

# PSYCHOSOCIAL ASSESSMENT, SITTWE, MYANMAR 2013

Integrating Psychosocial Components into  
Lutheran World Federation's Programme in  
Rakhine State

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**Sittwe, Myanmar, October 2013**

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## Abbreviations

<b>CBO</b>	<i>Community Based Organisation</i>
<b>CCCM</b>	<i>Camp Coordination Camp Management</i>
<b>CFS</b>	<i>Child Friendly Space</i>
<b>CMC</b>	<i>Camp Management Committee</i>
<b>CoS</b>	<i>Church of Sweden</i>
<b>CBPS</b>	<i>Community Based Psychosocial Support</i>
<b>FGD</b>	<i>Focus Group Discussion</i>
<b>IDP</b>	<i>Internally Displaced Person</i>
<b>INGO</b>	<i>International Non-Governmental Organisation</i>
<b>LWF</b>	<i>Lutheran World Federation</i>
<b>NFI</b>	<i>Non Food Item</i>



# 1.0 Introduction

Church of Sweden (CoS) has supported the Lutheran World Federation (LWF) Myanmar country programme annually since its start in 2009. LWF operations in Myanmar started in response to Cyclone Nargis. After the escalation of the conflict in Rakhine state in 2012 resulted in significant displacement, LWF launched humanitarian appeal MYR131 to be implemented from May 2013 onwards.<sup>1</sup>

LWF is committed to mainstreaming a community based psychosocial support (CBPS) approach into their Rakhine programme. Two specialists from CoS's psychosocial roster were deployed to Myanmar in August 2013 to provide technical support. The roster members were Christin Nylund Bergan, who stayed from 20<sup>th</sup> of August – 18<sup>th</sup> of September, and Loyda Santolaria, who will spend 3 months in Myanmar from 20<sup>th</sup> of August – 16<sup>th</sup> November. In addition, CoS psychosocial desk officer Maria Waade spent 10 days in Myanmar from 24<sup>th</sup> October – 2<sup>nd</sup> November to assist in the process.

The purpose of the deployments was to conduct a psychosocial assessment of the target communities in order to identify existing strengths and needs and to look at how LWF's programme could respond to these needs through a CBPS approach. The roster members were also tasked with building staff capacity on CBPS interventions – both through formal training and on-the-job mentoring, and including the development of tools for programme monitoring.<sup>2</sup>

In line with the purpose of the CoS consultancy, this report has two main sections. Section one presents findings related to the psychosocial wellbeing of LWF's target communities. Section two looks at LWF's programme through a CBPS lens in order to formulate a foundation for a programme work-plan that ensures the integration of CBPS principles and contributes to improving people's psychosocial wellbeing.

## 1.1 What is Community Based Psychosocial Support (CBPS)?

Community Based Psychosocial Support (CBPS) is based on the belief that in order to promote the psychosocial wellbeing of a community, it is not only the activities and services provided in an aid intervention that matter, but also that *the way* this humanitarian aid is delivered is of equal importance. Applying this approach in aid interventions, regardless of sector, will strengthen the community's own capacity for recovery and resilience. Furthermore, CBPS can enhance the wellbeing and coping ability of emergency-affected individuals and groups and thereby reduce the need for more specialised support or treatment.

Psychosocial support can be mainstreamed as an approach into basic services and protection. To guide mainstreaming of psychosocial support, the Inter-Agency Standing Committee (IASC) has established the core principles of human rights and equity, participation, Do No Harm, building on available resources and capacities and integrated support systems. These different components are not unique to the CBPS approach, but are applied widely within the humanitarian community, for example, as part of the rights-based approach or conflict-sensitive programming. The core principles serve as a 'check-list' for humanitarian programming in all sectors to ensure that assistance not only covers material and physical needs, but also social and emotional needs. However, these components are often neglected by aid organisations in a hurry to provide fast relief, despite the fact that they have a direct influence on the wellbeing of emergency-affected people.

