

<p>Highlights</p> <ul style="list-style-type: none"> - It was reported that IDPs feel comfortable going to a nearby Rakhine village and having some livelihood opportunities. - Shelters are in need of maintenance and that even some have become dangerous for children; - Access to health services is still limited despite the mobile clinics that visit the camps every month. <p>• Other update on activities and issues</p> <p>CAMP MANAGEMENT: No updates.</p> <p>SHELTER: It was reported that most of the shelters are in need of repair works and that some of them are too dangerous for children as they could easily fall. Moreover, the showers in the camp have no doors and, as a result, women do not feel comfortable going there. It was observed that some of the showers have been used as by some IDPs. There are kitchens in the camp, however, these are in need of repair works and IDPs who moved from other camps to Sin Tet Maw are temporarily staying there. It was also reported that the Warehouse (constructed by DRC) is in need of maintenance and that food cannot be stored there as it is in very bad condition.</p> <p>WASH: Some weeks ago, IDPs stated they need more water especially in eastern and western parts of the camp. Hence water is being pumped from Sin Tet Maw village. SCI is working regularly in their activities as latrine maintenance/ construction, drinking water irrigation from near the village, road renovation between shelters and latrines.</p> <p>HEALTH: MHAA and State Health Mobile clinic cover medical services. However, it was reported that neither have they medicines nor medical equipment to treat diseases.</p> <p>FOOD: WFP/SCI distributed food rations to the IDPs with delays.</p> <p>EDUCATION: SCI is running the elementary school in the camp. IDPs were informed that their children will have to attend the same class as last school year due to the lack of examinations.</p> <p>NON-FOOD ITEM: the IDPs asked for provision of blankets and winter clothes.</p> <p>PROTECTION: Women and girls do not feel comfortable taking showers in the shower rooms as these have no doors and are being used as latrines by some IDPs. As a result, IDPs are taking showers inside their shelters and this is causing stagnant water underneath and deterioration of the shelters. Moreover, the IDPs do not have proper access to health care as there is a lack of a well-equipped health center inside the IDP camp or nearby. The bad conditions of the shelters in the camp are a serious concern for the safety of children and other persons with specific needs such as elderly, disabled and pregnant women.</p> <p>It was also reported that an IDP was attacked and injured by a person from STM Village. The reasons for such attack are unknown. The incident was reported to the police.</p> <p>NUTRITION: Regular activities by SCI on-going.</p> <p>CHILD PROTECTION: Regular activities by SCI on-going.</p> <p>LIVELIHOOD: No updates</p> <p>• Follow up on former issues</p> <p>The DRC Protection Team followed up on health, shelter, and WASH but unfortunately there has been no major improvement in the situation.</p>	<p>• Follow up, challenges and advocacy</p> <p>DRC Protection has referred to the PWG the situation of IDPs without shelters in the camp. The Protection Team is following closely on the situation of these families and any possible protection concerns.</p> <p>DRC Protection will follow up with WASH partners on the repair works of the showers in the camps for the women and will check again with UNHCR shelter on the maintenance of the shelters and warehouse in the camp.</p>
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10. Ah Nauk Ywe IDP Camp
Population: approx. 3,900 IDPs

