

Date: December 2014

CAMP Report – Thet Kae Pyin

The report presents an overview of the situation in the camp, including basic demographic data, infrastructures and access to services as of December 2014. Information has been compiled based on various data sources, monitoring exercise and an interview conducted with a group of key informants, including men and woman representatives. Information on demographics and camp infrastructure is currently under review should be considered provisional. Additional information will be made available based on the feedback of services providers active in the camp.

1) Demographics – population trends

Demographics				
Latest Population of Site	1005	Households	Source: CMC	20.7.2014
	6029	Individuals	Source: CMC	20.7.2014
				Population data is provisional – new collection round planned for early 2015

No significant population movements have been reported recently – people leaving/arriving in the camp. It has been reported that relatives previously living in other camps have joined other family members residing in TKP. Few cases of separated children have been reported – parents/usual caretakers are currently living elsewhere.

2) Camp infrastructures and overall living conditions

Camp Infrastructure

CAMP INFRASTRUCTURE				
Infrastructure	Type	Number	Type	Number
Shelter types	Longhouse	123	Make shift shelters	No
Learning/child friendly spaces	TLS	5	Child Friendly space	2
	NFE	2	School	No
Health facilities	Health Centre	no	Local clinic nearby	Yes
	Mobile clinic	1	Mobile medical team/doctors	3
Water sources	Hand pumps	75	Water Tank	No
Washing/bathing facilities	Men latrines	96	Women latrines	95
	Men bathing	No	Women bathing	7

Sanitation facilities	Garbage disposal points	2	Hand washing points	64
	Incinerator	2	Dust bin	123
Nutrition/care facilities	Breastfeeding centre	5	Pregnant women centre	2
	Nutrition/OTP	1	Women Centre	Yes
Management infrastructure	CMC office	2	Cyclone shelter	No
	Community buildings	2	Food Distribution Point	1

- **Living conditions**

Overall, the community considers the conditions in the site to be fair. Basic infrastructures are present and used by camp residents. The absence of lighting at night was identified as a challenge, including for the use of bathroom and movements inside the site at night. There is no lighting infrastructure along major roads and close to washing facilities.

The level of services is considered satisfactory by key informants (KIs). Community buildings and infrastructures are used by camp residents on a regular basis. There are other facilities (spaces/infrastructure for persons with special needs, including recreational space, nutrition centre, child friendly spaces, TLS) used regularly by residents. There is no dedicated space for food storage. A burial site is accessible to camp residents.

There are no major issues in terms of access/road connection for services providers on the site. However, the proximity with the main road creates unsafe conditions for children, with cars/motorbikes crossing sometime very fast, and awareness raising on dangers would be needed.

3) Access to basic services, needs and gaps

- **Health & Nutrition**

Basic health care is available on site, but with limited hours of presence (mobile clinic, doctors sent by the community). SCI does active screening for malnutrition on a monthly basis (which covers every child under 5 years of age). Supplementary feeding available – two nutrition agencies are present on site. However according to agencies on site, it is likely that that not all suspected cases of malnutrition are referred to them.

MHAA is present at the clinic an average of days per week for treatment of moderate cases, while the most serious cases are referred to ACF who runs an OTP on site. IDPs have access to the Dar Paing clinic nearby, and MRCS doctors/nurses visit the camp regularly. The referral system functions quite well for urgent cases – patients are transported to Dar Paing clinic or Sittwe Hospital by ICRC or by the authorities – transportation is provided for free. Limited medicine supplies are available at the clinic and at the hospital.

Most typical health issues on the site reported by the key informants are diarrheha, skin infections, followed by high fever. IDPs representatives also reported cases of persons suffering of tuberculosis, high and low blood pressure, jaunices. The camp resident

mentioned that one of the key needs is the lack of medicines for persons suffering from long-term and serious illness TB medicines are not available at the Sittwe hospital be can be obtained from Dar Paing Clinic. The CCCM team approached the government clinic to obtain further information on medical conditions of camp residents, but has so far obtained very limited feedback.

- ***Shelter***

All families are accommodated in long houses. There are between 5-10 people per room. KIs and Camp resident consistently reported challenges due to the lack of space and overcrowding inside the shelters. Families who arrived after the first wave of displacement occupy spaces originally designed to be communal kitchens and bathing facilities. The lack of ventilation/smoke dispersed inside the longhouse presents also major risks for inhabitants – fire, respiratory diseases, eye infections. The CCCM team collected information on shelter damages; camp residents complaint about significant damages of shelters (floor, wall, roof); most camp residents try to repair damages by taking material from camp infrastructures, using tarpaulins, but significant repairs would be needed – details will be shared with the Shelter Cluster.

