the respondents in the Muslim camps were female, and that the respondents for households identified as being female-headed were almost exclusively female. Collecting data from household respondents in a manner that would support gender disaggregation was a recommendation that was accepted during planning but was inadvertently omitted from the final survey. It is recommended that information on the gender and age of the respondent be collected for large-scale assessments and profiling exercises including in Rakhine State.

The lack of comprehensive pre-crisis baseline data makes it difficult to gauge the impact that displacement has had on people in the camps. In general, throughout the report, key indicators are compared between the different target populations, and with the Rakhine State and Myanmar averages. The variety of methodologies used and the different timing of assessments conducted within the camps makes a comparison with the profiling findings more challenging. The desk review covered a range of different secondary data sources, and could be used to inform further analysis of the effect of displacement.

Translation between multiple languages was a challenge faced throughout the profiling exercise. The main language used in the humanitarian community in Sittwe is Rakhine, while the main language spoken in the camps is the local Muslim language. The situation was further complicated by all printed materials being written in Myanmar language (as is the norm in the humanitarian community in Rakhine State) and the profiling coordinator speaking English but no local languages. These challenges were mitigated with the help of a dedicated profiling team, and through the extensive translations and re-translations of documents.

Lastly, the data collection was conducted in the six months following the October 2016 instability in Rakhine State. While the Sittwe rural camps were not directly involved, it may have had an effect on the responses of Rakhine and Muslim respondents to questions related to inter-communal relations, social cohesion and future intentions.

WHO IS IN THE SITTWE CAMPS?

- In January 2017, there were 17,618 households or 97,484 people living in 14 camps in rural Sittwe.
- 94 per cent of people in the camps left their place of origin in 2012.
- At the time of the survey, 98 per cent of households had been in the camps for more than three years, and more than half had been there for about four-and-a-half years.
- Most people in the Sittwe rural camps were from Sittwe Township (84 per cent) or Pauktaw Township (11 per cent) including 35 per cent from Set Yone Su ward.
- The majority of people came from urban areas (76 per cent).
- People in the smaller camps, except Ohn Taw Chay, tended to come almost exclusively from Sittwe Town, while the larger camps absorbed influxes from rural Sittwe and other districts.
- 52 per cent of the camp population was female and 48 per cent male.
- Roughly half the people in the Muslim villages and camps are 18 years old or younger.
- The average household size in Muslim camps is 5.5 members.

WHO IS IN THE SITTWE CAMPS?*

In January 2017, there were 17,618 households or 97,484 people living in the 14 camps of rural Sittwe. In terms of population, the largest camps were Ohn Taw Gyi North, Say Tha Mar Gyi, Ohn Taw Gyi South, Thae Chaung and Dar Paing. The 510 households living in makeshift shelters in Dar Paing Camp were not included in previous data collection exercises by camp management agencies.** In addition to the initial influxes of people, the number of people in the Muslim camps is likely to be influenced by: population movements between the camps and the surrounding villages; limited irregular migration to and from the Sittwe rural camp area (including from Pauktaw camps); and birth and death rates.

Table 2: Population in Sittwe rural camps (by individuals and households)

Camp	Households (current)	Individuals (current)
BASARA	396	2,206
BAW DU PHA 1	1,008	5,085
BAW DU PHA 2	1,292	7,258
DAR PAING (FORMAL)	1,427	9,015
DAR PAING (INFORMAL)	510	2,500
KAUNG DOK KAR 1	400	2,355
KAUNG DOK KAR 2	398	2,181
MAW THI NYAR	621	3,423
OHN TAW CHAY	708	3,834
OHN TAW GYI NORTH	2,658	14,175
OHN TAW GYI SOUTH	2,286	12,121
PHWE YAR GONE	384	2,187
SAY THA MAR GYI	2,220	11,577
THAE CHAUNG	2,329	13,720
THET KAE PYIN	981	5,847
TOTAL IN SITTWE RURAL CAMPS	17,618	97,484

* Sittwe rural camp population figures are based on enumeration data unless otherwise specified.
** These makeshift shelters were not included in previous data collection in part because they have grown in recent years, and because there is a common perception that the people in these makeshift shelters were not directly displaced by the 2012 crisis.

Table 3: Population in Rakhine relocated sites (by individuals and households)*

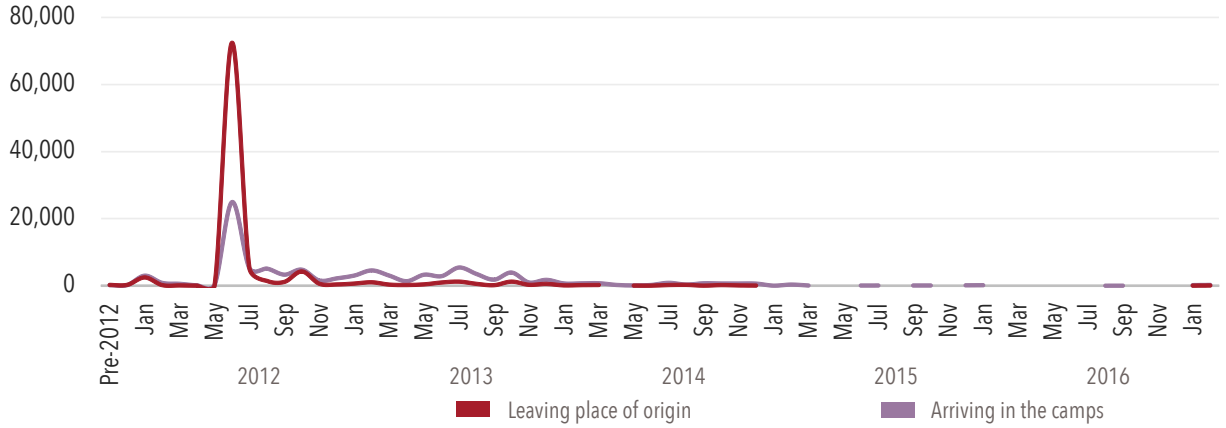
Camp	Households (2016)	Individuals (2016)
MINGAN	151	640
SET ROE KYA 1	249	1,282
SET ROE KYA 2	418	2,200
SET YONE SU	72	462
TOTAL IN RAKHINE RELOCATED SITES	890	4,584

When were people displaced?

The vast majority of people that now reside in the Muslim camps (94 per cent) left their place of origin in 2012. Most people left in the month following the June 2012 surge in inter-communal violence (74 per cent). The second major wave of violence—in October 2012—resulted in a second peak of people leaving their places of origin, with 5 per cent of the current camp population leaving in this month. Those that arrived in June were predominantly from Sittwe Town, while a large proportion of those who arrived in October were from Pauktaw Township. This reflects the geographical focus of the inter-communal violence in these periods.

Approximately half the people now living in the camps took less than five months from when they left their place of origin to when they arrived in the camps (52 per cent). A minority took more than a year (29 per cent). The time between displacement and moving to the camp was generally the longest for residents of Ohn Taw Chay, the majority of whom are from Pauktaw Township, and the time was shortest for residents from Basara, almost all of whom resided in the ward immediately adjacent to the camp.

Figure 1: Dates of leaving place of origin and arriving in the Sittwe rural camp area



* As of July 2015. See Shelter Cluster. Myebon, Pauktaw, and Sittwe Townships (Priority Camps). Available at: www.sheltercluster.org/rakhine/documents/myebon-pauktaw-and-sittwe-t-ships-priority-camps-172015 2015.

Over half of the current residents of the camps arrived before the end of 2012 (54 per cent) and more than two-thirds (72 per cent) had arrived by mid-2013. At the time of the survey in early 2017, 98 per cent of the people residing in the camps had been there for more than three years, and more than half had been there for about four-and-a-half years.

Where did people come from?

Nearly all people in the Sittwe rural camps were either living in Sittwe Township (84 per cent) or Pauktaw Township (11 per cent) before the 2012 crisis. A small proportion were from Kyaukpyu (3 per cent) and Myebon (1 per cent) Townships; a combined total of less than 1 per cent came from Rathedaung, Minbya and Mrauk-U Townships. People living in the smaller camps, with the notable exception of Ohn Taw Chay, were almost exclusively from Sittwe Town. The larger camps such as Dar Paing, Ohn Taw Gyi North, Ohn Taw Gyi South, Say Tha Mar Gyi, and Thae Chaung absorbed influxes from rural Sittwe and other districts. Ohn Taw Chay is an outlier in that 83 per cent of the population were from Pauktaw Township.** Many from Kyaukpyu Township were involved in fishing prior to 2012, and most that came to the Sittwe camps chose to live in the port town of Thae Chaung.

Map 2: Population of Sittwe rural camps (in households)

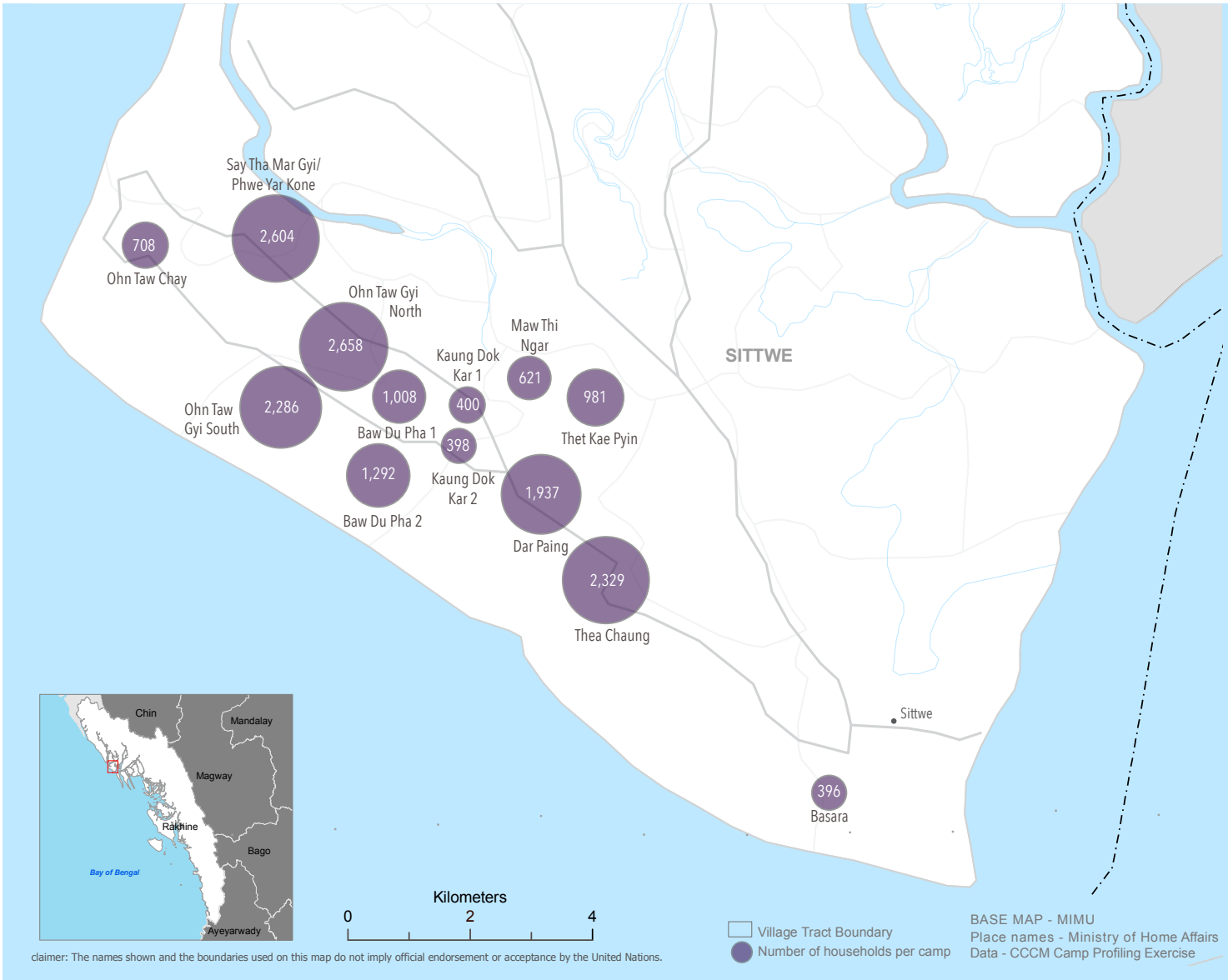
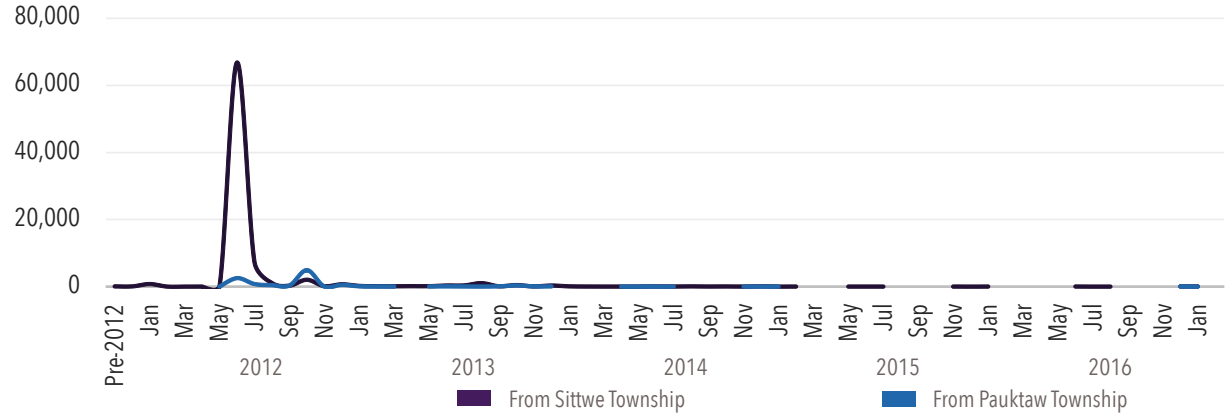


Figure 2: Dates of leaving Sittwe and Pauktaw Townships



Unlike other camps in Rakhine State, the population from the Sittwe rural camps was predominantly urban before displacement (76 per cent). Their places of origin are clustered around Sittwe wards that had the highest proportion of Muslim residents before 2012, and that experienced the most acute conflict. The largest number of people coming from any one ward or village tract was from Set Yon Su ward, with 35 per cent of people in the Sittwe rural camps coming from this ward alone. Those that come from Pauktaw were primarily from urban Pauktaw Town. Basara and Thet Kae Pyin are the most homogenous camps in terms of place of origin with the majority of people—and in the case of Basara, 98 per cent of current residents—coming from one or two adjacent wards before displacement. At the other end of the spectrum, the residents of Ohn Taw Gyi North come from over 74 different wards or village tracts.

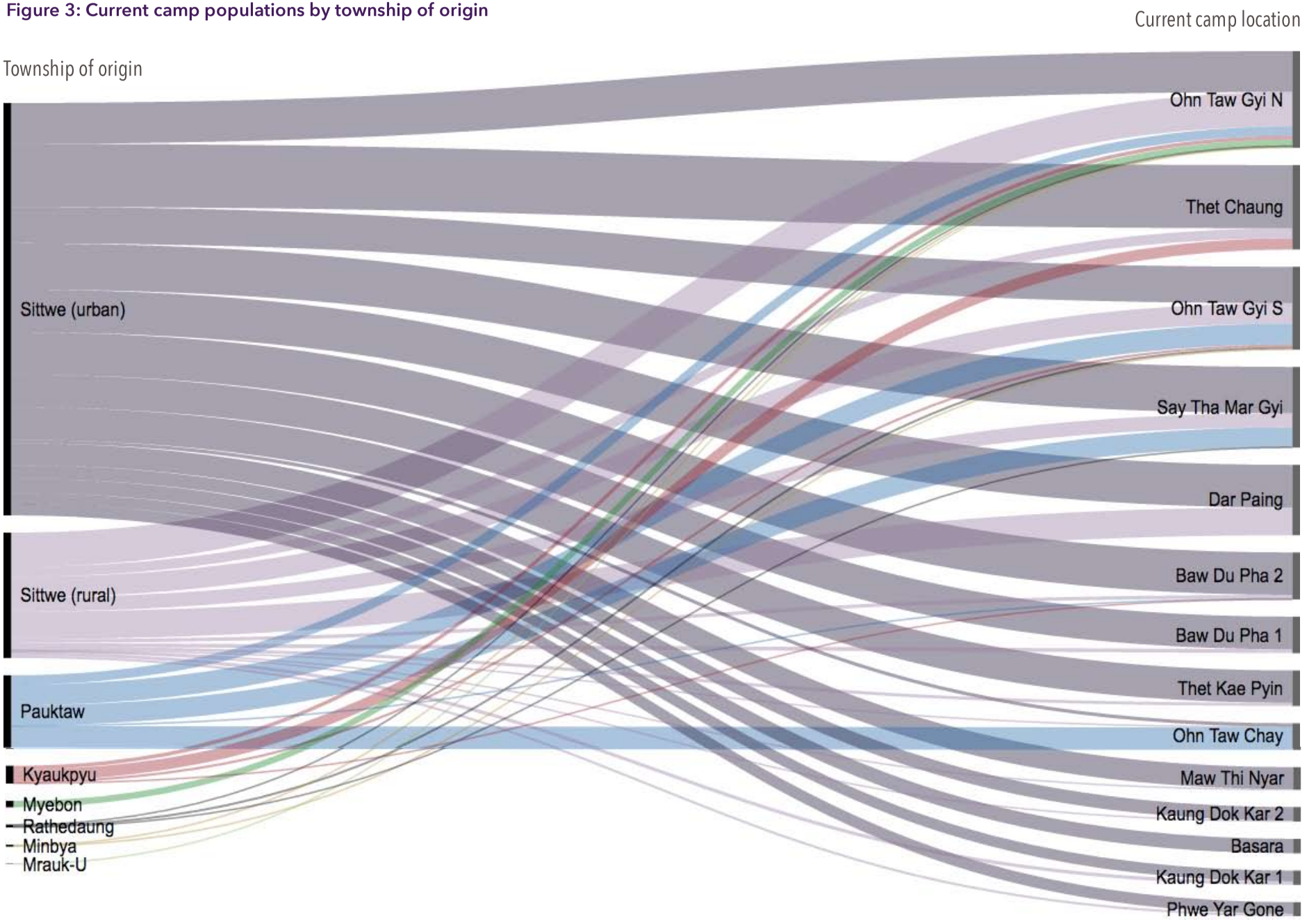
Reason for leaving place of origin

The main legal instrument covering internal displacement— the Guiding Principles on Internal Displacement—defines internally displaced persons as "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised State border."[1] Based on the responses provided, most of the people in the Sittwe camps (93 per cent) fall under this definition, having left their place of origin due to violence, insecurity and threats to individual or family. This included 91 per cent who stated that violence or insecurity in their place of residence was the main reason they moved, as well as less than 1 per cent who reported that they were required to move by Government authorities during the 2012 crisis.

Of the 7 per cent of households that were not forced to flee (or approximately 1,239 households), most left to find work or because there were no livelihood opportunities available in their place of origin. In addition, some 200 households left due to family issues (including marriage, divorce, and family reunification) and 150 households moved to have access to humanitarian assistance. The majority of people that moved for reasons not directly related to violence or insecurity (84 per cent) were from rural

[**] After Ohn Taw Chay Camp was constructed it was regarded by many displaced people as being too isolated and remote from the other camps and the main market areas. As a result, many preferred to wait for other camps to be constructed rather than moving into Ohn Taw Chay. People displaced from Pauktaw and Than Daw Li ward believed they would not be prioritised for other shelters and so accepted to live in Ohn Taw Chay.

Figure 3: Current camp populations by township of origin



areas, with most coming either from Bu May, Aung Daing, U Yin Thar or Thin Ga Net Village tracts. As with those displaced by the conflict, this group mostly left their place of origin in 2012 (48 per cent) or 2013 (35 per cent). The remaining 17 per cent left in the period since. At the time of the survey, these people were mainly living in Ohn Taw Gyi North and South (about 690 households), the Dar Paing makeshift shelters (about 240 households) and Say Tha Mar Gyi (about 180 households).

A socio-anthropological study conducted in 2014 found that many of the people that moved from Bu May did so because the tensions caused by living in close proximity to Rakhine and the constraints placed on their mobility made livelihood opportunities too difficult to pursue.[2] A similar situation was faced by Muslims across many areas of Rakhine State during this period. While these people were not directly affected by violence, the 2012 conflict was still one the main root causes for their leaving their place of origin.

Of the people living in the Rakhine relocated sites at the time of the survey, 76 per cent reported that they left their place of origin due to violence, insecurity, threats to themselves or their family. The other top reasons provided include family issues (9 per cent) and seeking livelihood opportunities (14 per cent).

Age and gender

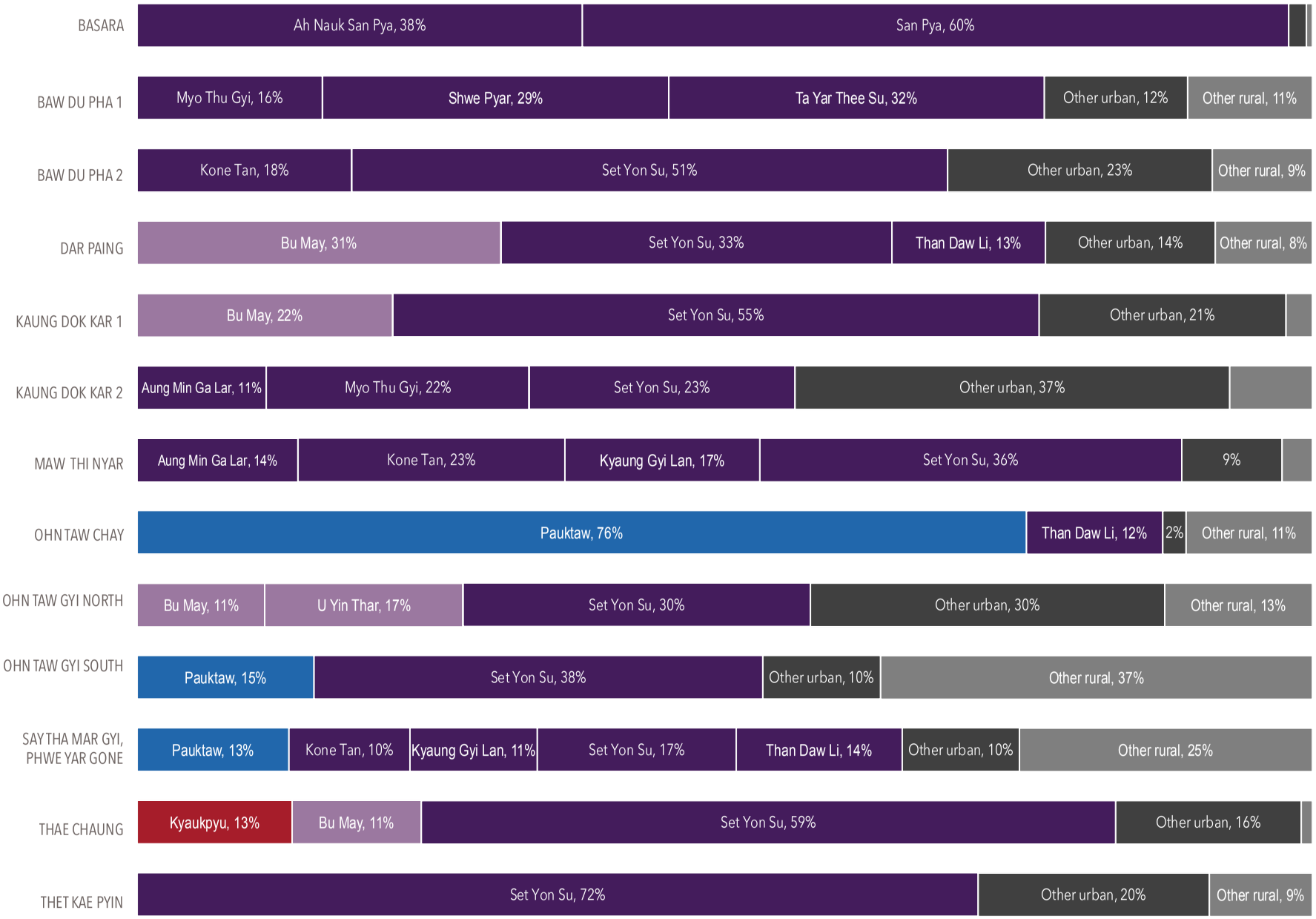
There were no major differences between target populations in terms of gender distribution: 48 per cent were male and 52 per cent were female with the exception of the Muslim villages where 49 per cent were male and 51 per cent were female. The gender distribution was relatively standard across all Muslim camps, ranging from Ohn Taw Chay with 50 per cent males/females, to Kaung Dok Kar 1 with 52 per cent females and 48 per cent males.*

There were differences in terms of the age profile of the target populations surveyed. Compared with the host populations, those in the camps and relocated sites were younger, while the Muslim populations were, on average, younger than the Rakhine target populations. The Muslim camp age structure resembles a pyramid with a wider base and a narrow apex. This indicates that a large proportion of the population is youthful. By comparison, Myanmar as a whole has an "intermediate" age structure based on the results of the 2014 census, while Rakhine State is somewhere in between. Other states in Myanmar where minorities represent a large proportion of the population also tend to be younger.[1] It must be emphasised the demographics based on the profiling exercise are of the Muslim population in the Sittwe camps, and that they are not representative of Muslim demographics elsewhere in Rakhine State.

An estimated half of the people surveyed in the Muslim villages and camps of Sittwe rural are 17 years or younger. For the Rakhine relocated sites, half of the population is 25 years old or younger and for the Rakhine villages half the population is 28 years old or younger. This is slightly older than the Myanmar median of 27 years.[2] A relatively large percentage of the population in the Muslim camps is under 5 years old (approximately 15 per cent). Meanwhile, the percentage of people aged 60 and over in the Muslim groups surveyed was about half that of the Rakhine population surveyed (4 per cent for Muslim camps;

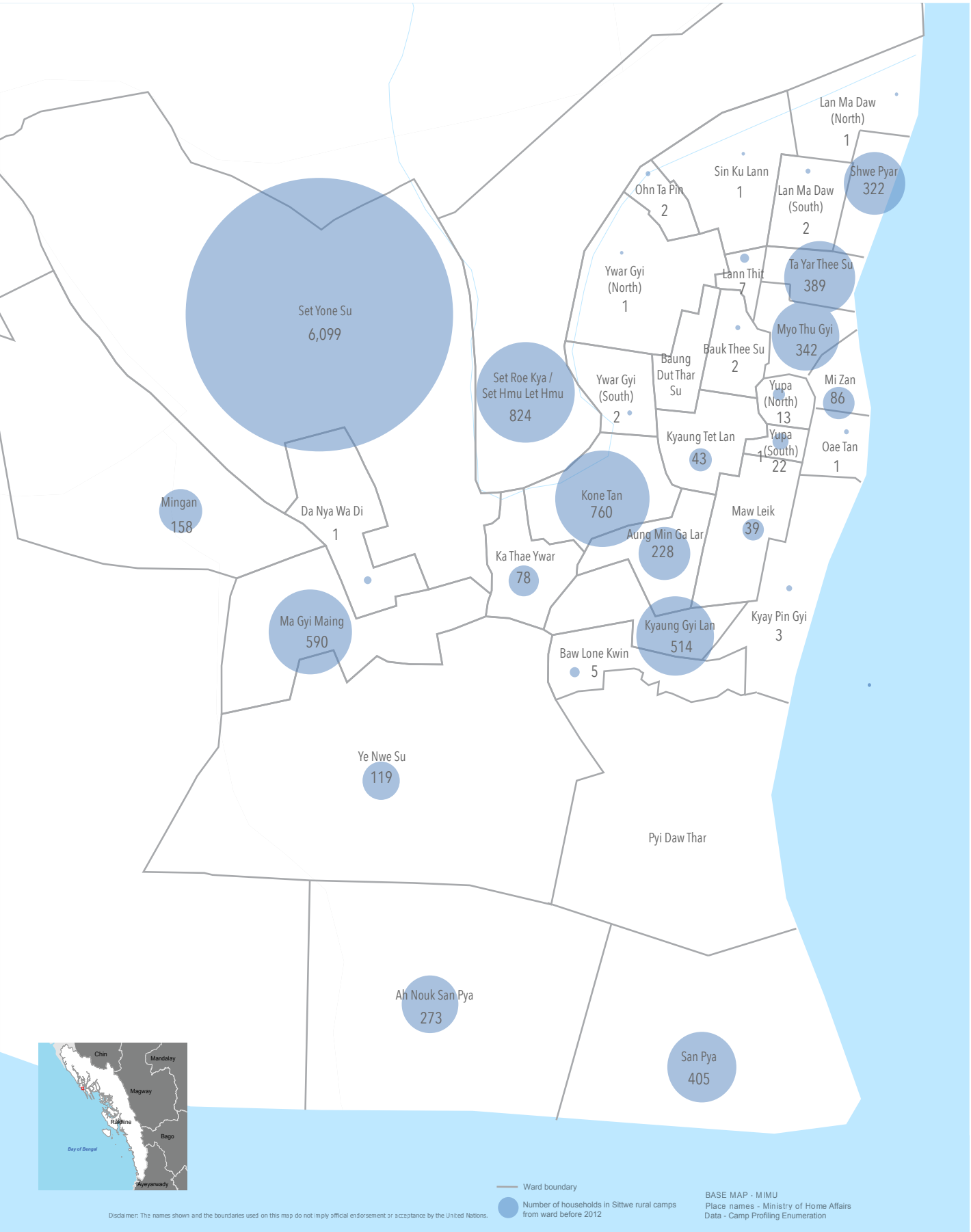
* Based on profiling enumeration data.

Figure 4: Camp population by place of origin (Sittwe ward, town or village tract)



'Other' consists of places of origin contributing less than 50 households or 10 per cent of the camp population

Map 3: Population of Sittwe camps by place of origin in Sittwe urban areas (in households)



5 per cent in Muslim villages, 7 per cent in Rakhine relocated sites and 9 per cent in Rakhine villages).

A number of factors influence the relative youthfulness of the Muslim camp population. Informal migration, death rate, birth rate, pre-2012 urbanisation of young Muslims and access to healthcare are just a few of the many factors that affect these demographics. The process of displacement may have also affected the demographics of this group, for example, adults may have been more likely to leave through irregular movements than young children.

The characteristics of the household heads varied across the four different target populations surveyed. On average, heads of households were:

- Younger in Muslim camps with an average age of 42 years, compared to 46 years for Muslim villages, 49 years for Rakhine villages and 51 years for Rakhine relocated sites;
- More frequently female-headed in the Muslim camps (26 per cent), compared with 21 per cent in Muslim and Rakhine villages, and 16 per cent from Rakhine relocated sites. Female-headed households were most common in the Dar Paing makeshift shelter (37 per cent), Ohn Taww Gyi South (34 per cent) and Say Tha Mar Gyi (31 per cent), and were least common in Baw Du Pha 2 (16 per cent) and Ohn Taw Chay (19 per cent);
- Mainly married and living together with their spouse (more than 70 per cent across all target populations);
- Widowed in 15 per cent to 21 per cent of households across the different target populations; and
- More likely to be disabled or have experienced a serious health issue in the past six months in the Muslim camps (6 per cent; 28 per cent) and Muslim villages (5 per cent; 32 per cent) compared with the Rakhine relocated sites (3 per cent; 24 per cent) and Rakhine villages (3 per cent; 19 per cent).

For the purposes of the enumeration and survey, a household was defined as all persons who usually live and eat together, in the same house or compound, and share the same housekeeping arrangement and expenses. A person was counted as a household member if he/she has been living in the household for six months or more. New members that joined the household in the past six months through marriage or birth were also included. People could be considered members of the household even if they were temporarily absent (less than 6 months) or not related. In the case of the temporary shelters in the Muslim camps, there may be one or more households in a single temporary shelter unit, in other cases a single household may live in more than one temporary shelter unit.

Household size

The average household size of both Rakhine relocated sites and Muslim camps was 5.5 members. The Rakhine villages had smaller households with an average of 4.5 members and the Muslim villages had an average of 5.9 members. The household size of the Rakhine villages surveyed was close to both the Rakhine State and Myanmar average of 4.4 members.[3] Within the Muslim camps, households living in makeshift shelters tended to be larger than those in temporary shelters (5.6 members compared to 5.4 members).

Figure 5: Sittwe rural camp population

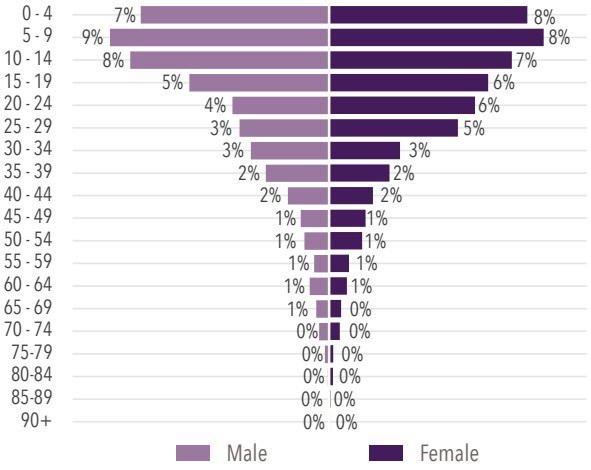


Figure 6: Rakhine State population*

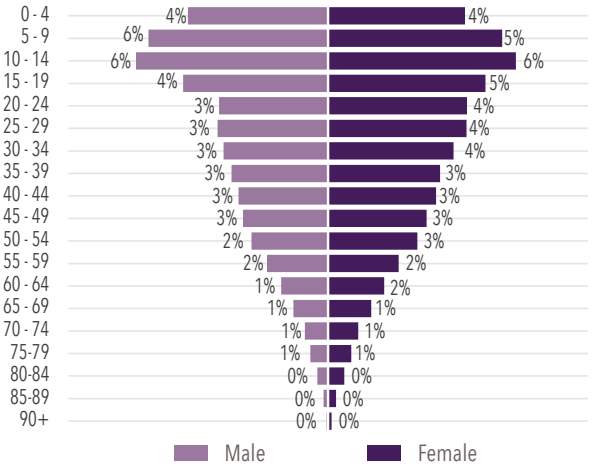
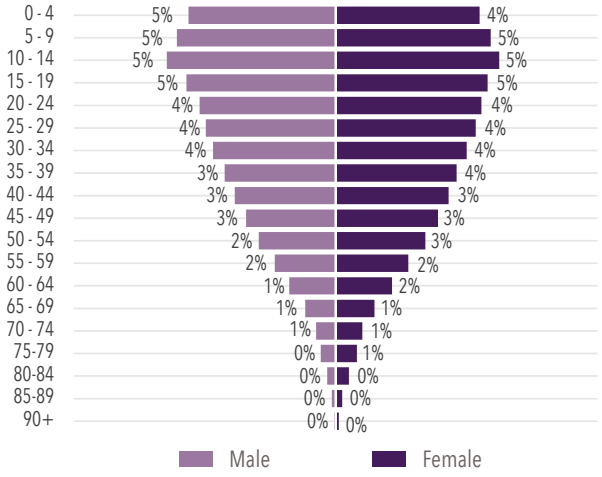


Figure 7: Myanmar poulation*



Box 1: How to read the population pyramids

The findings of the household survey in terms of age and gender break-down have been assembled into a population pyramid. Similar population pyramids have been constructed for Rakhine State and Myanmar as a whole based on the 2014 census data. It should be noted that Muslims were generally not included in the 2014 census data collection, and so do not figure in the Rakhine State demographic pyramid. Ages are broken down into 5-year brackets starting at 0 to 4 years and finishing with the population above 90 years. Each is given as a percentage of the total population.

It should be remembered that the information does not estimate the whole Muslim population in Rakhine State, but just those living in the Sittwe camps. Similarly, the population structures for the Rakhine relocated sites and villages, and Muslim villages, represent a single sample-frame each so cannot be extrapolated to Muslim or Rakhine populations elsewhere.

* Data from the 2014 National Census.

COMMUNICATING

- Adult literacy for Rakhines was over 85 per cent; less than a third of Muslim females and half of Muslim males were literate.
- More than 95 per cent of Rakhines surveyed were able to speak Myanmar. Children aged 6 to 9 years from the Rakhine relocated sites were less likely to be able to speak Myanmar.
- Younger Muslims are much less likely to be able to speak Rakhine or Myanmar languages. In general, Muslims have few opportunities to learn or practice these language skills.
- Rakhine is more widely spoken than Myanmar language in the camps.
- In the Muslim camps, there is a strong correlation between speaking Rakhine and more stable job opportunities.
- Less than 2 per cent of Muslim households own radios and less than 1 per cent own a television, raising concerns about disaster early warning systems.

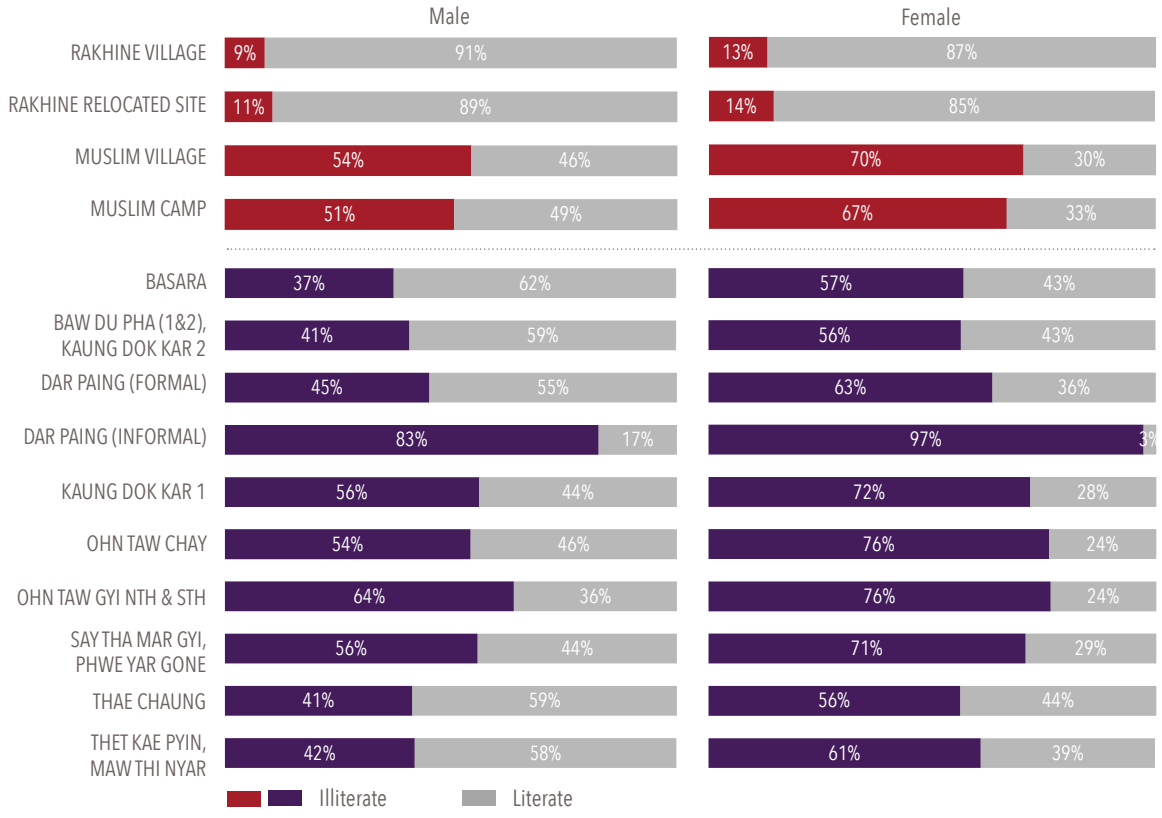
""In future, the best place for our children to live is in our place of origin because they will have access to education and will learn how to speak Rakhine language." 40 year old man originally from Sittwe Town.

COMMUNICATING

Literacy

The profiling exercise showed relatively high rates of adult literacy* (15 years and above) for Rakhine males and females (over 85 per cent) especially for younger age groups from the Rakhine villages (over 95 per cent for boys and girls aged 15 to 19 years). Literacy rates were similar for Rakhine villages and relocated site groups. Overall, literacy rates were 4 percentage points higher for Rakhine males compared with females but there was no significant gender divide among younger age groups. The rates of literacy among the Rakhine villages were similar to the Rakhine State average of 92 per cent for males and higher than the Rakhine State average of 79 per cent for females.[1]

Figure 8: Adult literacy



* Adult literacy was measured by asking if the person could read and write a simple sentence with understanding in any language.

By contrast, the profiling exercise revealed low rates of literacy among Muslim target populations. Less than a third of the females and half the males from both Muslim camps and villages were able to read or write a simple sentence with understanding in any language. In all Muslim camps there was a large gender divide in terms of literacy rates. Literacy rates were at least 10 percentage points higher for males compared with females in all camps, and as much as 22 per cent higher in Ohn Taw Chay.* Literacy levels were lowest for females from the Dar Paing makeshift shelters at just 3 per cent. People displaced from rural areas had lower literacy rates compared with urban areas (36 per cent; 49 per cent), and Pauktaw Township had lower rates compared with Sittwe Township (36 per cent; 51 per cent).

There was a clear correlation between literacy and more stable job opportunities in the Muslim camps. Almost 80 per cent of those who held full time salaried employment and over half of those who held salaried part time positions were literate. Literacy levels were much lower among paid daily labourers (40 per cent), and unpaid or in-kind daily labourers (20 per cent). The situation was similar for the Muslim villages except for part-time salaried work in which approximately two-thirds were illiterate.

Speaking Rakhine Language**

Among both Muslim populations there has been a steep decline in the proportion of younger men that are able to speak Rakhine language. The rate of male Rakhine language speakers in the Muslim camps drops from 84 per cent for men aged twenty years and older to just 63 per cent of those aged 15 to 19. For the same age brackets, the rate of male Rakhine language speakers from the Muslim villages drops from 76 per cent to 54 per cent for the same age brackets. This downward trend continues among the younger age brackets who have spent a significant period of their life in the camps. Far fewer females across all age groups speak Rakhine language compared with males (29 per cent from Muslim camps and 19 per cent from Muslim villages). As with males, there has been a steady decline in females speaking Rakhine language among younger age groups.

There are few opportunities for younger Muslims in the camp to learn how to speak Rakhine language. Of the children attending temporary learning spaces at the time of the survey, only 17 per cent were able to speak Rakhine language. Moreover, the low rates of interaction between the Rakhine and Muslim camp communities mean that Muslims have few opportunities to practice. As with literacy rates, people coming from urban areas rather than rural areas, and from Sittwe rather than Pauktaw, were more frequently able to speak Rakhine language.

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* Ohn Taw Chay is an outlier among the camps in that the majority of the population came from Pauktaw. Furthermore, there are also a relatively high number of households living in makeshift shelters in the camp.

** Information was collected on speaking Rakhine and Myanmar as these are considered to be central to humanitarian response and potential reintegration efforts. Information was not collected about how commonly the local Muslim language is spoken as initial discussions indicated that the vast majority in the camps could speak at least basic Muslim language. However, more research is required to understand the different levels of ability in the camps and how this affects the situation faced by camp inhabitants.

Figure 9: Ability to speak Rakhine language

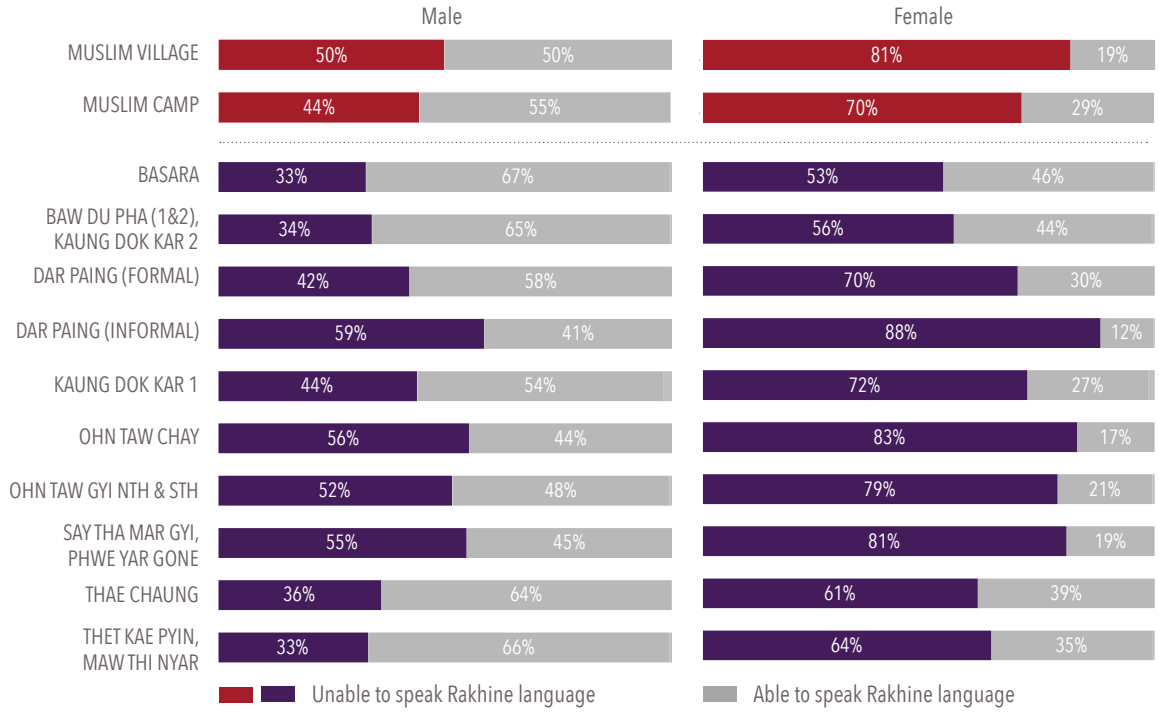
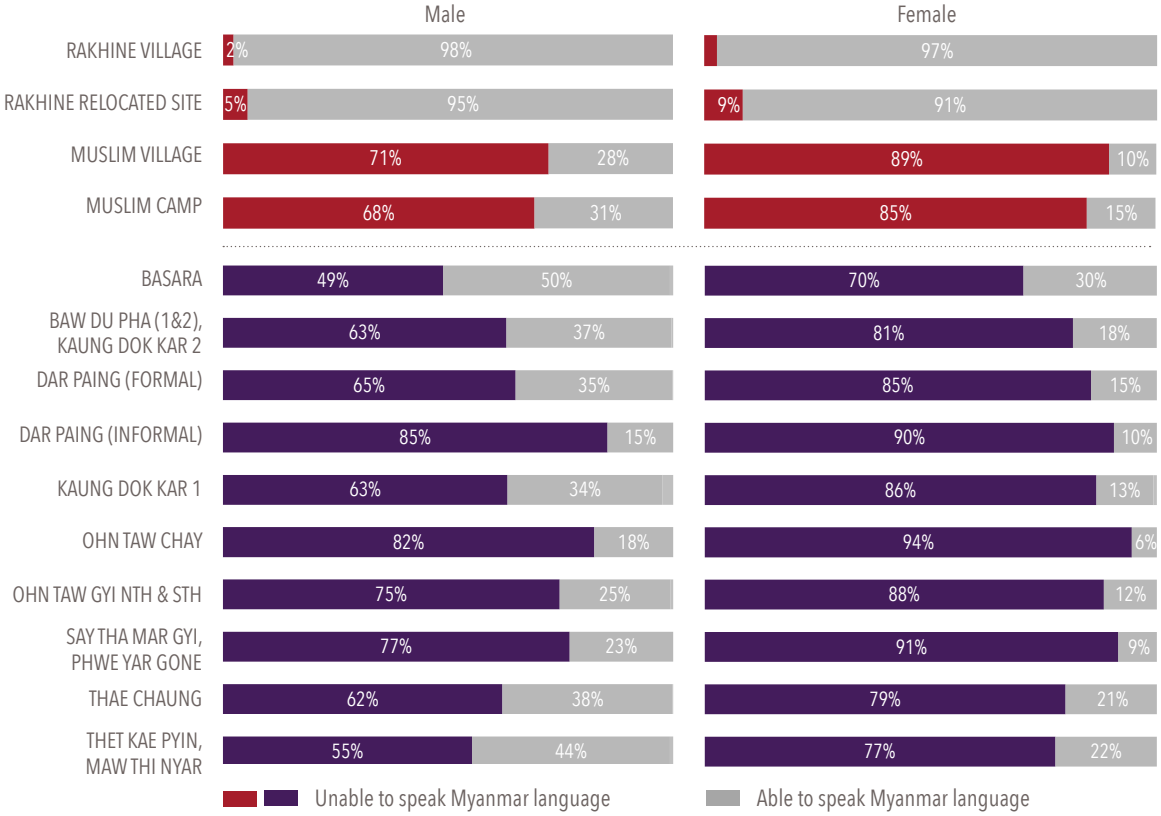


Figure 10: Ability to speak Myanmar language



Ability to speak Rakhine language is an important requirement for employment in certain sectors within the Muslim camps. Everyone working for the Government (typically camp management committee members) and 95 per cent of those working for humanitarian organisations were able to speak Rakhine language. Rates of Rakhine-speaking were also higher than average in construction (84 per cent), transportation (83 per cent) and fishing (81 per cent). Ability to speak Rakhine language was more strongly correlated with more stable jobs than literacy including 92 per cent of people in full time employment. By comparison, less than half of those people doing less skilled work such as daily labouring and unpaid housework can speak Rakhine language. This raises concerns about the loss of job opportunities for younger people from the Muslim camps that are increasingly not able to speak Rakhine language, it also undermines the ability of these groups to interact with Rakhine people in the future.

Speaking Myanmar Language

More than 95 per cent of both Rakhine target populations across all age groups and genders were able to speak Myanmar language with the notable exception of children aged 6 to 9 years from the Rakhine relocated sites. Among this group only 64 per cent of girls and 89 per cent of boys were able to speak Myanmar language. These children, who have spent the majority of their lives in displacement or living in the relocated sites, may have had less opportunities to learn Myanmar than older (and younger) age groups. This group may, as a result, face more challenges accessing information and job opportunities than older age groups and non-displaced Rakhine.

Rakhine language was spoken more widely in the Muslim camps and villages than Myanmar. Less than one-third of males and less than 15 per cent of females from the Muslim camps and villages were able to speak Myanmar language. In Basara the proportion of people able to speak Myanmar language was nearly double the Sittwe rural camp average, while Maw Thi Nyar, Thet Kae Pyin and Thae Chaung also had much higher rates of people speaking Myanmar language. There was a large gender divide with males speaking Myanmar at more than twice the rate of females. As with Rakhine language, Myanmar language was much more widespread among older age groups while only a small proportion of adolescent girls and boys were able to speak.