<p>Highlights</p> <ul style="list-style-type: none"> - Access to health by the IDPs continues to be dramatically limited in the camp, particularly for PWSNs. There are not health facilities or clinics in the camp and most of the IDPs have no financial means to buy medicines or to go to other places to seek medical assistance. - IDPs who moved from other camps to Ah Nauk Ywe Camp are in need of shelters. These HHs are temporarily staying in the kitchen facility in the camp or with relatives. The lack of shelters for these families could raise protection concerns such as frictions with other IDPs, SGBV, and exploitation, among others. - Access to latrines is still challenging for persons with disabilities, elderly, children and pregnant women as these are too high and lack proper handrails. Moreover, latrines are not sex segregated and this could cause incidents of GBV particularly at night. <p>• Other update on activities and issues</p> <p>SECURITY: tensions between host community and IDPs over the collection of firewood and movement of the IDPs outside of the Camp.</p> <p>CAMP MANAGEMENT: no updates.</p> <p>SHELTER: Households who arrived in the camp some months ago are still in need of shelters as they are staying in the kitchen facility in the camp or with relatives in their shelters. It was also reported that some shelters were repaired.</p> <p>WASH: The IDPs reported the need for hygiene and sanitation activities in the camp. Solidarités International (SI) is rehabilitating the latrines in the camp as most of them are in very bad condition.</p> <p>HEALTH: A State run health mobile clinic continues to provide medical services. The IDPs request the opening of a health center or clinic in the camp or that the State run mobile clinic visits the camp more frequently (at least two or three times per week). Reportedly, IDPs are suffering from various types of diseases (TB, diarrhoea, and hypertension) and many of them have no financial means to buy medicines from the pharmacy.</p> <p>FOOD: food rations were delivered; however, IDPs who moved from other camps to Ah Nauk Ywe Camp have not received any rations in the past months. It was also reported that single headed of household face lots of challenges when feeding their children or dependants as they cannot go fishing or conduct any other livelihood activities that the men usually do.</p> <p>EDUCATION: school facilities are very limited.</p> <p>NON-FOOD ITEM:</p> <p>PROTECTION: protection monitoring activities are ongoing as well as support to the women’s group. No reports on any frictions or protection concerns due to the lack of shelters for the IDPs who moved from another camp to Ah Nauk Ywe Camp in the last months, however, the Protection Team is monitoring closely their situation in the camp. Access to latrines remains challenging for many persons with disabilities, elderly, children and pregnant women as these are too high, the floor is very slippery, and latrines do not have proper handrails for them. Sanitation/hygiene activities need to be improved as stagnant water in the camp is breeding mosquitos and flies which could transmit various diseases to the IDPs in the camp. Moreover, latrines are not sex segregated and this could cause incidents of GBV, particularly at night.</p> <p>Moreover, the lack of food rations for the IDPs who moved to the camp in the past months is exposing them to risks such as sexual exploitation, malnutrition, involvement in criminal activities, diseases and even death. In addition to this, the lack of proper health services may cause widespread of diseases among the IDPs and death. Lack of financial means to buy medicines also</p>	<ul style="list-style-type: none"> • Follow up, challenges and advocacy - DRC Protection Team will follow up with health actors on the provision of health services in the camp. - DRC Protection Team continues to follow up and advocate for the IDPs who still have not received any food rations in the camp. This matter has been referred to WFP and the PWG in various occasions. - DRC Protection has referred to the PWG the situation of IDPs without shelters in the camp. The Protection Team is following closely on the situation of these families and any possible protection concerns. - DRC Protection Team will advocate for proper access to latrines by PWSNs in the camp with WASH partners in the camp as well as the improvement of the sanitation/hygiene conditions in the camp.
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<p>exposes the IDPs to exploitation, SGBV, involvement in criminality or even malnutrition as some of them have to sell part of their food rations to obtain any money to buy medicines for them or their relatives. Self-medication also implies a major health risk for the IDPs.</p> <p>It was also reported that some IDPs are going outside of the Camp to collect firewood and this is creating tensions with the host community in the nearby village.</p> <p>In regard to the shelters, women and girls do not feel safe in their shelters as there is not proper separation between shelters or it is in need of maintenance.</p> <p>NUTRITION: CHILD PROTECTION: No updates.</p> <ul style="list-style-type: none"> • Follow up on former issues <p>The DRC Protection Team followed up on health, and WASH services as well as food distribution but unfortunately there has been no major improvement in the situation.</p>	
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11. Kyein Ni Pyin IDP Camp

Population: approx. 4,500 IDPs

<p>Highlights</p> <p>Protection monitoring activities are ongoing as well as support to the women’s group.</p> <ul style="list-style-type: none"> • Other update on activities and issues <p>PROTECTION: protection monitoring activities are ongoing as well as support to the women’s group.</p> <p>It was reported that women and girls do not feel comfortable going to the latrines at night as there is not electricity.</p> <p>WASH: IDPs report almost most latrines are full, concerns over open defecation. Drainage line often filled with sand. Hygiene promotion and regular monitoring. Funding is now in place and WASH activities can commence with a priority of desludging training and equipment provision. A suitable emergency sludge treatment area is required, this will be used to dry the sludge for burning. Additionally a purpose built sludge treatment system will be implemented. There are a lot of latrines that require maintenance and additional are required for the camp extension. The community believe that they have enough water in the ponds to last the dry season.</p> <ul style="list-style-type: none"> • Follow up on former issues <p>NTR</p>	<ul style="list-style-type: none"> • Follow up, and challenges advocacy <p>NTR</p>
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12. Say Tha Mar Gyi Village