The mainstreaming of psychosocial support into all humanitarian sectors serves as a foundation for the wellbeing of emergency-affected populations in general. However, a smaller number of people in any

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<sup>1</sup>Act Alliance Appeal Myanmar – Rakhine: Assistance to IDPS MYR131

<sup>2</sup>For more details on the scope of the deployment, please refer to Terms of Reference for this deployment

given emergency are usually at increased risk of psychosocial problems because of their age (children, elderly), because they have a mental or physical disability, or because they belong to groups who may be marginalised or targeted for violence. During emergencies, disruption or loss of social safety nets can increase the vulnerability of individuals and groups, and therefore an important component of psychosocial programming consists of strengthening or activating family and community supports. Some of the persons that have experienced particularly distressing events may have more severe reactions and need additional, more focused support, for example, in the form of support groups.

The types of response (both mainstreaming and more focused programming) are depicted by IASC in the form of an 'intervention pyramid'. At the base are basic services and security, followed by community and family supports, then by focused-non specialised supports and finally by specialised services at the top.



The model further demonstrates that the upper part of the pyramid is built upon a foundation of effective basic service delivery for all affected. In theory, the number of people requiring specialised mental health care services will be minimised if the non-specialised services at the lower levels of the pyramid, such as food distribution and shelter provision, are carried out in a participatory, safe, socially and culturally appropriate way that mobilises community networks as much as possible.

Promotion of CBPS by CoS is therefore grounded in the belief that applying the approach in aid interventions, regardless of sector, will strengthen a community's own capacity for recovery and resilience. Furthermore, CBPS can enhance the wellbeing and coping ability of emergency-affected individuals and groups, thereby reducing the need for more specialised support or treatment.

## 2.0 Background

### 2.1 Rakhine Context

Myanmar is currently undergoing a remarkable transition. But in the midst of positive change and political reform, localized violence in Rakhine state is creating new levels of suffering for the population. Rakhine state has experienced two outbursts of violence in 2012, first in June and then again in October. As of the beginning of April 2013, the number of people displaced in Rakhine state is at least 139,107. Of these, about 75,000 have been displaced since June 2012 and over 36,000 were displaced following a resurgence of violence in late October 2012. 111,000 reside in government designated camps while the rest of the IDPs are living in tents close to their places of origin or with host families while their houses are being rebuilt.<sup>3</sup>

It is important to keep in mind that ethnic Rakhine (Buddhist) share similar grievances and interests towards the government as other ethnic minority groups in Myanmar. They are fighting for their rights, use of their own language, prospects for a peaceful future with economic opportunities, some degree of autonomy and resource sharing. The relationship between the central government, the ethnic Rakhine and the Muslim population gives the conflict in Rakhine a unique triangular character, and illustrates how divide and rule strategies from the centre have pitted communities in Rakhine against each other and led to localized conflicts. This triangular dynamic is extremely important for international agencies aiming to support the displaced population in Rakhine to keep in mind.

### 2.2 LWF Rakhine Programme

In February 2013, LWF Myanmar visited 11 urban and rural IDP camps in Sittwe, Rakhine state. The assessment concluded that there is an urgent need to introduce more comprehensive camp management in the IDP camps. During the assessment, it was found that the local government has organized Camp Management Committees (CMCs), but that these are not functional. The CMCs generally lack a clear understanding of their roles and responsibilities. In the absence of properly functioning CMCs, traditional leaders and young people were seen providing information and organizational assistance within the camps, often causing favouritism. Furthermore, the assessment found no women, disabled persons, or people with special needs represented in CMCs. The assessment further observed that ten months after entering the camp the living conditions of the IDPs were far below international standards. Basic services such as Shelter, NFIs, WASH, Food and Nutrition, health services and Education were insufficient; and access to psychosocial support and fire protection services almost non-existent.