Figure 11: Muslim camp population able to speak Myanmar and/or Rakhine languages

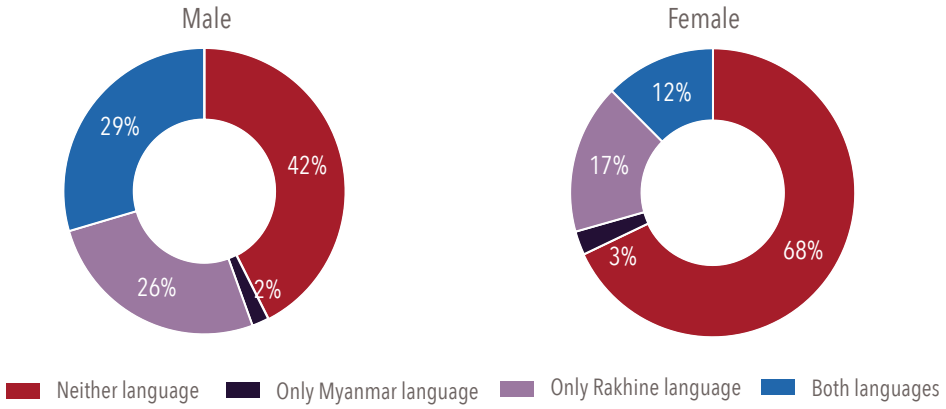


Figure 12: Adult literacy (by age from 15 years)

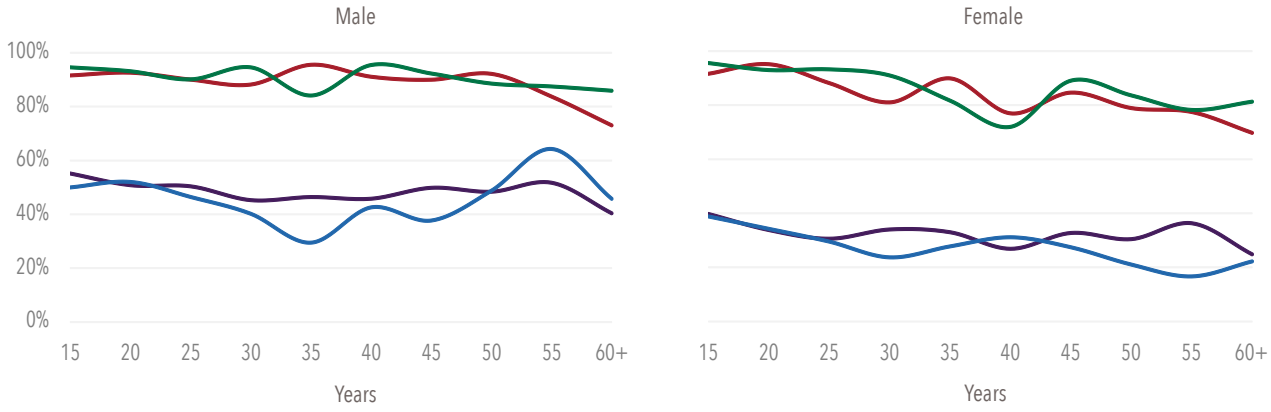


Figure 13: Ability to speak Rakhine language (by age)

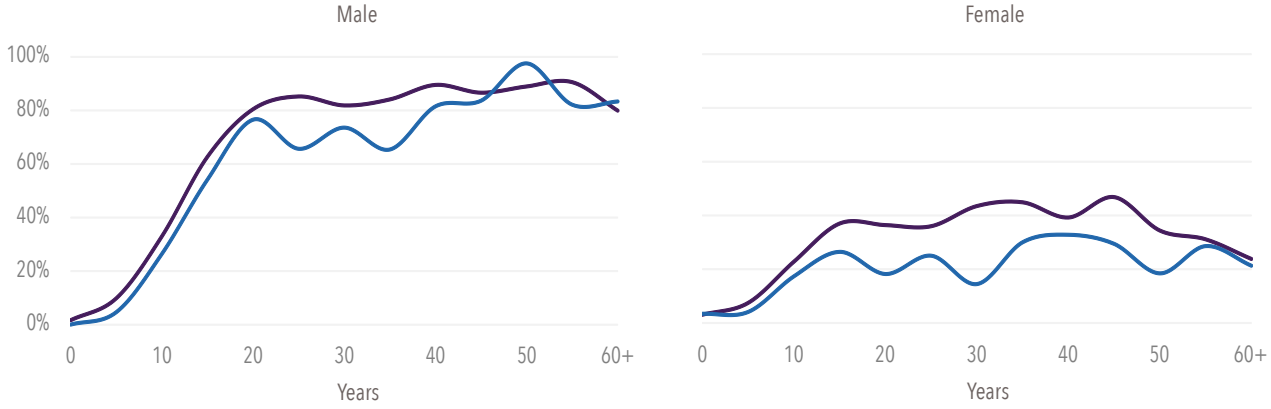
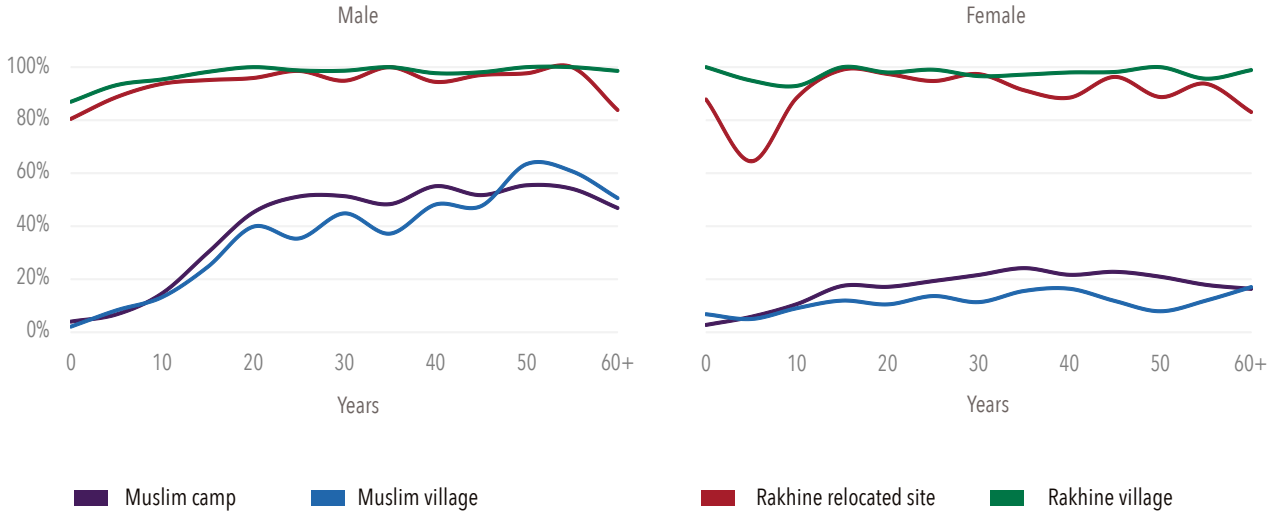


Figure 14: Ability to speak Myanmar language (by age)



Ownership of communication devices

Rates of mobile phone ownership among the Rakhine target populations (50 per cent for villages and 67 per cent for the relocated sites) was nearly double that of the Muslim target populations (30 per cent in villages and 34 per cent in camps). All target populations surveyed were lower than the national average of 73 per cent. This divide between the Muslim and Rakhine groups was more pronounced for radio ownership at 2 per cent or less for the Muslim groups compared with 29 per cent of Rakhine relocated site households and 21 per cent of Rakhine village households. Finally, less than 1 per cent of Muslim households owned a television compared with 45 per cent ownership among the Rakhine relocated sites and 22 per cent for the Rakhine villages. As with mobile phone ownership, radio and television ownership among all target populations were lower than the Myanmar average of 34 per cent owning radios and 73 per cent owning televisions.[2] The lack of access to audio or visual Myanmar or Rakhine language media further erodes the ability for Muslim populations to learn or practice language skills, it also means that most people do not have easy access to reliable information and early warnings for weather events including cyclones through radio and television media.

Communication with humanitarian organisations

The main channels humanitarian organisations use to spread information identified by Muslim camp residents include mass information campaigns, posting messages on noticeboards, informing social groups and mobilising community outreach workers to verbally spread messages to communities. Mobile phones were also used for emergency communications. In addition, monthly meetings are conducted by camp management agencies with the camp-based management communities and service providers. Participants in the community participation workshop were aware that they could contact humanitarian agencies through the camp management agencies, letters of complaint and by approaching humanitarian workers directly. Generally, the most trusted channels of communication were complaint letters and individual consultations with camp management agency staff, while focus group discussions, consultations with camp-based management committees and group discussions tended to be less trusted. Easier access to mobile phones for affordable prices were viewed as leading to improvements in communications with humanitarian organisations over the past year.

Printed materials distributed by humanitarian organisations in the Muslim camps are generally written in Myanmar. Few of the predominantly Rakhine full-time humanitarian staff, especially those in higher-level positions, have even a basic understanding of the local Muslim language. When combined with low literacy and Rakhine/Myanmar language skills in the camps, particularly among females and youth, humanitarian organisations run the risk of overlooking a large section of the Muslim camp population. Workshop participants also identified disabled persons, women and the elderly as people that have particular difficulties accessing information due to physical constraints, while women were perceived as being restricted by cultural barriers. The participants recommended hiring separate outreach workers to ensure that vulnerable groups including disabled persons have access to information and services.*

* In the first half of 2017, the DRC CCCM team conducted a large-scale assessment of disabilities in all DRC managed camps.

EDUCATION

- School attendance was high among Rakhine children at over 94 per cent for primary and middle school-aged boys and girls. This drops to approximately 80 per cent in Rakhine villages and 55 per cent in Rakhine relocated sites for high school-aged boys and girls.
- In the Muslim camps, over 80 per cent of primary school-aged girls and boys were attending school or temporary learning spaces. This was similar for middle school-aged boys but droped to 71 per cent for girls. Only 31 per cent of high school-aged girls and 62 per cent of boys were attending school or temporary learning spaces.
- School attendance was lowest in the Muslim villages with less than two-thirds of primary school-aged boys and girls attending school.
- There is a large gender divide among Muslim children attending school. Middle school-aged Muslim boys are nearly twice as likely to attend school as girls.
- Children in Muslim camps most commonly attend temporary learning spaces but a relatively large proportion also attend Government-run primary schools in nearby host villages. The only high school in the Sittwe rural camp area is in Thet Kae Pyin.
- Children with disabilities were less likely to be attending school.
- Expenses were the main reason for Muslim boys and younger girls to not attend school. Cultural norms were the main reason given for older Muslim girls (starting in the 10 to 13 age bracket) not attending school.

EDUCATION

Education facilities

The Government is the primary provider of education in Rakhine State and across Myanmar. While the education system has historically been severely under-resourced, Government spending on education increased more than three-fold between 2010 and 2015.[1] However, there are still shortcomings in terms of access to quality education especially in remote rural areas.[2] Within Myanmar, Rakhine State ranks poorly in terms of education. In 2011, before the 2012 crisis, Rakhine State had the lowest rates of primary school enrolment in Myanmar—76 per cent compared with the national average of 90 per cent[3] —and barely a third of all children complete primary school on time.[4]

Government-run schools are divided into primary (grades 1 to 5; ages 5 to 9 years), middle school (grades 6 to 9; ages 10 to 13 years), and high school (grades 10 and 11; ages 14 and 15 years).[5] Middle and high schools often include lower levels with most starting at grade 1. In addition, "post-primary" schools are primary schools that provide up to three years of extra schooling (up to grade 8). The Ministry of Education is rolling out a new curriculum and grade structure starting with kindergarten in 2016 (to be introduced one grade per year). The new grade structure will be divided into kindergarten (age 5 years), primary (grades 1 to 5; ages 6 to 10 years), middle school (grades 6 to 9; ages 11 to 14 years), and high school (grades 10 to 12; ages 15 to 17 years). At the time of the profiling exercise, the older system was still in place. As a result, the findings of the profiling exercise are presented according to the pre-reform grade structure.* Since the 2014/2015 academic year, Government-run primary education is officially provided free of charge while fees still apply for middle and high school.

Rakhine and Muslim villages, and Rakhine relocated sites fall under the regular Ministry of Education structure. Within the Sittwe rural area, as of the 2016 to 2017 academic year the Government was running approximately 20 primary and post-primary schools in Muslim villages including in Dar Paing, Hla Ma Chay, Kaung Dok Kar, Say Tha Mar, Thar Yar Kone, Thinganet, Thet Kae Pyin, Ywar Ma, Ywar Gaung and Ywar Thit. The only high school facility in the area is in Thet Kae Pyin. The Thet Kae Pyin school was expanded from a primary school to a middle school in 2012, then to a high school in 2016.

* A pilot of the household survey showed that children in the Muslim camps were starting school at six rather than five years old. As a result, questions about school attendance were asked of children aged 6 to 17 years.

The Ministry of Education is planning to extend distance learning courses conducted through Sittwe University to people living in the Sittwe rural camp area starting at the beginning of 2018. Sittwe University has a large distance education profile with approximately 10,000 people from across Rakhine State enrolled in distance courses; in addition, approximately 3,100 students attend courses in person. Courses offered by distance include geography, English, Myanmar history and philosophy, while subjects with a large practical component such as science and engineering must be attended in person. Students pursue self-directed study using textbooks written in English language, with special 10-day intensive courses conducted by lecturers before examinations. Tuition fees are very low at just 500 MMK (less than US$0.50) per month.

Sittwe University has been running special distance education outreach programmes for Muslim students in Thandwe and in northern Rakhine State since the 2012 crisis. In this period, 169 Muslim students have studied by distance through Sittwe University with 21 students currently enrolled. An expected 100 to 200 Muslim students from the Sittwe rural area are expected to enroll in distance learning programmes taught by Sittwe University with courses starting in January 2018. The small number of students in Sittwe rural area completing the matriculation examinations required to apply for the university degrees, as well as the low number of people who are able to speak Myanmar language and English language, are likely to be key factors that limit the number of Muslim students that are able to enroll.

Within the Muslim camps, education is mainly provided through temporary learning spaces. Temporary learning spaces in the Sittwe rural camps are managed by education sector partners.* Temporary learning spaces covering kindergarten and primary school grades are semi-formal; they aim to mirror Government services and follow the Government curriculum. Post-primary temporary learning spaces do not follow the formal Government curriculum, instead they include basic numeracy and literacy, life-skills based education, and basic vocational training. The profiling exercise did not disaggregate primary and post-primary temporary learning spaces.

While most children from Muslim villages and camps have access to some form of education, the quality of education remains a challenge. In temporary learning spaces, classes are taught by volunteer teachers with limited qualifications that have received pedagogic and non-pedagogic trainings facilitated by education sector partners in collaboration with local education authorities. The Government has also faced difficulties ensuring sufficient trained teachers are available for the Muslim villages. In response, the Government has hired and trained some 337 Muslim volunteer teachers for Government-run schools and temporary learning spaces across Rakhine State.

Within the camps there are also several Madrassas. These religious learning spaces teach Islamic texts. Madrassas are set up and run independently of the Government curriculum, and are generally seen as complementing rather than replacing regular education structures.[6]

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* Education in emergency partners are mainly working in camps, host villages and crisis-affected communities in Sittwe, Pauktaw, Minbya and Mrauk-U Townships. The Government is running education facilities in Muslim camps in Kyaukphyu, Myebon and Ramree Townships.

Primary school-aged children (6 to 9 years)

Overall, across all target populations, the majority of primary school-aged children were attending school or temporary learning spaces. This included more than 95 per cent of Rakhine boys and girls aged 6 to 9 years. School attendance was lower among the Muslim camps (80 per cent girls; 85 per cent boys) and lowest overall among the Muslim villages (62 per cent girls; 64 per cent boys). Within the camps, school attendance in this age group was lowest in the Dar Paing makeshift shelters (63 per cent girls; 56 per cent boys), followed by Ohn Taw Gyi North and South (77 per cent girls; 83 per cent boys) and Ohn Taw Chay (78 per cent girls; 85 per cent boys).

The gender divide was most pronounced in the Muslim camps where primary school-aged boys attended school at a rate 5 percentage points higher than that of girls. Within the Muslim camps, 37 per cent of children aged 6 to 9 years reported to have a disability were not attending school compared with 17 per cent of able-bodied children. Primary school-aged children coming from elderly-headed households were slightly less likely to attend school (62 per cent attending) compared with the average of 83 per cent.

Figure 15: School attendance (6 to 9 years)

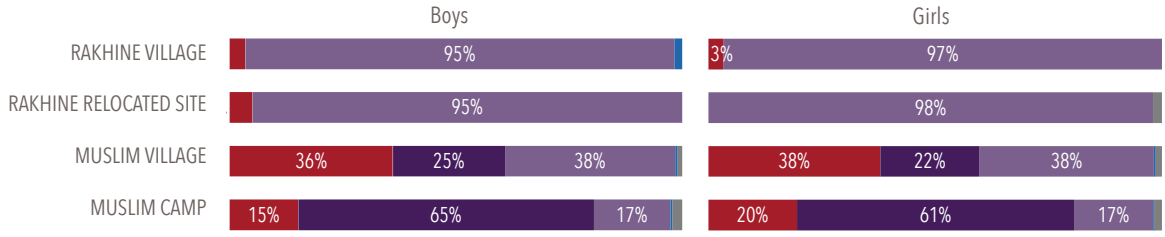
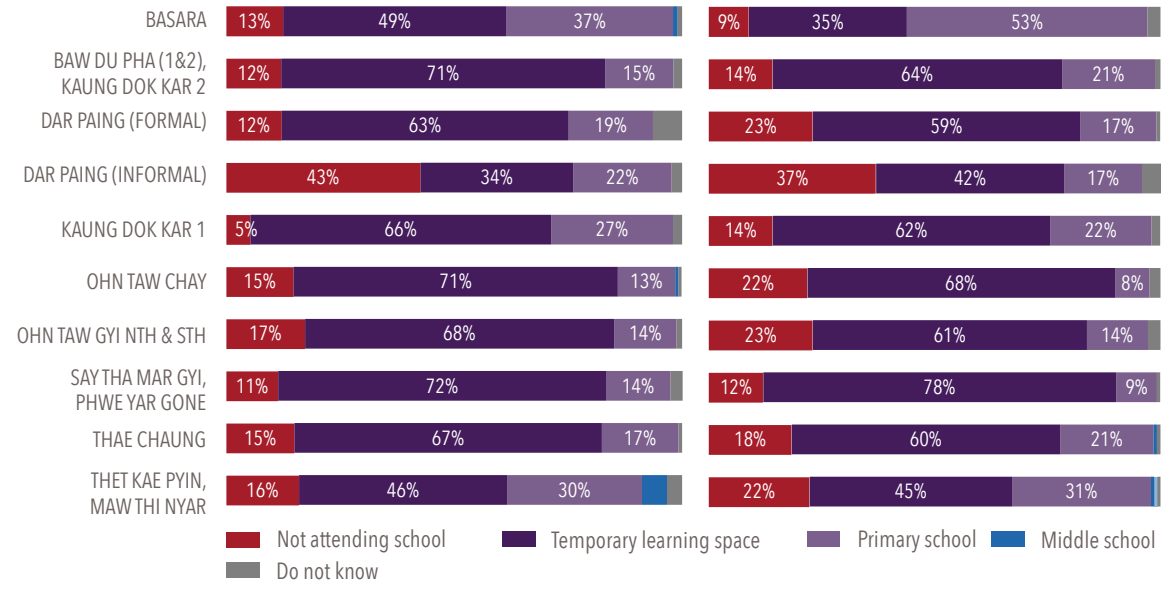


Figure 16: School attendance (6 to 9 years)



The most common type of school attended by primary school-aged children in the Sittwe rural camp area was Government primary schools in the Muslim villages and temporary learning spaces in the Muslim camps. It is interesting to note the relatively high proportion of children from camps attending Government-run primary schools in nearby host villages. This was highest in Basara and Thet Kae Pyin, with the Government running primary schools in both villages. While the Department of Education is not generally viewed as a major education provider in the Sittwe camps, it indirectly provides education to some camp children through primary schools in surrounding villages.

Middle school-aged children (10 to 13 years)

While the majority of middle school-aged boys and girls were attending school or temporary learning spaces, rates were lower among Muslim girls. Rakhine children who were attending school tended to either be going to primary or middle school. Rates of school attendance for Muslim boys in this age bracket were similar to primary school-aged boys. Meanwhile, 48 per cent of Muslim girls from villages and 71 per cent from camps in this age bracket were attending school or temporary learning spaces.

Overall, boys from the Muslim camps aged 10 to 13 years attended school or temporary learning spaces at a rate 14 percentage points higher than girls. This gender divide was considerably greater in the informal Dar Paing makeshift shelters (31 percentage point difference), Ohn Taw Chay (21 percentage

Figure 17: School attendance (10 to 13 years)

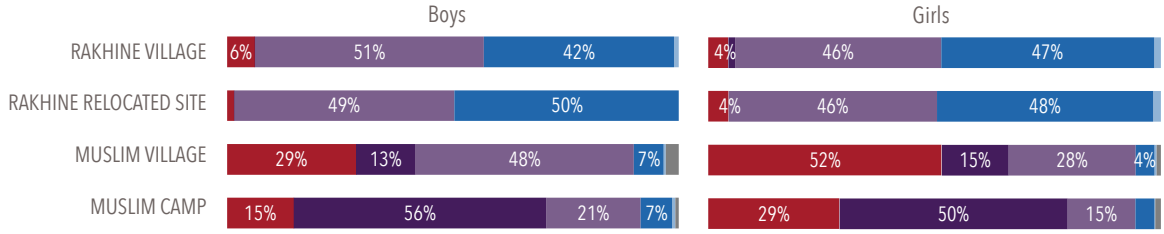
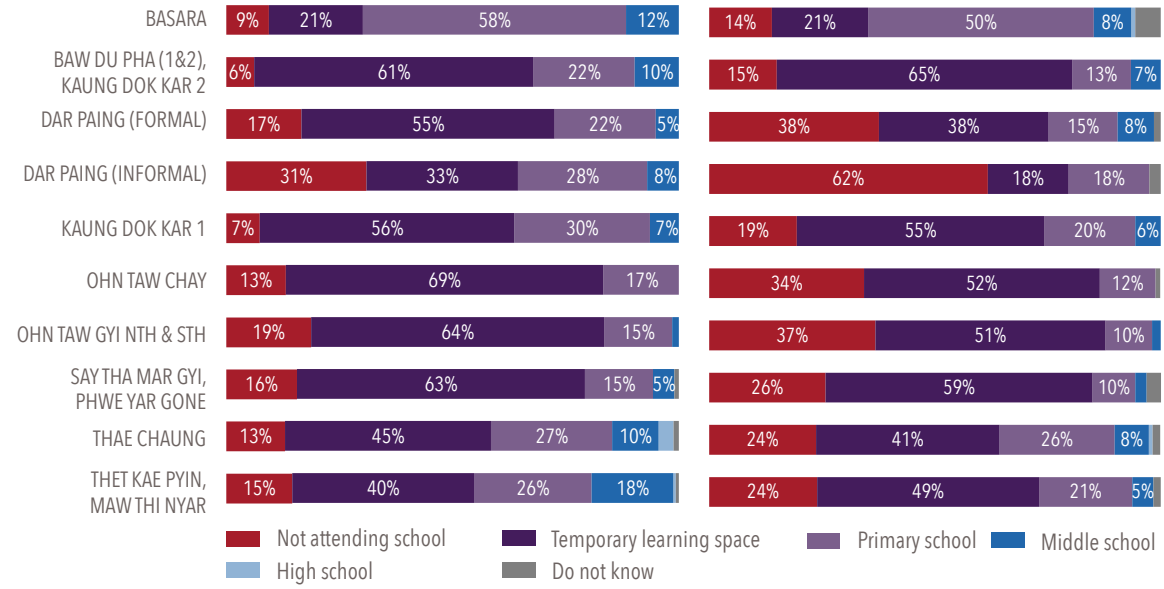


Figure 18: School attendance (10 to 13 years)



Children playing in Baw Du Pha 2 IDP Camp (Photo: OCHA/ Htet Htet Oo)

point difference) and the formal Dar Paing temporary shelters (21 percentage point difference). Most boys and girls from the Muslim camps attending school in this age group were going to temporary learning centres, with less than 7 per cent attending formal middle schools. A relatively high percentage of children from the Muslim camps and villages were still attending primary school despite being middle school-aged.

Children from the Muslim camps with a disability in this age group were 20 percentage points less likely to be attending school than non-disabled children. Meanwhile, middle school-aged children in the Muslim camps from female-headed and elderly-headed households were less likely to attend school—73 per cent and 72 per cent attending—compared with the average of 79 per cent.

High school-aged children (14 to 15 years)

More than three-quarters of high school-aged boys and girls from Rakhine villages and more than half from Rakhine relocated sites were attending school. This was split between children attending middle and high schools with a small minority attending primary school. Rates of school attendance for boys from Muslim camps (62 per cent) and villages (48 per cent) attending school were similar to rates for boys from the Rakhine relocated sites. By contrast less than one-third of high school-aged girls were attending school. In the Muslim camps, the most common types of schools attended by boys in this age group were temporary learning spaces (27 per cent), middle school (17 per cent) and primary school (12 per cent). The relatively high rate of high school-aged boys from the Muslim camps and villages still attending primary school is noteworthy. The highest proportion of boys attending a Government-run High School was in Thet Kae Pyin (12 per cent). This is unsurprising given that the only high school in the Sittwe rural camp area is located in this village.

Overall, high school-aged boys from Muslim camps were 31 percentage points more likely to be attending school than girls. This gender divide was greatest in Basara (49 percentage points), Say Tha Mar Gyi (45 percentage points) and the Dar Paing makeshift shelters (44 percentage points). Of those surveyed, there were no high school-aged girls from the Dar Paing makeshift shelters attending school of any sort. Eighty-five per cent of children with disabilities aged 14 and 15 years from the Muslim camps were not attending school. Disability was less likely to be a limiting factor for children from Rakhine groups.

Figure 19: School attendance (14 to 15 years)

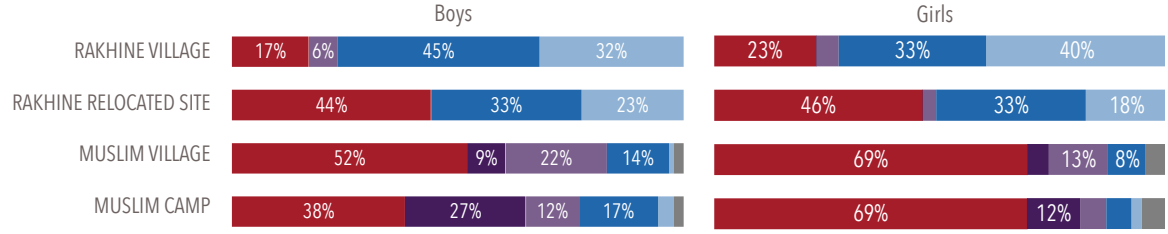


Figure 20: School attendance (14 to 15 years)

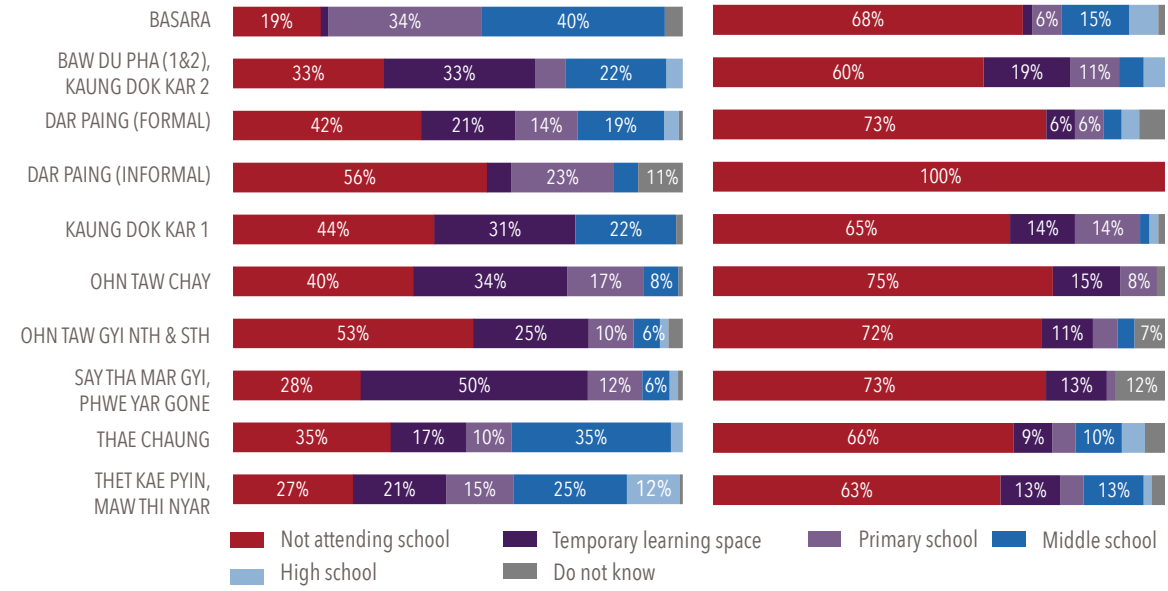
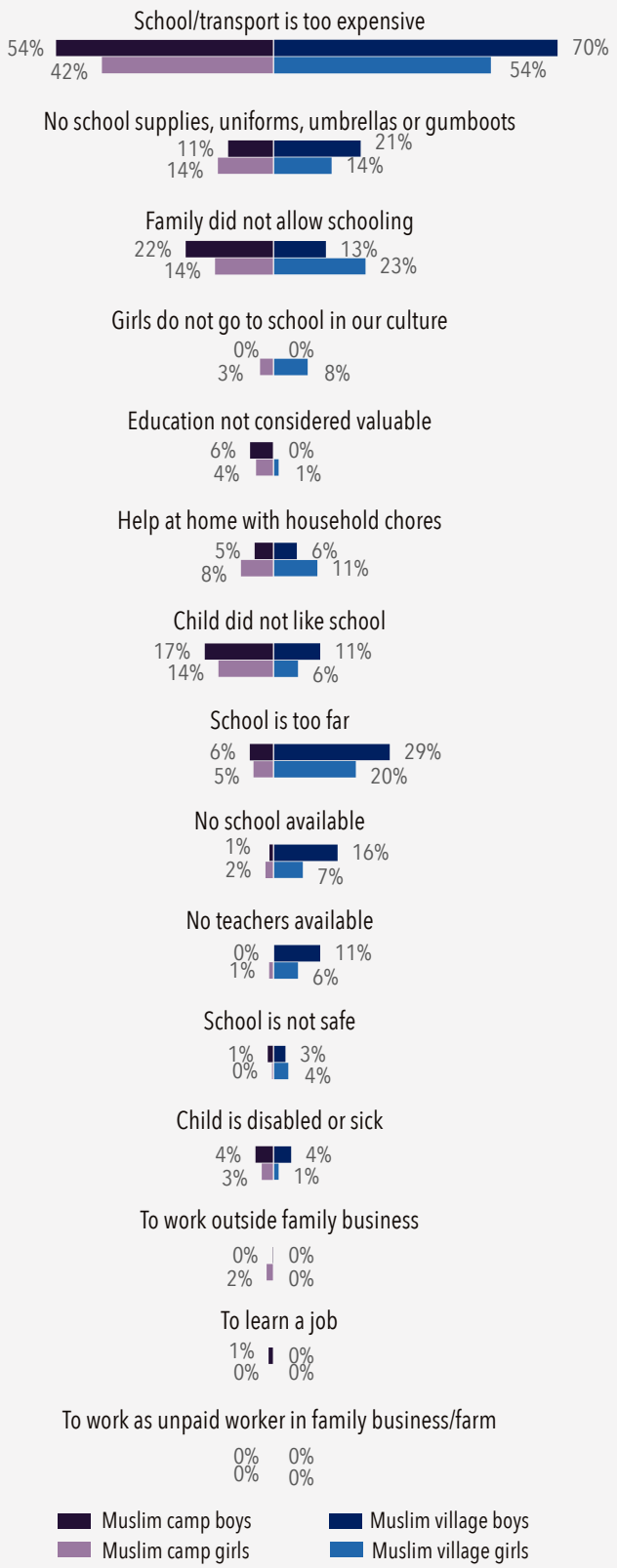


Figure 21: Reasons for not attending school (6 to 9 years)

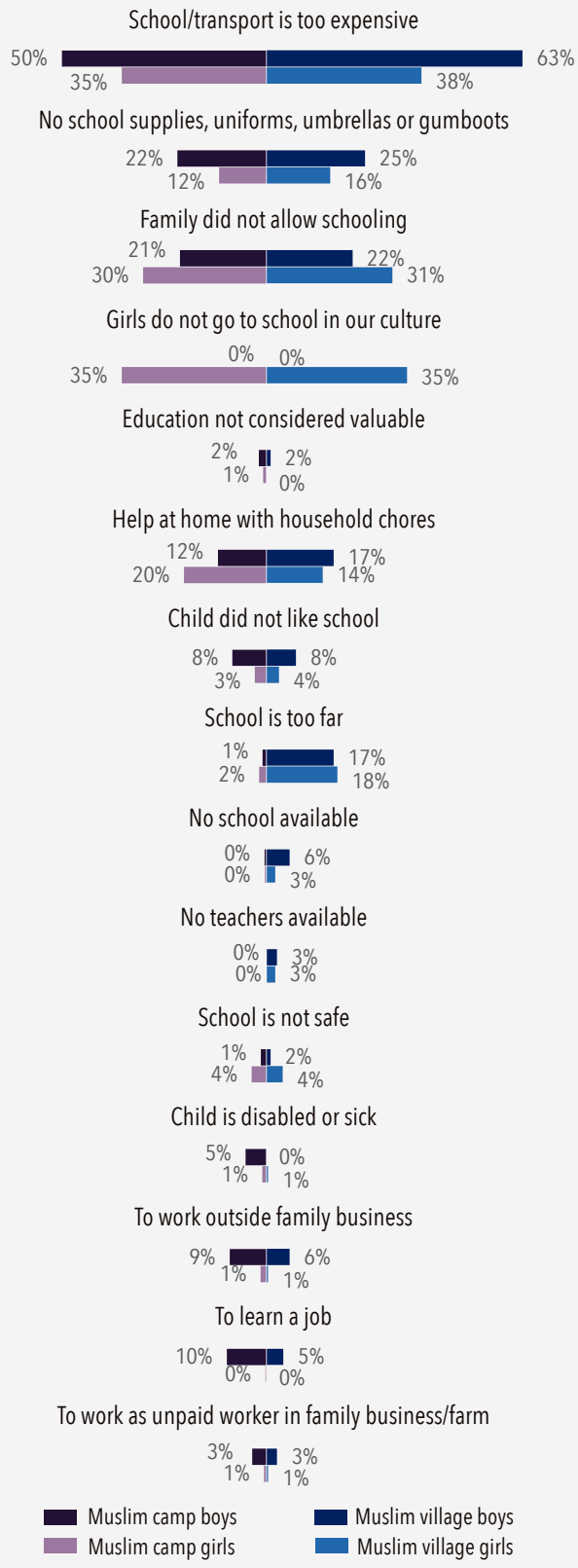


Reasons for not attending school

The most frequently cited reason for Muslim boys across all age groups and primary school-aged girls to not be attending school was the cost of school and/or transport. The main costs associated with education were reported to be: transportation to/from school, uniform and school materials (including stationery), and informal fees at primary schools (not applicable to temporary learning spaces). It should be noted that the Government and humanitarian partners provide support for children attending school including with uniforms and stationary. Other common reasons given for children not attending school were a lack of supplies, uniforms, umbrellas or gumboots, as well as illness/ disability.

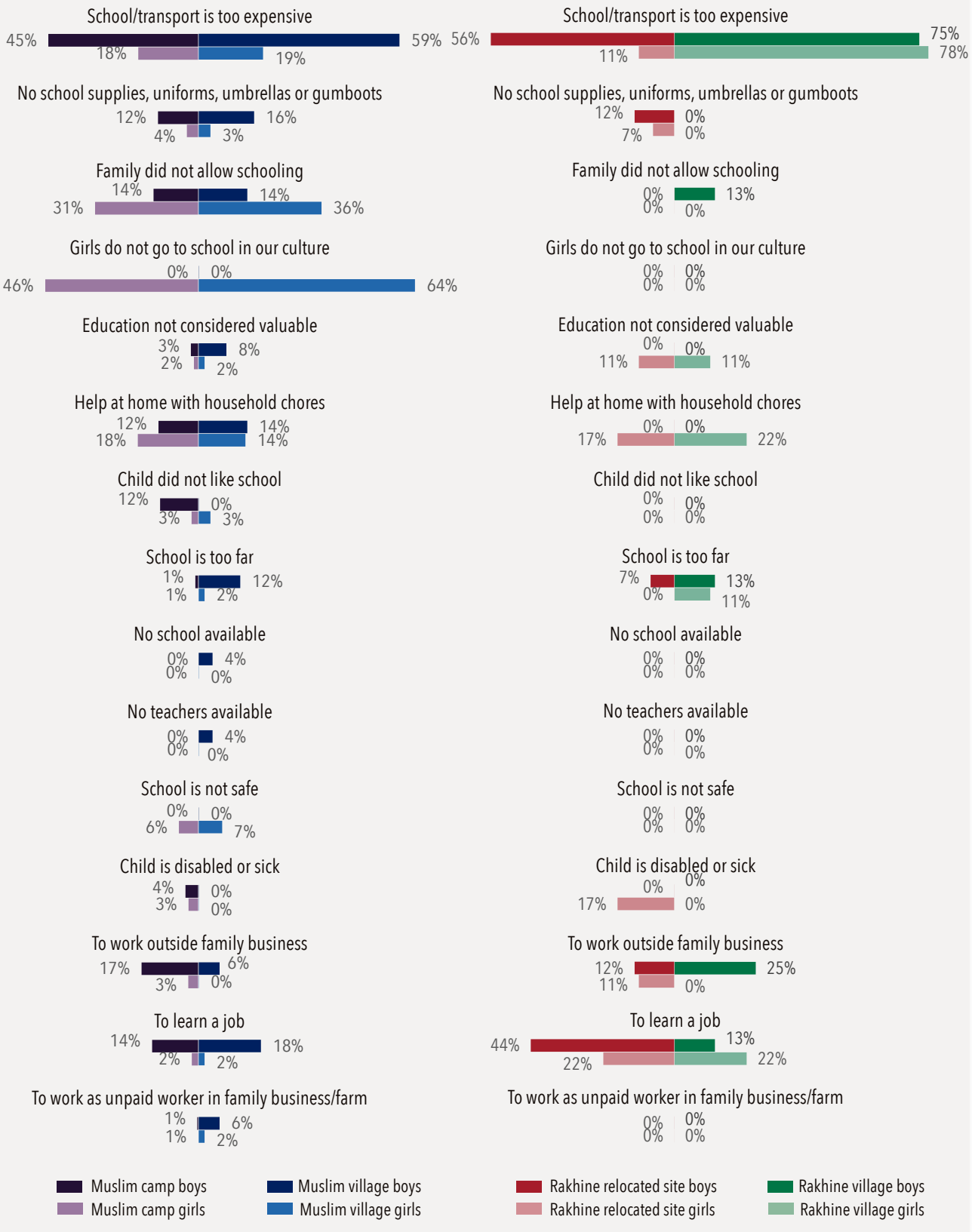
The profiling found that it was generally culturally acceptable for primary school-aged girls and boys to attend school in both Rakhine and Muslim communities. Starting in the 10 to 13 age bracket and increasing in the 14 to 15 age group, one of the main reasons for Muslim girls not attending school is that "girls do not go to school in our culture" and because families would not allow their girls to attend school. Among high school-aged girls, these were the most frequently cited reasons for Muslim girls not attending school. In general, the Muslim villages tend to be more conservative about education for girls than those from the Muslim camps; there was no significant difference between respondents living in rural areas before the 2012 crisis compared with those from urban areas.

Figure 22: Reasons for not attending school (10 to 13 years)

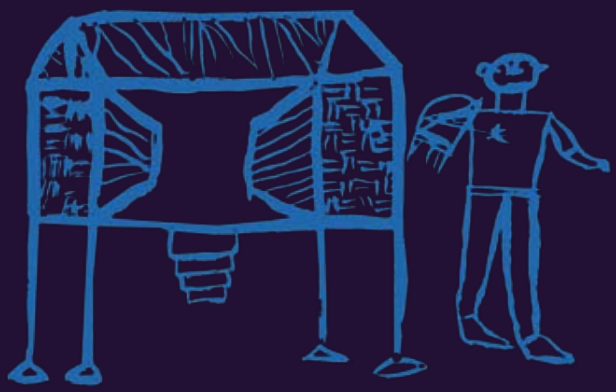


Due to the low proportion of children from Rakhine villages and relocated sites not attending school, little can be said with statistical significance about the reasons for why they are not attending school especially among younger age groups. Of high school-aged Rakhine children, there was little gendered difference in the reasons for children (14 and 15 years) not attending school: the main reasons cited were education-related costs and work-related.

Figure 23: Reasons for not attending school (14 and 15 years)



SHELTER



- As of February 2017, the Government and humanitarian partners provided 1,827 temporary shelters in the Sittwe rural camps.
- 70,573 people were living in eight-unit temporary shelters (72 per cent), 10,313 people were living in 10-unit temporary shelters (11 per cent), 16,402 people were living in makeshift shelters (17 per cent), and 273 were living in wooden or concrete houses (0.3 per cent).
- The temporary shelters have deteriorated over the years. In addition, 1,440 shelters units (housing roughly 8,000 people) fully collapsed due to Cyclone Mora in May 2017.
- In Dar Paing 510 households are living in makeshift shelters, these households tend to rate below the Sittwe camp average across many key indicators.
- The average shelter space in the formal temporary shelters per person across the Sittwe rural camps was 2.8 square metres, with 68 per cent of people having less than 3.5 square metres.
- House ownership was common among the Rakhine villages (93 per cent) and Muslim villages (82 per cent), and lower among the Rakhine relocated sites (66 per cent).

SHELTER

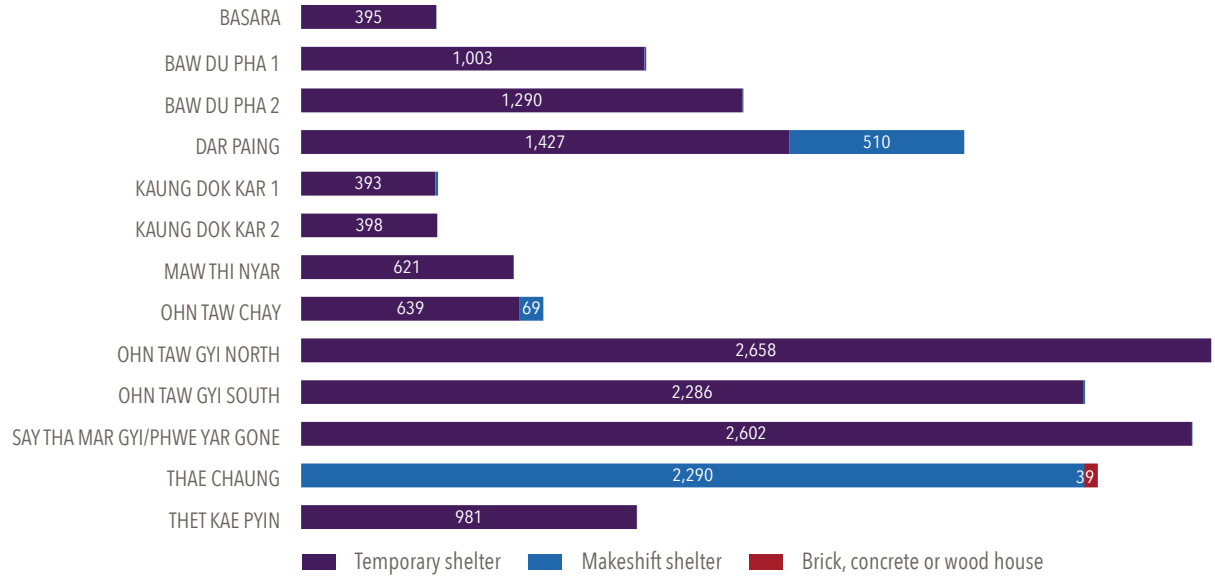
Temporary shelters

Following the first wave of inter-communal violence in June 2012, the Government released a response plan to provide shelter to 7,110 households displaced from urban Sittwe. Most people displaced by the conflict were living in emergency tented shelters while the temporary shelters were being built. By the end of the year, 525 temporary shelters for approximately 29,000 people had been constructed.[1] One year later, the Government together with humanitarian partners had constructed a total of 2,845 temporary shelters across Rakhine State, accommodating 99 per cent of the approximately 140,000 internally displaced persons. As of February 2017, there were a total of 1,827 formal temporary shelters in the Sittwe rural camps.[2]

Table 4: Type of shelters by camp

Camp	Temporary shelter (8 units)	Temporary shelter (10 unit)	Makeshift shelter
BASARA	52	-	1
BAW DU PHA 1	127	-	6
BAW DU PHA 2	114	40	2
DAR PAING	181	-	510
KAUNG DOK KAR 1	50	-	2
KAUNG DOK KAR 2	50	-	-
MAW THI NYAR	82	-	-
OHN TAW CHAY	80	-	39
OHN TAW GYI NORTH	341	-	1
OHN TAW GYI SOUTH	265	20	21
PHWE YAR GONE	-	40	-
SAY THA MAR GYI	160	100	2
THAE CHAUNG	-	-	1,908
THET KAE PYIN	125	-	1
MUSLIM CAMP TOTAL	1,627	200	2,493

Figure 24: Type of shelter by camp (in households)



These temporary shelters consist of communal longhouses designed to accommodate either eight or ten families in individual units separated by woven bamboo walls. The dimensions of each temporary shelter is standardised at 13.7 metres by 9.1 metres giving a total ground space of 125.3 square metres. The temporary shelters are made from woven bamboo walls, corrugated iron roofs and raised bamboo floors. Each temporary shelter unit contains one room with raised bamboo floor and a smaller section with earth flooring.* The materials used for construction are in-line with local practice: in 2011, the most common types of dwellings in Sittwe Township were bamboo huts (43 per cent), followed by wooden houses (38 per cent) and brick/concrete houses (10 per cent).[3]

The original design of ten-units per shelter was revised to eight-units after the initial phase of construction by the Rakhine State Government of the first 235 temporary shelters to allow more space for each family. In the period since, many of the original ten-unit temporary shelters have been converted into eight-unit shelters. Most people still living in ten-unit temporary shelters, the majority of which are in Say Tha Mar Gyi Camp, were given the option to move to eight-unit shelters. While some moved, others chose to stay to retain their sense of community. As of January 2017, 70,496 people (72 per cent) were living in eight-unit temporary shelters, 10,313 people (11 per cent) were living in 10-unit temporary shelters, 16,402 people (17 per cent) were living in makeshift shelters and 273 (0.3 per cent) were living in wooden or concrete houses in the Sittwe rural camps.

* Due to Government restrictions on the design and potential fire hazards, people were not supposed to cook inside their shelters. However, in practice, the small earthen floored section is often used as a kitchen area while the communal kitchen spaces are generally not used and have, in many cases, fallen into disrepair.

Temporary shelters built by the Government and humanitarian partners in Rakhine camps for internally displaced persons. UNHCR

Basara, Thet Kae Pyin and Thae Chaung are the closest to the check points at the entrances to the Sittwe rural camp area (200 metres, 1.0 kilometre and 1.8 kilometres respectively). Given their relative proximity to urban Sittwe at the two main entrances to the camp, it is unsurprising that Thae Chaung and Thet Kae Pyin have the largest markets in the camp area. Ohn Taw Chay is the most isolated camp, located approximately 9.5 kilometres from the nearest check point. Due to the generally poor condition of the roads, it takes approximately 30 minutes to travel from the closest check point to Ohn Taw Chay by car. Finally, Basara Camp is located on the side of Sittwe Airport close to Sittwe Town but relatively isolated from the other camps.

Since the start of the response in 2012, the humanitarian community has pushed for the shelters to be inherently temporary as so not to lend permanency to the camps and thereby entrench the segregation of the Muslim and Rakhine populations. The temporary shelters, that were designed to last approximately two to three years, have deteriorated significantly over the past five years. In addition to emergency ad hoc repairs, the Shelter Cluster has started to systematically rehabilitate the shelters across the camps. During the 2016 to 2017 dry season, Shelter Cluster partners addressed the critical shelter needs across many of the Sittwe rural camps. Reconstruction activities are ongoing in Maw Thi Nyar, Ohn Taw Chay, Say Tha Mar Gyi and Thet Kae Pyin.

On 29 May 2017, Cyclone Mora left an estimated 3,688 temporary shelter units in the Sittwe rural camps damaged (25 per cent), 1,440 of which had collapsed (10 per cent of shelter units in the Sittwe rural camps) and 749 of which had major damages.[4] At the time of writing, the Government and humanitarian partners had conducted a damage assessment of the Muslim camps and were planning to rebuild the

shelters. Given the high risk of natural disasters including cyclones, flooding and other natural disasters, disaster risk reduction should be systematically integrated into policies, planning and the response in Rakhine State including in the Sittwe rural camps. This includes shelter designs and ensuring that the places that people will flee in the event of a disaster are clearly identified in advance.[5]

In 2013, the Shelter Cluster reported that "from the beneficiaries' point of view, the temporary shelter design does not take into account the cultural need for women to bathe and cook within their shelters." Combined with the congested living conditions, this is understood to have diminished the sense of ownership among temporary shelter residents. Together with the low levels of disposable income for most people in Muslim camps, this perceived lack of ownership helps explain why approximately 40 per cent of households living in temporary shelters reported that shelter or housing assistance was one of their top-three priority needs but only 5 per cent of households living in the temporary shelters had spent money on housing repairs in the past month. By comparison, households from Rakhine villages, Rakhine relocated sites and Muslim villages—the majority of which own their dwelling—were more likely to spend money on house repairs.

Box 2: Living in Thae Chaung

At the time of the profiling exercise, the displaced population were spread across six sectors in Thae Chaung:* sectors 1, 2 and 3 were almost exclusively inhabited by displaced persons, while in sectors 4, 5 and 6 the displaced community live interspersed with the host community. Unlike the other camps in the Sittwe rural area, there are no clear boundaries between the camps and host community, rather the camp management agency responsible for Thae Chaung defines the camp as all internally displaced persons living in Thae Chaung village. In July 2013, people living in a tented community near the port village of Thae Chaung were offered a place in temporary shelters by the Rakhine State Government. However, the group declined to move away from the port. Instead, the bulk of the displaced population in Thae Chaung continue to live either in makeshift shelters, with some also living in established houses from the host village.

* Due to Government restrictions on the design and potential fire hazards, people were not supposed to cook inside their shelters. However, in practice, the small earthen floored section is often used as a kitchen area while the communal kitchen spaces are generally not used and have, in many cases, fallen into disrepair.

Box 3: Living in the Dar Paing makeshift shelters

In the period since the Dar Paing temporary shelters were constructed, a sizeable group of people (510 households) have established makeshift shelters within the confines of the Dar Paing Camp area. The demographics and movement history of the Dar Paing makeshift shelters differ significantly to that of people living in the Dar Paing temporary shelters and to people from other camps.

Unlike the other Sittwe rural camps—where the overwhelming majority of households reported that they left their place of origin due to conflict or insecurity—242 households or 42 per cent of respondents living in the Dar Paing makeshift shelters did not mention conflict or insecurity as the primary or secondary reason for leaving. Alternatively, the main reasons cited were that they could no longer access livelihood opportunities (11 per cent) or that they moved to find work (7 per cent). In addition, 11 per cent (approximately 60 households) mentioned that they moved to access to humanitarian assistance. Based on these responses, 42 per cent of households in Dar Paing makeshift shelters do not strictly fall under the definition of an internally displaced person as outlined in the Guiding Principles. For this reason, most households from the makeshift shelters were not included on regular humanitarian distribution lists including monthly food rations. It should be noted that some 58 per cent of the population in the Dar Paing makeshift shelters referred to conflict as the reason they left their place of origin. All households living in the Dar Paing makeshift shelters at the time of the profiling exercise were from Sittwe Township before 2012 with 86 per cent coming from rural areas of Sittwe. Almost half were from Bu May village tract.

In a small minority of cases, people from the adjacent village of Dar Paing owned a makeshift shelter in the camp in order to access humanitarian assistance but continued to live in the village; in other cases, people living in temporary shelters set up makeshift shelters to complement the space they have available. The profiling exercise included a 3-day mapping exercise to ensure all makeshift shelters were covered by the enumeration and that only those households living permanently in the makeshift shelters were included.

In general, the living conditions in the Dar Paing makeshift shelters are among the worst in the Sittwe rural camps. In addition to the deplorable shelter conditions, people in the Dar Paing makeshift shelters tend to have a lower socio-economic status and rate below the Sittwe rural camp population across many key indicators including health, literacy and education.

Makeshift shelters

At the time of the profiling exercise, 2,493 households (16,402 people) in the Sittwe rural camps were living in makeshift shelters (17 per cent of the total Sittwe camp population). The condition of these shelters varied markedly. The main types of makeshift shelters in the Sittwe rural camps can be broadly categorised into four main groups:

- Temporary shelter extensions generally built as a lean-to against an existing temporary shelter. People living in temporary shelter units often extend the floor-space of their unit using woven bamboo or a variety of recycled materials. These extensions are particularly common in some camps such as Dar Paing. Such extensions often undermine health and safety standards in camps including those related to fire-breaks and drainage channels. For the purposes of the profiling exercise, only those temporary shelter extensions in which a separate household were living were classified as makeshift shelters.
- Self-supporting structures made from tarpaulins and a variety of low-quality recycled materials. These structures typically have earth floors and no windows. The floor space of these shelters is typically small with many having less than 5 square metres. These shelters represent some of the worst living conditions in the Sittwe rural camps. This type of makeshift shelter is common in Dar Paing and some sectors of Thae Chaung.
- Stand-alone shelters made from recycled and new materials including woven bamboo. Unlike communal temporary shelters, there is typically only one household living in each stand-alone makeshift shelter. Some resemble the building techniques used for the temporary shelters with woven bamboo walls and floors. The nature of the materials used means that they require rehabilitation every few years. This type of makeshift shelter is common in sectors 1, 2 and 3 of Thae Chaung.
- Re-purposed common camp infrastructure including camp management offices, camp kitchens, prefabricated modular houses etc. These facilities were inhabited after they were no longer used for their original purpose. In some cases these were some of the most durable structures in the camp, however, they have generally not been maintained and are typically in a state of disrepair. This type of makeshift shelter is most common in Ohn Taw Chay.

All makeshift shelters are unplanned and self-settled. As a result, they are more often under-serviced in terms of latrines, drainage, education services and other camp infrastructure. They are generally not built in adherence with existing standards including fire risk reduction measures, and as a result may pose a health and safety risk.

This woman and her 4 children live in this makeshift shelter in Say Tha Mar Gyi IDP camp. (Photo: OCHA/P/Peron)

Living space in temporary shelters

Information about the average space per person in the camps was calculated by dividing the space of a shelter unit—12.5 metres squared in 10-unit and 15.6 metres squared in 8-unit temporary shelters) by the number of people living in each shelter unit based on the enumeration data. These calculations only take into account the standardised shelter provided by the Government and humanitarian partners, and do not take into account informal extensions and makeshift shelters built by camp residents. No information is available on the space available per person in the makeshift shelters, wooden houses and brick/concrete dwellings including those in Thae Chaung and Dar Paing.