Population: approx. 1,050 inhabitants

<p>Highlights</p> <p>The relationship between Rakhine and Muslim communities has improved.</p> <ul style="list-style-type: none"> • Other update on activities and issues <p>Protection monitoring activities are ongoing as well as support to the women’s group.</p> <p>It was reported that an IDP woman was attacked by one villager and that the incident was reported to the Police.</p> <p>Follow up on former issues</p> <ul style="list-style-type: none"> • NTR 	<p>Follow up, challenges and advocacy</p> <p>The Protection Team will follow up on the relationship between the two communities and the reasons for any frictions or tensions between the two.</p>
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23. Ah Htet Ywar Village

Population: no updated information

<p>Highlights</p> <p>Reportedly, the relationship between Muslim and Rakhine is still a bit tense despite of the improvement in the last months.</p> <ul style="list-style-type: none"> • Other update on activities and issues <p>Health: the villagers usually go to Baw Taw Li RHC for health services. For emergencies, they usually go to Sittwe Hospital.</p> <p>Protection: most of the women feel afraid to go outside of the village to collect firewood. Reportedly, Muslim communities also collect firewood in the same areas as the Rakhine.</p> <p>Follow up on former issues</p> <ul style="list-style-type: none"> • NTR 	<p>Follow up, challenges and advocacy</p> <p>No updates</p>
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24. Baw Da Li Village

Population: approx. 900 inhabitants

<p>Highlights</p> <p>Protection monitoring activities are ongoing as well as support to the women’s group.</p> <ul style="list-style-type: none"> • Other update on activities and issues <p>Protection: It was reported that any tensions between Muslim and Rakhine communities have fully ceased in the village. Nevertheless, the women in the village do not feel safe when they go to collect firewood outside of their village.</p> <p>Follow up on former issues</p> <ul style="list-style-type: none"> • NTR 	<p>Follow up, challenges and advocacy</p> <p>NTR</p>
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25. Ah Nauk Ywe Village

Population: approx. 2,500 inhabitants

<p>Highlights</p> <p>Reportedly, there are still tensions between villagers and IDPs from ANY Camp over the use of water sources, fishing activities and firewood collection. Allegedly, villagers from ANY have also frictions with villagers from Sin Ain village as a result of past insecurity incidents.</p> <ul style="list-style-type: none"> • Other update on activities and issues <p>WASH: Due to the lack of latrines in the village, open defecation in nearby fields is common, however, the community feel afraid to go to those fields at night due to the presence of snakes and wild animals. It was reported that latrines for each HH are being constructed by an INGO but the villagers are concerned about the quality of such latrines.</p> <p>HEALTH: There is not a health center in the village. There are irregular one-day visits by a mobile clinic from the Ministry of Health. According to the villagers, it is very hard for them to have medical services and when the mobile clinic goes to ANY, most of the IDPs go to see the doctor so most of the villagers do not have an opportunity to see the doctor or any medical staff from the mobile clinic. In view of the circumstances, villagers who have means of transport or financial means to pay for it, seek medical treatment in Thaechaung village or Sittwe township.</p> <p>Follow up on former issues</p>	<p>Follow up, challenges and advocacy</p>
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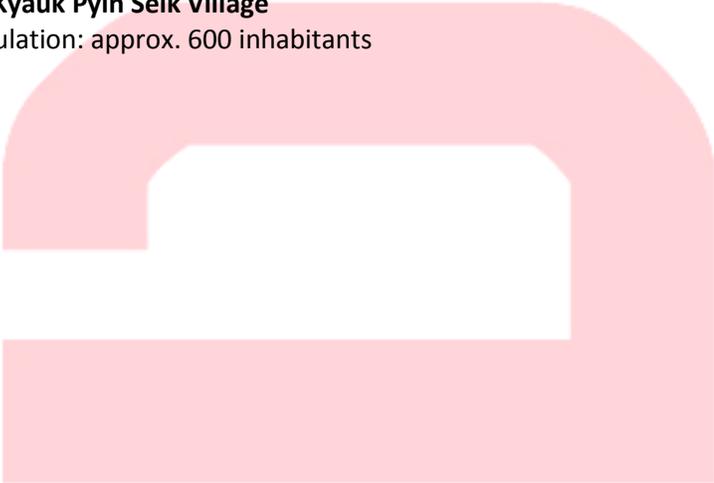
26. Sin Aing Village

