

Date: November - December 2014

CAMP REPORT – Sin Tet Maw

Introduction

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 the camp leader. 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	461	Households	Source: CMC	Date of last verification: 18.6.2014
	2405	Individuals	Source: CMC	Date of last verification: 18.6.2014
Age rank	M	F	Total	<i>Data is provisional, collection exercise planned for early 2015</i>
0 < 5	206	211	417	
5 to 11	198	218	416	
12 to 17	135	139	274	
18 to 59	575	641	1216	
60+	35	47	82	

- **Observed trends /population movement:**

At the time the camp opened, the estimated number of residents was 3335 individuals; the population decreased following spontaneous movements– relocation to another camp, families trying to get closer to livelihoods sources, 200 people left suddenly move from the camp, following tensions among groups. Last significant movement reported was the arrival of IDPs previously in Nget Chaung in November 2013. Recent population movements have been reported in the camp – currently monitored by the CCCM team

There are also temporary migrations during the dry season – some camp residents are seeking for temporary employment in the fisheries in Sittwe – last time was between October 2013 and February 2014; IDPs then return to the camp when the rainy season started, and were followed by some IDPs previously in Sittwe that relocated there – a total of 200 people returned/resettled in Sin Tet Maw in February 2014.

- **Freedom of movement**

Movements of the camp population are limited to the village nearby – Sin Tet Maw Muslim and Rakhine villages, where camp residents can go to the market and trade goods. In addition, movements are allowed to one village in Sittwe to trade/buy items – boat trips are arranged by the government.

The key informant shared that the biggest challenge related to freedom of movements is medical evacuation to Sittwe hospital, particularly at night. Community shared concerns transportation charges when they have to organize evacuations themselves for emergency cases (delivery/pregnancy complications) – referral services/support not present on a daily basis. According to camp residents, transportation to Sittwe cost 18,000 MMK/trip – it is sometimes more expensive at night

2. Camp infrastructures and overall living conditions in the camp

CAMP INFRASTRUCTURE /SERVICES				
Infrastructure	Type	Number	Type	Number
Shelter types	Longhouse	94	Families in make shift shelters/no shelter	No
	Government schools	0	Non formal education centre	1
Education/children facilities	Temporary learning spaces	2	Child friendly space/Youth centre	1/2
	Health Centre	No	Local clinic nearby	No
Health facilities	Mobile clinic	1	Community doctors	3 (to be verified)
	Hand pumps	9	Water bladder	2
Water sources	Tap	12	Well	11
	Family latrines (4 room type)	80	Children latrines	6
Washing/bathing facilities	Family Latrines (2 room types)	14	Other	No
	Men bathing facilities	No	Women bathing with hand pump	7
	Garbage disposal point	1	Hand washing points	90
Sanitation facilities	Incinerator	1	Dust bin	40
	Breastfeeding centre	3	Pregnant women centre	1
Nutrition/care facilities	Nutrition/care centre	1	Other	
	CMC office	yes	Modular houses	7
Management infrastructure	Community building	3 (modular house)	Cyclone shelter	No

According the camp leaders, residents do no share particular concerns over the site condition “as compared with other IDP camps located in Paktaw, where they know the situation is much worse”;

The access to the camp is limited – only accessible by foot, walking on sand bags across fields and water ponds, or by boat – accessible only at certain hours with the tide. Access to the camp and movement inside the camp are particularly difficult during the rainy season; roads paths are made of compacted earth/sandbags that get muddy and slippery. Proximity with the creek is worrying for children’s safety.

The drainage system is quite limited, and water stagnates inside the camp with the water level rising from the creek; residents hope the drainage system can be improved in the future – upgrades are planned by the WASH agency.

Electricity is available during the day – they are connected to the nearby mosque in the village in exchange of 2000 MMK/month. At night, camp residents use candles and dry batteries. Solar panels are used recharge mobile phones.

There are 7 community building/spaces in the camp, one used as a food storage point- distribution point. Another one is used by the CMC or the IDPs to organize meetings. Dedicated spaces exist for pregnant/lactating women, children (CFS) and are regularly used, except one breastfeeding centre. There is no burial site in the camp, but residents are allowed to use the cemetery nearby.

3. Access to basic services, needs and gaps

- **Health**

Basic health care support is provided by Ministry of Health – they use the facility built by MSF. Health support is reported to be a significant challenge. Presence of MoH staff has been recently reduced from three days a week to one day a week in December– the team is present on Thursday only. IDP representatives reported shortage of medicines in the clinic, and remain overall poorly satisfied of medical treatment provided. The KI explained that one of the major gaps in the camp is the absence of specialized medical staff to attend deliveries and assist women and newborn babies. Key medical concerns are diarrhoea in May/June (estimation around 10-15 cases /week) and skin infection during the dry season (estimated 20 cases at the time of the interview). There are cases of tuberculosis, asthma and high blood pressure according to camp residents. Medicines provided by the mobile team are limited and very basic, and camp residents are trying to get medication by themselves, particularly for people suffering from serious illness.