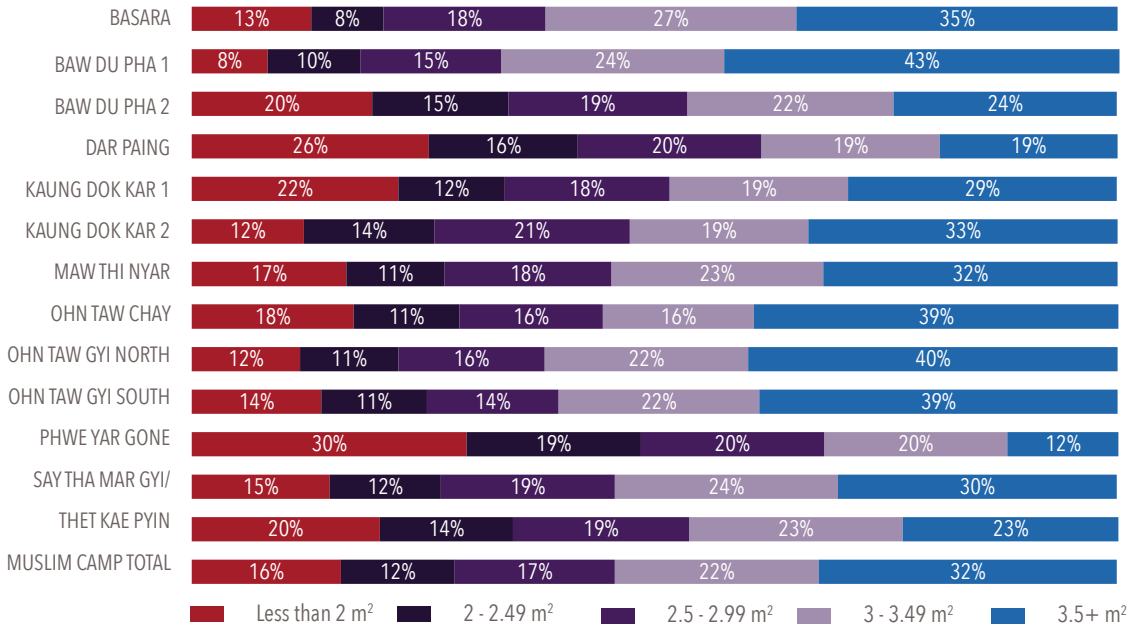
The vast majority of households (98 per cent) living in the temporary shelters were occupying a single unit. In addition, 231 households were occupying two shelter units and three households in the camps were occupying three units each. Meanwhile, 35 households were sharing a single unit with another household. Households that were spread over multiple units tended to be larger with an average of 8.4 members compared with 5.5 members for households occupying a single unit, while those sharing a unit were smaller with an average of 4.1 members.

The average shelter space in the formal temporary shelters per person across all of the Sittwe rural camps was 2.8 metres squared.* This does not take into account informal structures including makeshift

* Calculated by multiplying the space of a temporary shelter (125.3 square metres) by the total number of temporary shelters in the Sittwe rural camp area (1,821) and dividing this by the total number of people living in temporary shelters (80,809 people).

shelters that households have built themselves. Overall, in the Sittwe rural camps: 16 per cent of people had less than 2 metres squared per person; 12 per cent had 2.0 to 2.49 metres squared per person; 17 per cent had 2.5 to 2.99 metres squared per person; 22 per cent had 3 to 3.49 metres squared per person; 18 per cent had 3.5 to 3.99 metres squared per person; and 14 per cent had more than 4 metres squared per person. There is a clear correlation with smaller households having more space per person and larger households having less. SPHERE recommends 3.5 metres squared per person.[6] In total, based only on the space provided in the formal temporary shelter, 68 per cent of people in the Sittwe rural camps were below the SPHERE guideline. However, it should be understood that many households have built makeshift extensions which are not included in this calculation. Further research is required to determine the average additional space that households have acquired through makeshift shelters and extensions.

Figure 25: Space in temporary shelter per person



* Of those that reported that their household owns a house at present, the proportion of these respondents that mentioned that they had documentation to prove this ownership was significantly higher among the Muslim villages (70 per cent) and Rakhine relocated sites (68 per cent) compared with the Muslim camps (38 per cent) and Rakhine villages (47 per cent). Nearly all of those that said they had documentation to prove ownership stated that someone in their household had this documentation issued or officially validated by the Government authorities (over 92 per cent across all target populations).

House ownership

House ownership is high among Rakhine villages (93 per cent) and Muslim villages (82 per cent) but is lower among households from the Rakhine relocated sites (66 per cent) and much less among those living in the Muslim camps (21 per cent).* While 21 per cent of respondents from Muslim camps reported that they owned a house at the time of the survey, follow-up discussions with enumerators revealed that many of these respondents were referring to their pre-2012 dwelling and that in many cases they had not been able to access the house in the period since.

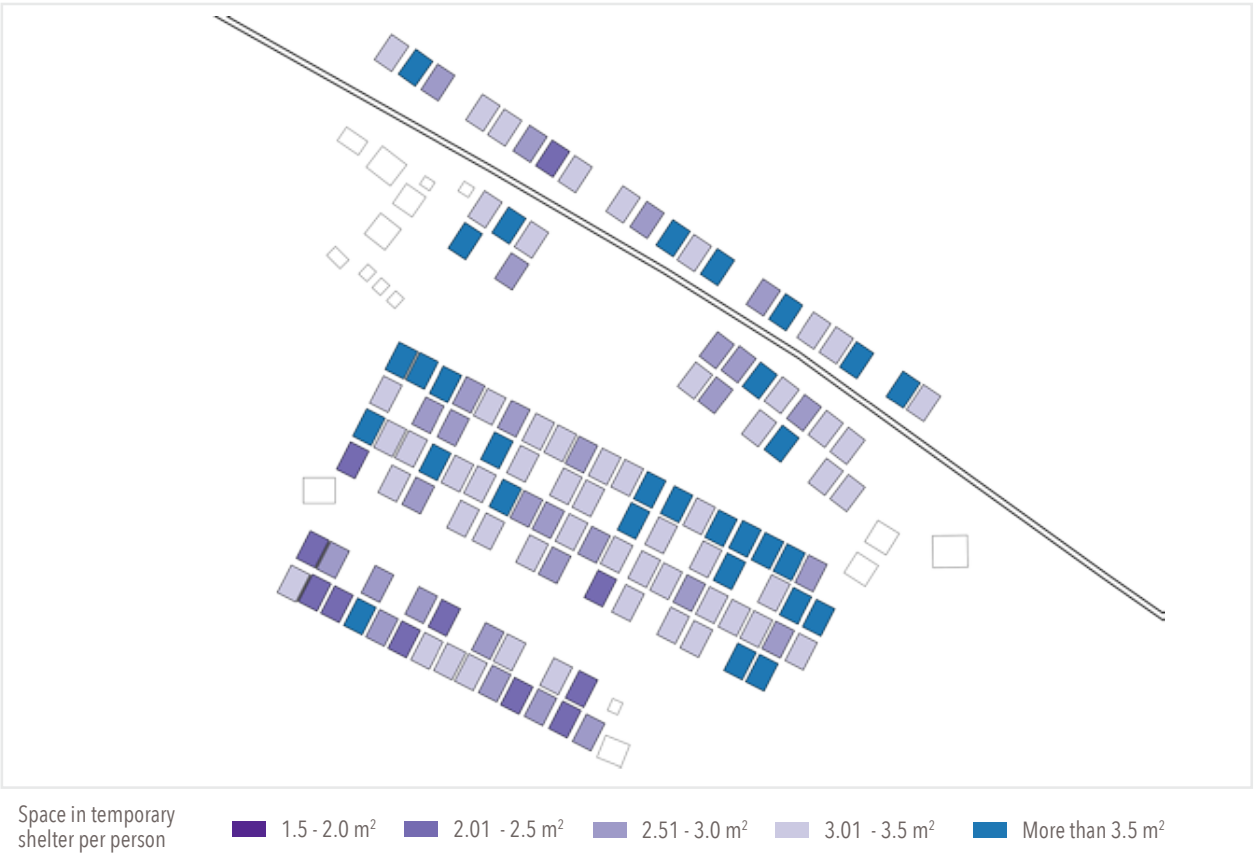
The vast majority—over 90 per cent—of Muslims from the camps owned a house before the 2012 crisis. A high proportion of respondents preferred not to answer the question about sale of housing, land and property in the period since 2012, this stands out as a clear exception to the very high response rate to most other questions. Focus group discussion participants suggested a number of reasons for this low response rate including that respondents may be: uncertain about the status of their ownership claims due to a lack of access; concerned about a decrease in humanitarian assistance; that they may not want to jeopardise any future ownership claims; or that it continues to be a particularly sensitive subject for many people.

Given that most households living in the Muslim camps are provided with a temporary shelter unit free of charge, when combined with high rates of house ownership among the other target populations, it is unsurprising that the vast majority of households do not pay rent for their current dwelling. The notable exceptions to this are the Rakhine relocated sites, where 11 per cent of households spend between 11,000 and 50,000 MMK per month on rent and Thae Chaung, where 61 per cent of households pay between 1,000 MMK and 5,000 MMK on rent per month.

* The following population density maps were developed by the INGO Rakhine Initiative (IRI) based on data from the camp profiling exercise.

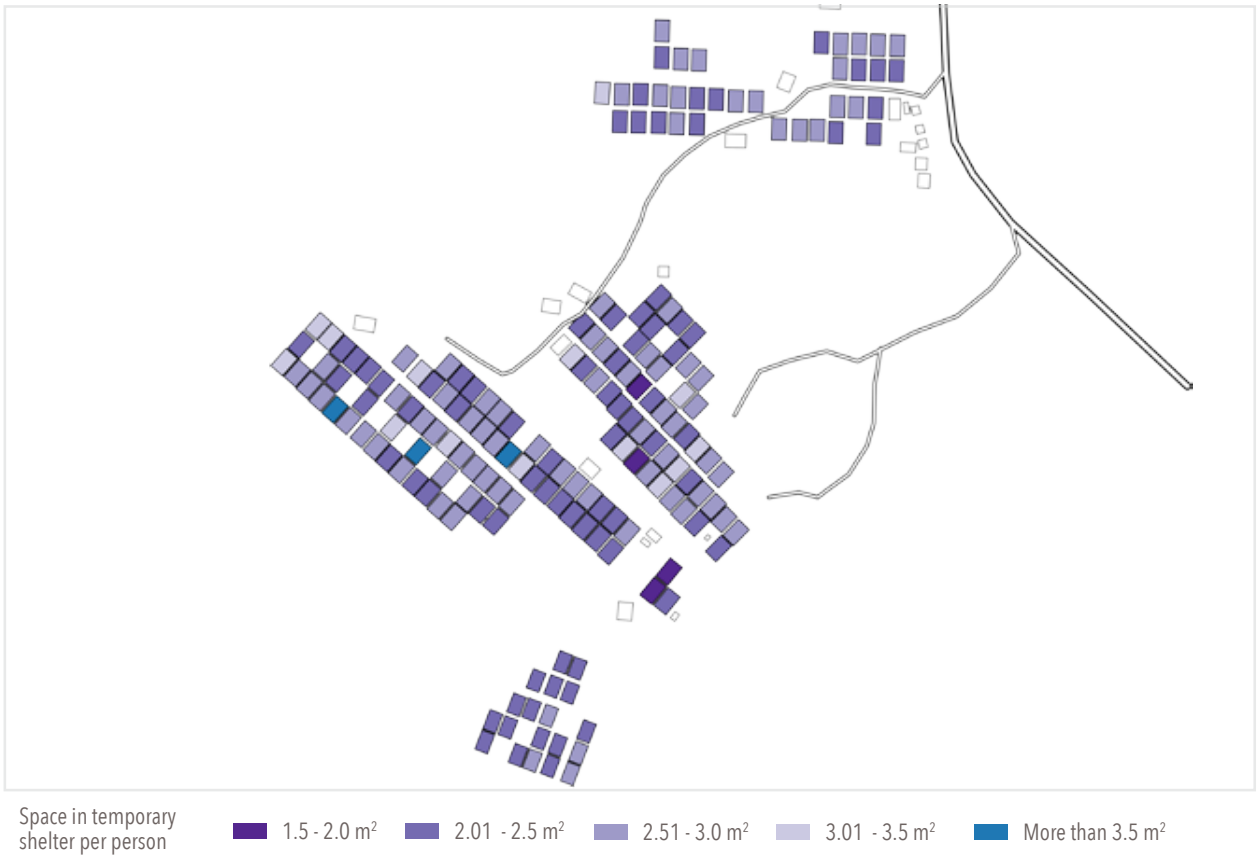
Map 4: Population density in Basara Camp

Map 5: Population density in Baw Du Pha 1 Camp

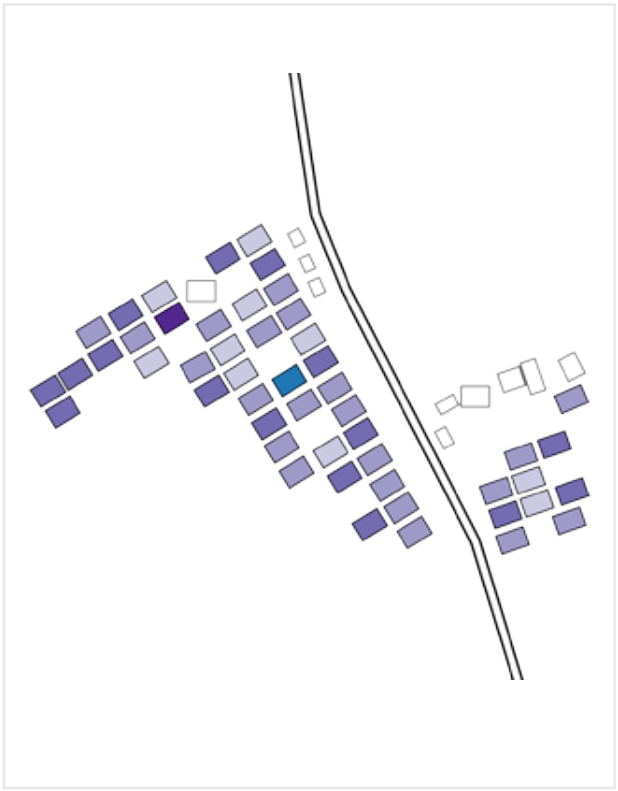


Map 6: Population density in Baw Du Pha 2 Camp

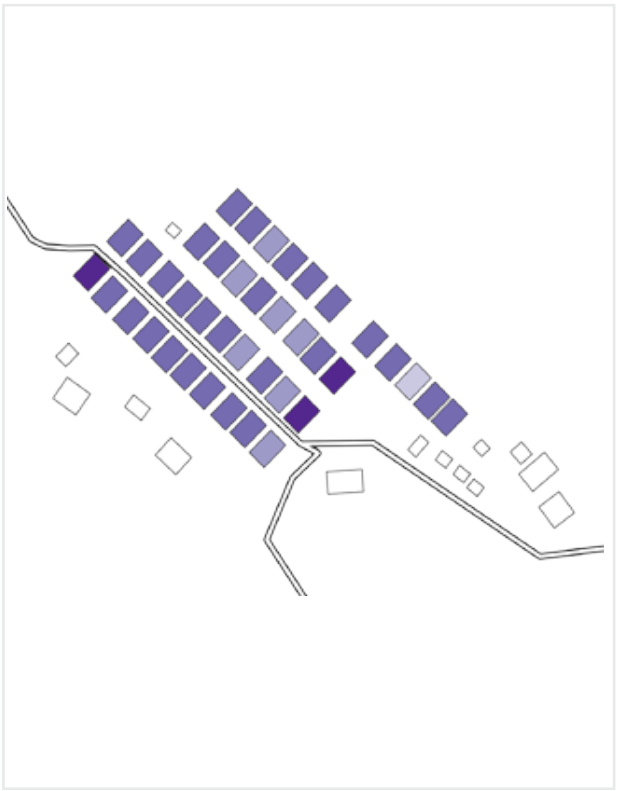
Map 7: Population density in Dar Paing Camp



Map 8: Population density in Kaung Dok Kar 1

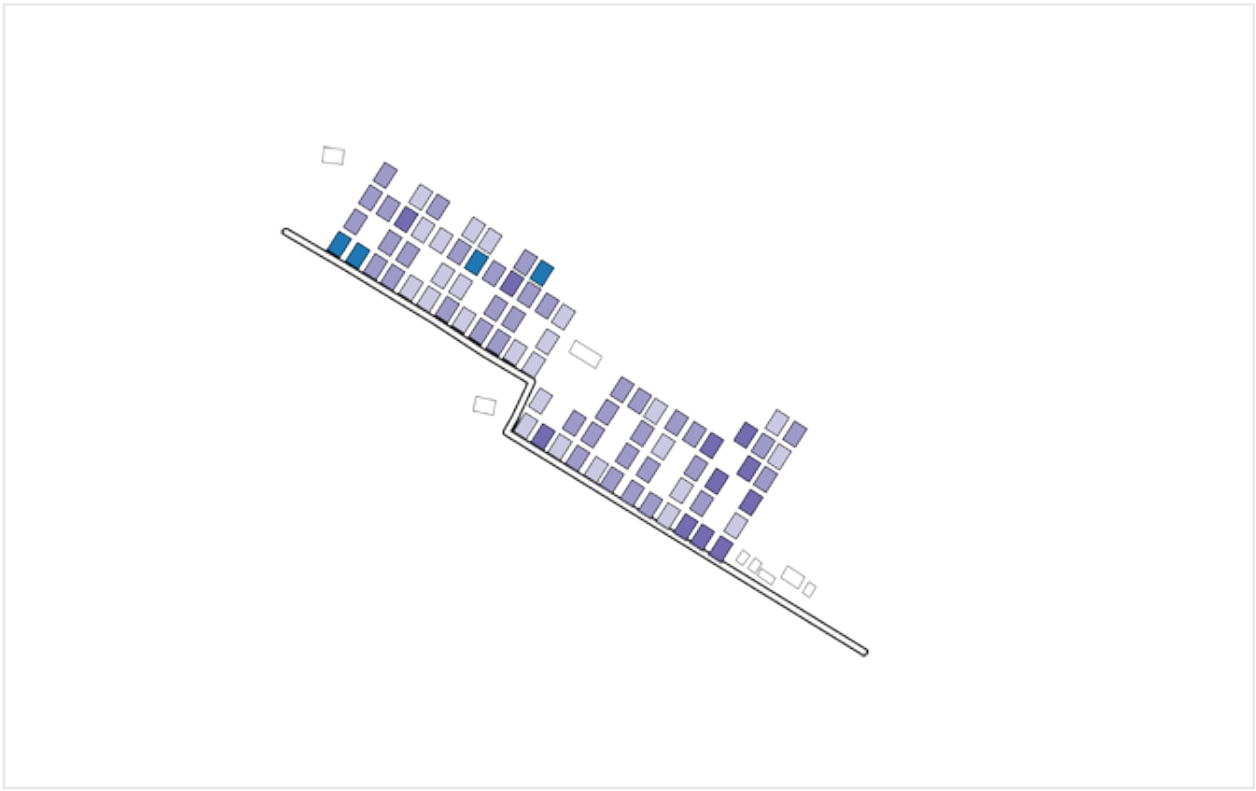


Map 9: Population density in Phwe Yar Gone

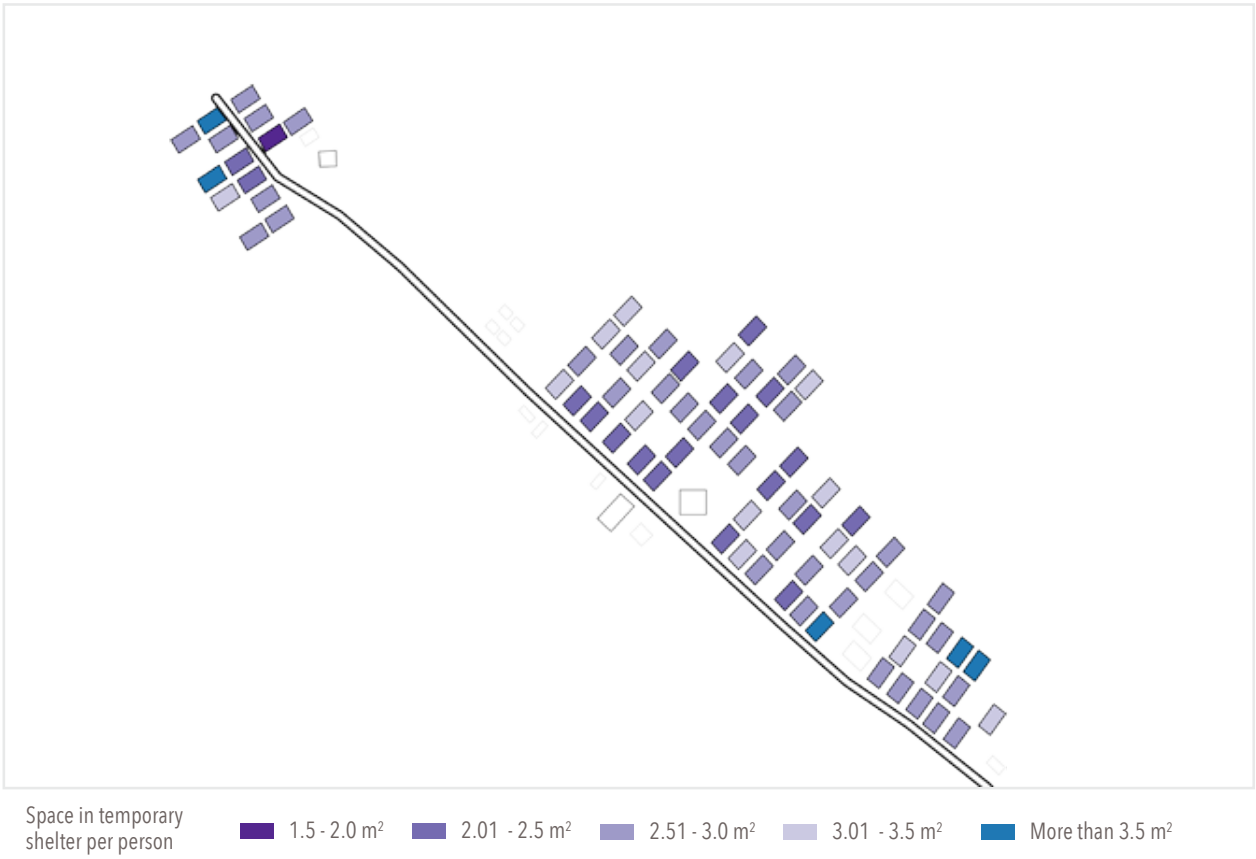


Map 10: Population density in Kaung Dok Kar 2 Camp

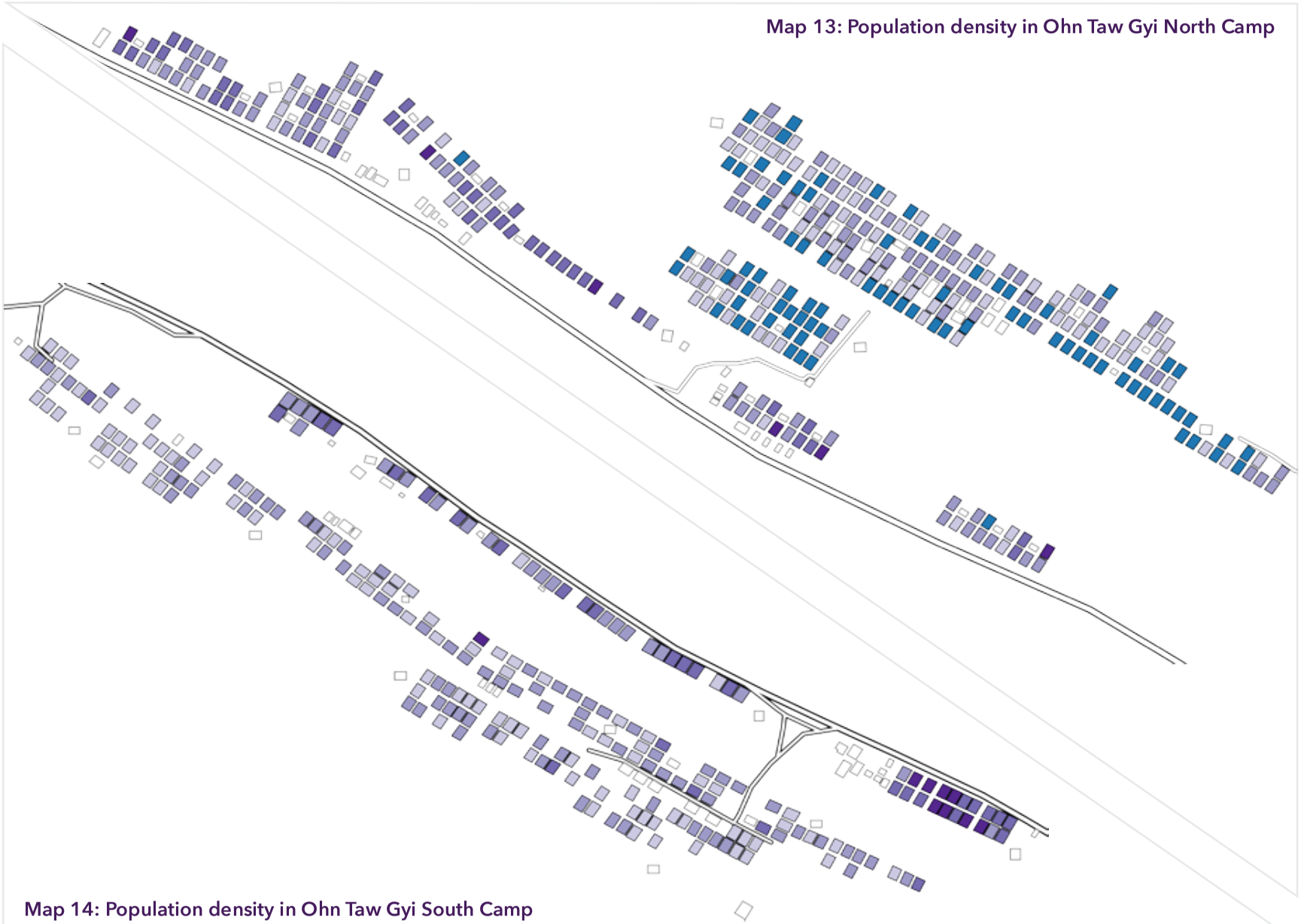
Map 11: Population density in Maw Thi Nyar Camp



Map 12: Population density in Ohn Taw Chay Camp



Map 13: Population density in Ohn Taw Gyi North Camp



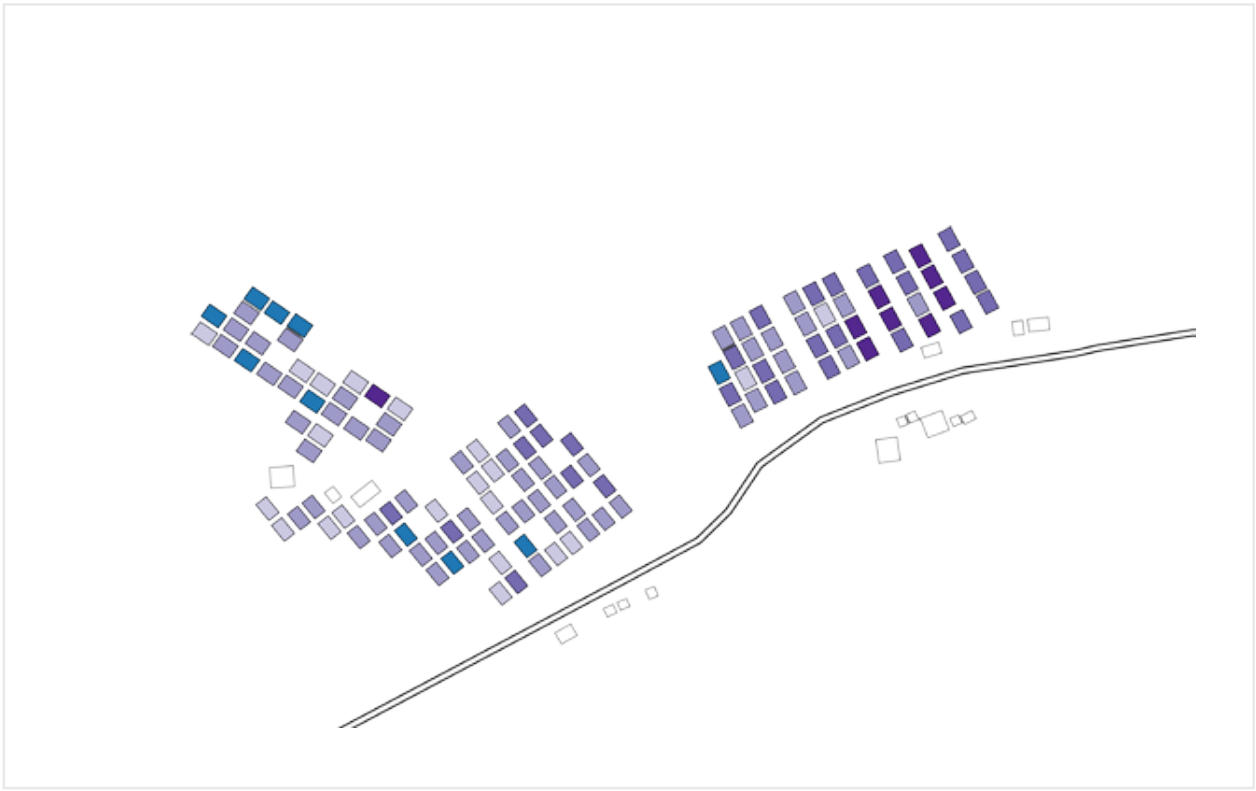
Map 14: Population density in Ohn Taw Gyi South Camp

Space in temporary shelter per person

1.5 - 2.0 m²
2.01 - 2.5 m²
2.51 - 3.0 m²
3.01 - 3.5 m²
More than 3.5 m²

Map 15: Population density in Say Tha Mar Gyi Camp

Map 16: Population density in Thet Kae Pyin Camp



WATER & SANITATION

- As of April 2017, 4,649 latrines were maintained in the Muslim camps. Across all Muslim camps there is an average of one latrine for 21 people. This is highest in Thae Chaung (63 people), followed by Dar Paing (28 people) and Say Tha Mar Gyi (22 people).
- Drinking water in the Muslim camps comes from shallow boreholes (generally six to ten metres deep), fitted with hand pumps.
- Humanitarian partners monitor 1,203 boreholes across the Muslim camps with an average of 80 people using each borehole. This is much higher in Thae Chaung (274 people) followed by Ohn Taw Chay (142 people), Kaung Dok Kar 1 (118 people) and Dar Paing (112 people).
- Ownership of water storage containers was relatively high across the Muslim camps (93 per cent) with lower rates of ownership among Muslim villages (62 per cent), Rakhine relocated sites (48 per cent) and Rakhine villages (32 per cent).

WATER & SANITATION

Latrines

The design of the latrines in the Muslim camps involves a single wooden structure, sheet metal walls and ceiling, with either a permanent concrete floor or a raised semi-permanent floor. All latrines in the camps are squat latrines attached to one, one-and-a-half or two pits that need to be emptied on a regular basis. Latrines in all Muslim camps are maintained and serviced by humanitarian partners.

As of April 2017, 4,649 latrines were maintained in the Muslim camps. These latrines are renovated and new latrines built as required. Across all the Muslim camps there is an average of one latrine for 21 people. Between the camps, the average number of people per latrine is highest in Thae Chaung (55 people), followed by Dar Paing (28 people), Say Tha Mar Gyi (22 people) and Kaung Dok Kar 2 (21 people). The camps with the fewest average number of people per latrine were Phwe Yar Gone (11 people), Ohn Taw Gyi South (15 people) and Maw Thi Nyar (15 people). The target recommended by SPHERE guidance is a maximum of 20 people per latrine.[1]

Table 5: Latrines and boreholes by camp

Camp	Number of latrines	Average people per latrine	Number of boreholes	Average people per borehole
BASARA	137	16	22	100
BAW DU PHA 1	251	20	51	100
BAW DU PHA 2	376	19	77	94
DAR PAING	413	28	103	112
KAUNG DOK KAR 1	142	17	20	118
KAUNG DOK KAR 2	106	21	25	87
MAW THI NYAR	235	15	42	82
OHN TAW CHAY	190	20	27	142
OHN TAW GYI NORTH	767	18	238	60
OHN TAW GYI SOUTH	824	15	222	55
PHWE YAR GONE	117	11	33	39
SAY THA MAR GYI	520	22	200	58
THAE CHAUNG	219	55	48	285
THET KAE PYIN	352	17	93	63
MUSLIM CAMP TOTAL	4,649	21	1,203	81

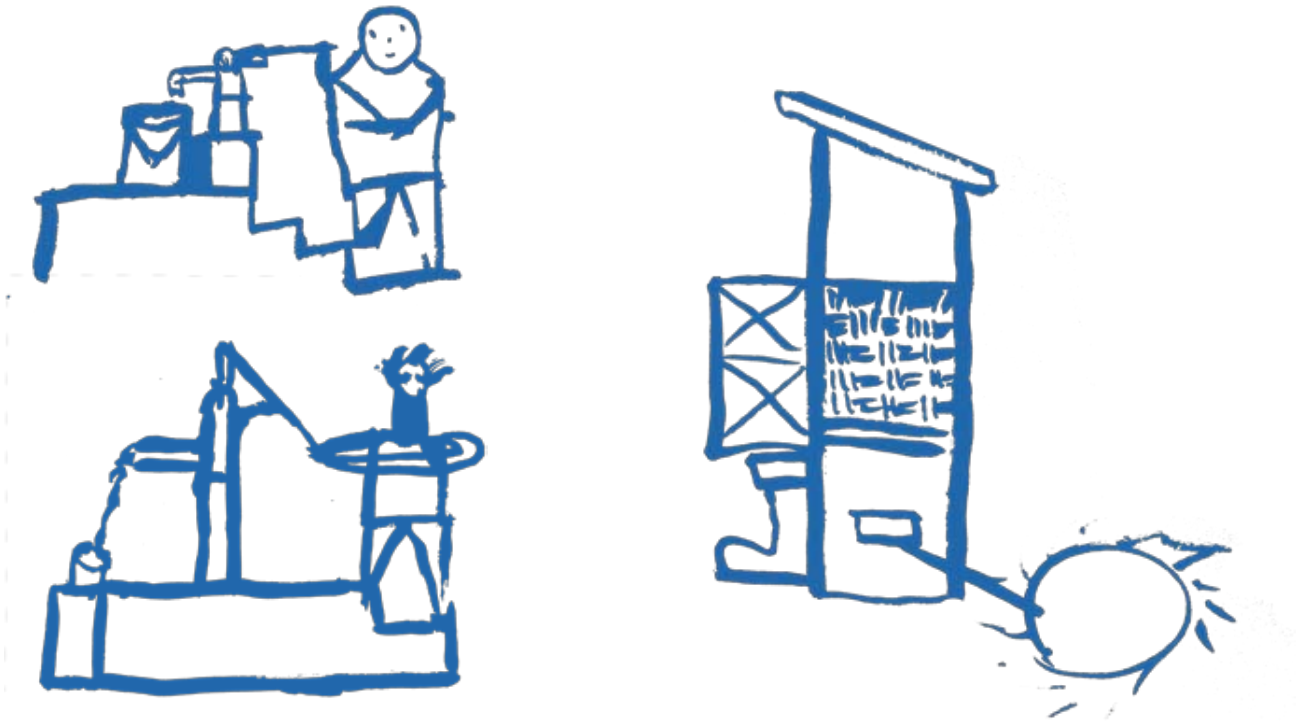
Water

Drinking water in the Muslim camps comes from shallow boreholes (generally six to ten metres deep) fitted with hand pumps. A handpump takes approximately 5 minutes to pump 30 litres, which SPHERE guidelines suggest can serve 192 people. However, flowrates and therefore handpump ratios vary by site. Infiltration and potential contamination of the ground water is a concern due to the high water table in the Sittwe rural camp area. As a result, all water points are tested on a regular basis and chlorinated if required.

Many people wash clothing and kitchen items, and males tend to bathe next to the hand pumps. While there is a concrete block around the borehole, this is not connected to a drainage channel in most camps. As a result, the hand pumps are often surrounded by a stagnant pool of greywater. This lack of appropriate drainage increases the likelihood of water contamination and the potential spread of water-related diseases.

Humanitarian partners monitor 1,203 boreholes across the Muslim camps with an average of 80 people using each borehole. This is much higher in Thae Chaung (274 people) followed by Ohn Taw Chay (142 people), Kaung Dok Kar 1 (118 people) and Dar Paing (112 people). The camps with the fewest people per borehole on average were Phwe Yar Gone (39 people), Ohn Taw Gyi South (55 people) and Ohn Taw Gyi North (60 people). The relatively high average number of people using each latrine and borehole in Thae Chaung reflects the informal nature of the camp, with displaced people living more closely with the host community. The SPHERE standard for boreholes fitted with a handpump is at least 1 handpump for every 500 people.[2] All the camps in the Sittwe rural area are within the SPHERE standard.

Ownership of water storage containers was relatively high across the Muslim camps (93 per cent) with significantly lower rates of ownership among Muslim villages (62 per cent), Rakhine relocated sites (48 per cent) and Rakhine villages (32 per cent). Among the Muslim camps, ownership was lowest in Ohn Taw Chay (86 per cent).



Paintings of handpumps and a latrine by children in Ohn Taw Gyi North and Ohn Taw Chay youth centres

Figure 26: Average number of people per latrine

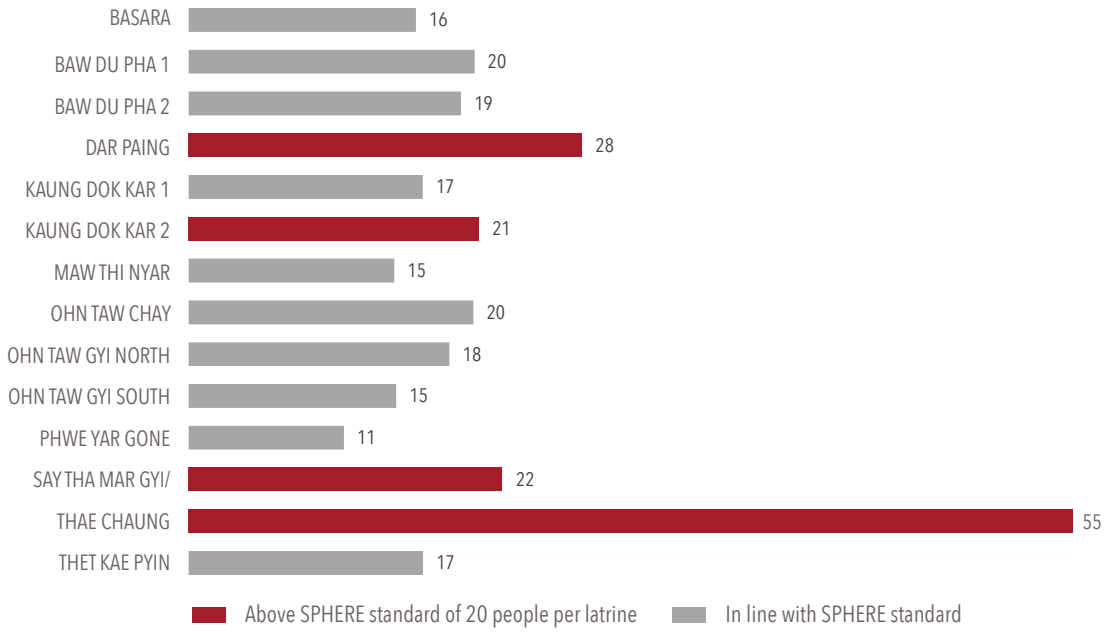
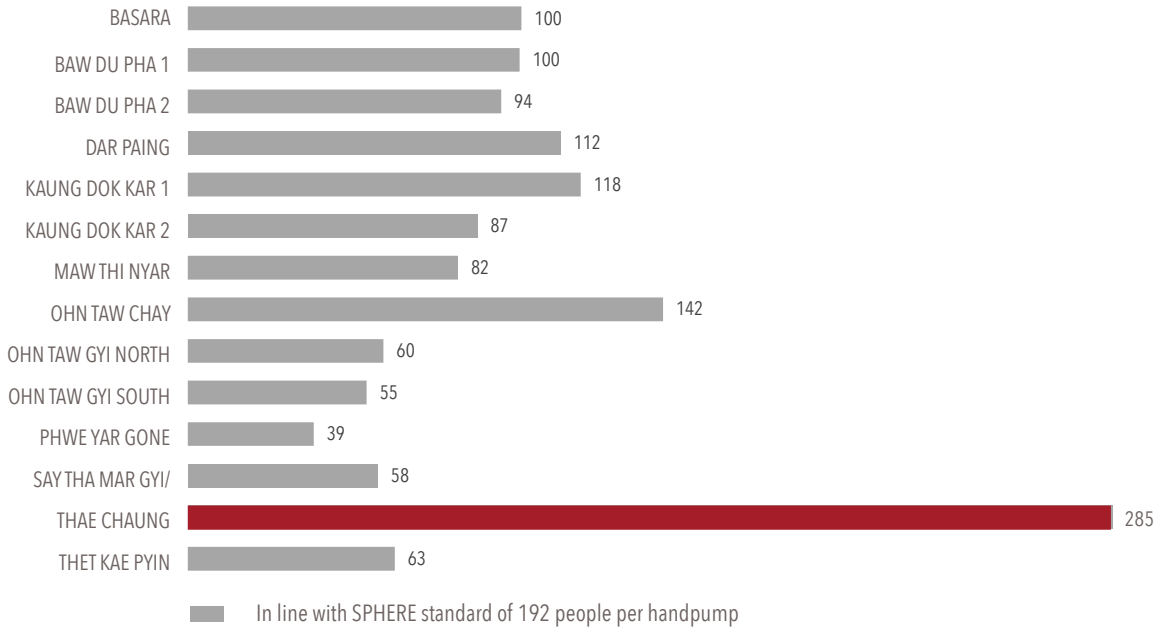


Figure 27: Average number of people per borehole



* The WASH Cluster provides latrines and boreholes in sectors 1 to 4 of Thae Chaung while sector 5 and six (which were included in the profiling exercise) are considered to be integrated into the village. The main WASH provider in the camp--Solidarite International-- estimates the total number of households at 1,100 in these sectors. This gives approximately 28 people per latrine and 126 people per borehole.

HEALTH

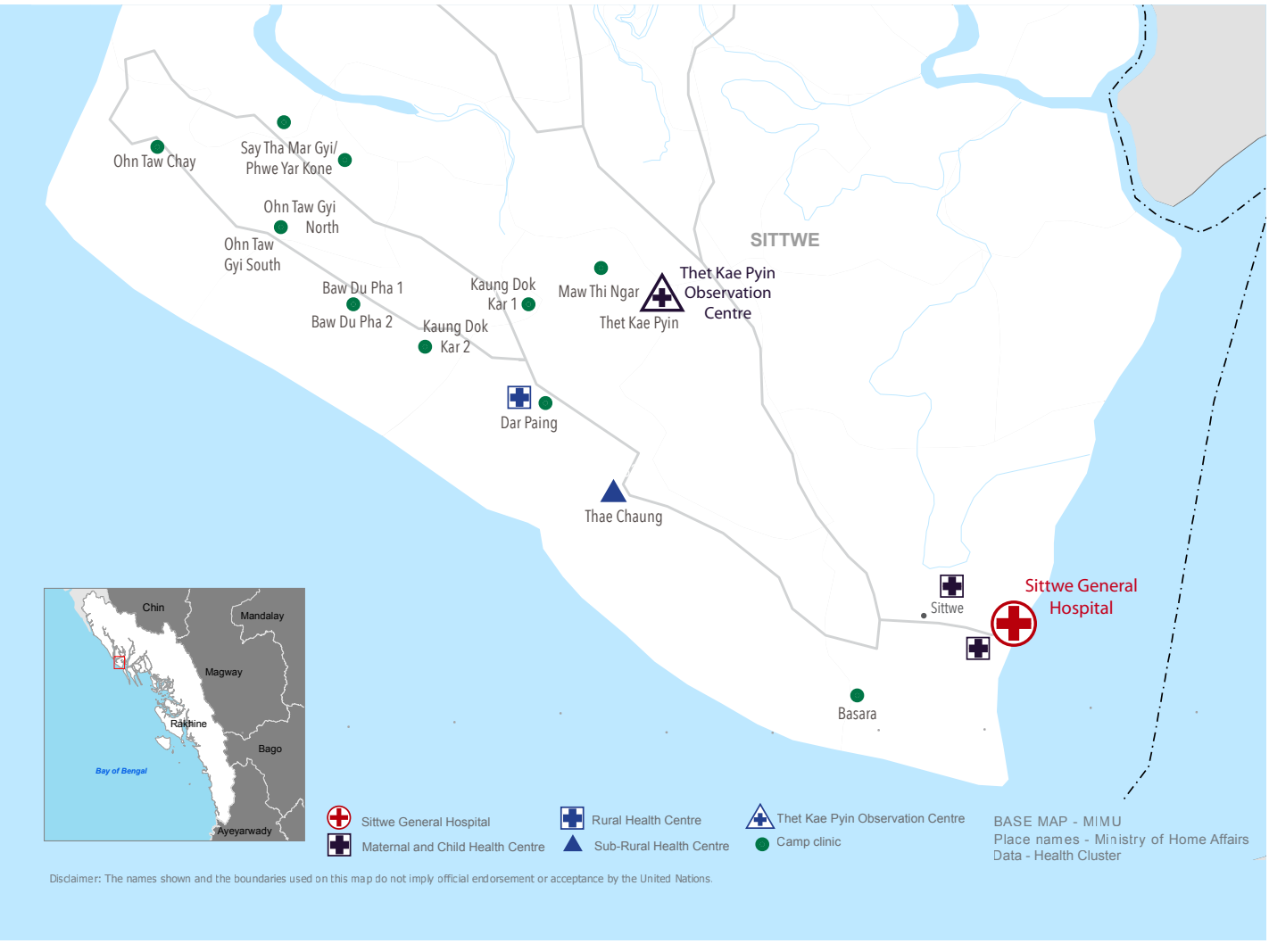
- The Government provides the highest level health facilities in the Sittwe rural camp area—Thet Kae Pyin Observation Centre, Dar Paing Rural Health Centre and Thae Chaung Sub-Rural Health Centre. In addition, humanitarian partners run clinics in most camps.
- An estimated 800 women in the Muslim camps were reported to have experienced serious pregnancy-related issues in the past six months (roughly 30 per cent of pregnant women).
- Approximately two-thirds of Rakhine children under five years have birth certificates compared with less than 10 per cent of Muslim children.
- Approximately 2,400 people from the Muslim camps were reported to be disabled.
- More than three-quarters of households that had a serious health issue in the past 6 months sought healthcare, this was the lowest in the Rakhine relocated sites (76 per cent).
- Among Muslims, the most common place for initial consult for serious health issues was the Thet Kae Pyin Observation Centre, the second most common was a clinic in the same camp.
- Healthcare was a key expense and one of the main reasons for taking out loans among Muslim and Rakhine households.

HEALTH

Health facilities

The Ministry of Health is the primary provider of healthcare in Rakhine State. The highest level healthcare facility in the State is Sittwe General Hospital. In Sittwe Township, the Government runs an additional station hospital at Warbo (in the north of Sittwe Township), two maternal and child health centres, one urban health centre, one observation centre, five rural health centres and 24 sub-rural health centres. Since 2014, there has been an effort by the Government to construct new hospitals, clinics and rural health centres across Rakhine State. While recent years have seen significant improvements, many facilities continue to lack sufficiently qualified staff and adequate equipment and supplies.[1]

Map 17: Main health facilities available to people in Sittwe rural camps



Disclaimer: The names shown and the boundaries used on this map do not imply official endorsement or acceptance by the United Nations.

Health services in the Sittwe rural camp area are provided by the Government and humanitarian partners. The highest-level healthcare facility is the Government-run Thet Kae Pyin Observation Centre which operates 24 hours per day and seven days per week. The Observation Centre provides primary healthcare including reproductive healthcare and delivery services and has the only trained auxiliary midwife available permanently in the Sittwe rural camps. Doctors also give emergency referrals for the camp ambulance service (operating 24 hours per day, seven days per week) for cases that need to be taken to Sittwe General Hospital. In addition, it is the usual base used by State Public Health Department outreach teams such as for HIV and tuberculosis. Since 2012, the facility at Thet Kae Pyin has been upgraded by the Government from a sub-rural health centre. The Government is considering further upgrading this facility to a station hospital.

The Government runs two other health facilities in the Sittwe rural camp area: Dar Paing Rural Health Centre and Thae Chaung sub-rural health centre. Both provide primary health care services. The Dar Paing Rural Health Centre also provides reproductive healthcare, hosts visiting specialists from Sittwe General Hospital (including for obstetrics, gynecology and pediatrics), and functions as an intermediary between the Muslim camps and Sittwe General Hospital for non-emergency ambulance cases, outpatient services and specialty service clinic consultations. The Thae Chaung sub-rural health service refers cases to Dar Paing and Thet Kae Pyin facilities as required.

The humanitarian community runs mobile clinics, which provide primary healthcare services at the camp-level. At the time of writing there were 12 mobile clinics run by non-government organisations in the Sittwe rural camp area. In addition to primary healthcare, some mobile clinics provide complementary health services such as family planning and nutrition referrals. Cases that require a higher-level of healthcare are referred to Dar Paing Rural Health Centre or Thet Kae Pyin Observation Centre. Humanitarian partners were piloting the provision of additional reproductive health services (including prenatal checkups, family planning and sexually transmitted disease consultations) at the time of writing in mid-2017.

Nutrition programmes run by Government and humanitarian partners in the Sittwe rural camps include: the treatment of Severe and Moderate Acute Malnutrition; malnutrition prevention through food distributions and micronutrient supplements for at risk children under 5 years old, and pregnant and lactating women; infant and young child feeding practices support; and monitoring of breast milk substitute distributions. In the Sittwe rural camps there are six out-patient therapeutic centres, 10 supplementary feeding spaces, and 20 facilities providing infant and young child feeding promotion and ante-natal care services.

Emergency cases and cases requiring a higher level of healthcare than is available in the Sittwe rural camp area are referred to Sittwe General Hospital. In addition to a referral from either Dar Paing or Thet Kae Pyin health facility, if the person requiring medical attention is an active police case they must have a police escort as is the case across Myanmar. For non-police cases, the ambulance service from Thet Kae Pyin to Sittwe General Hospital does not require a police escort. Muslim patients at Sittwe General Hospital are regularly accompanied by someone who can translate from Myanmar or Rakhine language into the local Muslim language; Sittwe General Hospital staff also assist with translation. The process of accessing Sittwe General Hospital is often time consuming and expensive leading to delays in treatment, this is particularly problematic in emergency cases.[2] Malnourished children requiring inpatient feeding care can also be referred to Sittwe General Hospital through the same process.

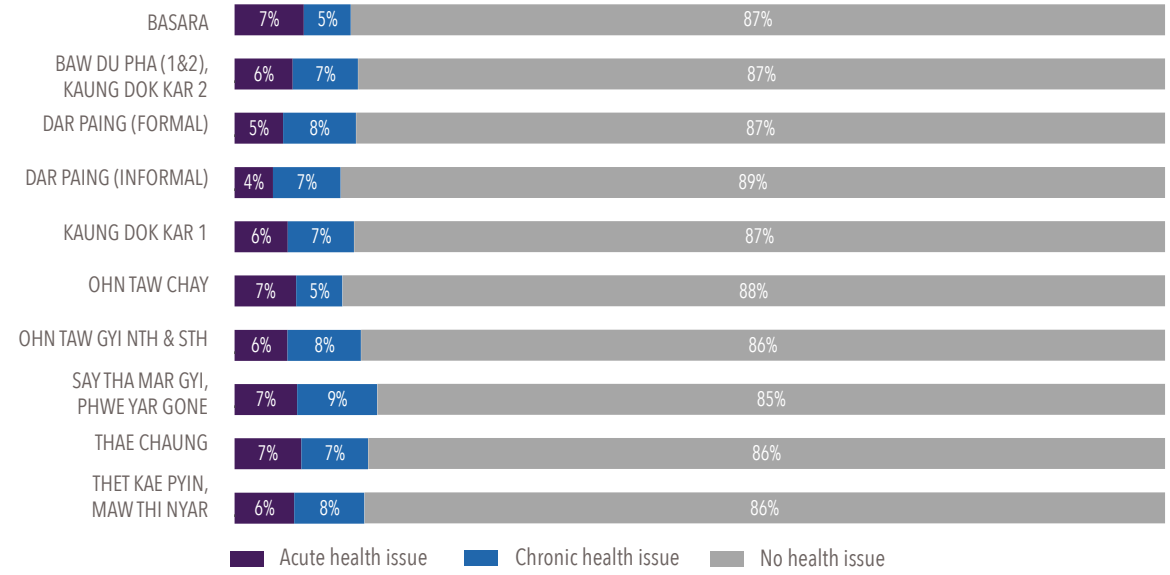
Finally, immunisation and other State-wide health outreach campaigns are conducted by Government staff in the Sittwe rural camp area. While humanitarian partners can assist with social mobilisation and logistics, the medical aspects of these campaigns are exclusively conducted by Government health staff.

