

### HIGHLIGHTS

- Outbreak of fighting in Kokang displaces tens of thousands into China and other parts of Myanmar
- Urgent need for measures to ensure safety of people in IDP camps in Rakhine that are at high risk of flooding in the monsoon season
- New measures to strengthen the emergency medical referral system in Rakhine
- MSF Holland has restarted health activities in some parts of Rakhine State

### Key FIGURES

People displaced in Rakhine State 139,000

People displaced in Kachin and northern Shan states 100,000

People displaced in Meiktila, Mandalay region 3,300

People displaced from Kokang who transited through Lashio >13,000\*

\*Total numbers displaced by the Kokang conflict remain unconfirmed

### FUNDING

**\$190 million** requested for the 2015 Response Plan



IDPs from Kokang in Lashio, Feb 2014 Credit: OCHA

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## Fighting in Kokang displaces tens of thousands

Fighting broke out between the Government of Myanmar Army and the Myanmar National Democratic Alliance Army (MNDAA) and other armed groups in the Kokang Self-Administered zone, north-eastern Shan State, on 9 February. The fighting continued throughout the month of February. More than 13,000 people are estimated to have been internally displaced from Kokang to other parts of the country during February, according to the Relief and Resettlement Department in Lashio. Many of these people are migrant workers who have travelled on to their places of origin in other parts of the country. The number of people who have fled across the border into China is unconfirmed. Chinese state media have reported that 60,000 people have crossed the border from Kokang into China since 9 February, and that Chinese state authorities are providing assistance to these people.

Access to the Kokang Self-Administered Zone has been restricted due to the ongoing fighting. Limited information is available on the humanitarian situation and on people displaced or affected by the fighting in this area. The number of civilians killed or injured due to the fighting is unconfirmed. According to the Government's Rehabilitation and Administrative Support Committee for the Kokang Self-Administered Zone, 3,000 people are staying at an IDP site at Border Post 125, on the Myanmar side of the border with China, with some assistance provided by the government's Relief and Resettlement Department and local civil society organizations (CSOs). UN staff have also had access to some 950 displaced people from Kokang who are now in Namtit (Wa Self-Administered Division).

### Displacement of people from Kokang



### Myanmar Red Cross providing assistance

Shan State authorities, the Myanmar Red Cross Society (MRCS), and local CSOs have been providing assistance to internally displaced people in Lashio, including support for migrant workers and others who are transiting on to other parts of the country. In February, MRCS provided assistance to more than 7,000 people, including temporary accommodation, food, clothing, healthcare, blankets and first aid, as well as transportation from Laukkai and Chinshwehaw to Kunlong and Lashio. MRCS also deployed a specialist team to help [restore links between family members separated](#)

*The UN and humanitarian partners are on standby to provide humanitarian assistance in Kokang as soon as security conditions allow access*

[during the crisis](#). MRCS is working with UNICEF and the Department of Social Welfare to provide psychosocial support to displaced children at the transit centre in Lashio.

International organizations that had a presence in the Kokang Self-Administered Zone have temporarily relocated staff to other parts of the country due to continued fighting. A nationwide measles and rubella [immunization campaign](#) was postponed in Kokang as a result of the fighting, putting children further at risk. The World Food Programme (WFP) suspended nutrition activities in the Kokang Self-Administered Zone that were being implemented through partner organizations for 4,800 people. The UN and humanitarian partners remain in close contact with Union and State level authorities, and are on standby to provide humanitarian assistance in Kokang as soon as security conditions allow them to carry out an independent assessment of needs.

### **Aid workers injured by gunfire in Kokang**

Two separate incidents involving MRCS convoys occurred on 17 and 21 February in the Kokang area, in which three MRCS volunteers and several civilians were wounded by gunfire. According to MRCS, the convoys were carrying civilians from the conflict area in Kokang to safe areas in Myanmar. On 18 February, the UN Resident and Humanitarian Coordinator in Myanmar [issued a statement](#) calling on all parties to the conflict to ensure the safety and security of humanitarian staff and civilians, and reminding them of their obligations under International Humanitarian Law. As the conflict continues, the UN and humanitarian partners continue to advocate with all parties to the conflict to ensure safe passage and protection of civilians, including the prevention of [grave violations](#) against children.

## New displacement elsewhere in Shan State

Outbreaks of localized fighting and insecurity caused some new displacement and affected humanitarian operations in other parts of northern Shan State. According to local and international humanitarian organizations in these areas, several hundred people were newly displaced in February including in Kutkai, Hseni, Muse and Namhkam townships. Fighting between the Myanmar Army and the Ta'ang National Liberation Army (TNLA) in Mongmit Township, northern Shan, also displaced over 600 people to Mogoke town in the Mandalay Region. By the end of February, all those displaced in Mogoke Township were reported by state authorities to have returned to their villages of origin.

### **Insecurity hampering humanitarian operations**

Local NGOs are at the forefront of providing assistance to the newly displaced, as well as to the displaced people who have been in camps since 2011. International organizations have been providing additional assistance. Increased insecurity has however forced several international humanitarian organizations to intermittently suspend some activities in Kutkai, Hseni and Namhkam townships. With the rainy season fast approaching, when many unpaved roads become impassable, temporary shelters urgently need to be repaired, and water and sanitation facilities need to be upgraded in camps.