A referral system exists with the authorities for urgent/serious cases to the Sittwe hospital, but transportation is not always provided. Medical evacuations are possible with a doctor's recommendations and police escorts. villagers represented the majority of cases evacuated. IDPs have also the possibility to arrange travels to Sittwe hospital on their own – with a police escort – for approximately 18,000 MMK per trip. Evacuations are difficult to organize at night, and usually more costly.

- **Food/livelihoods/cooking fuel**

The KI shared that main food sources are distributions organized by WFP and food they buy themselves on the local market-each representing respectively 50 % of food sources. According to estimations of the KI, around 70% of families have to sell parts of their food rations to obtain cash – the other 30% being able to rely on other sources to buy food. The Camp leader explained that food rations should be increased for families who recently had children, and lists should be updated.

Camp residents keep small animals in the camp. According to the camp leader, around 15% of residents HH have 2-3 chickens, some have goats. Most animals are kept for food. Some are being sold, particularly when owners run out of other sources of income. IDPs do not have access to land to cultivate – only few grow vegetables inside the camp.

Few IDPs in the camp have source of income. 96 IDPs work on fishing boats; around 200 camp residents work as casual labour in the camp or in the village nearby; 20 families sell vegetables in the camp. Around a hundred camp residents work for NGOs, mostly as incentive workers.

The main source of fuel is wood. Stoves and fuels sticks were distributed by ICRC– resources ran out, and IDPs are hoping for more distributions in the future. One punctual distribution was organized by a local NGO few months ago as well. Cooking fuel sources remain insufficient. Wood used to be collected from the mountain nearby, but all resources have now been exhausted. IDPs are buying

wood from outside – traders also come to the camp on a regular basis. The KI shared that one bag of 100 wood sticks cost around 4000 MMK.

- **Shelter/NFIs**

All residents live in longhouses. The KI reported major damages on most shelters – based on the shelter monitoring conducted, around 61 longhouses shown wall and flooring damages and the need for urgent repair in the coming months before the rainy season. Disputes were also reported concerning the use of sections of the longhouses for small shops.

- **WASH**

The camp has 9 hand pumps and 11 wells. Water bladders are available for drinking water – water is treated by the WASH team. Access to drinking water is considered to be overall good. Few residents shared that they fear shortage during the dry season.

A rotating system is in place for cleaning for every 5 HH. Dustbins are available at the junction of all shelter paths and emptied on a regular basis.

Most bathing facilities are severely damaged – wood has been taken for other purpose. No major challenges have been reported with the latrines – damaged latrines are usually repaired promptly. Latrines in the camp are assigned to specific households.

The drainage system is quite limited, and water stagnates inside the camp with the water level rising from the creek; residents hope the drainage system can be improved in the future – upgrades are planned by WASH agency.

- **Nutrition**

SCI nutrition activities cover active screening, IYCF, ANC and OTP activities but there remain challenges with linking to referral systems for cases with complications

- **Education**

Based on discussions with teachers and IDP representatives, over 550 students attend the TLS. It has been reported that 110 children are not attending schools, mostly due to financial difficulties of the family or the absence of student kits. Issues have been reported recently with school examinations - however the township administration recently visited the camp and conducted examinations for grade 5. Students are not able to access the school located in the village nearby 136 children (11 to 18 years old) attend the non-formal education centre, however, about a third regularly miss classes regularly to work or for other reasons. 80 people attend the youth centre. A second youth centre is currently built in the camp.

- **Protection**

The KI shared that safety conditions are good on site – only minor fights within the community. There is one police post inside the camp. No particular tensions are reported with the community around. For minor incidents, IDPs contact the community leaders or CMC members – more serious cases are referred to the police. The camp was affected by a major fire in the section hosting residents from Myebon few months ago. Proximity with the stream is raising concerns for the safety of children. Further monitoring in coordination with protection actors would allow collecting additional information of protection concerns/challenges in the camp.

- **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

- **Participation mechanism/committees activities**

CCCM team asked camp leaders and residents about the main communication sources in the camp. Main information source in the camp are community leaders, humanitarian agencies, government representatives, CMC members and mobile phones. The camp leader shared that the preferred source of information would be humanitarian agencies and the authorities; the residents would like to receive more information on the situation in the place of origin, the availability of health services and other services in the camp. In case of a cyclone, they expect to receive information from humanitarian agencies and will head to the mountain – however no specific space is designated for relocation.

Camp residents usually receive information about upcoming distributions from humanitarian agencies. Key challenge faced by residents is to ask for additional rations following births in particular

The camp leader is leading the Camp Management Committee – the CMC has been recently changed, and currently have 26 members; 10 members have been appointed from the village leader. There are currently active WASH, Health, Food and Education sub-committees. There is a mother to mother support group supporting nutrition activities. Functioning of the camp participation mechanism are currently further assessed by the CCCM team.