Health concerns

The profiling exercise collected information on prevalence of self-reported serious health issues and disability at the individual level, as well as health-seeking behaviour at the household level. A serious health issue was defined as "any health condition that renders the interviewee unable to perform regular activities of daily living appropriate for the age group unassisted." In cases where the individual had experienced more than one health condition in the timeframe, the respondent was asked to focus on the most serious condition for the follow-up questions. If an individual was reported to have experienced a health issue in this time frame, the respondent was then asked if the condition was acute or chronic. An acute health condition was defined as "a condition developed/obtained within two weeks or less for example, acute infections, diarrhea, physical/accidental injuries etc." Chronic health problems were defined as "conditions that developed or reoccurred for more than two weeks, for example hypertension, diabetes etc." It is important to note that the information gathered was based on self-reporting rather than clinical assessments.

Figure 28: Households with at least indivudal that had a serious health issue in past 6 months

Figure 29: Households with at least indivudal that had a serious health issue in past 6 months



Approximately 10 per cent of people from Rakhine villages were reported to have experienced a serious health issue in the past six months; this was higher—at 14 per cent—for the Rakhine relocated sites as well as the Muslim villages and Muslim camps. About half of the health issues were reported to be chronic and half acute. There was slightly higher reporting of acute health issues in the Rakhine relocated sites and of chronic health issues in the Muslim camps.

There was no significant gender divide in terms of the rate of reported health issues across any of the target populations with the exception of slightly higher rates of health issues among females of child-bearing age in all target populations. Children under five years from the Rakhine relocated sites were twice as likely to be reported as having experienced a serious health issue in the past six months compared with other population groups. Children aged 5 to 17 years from the Rakhine relocated sites were more frequently reported to have experienced a serious health issue than the same demographic from the other target populations. The relatively small sample size for this demographic—105 people—needs to be taken into account. Meanwhile, health issues were more commonly reported among Muslim adults and elderly compared with the same age groups from Rakhine target populations. Health-specific assessments and data collection including on consultations per year are likely to provide more accurate information on the prevalence of health issues in different demographic groups including for the elderly. Across all target populations, people with poor food consumption were nearly twice as likely to have experienced a serious health issue in the past six months compared with people who have acceptable food consumption (based on the food consumption score index).

According to the Ministry of Health Strategic Health Operations Centre (SHOC) data, the top three health issues in Rakhine State are common colds, acute respiratory infections and hypertension. The nutritional status of children in Rakhine State was the worst in the Myanmar, with 38 per cent of children stunted (18 per cent severely stunted), 14 per cent wasted and 34 per cent underweight.*[3]

Malaria is also common in Rakhine State. Ownership of mosquito protection (including nets) was much higher among the Muslim camp population (91 per cent) compared with Muslim villages (74 per cent), and Rakhine relocated sites (66 per cent). Among the Rakhine villages surveyed, the proportion of households owning mosquito protection (51 per cent) was nearly half the Rakhine State average of 96 per cent.[4] The profiling exercise did not gather information on the usage of mosquito protection including nets.

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* Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness. Wasting is usually the result of a recent nutritional deficiency. Underweight is a composite index based on height and weight appropriate for their age, taking into account both chronic and acute malnutrition. See Myanmar Ministry for National Planning and Economic Development, Myanmar Ministry of Health and UNICEF. Multiple Indicator Cluster Survey (MICS) 2009-2010. Available at https://www.unicef.org/myanmar/MICS_Myanmar_Report_2009-10.pdf. 2011. p.14.

Maternal health

Comprehensive maternal healthcare coverage is generally poor across Myanmar, with Rakhine State ranking amongst the lowest in the country across several key maternal health indicators. In Rakhine State, an estimated 30 per cent of births are attended by a skilled health practitioner and only 19 per cent occur in a health facility (compared with the national averages of 60 per cent and 37 per cent respectively).[5] While a relatively high proportion of women received ante-natal care by a skilled health provider at least once during their most recent pregnancy in Rakhine State (71 per cent compared with 81 per cent nationally),[6] ante-natal care provided in Rakhine State is often less comprehensive than that provided elsewhere in Myanmar.[7]

The importance of maternal healthcare was underscored by the Ministry of Health and Sports:

> *"Health care services during pregnancy and childbirth and after delivery are important for the survival and wellbeing of both the mother and the infant. Antenatal care can reduce health risks for mothers and their babies through monitoring of pregnancies and screening for complications. Delivery at a health facility, with skilled medical attention and hygienic conditions, reduces complications and infections during labor and delivery. Timely postnatal care treats complications arising from delivery and teaches the mother how to care for herself and her infant. Utilisation of these services contributes to policies and programs to further improve maternal and child health care."* [8]

Of those females aged 14 to 45 years who were reported to have experienced a serious health issue in the past six months, in 12 per cent of cases from both Rakhine relocated sites and Muslim villages the health issue was reported to be pregnancy-related.* The rate was slightly higher at 14 per cent in the Rakhine villages and significantly higher at 22 per cent among women in the Muslim camps. In other words, 3 per cent of women in the Muslim camps of child-bearing age (an estimated 800 women) were reported to have experienced a pregnancy-related health issue in the past 6 months. Cross-referencing information on pregnancy-related health problems with the total number of pregnant women in each camp revealed that a high proportion (roughly 30 per cent) of the 2,462 pregnant women in the Muslim camps reported at the time of the profiling enumeration having experienced a serious pregnancy-related health issue in the past six months. The rate of pregnancy-related health problems was much higher in the Dar Paing makeshift shelters (71 per cent of pregnant women), followed by Thet Kae Pyin/Maw Thi Nyar (42 per cent), Ohn Taw Gyi North and South (40 per cent), and Baw Du Pha 1 and 2/Kaung Dok Kar 2 (37 per cent).

* Women over 15 years old who were reported as having experienced a serious health issue in the past six months were then asked if this was pregnancy-related as a follow-up question. Pregnancy-related health issues were understood as being more serious health concerns rather than common side-effects such as morning sickness.

Figure 30: Pregnancy-related health issues in past 6 months (of women aged 15 to 45 years reported to have experienced a serious health issue in this period)

Figure 31: Pregnancy-related health issues in past 6 months (of women aged 15 to 45 years reported to have experienced a serious health issue in this period)

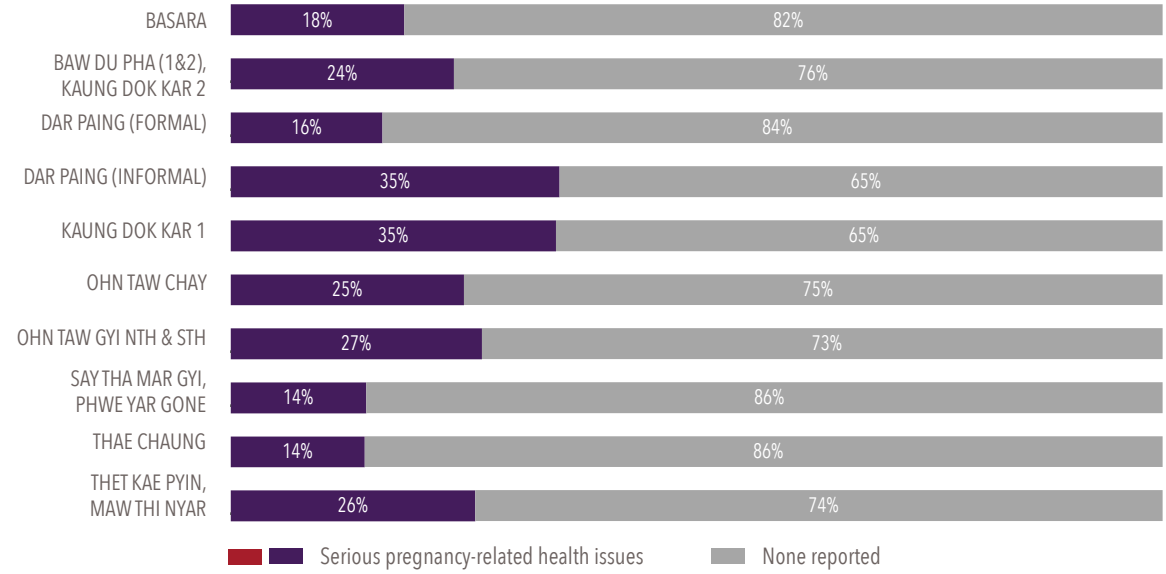
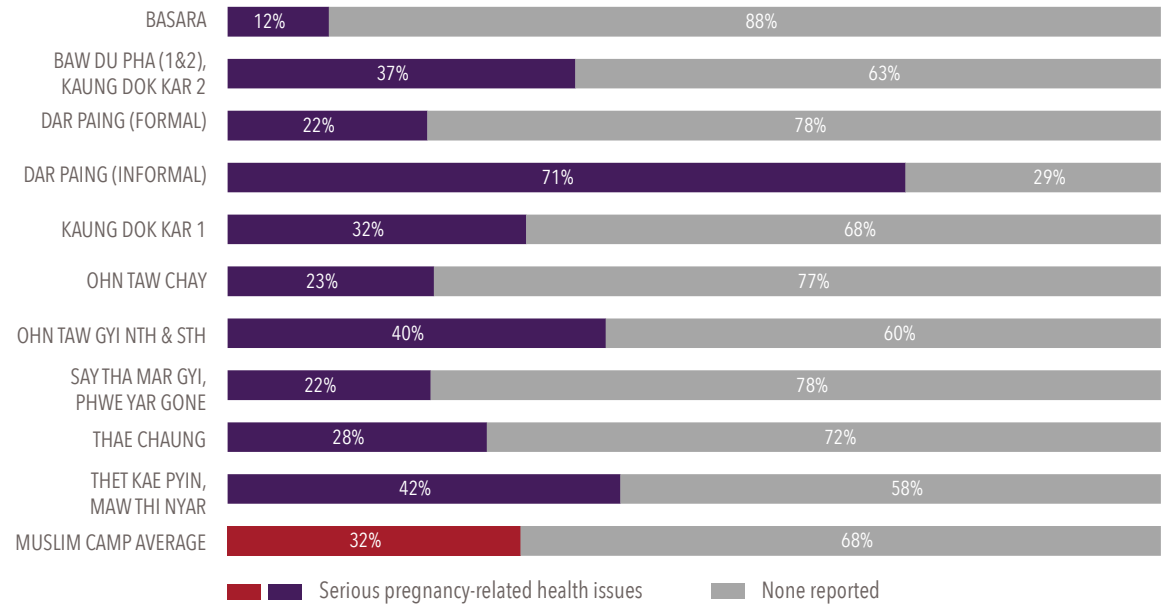


Figure 32: Serious pregnancy-related health issues in past 6 months (of pregnant women)



In cases from the Muslim camps where household-level health seeking-behaviour can be directly linked to a female member that experienced pregnancy-related health problems, the household was on average more likely to seek healthcare compared with the camp average (89 per cent compared with an average of 82 per cent) and go directly to Thet Kae Pyin Observation Centre (37 per cent compared with 32 per cent). This may be partially explained by the fact that the Observation Centre is the only healthcare facility in the Sittwe rural camp area with trained auxiliary midwives available. Focus group discussion participants agreed that women across all Sittwe Muslim camps have a strong preference for trained midwives over traditional birth attendants for giving birth.

The registration of births is important in helping to ensure access to basic services including immunisations, healthcare and school enrolment at the appropriate age.[9] It should be noted that a birth certificate is not a requirement for immunisations in Myanmar and access to immunisations often happens independently from birth registrations. Seventy-two per cent of children under five years old from the Rakhine relocated sites and 67 per cent from Rakhine villages have birth certificates. This is comparable with the national average of 74 per cent. By contrast, only 7 per cent of children under five from the Muslim camps and 9 per cent from the Muslim villages were reported to have birth certificates. Across all target populations, between 9 per cent and 16 per cent of children under five were reported to have received a notification of live birth,* and between 10 per cent and 27 per cent were reportedly included on the family's household list. Some 31 per cent of respondents from the Muslim camps and 22 per cent from the Muslim villages preferred not to answer the questions about child registration documentation.**

* A notification of live birth is the official recording of the birth of a child by a State administrative process. The notification is issued by the doctor or midwife at the time of delivery. In the absence of a healthcare professionals, including when using traditional birthing attendants, the notification of live birth can be issued by the village administrator (or the Camp Management Committee in the Muslim camps) then verified at a healthcare facility. The notification of live birth is required in order for a birth certificate to be issued.

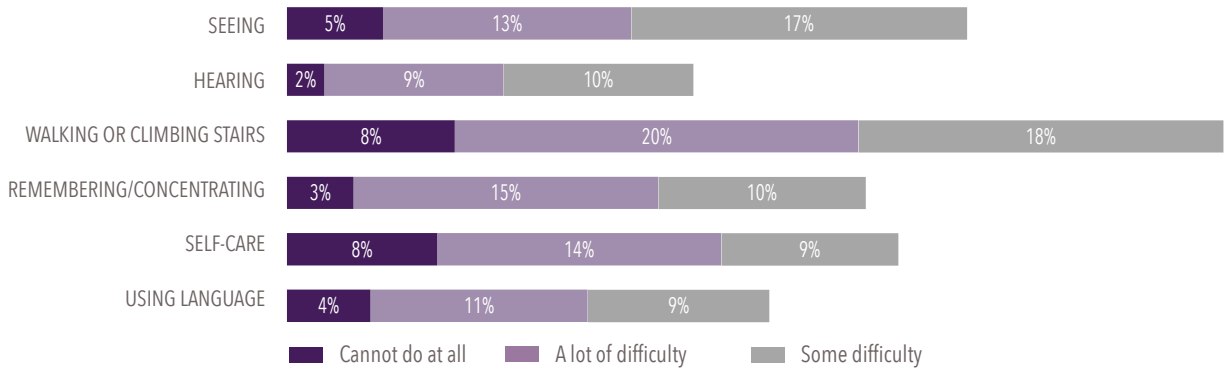
** The household list names each member of the family and their date of birth. All people in Myanmar are supposed to be on a household list and is the basis for obtaining many key documents in the national legal framework. For example, registration in the household list is a prerequisite for the issuing of identity documents, enrolment in Governmental schools, and obtaining permission to marry or own a house/land. It is also highly correlated with displaced people being able to access temporary shelter units in the Muslim camps. Birth certificates are required in order to add a person to a household list. See UNHCR. Study on Community Perceptions of Citizenship, Documentation and Rights in Rakhine State. Available at: http://themimu.info/sites/themimu.info/files/assessment_file_attachments/Community_Perceptions_FINAL.PDF. 2016.

Disability*

In terms of disability, an estimated 2.9 per cent or approximately 2,400 people from the Muslim camps were reported to be disabled. This was considerably higher than in Muslim villages (2.5 per cent), Rakhine villages (1.5 per cent) and Rakhine relocated sites (1.4 per cent). Similarly the prevalence of people with a severe impairment** was highest in the Muslim camps (1.58 per cent; approximately 1,550 people) followed by Muslim villages (1.3 per cent), Rakhine relocated sites (0.6 per cent) and Rakhine villages (0.8 per cent).

At first glance, when compared with the census findings for national rates of people with a disability (4.6 per cent) and severe impairment (1.1 per cent),[10] the Muslim and Rakhine target populations covered by the profiling exercise appear to rate favourably. However, as the census findings show, rates of disability in Myanmar start to rise after age 40 years. By 50 years nearly 10 per cent of people have a disability, this rises to about 20 per cent by 65 years and 40 per cent by 80 years. The significantly older age structure of the Myanmar population in general, therefore, tends to result in a higher average rate of disability. In the 10 to 39 age range, an estimated 0.69 per cent of the population in Muslim camps have a disability. This is significantly higher than the national average for this age bracket of 0.49 per cent.[11] Among the Muslim camps, there tends to be a higher rate of youth and working aged adults with severe impairments.

Figure 33: Disability in Muslim camps by type of disability and severity



* The 2014 national census and the profiling exercise both gathered information about disability using the same basic Washington Group Criteria. While the profiling exercise used all six of the basic questions with follow-up questions about severity, the census only used four of the six questions, excluding the questions on self-care and communication. For this reason, the national census most likely under-estimated the proportion of people with disabilities. A direct comparison of the average proportion of people with disabilities between Muslim camps and the national average tends to gives a distorted representation of disability in the camps. The rate of people defined as having a disability based on the Myanmar census remains between 0.47 and 0.57 per cent of the population for all 5-year age brackets between 5 and 39 years. After 40 years, the percentage of people in Myanmar with a severe disability starts to rise: nearly 10 per cent of people aged 50 have a disability, rising to 20 per cent by 65 years and 40 per cent by 80 years old. When combined with the significantly older age structure in Myanmar on average, this inflates the overall rate of disability. For more information see Khaing Khaint Soe. 'Disability Statistics in Myanmar: Highlight from the 2014 Population and Housing Census'. Available at: https://unstats.un.org/unsd/statcom/48th-session/side-events/documents/20170309-2L-Khaing-Khaing-Soe.pdf. 2017.

** Reported "could not do at all" or had "a lot of difficulties" to at least one of the six categories of the Washington Group short set of questions to assess the type and severity of the disability.

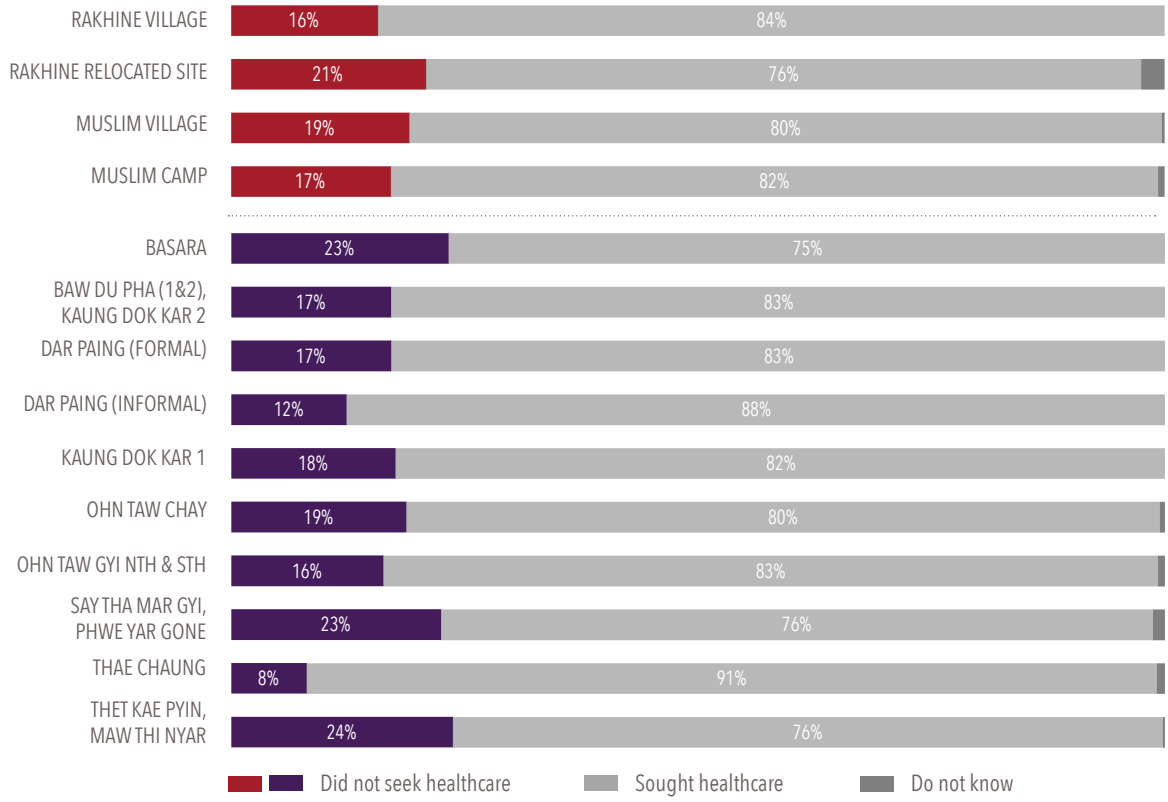
Of those reported as having disabilities from the Muslim camps, the most frequent severe functional impairment was related to self-care (25 per cent, estimated 182 people), followed by mobility (18 per cent, estimated 204 people), communicating (17 per cent, estimated 101 people), seeing (14 per cent, estimated 116 people), remembering (12 per cent, estimated 81 people), and hearing (9 per cent, estimated 45 people). The sample sizes were not large enough to make similar calculations for people with severe impairments from the Rakhine villages, Rakhine relocated sites or Muslim villages.

It should be noted that the basic Washington Group criteria questions used in both the household survey and the national census do not fully cover psychological and social disabilities.[12] Moreover, disability in general and psychological disabilities in particular are often under-reported due to often low levels of awareness as well as social stigma. A psychosocial assessment conducted of the Sittwe Muslim camps and Rakhine relocated sites pointed to significant psychosocial needs among both populations.[13] The assessment also identified the following key factors that were affecting psychosocial wellbeing: insufficient food, lack of employment opportunities, limited access to basic services, restrictions on freedom of movement, lack of personal space, breakdown of social and support networks, and the scarcity of fuel such as firewood.[14]

Table 6: Estimated people with disabilities

Camp	Seeing	Hearing	Mobility	Remembering	Self-care	Communicating	Total
BASARA	16	19	32	28	29	26	72
BAW DU PHA (1&2), KAUNG DOK KAR 2	90	68	166	75	105	45	331
DAR PAING	63	38	126	100	80	71	268
KAUNG DOK KAR 1	32	25	33	33	25	21	77
OHN TAW CHAY	25	18	27	13	16	18	74
OHN TAW GYI NORTH AND SOUTH	267	144	256	167	111	189	667
SAY THA MAR GYI, PHWE YAR GONE	133	95	221	120	158	82	417
THAE CHAUNG	97	35	128	82	109	62	276
THET KAE PYIN, MAW THI NYAR	101	51	145	82	107	70	228
MUSLIM CAMP TOTAL	824	493	1,134	700	740	584	2,410

Figure 34: Seeking healthcare of serious health issue in past 6 months (by households)



Health-seeking behaviour

Of households in which at least one person was reported to have experienced a serious health issue in the past six months, over 75 per cent of households in all target populations sought some form of healthcare. Seeking healthcare was more frequent among the Rakhine villages (84 per cent) and Muslim camps (82 per cent), and least among the Rakhine relocated sites (76 per cent). Within the Muslim camps, higher rates of healthcare seeking in Thae Chaung and Dar Paing may be explained, at least in part, by their proximity to higher-level healthcare facilities. The lower rate of health-seeking in Thet Kae Pyin/Maw Thi Nyar is more difficult to explain given their proximity to the Observation Centre. One focus group discussion suggested that this may be due to the lack of a lower-level camp clinic in Thet Kae Pyin, however more follow-up is required.

Both Rakhine and Muslim populations showed a tendency to go directly to the peak health facility available for serious health issues: for the Rakhine this was Sittwe General Hospital and in the Sittwe rural camp area it was the Thet Kae Pyin Observation Centre. The first place of consultation for close to 60 per cent of Rakhine households that experienced a serious health issue was Sittwe General Hospital. Only a small minority from Muslim villages and camps went directly to Sittwe General Hospital (4 per cent; 1 per cent). On average, those households from Muslim villages that went directly to Sittwe General Hospital tended to have higher household incomes, be less food insecure and have higher rates of monthly expenditure compared with the Muslim village average. From the Muslim camps, nearly a quarter of

Figure 35: Place of first health consult for serious health issues

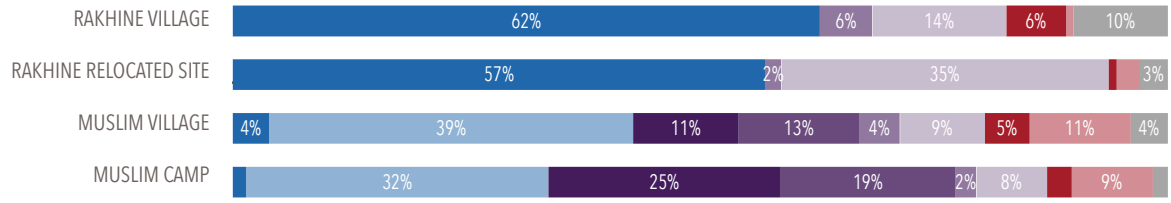
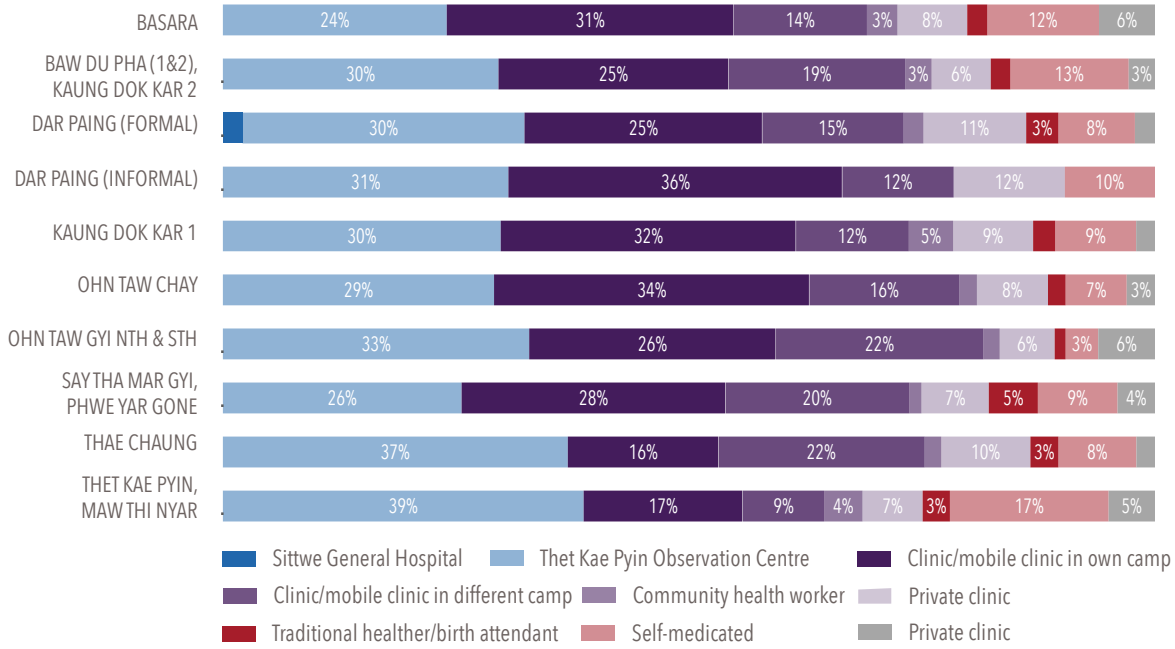


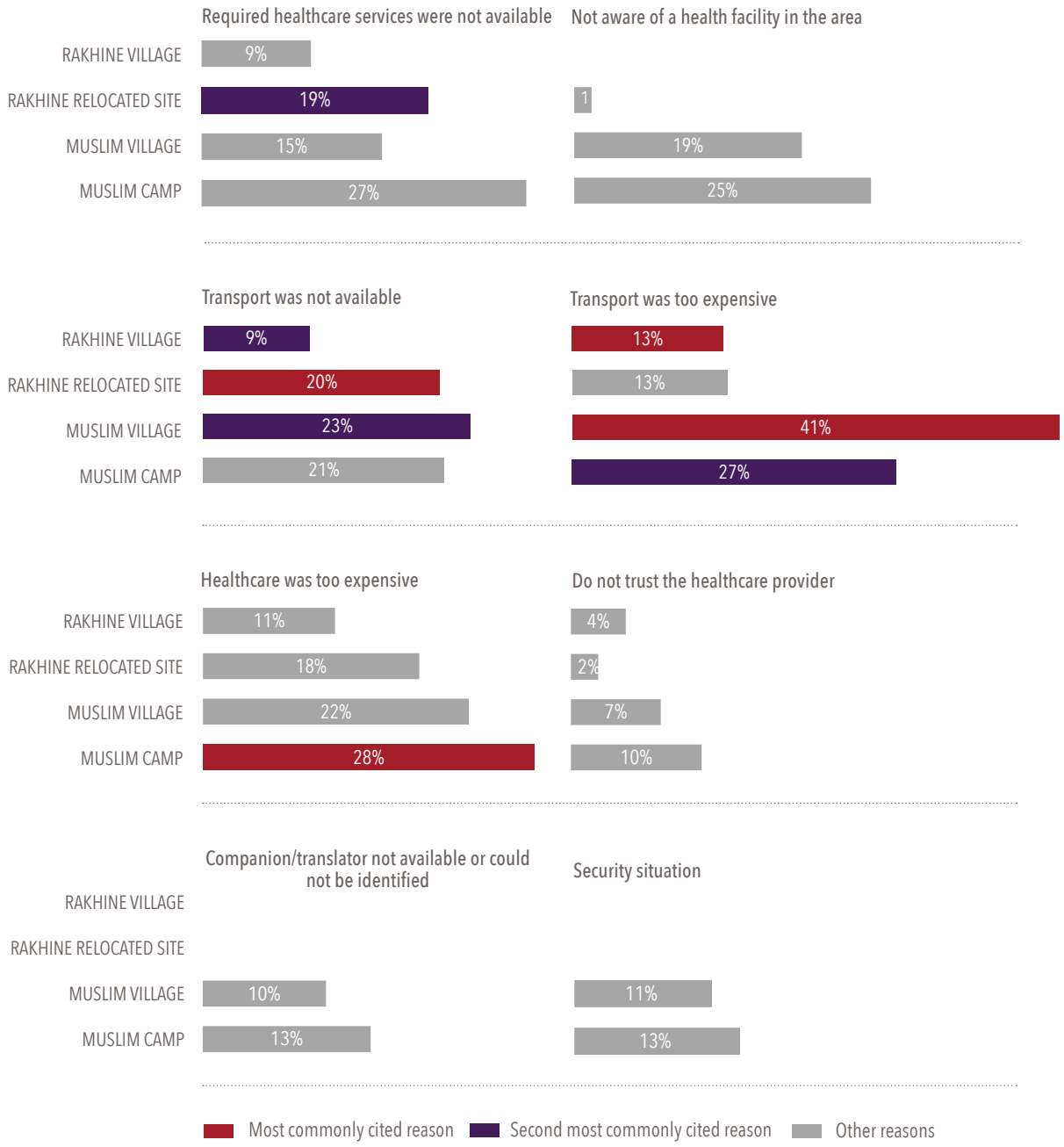
Figure 36: Place of first health consult for serious health issues



those that were able to access Sittwe General Hospital had at least one household member with a severe impairment and all were from Dar Paing Camp. Information was not gathered on whether these cases referred to emergency medical referrals or to non-emergency, outpatient department consultations. For Muslim villages, geographical distance to Sittwe General Hospital was not taken into consideration.

The most commonly cited place for Muslims to initially consult was the Thet Kae Pyin Observation Centre (39 per cent from villages; 32 per cent from camps). This was more common among the closer camps of Thae Chaung (37 per cent) and Thet Kae Pyin/Maw Thi Nyar (39 per cent), and less common among more distant camps such as Basara (24 per cent), Say Tha Mar Gyi/Phwe Yar Gone (26 per cent) and Ohn Taw Chay (29 per cent). Reasons mentioned for why people go directly to Thet Kae Pyin Observation Centre include: longer opening hours, shorter waiting times, high quality service, better quality medicines and trained midwives available. On average, households that went directly to Thet Kae Pyin had lower rates of food insecurity and higher monthly expenditure compared with the Muslim camp average, however, a large proportion of households were also less well off.

Figure 37: Reasons for not seeking healthcare (by population group)



	Not seeking healthcare for serious health issues	Sample size of those giving reasons for not seeking healthcare
Rakhine villages	16%	55
Rakhine relocated camps	21%	69
Muslim villages	19%	122
Muslim camps	17%	580

Clinics in the same camp were the second most frequently cited healthcare providers of first resort in the Muslim camps followed by clinics in another camp (25 per cent; 19 per cent). Households from the Dar Paing makeshift shelters were the most likely to visit a clinic in their own camp (36 per cent) followed by Ohn Taw Chay (34 per cent) and Kaung Dok Kar 1 (32 per cent). Private clinics were more frequently cited in the Rakhine relocated sites (35 per cent) and Rakhine villages (15 per cent) than in the Muslim camps and villages (less than 10 per cent).

The most commonly cited reason why households did not seek healthcare for serious health issues was the costs involved (28 per cent for Muslim camps, 22 per cent for Muslim villages, 16 per cent for Rakhine relocated sites, zero per cent for Rakhine villages). While consultations are free for both Muslims and Rakhines at facilities operated by the Government and the humanitarian community, households often have difficulties covering the additional costs associated with healthcare. These include: medication, caregivers, transport, informal payments, communication costs (including phone bills) and translator fees (approximately 3,000 to 4,000 MMK in the camps). Half of the households surveyed from the Muslim camps and villages spent more than 10,000 MMK on healthcare in the past month. This was higher among households from Rakhine relocated sites (15,000 MMK) and Rakhine villages (20,000 MMK). More than three-quarters of households across all target populations—and as high as 93 per cent of Muslim households—experienced difficulties paying for healthcare expenses in the past six months. Healthcare expenses was also the second most commonly cited reason for taking out debt after food across all target populations.

Among the Muslim villages the most frequently cited reason for not seeking healthcare was that they could not afford the transport (41 per cent), this was also high among people from the Muslim camps (27 per cent). About another 20 per cent from both Muslim target populations mentioned that "transport was not available". Some Muslim households mentioned "security issues" as a reason. Follow-up discussions with enumerators indicate that this referred to security-related measures such as check-points rather than direct security threats. Enumerators also indicated that most respondents who mentioned that they were "not aware of a health facility in the area" were referring to specialised services that may only be available at Sittwe General Hospital or elsewhere in Myanmar. Virtually all of the respondents who mentioned the unavailability of required services as a reason for not seeking healthcare had at least one household member with a disability (92 per cent). This indicates a shortage of specialised health services especially for people with disabilities among both Rakhine and Muslim populations in Sittwe Township.

Referrals to higher health facilities

Nearly half of those who sought healthcare for a serious health issue mentioned that the case was referred to a higher healthcare facility. This equates to an estimated 2,600 households from the camps that had at least one health referral in the past six months. For respondents from the Muslim camps, the health facilities that most frequently referred on cases were private clinics (71 per cent of who consulted first at private clinics were referred to a higher health facility), followed by traditional healers or birth attendants (61 per cent), a clinic/mobile clinic in their own camp (58 per cent), Thet Kae Pyin Observation Centre (53 per cent), a clinic/mobile clinic in a different camp (44 per cent) and community healthcare workers (37 per cent). Of these, referrals from private clinics were the most likely to be followed (96

Figure 38: Healthcare referrals to higher facility

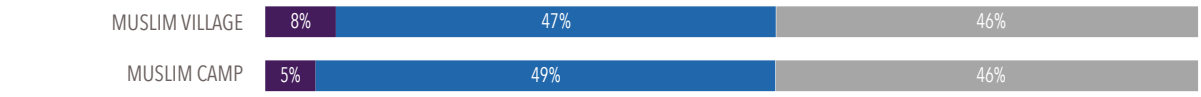
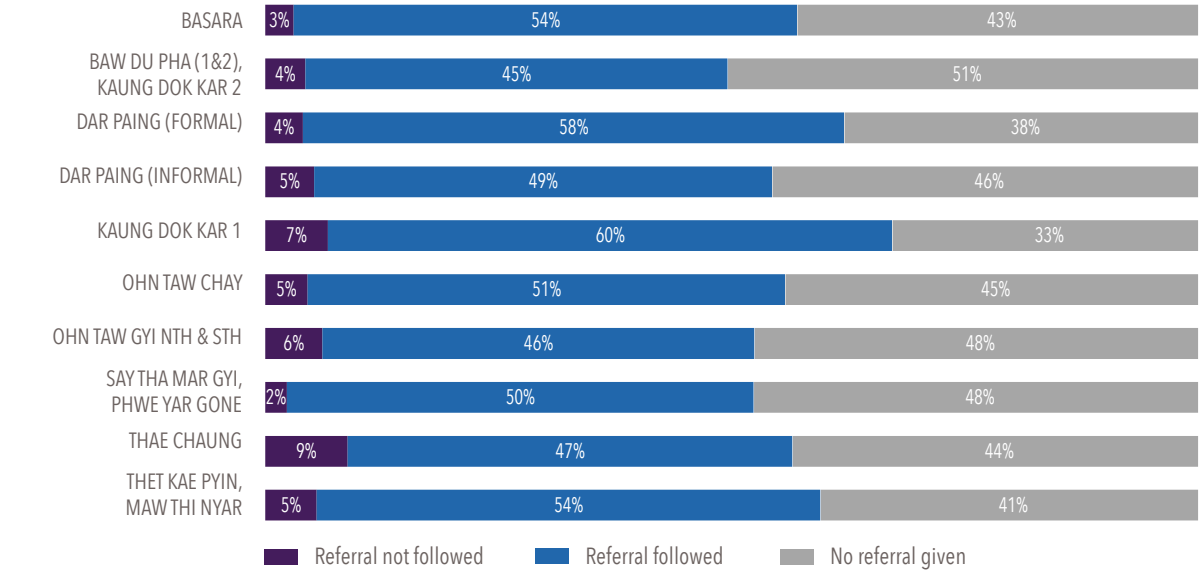


Figure 39: Healthcare referrals to higher facility



per cent), followed by camp clinics in their own camp (93 per cent), clinics in a different camp (91 per cent), Thet Kae Pyin Observation Centre (89 per cent) and community healthcare workers (81 per cent). Referrals from traditional healers or traditional birth attendants were the least likely to be followed (68 per cent).

The main reasons for not following referrals in the Muslim camps were that: they could not afford transport (56 per cent), transport was not available (42 per cent), required health services were not available (33 per cent), health services were too expensive (29 per cent), companion/translator was not available or could not be identified (26 per cent). Four respondents reported that they did not follow the health referral because they did not trust the healthcare provider and 2 reported that that they feared that the body would not be returned within 24 hours or at all if the patient died (as required by Muslim burial practices).

EMPLOYMENT

- 85 per cent of working-aged Rakhine males were participating in the labour force, this was lower among Muslim villages (74 per cent) and Muslim camps (66 per cent). Approximately 44 per cent of working-aged Rakhine females were participating in the labour force compared with less than 15 per cent of Muslim females.
- The proportion of people in salaried employment was significantly less than the national average for all target populations, and less than half the national average for Muslims.
- Business ownership was less than ten per cent for all target populations and lowest in the Muslim camps (3 per cent). This compares with 22 per cent of Muslim camp households reported to have owned a business or trade stall before displacement.
- Fishing is a key source of employment especially for men from Rakhine villages and Muslim camps of Baw Du Pha 1, Thae Chaung and Ohn Taw Chay.
- People currently living in Muslim camps reported that they had collectively abandoned approximately 58,900 small ruminants and 13,900 large ruminants at the time of displacement. Less than one per cent of households in the camps currently own livestock.
- Few people in the Muslim camps use their job skills from before displacement, those that work in the same sector earn much less for the same work.
- A lack of start-up capital and movement restrictions were key factors limiting job growth in the camps.

EMPLOYMENT

Labour force participation

Labour force participation* rates for working-aged males (18 to 59 years) were markedly lower among the Muslim target populations—66 per cent for camps and 74 per cent for villages—compared with both Rakhine target populations surveyed—85 per cent for villages and 83 per cent for relocated sites. This compares with the national average of 80 per cent.[1] Across all target populations there was a large gender divide in terms of labour force participation; but this was far more pronounced among Muslim target populations. Of females of working age, 43 per cent from Rakhine villages and 44 per cent from

Figure 40: Occupation status in the past 30 days (males)

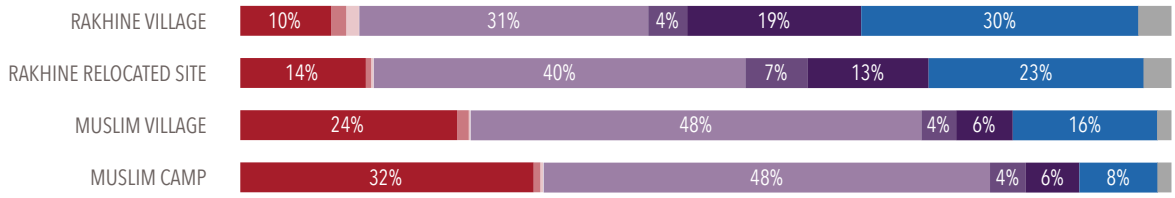
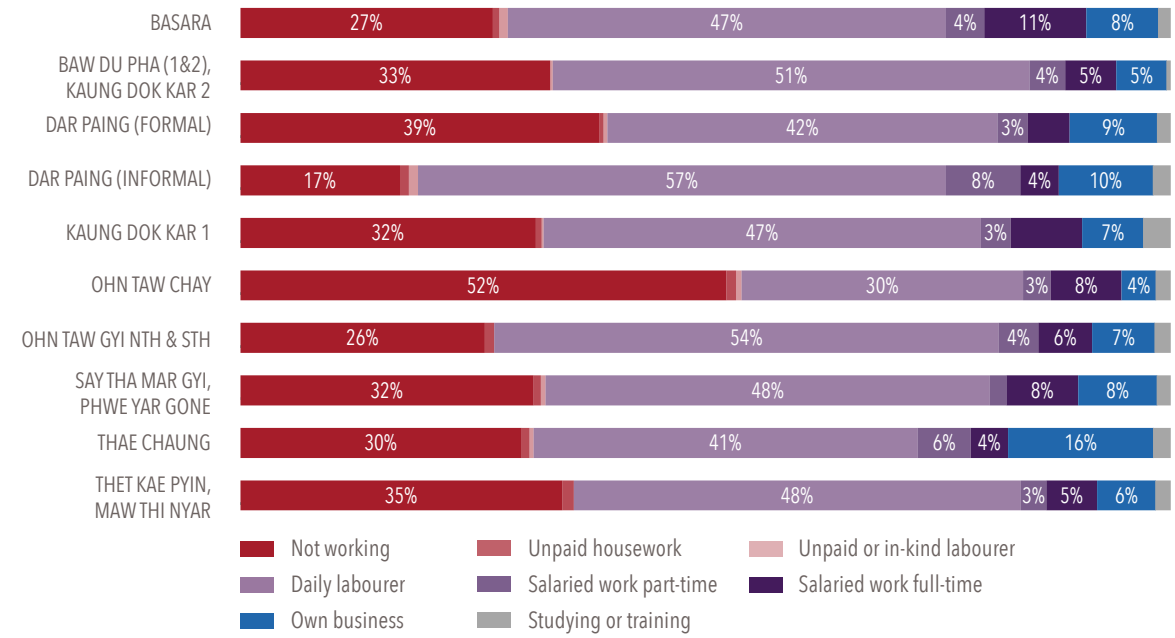


Figure 41: Occupation status in the past 30 days (males)



* Labour force participation is based on those persons who were reported to be working as daily labourers, those who owned their own business as well as those in salaried part-time and full-time positions.

Rakhine relocated sites were participating in the labour force compared with the national average of 52 per cent.[2] Female labour force participation rates for Muslim villages stood at less than one-fifth of the national average at just 10 per cent. Participation was slightly higher among females from the Muslim camps at 15 per cent. Ohn Taw Chay Camp had a significantly lower percentage of people participating in the labour force (45 per cent for males and 4 per cent for females).

The proportion of working males and females in salaried employment was significantly less than the national average of 38.5 per cent[3] for Rakhine target populations (village: 27 per cent male, 29 per cent female; relocated sites: 24 per cent male, 27 per cent female). The proportion of working people in salaried employment was lower still among the Muslim target populations (village: 13 per cent male, 7 per cent female; camps: 15 per cent male, 18 per cent female). While the proportion of salaried employees is higher among females in the Muslim camps, this is offset by the very low rates of labour force participation for this particular demographic.

In all target populations, the reasons respondents gave for adults not participating in the labour force were markedly different for males and females. The vast majority of females of working age outside the labour force (approximately 90 per cent of all target populations) were occupied with housework or family responsibilities. The other main reasons for females not working were illness and old age/

Figure 42: Occupation status in the past 30 days (females)

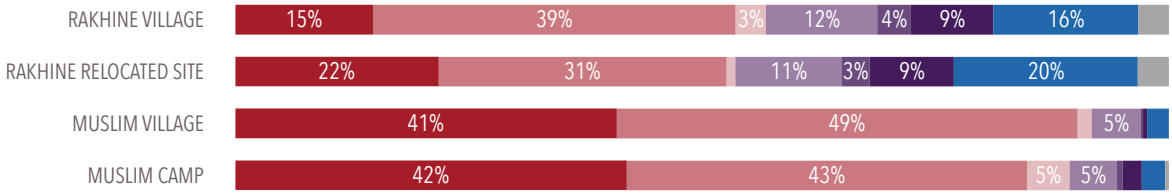
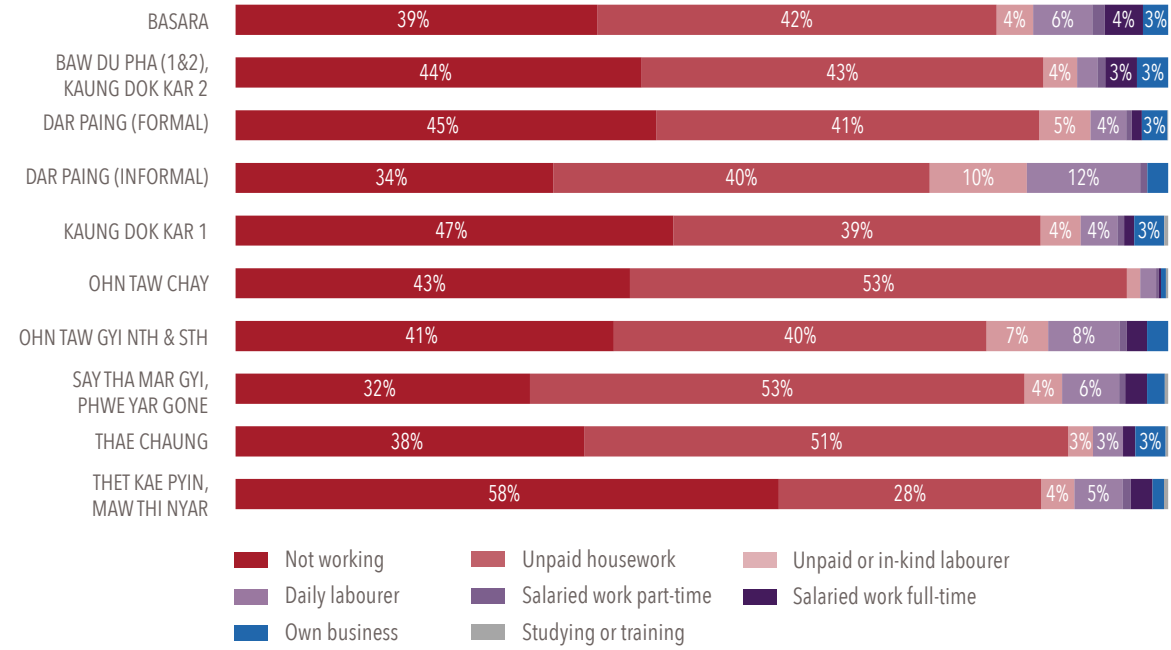


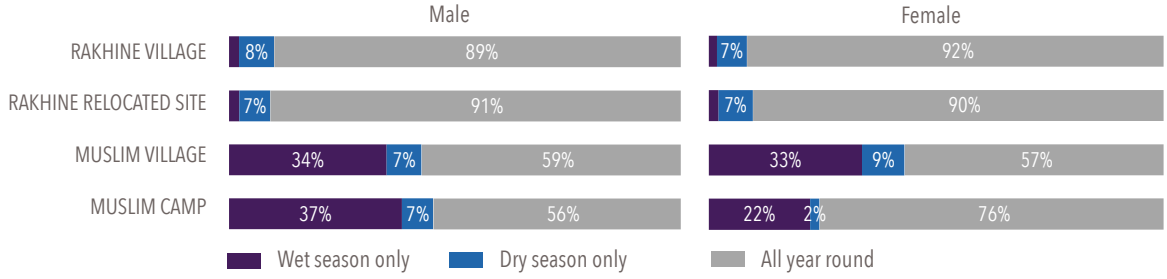
Figure 43: Occupation status in the past 30 days (females)



retirement. The proportion of males outside the labour force because of household duties was much lower among Muslim target populations (10 per cent) and Rakhine target populations (16 per cent relocated sites; 27 per cent villages). The main reason given for why adult males from the Muslim camps and villages were not working was because work was not available (47 per cent; 39 per cent) compared with less than 10 per cent for both Rakhine target populations.* Other commonly cited reasons included old age, illness/injury and training. The rate of working-aged males studying or training was much higher among Rakhine villages (31 per cent) and relocated sites (19 per cent) compared with 10 per cent for both Muslim populations.

Across Rakhine State, the population is heavily dependent on fishing (26 per cent) and agricultural daily labour (26 per cent) as the main sources of income.[5] The agricultural sector hires the most casual labourers during the harvest season and during the rainy season to prepare the land. In addition, an estimated 15 per cent of income sources come from small non-agricultural businesses.[6] In the Sittwe rural camps, as across Rakhine, fishing is an important source of income. While daily labour is the most common form of employment in the camps, few people work exclusively in the agricultural sector due to challenges accessing land. A more detailed analysis of the profiling exercise findings for key work sectors is provided below.

Figure 44: Seasons worked in past year (of currently working)



* The exact answer given from a list was that "working conditions were not acceptable". However, follow-up questions with enumerators indicated that this was understood as work was not available.

