

<p>PROTECTION: Protection monitoring, activities with the women's group, and identification of PWSNs for IPAs are ongoing.</p> <p>Due to the fact that medical services are not provided on a daily basis in the camp, medical emergencies become a challenge for many IDPs. Those who have the financial means to pay for transport and other charges go to Dapaing Clinic. Others have to rely on pharmacies in the camp and what the storekeeper prescribes for them. Cases of diarrhoea are common in the camp and the death of one baby (7 months) was reported.</p> <p>It was also reported by the IDPs that due to the lack of firewood, IDPs are forced to take wood/bamboo from common facilities such as the kitchens, showers and latrines. Women and girls cannot use any of the communal showers in the camp as these have been damaged by IDPs who have taken the wood for cooking.</p> <p>It was reported that IDPs who moved from another camp to STMG in the last months have not received their food rations in the last month and neither WFP nor the Food Committee has provided any justification or explanation to this. It was reported that most of the IDPs in the Camp want to remove the current Food Committee as there are allegations of corruption and extortion.</p> <p>Follow up on former issues</p> <p>NTR</p>	<p>The DRC Protection Team continues to monitor the situation in the camp as well as unhindered access to basic services by all IDPs.</p> <p>DRC Protection Team will follow up with health actors on the provision of health services in the camp.</p> <p>The DRC Protection Team has raised the lack of food distribution to IDPs in the camp to DRC CCCM but the situation continues to be the same.</p>
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2. Phwe Yar Gone IDP Camp

Population: approx. 2,400 IDPs

<p>Highlights</p> <ul style="list-style-type: none"> - Diarrhoea causes the death of one baby in the camp. - Difficulties in the access to latrines by PWSNs due to the lack of handrails to support their access. - Some of the IDPs are conducting livelihood activities in surrounding villages reportedly. - WASH During a recent visit, members of the community complained about the use of open concrete drainage as the children often fall in them and injure themselves. <p>• Other update on activities and issues</p> <p>CAMP MANAGEMENT: DRC full range of activities on-going, focus on access to services monitoring and referral, shelter maintenance monitoring, and integration of camp representatives into camp coordination meetings. Field Office Assistant and volunteers collected data on WASH services in the camp, including indicators relating to water points, latrines, drainages, and solid waste management. A Focus Group Discussion with both CMC and Women Group was held about what sort of training they would most prefer to attend. Additionally, the CMC identified the lack of firewood and NFIs (especially solar light around the latrines area) as the main problems in the camp. 16 Days of Activism Against Violence Against Women and Girls 2014 was advocated by DRC staffs and volunteers. Furthermore, an assessment (individual interviews) on household fuel usage of IDPs was conducted. As for Community Service Activities, library sessions continued for two days each week.</p> <p>SHELTER: IDPs complained about the condition of their shelters' roofs, walls and floors. DRC (CCCM) staffs, the DRC shelter engineer, the Field Office Assistant, and the volunteers did shelter maintenance monitoring regarding the most damaged parts.</p> <p>CHILD PROTECTION: Regular activities of SCI are on-going and the CFSs are running regularly. Activities focussed on recreational activities for children and students, such as handicraft and painting, and health education sessions at the CSFs. There were no new child-related protection cases that had to be followed up.</p> <p>WASH: Hygiene kit distribution has taken place and assessments of the latrines. Desludging has been planned for the first week in Dec 14.</p> <p>HEALTH: The MRF and MHAA clinic in STMG camp is accessible for IDPs in PYG. However, due to the fact that medical services are not provided every weekday, medical emergencies become a challenge for many IDPs. In PYG, no major health issues reported, but skin infection was more common than before. IDPs mentioned the lack of health facility in PYG as an issue.</p> <p>NUTRITION: SCI regular activities are on-going, focussing on mother-to-mother sessions, behaviour change communication, health education sessions (including diarrhoea awareness), and individual counselling. Furthermore, SCI did MUAC for children under five years, provided a cooking demonstration, and did joint screening with ACF on malnourished children.</p> <p>FOOD: WFP food distribution for the month of November completed by week 4. Furthermore, WFP staffs asked IDPs about food concerns. Some IDPs said that the provided food is not enough, as they sell some of it in order to buy firewood, vegetables, and fish.</p> <p>NON-FOOD ITEMS: No agencies supported NFI kits in the camp, the residents are in need of mosquito nets, as well as cooking pots, and other kitchen utensils.</p> <p>EDUCATION: SCI and Plan International activities on-going. SCI staffs visited their TLS to observed needs of students, while constructing one TLS for the NFE program intended for youth aged between 11 and 18 years.</p>	<p>• Follow up, and challenges and advocacy</p> <p>DRC (CM) in coordination with Shelter Cluster to address IDP's needs.</p> <p>Cases of domestic violence will be referred to relevant GBV actors in the camp.</p> <p>The case of the death of the baby was referred by DRC (CM) to DRC Protection, which gathered further info on the case, which was also shared with WASH Cluster.</p> <p>DRC Protection is monitoring deaths of infants in camps and villages to identify causes as well as any problems regarding access to health services.</p> <p>The DRC Protection Team continues to monitor the situation in the camp as well as unhindered access to</p>
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<p>LIVELIHOOD: Provision of cash grants, Cash Management and Bookkeeping Training, as well as on-going technical support for and monitoring of Female Headed Households. Furthermore, identification of and consulting with households selected for IPA.</p> <p>OTHER ISSUES: UNOCHA visited and talked with CMC and other IDPs regarding their main concerns.</p> <p>FOLLOW UP ON FORMER ISSUES: NTR</p> <p>PROTECTION: Protection monitoring, activities with the women's group, and identification of PWSNs for IPAs are ongoing.</p> <p>In relation to food ration distribution, IDPs in the Camp are monthly receiving their rations except for those who recently moved from other camps to PYG. It was also indicated that WFP has not updated its list of beneficiaries in the last months, particularly, that some of the beneficiaries have died and babies have born.</p> <p>The IDPs in PYG have asked for health facilities to be set up in the camp as they usually have to go to the facilities in STMG.</p> <ul style="list-style-type: none"> • Follow up on former issues <p>NTR</p>	<p>basic services by all IDPs.</p> <p>The Protection Team is monitoring deaths of infants in camps and villages to identify causes as well as any problems in the access to health services by the IDPs in camps. Relevant information is being shared with DRC CCCM as part of the referral process.</p>
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3. Ohn Taw Gyi North IDP Camp

Population: approx. 13,700 IDPs