- ***NFIs***

Community representatives confirmed that NFIs have been received multiple times – basic NFIs have been received only once, hygiene kits received more regularly. Packages included one torch per HH and provides limited source of lighting – residents are using candles inside their shelters at night and to move around the camp at night.

- ***WASH***

Camp residents seem overall satisfied with the sanitation system, particularly in the old camp. They consider the number of latrines to be sufficient. Child latrines are particularly appreciated. Bathing spaces are available for women only – men are bathing in open spaces. Old/disabled persons are assisted by family/community members to use the bathrooms. Camp residents reported that some bathing facilities are damaged. The wood of the structure has notably been used as cooking fuel. Camp residents living in the old TKP camp reported that WASH facilities were quickly repaired if damaged – the CCCM reported few spirit tanks that are full, and damages to latrines to the WASH team. The situation is considered more challenging in the new TKP camp, were camp residents reported that latrines are not systematically repaired, and the number of hand pumps is considered insufficient.

The water quality is considered as being good, and available in sufficient quantity. Camp residents used to treat water with chlorinated tablets, but stopped after running out of supplies. KIs reported that handwashing is practiced by children as a direct result of the trainings organized by WASH agencies.

There is a drainage system is good but the absence of a sufficient slope gradient causes stagnation of waste water in drainage canals; the drainage system is in the open and quite deep, which might create a risk of falling into it, particularly for children. It was reported that cleaners are sometime burning garbage next to shelters, spreading smoke and bad smell in the camp. Discussions were held to ensure that clearers are using incinerators available in the camp.

- ***Food security & Livelihoods***

The main food source is direct food distribution from WFP, followed by food bought with cash. Community representatives reported selling part of their food rations on the local market to get cash to buy other food items (potatoes, chilli powder, vegetables).

Camp residents have very limited access to land for gardening – only small spaces available in the camp, and many grow vegetables on roofs. They are not allowed to grow crops on land surrounding the camp. IDPs can access the local market and other IDP camps in the area to buy/sell items. There are small shops set up inside the camp. Small livestock is present in the camp (goats, poultry), kept inside houses at night.

The community representatives reported that only few residents have access to livelihoods: fishing is the main source of income, followed by selling of livestock, and casual labour work casual.

Main sources of fuel are wood, charcoal, leaves and sticks of cow dung produced by the camp residents. They usually collect wood themselves or buy from outside. Residents consider resources to be sufficient in the area but requested cash support to cover their needs. However, the use of wood from camp infrastructures, leaves and other fuel sources might indicate a shortage of resources available in the area and reliance on negative coping mechanisms – this points will be further assessed in the future.

- **Education**

Camp residents reported the presence of 3 TLS in the camp, and 2 TLS outside the camp; most small children are attending TLS. However the community reported that the absence of formal education as a challenge – the school nearby was closed following the violence. They also reported that some families are unable to provide lunch money for children going to the TLS. Education monitoring is on-going

- **Protection**

Child Friendly Spaces are run by SCI in the camp, providing psychosocial support for children. Case management systems have also been set up on site

Based in interviews with KIs (both men and women) In general people reported to feel safe at the site. Relations among IDPs, with IDPs from other sites and nearby community are considered good. Minor fights only among children managed directly by community. Proximity with the main road and high speed moving motorbikes are considered as a source of significant hazards, particularly for children. The police is present on site and perceived as the main security providers. Minor offences are reported to camp leader and the CMC, major offences to the police and government authorities.

While the overall security and safety situation is considered satisfactory by camp residents, humanitarian agencies reported significant safety issues in the site linked with alcohol/drug abuse on site. Further monitoring in coordination with protection actors would allow collecting additional information of protection concerns/challenges in the camp. The CCCM team conducted a hazard mapping exercise in the camp – results will be shared with the CCCM cluster and partners working in the camp for follow-up

- **CCCM**

Besides the monitoring of services and living conditions in the camp, the CCCM conducted a hazard mapping exercise in the camp; results will be shared with the CCCM cluster and the partners, and follow-up decided accordingly.

Sport events were organized by the State government with the support of the CCCM cluster team and Save the Children

Learning need assessment for camp committee is on-going, that will support future trainings of CMC

4) Participation, coordination and communications

- **Communications**

Main sources of information are camp leaders, the CMC representatives, the radio and other community members. Information /communications to women are relayed by women leaders present in the camp

When asked about their preferred source of information, camp residents mentioned UN-NGO workers and government representatives as they are perceived a more reliable source of information than other means (radio, phone etc.)

When asked about the topics they would like to know more about, IDP representatives mentioned that they would like to have more information about the security situation, the situation in their area of origin, and more information on health and education services available.

Access to distributions

Regular distributions are organized on site. Families have been thoroughly informed by humanitarian agencies, CMC, agency staff. No significant problems reported by KIs except for delays in distribution schedule. Access to distributions will be furthered monitored by the CCCM team.