Figure 45: Sector of employment in past 30 days of those in labour force (18 to 59 years)

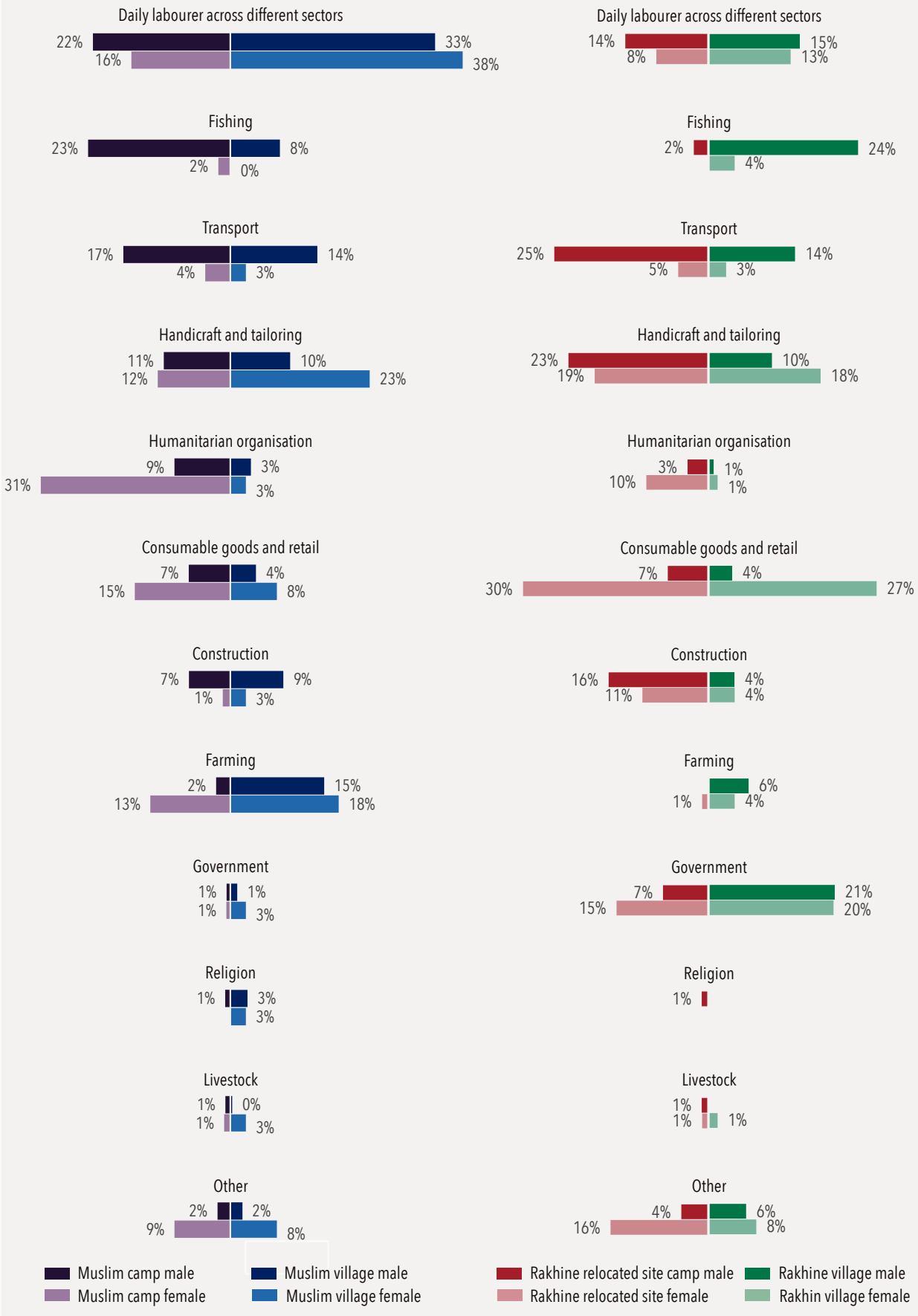


Figure 46: Male work sector (of currently working)

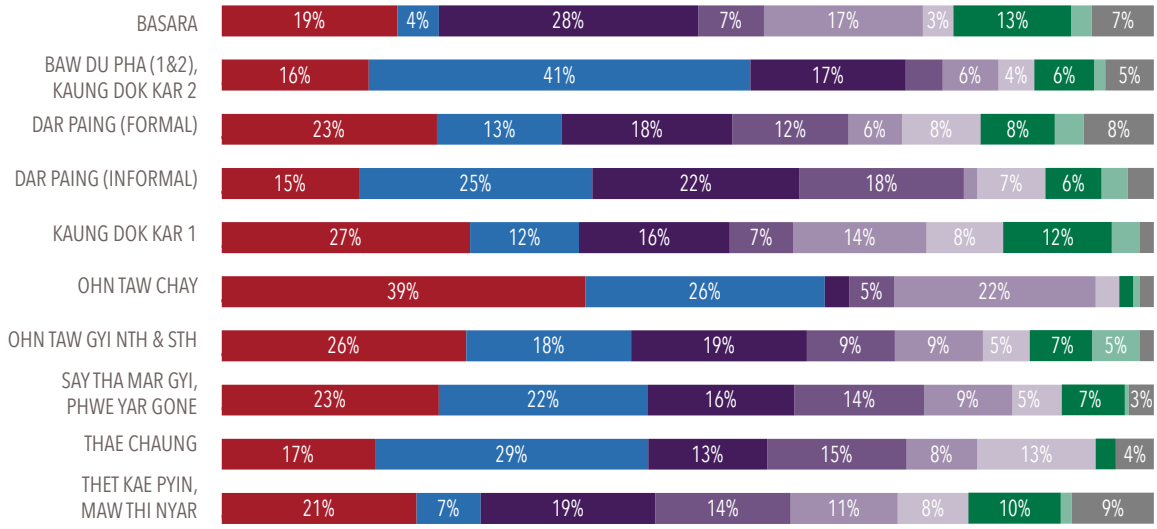


Figure 47: Female work sector (of currently working)

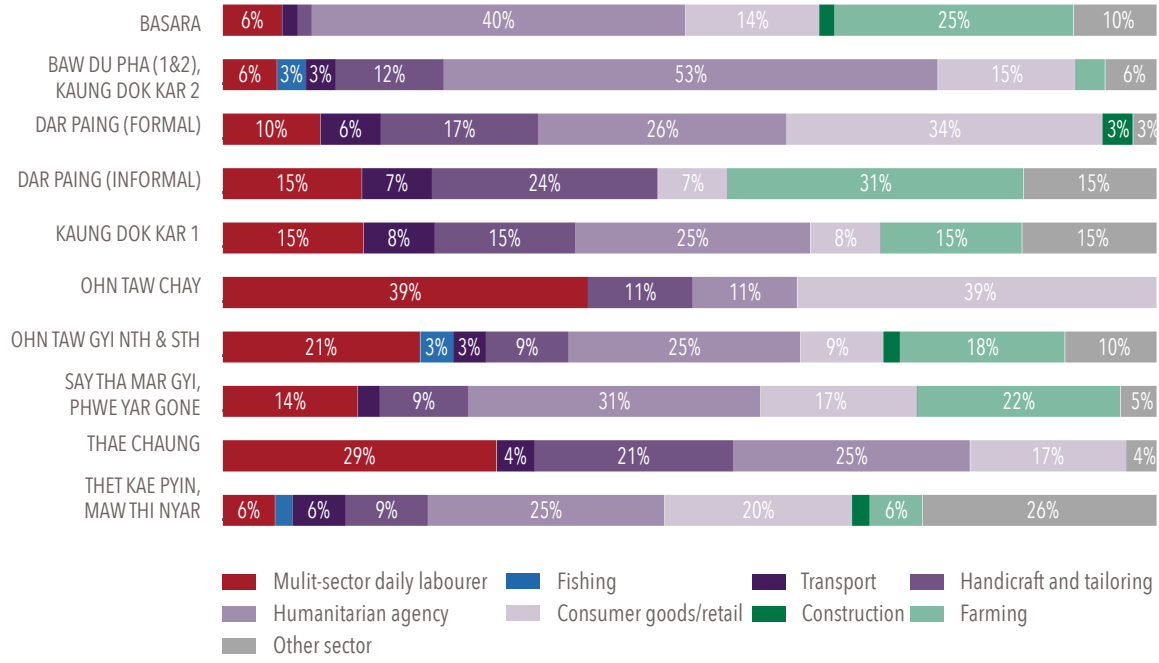


Figure 48: Employment sector before 2012 crisis and at present (of currently working males)

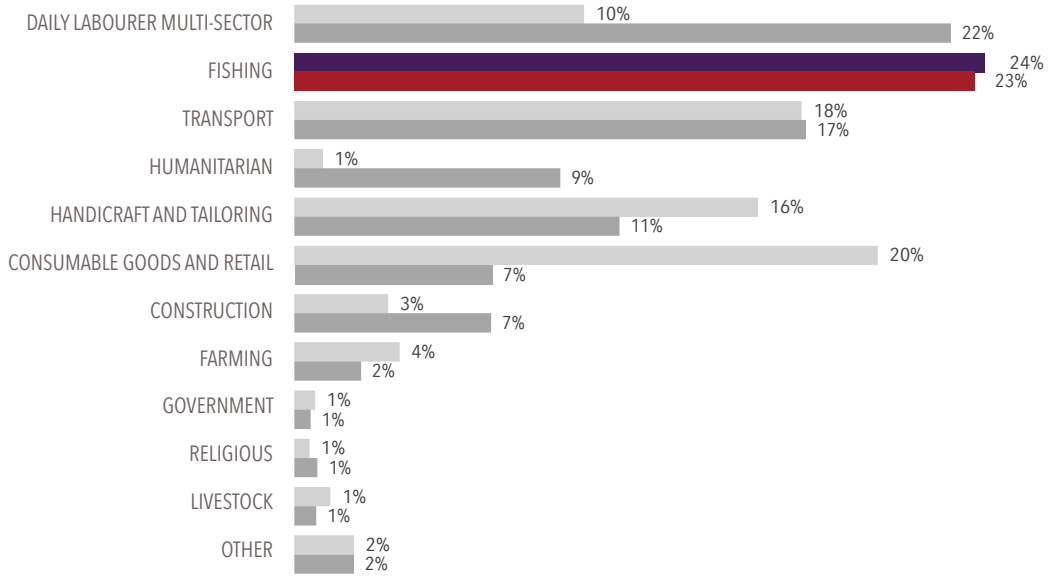
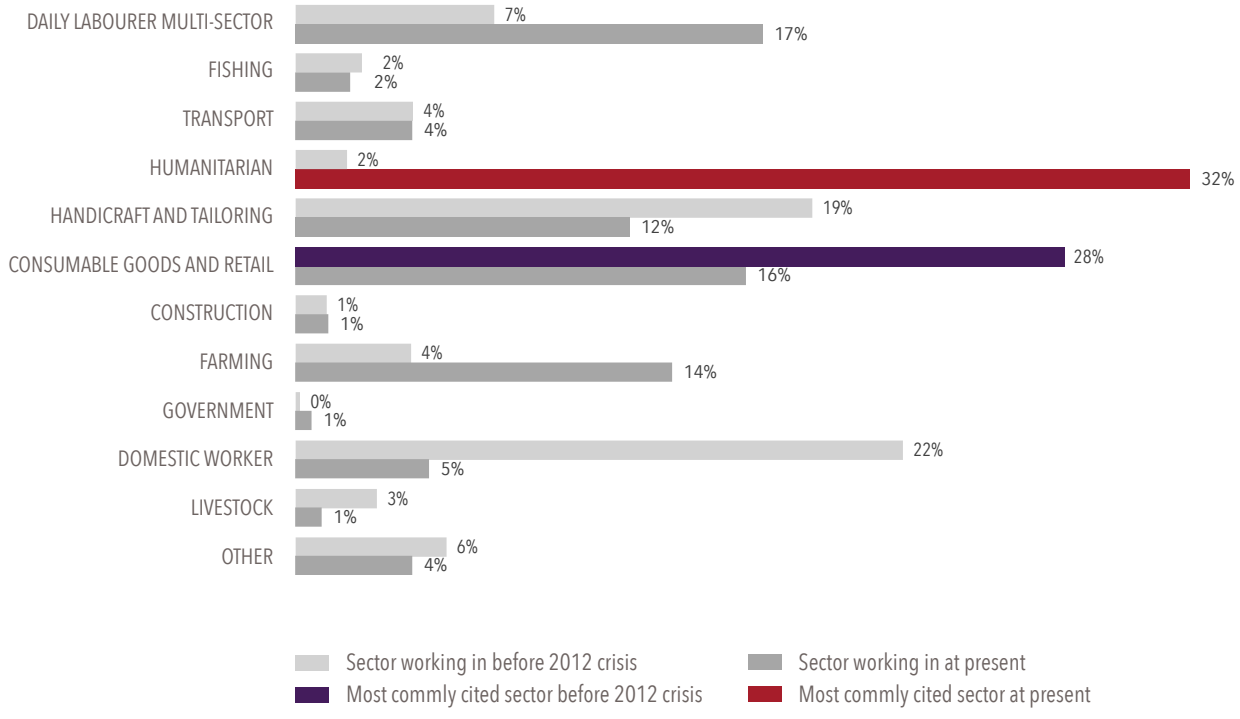


Figure 49: Employment sector before 2012 crisis and at present (of currenly working females)



Working as a daily labourer in the Sittwe rural camps

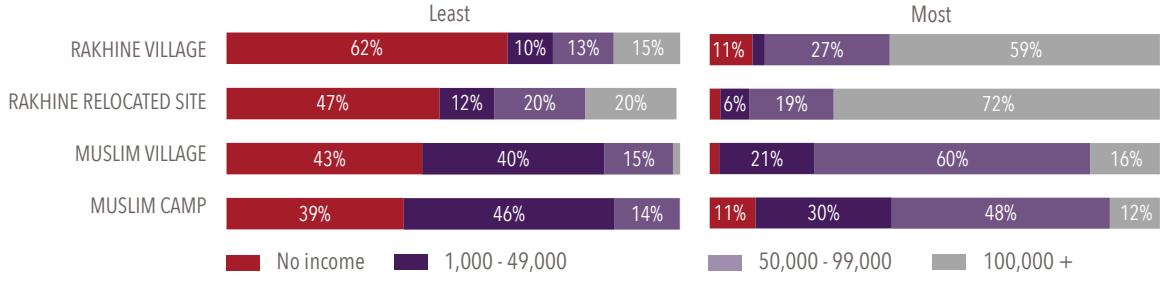
The most common form of employment across all male target populations and both Muslim female target populations surveyed was daily labour. Daily labour was defined by camp residents as work that changes regularly, that is informal and ad hoc with the type of work conducted changing frequently.

Most daily labourers work across different sectors depending on the availability of work and the season. Focus group participants indicated that the most common sectors worked by daily labourers were construction (including digging, masonry, carpentry), transport (rickshaw drivers), fishing (including carrying fish and helping on boats), brick kilns, masonry/carpentry and farming. One daily labourer reported that during the winter he grows vegetables, in summer he drives a trishaw and during the wet season he plants rice. Changing between different sectors on a seasonal or even daily basis is the norm. Muslim daily labourers were much less likely to be employed year-round compared with daily labourers from Rakhine target populations (56 per cent Muslim camps; 54 per cent Muslim villages; 87 per cent Rakhine relocated sites; 86 per cent Rakhine villages). Meanwhile, daily labourers in the Muslim camps were less likely to be employed year-round compared with most other work sectors (56 per cent for daily labourers compared with: 100 per cent in Government; 95 per cent in humanitarian organisations; 56 per cent in transport; 62 per cent in handicrafts; 33 per cent in fishing; and 0 per cent in farming)

Daily labourers from the Muslim camps felt there was less diversity of daily labour work opportunities available compared with before the 2012 crisis and in comparison with the Muslim villages. Several improvements in the availability of work were noted compared with 2016, these include opportunities stemming from increased commercial activity, a rise in latrine construction and more road works. However, the legal requirements for fishing were perceived by daily labourers as having constrained their work opportunities in this sector.

Daily labourers primarily approached potential employers directly to find work and were rarely approached with work opportunities. To find work, most daily labourers first looked for opportunities in their own camp. If there was no work available, they would then try other camps especially market hubs such as Thet Kae Pyin. Long-term contracts were rare with most hired and paid on a daily basis. As a result, daily labourers often lack job security and are particularly vulnerable to changes in the camps including increases or decreases in the number of infrastructure projects.

Figure 50: Daily labourer monthly income in past 6 months



In most cases, daily labourers were paid in cash while in approximately 10 per cent of cases they were exclusively unpaid or paid in-kind. Monthly incomes vary significantly due to the season-specific and informal nature of the work. In a good month, about two-thirds of Rakhine daily labourers earnt 100,000 MMK or more compared with only 16 per cent from Muslim villages and 12 per cent from Muslim camps. Around half the Muslim daily labourers were earning between 50,000 MMK and 99,000 MMK per month. The average monthly income* for daily labourers was roughly 60,000 MMK in the Muslim camps (64,000 MMK for males; 48,000 MMK for females), 90,000 MMK in Muslim villages (93,000 MMK for males; 82,000 MMK for females), 240,000 MMK in Rakhine relocated sites (227,000 MMK for males; 265,000 MMK for females) and 150,000 MMK in Rakhine villages (155,000 MMK for males; 139,000 MMK for females) compared with the national monthly average for daily labourers of 121,000 MMK.[7] The profiling exercise does not shed light on whether this disparity in monthly income is due to gender differences in pay or to the number of days worked per month. While Rakhine daily labourers were more likely to earn much higher incomes, they were also more likely to go for months without an income. The high rates of daily labourers who earnt zero income for one of the past six months underscores the instability of this form of work across all target populations.

The majority of people working as daily labourers in the Muslim camps who were of working age before 2012 worked in different sectors before displacement (87 per cent). These more common sectors included: fishing (23 per cent), transport (18 per cent), handicraft and tailoring (15 per cent) and consumable goods and retail (13 per cent). All of the daily labourers that participated in focus group discussions would prefer to work in a different type of work. Most wanted to open shops, one participant wanted to work in the fishing sector and another wanted to start a poultry farm.

Owning a business

Rakhine males, and to a lesser extent, females, were more likely to own a business than Muslim males and females. Meanwhile, people from villages were more likely to own a business than people living in camps (3 per cent from Rakhine relocated sites and Muslim camps; 4 per cent from Muslim villages; 7 per cent from Rakhine villages). The rate of business ownership was particularly low among working-aged males and females from Muslim camps (8 per cent; 2 per cent). Businesses in the Muslim camps often involved small shops selling basic foodstuffs, medicines and basic household items; teashops were also common. There is a greater variety of businesses in the market hubs of Thet Kae Pyin and Thae Chaung. In addition, foodstuffs and goods (such as handicrafts) that are produced in the Sittwe markets are frequently sold at the Sittwe downtown market through intermediaries.

While 22 per cent of Muslim households owned a business or trade stall before displacement, only 3 per cent of households owned a business or trade stall at the time of the survey. Rates of pre-displacement business ownership were highest among people currently living in Kaung Dok Kar 1 (33 per cent), Thet Kae Pyin/Maw Thi Nyar (32 per cent) and Thae Chaung (29 per cent). Current rates of business ownership

* All people that were reported to be employed at the time of the survey were asked their highest monthly salary and their lowest monthly salary in the past six months. The average monthly income was taken as the average of these two figures.

were highest in Thae Chaung (6 per cent).* Less than one per cent of households that owned a business or trade stall before 2012 had sold it in the period since. This shift from business ownership was also reflected in the sector people were working in: of people currently participating in the labour force, 20 per cent of males and 28 per cent of females were working in consumer goods and retail before displacement, compared with current rates of 7 per cent and 16 per cent respectively. A lack of start-up capital was commonly cited as a key reason for people not starting up their own businesses.

* Given the size of the Thae Chaung market, labour force participation in the camp might have expected to have been higher. Focus group participant suggested that this was because many of the markets and business stalls in Thae Chaung are tightly controlled by the host community.

A man with dried fish in Onn Taw Gyi South IDP Camp (Photo: OCHA/H.Lat)

Fishing sector

Fishing is a key source of employment especially for men from Muslim camps and from Rakhine villages. Unlike most foodstuffs, Sittwe rural area was reported to be a net producer of fish with much of it going to Sittwe market.

Fishing is the largest sector of employment for working males from Baw Du Pha 1 (59 per cent), Thae Chaung (29 per cent) and Ohn Taw Chay (26 per cent). Much of the fishing activity is centred on Thae Chaung where the main port in the area is located. Focus group participants mentioned that men from Baw Du Pha 1 often move to Thae Chaung for the fishing season. Most people working in the fishing sector from Ohn Taw Chay and Baw Du Pha 1 were working in the fishing sector before displacement. These two camps also had the highest proportion of households that abandoned boats at the time of displacement (35 per cent of households from Ohn Taw Chay and 30 per cent in Baw Du Pha 1). Several focus group discussion participants noted income losses in the past year due to legal requirements* and temporary restrictions on fishing.**

At the time of displacement, an estimated 1,760 households from the Muslim camps abandoned at least one boat that they owned. Most of these households now live in Baw Du Pha 1, Ohn Taw Gyi North and South, Ohn Taw Chay and Thae Chaung. Less than 3 per cent of households—almost exclusively from Ohn Taw Chay—were reported to currently own boats. Focus group participants reported that the large fishing boats in Thae Chaung are generally owned by wealthy members of the host community. The camp population rarely own boats; when they do these tend to be small vessels. The proportion of people reporting to own fishing rights or a prawn pond was much higher among the Rakhine villages (7 per cent), compared with the Muslim camps (1.2 per cent), Muslim villages (1.5 per cent) and Rakhine relocated sites (0.3 per cent). Of those reporting to own fishing rights or a prawn pond, most stated that that had documentation to prove ownership (57 per cent among Muslim camps and 54 per cent among Rakhine villages) and in virtually all of these households, a member of the household reportedly had the documentation issued or officially validated by the Government.***

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* In Myanmar, it is a legal requirement that all people engaged in fishing activities on rivers, and in both shore and offshore marine areas, obtain a license from the Department for Fishery within the Myanmar Marine Fisheries Waters. For the license to be issued, the applicant needs to pay a fee and provide some form of civil documentation. It is understood the license is only required by the captain or owner of the boat. For more information, see: Myanmar State Law and Order Restoration Council. The Myanmar Marine Fisheries Law. The State Law and Order Restoration Council Law No. 9/94. Available at https://www.unodc.org/res/cld/document/the-myanmar-marine-fisheries-law_html/Marine_Fisheries_Law_1990.pdf. 1990.

** Following the insurgency attacks and military response in October 2016, a temporary ban was imposed on fishing for a period of approximately one month.

*** The number of respondents from Muslim villages and Rakhine relocated sites reporting to own fishing rights or a prawn pond was too low to further disaggregate this data.

Farming

The profiling exercise found that households in the villages are far more likely to own land from which income can be generated (15 per cent in Rakhine villages; 11 per cent in Muslim villages) than people in camps or relocated sites (0.2 per cent; 2 per cent).* Given their better access to land, it is perhaps unsurprising that farming is significantly more common among people from villages compared with the camps. In total, 15 per cent of working males and 18 per cent of working females from Muslim villages were occupied with farming. This compared with less than 1 per cent from Rakhine relocated sites and 4 per cent from Muslim camps. The sample of people surveyed from Rakhine village was taken from a cross-section from rural and urban sites, this may help to explain the lower rates of people engaged in farming compared to the predominantly rural Muslim villages sampled (6 per cent of females; 4 per cent of males). Of those engaged in farming from the Muslim camps, the majority (53 per cent) were living in either Ohn Taw Gyi North or Ohn Taw Gyi South. All of these people were working as daily labourers; either for landowners from the village or, in a few cases, renting land to farm from landowners living in nearby host villages.

In addition to having very limited access to land for farming, less than one per cent of the households in the camps have key agricultural inputs such as seed stock and less than 0.05 per cent had a plough or farming machinery. The lack of land and agricultural inputs required for farming almost entirely cuts off access to an important source of pre-displacement food and livelihoods.**

Livestock

Livestock is an important source of income and livelihoods for many households in Rakhine State. It provides an important source of protein-rich food, and supplies subsistence and cash income for many families. People currently living in Muslim camps reported that they had abandoned a large number of small and large ruminants at the time of displacement. In total, an estimated 13,900 large ruminants (cows and buffalo) were reported to have been abandoned by 2,553 households and 58,900 small ruminants (sheep and goats) were reported to have been abandoned by 4,785 households. The total number of ruminants owned before 2012 was probably higher, as the above figures do not take into account ruminants that were sold or traded in the period since. On average, households from rural places of origin were more likely to have abandoned large ruminants (18 per cent of households compared with 13 per cent for urban areas), while an equal proportion from urban and rural areas abandoned small ruminants (26 per cent). The abandonment of these small and large ruminants represents a large loss of assets for this group of people; it also removed a potentially important coping mechanism.

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* Of those that reported that their household owns land at present, the proportion of these respondents that mentioned that they had documentation to prove this ownership was higher among the Muslim villages (91 per cent) and Rakhine relocated sites (83 per cent) compared with the Muslim camps (71 per cent) and Rakhine villages (44 per cent). Nearly all of those that said they had documentation to prove ownership stated that someone in their household had this documentation issued or officially validated by the Government authorities (over 96 per cent across all target populations).

** In Rakhine State it is estimated that a farmer can earn up to 200,000 MMK annually from one acre of rice paddy. Livelihoods and Food Security Trust (LIFT) Fund and CARE International, Myanmar. "Tat Lan Sustainable Food Security and Livelihoods Program: Baseline Assessment." Myanmar: CARE. November 2014 .

Table 7: Large ruminants (e.g. cows and buffalo) abandoned at time of displacement

	Place of origin before 2012	Households that abandoned large ruminants		Large ruminants abandoned			
				Average	Median	Maximum	Total
Urban	Kyaukpyu	116	23%	3.3	2	15	380
	Minbya	6	9%	2.0	2	2	13
	Mrauk-U	4	44%	5.0	5	5	19
	Myebon	33	24%	8.3	3	20	278
	Pauktaw	327	19%	7.2	5	72	2,347
	Rathedaung	22	35%	8.0	8	12	178
	Sittwe	1,346	11%	5.4	3	100	7,226
	Total urban	1,855	13%	5.6	4	100	10,440
Rural	Mrauk-U	17	45%	7.6	8	8	133
	Myebon	11	100%	5.0	5	5	56
	Pauktaw	141	36%	5.9	4	20	831
	Rathedaung	22	44%	7.5	8	11	167
	Sittwe	507	15%	4.4	3	60	2,248
	Total rural	699	18%	4.9	3	60	3,435
TOTAL		2,553	14%	5.4	4	100	13,875

Table 8: Small ruminants (e.g. sheep and goats) abandoned at time of displacement

	Place of origin before 2012	Households that abandoned small ruminants		Small ruminants abandoned			
				Average	Median	Maximum	Total
Urban	Kyaukpyu	54	11%	386	7.2	4	25
	Minbya	40	57%	179	4.5	5	6
	Mrauk-U	4	44%	19	5.0	5	5
	Myebon	51	37%	1,385	27.3	30	38
	Pauktaw	464	27%	4,725	10.2	7	57
	Rathedaung	11	18%	89	8.0	8	8
	Sittwe	3,126	26%	44,421	14.2	8	1,000
	Total urban	3,749	26%	51,204	13.7	7	1,000
Rural	Mrauk-U	17	45%	97	5.6	7	7
	Myebon	11	100%	111	10.0	10	10
	Pauktaw	115	29%	951	8.3	8	20
	Rathedaung	25	50%	207	8.3	9	10
	Sittwe	867	26%	6,301	7.3	5	90
	Total rural	1,035	26%	7,668	7.4	5	90
TOTAL		4,785	26%	58,876	12.3	7	1,000

The high number of livestock abandoned at the time of displacement is in stark contrast to the very low number of livestock currently owned by households in the Sittwe rural camps. At the time of the survey, the households in the camp collectively owned only 37 large ruminants and 135 small ruminants. The very small number of livestock owned is unsurprising given the limited grazing land available to camp residents. Most of the land in the Sittwe rural area is owned and used by people from the surrounding villages. Most of the livestock in the Muslim camps (82 of 135 small ruminants and 19 of 37 large ruminants) were owned by households in Say Tha Mar Gyi and Phwe Yar Gone Camps, with small numbers of sheep/goats owned by residents of Ohn Taw Gyi North and Thet Kae Pyin. In addition, an estimated six households in Basara, Kaung Dok Kar 1 and Thet Kae Pyin camps owned a total of 18 large ruminants. The largest number of large and small ruminants owned by any one household was six and five respectively.

Humanitarian sector

The humanitarian sector is an important source of employment in the Muslim camps, employing approximately 1,500 people or 10 per cent of the adult working population (approximately 960 men and 540 women). The majority of full-time salaried jobs in the Muslim camps were in the humanitarian sector (53 per cent). Of people working in the humanitarian sector, three-quarters were full-time employees with a salary and a further 14 percent were working part-time for a salary. Over 95 per cent of people employed by the sector were working all year round. Furthermore, the humanitarian sector was associated with a larger proportion of people earning salaries over 50,000 MMK per month (78 per cent). With the exception of the education sector, the humanitarian sector had the highest rate of workers with basic literacy (83 per cent), ability to speak Rakhine language (95 per cent) and ability to speak Myanmar language (78 per cent).

The humanitarian sector was also an important source of employment for people from Rakhine relocated sites, with 10 per cent of working females employed in the sector. While the rate of people from Rakhine villages working in the humanitarian sector was low at just one per cent, the proportion is expected to be much higher in areas of urban Sittwe proximate to humanitarian offices which were not covered by the profiling exercise.

Children working

From the Muslim camps, 13 per cent of children aged 15 to 17 years (approximately 630 boys and 190 girls) were participating in the labour force compared with the national average of 10 per cent (11 per cent male; 10 per cent female).[8] The rate of children of this age group participating in the labour force was higher in Muslim villages (18 per cent), Rakhine villages (24 per cent) and highest among children from the Rakhine relocated sites (21 per cent). Across all target populations, boys were more likely to be working than girls, however among the Muslim populations this gender divide was more pronounced. The main sectors these children were employed in were multi-sector daily labourers (20 per cent), handicraft and tailoring (16 per cent), fishing (15 per cent) and transport (13 per cent). Children from the Muslim villagers were more likely to work in the agriculture sector, while children from Rakhine villages were more commonly employed in the fishing sector.

Table 9: Assets abandoned in 2012 and currently owned

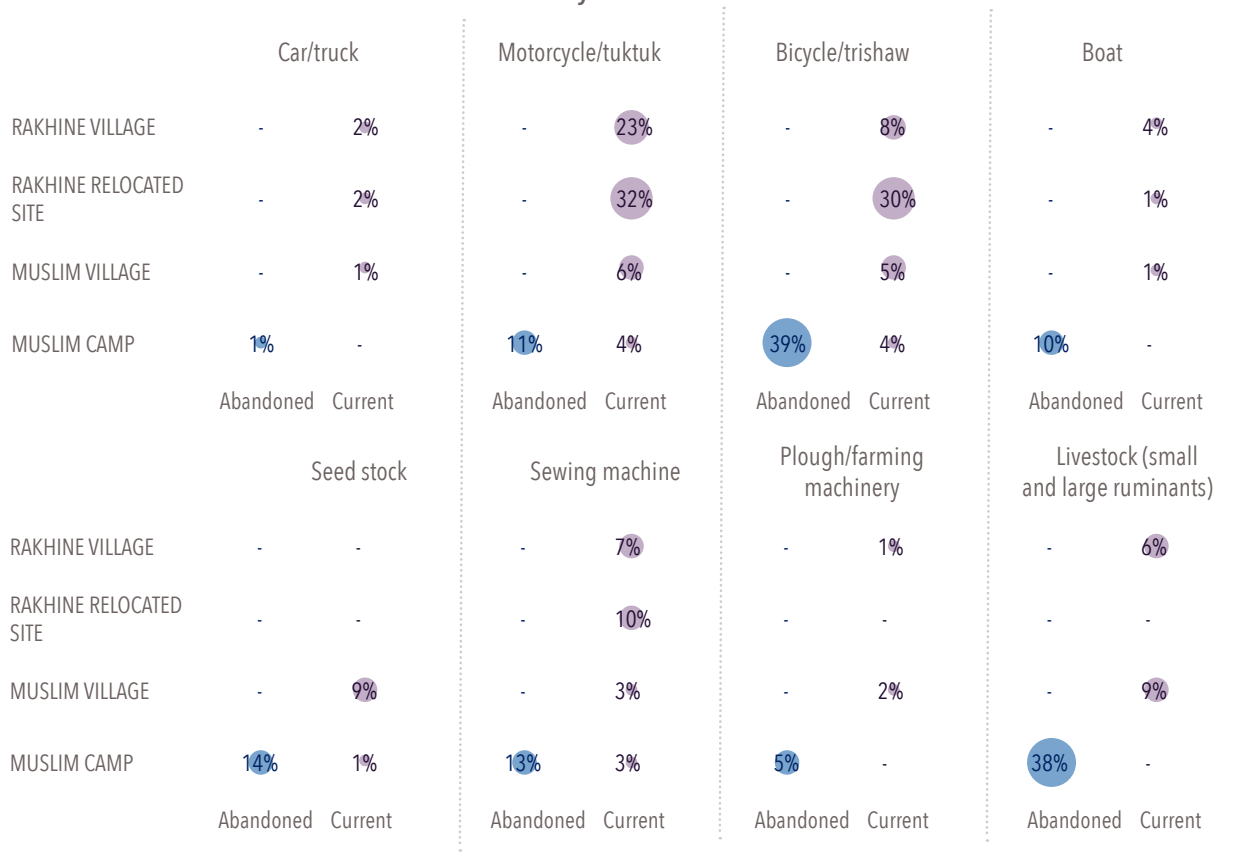
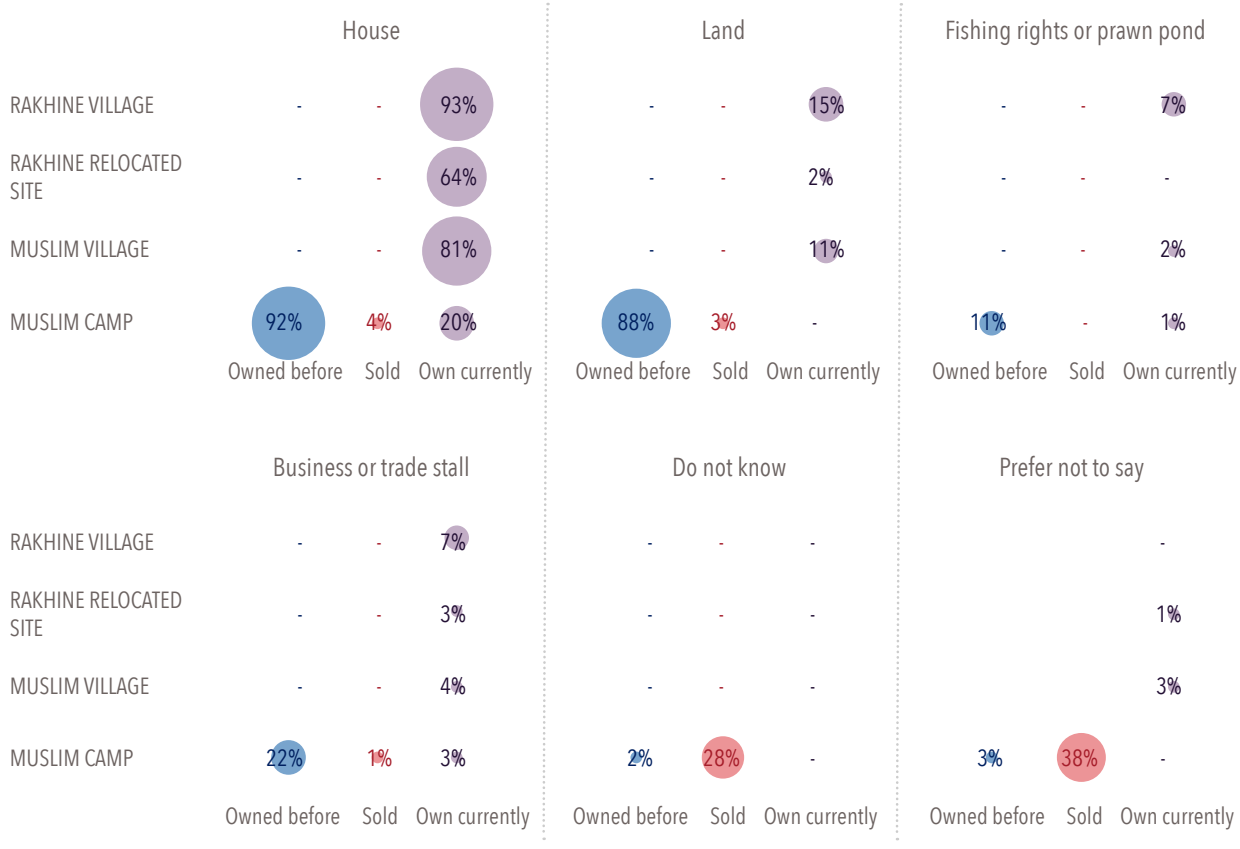


Table 10: Housing, land and property owned in 2012, sold since 2012 and currently owned



"Some of us want to run our own businesses but we don't have money to invest. Some of us want to be carpenters but we don't have tools. Some of us want to go fishing but we don't have boats." *18-year-old man from Say Tha Mar Gyi Camp*

Jobs people want to do and perceived barriers

Only a few people living in the Muslim camps were able to use their job skills from before displacement—including masons, fishermen, people working in tea shops and educated people who were able to find work in the humanitarian sector. The few that were able to work using their pre-displacement skills, were reported to earn a lot less in the camps for the same work compared with before 2012. Meanwhile, all focus groups indicated that most people in the Muslim camps do not have jobs and that most people are not able to put their job skills to use.

The overwhelming majority of participants noted that the main factor limiting their ability to generate income is a lack of start-up capital. A group of adult male participants agreed that "in the past we could set up income-generating activities because we had start-up capital. Now we don't have any money so we can't invest". This was supported by a 25-year-old woman from Ohn Taw Gyi North who mentioned that "if we had just a small about of money to invest, we could start our own business". Other participants pointed to a lack of income-generating assets compared with before the crisis including boats for fishing, livestock for breeding and shops for running businesses. In addition, one woman mentioned that before the crisis many people were able to work for their Rakhine neighbours, but that this was no longer possible due to movement restrictions.

Within the camp setting, the focus group discussion participants were interested in pursuing a variety of jobs including opening shops, selling cosmetics, selling coal and wood, and breeding livestock. Several participants mentioned that they would like to work in the humanitarian sector, while two female youth wanted to work as seamstresses. Most just wanted to work in any job that would allow them to earn an income to support their families. There was also demand for further education opportunities in the camps. If they were not restricted by living in the camps, some of the young men expressed their desire to open up a computer shop while others wanted to set up training centres. There was interest in tailoring, breeding animals including fish and chickens, fishing using their own boats and running shops in downtown Sittwe.

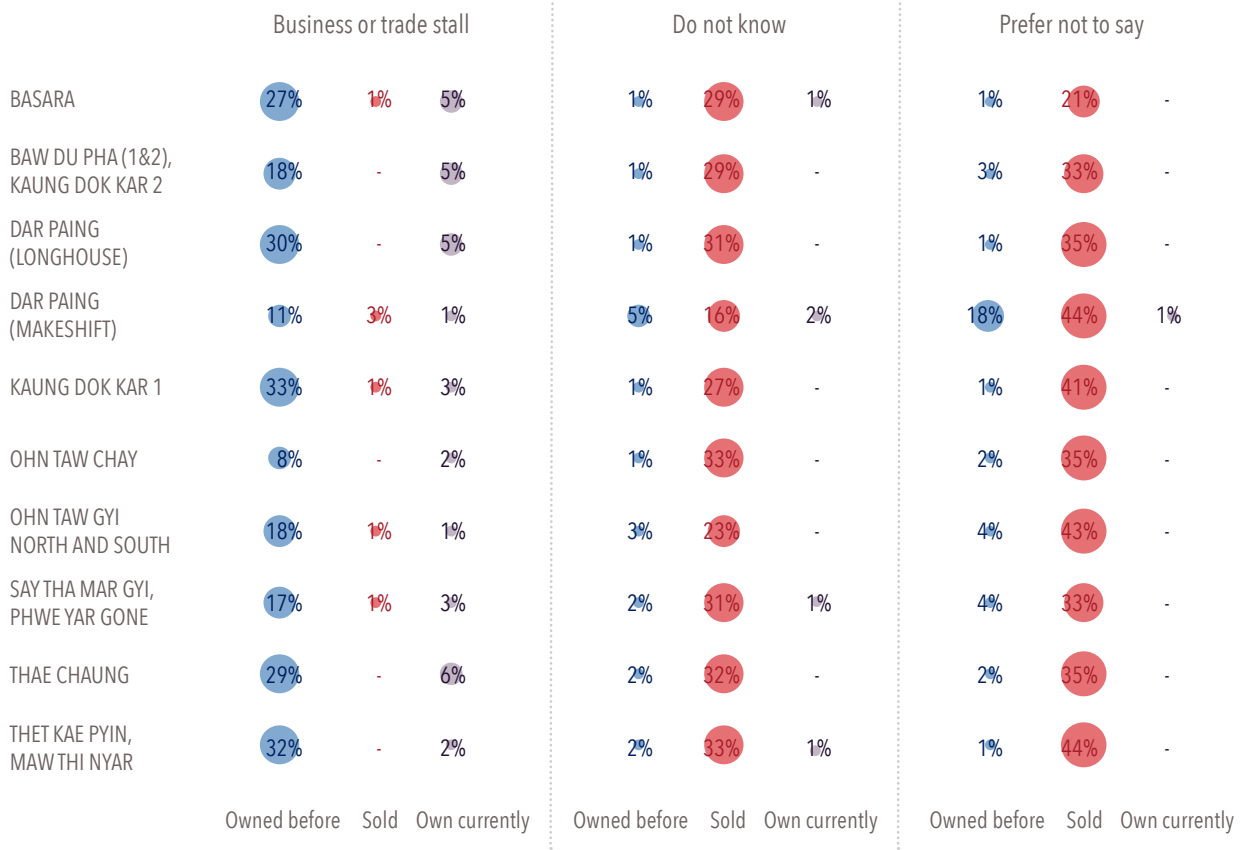
From the Muslim villages, people were more likely to be able to continue in the same type of work they were doing before the 2012 crisis, including carpentry, farming and tailoring. However, a general lack of job opportunities was mentioned. Participants from the Muslim villages wanted to renovate the post-primary school in their village to allow for more students, breed lobsters, and work in agriculture. Finally, from the Rakhine villages and relocated sites, the main jobs the focus group discussion participants were currently working in were tailoring, embroidery, livestock and farming. In the future they wanted to continue in the same type of work but expand their businesses.

Table 11: Assets abandoned in 2012 and currently owned

	Car/truck		Motorcycle/tuktuk		Bicycle/trishaw		Boat	
	Abandoned	Current	Abandoned	Current	Abandoned	Current	Abandoned	Current
BASARA	-	1%	19%	6%	77%	8%	3%	-
BAW DU PHA (1&2), KAUNG DOK KAR 2	1%	-	10%	6%	46%	6%	19%	-
DAR PAING (FORMAL)	1%	1%	16%	7%	56%	7%	3%	-
DAR PAING (INFORMAL)	-	-	1%	-	13%	1%	1%	-
KAUNG DOK KAR 1	1%	-	13%	4%	63%	7%	6%	-
OHN TAW CHAY	-	-	2%	1%	7%	1%	35%	3%
OHN TAW GYI NORTH AND SOUTH	1%	-	6%	2%	29%	2%	10%	-
SAY THA MAR GYI, PHWE YAR GONE	1%	1%	9%	2%	30%	3%	6%	-
THAE CHAUNG	3%	-	20%	8%	46%	5%	8%	-
THET KAE PYIN, MAW THI NYAR	1%	-	19%	6%	57%	7%	5%	-

	Seed stock		Sewing machine		Plough/farming machinery		Livestock (small and large ruminants)	
	Abandoned	Current	Abandoned	Current	Abandoned	Current	Abandoned	Current
BASARA	10%	-	13%	2%	3%	-	72%	-
BAW DU PHA (1&2), KAUNG DOK KAR 2	11%	1%	13%	3%	2%	-	27%	-
DAR PAING (FORMAL)	19%	2%	17%	4%	4%	-	42%	-
DAR PAING (INFORMAL)	21%	-	3%	-	4%	-	16%	-
KAUNG DOK KAR 1	12%	-	17%	5%	3%	-	55%	-
OHN TAW CHAY	16%	-	5%	1%	8%	1%	44%	-
OHN TAW GYI NORTH AND SOUTH	11%	1%	10%	3%	7%	-	40%	-
SAY THA MAR GYI, PHWE YAR GONE	17%	-	10%	1%	7%	-	35%	1%
THAE CHAUNG	16%	1%	18%	4%	3%	-	36%	-
THET KAE PYIN, MAW THI NYAR	10%	-	18%	2%	3%	-	49%	-

Table 12: Housing, land and property owned in 2012, sold since 2012 and currently owned



FINANCIAL SITUATION

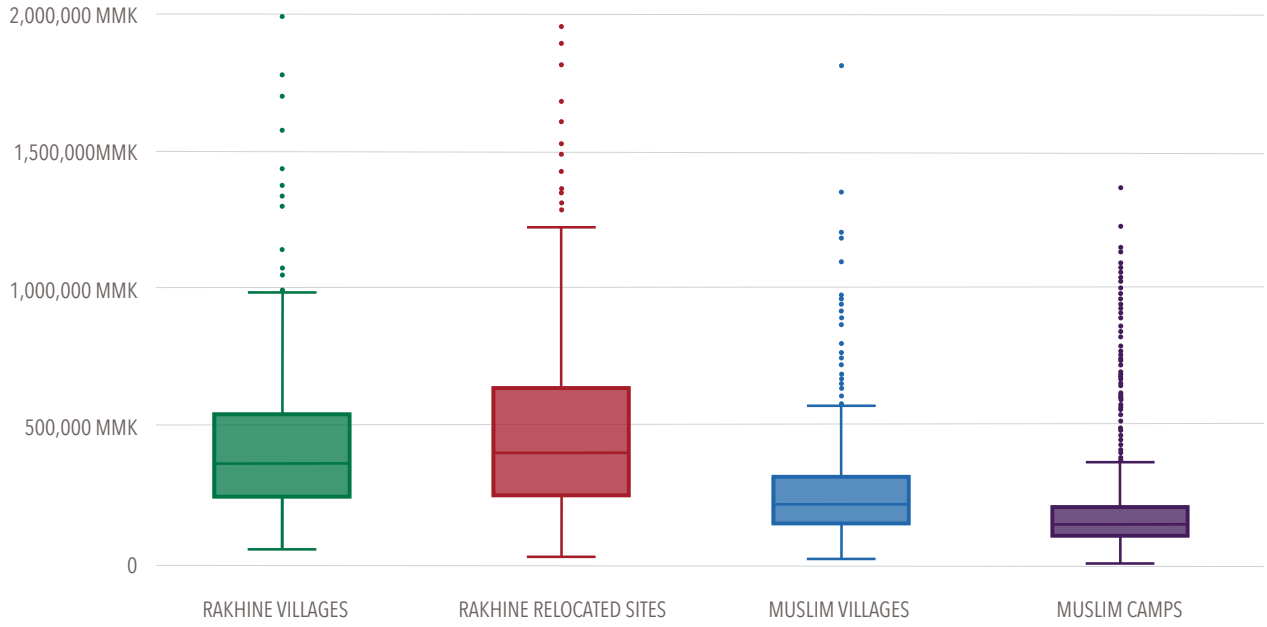
- Half the households in the Muslim camps had an average income of 25,000 MMK per month or less, compared with 35,000 MMK for Muslim villages, 75,000 MMK for Rakhine villages and 100,000 MMK for Rakhine relocated sites.
- The highest monthly expense across all population groups was food, followed by fuel and healthcare.
- 67 per cent of households in Rakhine villages and 65 per cent in Rakhine relocated sites were indebted; this is nearly double the national average of 35 per cent. This was even higher at 84 per cent for Muslim villages and camps.

FINANCIAL SITUATION

Income and expenditure

An estimated half of all households in the Muslim camps had an average income of 25,000 MMK per month or less.* This was higher among the Muslim villages—half had a household income of 35,000 MMK or less—and Rakhine villages at 75,000 MMK. The median household income was highest for the Rakhine relocated sites at 100,000 MMK per month. This includes approximately 36 per cent of households in Muslim camps, 29 per cent in Muslim villages, 22 per cent in Rakhine relocated sites and 28 per cent in Rakhine villages that reported their total maximum monthly household income as zero MMK. The higher median salary among Rakhine relocated sites compared with Rakhine villages may reflect the fact that the Rakhine relocated sites are living in an urban setting, while the Rakhine villages

Figure 51: Average monthly household expenditure



* The average income from each household was taken as the combined average income of all household members. Average income per person per month was based on the average of the highest salary and the lowest salary earnt in the past six months.

Box 4: How to read the household monthly expenditure box and whisker plot

The box and whisker plot shows monthly expenditure of households by population groups. A lot of information is contained within this graph. The bar at the bottom indicates the minimum expenditure and the bar at the top the maximum expenditure given for any one household, with the exception of outliers which are represented by dots above the upper bar.

Basically all the respondents had total monthly household expenditure that lies somehwere between the two bars. The lower 25 per cent reported a monthly expenditure between the low bar and the box, the next 50 per cent were somewhere in the box, and the highest 25 per cent had a total monthly expenditure between the top of the box and the upper bar. The median (with half reported to have less and half more) is represented by a line in the middle of the box.

were from a cross-section of urban, peri-urban and rural locations. By comparison, the average monthly income per employee in Myanmar is 124,100 MMK.[1] It should be noted that income levels generally tend to be underestimated in household surveys.

Information was collected about monthly household expenditure across ten key types of goods and services including: food; healthcare; loan repayments; transportation; rent; house repairs; fuel; household utilities; clothes, blankets, shoes, etc.; soap, toothpaste and other hygiene items; as well as other household expenses. Rakhine households had higher overall monthly expenditure compared with the Muslim target populations, with most Rakhine households spending between 200,000 and 500,000 MMK. Of the Muslim camps, more than half of the population was spending between 100,000 and 200,000 MMK per month.

The highest expense across all target populations was food, followed by fuel and healthcare. The Rakhine target populations tended to spend more on clothing, shoes, blankets etc., while the Muslim target populations spent more on debt repayments (based on median expenditure). Monthly transportation costs were significantly less among the Muslim target populations; this is unsurprising given that they are generally confined to the Sittwe rural camp area. Meanwhile, the high rates of Muslim camp households that did not pay any rent for their current dwelling in the past month reflects the fact that most camp residents are provided with a place in a temporary shelter free of charge.* Many households living in the camps also receive hygiene kits regularly.

* During data collection, several camp residents referred to people paying to move into to temporary shelters, this was noted in particular for new people moving into the camps from another camp or elsewhere. However, this was reported to only be a small minority of cases.

Table 13: Monthly household expenditure (in ...,000 MMK)

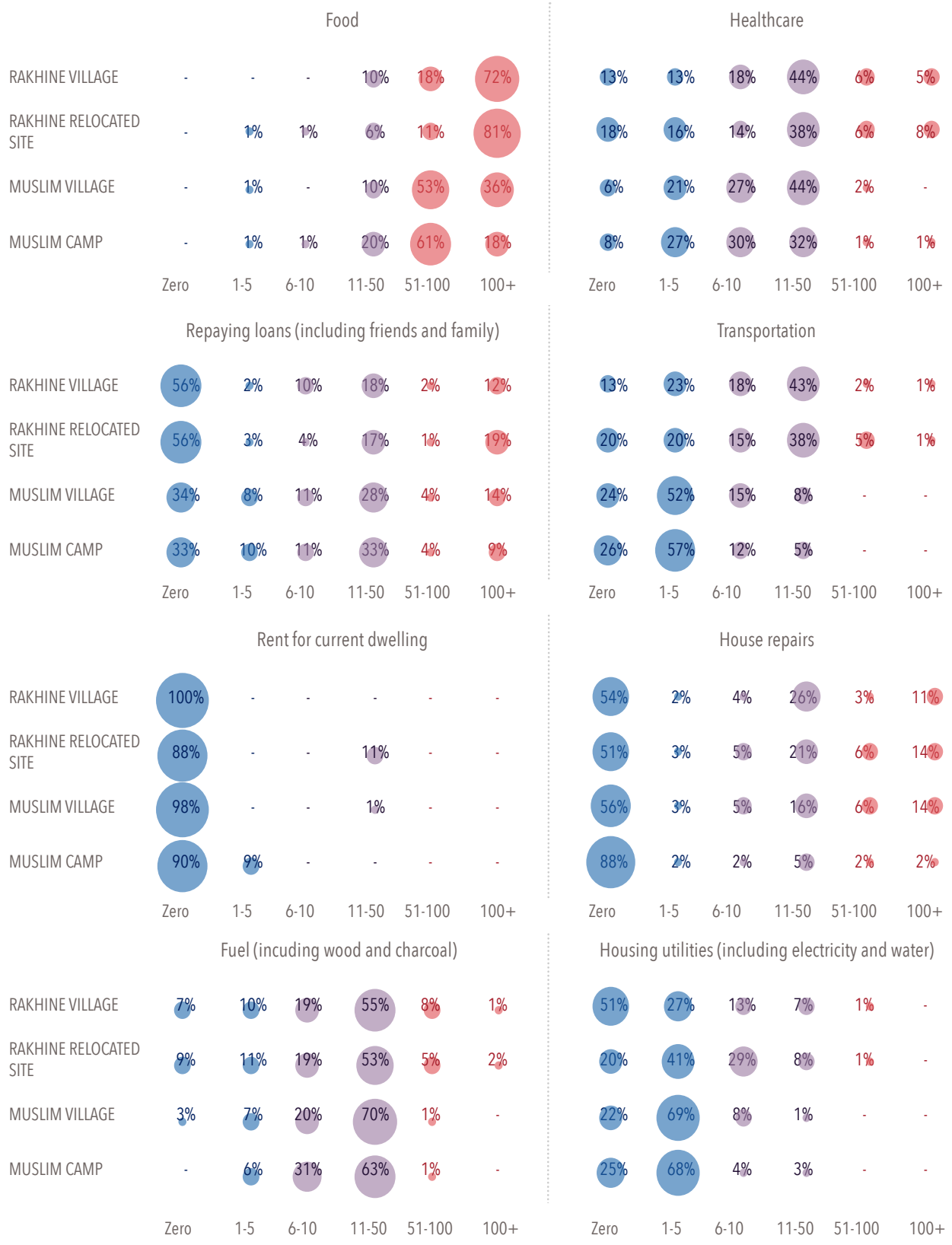


Table 14: Monthly household expenditure (in ...,000 MMK)

Clothes, blankets, shoes etc.