*Local NGOs are at the forefront of providing assistance to the newly displaced*



Displaced families at a temporary IDP site in Kutka, Feb 2015. Credit: OCHA

## Efforts to improve conditions in Rakhine camps

### **Displaced people in Nget Chaung camp at high risk of flooding**

Over 6,000 people are living in Nget Chaung camp in Pauktaw Township. People in this camp are highly vulnerable as the camp is located in an exposed area and on low land,

*The shelters in Nget Chaung camp are gradually sinking into the mud*

which puts families and their belongings at high risk from flooding, storm surges and winds if there is a cyclone or tropical storm. As the camp is located on marsh land, the eight-unit shelters are gradually sinking into the mud. The shelters were built for temporary use and after more than two years many are now in a very poor state of repair and require urgent attention which in many cases will involve reconstruction, according to UNHCR and the Lutheran World Federation. In some cases the floors have collapsed, or winds have ripped off walls. Many rooms have sizable holes in the elevated floor, posing a major risk to people living there, and to young children in particular. Where shelters have become uninhabitable, residents have moved into communal kitchen blocks or have set up makeshift shelters. The area also floods during the rainy season and draining waste water is highly complex due to the low lying land in close proximity to the sea. Stagnant water and the associated health risks is a major concern. Solidarités International, the INGO implementing water, sanitation and hygiene activities in this camp, has installed a water pumping system to provide clean drinking water to the camp, as people otherwise have to walk three kilometers to get clean water.



Nget Chaung during 2014 rainy season. Credit: OCHA

International humanitarian organizations are advocating with both the Rakhine State Government and the Union Government for urgent measures to be taken to improve living conditions for these people, including a request to move people in the camp to higher, safer ground before the monsoon and cyclone season begins in May.

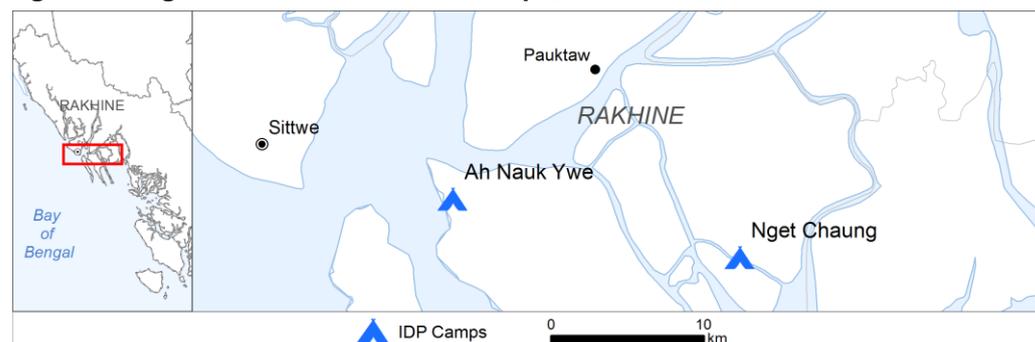
#### **Difficulties of supplying clean water to IDPs in Ah Nauk Ywe camp**

Ah Nauk Ywe camp in Pauktaw is also on low ground in an exposed area, making people here highly vulnerable to cyclones and tropical storms, as well as to flooding during the rainy season. Shelters in this camp are also in urgent need of major repairs before the next rainy season. Furthermore, access to adequate clean water is also a major concern for over 4,000 people living in this camp. The ponds providing safe drinking water dry up in March during peak dry season. From the end of March and until the rains start in May, Solidarités International and the Rakhine State Government will be providing drinking water through “water-boating”, which is costly and unsustainable in the longer term. In both Nget Chaung and Ah Nauk Ywe camps, safe access to sufficient fuel and firewood is a major challenge. People in the camps therefore use materials from shelters, latrines, walkways, and other camp infrastructure for fuel.

*The ponds providing safe drinking water in Ah Nauk Ywe camp dry up in peak dry season in March*

As with Nget Chaung camp, humanitarian organizations are working closely with the authorities to find ways of urgently improving living conditions for people in this camp and are discussing various options including a request to move people to higher, safer ground ahead of the monsoon season.

#### **Nget Chaung and Ah Nauk Ywe IDP camps, Pauktaw, Rakhine State**



## Strengthening the emergency medical referral system in Rakhine

International and national health organizations continue to work together to support the Rakhine State Health Department in providing access to healthcare to displaced people in camps and to remote and isolated communities in the state. However, there continue to be many challenges, particularly in ensuring that critically ill patients reach hospitals on time. An emergency referral system exists, but for Muslims in camps it requires patients to receive government permission to leave the camps to travel to the hospital. This is a system which camp residents and health organizations report often results in delays. In practice only patients in the most critical condition tend to reach the hospitals and even then it is often too late.



A mobile health team visit to Thet Kel Pyin camp, May 2014. Credit: MMA

The World Health Organization (WHO) is working with the State Health Department to strengthen the process for emergency referrals for critically ill patients. WHO is supporting an initiative to have a single State Health Department hotline number to call in case an emergency referral is needed, and to ensure that decision-makers in the State Health Department are always reachable to facilitate referrals. According to organizations working in the health sector in Rakhine, additional ambulance drivers are also needed to increase the response capacity of the two ambulances at the disposal of the State Health Department.

### MSF Holland restarts activities in Rakhine

In December 2014, MSF Holland was given permission by the Rakhine State Government to restart activities in parts of the state. This includes primary health care and HIV treatment and care services in Maungdaw, Buthidaung, Sittwe and Pauktaw, as well as provision of a speedboat for use by the Ministry of Health for life-saving referrals throughout all townships in central and northern Rakhine.

The resumption of MSF Holland activities has increased access to life-saving healthcare services for thousands of vulnerable people, especially in the northern part of Rakhine. However, serious gaps in access to equitable healthcare remain, particularly in remote and hard to reach areas such as Pauktaw, Rathedaung and Myebon, as well as in rural communities.

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