The LWF assessment resulted in the above mentioned ACT Appeal, which will be implemented between May 2013 and May 2014. The overall goal is **to contribute to the wellbeing of the conflict affected population**, focusing on 4 key areas:

1. *Outcome 1 (Education in Emergencies)*: The affected children aged 5-10 are able to attend school in a safe, secure and child-friendly environment.
2. *Outcome 2 (Community Based Psychosocial Support)*: Affected people are assisted to restore hope, dignity, mental and social wellbeing and a sense of normality.
3. *Outcome 3 (Fire Safety)*: The threat of fire is reduced, people feel safe, and are able to respond effectively to fire outbreaks.
4. *Outcome 4 (Disaster Response and Coordination)*: ACT Alliance partners, together with camp residents and host communities are prepared for and can respond to human-made and natural disasters effectively.

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<sup>3</sup>Roos, Josefine 2013: Conflict assessment in Rakhine state

**At the time of writing this report (October 2013), these 4 outcomes correspond to 4 separate teams. However, the appeal makes it clear that LWF does not consider CBPS to be a stand-alone project, but rather an approach which will be integrated also into the other sector teams.**

LWF's office in Sittwe opened in June 2013, and was initially managed by representatives from LWF's regional emergency hub. The base now has a Programme Coordinator who arrived in September 2013. There is one officer leading each team, all of whom started between June-August 2013, as well as administrative and logistic staff. There is also a technical CCCM advisor who arrived in the beginning of October (exchange from LWF programme in Kenya) as well as the CoS consultants who have been working closely with the Psychosocial Officer and she has played a key role in being involved in this assessment.

More information about each team is found in chapter 4. Below is an overview of where the various teams were operating as of October 2013:

<b>Camp</b>	<b>CCCM</b>	<b>Education<sup>4</sup></b>	<b>Psychosocial</b>	<b>Fire Safety</b>
<b>OTG1</b>	V	V	V	V
<b>OTG4</b>	V	V	V	V
<b>OTG 5</b>	V	V	V	V
<b>BDPA</b>	V	V	V	V
<b>Set Yone Su</b>	Not confirmed	<i>Government school</i>	V	V
<b>Set Yone Kya</b>		<i>Government school</i>	<i>DRC, MSF, ACF, Save</i>	V
<b>2 new camps – planned<sup>5</sup></b>	V	<i>Save the Children</i>	<i>Save the children</i>	V
<b>13 additional camps</b>		<i>Save the Children</i>	<i>Save, DRC, FXB, ACF</i>	V
<b>BDPA host community</b>		V	V	V
<b>OTG host community</b>		V	V	V

<sup>4</sup>Schools have been built, teachers have been trained, but education activities are still not operational

<sup>5</sup>2 new camps have been added to the LWF-CCM UNHCR proposal due 1st of November 2013.

## 3.0 Assessment of psychosocial wellbeing among target community

### 3.1 Methodology

The assessment was led by the Church of Sweden (CoS) Psychosocial specialist on mission to Myanmar from August to November 2013, in collaboration with LWF psychosocial team. It was conducted in 6 camps, of which 5 are camps where LWF has CCCM responsibility. In order not to overwhelm the same camps with sometimes similar questions, the camps were selected in coordination with Save the Children which was conducting a Do No Harm analysis at the same time. The camps assessed were:

4 camps with mainly Muslim population:

- OTG 1 (LWF CCCM)
- OTG 4 (LWF CCCM)
- OTG 5 (LWF CCCM)
- Baw Du Pha (LWF CCCM)

2 camps with mainly ethnic Rakhine population (Buddhist)

- Set Yone Su (Planned LWF CCCM, to be confirmed)
- Set Yone Kya (no CCCM, already there are psychosocial activities by DRC, Save the Children, ACF and MSF so as a result of the assessment it was decided that LWF will not start stand-alone psychosocial activities here)

In addition to observations in the camp and work with LWF staff, the assessment consisted of 24 focus group discussions (FGD) and 72 individual interviews. The selection of respondents for FGDs for adults was done by the government organized camp committees. Adult participants (men and women) then selected the participants for youth FGDs, and youth selected participants for the children's FGD.