	Zero	1-5	6-10	11-50	51-100	100+
RAKHINE VILLAGE	9%	21%	20%	44%	5%	2%
RAKHINE RELOCATED SITE	11%	22%	15%	49%	2%	1%
MUSLIM VILLAGE	25%	27%	21%	27%	1%	-
MUSLIM CAMP	24%	27%	21%	26%	-	-

Soap, toothpaste and other hygiene items

	Zero	1-5	6-10	11-50	51-100	100+
RAKHINE VILLAGE	2%	69%	20%	8%	-	-
RAKHINE RELOCATED SITE	12%	58%	17%	12%	-	-
MUSLIM VILLAGE	11%	73%	13%	3%	1%	-
MUSLIM CAMP	79%	19%	1%	-	-	-

Other household expenses

	Zero	1-5	6-10	11-50	51-100	100+
RAKHINE VILLAGE	49%	8%	3%	24%	7%	9%
RAKHINE RELOCATED SITE	45%	13%	10%	20%	6%	7%
MUSLIM VILLAGE	65%	17%	11%	7%	-	-
MUSLIM CAMP	67%	20%	9%	4%	-	-

TOTAL household expenditure

	1-50	51-100	101-200	201-500	501-1,000	1,000+
RAKHINE VILLAGE	-	2%	16%	55%	22%	5%
RAKHINE RELOCATED SITE	1%	3%	12%	49%	25%	10%
MUSLIM VILLAGE	-	6%	39%	44%	9%	1%
MUSLIM CAMP	3%	20%	51%	24%	2%	1%

Table 15: Monthly household expenditure (in ...,000 MMK)

Food

	Zero	1-5	6-10	11-50	51-100	100+
BASARA	-	1%	1%	28%	54%	16%
BAW DU PHA (1&2), KAUNG DOK KAR 2	-	2%	1%	21%	60%	16%
DAR PAING (FORMAL)	-	1%	1%	15%	64%	20%
DAR PAING (INFORMAL)	-	-	-	34%	56%	10%
KAUNG DOK KAR 1	-	1%	-	23%	53%	22%
OHN TAW CHAY	-	-	-	32%	59%	8%
OHN TAW GYI NORTH AND SOUTH	-	1%	-	21%	62%	16%
SAY THA MAR GYI, PHWE YAR GONE	-	-	1%	18%	66%	15%
THAE CHAUNG	-	1%	1%	11%	56%	31%
THET KAE PYIN, MAW THI NYAR	-	3%	1%	21%	60%	16%

Healthcare

	Zero	1-5	6-10	11-50	51-100	100+
BASARA	10%	26%	32%	30%	2%	-
BAW DU PHA (1&2), KAUNG DOK KAR 2	9%	32%	30%	26%	1%	1%
DAR PAING (FORMAL)	9%	30%	25%	34%	2%	1%
DAR PAING (INFORMAL)	15%	36%	21%	24%	2%	2%
KAUNG DOK KAR 1	5%	26%	29%	38%	2%	-
OHN TAW CHAY	9%	32%	29%	29%	1%	-
OHN TAW GYI NORTH AND SOUTH	8%	28%	32%	32%	1%	-
SAY THA MAR GYI, PHWE YAR GONE	8%	27%	30%	32%	-	2%
THAE CHAUNG	8%	17%	30%	41%	4%	1%
THET KAE PYIN, MAW THI NYAR	7%	23%	31%	36%	2%	1%

Repaying loans (including family and friends)

	Zero	1-5	6-10	11-50	51-100	100+
BASARA	37%	6%	13%	35%	4%	6%
BAW DU PHA (1&2), KAUNG DOK KAR 2	36%	11%	12%	29%	7%	4%
DAR PAING (FORMAL)	33%	10%	11%	33%	8%	4%
DAR PAING (INFORMAL)	46%	16%	10%	22%	5%	1%
KAUNG DOK KAR 1	31%	13%	13%	28%	7%	8%
OHN TAW CHAY	33%	13%	12%	33%	6%	3%
OHN TAW GYI NORTH AND SOUTH	29%	10%	10%	40%	8%	4%
SAY THA MAR GYI, PHWE YAR GONE	30%	13%	9%	33%	9%	6%
THAE CHAUNG	37%	6%	12%	29%	9%	7%
THET KAE PYIN, MAW THI NYAR	35%	8%	10%	30%	9%	8%

Transportation

	Zero	1-5	6-10	11-50	51-100	100+
BASARA	25%	54%	11%	9%	1%	-
BAW DU PHA (1&2), KAUNG DOK KAR 2	22%	63%	10%	5%	-	-
DAR PAING (FORMAL)	27%	54%	14%	5%	-	-
DAR PAING (INFORMAL)	37%	47%	14%	2%	1%	-
KAUNG DOK KAR 1	13%	69%	12%	5%	-	-
OHN TAW CHAY	25%	58%	10%	6%	-	-
OHN TAW GYI NORTH AND SOUTH	24%	60%	12%	4%	-	-
SAY THA MAR GYI, PHWE YAR GONE	31%	53%	12%	3%	-	-
THAE CHAUNG	32%	52%	11%	5%	1%	-
THET KAE PYIN, MAW THI NYAR	21%	59%	11%	9%	-	-

Table 16: Monthly household expenditure (in ...,000 MMK)

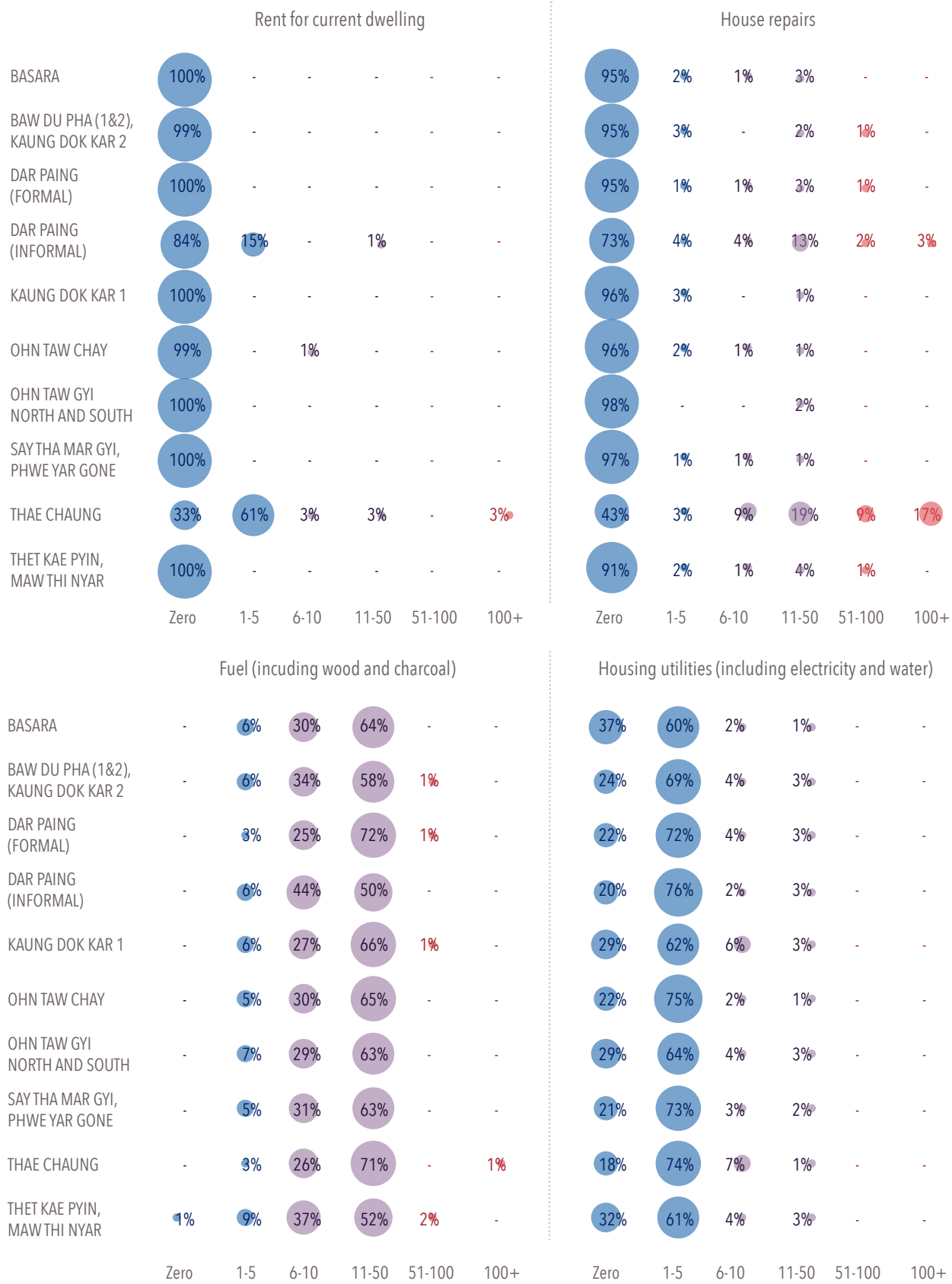
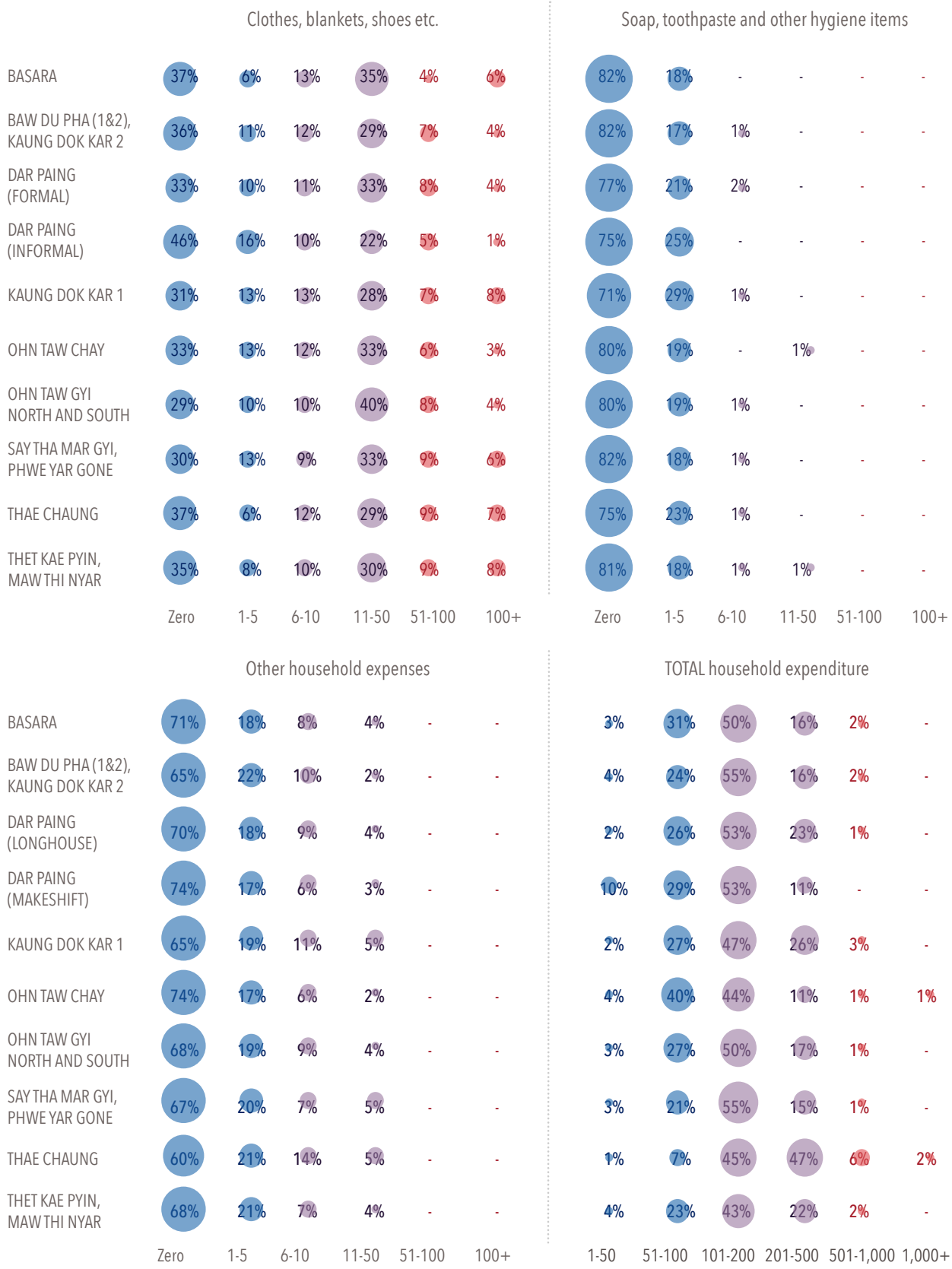


Table 17: Monthly household expenditure (in ...,000 MMK)



Indebtedness

Based on the International Labour Organisation (ILO) definition of indebtedness in Myanmar as a household having an outstanding loan of 10,000 MMK or more, 67 per cent of households in Rakhine villages and 65 per cent in Rakhine relocated sites in Sittwe Township were indebted at the time of the profiling exercise. This is nearly double the national average of 35 per cent.[2] The percentage of indebted households from the Muslim villages and camps was even higher at 84 per cent for both target populations.

The level of debt for most households was significantly higher than the 10,000 MMK indebtedness threshold. In the Muslim camps, half of all households had over 100,000 MMK debt, equivalent to more than double their average monthly household income; half of households from Muslim villages and Rakhine relocated sites had debt worth 150,000 MMK or more (2.4 times and 0.9 times average monthly salary), while half of those from Rakhine villages had debt worth 200,000 MMK (1.7 times average monthly household salary). Within the Muslim camps, the median debt level was lowest in Basara (60,000 MMK) and highest in Thae Chaung (150,000 MMK). The level of debt also reflects access to credit. In Muslim camps, relatives and friends were the main source of loans.

The main reasons households from Rakhine villages and relocated sites had taken out debt was: to buy food (74 per cent; 58 per cent), healthcare (52 per cent; 56 per cent), business expenses (47 per cent; 35 per cent) and education (25 per cent; 19 per cent). The main reasons households from the Muslim camps were taking out debt was: to buy food (89 per cent), healthcare (86 per cent), education (32 per cent), business expenses (19 per cent) and social relations including weddings, funerals and initiation ceremonies (17 per cent). The reasons were similar among households with debt from Muslim villages; in addition, 15 per cent took out debt to buy agricultural inputs and 7 per cent cited covering labour charges. The Rakhine target populations were more likely to take out debt to cover business expenses, this has the potential to lead to a return on their investment. However, across all target populations, debt was commonly used to cover basic costs with no possibility of financial returns. Combined with relatively low salaries, this indicates that many Rakhine and Muslim households are trapped in a cycle of debt.

Figure 52: Household debt

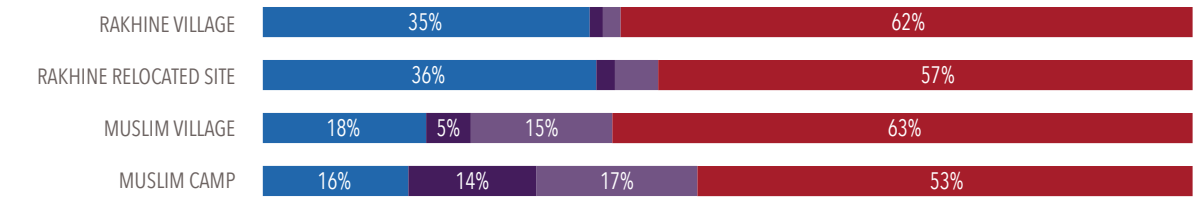
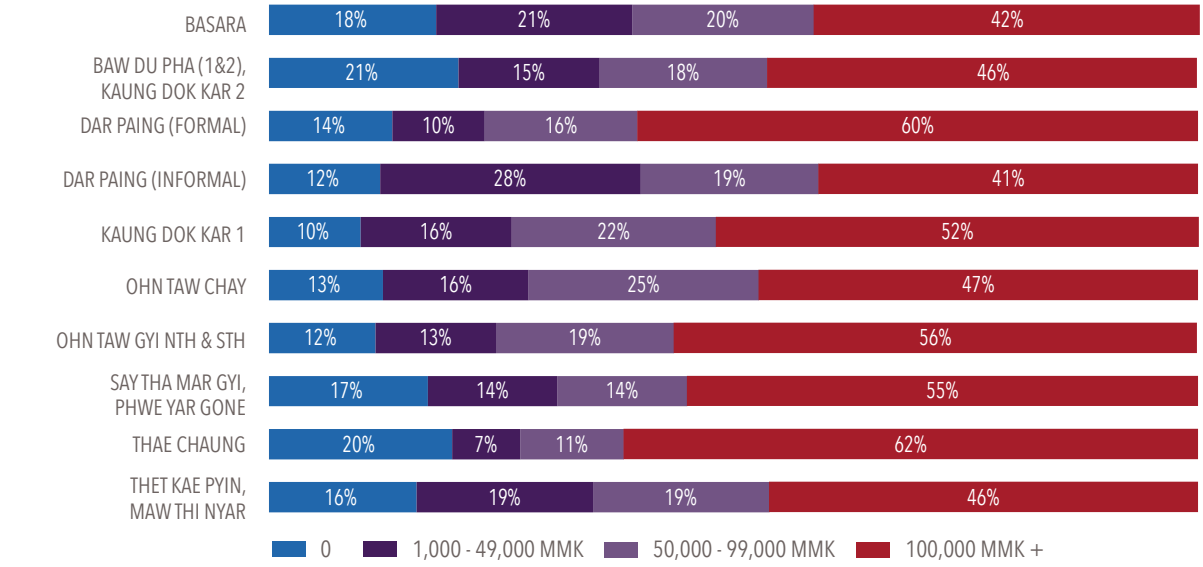


Figure 53: Household debt



FOOD SECURITY, COPING MECHANISMS

AND ACCESS TO HUMANITARIAN ASSISANCE

- Over 95 per cent of Rakhine households had acceptable food consumption compared with 67 per cent in Muslim villages and 73 per cent in Muslim camps.
- The majority of people living in the Muslim camps and Rakhine relocated sites rely on food distributions as their main source of food. The main source of food distributions are by WFP through partners, followed by Myanmar Resource Foundation and private donations. 1,100 households—less than 7 per cent—had not received regular food distributions in the past six months.
- The main source of food was own production in Rakhine villages (79 per cent) and Muslim villages (58 per cent).
- Approximately 40 per cent of Rakhine households reported not having enough food or money to buy food in the past week; this was higher in the Muslim camps (72 per cent) and villages (69 per cent).
- Some 45 per cent from Rakhine groups and 73 per cent from Muslim groups resorted to negative coping mechanisms to meet basic expenses. The main coping mechanisms used were: borrowing money, selling non-food item distributions and selling food.
- 95 per cent of respondents from Muslim camps reported that they did not face difficulties accessing humanitarian assistance in the last six months. Elderly-headed households were twice as likely to have faced difficulties.

FOOD SECURITY

Food consumption

An analysis based on a seven-day recall of the food consumed by households revealed high levels of borderline food security among the Muslim population.* The majority of households from Rakhine villages (95 per cent) and Rakhine relocated sites (98 per cent) had acceptable food consumption compared with just 67 per cent in Muslim villages and 73 per cent in Muslim camps. Meanwhile, 31 per cent of households from Muslim villages and 25 per cent from Muslim camps had borderline food

Figure 54: Food consumption score

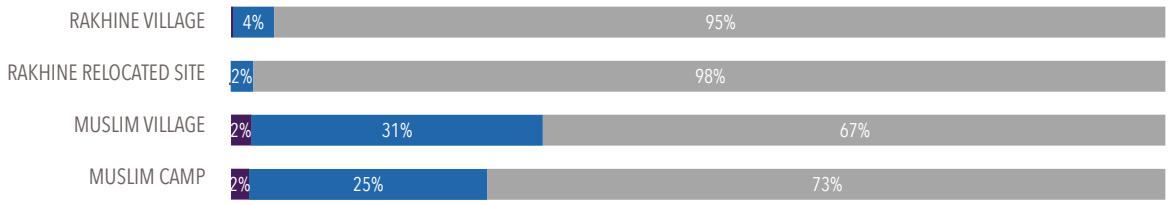
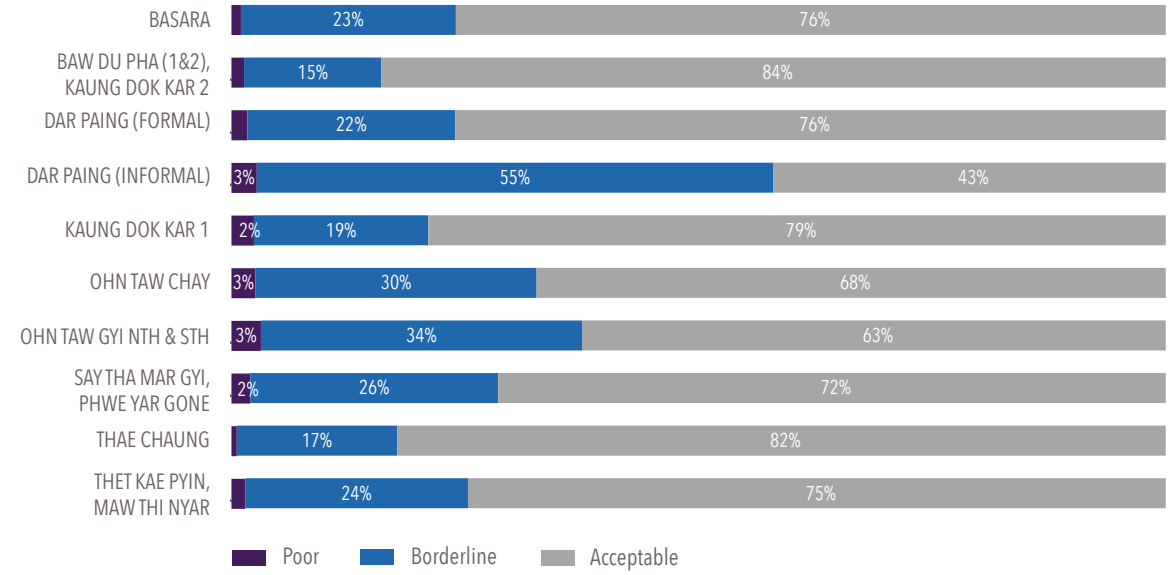


Figure 55: Food consumption score



* Food consumption score was calculated based on the typical thresholds of poor (0-21), borderline (21.5-35) and acceptable (>35). Given the high levels of oil consumed daily even by people with poor food consumption in the Muslim camps, an argument could be made for changing the thresholds to that for an oil-heavy diet. This would result in an increase in the proportion of people classified as having poor and borderline food consumption. See http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp197216.pdf. 2008. p.21.

consumption, and 2 per cent from both Muslim target populations had poor food consumption. Those with borderline food consumption are at risk of slipping into poor consumption if there is a deterioration in their food situation such as a decrease in food assistance or an increase in food prices.

Among the Muslim camps, rates of poor and borderline food consumption were highest in Ohn Taw Gyi North and South (3 per cent poor; 34 per cent borderline), Ohn Taw Chay (3 per cent; 30 per cent) and Say Tha Mar Gyi (2 per cent; 26 per cent). These camps also happen to be the furthest from Sittwe downtown, and from the larger markets of Thae Chaung and Thet Kae Pyin. In addition, rates of borderline food consumption were more than double the Muslim camp average in the Dar Paing makeshift shelters (55 per cent compared with the camp average of 25 per cent). Whether a household was headed by a male or female did not correlate with a change in food consumption scores. Elderly-headed households in the Muslim camps were nearly twice as likely to have poor and borderline food consumption (5 per cent poor; 40 per cent borderline) compared with households headed by adults under the age of 60 years (2 per cent; 25 per cent).

Poor diets are characterised by the consumption of rice every day, vegetables every other day and fish or meat once every two weeks. Households with borderline diet consume vegetables and fish or meat more regularly. Households with an acceptable diet consume vegetables nearly every day and protein sources every other day. Among the Rakhine target populations, people with acceptable food

Figure 56: Primary source of food in past 30 days

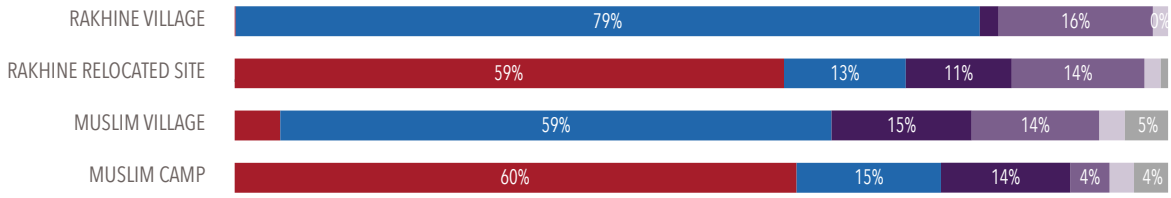


Figure 57: Primary source of food in past 30 days

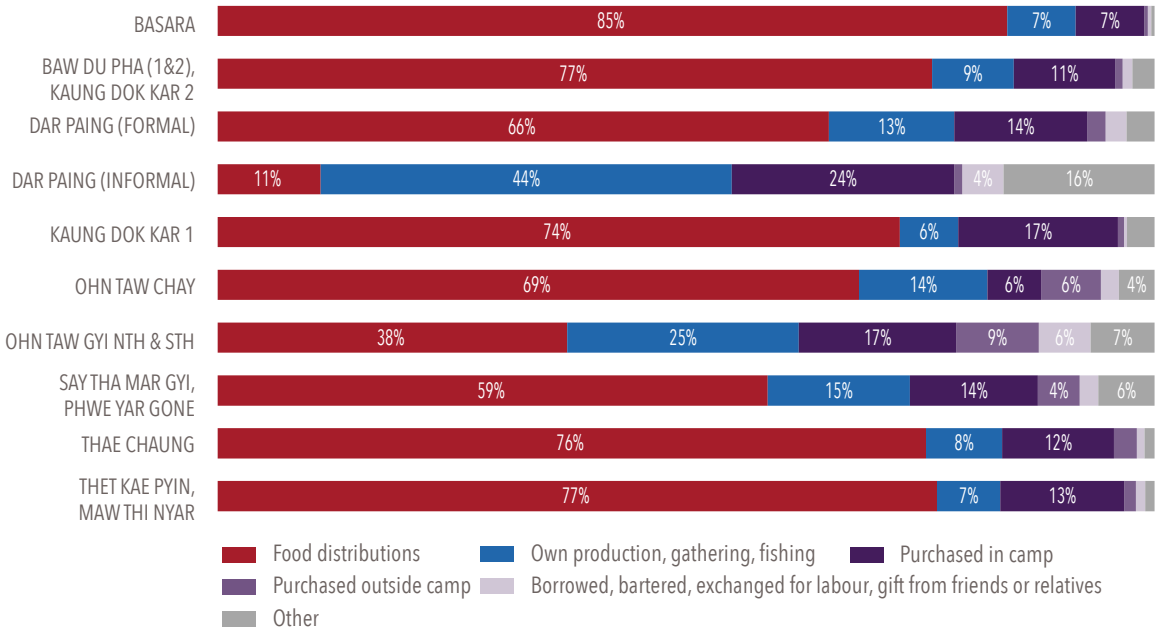


Table 18: Source of regular food distributions

	WFP through partners	Myanmar Resource Foundation	Private donor	Received but do not know from whom	Did not receive food assistance	Received WFP food but not main or second source of food
BASARA	99%	-	-	2%	2%	12%
BAW DU PHA (1&2), KAUNG DOK KAR 2	91%	3%	2%	-	5%	9%
DAR PAING (FORMAL)	82%	11%	6%	2%	3%	7%
DAR PAING (INFORMAL)	6%	57%	40%	23%	11%	2%
KAUNG DOK KAR 1	88%	4%	8%	3%	4%	9%
OHN TAW CHAY	81%	7%	11%	2%	5%	8%
OHN TAW GYI NOTH & SOUTH	48%	24%	22%	3%	14%	7%
SAY THA MAR GYI, PHWE YAR GONE	69%	14%	7%	6%	8%	9%
THAE CHAUNG	94%	1%	1%	1%	3%	13%
THET KAE PYIN, MAW THI NYAR	96%	1%	3%	1%	3%	13%
MUSLIM CAMP TOTAL	73%	12%	10%	3%	7%	9%

consumption consumed fish or meat nearly every day. Oil consumption was common across Muslim households including those with poor food consumption (consumed four days per week on average). This is likely to result in the inflation of food consumption scores among the Muslim populations, with oil contributing little in terms of nutritional value.[1] Oil consumption among Rakhine target populations, by comparison, tended to be lower among households with poorer food consumption.

How do people access food?

The majority of people living in the Rakhine relocated sites and Muslim camps rely on food distributions as their main source of food. In the Muslim camps, 73 per cent of households received food from the World Food Programme (WFP) through its implementing partners regularly in the past six months. Of these, 99.6 per cent reported that they left their places of origin for reasons that would classify them as internally displaced. In addition, some 22 per cent of households that reported being forced to flee their place of origin (an estimated 3,567 households) were not receiving regular distributions from WFP through its partners. Among the Muslim camps, the highest coverage of WFP food distributions was in Basara (99 per cent), Thet Kae Pyin/Maw Thi Nyar (96 per cent) and Thae Chaung (94 per cent); this was much lower in Ohn Taw Gyi North and South (48 per cent) and the Dar Paing makeshift shelters (6 per cent).

Roughly half of the households in the Sittwe rural Muslim camps that did not receive regular food distributions from WFP and partners (approximately 2,100), received regular distributions from Myanmar Resource Foundation. A further 41 per cent of those households who did not receive regular distributions

Clothing shop in Thet Kae Pyin market (Photo: Stephanie Matti)

from WFP (and partners) or Myanmar Resource Foundation, received food distributions from private donors (approximately 1,100 people). Food distributions from private donors tended to be less frequent and less predictable. Finally, an estimated 1,100 households—less than 7 per cent—reported that they had not received any regular food distributions in the past six months. A relatively high proportion of respondents from the Dar Paing makeshift shelters reported that they received food assistance but were not sure who it was from (11 per cent), raising concerns about accountability.

Given the high proportion of people receiving food assistance, it is unsurprising that most people from the Muslim camps and Rakhine relocated sites cited food distributions as their primary source of food (59 per cent from both). Of the Muslim camps, the percentage of people that reported this as their primary source of food was highest in Basara (84 per cent) and Thet Kae Pyin/Maw Thi Nyar (77 per cent); this was significantly lower in Ohn Taw Gyi North and South (37 per cent of households). Female-headed households and elderly-headed households were just as likely to cite food assistance as their primary source of food as other households. In the Rakhine relocated sites, female-headed households were 8 percentage points less likely to report food distributions as their primary source of food and elderly-headed households were 13 percentage points less likely compared with the camp average.

Monthly food rations distributed by WFP and partners consist of rice, cooking oil, beans and salt.[2] In

addition, children under 5 years, and pregnant and lactating women receive nutrient fortified foods—"super cereal: wheat soya blend" and "super cereal plus: wheat soya blend"—as part of its nutrition feeding programme. Secondary sources, including from a WFP cash transfer scoping mission conducted in 2015, indicate that these monthly food rations do not meet dietary diversity requirements and are not culturally considered to meet the basic food needs of households. As a result, it is common practice for households to purchase additional food such as green vegetables, chilli, onion and garlic, to supplement their meals.

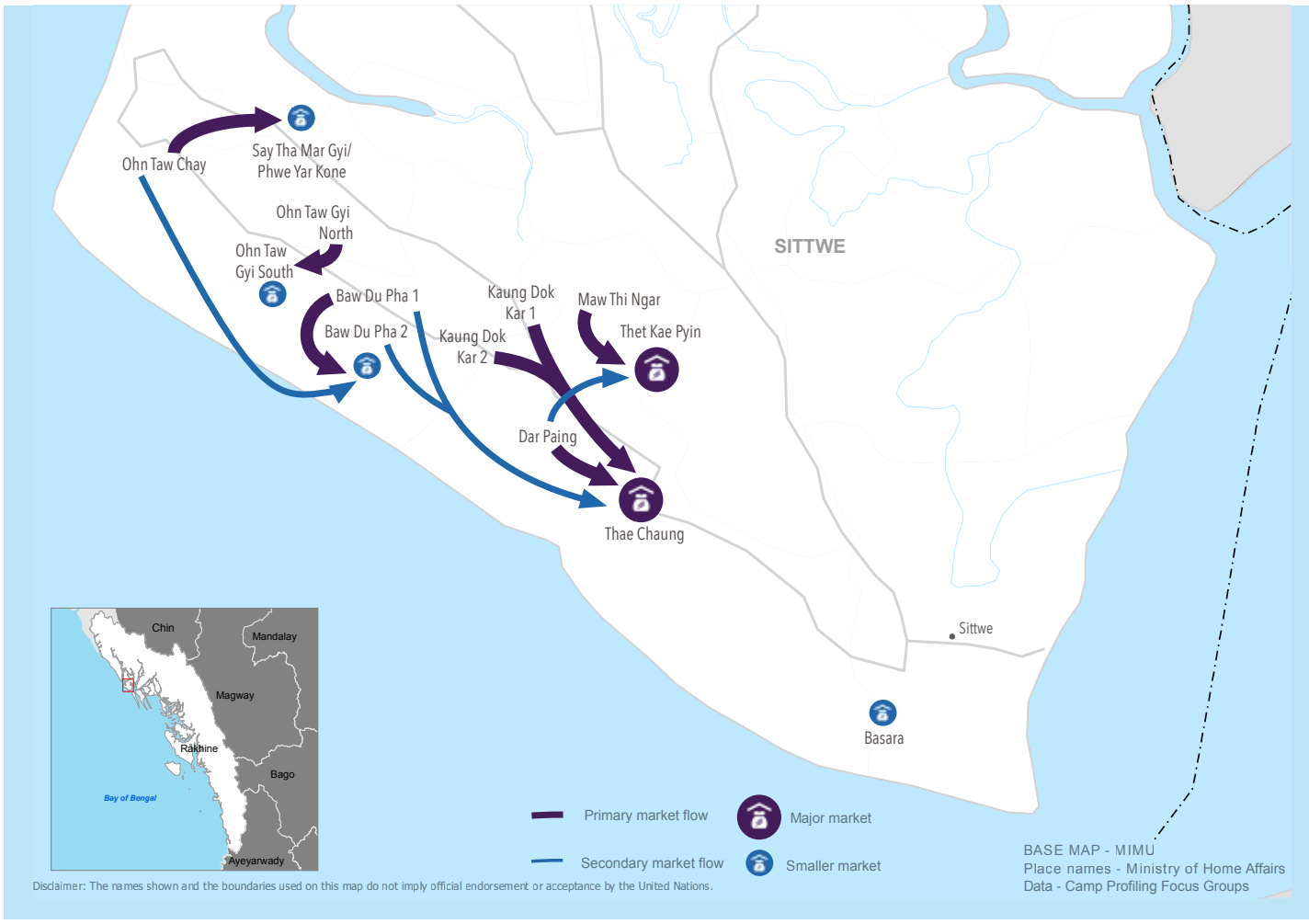
Of those households from the Muslim camps who cited food distributions as their primary source of food, about 62 per cent reported a different secondary source such as own production (including through kitchen gardens, 29 per cent), purchasing food in their own or another camp (27 per cent), or bartering, exchanging or borrowing food (6 per cent). It is worth noting that for some 3,900 households from the Muslim camps (22 per cent) and 90 households from the Rakhine relocated sites (17 per cent), food distributions were reported to be their only source of food. Households whose main source of food was from distributions were more likely to have acceptable food consumption (81 per cent), compared with 71 per cent depending on their own production and 56 per cent of those purchasing food in their own camp.

Forty-one per cent of households in the Muslim camps reported that their main source of food was not from distributions. The most important sources other than distributions were own production (15 per cent), purchasing food in their own camp (14 per cent) and purchasing food in another camp (4 per cent). Own production of food through gathering, farming or fishing was particularly important in camps where less people were receiving regular food distributions: Ohn Taw Gyi North and South, and the Dar Paing makeshift shelters.

There were virtually no households receiving food assistance or reporting food distributions as their primary source of food from the Muslim and Rakhine villages with food assistance targeted towards people who were internally displaced (either living in the Muslim camps or the Rakhine relocated sites). In the villages, the main source of food for the majority of households was through their own production (79 per cent of households in Rakhine villages; 58 per cent in Muslim villages) followed by purchasing food either in their own village or a different village.

Approximately 40 per cent of households in Rakhine villages and relocated sites reported that in the past week there were times when they did not have enough food or enough money to buy food. This was almost 30 percentage points higher in the Muslim camps (72 per cent) and Muslim villages (69 per cent). This was more common in the Muslim camps that were further from the main market areas, further research is needed to investigate why this is the case. Key informants indicated that many households have less food available in the week or two before monthly food distributions. It was noted that this was especially true of larger households, and those in which only a few of the members are on the food distribution list. Voluntary and involuntary sharing of food rations between households may also play a role in reducing the food rations available for each household.

Map 18: Main markets and usage by people in Sittwe rural camps

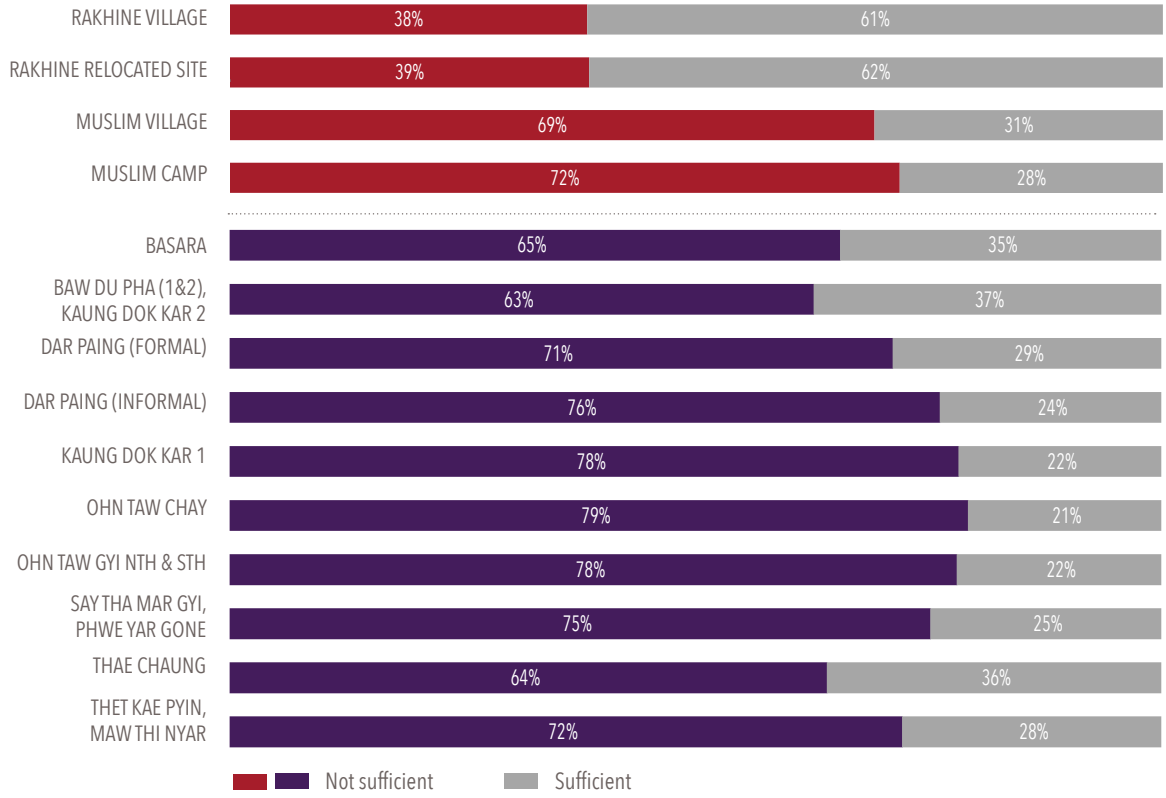


Markets in the camps

Small scale trading is evident throughout the Sittwe rural camp area. In all camps there are basic shops selling condiments, garlic, onions, chilies, dry fish, tea, coffee and simple snacks. Some camps have larger shops selling rice, pulses, fuel, fabric and non-food items. The main markets in the Sittwe rural area—Thae Chaung and Thet Kae Pyin—are generally well supplied with rice, vegetables, condiments and basic non-food items.[3] There are also mid-sized markets in Basara, Baw Du Pha 2, Ohn Taw Gyi South and Say Tha Mar Gyi. Most households tend to shop for staple foods including vegetables at the mid-sized markets. Those that can afford to, go to the larger markets of Thae Chaung and Thet Kae Pyin for less-common foodstuffs, non-food items and to buy in larger quantities.

A scoping mission conducted by WFP found that fresh commodities are usually brought to traders at the entrance to the camps or are purchased in surrounding villages either directly or through intermediaries. As of 2015, most of the foods and commodities available in the Sittwe camp area were reported to be supplied through the Sittwe Township market, while Thae Chaung also received supplies directly from Yangon. Meanwhile, interviews conducted as part of the profiling exercise indicated that foodstuffs and

Figure 58: Sufficient food or money to cover food needs in past week



goods (such as handicrafts) that are produced in the Sittwe markets are also sold at the Sittwe downtown market through intermediaries. Secondary sources indicate that movement restrictions have a large impact on food prices in the Sittwe rural camp area including through transportation costs and informal fees. Moreover, the scoping mission found that "trade and movement restrictions have the potential to block the supply for all actors at every stage in the supply chain."[4] An in-depth market assessment is required to fully understand the value chain and how it impacts prices within the camps.

Coping strategies

In the past six months, a large proportion of households across all target populations resorted to some form of negative coping mechanism to meet basic household expenses: approximately 45 per cent of Rakhine target populations and 73 per cent from Muslim target populations. The most frequently cited coping mechanism was borrowing money with roughly half of Muslim households and 40 per cent of Rakhine households borrowing money in the past six months. Households from the Muslim camps drew on a wider range of negative coping strategies to cover basic expenses; some households sold items distributed by the humanitarian community (including food and non-food items), while others borrowed food or relied on help from friends.

Figure 59: Food insecurity (coping strategy index)

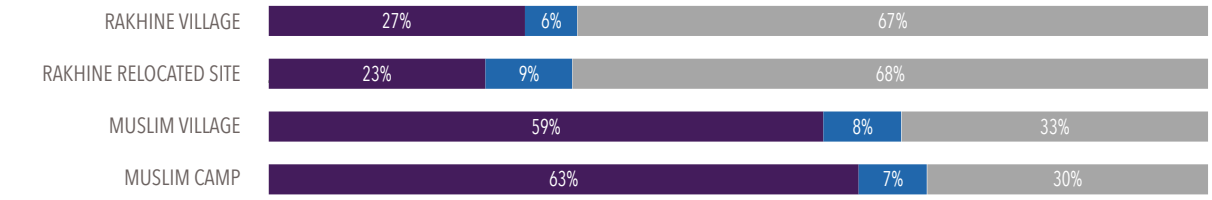


Figure 60: Food insecurity (coping strategy index)

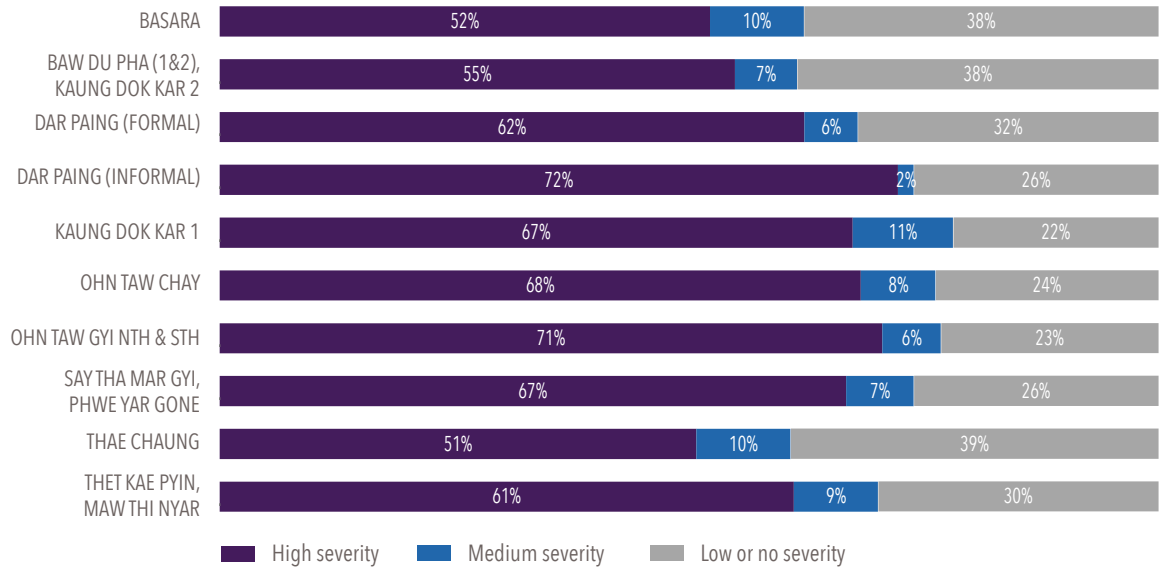


Table 19: Food-specific coping mechanisms used in the past week

	Rakhine village	Rakhine relocated site	Muslim village	Muslim camp
Rely on less preferred and less expensive foods	33%	35%	68%	71%
Borrow food, or rely on help from a friend or relative	29%	29%	59%	61%
Limit portion size at meal times	29%	21%	58%	63%
Restrict consumption by adults for small children to eat	22%	20%	52%	55%
Reduce number of meals eaten in a day	12%	9%	43%	50%
Reduce food consumed by females so males can eat	15%	13%	37%	42%

More desperate coping strategies that can have negative long term consequences for health and nutrition outcomes, such as reducing the number of meals eaten each day, decreasing expenses on healthcare and reducing expenses on food, were used almost exclusively by households from Muslim camps and villages. The frequency of most coping strategies was relatively standard across the different Muslim camps. Elderly-headed households were more likely to have used negative coping strategies in the past six months to meet basic household expenses (86 per cent compared with 72 per cent of non-elderly-headed households). Meanwhile, female-headed households were, on average, less likely to have resorted to negative coping mechanisms.

The proportion of households using food-specific coping mechanisms was high among Rakhine villages and relocated sites (35 per cent; 38 per cent). Households in the Muslim camps and villages were almost twice as likely to use food-specific negative coping strategies (72 per cent; 69 per cent). The most common food-based coping mechanisms used across all target populations involved resorting to less preferred and less expensive food. The frequent use among large sections of the Muslim camp and village populations of other more acute coping mechanisms, such as reducing the total number of meals in a day, and restricting consumption by females and adults so males and children can eat, is particularly concerning.

Accessing humanitarian assistance

The vast majority of respondents from the Muslim camps reported that they did not face difficulties accessing humanitarian assistance in the last six months (95 per cent). People reporting to have experienced difficulties were more frequent in Ohn Taw Gyi North and South (6 per cent), Say Tha Mar Gyi/Phwe Yar Gone (5 per cent) and Thet Kae Pyin/Maw Thi Nyar (5 per cent) as well as the Dar Paing makeshift shelters (16 per cent).* Food distributions were the main type of assistance people had difficulties accessing (3 per cent of all respondents), followed by healthcare (1 per cent), non-food item distributions (1 per cent) and shelter assistance (0.5 per cent). More than half of the respondents who had difficulties accessing food assistance were not receiving monthly distributions from WFP through partners, with several respondents mentioning that they were taken off food distribution lists after changing their location. The main reasons given for not being able to access food distributions was a lack of documentation (46 per cent),** this was followed by a lack of services available (35 per cent) and movement restrictions (34 per cent). Nearly all households in which more than half the members were disabled (an estimated 34 households) reported having difficulties accessing humanitarian aid and approximately half reporting having difficulties accessing healthcare.

Of the population in the Muslim camps, female-headed households reported having difficulties accessing humanitarian assistance at the same rate as the rest of the population. Elderly-headed households, by contrast, were 5 percentage points more likely to report having difficulties accessing food aid and were more than twice as likely to have difficulties accessing NFI distributions, healthcare and shelter assistance. Households in which at least one member had a severe disability were 2 percentage points more likely to have difficulties accessing food distributions and were more likely to have difficulties accessing healthcare.

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* WFP noted that they had experienced particular resistance to the introduction of a new food distribution system in these camps.

** The type of documentation was not specified and may have also included ration cards. WFP and their implementing partners established complaint feedback mechanisms and helpdesks at food distribution points to address these issues.

MOVEMENT

- The relatively small sample means that the results on movement are not statistically representative. They are included to give a rough indication and to guide future research.
- The most common reason for people to have moved from their house for more than a week was for work opportunities, followed by healthcare and insufficient food (in the Muslim camps).
- Rakhine tended to move elsewhere in Myanmar or abroad. Of the few people that moved from the Muslim camps, most went to places in the local area including other camps.
- The low level of movement from the Muslim camps to elsewhere in Rakhine State or Myanmar reflects the strict movement restrictions that remain in place.
- Half of those that left from Rakhine villages were female, while in the other target populations less than a third of those that left were female.

MOVEMENT

The findings of the profiling exercise show that Rakhine households in relocated sites were the most likely of the four target populations to have a member of their household that moved away for more than a week in the past six months (8 per cent), followed by Rakhine villages (6 per cent). Levels of movement were much lower among households from Muslim camps (2 per cent) and Muslim villages (3 per cent).

The relatively small size of the sample means that the following results on movement dynamics are not statistically representative. They are included to give a rough indication and to guide future research. Only 206 people from all sample target populations were reported to have moved in the past six months, the smallest sample was from the Muslim villages with only 20 members followed by Rakhine villages (38 members) and Rakhine relocated sites (42 members), and was highest from the Muslim camps with 106 members of the households surveyed (due to the large overall sample size).

Of the people that moved from **Rakhine villages** (of 38 respondents), most:

- Were aged between 25 and 59 years old (58 per cent). Others were youth aged 18 to 24 (25 per cent), children (4 per cent) or elderly (12 per cent);
- Were the only person in their household to leave (65 per cent);
- Only left once in the past 6 months (82 per cent);
- Went to another State in Myanmar (42 per cent) or abroad (34 per cent);
- Left for work opportunities (74 per cent);
- Were expected to return (71 per cent); and
- Approximately half were male and half female.

Of the people that moved from **Rakhine relocated sites** (of 42 respondents), most:

- Were aged between 25 and 59 years old (69 per cent). Others were youth aged 18 to 24 (24 per cent) or children (6 per cent);
- Were the only person in their household to leave (57 per cent);
- Only left once in the past 6 months (74 per cent);
- Went elsewhere in Rakhine State (41 per cent) or another state in Myanmar (24 per cent), with few going abroad (7 per cent);
- Half left for work opportunities (50 per cent), with nearly a quarter moving for healthcare (21 per cent);
- Were expected to return (90 per cent); and
- Were male (70 per cent).

Of the people that moved from **Muslim villages (**of 20 respondents), most:

- Were aged between 25 and 59 years old (65 per cent). Others were youth aged 18 to 24 (29 per cent) or children (6 per cent);
- Were the only person in their household to leave (82 per cent);
- Only left once in the past 6 months (80 per cent);
- Went abroad (35 per cent), to another state in Myanmar (15 per cent), to their village of origin (15 per cent) or elsewhere in Sittwe Township (15 per cent);
- Left for work opportunities (60 per cent) or healthcare (25 per cent);
- Were expected to return (85 per cent); and
- Were male (80 per cent).

Of the people that moved from **Muslim camps** (of 106 respondents), most:

- Were aged between 25 and 59 years old (63 per cent). Others were youth aged 18 to 24 (22 per cent), children (12 per cent) or elderly (3 per cent);
- Were the only person in their household to leave (86 per cent);
- Only left once in the past 6 months (62 per cent);
- Went to a different camp in the Sittwe rural area (22 per cent), the local area around the camp (20 per cent), to Sittwe Township (15 per cent), to their village of origin (12 per cent), or abroad (17 per cent). Virtually none moved elsewhere in Rakhine State (0.04 per cent of the population) or elsewhere in Myanmar (0.02 per cent of the population);
- Moved for either work opportunities (34 per cent), because there was insufficient food in the camps (25 per cent), healthcare (21 per cent), family reasons (8 per cent);
- Were expected to return (81 per cent); and
- Were male (69 per cent).

A number of rough findings can be made from comparing the above movement profiles. Females from Rakhine households are more likely to move than females from Muslim households. The most common reason to move was for work opportunities; healthcare was also commonly reported as was insufficient food in the Muslim camps. Between the target populations, there was a marked difference as to where people were moving. Rakhines tended to move elsewhere in Myanmar or abroad. The national census indicates that the most common destinations for Rakhine moving abroad were Thailand (62 per cent) and Malaysia (25 per cent).[1] The few people that moved from the Muslim camps, were more likely to move to places in the local area. Participants from the focus group discussions give support to this finding, reporting that it was relatively common for people from the Muslim camps to marry people from the surrounding host villages or move to other camps to find work. The low level of movement from the Muslim camps to elsewhere in Rakhine State or Myanmar reflects the strict movement restrictions that remain in place.

COMMUNITY RELATIONS & VULNERABILITY

- Relations within all target communities were perceived to be generally positive including between people in makeshift and temporary shelters in the Muslim camps.
- Sources of tensions in the Muslim camps included: living in close proximity to each other; urban/rural cultural differences; deteriorating infrastructure in the camps; and socio-economic divisions. Sources of tensions between people in temporary and makeshift shelters included: dumping hard waste near makeshift shelters, and inadequate drainage for makeshift shelters. Among the Rakhine, proximity to Muslim settlements was cited as a source of anxiety.
- There were high levels of interaction between people in the Muslim camps and villages with approximately two-thirds of households having some form of interaction in the past week. While interaction was reported to be generally collaborative and positive, some sources of tension include: camps being located on host village farming land; less land available for breeding animals; and increased demand for limited firewood.
- Less than one per cent of the Rakhine households surveyed had any interaction with Muslims in the past week. This was slightly higher but still very low for Muslims in camps and villages interacting with Rakhine. Rakhine humanitarian staff working in the camps was one of the key groups with whom Muslims could interact.
- Muslim females had much lower rates of literacy, labour force participation and ability to speak Rakhine language.
- Elderly-headed households performed worse than the camp average across several key indicators.

COMMUNITY RELATIONS

Within Muslim camps

Relations between people living in the Muslim camps were generally perceived to be positive including between people from different places of origin. Focus group participants indicated that people were generally helpful to each other including lending money and food when others were in need. When quarrels occur, participants noted that they were often between children or between men. Focus group participants drew attention to several sources of tension including: living in close proximity to each other; cultural differences based on whether people came from urban or rural places before displacement; deteriorating condition of infrastructure in the camps; and the divide between the poor and those that are better off. However, some participants noted that gossip and cases of stealing eroded trust within the community.