Population: no updated information

<p>Highlights</p> <p>Security: Reportedly, villagers are still afraid to go farming to nearby fields due to insecurity incidents involving Muslims and Rakhine in 2012 and December 2013. According to the villagers, Muslim community members have been seen collecting firewood and fishing in areas close to the village.</p> <p>Other update on activities and issues</p> <ul style="list-style-type: none"> • WASH: the village lacks latrines so as a result, open defecation in nearby fields is common. The villagers reported to being afraid of snakes and other wild animals when going to the fields at night. Water is usually fetched from ponds but in the dry season water sources are limited. • HEALTH: there is not any health center in the village, however, a mobile clinic from the Ministry of Health goes to the village once or twice a month. As a result of the lack of health services, the villagers usually take traditional medicines prescribed by the elderly. For emergencies, they go to Sittwe Hospital but this can only be afforded by those who have financial means to pay for the boat charges. • EDUCATION: there is an elementary school in the village with 206 students and 10 teachers. The villagers ask for support for the construction of proper school facilities for the large number of students and more classes (grade 7 and above). • FOOD: Reportedly, food rations were provided by MRF to all households. These were usually transported by the villagers from Sittwe to the village, so each household had to pay 2000 Kyats for transport. No food rations have been distributed in the recent months. • PROTECTION: Reportedly, during the dry season water sources are quite limited in the village. As a result, the women have to fetch water from a nearby village – Baw Taw Li (30 minutes away) and, in order to get to the village, they have to walk through STM IDP Camp. The villagers indicated to be afraid of the Muslims who live in nearby villages or areas. <p>Follow up on former issues</p> <ul style="list-style-type: none"> • NTR 	<p>Follow up, challenges and advocacy</p> <ul style="list-style-type: none"> • The Protection Team continues to follow up on possible tensions in the area and concerns by the villagers as a result of the tensions (i.e. limited freedom of movement, threats, etc). Any detailed information will be referred to the PWG. • The Protection Team will follow up with the Health Cluster on whether the Ministry of Health has sent health staff to this village or not in the past weeks. • The Protection Team will follow up with MRF on food rations distributions.
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27. Kyauk Pyin Seik Village

Population: approx. 600 inhabitants



<p>Highlights</p> <p>An improvement in the relations between Muslims and Rakhine communities in the area was reported. Allegedly, members of the Muslim community are able to work as daily workers in farmlands that belong to Rakhine community.</p> <p>Follow up on former highlighted issues</p> <p>WASH: Each HH has their own latrines; however, some of them are in need of repair. During the rainy season, the villagers can fetch water from nearby ponds, however, during the dry season, it is very difficult for them to find water.</p> <p>Health: there is a health center in the village as well as a traditional midwife. Pregnant women and children have access to vaccination services. In case of an emergency, these are usually referred to Sittwe Hospital.</p> <p>Education: There is a primary school which was recently renovated by DRC. However, more classrooms are needed as the number of students attending classes is very large.</p> <p>Other update on activities and issues</p> <p>It was reported that before the conflict broke out in 2012, the villagers were planting trees and conducting farming activities in fields in a nearby hills. However, this is not the case now as many of the trees have been reportedly chopped by the Muslim community for firewood.</p>	<p>Follow up, challenges and advocacy</p> <ul style="list-style-type: none"> • DRC Protection Team continues to monitor the relation between Muslim and Rakhine communities.
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