Male and female youth and adults participating in the focus group discussions reported that they generally trusted the people in their camp as well as community and religious leaders. However, secondary sources point to widespread harassment and extortion by Camp Management Committees in the Sittwe rural camps. These Committees are composed of persons living in the camp who are installed by the Government to represent their camp. At the time of writing, efforts were underway to improve the accountability of the Camp Management Committees including the development of terms of reference and a code of conduct.[1]

Relations between people living in the temporary shelters and those in makeshift shelters were perceived to be generally positive with some exceptions. Many people lived in makeshift shelters before the temporary shelters were built and move back into tents if their shelters collapse. This fosters a sense of understanding that manifests in various ways, including people in the temporary shelters providing people living in makeshift shelters a place to stay during extreme weather such as heavy rain. Sources of tension included: people from the makeshift shelters dumping hard waste near makeshift shelters, and insufficient drainage for makeshift shelters. People in the makeshift shelters were understood to be poorer and in a particularly insecure situation.

Many social groups were active in the Muslim camps with most organised either by religious groups or humanitarian agencies. Groups active in the camps included: social welfare groups, youth groups, women's organisations, football clubs, and children meeting at child-friendly spaces. There were also more official groups including those meeting about camp management, volunteer fire brigade and nutrition promotion. People that are less educated, poor, elderly, chronically ill or disabled were viewed as having more difficulties participating in social groups.

Participants in all eight focus group discussions conducted in the Muslim camps mentioned that movement between people in the camps was not uncommon. The main pull factors for people to move to other camps was to be closer to their families or to look for work; push factors included disputes with neighbours or insufficient access to food. A few participants also mentioned that some people had sold their shelter unit and/or food distribution cards. Movement between the camps was considered more common than people moving into the surrounding villages.

Within Muslim villages

Community relations in Muslim villages were viewed as being generally good. Most people reported that they trusted each other. Elderly people and teachers were particularly trusted members of the community. The main social groups active in Muslim villages were village committees, youth groups, volunteer fire brigade and religious groups. Disabled people were mentioned as having particular challenges participating in social groups.

Children at a water pump in Baw Du Pha IDP Camp (Photo: OCHA/ Htet Htet Oo)

"When we first arrived, we didn't know each other and we were not always friendly to each other. There were cultural differences with people from rural villages blaming women from the town for not wearing the veil. However, over time we began to get on and now everyone is helpful to each other." 15-year-old girl from Baw Du Pha 2

Within Rakhine relocated sites and villages

Relations within the Rakhine villages and relocated sites were generally perceived as being positive however, proximity to Muslim settlements was cited as a source of anxiety within the villages by some women. Issues in the villages mainly stemmed from the isolation of rural villages and the lack of job opportunities. Rakhine villages were viewed as having a high level of trust and being very homogenous. Social groups—including blood donor groups, religious groups, children's groups, and unmarried/single men and women groups—were perceived as being generally inclusive.

Between Muslim camps and Muslim villages

The household survey and focus group discussions point to high levels of interaction between people living in the Muslim camps and surrounding villages. This is facilitated by the lack of movement restrictions between camps and villages in the Sittwe rural area. Approximately 65 per cent of households from Muslim villages and 70 per cent from Muslim camps had some form of interaction with people from the villages in the seven days before the survey. The most common reason for interacting—mentioned by approximately two-thirds of households from both communities—was for social relations, followed by community groups (including children attending primary school in the villages) and around 10 per cent of both target populations had members that interacted for trade or business purposes.

All focus group discussions from the Muslim camps and Muslim villages mentioned that relations between the two communities were generally collaborative. There were many stories of the two groups interacting and helping each other, whether it was people from the village renting trishaws to people from camps, youth from both groups playing football together, children going to school together, people setting up businesses together, cooking dinners for each other, or young people from the two communities getting married. Camp focus group participants recalled how people from the village had supported them with food, clothing and a place to stay when they first arrived in the Sittwe rural camp area.

However, some tensions between the two communities were also reported. Causes of friction mentioned by participants include: camps being located on host village farming land; little land being available for breeding animals; and increased demand for limited firewood. One 16-year-old girl mentioned that some children were discriminated against in the village schools, however, this did not appear to be common. An older woman said that the people from the host villages "did not want the camp people to come to their place and that we make it difficult for them to breed cows and buffalos." But these negative stories were few compared with often very positive stories. Intermarriage between the two communities was seen as a source of improved relations in the future with one participant from the host villages estimating that nearly a quarter of all marriages from the camps were with people from the nearby villages.

Between Rakhines, and Muslim camps and villages

There is a striking lack of interaction between Rakhine and Muslim target populations. One per cent or less of the Rakhine households surveyed reported that they had some interaction with someone from the Muslim camps or villages in the past seven days. This was mainly for trade and business or social relations, there do not appear to be any common community groups. The proportion of households from Muslim camps and villages reporting to have interacted with Rakhine was somewhat higher at 13 per cent and 11 per cent respectively; this was mainly for social relations and business/trade. Rakhine humanitarian staff working in the camps was one of the key groups with whom Muslims could interact.

Even when they were not asked about relations with Muslims, several participants in the Rakhine focus group discussions expressed fear and mistrust of Muslims. However, other Rakhine participants were more positive. They expressed a desire to build mutual understanding of each other and develop a better relationship. Through the household survey and focus group discussions, Muslims from the camps and villages expressed desire for improved relations with the Rakhine. Other, more extensive research into inter-communal relations came out with similar findings.[2] The declining levels of Rakhine language spoken in the camps will make it more difficult to improve inter-communal relations in the future.

Figure 61: Interaction between people in Muslim camps and Muslim villages in past week

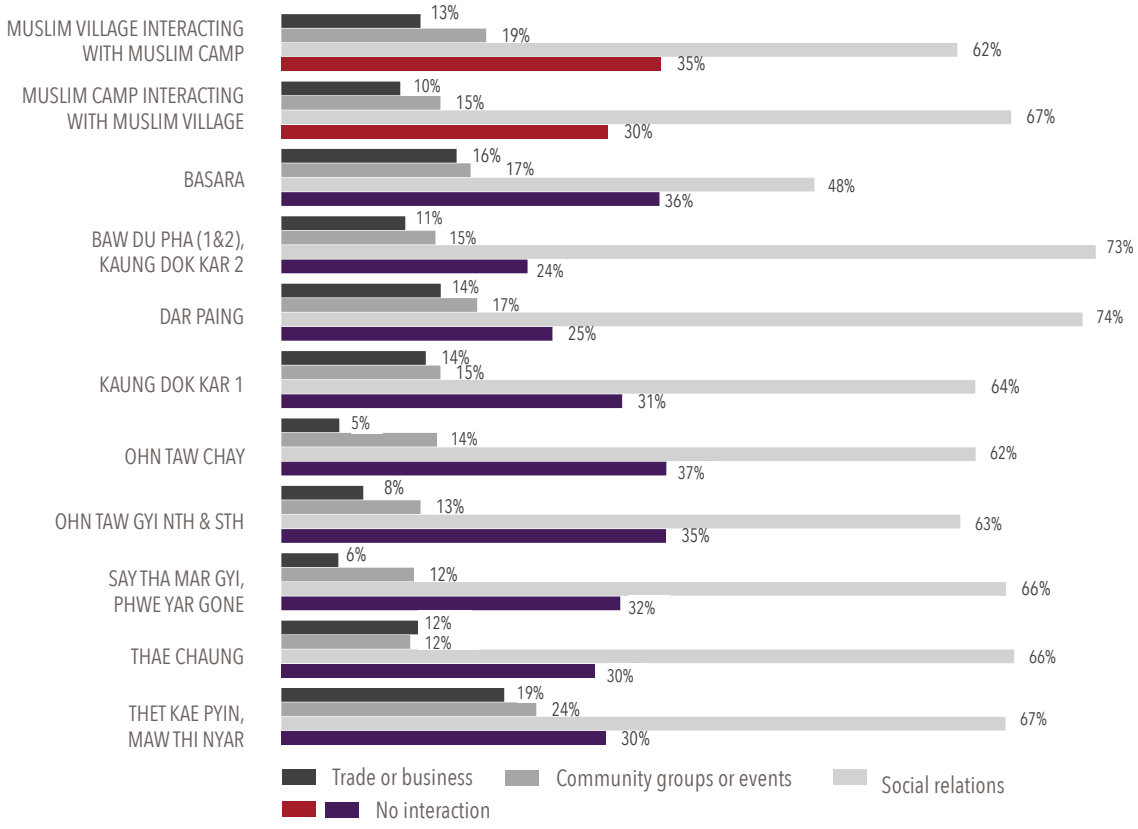


Figure 62: Muslims interacting with Rakhine in the past week

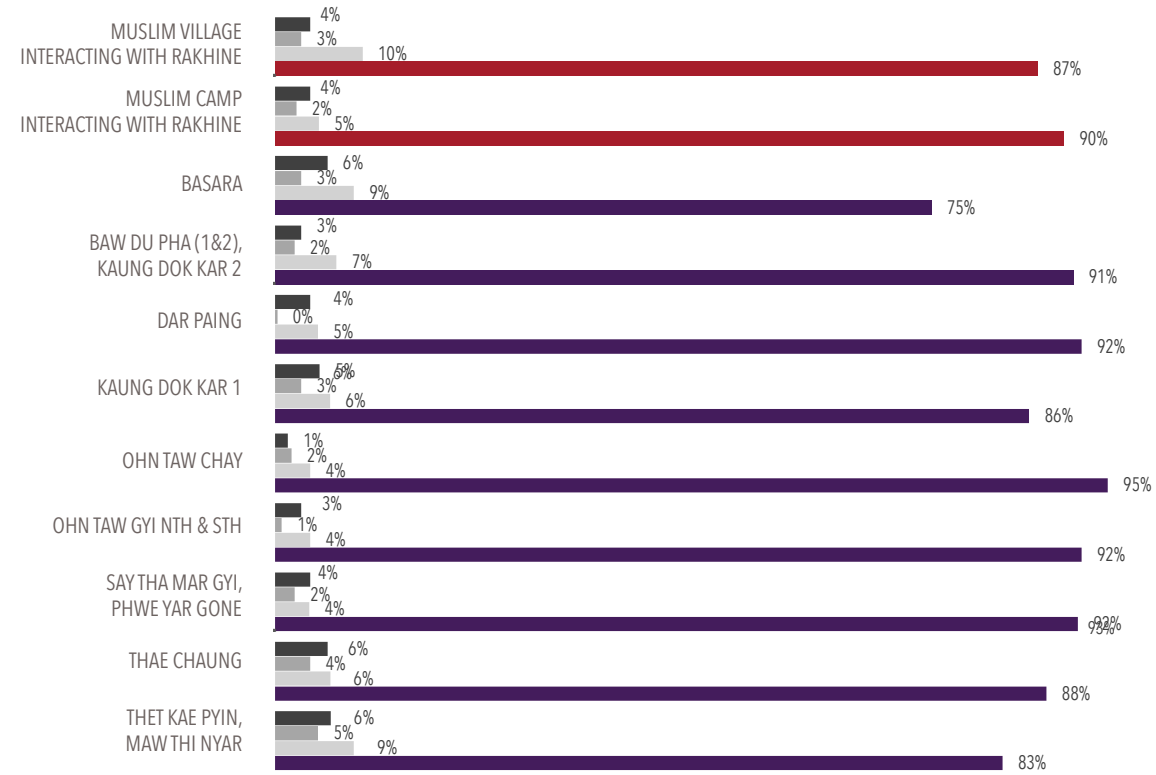
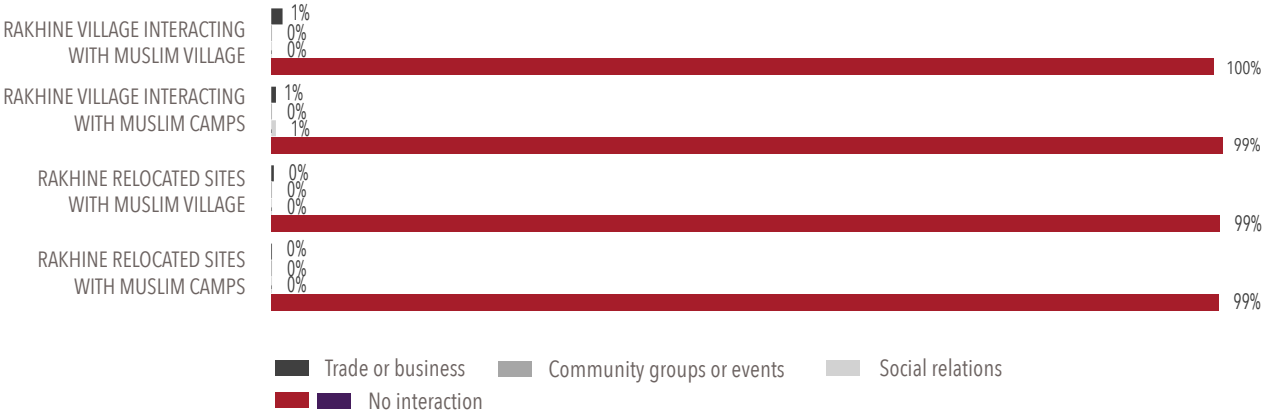


Figure 63: Rakhine interacting with Muslims in the past week



WHO IS VULNERABLE TO WHAT IN THE MUSLIM CAMPS?

A brief analysis was conducted of different potentially vulnerable household types in the Muslim camps to shed light on their specific vulnerabilities. The analysis was run on female-headed households (with no able-bodied adult household members), elderly-headed households (with no able-bodied adult household members), households in which at least one person has a severe impairment, widow/widower-headed households, households in which no-one speaks Rakhine or Myanmar languages, and households in which no-one is literate. The results of the profiling exercise indicate that on average females have much lower rates of adult literacy, speaking Rakhine or Myanmar, labour force participation and secondary education, compared with males. As a result, females may be more vulnerable than males at the individual level. However, a more in-depth analysis of individual-level vulnerability is not possible with the profiling exercise data as most of the information is provided at the household level.

Elderly-headed households (sample size: 64 households; population estimate: 401 households): The profiling exercise shows that, on average, elderly-headed households performed worse than the Muslim camp average across several key indicators. The rate of households with poor or borderline food consumption among elderly households was more than twice the Muslim camp average (45 per cent; 28 per cent); while they were nearly three times as likely to not have any member working (74 per cent; 27 per cent). Compared with the camp average, elderly-headed households were more likely to have no members that can speak Myanmar or Rakhine language (42 per cent; camp average: 16 per cent) or are literate (68 per cent; 47 per cent). In addition, they were significantly more likely to have difficulties covering important expenses, were less likely to own sufficient clothing and were more likely to report having difficulties accessing humanitarian assistance.

Female-headed households (sample size: 394 households; population estimate: 2,088 households): Female-headed households performed the same or better than the camp average in terms of several key indicators including: being able to cover important expenses in the past six months, access to humanitarian assistance, having at least one household member working, food security and food consumption. They were also more likely to have at least one member that is literate, and someone that is able to speak Rakhine or Myanmar languages. That said, female-headed households were significantly less likely to seek healthcare for serious health issues and were more likely to be in the lowest expenditure quintile.

Households in which at least one person has a serious impairment (sample size: 258 households; population estimate: 1,298 households): These households were 11 percentage points more likely to have difficulties in covering important expenses in the past six months. They were also 5 percentage points more likely to be indebted, and 11 per cent more had poor or borderline food security compared with the Muslim camp average. The findings indicate that these households are more likely to go into debt to cover healthcare expenses with knock-on effects for food consumption.

Widow/widower-headed households (sample size: 583 households; population estimate: 1,922 households): These households were more likely to have no member of the household that is able to speak Rakhine or Myanmar languages, or who is literate. Widow/widower-headed households were also 9 per cent more likely to have poor or borderline food consumption.

Households in which no member can speak Rakhine or Myanmar language (sample size: 498 households; population estimate: 2,862 households): Nearly half of these households were not receiving food assistance from WFP and partners (45 per cent compared with the camp average of 27 per cent), they were significantly more likely to have no household members working, and were 5 percentage points more likely to have high severity in terms of coping strategy index. There were also 10 percentage points more likely to have poor or borderline food consumption compared with the camp average.

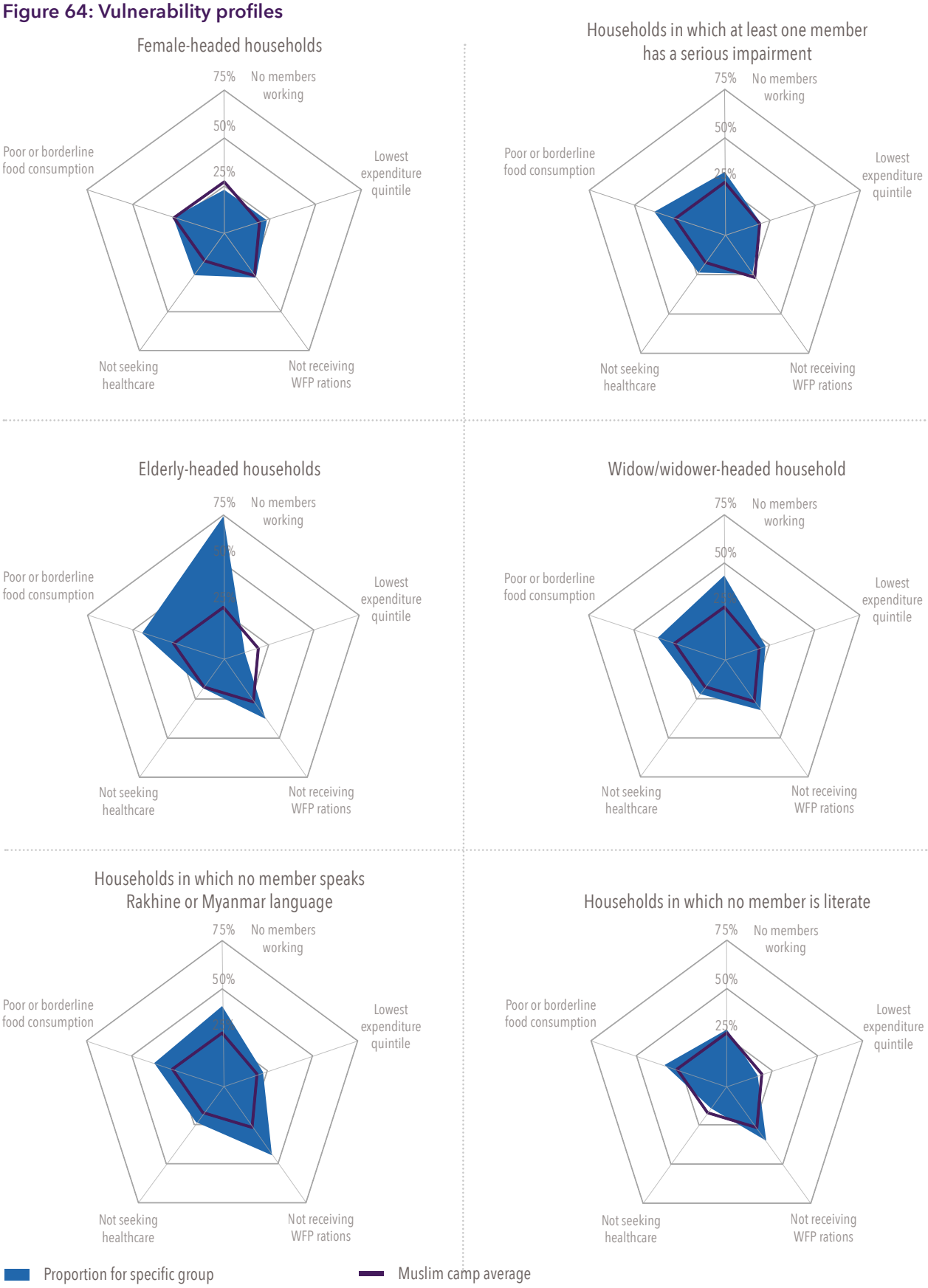
Households in which no member is literate (sample size: 1,486 households; population estimate: 8,225 households): Fully illiterate households were significantly more likely to be indebted, and were 10 percentage points less likely to report having sufficient clothing compared with the Muslim camp average.

Box 5: How to read the vulnerability profiles

The vulernability profiles present information on five key indicators for different potentially vulnerable groups. These indicators include: food consumption score, not seeking healthcare for serious health issues, expenditure quintiles, number of members working and whether the household is receiving food rations from WFP and partners. The blue area represents the information for the group in question (e.g. female-headed households) while the purple line represents the Muslim camp average.

Each spoke represents between 0 and 75 per cent, with the blue/purple crossing the spoke at the correct percentage. If the line/shape cuts the spoke further from the centre, it represents a higher proportion of people performing worse on that indicator. Therefore, the larger the shape, and the further out from the purple average, indicates a heightened vulnerability based on the few indicators provided.

Figure 64: Vulnerability profiles



SELF-IDENTIFIED PRIORITY NEEDS

- The most frequently cited top non-cash priority need across all target populations was food. Among the Muslim groups and for the Rakhine relocated sites, more than half the respondents rated food as their first need, as well as 42 per cent of respondents from Rakhine villages.
- After food, health services and job opportunities, education and shelter/housing assistance were the most frequently cited priorty needs across all target populations.
- A higher proportion of Rakhine villagers identified clothes and water storage containers as their top priority need; while sanitation facilities and drinking water were more commonly cited among households from the Rakhine relocated sites.
- The main season-specific need across all target populations in winter was blankets followed by warm clothes.
- The main season-specific needs in the hot dry summer season were cooler clothes and shelter/housing for the Muslim camps and villages. The highest rate of respondents mentioning drinking water as their main season-specific need in summer was from the Rakhine relocated sites.
- The most frequently cited needs in the wet season were food, shelter, and wet weather gear including raincoats, gumboots and umbrellas.

SELF-IDENTIFIED NEEDS

Respondents were asked six questions about their top non-cash priority. They were first asked their top, second and third non-cash priority needed to improve their current situation. They were then asked to identify their top season-specific need for the wet, hot dry and cold dry seasons. The responses were based on current needs taking into account the assistance they are currently receiving. It should be noted that cash was not an option, some of these needs could potentially be met through cash or livelihoods assistance. Any changes to the level and types of assistance currently provided or a significant change in the situation would, therefore, affect which needs are prioritised.

The most frequently cited top non-cash priority need across all target populations was food.* Among the Muslim target populations and for the Rakhine relocated sites more than half the respondents rated food as their first need, as well as 42 per cent of respondents from Rakhine villages. The rate of people reporting food as their top need was highest in the Dar Paing makeshift shelters (73 per cent), Ohn Taw Gyi North and South (63 per cent) and Kaung Dok Kar 1 (62 per cent). Significantly less people reported food as their second or third need, indicating that in most cases when people need food, it is their top priority. Food was most frequently cited as a season-specific priority need in the wet season across all target populations (about 14 per cent).

After food, the top overall need for households from Rakhine villages and relocated sites was health services (56 per cent; 65 per cent, as one of their top three priority needs), followed by job opportunities (55 per cent; 53 per cent), education (20 per cent; 27 per cent) and shelter/housing assistance (21 per cent; 20 per cent). Of the four target populations, a higher proportion of Rakhine villagers identified clothes and water storage containers as their top priority need. Meanwhile, the percentage of people identifying sanitation facilities and drinking water as their top need was higher among the Rakhine relocated site population.

* The question asked specifically about non-cash needs. However, there is a possibility that cash could cover various key expenses. Furthermore, with some people selling food rations, it is possible that food may have been mentioned by respondents as a proxy for cash.

Figure 65: Self-reported priority needs in Rakhine villages

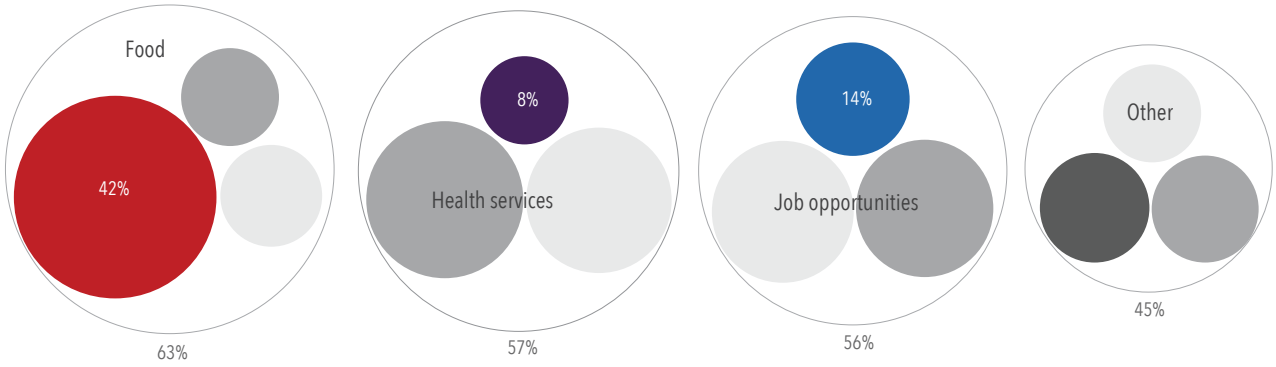


Figure 66: Self-reported priority needs in Rakhine relocated sites

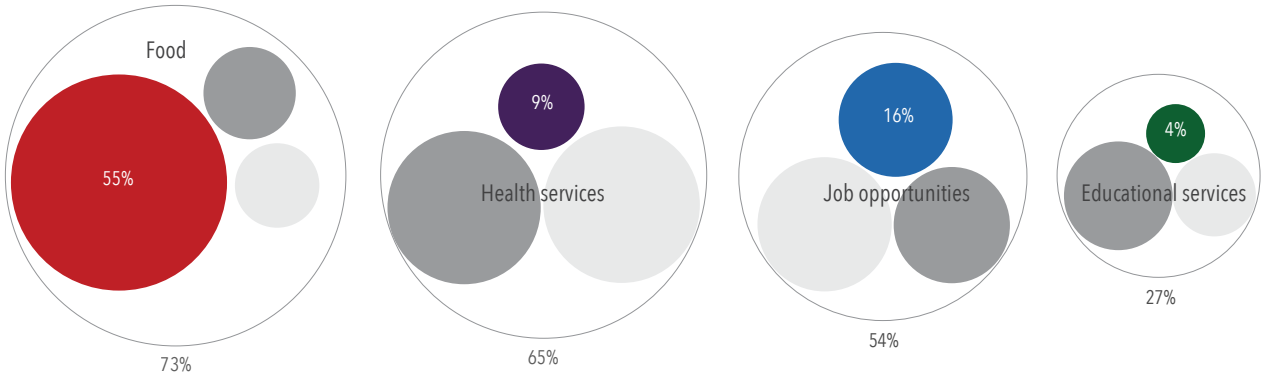


Figure 67: Self-reported priority needs in Muslim villages

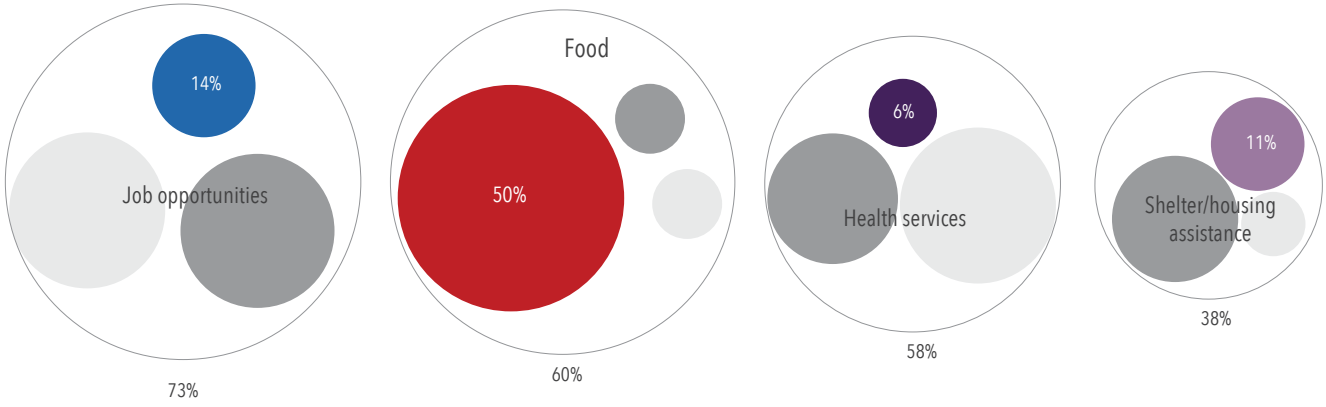
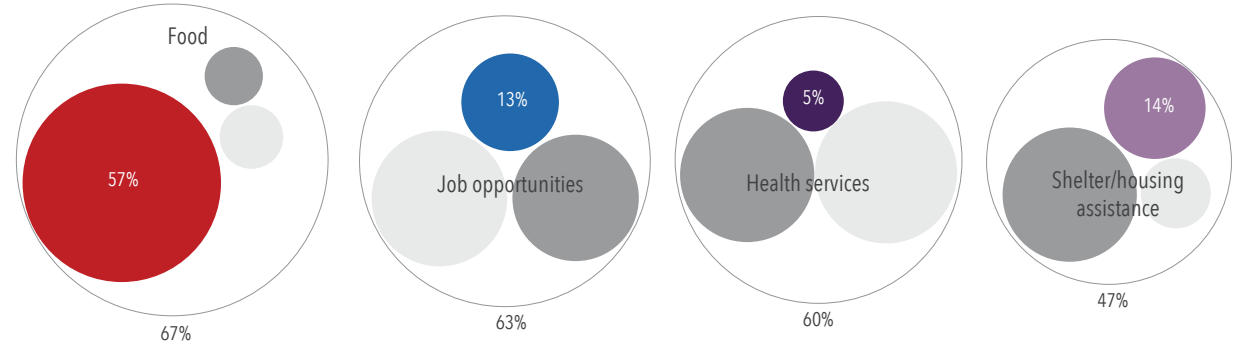
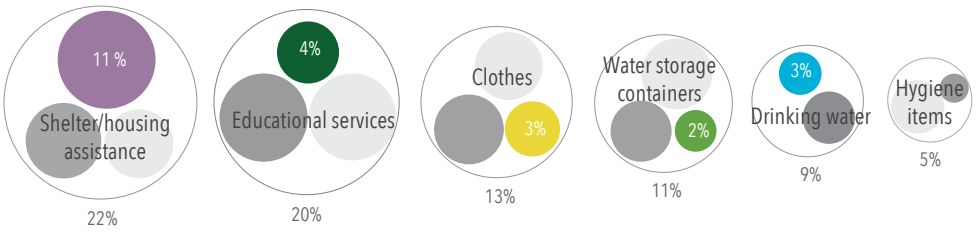
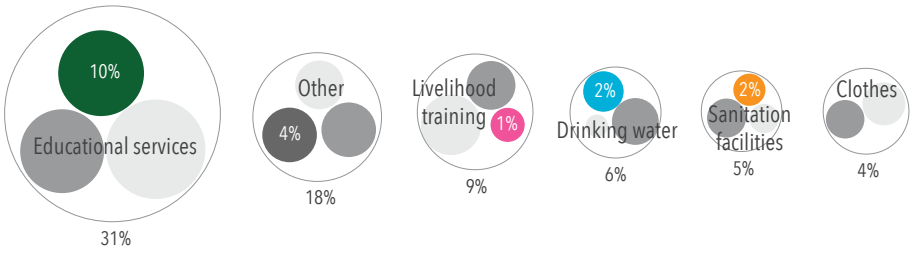


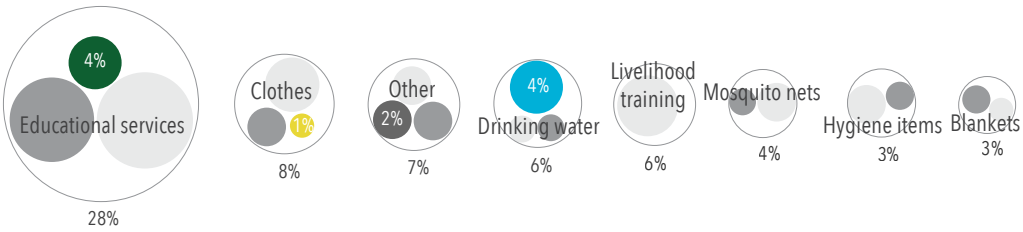
Figure 68: Self-reported priority needs in Muslim camps




11 %
Shelter/housing assistance
22%
4%
Educational services
20%
Clothes
3%
13%
Water storage containers
2%
11%
3%
Drinking water
9%
Hygiene items
5%


5%
Drinking water
20%
5%
Shelter/housing assistance
20%
Other
4%
18%
Livelihood training
9%
2%
Sanitation facilities
8%
Clothes
7%


10%
Educational services
31%
Other
4%
18%
Livelihood training
1%
9%
2%
Drinking water
6%
2%
Sanitation facilities
5%
Clothes
4%


4%
Educational services
28%
Clothes
1%
8%
Other
2%
7%
4%
Drinking water
6%
Livelihood training
6%
Mosquito nets
4%
Hygiene items
3%
Blankets
3%

Among the Muslim village and camp populations, the other priority needs* most frequently identified were job opportunities (72 per cent; 62 per cent), health services (58 per cent; 60 per cent), shelter/housing assistance (37 per cent; 46 per cent) and education (31 per cent; 28 per cent). Livelihood training and sanitation facilities were more commonly cited as top priority needs by Muslim villages, while drinking water and clothes were most commonly cited by Muslim camp respondents.

The proportion of respondents reporting that shelter/housing assistance was their top priority in Thae Chaung and the Dar Paing makeshift shelters was nearly double that of the other camps. This is unsurprising given that these households are predominantly living in makeshift shelters. The proportion of respondents from the other camps rating shelter/housing assistance as their second or third need was also high. Meanwhile, the proportion of respondents citing education as their top priority need was highest in Ohn Taw Chay and the Dar Paing temporary shelters. The only camp where sanitation facilities were mentioned as a priority need was in Thae Chaung, which was significantly below SPHERE standards for latrines.

In terms of season-specific needs, across all target populations the main need in winter was for blankets followed by warm clothes. Blankets were mentioned in the Muslim camps and villages more than twice as often as in the Rakhine villages. However, although the vast majority of households reported that they currently owned blankets among the Muslim camps (88 per cent) and villages (72 per cent), this was less among the Rakhine relocated sites (61 per cent) and Rakhine villages (45 per cent). This may indicate that while most households own blankets, they are not sufficient to meet their needs in winter.

The main season-specific needs in the hot dry summer season were cooler clothes and shelter/housing for the Muslim camps and villages. The highest rate of respondents mentioning drinking water as their main season-specific need in summer was from the Rakhine relocated sites (36 per cent). The most frequently cited needs in the wet season were food, shelter assistance (mainly from Muslim target populations) and wet weather gear including raincoats, gumboots and umbrellas. Hygiene items and drinking water were mentioned as a season-specific need most frequently for the summer season, water storage containers and sanitation facilities in the wet season, and mosquito nets in the summer and wet seasons. Additional needs that were highlighted by respondents included fans, electricity, flood reduction measures and wind breaks, kitchen utensils and freedom of movement.

Nearly half of the Muslim households surveyed did not currently own sufficient clothing. This was lower among the Rakhine relocated sites (29 per cent) and the Rakhine villages (17 per cent). Clothing ownership was relatively standard across the Muslim camps. It is interesting to note that while clothing is not necessarily an overall priority, there was significant need for season-specific clothing whether this is cool clothes in summer, warm clothes in winter or wet weather gear in the wet season.

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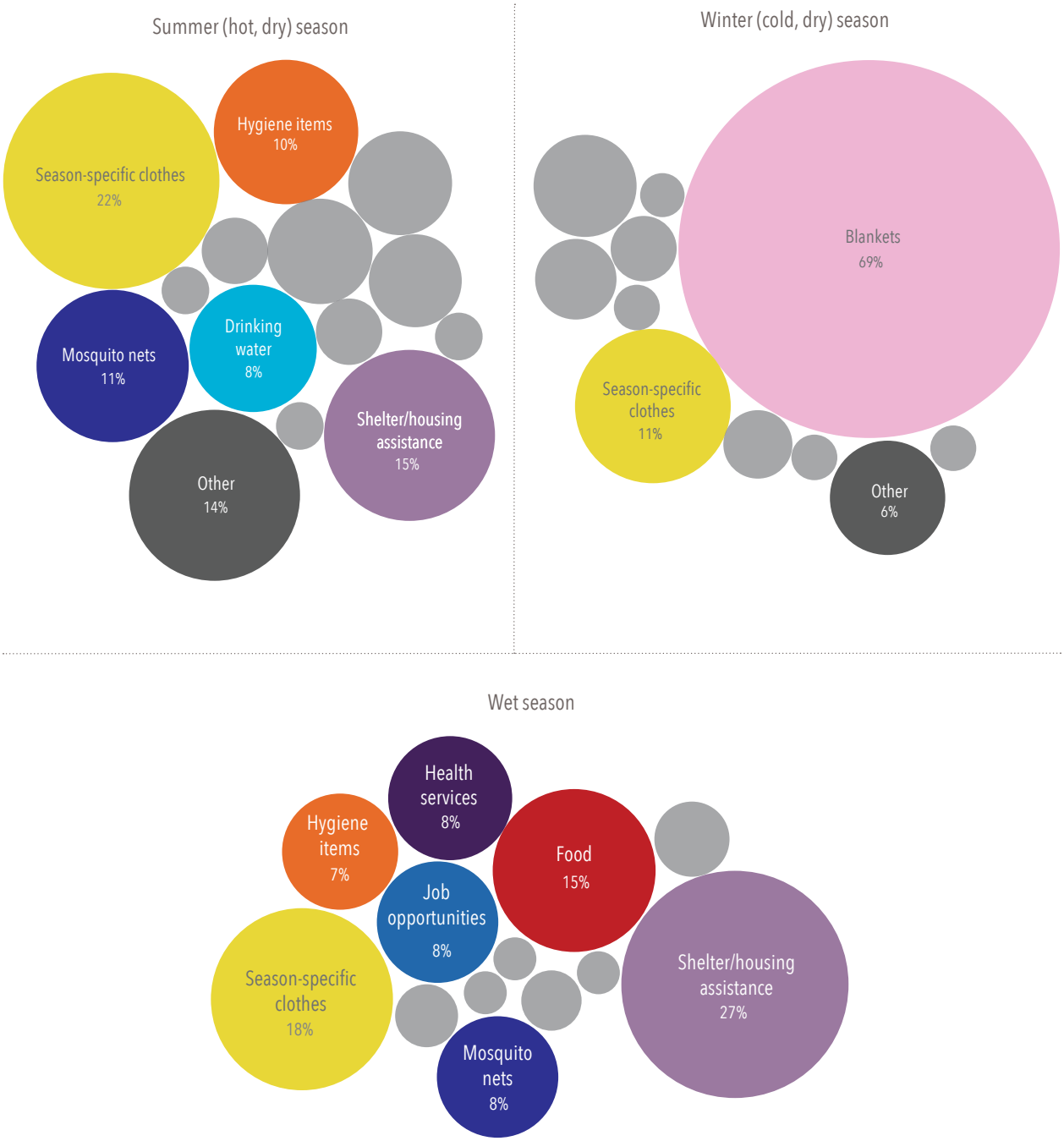
* Mentioned as the top, second or third overall priority need.

Figure 69: Self-reported season-specific priority needs in Muslim camps



Box 6: How to read the self-reported needs proportional circle graph

The findings of the household survey in terms of the top, second and third priority needs identified by the respondents have been assembled into a proportional circle graph. The first priority needs are presented in correctly proportional coloured circles. The second priority needs are presented in medium grey and the third priority needs in light grey. Meanwhile, the grouping circle represents the total proportion of people who mentioned the given need as either their top, second, or third priority need.

The proportional circles are ordered from the need which the highest proportion of respondents reported as one of their top three needs on the left, to the need with the lowest proportion on the right. Needs that were mentioned by less than 4 per cent of the population group are included under 'other'. It is hoped that this graph facilitates a cross-comparison of priority needs between the population group, as well as highlighting which needs are generally considered of top, second or third priority.

Worked examples:

- Of the respondents from Rakhine villages, 42 per cent indicated that food was their top priority need (red circle), while 63 per cent cited it as one of their top three priority needs.
- Among respondents from the Muslim villages, 72 per cent of respondents cited job opportunities as one of their top three priority needs, however only 13 per cent cited it as their top priority need (blue circle).
- In the Muslim camps, 6 per cent cited drinking water as one of their top three priority needs, and 4 per cent cited it as their top priority need (light blue circle).

LOOKING FORWARD

- Bringing an end to displacement in a way that is consultative, voluntary, and conducted in a way that respects the dignity and safety of people is critical.
- 94- per cent of people in the Muslim camps would prefer to live in their pre-2012 place of origin. The main reasons cited for this were access to education, job opportunities, reconnecting with pre-displacement social networks, better access to healthcare and living in safer/more reliable housing. However, the reasons are likely to be more complex.
- The most frequently cited pre-requisites for return were: the provision of housing, peaceful co-existence with local community and livelihoods.
- The main improvements people reported that could be made in the camps include: better access to education, more job opportunities, better healthcare, and changes to the temporary shelters including making the units larger and safer.
- The main improvements people reported that could be made to the shelters include: replacing bamboo floor and walls with wood, repairing roofs with better quality materials, expanding the space provided for each unit, and changing the materials of doors and walls so people cannot see into rooms.

"We want to go back to our place of origin. We also miss the people and our friends from there." *19-year-old girl from camps.*

LOOKING FORWARD

The Guiding Principles on Internal Displacement state that internal displacement "shall last no longer than required by the circumstances".[1] Internal displacement exposes people to a variety of specific risks and vulnerabilities, therefore it is vital that efforts are made to find a more durable solution.[2] Ensuring that people are treated with safety and dignity must also be central to any Government and humanitarian community planning and response.

Three potential solutions to internal displacement are to return to the place of origin, to integrate into the local areas where people initially sought refuge, or to resettle in another location.[3] In order to be considered durable, these solutions must be based on: long-term safety and security; restitution of or compensation for lost property; and an environment that sustains the pre-displacement economic and social life of the displaced person.[4] The Guiding Principles underscore that "special efforts should be made to ensure the full participation of internally displaced persons in the planning and management of their return or resettlement and reintegration."[5]

When people from the Muslim camps were asked about where they would prefer to live in the future, the profiling exercise found that nearly all respondents answered that they would prefer to live in their pre-displacement place of residence (94 per cent).* Meanwhile, 97 per cent said that they would not choose to remain in the camp if they had the choice to return to their place of origin and nearly half of the remaining 3 per cent mentioned that they would consider returning to their place of origin if it was an option. The finding that most people want to return to their pre-crisis place of residence was supported by the majority of responses across all eight focus group discussions.

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* While the enumerators did not prompt respondents with answers, the list given on the survey form included "village of origin" rather than "place of origin". Some 1,338 respondents (6 per cent) responded that they would prefer to move to "Sittwe Township", 86 per cent of these were from urban Sittwe before displacement. Follow-up with enumerators indicated that "Sittwe Township" was recorded rather than "village of origin" for people from urban Sittwe due to confusion over the wording of the answer (as they came from towns rather than villages); according to the enumerators, these respondents were referring to their place of origin. For the purpose of the present analysis, those that reported that they would prefer to move to "Sittwe Township" but who were originally from urban Sittwe, together with those who responded with "village of origin", were included in the analysis as preferring to return to their "place of origin". In addition, there were some 180 respondents, with a large proportion from Bu May, who reported that they would prefer to move to Sittwe Township. More research is required to determine where within Sittwe Township these people would prefer to move.

Better access to education was cited as a key factor by many focus group participants as to why they wanted to return to their place of origin. Other frequently-cited reasons for wanting to return included reconnecting with pre-displacement social networks and neighbourhoods, improved job opportunities, better access to healthcare, and living in safer and more reliable housing. Most believed that returning to their place of origin would be better for their children, and one 40-year-old man mentioned that he would like to move back so his children can learn Rakhine language. Based on the reasons given, returning to their place of origin was taken to involve increased freedom of movement, and improved access to livelihood opportunities and services (including education and healthcare). The reasons for people preferring to return are undoubtedly more complex than the profiling exercise was able to gauge, and will likely require further analysis of the data and research at the individual camp level.

A girl looks out from her shelter in the camps (Photo: OCHA)

The most frequent pre-requisite that people mentioned would need to be met in order for them to return to their place of origin was the provision of housing on a plot of land that they own (53 per cent). In total, 64 per cent of the total Sittwe camp population come from urban Sittwe, with 35 per cent coming from the single ward of Set Yone Su ward. Before the 2012 crisis, many people in Set Yone Su were living in poor conditions in a densely populated area around the main market. The second most frequently cited requirement to return was peaceful coexistence with the local community (23 per cent) or security (6 per cent). In addition, 10 per cent indicated that their main condition to return would be access to employment opportunities.

Ensuring peaceful coexistence and security is a key factor when considering the potential for displaced persons to return to their pre-crisis ward of residence. The Rakhine Inquiry Commission found that "records show a long history of peaceful relations between Rakhine people and Muslim groups."[6] This was supported by informal discussions conducted during the profiling exercise, which indicated that before the 2012 crisis, many Rakhine and Muslims interacted with people from the other community on a regular basis including through social networks and for business. By stark comparison, the profiling exercise found that less than 1 per cent of Rakhine households had any interaction with people from the Muslim villages or camps in the past week, while only 10 per cent of households from Muslim camps and 13 per cent from Muslim villages had any interaction with Rakhine people in the past week. Indeed, the segregation of the Sittwe rural area and the movement restrictions for Muslims in downtown Sittwe make such interaction extremely difficult. This makes it more difficult for people to sustain narratives of inter-communal relations based on their own personal experience. This is particularly true for younger persons, with children under 10 years old unlikely to remember having regular interaction with people from the other community. Distrust of the other community was evidenced in the focus group discussions, especially among the Rakhine villages. This underscores the need for a sustained effort to reduce tensions and improve inter-communal relations. Decreasing rates of Muslims and Rakhine that are able to speak a common language, especially among the younger generation, poses a challenge for strengthened relations in the future.

When it comes to returning to their places of pre-crisis residence, people in the camps from villages in rural Sittwe face somewhat different challenges to those from urban Sittwe. Of the people in the Sittwe camps, 20 per cent were living in rural Sittwe before the 2012 crisis (an estimated 3,444 households), with 10 per cent from the village tract of Bu May (an estimated 1,813 households). Secondary sources suggest that a lack of livelihoods and fear based on their proximity to Rakhine communities were key reasons behind these households leaving their place of origin. More research is required to establish whether these people would be willing to return to their village of origin if inter-communal tensions were allayed, and they were provided with concrete and sustained livelihood opportunities. There were no significant differences between the pre-conditions for return mentioned by respondents from urban Sittwe compared with rural Sittwe.

In addition to housing and peaceful co-existence, the third most frequent pre-condition for returning to the place of origin cited by 10 per cent of respondents was employment opportunities. Given the very low incomes, rates of asset ownership and coping mechanisms available to people in the camps,

better access to improved livelihood opportunities will need to be a central component of any return, reintegration or resettlement plan. As long as movement restrictions remain in place, Muslims in the Sittwe rural area will likely find it difficult to regain access to livelihoods. Meanwhile, the provision of civil documentation is required for the ownership of housing and land. Both freedom of movement and the provision of civil documentation are required in order for any solution to be considered durable.

There was little variation between people from Pauktaw Township and people from Sittwe Township who were residing in the Sittwe rural camps in terms of the reasons why they wanted to return and their pre-conditions for doing so. Similarly, there were few differences between people who were from urban Sittwe before 2012 compared with those from rural Sittwe. Between the camps, people living in Phwe Yar Gone and Kaung Dok Kar 2 were nearly twice as likely to identify the provision of housing on own land as their main condition to return, while this was least cited among people living in Basara.

While the vast majority of respondents reported that they would prefer to return to their place of origin, 2 per cent mentioned that they would prefer to move abroad, 1.7 per cent reported that they would prefer to move to the local area around the camp, and 1.2 per cent preferred to live elsewhere in Rakhine State. On average, households from Pauktaw were more likely to prefer moving to the local area around the camp. Meanwhile, 64 per cent of those that would prefer to move abroad were from Sittwe and most of the rest from Pauktaw Township. While some focus group participants accepted that they may have to live in the camps for another year, nearly all wanted to move back as soon as possible and most believed that they will return to their place of origin in the next five years.

Of the 76 respondents (3 per cent of those surveyed) that reported that they would prefer to stay in the camps even if they had the opportunity to return to their place of origin, the most frequent reason given for this was that they do not have a house in their place of origin (10 respondents). The other reasons cited were: access to services including education and health (9 respondents); better job opportunities (8 respondents); and fear of future conflict (5 respondents). Those that mentioned that they would prefer to stay in the camps were generally from wards that contributed a small number of people to the Sittwe camps, or from other Districts such as Mrauk-U or Maungdaw.

When presented with the hypothetical scenario of staying in the camps for one more year, focus group participants from the Muslim camps mentioned some improvements that would be required. The most frequently cited improvements included better access to education, more job opportunities, better healthcare, and changes to the temporary shelters including making the units larger and safer. In addition, some participants mentioned having their own latrine, improved access to communication services including mobile phones, access to agricultural land, and more kitchen utensils. One adolescent girl also mentioned access to high school as a priority. To improve the situation in the Muslim villages, participants from the villages mentioned that they wanted to see improvements in education, healthcare including specialist doctors, increased availability of foodstuffs and more work opportunities.

Based on the same hypothetical scenario, focus group discussion participants from the Sittwe rural camps were asked "if you needed to stay in temporary shelters for more than a year, how could they be improved?" The most common answers were that the bamboo should be replaced with wood

(especially for the floors and walls), that the roofs should be repaired with better quality materials and that the current communal temporary shelters should be replaced with individual houses. Female youth participants noted that if they stay in the same temporary shelters, the rooms should be made larger as they are currently overcrowded. It was suggested, for example, that the 8-unit temporary shelters could be transformed into 4-unit temporary shelters to provide more space. Two focus groups mentioned that the temporary shelters should be connected to electricity: at present, the camps are not connected to electricity mains. Improved latrines and bathing spaces, especially for women, were also mentioned.

The need for improvements in safety and privacy were mentioned in several of the male and female adult focus groups. One female participant stated that "the rooms in the shelters need to be safer. At the moment, the rooms are not safe for women as people can see into the rooms even when the door is closed. We want to have a shelter just for a husband, wife, their brothers and sisters, and children because at the moment we feel unsafe". Moving to individual shelters was perceived by some as being important for improving relations between people in the camps. Discussions around the temporary shelters including the materials used and space allocations should take into account what this means for the dignity and safety of affected people, and what influence it might have on the permanence of the camps.

It is unsurprising that people living in communal shelters would prefer to have their own space with the increased privacy that this entails. However, important questions remain about where these individual shelters would be, and what ownership rights people would have over the land and/or shelter. It should also be taken into account that given the already limited agricultural land in the area in the immediate vicinity of the current camps, expanding the existing camps in Sittwe rural may fuel tensions with the local host community. The Shelter Cluster estimates that transitioning the population in temporary shelters into individual shelters would require approximately four times as much land. Moreover, if people decide to relocate at a time when they do not have the option to return, this does not mean that they renounce their right to return to their original place of residence if this becomes feasible at a later date.

Based on the hypothetical scenario of moving from the camps, focus group participants expressed strongly that they would prefer to move with their neighbours and other people from their village or ward of origin. The Guiding Principles on Internal Displacement establish that "family members who wish to remain together shall be allowed to do so". While the Guiding Principles do not cover wider neighbourhood or community groups, any relocation or return process should involve the people in the camps in the process, and take into account their preferences. Retaining a sense of community—including based on pre-displacement neighbourhoods—makes it more likely that any return or resettlement would cause less upheaval for people and would likely lead to improved social cohesion. It should be remembered that any movement of the people from the camps would involve uprooting people and the social networks they have developed over the past five years. Such movements are often particularly difficult for young children, with children under 10 years in the Muslim camps unlikely to remember living anywhere before the camps.

Any discussions around looking towards different solutions should pay particular attention to the situation of newly married Muslim internally displaced persons. In Myanmar, when couples become married they should be taken off their families' household list and start their own list. However, this often does not happen for Muslims in Rakhine State. When the Sittwe rural camps were established (and in the period since), applications to gain access to shelter were contingent on family lists. This meant that newly married couples often cannot apply for a separate shelter and instead have to continue living with their parents.

Key protection standards and principles can guide the planning and implementation of potential solutions. These include ensuring that: any return, relocation or local reintegration process is voluntary; that people in the camps are informed and consulted well in advance, during and after any movement process; and that movement processes are conducted in a way that is respectful of affected people's dignity and safety. Special consideration, assistance and support should be provided to vulnerable people including persons with disabilities, elderly persons and female-headed households. Meanwhile, provisions should be made to ensure that people who are not literate, or cannot speak Rakhine or Myanmar, are included in the consultation process and informed about any resettlement, return or local reintegration plans in advance.

Given the diversity and large number of people in the Sittwe rural camps, an appropriate approach is likely to bring together a range of different solutions tailored to the needs and preferences of people in the camps based on a strong evidence base and participatory approach. Understanding where people in the camps would prefer to live permanently is a complex question; it requires more in-depth research and consultation with communities than what was covered by the profiling exercise.

Key questions to guide further discussions include:

- What are the continued and/or increased risks of staying in the camps for another one year? For another five years? How does this affect the vulnerabilities and coping mechanisms of people in the camps?
- What are the implications of continued segregation, and a lack of widespread social contact between Muslim and Rakhine communities?
- How can potential sources of tension with host communities—including access to farming land and fuel—be mitigated?
- What are the key areas that need to be addressed in order to meet the needs of people in the Sittwe rural camps? What are the main gaps?
- What are the key factors that need to be taken into account when considering return, resettlement and local reintegration?
- How can affected communities be involved in the planning and implementation of any potential solutions?

CONCLUSION

The Sittwe Camp Profiling is the largest exercise that has gathered quantitative data on the needs, vulnerabilities, living situation and history of people living in the Sittwe rural camps since the start of the crisis in 2012. The methodology was designed to enable comparison between the different camps in Sittwe rural, as well as between four target populations: Muslim camps, Muslim villages, Rakhine relocated sites and Rakhine villages. Where possible, comparison was made with the national average.

Overall, the results showed that all the target groups surveyed tend to be worse that the national average across key indicators including those related to health, education, stable incomes and the proportion of people who are indebted. In general, the Muslim target populations fare significantly worse than Rakhine target populations for most indicators. Muslim people in the camp settings and surrounding villages face many of the same constraints in terms of segregation and access to civil documentation. Consequently, it cannot be generalised that the Muslim camps are worse off than the villages or vice versa. For example, the prevalence of self-reported serious pregnancy related health issues is significantly higher in the camps while self-reported school attendance and borderline food consumption is higher in the Muslim villages. Of the people in the camps, those in the Dar Paing makeshift shelters and elderly-headed households rank significantly worse across several indicators compared with the Muslim camp average. The proportion of households reporting to receive regular food distributions is also lower in Ohn Taw Gyi North and South camps, which have higher rates of food insecurity.

At the time of publication, the majority of people in the Muslim camps have been living there for more than four years. During this period, they have become heavily dependent on assistance from the Government and humanitarian aid, especially in terms of access to food. Although Muslim villages had the worst levels of food security, food remains the top priority need across all target populations with many using negative coping strategies to meet basic food needs. Most people in the Muslim camps live in temporary shelters, which were designed to last two to three years. Overall, these temporary shelters have become increasingly congested and the condition of the shelters has deteriorated significantly since the camps were established. This dependence on Government and humanitarian assistance has been amplified by the shortage of stable job opportunities, the low incomes and lack of start-up capital available, especially for those living in the camps, to Muslims living in the Sittwe rural area.

The camp profiling shows that there were very low levels of interaction between Muslims and Rakhine people with the vast majority of households having no interaction with the other community in the week before data collection. Given this lack of interaction, it is perhaps unsurprising that there has

been a significant decline in the proportion of younger Muslims who can speak Rakhine and Myanmar languages, particularly in the Muslim villages. Meanwhile, those who can speak these languages have few opportunities to practice. This raises concerns about the potential for inter-communal relations in the future. Ability to speak Rakhine language also has a strong correlation with more secure sources of income for people in the camps, and is critical for early warning systems including for severe weather. Literacy and Rakhine/Myanmar language skills are particularly poor among Muslim youth and females in both camps and villages.

The findings of the profiling exercise shed light on the various situations, capacities, vulnerabilities, backgrounds and future intentions of people in the Muslim camps and surrounding communities. This helps develop a more nuanced understanding of this population. The present report and the underlying dataset (available through the JIPS DART) contribute to a stronger evidence base which can guide the programmes and policies of the Government and humanitarian community. Where possible, the findings should be triangulated with other sources of information (including clinical data on health issues) to strengthen our understanding of the impact of displacement and the segregation of Muslim and Rakhine communities.

A woman and her son in Ohn Taw Gyi South Camp (Photo: OCHA/H/Lat)

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[4] Brookings Institution. When Displacement Ends. 2007. p.8.

[5] See Principle 28 of United Nations High Commissioner for Refugees (UNHCR). Guiding Principles on Internal Displacement. ADM 1.1,PRL 12.1, PR00/98/109. Available at: http://www.unhcr.org/uk/protection/idps/43ce1cff2/guiding-principles-internal-displacement.html. 1998. p.14.

[6] Rakhine Inquiry Commission, Final Report of the Inquiry Commission on Sectarian Violence in Rakhine State, 8 July 2013 http://www.burmalibrary.org/docs15/Rakhine_Commission_Report-en-red.pdf

ANNEX 1: Alternate Camp Names

Camp name in Report	Alternate name/spelling	Common acronym
BASARA	West Sanpya	-
BAW DU PHA	-	BDP
DAR PAING	Dar Pai	DP
KAUNG DOK KAR 1	Kaung Doke Khar 1	KDK1
KAUNG DOK KAR 2	Kaung Doke Khar 2 / Manzi	KDK2
MAW THI NYAR	Maw Ti Ngar	MTN
OHN TAW CHAY	Ohn Tan Gyi 2 / Ohn Tan Gyi (West)	OTC
OHN TAW GYI	Ohn Tan Gyi 1	OTGN / OTGS
PHWE YAR GONE	Phwe Yar Kone	PYG
SAY THA MAR GYI	-	STMG
THAE CHAUNG	Thet Chaung	TC
THET KAE PYIN	-	TKP

ANNEX 2: Enumeration Questionnaire

0.1	Who is conducting this survey?	
0.2	Camp name:	
0.3	Type of dwelling	1 Long house 2 Makeshift shelter 3 Wooden house 4 Concrete/brick building 5 Modular house 99 Other (specify)
0.4	What is the longhouse number?	
0.4b	What is the makeshift shelter number?	
0.5	What is the longhouse unit number(s) occupied?	
0.5b	How many longhouse units is the household occupying?	
0.6	Date of survey:	

Good morning/afternoon/evening. Could I please speak to the head of this household?

Hello, my name is ____ and I work for the CCCM Camp Profiling exercise, an assessment conducted by the NGO Danish Refugee Council, UNHCR and other CCCM organisations. We are conducting an assessment in the Sittwe camps to determine the number of people living in the Sittwe rural camps and some other basic demographic information. This assessment is not linked to any aid for any particular village or camp community. Instead, its aim is to help the government and the humanitarian community to support planning and policies that aim to benefit those affected by displacement in Sittwe township in the future. We will not ask or record your name.

You can decide whether you want to take part to take the interview or not. You have the right to refuse to answer any question, or to leave the interview at any time. If you choose not to take part or to skip any questions, it will have no negative impacts on your ability to access services from any humanitarian agency. Please feel free to ask me any questions now, or at any point during the interview. Do you consent to participate in this interview?

1	Does the respondent consent to answer the survey?	1 Yes 0 No
2	How many members are there in this family (including the head of family)?	
3	How many members of this family are:	1 Male 2 Female
4	Of the females, how many are:	1 Girls less than 5 years old 2 Pregnant 3 Lactating but not pregnant
5	Of the males, how many are boys less than five years old?	
6a	Is the head of this family:	1 Male 2 Female

6b	Is the head of this family:	1 Child (under 18 years) 2 Adult (18 to 59 years) 3 Elderly (60 years or over)
6c	Is the head of this family disabled?	0 No 1 Yes
7	What was the usual place of residence of your family before 2012?	1 District 2 Township 3 Town 3b Ward 4 Village tract
8	When did your family leave that village/town?	_ _ / _ _ _ _ (mm/yyyy)
9	Number of shelter units occupied by this family?	
10	Does your family share chores, expenses, living space and eat together with other families?	0 No 1 Yes 2 Don'tknow
10a	If yes, how many people are in that family?	
11a	Is the head of your combined household:	1 Male 2 Female
11b	Is the head of your combined household:	1 Child (under 18 years) 2 Adult (18 to 59 years) 3 Elderly (60 years or over)
11c	Is the head of your combined household disabled?	0 No 1 Yes 2 Do not know
12	Does your family also have:	1 Another longhouse unit in the camp 2 A makeshift shelter 3 A house in host village

ANNEX 3: Household Sample Questionnaire

0.1	Who is conducting this survey?	
0.2	Current location (village):	
0.3	Current location (Muslim camp or Rakhine resettled site):	
0.4	Type of dwelling	1 Long house 2 Makeshift shelter 3 Wooden house 4 Concrete/brick building 5 Modular house 99 Other (specify)
0.5	What is the longhouse number?	
0.6	How many longhouse units is the household occupying?	
0.9	Date of survey:	

Good morning/afternoon/evening. Could I please speak to the head of this household?

Hello, my name is ____ and I work for the CCCM Camp Profiling exercise, an assessment conducted by the NGO Danish Refugee Council, UNHCR and other CCCM organisations. We are conducting an assessment in the Sittwe camps to gather information on the living situation, history and future intentions of people. This assessment is not linked to any aid for any particular village or camp community. Instead, its aim is to help the government and the humanitarian community to support planning and policies that aim to benefit those affected by displacement in Sittwe township in the future. We will not ask or record your name.

You can decide whether you want to take part to take the interview or not. You have the right to refuse to answer any question, or to leave the interview at any time. If you choose not to take part or to skip any questions, it will have no negative impacts on your ability to access services from any humanitarian agency. Please feel free to ask me any questions now, or at any point during the interview. Do you consent to participate in this interview?

0.10	Does the respondent consent to answer the survey?	1 Yes 0 No
0.11	How many members are there in this household (including the head of household)?	

1 HOUSEHOLD ROSTER
Fill the following questions for the respondent then each member of the household

1.1	What is _____ [name] relationship to the head of household?	1 Head of household 2 Spouse 3 Son / Daughter 4 Step child 5 Sibling/sibling-inlaw 6 Daughter-in-law/ sonin-law 7 Grandchild 8 Niece/Nephew 9 Parent/Parent-in-law 10 Domestic worker (livein) 99 Other relative 98 Not related
1.2	How old is _____ [name]?	_ _ _ years
1.3	How many months?	1 Male 2 Female
1.4	If head of the household is under 18 years, please confirm, is the head of this household a child or is this an unaccompanied child?	0 No 1 Yes
1.5	Is _____ [name] male or female?	1 Male 2 Female
1.6	What is _____ [name's] marital status?	1 Married (living together) 2 Married (living elsewhere) 3 Divorced 4 Separated 5 Widowed 6 Single/never married
1.7	Has _____ [name] experienced a serious health problem in past 6 months? A serious health problem is defined as any health condition that renders the interviewee unable to perform regular activities of daily living appropriate for the age group unassisted. If 2 or more conditions focus on the most serious case	0 No 1 Yes 2 Do not know
1.8	If yes, what was the severity of the problem?	1 Acute (condition developed/obtained within 2 weeks or less e.g. acute infections, diarrhea, physical/accidental injuries etc) 2 Chronic (condition developed/recurrent for more than 2 weeks e.g. hypertension, diabetes etc)
1.9	Was the health problem pregnancy-related?	0 No 1 Yes 2 Do not know
1.10	Does _____ [name] have a disability?	0 No 1 Yes 2 Do not know

1.11	Does he/she have difficulty seeing, even if wearing glasses? If yes, how much difficulty?	0 No 1 Yes 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all
1.12	Does he/she have difficulty hearing, even if using a hearing aid? If yes, how much difficulty?	
1.13	Does he/she have difficulty walking or climbing steps? If yes, how much difficulty?	
1.14	Does he/she have difficulty remembering or concentrating? If yes, how much difficulty?	
1.15	Does he/she have difficulty with self care such as washing all over or dressing? If yes, how much difficulty?	
1.16	Does he/she have difficulty using his/her usual (customary) language – for example understanding or being understood? If yes, how much difficulty?	
1.17	Is _____ [name] currently attending school?	1 No 2 Temporary Learning Centre 3 Primary school 4 Middle School 5 High school 6 Don't know
1.18	If no, what are the main reasons why _____ [name] is not attending school?	1 Family did not allow schooling 2 Education not considered valuable 3 School not safe 4 To learn a job. 5 To work outside family business 6 To work as unpaid worker in family business/farm 7 Help at home with household chores 8 No school available 9 No teachers 10 School is too far 11 School/transport is too expensive 12 Child is disabled or sick 13 Child did not like school 14 Child is married 15 Girls do not go to school in our culture 16 No school supplies, uniforms, umbrellas or gumboots 17 Too young other Other (specify) 18 Don't know 19 Prefer not to answer
1.19	Can _____ [name] read and write a short simple sentence with understanding in any language?	0 No 1 Yes 2 Do not know
1.20	Does _____ [name] speak Myanmar?	0 No 1 Yes 2 Do not know
1.21	Does _____ [name] speak Rakhine?	0 No 1 Yes 2 Do not know

1.22	If above 14 years, what is _____ [name] work status in the last 30 days?	1 Not working 2 Salaried work full time 3 Salaried work part time 4 Daily labourer 5 Unpaid or in-kind labourer 6 Own business 7 Studying/training 8 Unpaid housework
1.23	In the last 30 days, what is the main sector of work _____ [name] worked in?	1 Farming 2 Livestock 3 Fishing 4 Stall owner 5 Handicraft 6 Transport 7 Construction 8 Humanitarian organisation 9 Government 99 Other work (specify) 10 Not working 11 Don't know
1.24	When does _____ [name] work in this sector?	1 All year 2 Wet season only 3 Dry season only 99 Other (specify)
1.25	What was _____ [name's] main sector of work before displacement?	1 Farming 2 Livestock 3 Fishing 4 Stall owner 5 Handicraft 6 Transport 7 Construction 8 Humanitarian organisation 9 Government 99 Other work (specify) 10 Not working 11 Don't know
1.26	What are the main reasons why _____ [name] is not working at the moment?	1 No difficulties finding work 2 Movement restrictions 3 In school/training 4 Housework/family responsibility 5 Illness/injury/disability 6 Retired or too old to work 7 Off season 8 Working conditions not acceptable 9 Engaged in subsistence farming/fishing 10 Lack of official education certificate despite completion 11 Don't know other Other (specify)
1.27	In the past 6 months, what month did _____ [name] earn the most?	1 Not working 2 Same 3 July 4 August 5 September 6 October 7 November 8 December
1.28	How much cash income did _____ [name] earn that month?	_ _ _ (in _ _ _ , 000 MMK)

1.29	In the past 6 months, what month did _____ [name] earn the least?	1 Not working 2 Same 3 July 4 August 5 September 6 October 7 November 8 December
1.30	How much cash income did _____ [name] earn that month?	_ _ _ (in _ _ _ , 000 MMK)
1.31	If age under 5 years, does _____ [name] have any of the following documents?	1 Birth certificate 2 Notification of live birth 3 Child on family list 6 None of these 4 Don't know 5 Prefer not to say
End household member 1 (complete above questions for each household member) The rest of the questions should be asked of the household as a whole		
2. MOVEMENT HISTORY		
2.2	Was your household's current location the usual place of residence of your household before 2012?	1 Town in Rakhine State 2 Village in Rakhine State 99 Not Rakhine State
2.3/ 2.4	What was your household's usual place of residence before 2012?	1 District 2 Township 3 Town 3b Ward 4 Village tract
2.5/ 2.6	What was the main reason your household left the village/town? What was the second reason?	0 No reason 1 Violence/insecurity in place of residence 2 Threat to individual or family 4 Family issues 5 Finding work elsewhere 6 No longer able to access livelihood opportunities 7 Seeking medical care elsewhere 8 Natural disaster in place of residence 9 Better access to humanitarian assistance 99 Other (please specify):..... 10 Prefer not to answer
2.7	When did your household leave that village/town?	_ _ / _ _ _ _ (mm/yyyy)
2.8	When (month/year) did your household arrive at this location?	_ _ / _ _ _ _ (mm/yyyy)
2.9	Time (in months) between displacement and arriving in current location?	1 Less than 1 month 2 1 month to 6 months 3 6 months to 1 year 4 More than 1 year
2.10	How many times did your household move before arriving at this location?	_ _ _
2.11	Where did your household stay the longest between leaving your place of origin and arriving in this camp?	1 Village 2 Town 3 Camp
2.12	What is the name of the camp?	District: Township:

2.14	What was the main reason for moving to your current location?	1 Work opportunities 2 Healthcare 3 Education 4 Insufficient food in camps 5 Prefer not to answer 99 Other (specify)
	3. HEALTH	
3.1	Did the person who experienced the most serious health problem in your household in the past 6 months seek health care?	0 No 1 Yes 2 Do not know
3.2	Where did _____ [name] first seek consult?	1 Clinic/mobile clinic in your camp 2 Clinic/mobile clinic in a different camp 3 TKP observation centre 4 Community healthcare worker 5 Private clinic 6 Traditional healer or traditional birth attendant 7 Self medicated 10 Army hospital 99 Other (specify) 8 Don't know 9 Prefer not to answer
3.3	What were the main reasons for not seeking health care from a camp clinic, mobile or government clinic?	1 Health services too expensive 2 Required health services are not available 3 Not aware of a health facility in the area 4 Cannot afford transport 5 Transport not available 6 Do not trust healthcare provider 7 Companion/translator not available or cannot be identified 8 Security situation other Other (specify): _____ 9 Don't know 10 Prefer not to answer
3.4	Was the case referred to a higher healthcare facility?	0 No 1 Yes 2 Do not know
3.5	Did _____ [name] proceed with the referral?	0 No 1 Yes 2 Do not know
3.6	Why was the referral not followed?	1 Lack of freedom of movement 2 Lack of services available 3 Lack of documentation 4 Language barriers 5 Prefer not to answer 99 Other (specify)
	4. FOOD SECURITY	
4.1	How many DAYS in the last week (7 days) did your household eat (prompt): (write 0 for no days to 7 for all days)	a. Rice, wheat, bread, maize, cereals b. Beans, lentils, peas, nuts c. Vegetables d. Fruit e. Meat, poultry, fish, eggs f. Milk, yohgurt g. Sugar, honey h. Oil, ghee, butter

4.2	In the past 7 days, has there have been times when your household did not have enough food or money to buy food?	0 No 1 Yes 2 Do not know
4.3	How many of the last 7 days have members of your household had to (number each 0 to 7 days)	a. Rely on less preferred and less expensive foods b. Borrow food, or rely on help from a friend or relative c. Limit portion size at mealtimes d. Restrict consumption by adults in order for small children to eat e. Reduce number of meals eaten in a day f. Reduce food consumed by females so males can eat
4.4 /4.5	In the past six months, what was your household's primary source of food? In the past six months, what was your household's second main source of food?	1 Food distributions 2 Own production, gathering, fishing 3 Purchased in camp 4 Purchased outside of camp 5 Borrowed, bartered, exchanged for labour, gift from friends or relatives 99 Other (specify) 6 None of these 7 Don't know 8 Prefer not to answer
4.6	In the past six months, did your household receive regular (e.g. monthly) food distributions from the following?	1 WFP (and partners) 2 MRF (Myanmar Resoure Foundation) 3 Private donor 4 Received but don't know who from 5 Did NOT receive 6 Don't know 7 Prefer not to answer
5. HOUSING, LAND, PROPERTY and ASSETS		
5.1	Did any member of your household abandon the following at the moment when you left your village of origin? If small ruminants, how many? If large ruminants, how many?	1 Car/truck 2 Motocycle/tuktuk 3 Bicycle/trishaw 4 Boat 5 Seed stock 6 Sewing machine 7 Plough/farming machinery 8 Livestock: large and small ruminants 9 None of these 10 Don't know 11 Prefer not to answer
5.2	In the six months before leaving your village of origin, did any member of your household own…….. ?	1 House 2 Land 3 Fishing rights or prawn pond 4 Business or trade stall 5 None of these 6 Don't know 7 Prefer not to answer
5.3	Has your household sold any of the following since displacement?	1 House 2 Land 3 Fishing rights or prawn pond 4 Business or trade stall 5 None of these 6 Don't know 7 Prefer not to answer

5.4	Does your household currently own any of the following in working condition in your current location? If small ruminants, how many? If large ruminants, how many?	1 House 2 Land from which income can be generated (e.g. farming) 3 Fishing rights or prawn pond 4 Business or trade stall 5 Car/truck 6 Motocycle/tuktuk 7 Bicycle/trishaw 8 Boat 9 Seed stock 10 Sewing machine 11 Plough/farming machinery 12 Livestock: large and small ruminants 13 Sufficient clothing 14 Blankets 15 Mosquito protection (e.g. nets) 16 Containers for storing water 17 Mobile phone 18 Radio 19 Television 20 Cooking stove 21 None of these 22 Don't know 23 Prefer not to answer
5.5	Does your household have documentation to prove ownership of the house?	0 No 1 Yes 2 Do not know
5.6	Did someone in this household have this documentation issued or officially validated by Government authorities?	0 No 1 Yes 2 Do not know
5.7	Does your household have documentation to prove ownership of the land?	0 No 1 Yes 2 Do not know
5.8	Did someone in this household have this documentation issued or officially validated by Government authorities?	0 No 1 Yes 2 Do not know
5.9	Does your household have documentation to prove ownership of the fishing rights or prawn pond?	0 No 1 Yes 2 Do not know
5.10	Did someone in this household have this documentation issued or officially validated by Government authorities?	0 No 1 Yes 2 Do not know
6. EXPENSES and COPING MECHANISMS		
6.1	On average in a month how much does your household spend on.... ?	a. Food b. Rent for current dwelling c. Fuel (including wood and charcoal) d. Housing utilities (e.g. electricity, water) e. Healthcare (including medical treatment and medicines) f. Transportation g. House repairs h. Repaying loans (including loans for friends and family) i. Clothes, shoes, blankets etc j. Soap, toothpaste and other hygiene items k. Other household expenses

6.3	Has your household experienced a situation in the past 6 months were you haven't been able to cover important expenses, such as medical treatment, rent, etc.?	0 No 1 Yes 2 Do not know
6.4	What did your household have difficulties paying for?	1 Food 2 Agricultural inputs (including seed, fodder, nets etc) 3 Clothing 4 Healthcare expenses 5 Education 6 Rent 7 Cooking fuel including firewood/charcoal 8 Utilities (gas, electricity) 9 Debt repayments 10 Dowry 11 Transport 12 Prefer not to answer 99 Other (specify)
6.5	What did your household do in that situation where you had difficulties covering certain expenses?	1 Borrowed food or relied on help from friends 2 Borrowed money 3 Sold domestic items including jewellery 4 Sold house or land 5 Sold food rations 6 Sold non-food item distributions e.g. soap, buckets, hygiene kits etc 7 Decreased expenses on healthcare 8 Decreased expenses on food 9 Sent children to work 10 Arranged for children to marry 11 Reduced the number of meals eaten each day 12 Sent family members to work in another region 13 Sent household members to beg 14 None of these 15 Don't know 16 Prefer not to answer 17 None of these 18 Don't know 19 Prefer not to answer
6.6	During the last year, did any member of this household receive any money from ..... ?	1 Remittances from abroad 2 Remittances from elsewhere in Myanmar 3 Rent from properties 4 Loan (from all sources: personal, private and public) 5 None of these 6 Don't know 7 Prefer not to answer
6.7	What is the total current debt of the members of this household?	_ _ _ (in ...,000 MMK)
6.8	What were the main reasons for taking out this debt?	1 To buy food 2 To buy agricultural inputs 3 To pay for land rental 4 For business 5 For education 6 For health 7 For social relations 8 For labour charges other Other (specify) 9 Don't know 10 Prefer not to answer

7.1	In the past six months has your household faced difficulties accessing humanitarian assistance? If yes, what types of assistance did your household have difficulties accessing?	0 No 1 Yes 2 Do not know 1 Food distributions 2 NFI distributions 3 Women's centres 4 Child friendly spaces 5 Nutrition services 6 Shelter assistance 7 Water 8 Healthcare 9 No 10 Don't know 11 Prefer not to answer 99 Other (specify)
7.2	What have been the main reasons for difficulties accessing humanitarian assistance?	1 Lack of freedom of movement 2 Lack of services available 3 Lack of documentation 4 Language barriers 5 Prefer not to answer 99 Other (specify)
	8. MOVEMENT	
8.1	During the past year, have any members of your household left for a period of more than a week?	0 No 1 Yes 2 Do not know
8.2	How many members?	
Please fill the following questions for each member that left for more than 1 week and less than 6 months		
8.3	Gender of _____ [name] Age of ____ [name]	1 Male 2 Female
8.4	How many times did _____ [name] leave in the past six months?	
8.5	Where did _____ [name] go?	1 A different camp 2 Local area around the camp 3 Sittwe township 4 Village of origin 5 Elsewhere in Rakhine state 6 Elsewhere in Myanmar 7 Abroad 8 Don't know 9 Prefer not to say
8.6	What is the main reason _____ [name] left?	1 Work opportunities 2 Healthcare 3 Education 4 Insufficient food in camps 5 Prefer not to answer 99 Other (specify)
8.7	Does the household expect that _____ [name] will return?	0 No 1 Yes 2 Do not know
	9. INTERACTION	

9.1	In the past 7 days, did any member of this household interact with the non-camp Muslim population for the following? In the past 7 days, did any member of this household interact with the camp Muslim population for the following?	1 Trade / business 2 Community groups / events 3 Social relations 4 None 5 Don't know 6 Prefer not to answer
9.2	In the past 7 days, did any member of this household interact with the Rakhine population for the following?	1 Trade / business 2 Community groups / events 3 Social relations 4 None 5 Don't know 6 Prefer not to answer
	10. FUTURE INTENTIONS	
10.1	Would your household consider returning to where you lived before displacement?	0 No 1 Yes 2 Do not know
10.2	What is the main condition that need to be met for your household to return?	1 Reclaim house 2 Reconstruction of house 3 Provision of housing on own land 4 Access to credit for setting up income generation activity 5 Concrete employment opportunities 6 Access to services (school and health) 7 Peaceful coexistence with the local community 8 Security 9 More families return 10 No conditions/prerequisites 11 Don't know 12 Prefer not to answer 99 Other (specify)
10.3	If you had the choice to return to your village of origin, would your household choose to remain here?	0 No 1 Yes 2 Do not know
10.4	If yes, what are the main reasons why?	
10.5	10.5 What location would you prefer to live permanently?	1 A different camp 2 Local area around the camp 3 Sittwe township 4 Village of origin 5 Elsewhere in Rakhine state 6 Elsewhere in Myanmar 7 Abroad 8 Don't know 9 Prefer not to say
10.6	Is this the preferrence for all household members?	0 No 1 Yes 2 Do not know

	How many members of your household have a different preference?	
	Please fill the following questions for the first person with a different preference	
10.7	What is the gender of _____ [name]?	1 Male 2 Female
10.8	What location would he/she prefer to live permanently?	1 A different camp 2 Local area around the camp 3 Sittwe township 4 Village of origin 5 Elsewhere in Rakhine state 6 Elsewhere in Myanmar 7 Abroad 8 Don't know 9 Prefer not to say
10.9	What is the main reason for _____ [name] not having the same preferrence as the rest of the household?	
	11. SELF-IDENTIFIED NEEDS	
11.1	What are the top three non-cash priority needs to improve the current living conditions of your household in this camp? Top priority need: Second need (overall): Third need (overall):	1 Food 2 Drinking water 3 Shelter/housing assistance 4 Sanitation facilities 5 Educational services 6 Job opportunities 7 Health services 8 Livelihood training 9 Blankets 10 Clothes 11 Mosquito nets 12 Hygiene items 13 Water storage containers 99 Other (specify) 15 None 16 Don't know 17 Prefer not to answer
12.1	1 During the COLD DRY (winter) season, what is your top season-specific non-cash priority needs to improve the current living conditions of your household in this camp? Top priority need:	
12.2	12.2 During the HOT DRY (summer) season, what is your top season-specific non-cash priority needs to improve the current living conditions of your household in this camp? Top priority need:	
12.3	During the WET season, what are the top three non-cash priority needs to improve the current living conditions of your household in this camp? Top priority need:	
14	Comments:	
This is the end of the survey, thank you very much for your participation. Just to reiterate, we cannot promise anything from our project but we will consider carefully your views when we are thinking about our activities. Thank you for your time.		
	INTERVIEW ASSESSMENT	
99.1	How many people aged 18 and over were present for the interview, other than the respondent?	
99.2	Was the interview attended by a village leader or other actor who may have influenced respondent's answers? If yes, describe the situation:	
99.3	Did the respondent struggle to answer many questions due to language or comprehension issues?	
99.4	Did the respondent appear to be answering questions openly and truthfully	

ANNEX 4: Focus Group Discussion Guide

0.1	Date:
0.2	Location:
0.3	Time:
0.4	Composition of focus group discussion
0.5	Sex
0.6	Age group
0.9	Total number of participants:

Introduce your team and the aim of the focus group discussion:

We are a team from the CCCM Camp Profiling exercise, an assessment conducted by the NGO Danish Refugee Council, UNHCR and other CCCM organisations. The profiling exercise is not linked to any aid for any particular village or camp community. Instead, its aim is to help the government and the humanitarian community to support planning and policies that aim to benefit those affected by displacement in Sittwe township in the future. Therefore, we would like to discuss with you some topics and learn from your opinions and experiences. We are not going to ask questions about your individual households but will ask about your community in general. You are under no obligation to participate, and you are free not to answer any of the posed questions. The information you give us will be kept anonymously. We will not write your name and your name will never appear in our research. Nothing you say in this discussion will affect your relationship with DRC, UNHCR, the Government or any other organisation. We cannot offer you any compensation for participating in this assessment.

The discussion should take approximately 1.5 hours. Do you have any questions?

- Introduce yourself, as the facilitator, and the note taker - clarify what your roles are.
- Set the ground rules for the discussion:

"We are interested in opinions and experiences of everyone present, so do give time and space to each other to contribute", "do avoid parallel discussions, as that will make it very difficult for the note taker to capture the discussion", 'we are interested in all different views, even if they don't represent everyone in the community"
- Ask for permission to take notes
- Ask permission to record the FGD

[*] This is the focus group discussion guide for the Muslim camp discussions. Guides for discussion groups with other target populations are available online at: www.sheltercluster.org/rakhine/library/camp-profiling-2016-2017-jips.

	2. QUESTIONS
	INTRA-COMMUNITY RELATIONS
1	What do you define as "your community" (i.e. self-identified social and support network)? Is "your community" different to what it was before 2012? If so, how? Probe: Village? Group within village (neighbourhood, gender etc.)? What is similar/different to before 2012?
	ANSWER following questions for YOUR COMMUNITY
2	Do people in your camp/village trust each other? Why? Who are people more likely to trust in this camp/village? Why? Probe: Their neighbors? People from the same place of origin? Same sex? Same age? Village administrators? People in makeshift shelters? Religious leaders? What do you mean by "trust" (to what level? Trust enough to work with? Trust to go to if having a serious problem? Trust that they will not harm you?)
3	What type of social groups are active in your community? Are many people part of these groups? Are there any people in this community that are left out or do not have access to these community groups (by social group)? Probe: How were these community groups formed? Self-formed? NGO-established? Can anyone join these groups if they want to?
4	How would you characterise the interaction between the people living in makeshift shelters (tents and longhouse extensions) and the people living in the longhouses? Is there any hostility or tensions? If yes, around what issues? How do you think dynamics between the people in the makeshift shelters and the people in the camp will develop in the next year? Are there any ways these dynamics could be improved? What type of social groups do people living in the makeshift shelters participate in?
5	What are the main movements of people changing residence between the camps/villages in the Sittwe Rural area? What camps/village to they come from and go to? What are the main reasons they move? Is the moving permanent or only for part of the year? If part of the year, what part? Do they tend to move with their whole family or only a part? What part?
6	Are you able to do a job in the village/camp using your existing skills from before 2012? What type of jobs would you like to do while living within the Sittwe rural area? Why? If you could do any job, what type of job would you like to do?
RELATIONSHIPS BETWEEN COMMUNITIES	
7	Are there any activities during the day which people from your community do together with persons from surrounding villages/wards? (note down what activities and which segments of the community)
8	How was the attitude of the host villages towards you when you arrived in this location and how is it today? What has changed, and if so why do you think it has? How do you think these dynamics will develop in the next year? Do people in this camp trust people from the surrounding villages?
9	Have households/persons from the host villages provided support to people in your community? What was provided immediately after 2012? What is provided now? How?

DISPLACEMENT TRENDS, PLANS AND ASPIRATIONS	
10	If they closed the camps, what do you think are the viable/realistic options of where the people currently living in the camps could go? Where do you realistically think most households from your community will be in one year from now and in five years from now? What are your community's preference of where to live in one year from now? In five years from now? Where do you think it would be best for your children to live in the future? And why? Are there any groups within your community that have different preferences of where they want to live in the future? Who are they? Where do they want to live? Why different? Probe: Urban/rural Sittwe? Villages inside or outside the Sittwe rural camp area? Outside of Sittwe? Closer to the markets, further away? Why?
11	If people would move to another place, who would they prefer to move with? Would people in your community move without this group? Probe: Household, family, whole current camp, whole current sector, people from place of origin, people from a subset of place of origin? Why?
12	What are the main factors that influence the preference of people in this community about where they would prefer to go in future?
13	How could your life be improved if you need to stay in the camp for more than one year?
14	If you needed to stay in longhouses for more than a year, how could they be improved? Probe: How to improve privacy, safety, positive dynamics amongst inhabitants?

RAKHINE, MYANMAR - Basara Camp

Sittwe Township, Rakhine State

Camp Infrastructure

- Antenatal Centre
- Child Friendly Space
- Infant and Young Feeding Space
- Temporary Learning Space
- Unidentified
- Warehouse
- 8 Unit Temporary Shelter
- Camp Management Office
- Clinic

Data Source
Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR - Baw Da Pha 1 Camp

Sittwe Township, Rakhine State

Camp Infrastructure

- Breast Feeding Space
- Camp Management Building
- Modular House
- Nutrition Centre
- Tempory Learning Space
- Warehouse
- Clinic
- Mosque
- 8 Unit Temporary Shelters
- Latrine
- Camp Boundry

Data Source

Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR - Baw Da Pha 2 Camp

Sittwe Township, Rakhine State

Camp Infrastructure

- Madrasa
- Child Friendly Space
- Modular House
- Temporary Learning Space
- Unidentified building
- Video Space
- Young and Infant Feeding Centre
- CMC Office
- Mosque
- Clinic
- 8 Unit Temporary Shelter
- 10 Unit Temporary Shelter
- Latrine
- Camp Boundry

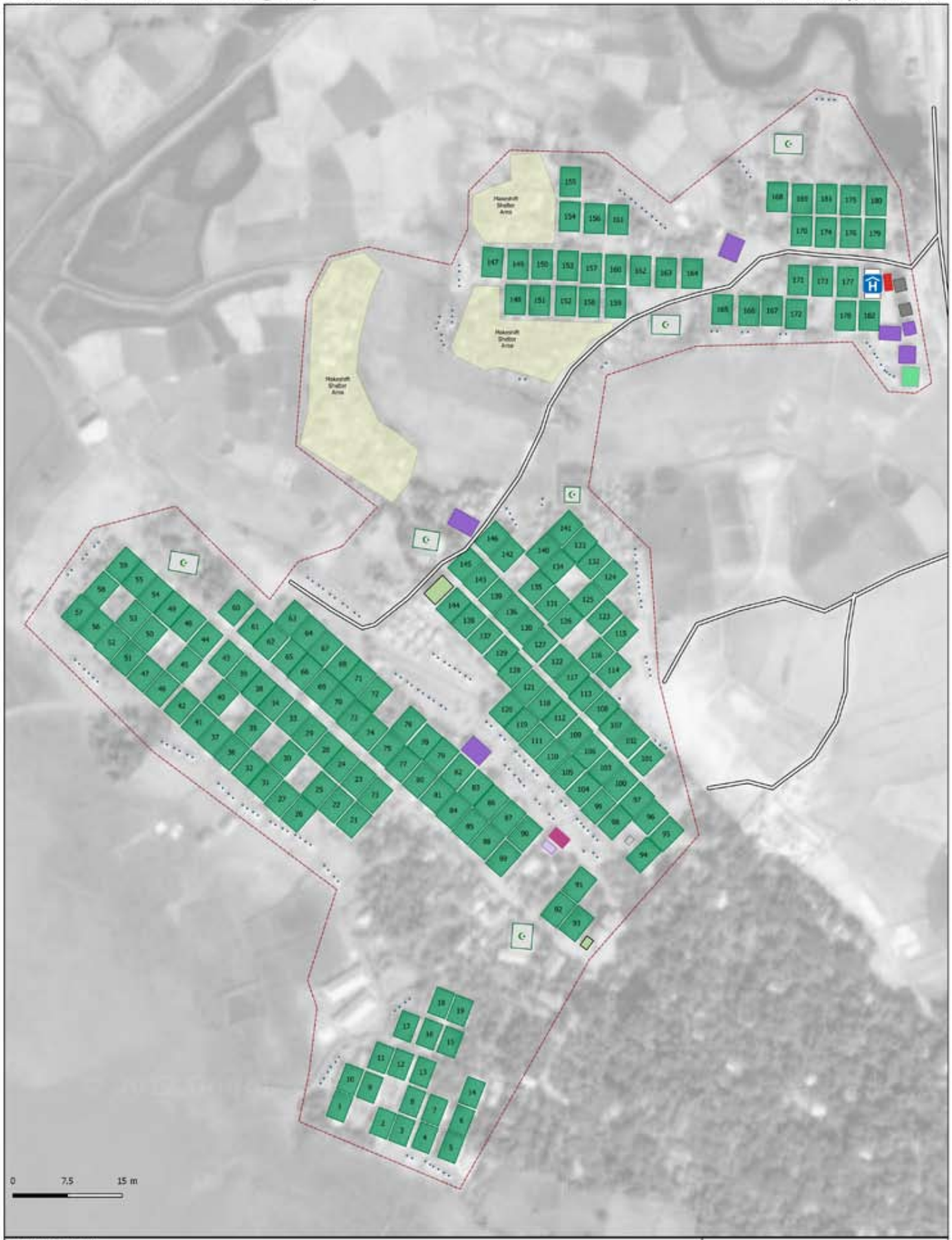
Data Source

Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR - Dar Paing Camp

Sittwe Township, Rakhine State



Structure Status

- Camp Management Building
- Child Friendly Space
- Modular House
- Patient Waiting Room
- Pregnant and Breast Feeding Women Space
- Madrasa
- Temporary Learning Space
- Temporary Learning Space
- Mosque
- 8 Unit Temporary Shelter
- Makeshift Shelter Area
- Latrine
- Camp Boundary

Data Source
CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR - Kaung Dok Kar 1 Camp

Sittwe Township, Rakhine State

Camp Infrastructure

- Camp Management Building
- Child Friendly Space
- Modular House
- Temporary Learning Space
- 8 Unit Temporary Shelter
- Mosque
- Clinic
- Latrine
- Camp Boundary

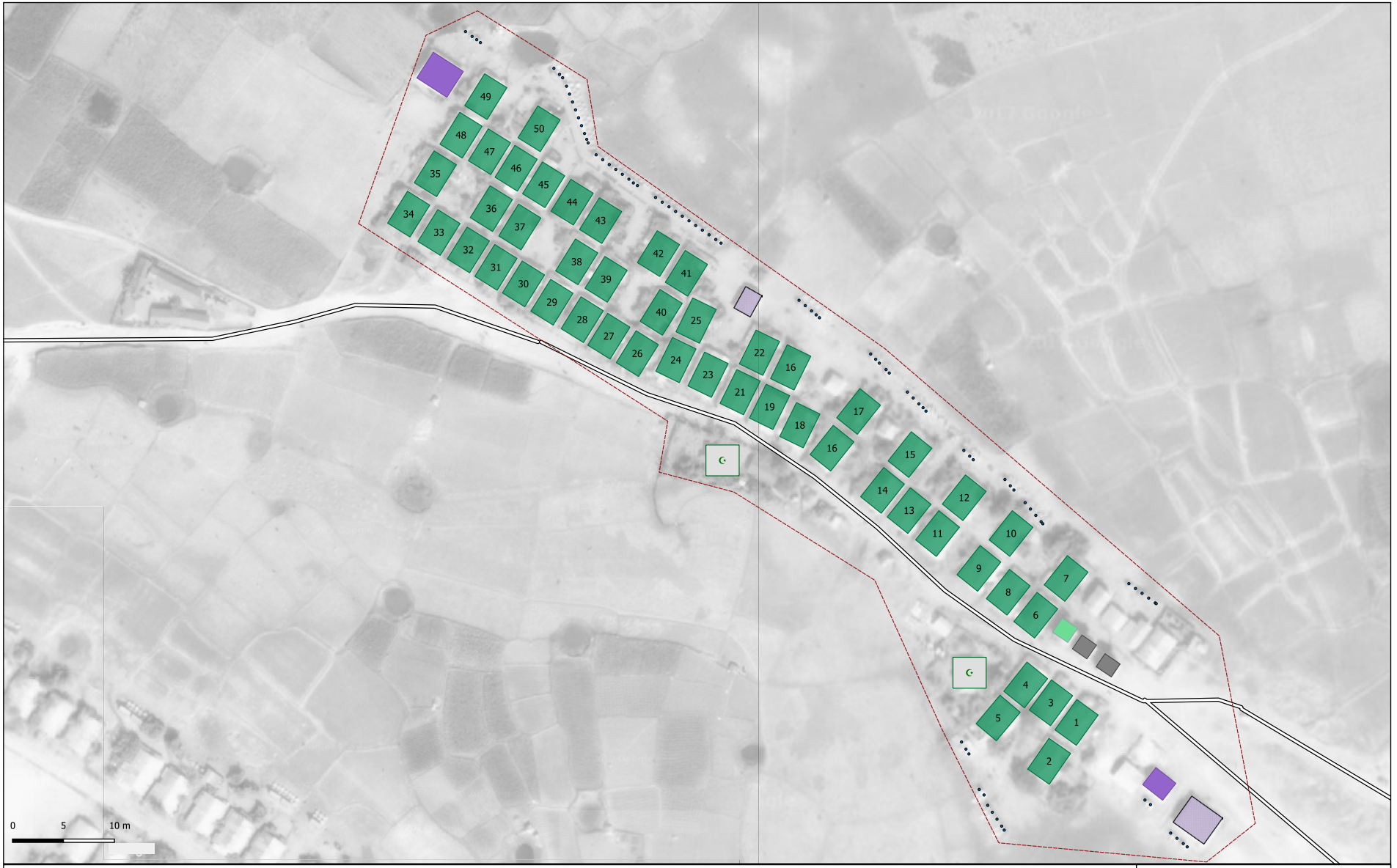
Data Source

Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR - Kaung Dok Kar 2 Camp

Sittwe Township, Rakhine State



Camp Infrastructure

- Camp Management Building
- Modular House
- Temporary Learning Space
- Young and Infant Feeding Centre
- 8 Unit Longhouse
- Mosque
- Latrine
- Camp Boundary

Data Source
Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR - Maw Thi Nyar Camp

Sittwe Township, Rakhine State

Camp Infrastructure

- Camp Management Office
- Modular House
- Unidentified Building
- Temporary Learning Centre
- Mosque
- 8 Unit Temporary Shelter
- Camp Boundary
- Latrine

Data Source

Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR - Ohn Taw Chay Camp

Sittwe Township, Rakhine State

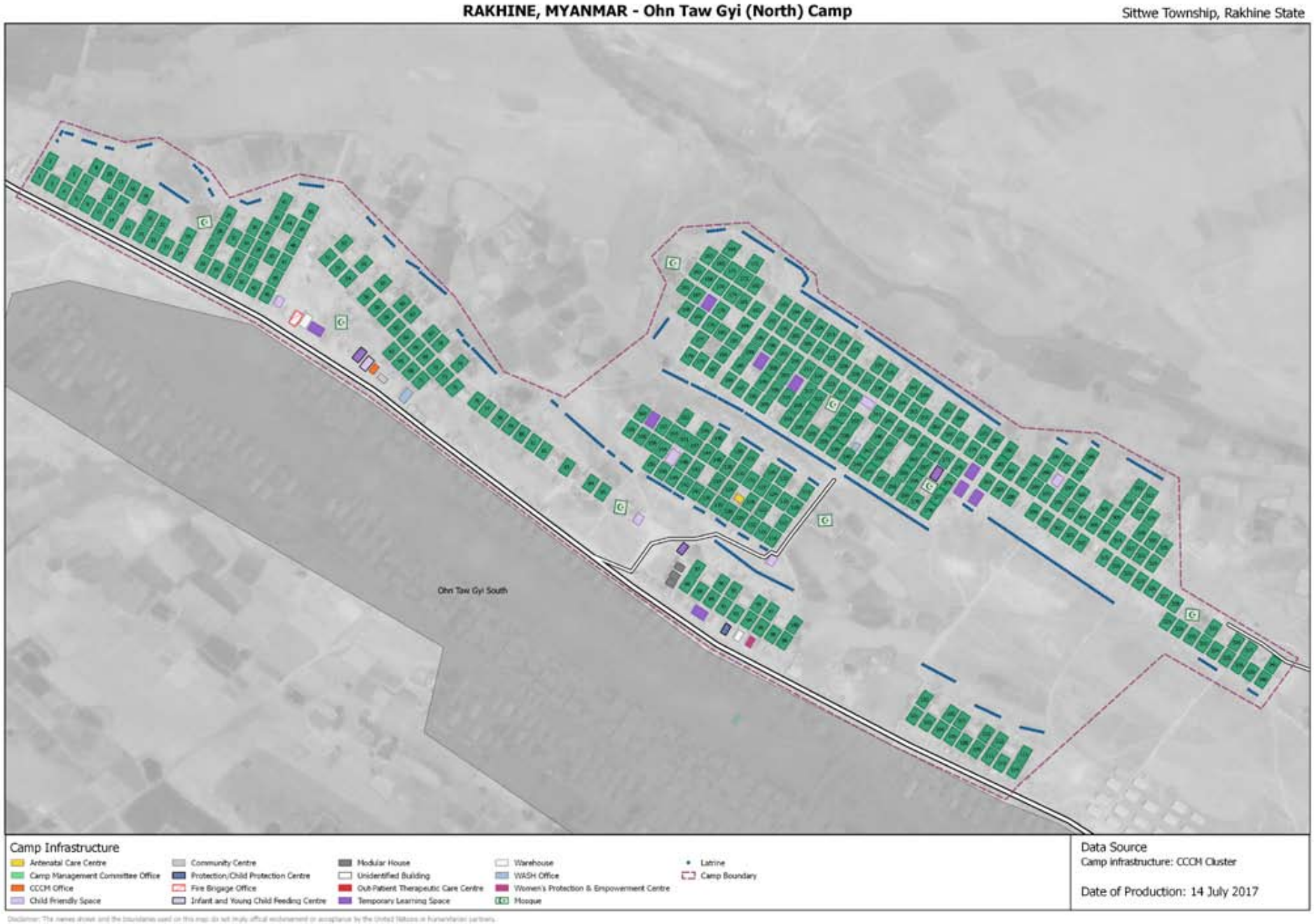
Camp Infrastructure

- Camp Management Office
- Modular House
- Protection/Child Protection Office
- Temporary Learning Space
- Warehouse
- Mosque
- 8 Unit Temporary Shelter
- Clinic
- Latrine
- Camp Boundary

Data Source

Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017


RAKHINE, MYANMAR - Ohn Taw Gyi (North) Camp
Sittwe Township, Rakhine State
Ohn Taw Gyi South
Camp Infrastructure
Antenatal Care Centre
Camp Management Committee Office
CCCM Office
Child Friendly Space
Community Centre
Protection/Child Protection Centre
Fire Brigage Office
Infant and Young Child Feeding Centre
Modular House
Unidentified Building
Out-Patient Therapeutic Care Centre
Temporary Learning Space
Warehouse
WASH Office
Women's Protection & Empowerment Centre
Mosque
Latrine
Camp Boundary
Data Source
Camp infrastructure: CCCM Cluster
Date of Production: 14 July 2017

RAKHINE, MYANMAR - Ohn Taw Gyi (South) Camp

Sittwe Township, Rakhine State

Camp Infrastructure

- 8 Unit Temporary Shelter
- 10 Unit Temporary Shelter
- Bathhouse
- Camp Management Office
- Child Friendly Space
- Fire Safety Office
- Food Distribution Office
- Modular House
- Unidentified Building
- Police Check Point
- Pregnant Women Centre
- Temporary Learning Space
- Unidentified Building
- Warehouse
- Mosque
- Camp Boundary
- Firepoint
- Latrine

Data Source
Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR - Phwe Yar Gone Camp

Sittwe Township, Rakhine State

Camp Infrastructure

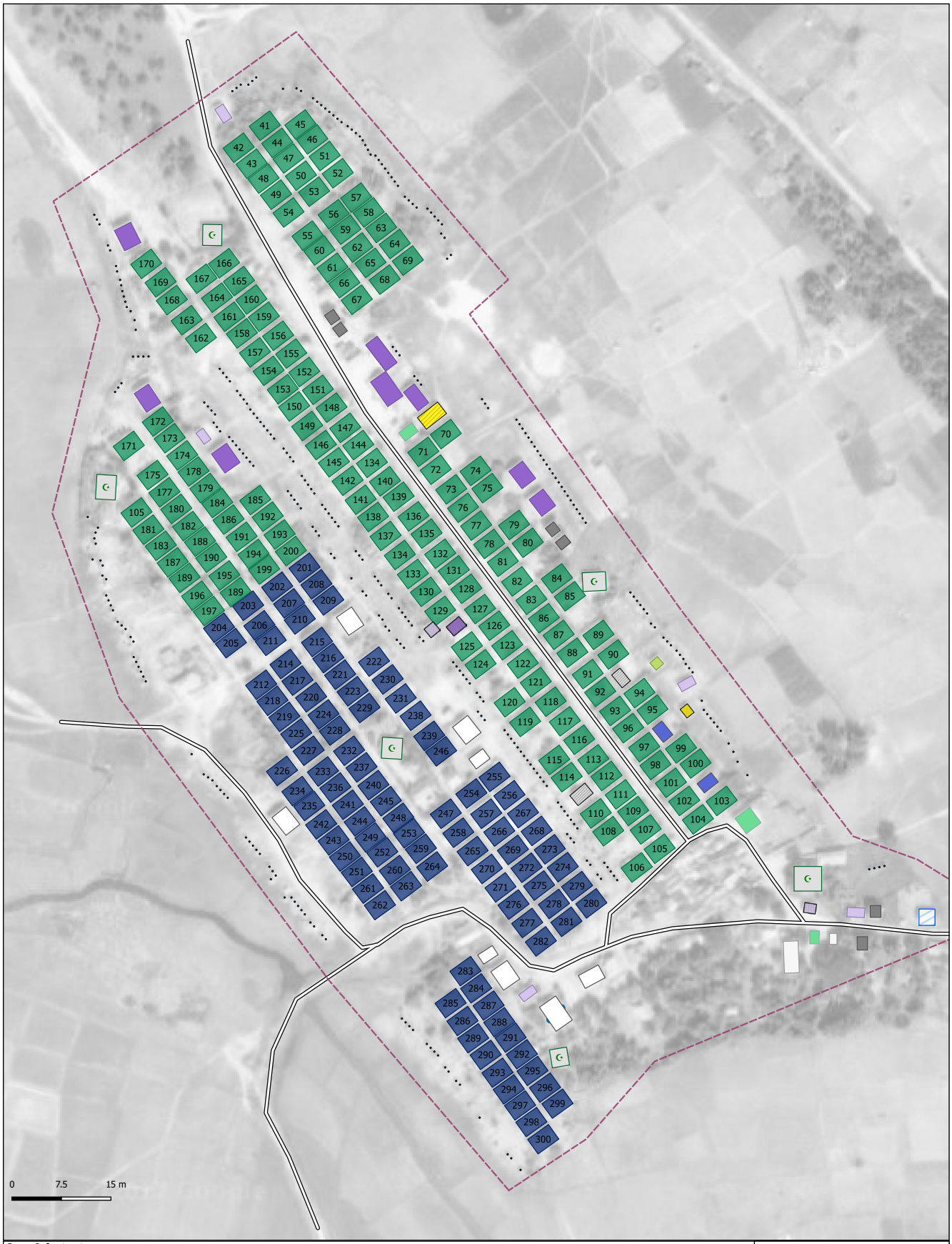
- Breast Feeding Space
- Modular House
- Multi-Purpose Building
- Temporary Learning Space
- Unidentified Building
- Women Facilitating Space
- Mosque
- 8 Unit Temporary Shelter
- Latrine
- Camp Boundary

Data Source
Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR, Say Tha Mar Gyi Camp

Sittwe Township, Rakhine State



Camp Infrastructure

- Antenatal Care Centre
- Young Child and Infant Feeding Centre
- Child Friendly Space
- Community Centre
- Child Protection Centre
- Warehouse
- Young Child and Infant Feeding Centre
- Malaria Centre
- Modular House
- Temporary Learning Space
- Training Centre/Library
- Unidentified Building
- Camp Management Building
- Police Check Point
- Mosque
- 8 Unit Temporary Shelter
- 10 Unit Temporary Shelter
- Clinic
- Latrine
- Camp Boundary

Data Source
CCCM Cluster

Date of Production: 14 July 2017

RAKHINE, MYANMAR - Thet Kae Pyin Camp

Sittwe Township, Rakhine State

Camp Infrastructure

- Antenatal Care Centre
- Camp Management Office
- Modular House
- Mosque
- Pregnant and Breastfeeding Mothers Space
- Temporary Learning Space
- 8 Unit Temporary Shelter
- Clinic
- Camp Boundary

Data Source
Camp infrastructure: CCCM Cluster

Date of Production: 14 July 2017

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