In each camp, separate focus group discussions (FGDs) with approximately 15 participants in each group were conducted for

- Women
- Men
- Camp committee members (men)
- Girls/female youth aged 12-20
- Boys/male youth aged 12-20
- Girls aged 6-12
- Boys aged 6-12

A total of 466 people participated in FGDs. A complete breakdown of numbers per camp can be found in appendix 1. The FGDs lasted approximately 90 minutes, and were undertaken in a communal area that provided safe and sufficient space for discussions. To guarantee that both women and men would have equal access to information and possibilities to provide input, both a male and a female translator were selected by LWF and CoS. The group discussions for adults and youth followed an interview guide. In the group sessions for children a mix of tools, including drawing, were used. For more information about the interview and assessment guide used, see the description in appendix 2.

The camp committees were asked to select vulnerable members, including people with disabilities, for the FGDs. When the participants arrived, however, none were found to represent particular vulnerabilities. Therefore, care was taken to identify vulnerable people for the individual interviews. The selection for the individual interviews was done by the CoS consultant. Of the 72 individual interview respondents 60% were women and 40% classified as vulnerable (criteria: see table page 9). The interview followed an interview guide, see appendix 2.



Lastly, the assessment also consisted of informal meetings with other humanitarian service providers:

1. **Local NGOs and CBOs:** Free Funeral Service, ABCD, Rakhine THAHAYA Association (Social network group), Utiopia (Positive woman and man), Rakhine Woman Network, Sittwe Social Network Group, Wan Lark Rural Development Foundation Rakhine (Arakan), MRF (Myanmar Resources Foundation), FXB
2. **INGOs:** Save the Children, ACF, DRC, MSF, IRC, Maltaser, Relief Malaysia, CDN
3. **UN:** UNFPA, UNHCR, UNICEF, OCHA
4. **Clusters:** General cluster, CCM cluster and protection cluster

These informal meetings included a special focus on organisations with experience of psychosocial activities so as to draw on their lessons learnt. Meetings in Save the Children's Child Friendly Spaces were held in 3 camps, as well as meetings in FXB's Women Spaces. Linked to these meetings, informal interviews with families utilising these specific services were also held to get their perception of the activities offered.

### 3.1.1 Limitations of the assessment

A major limitation of the assessment is that no interviews with members of the host community were done. This was partly because LWF as a new organisation in Sittwe still lacks established direct communication with government members. For the purpose of LWF's programme, it was advised that the consultant prioritise her focus on IDPs and local NGOs/CBOs. As mentioned above, a Do No Harm assessment undertaken by Save the Children at the same time as this psychosocial assessment was done, and questions for both assessments were coordinated and discussed between Save the Children and the CoS consultant. Whereas this assessment report focuses on psychosocial wellbeing among camp populations and on LWF's specific programme, the Do No Harm report has a broader scope and looks more closely at the dynamics between INGOs, camp and host community than this report does. At the date of writing, Save the Children has not yet shared its report with LWF but has promised to do so once it is ready. It is therefore recommended that the Do No Harm report be read in conjunction with this assessment report for a broader and more in-depth understanding of the context.

## 3.2 General findings – all camps

One key finding of this assessment is the need to consider the different community dynamics in each camp and not to apply a "one size fits all" approach when working with the camps. Nevertheless, the assessment found that there were some key issues in terms of psychosocial wellbeing that were similar in all camps, and these findings are presented here, before going on to a presentation of the findings in each camp under section 2.3.

### 3.2.1 Camp management and power dynamics

**Government organised camp committees:** The assessment participants in all camps expressed that they lack trust in the camp committees organized by the government. In all the camps, community members told stories of camp members being sent to prison when they brought up issues of concern with the camp committees. It is hard to evaluate these stories as they are accompanied by a lot of anger and frustration, but in most of the camps it was stated that people were sent to prison as a result of asking for information about food distribution plans. In some cases people were released after their families paid fees.

Community members in all camps stated that the camp committees steal food/keep part of the food they are supposed to distribute to each family for themselves. Some assessment participants also said that when they arrived at the camp they did not know that there were food distributions available. When they went to the camp committee to ask about this and to say that they had never received any

information, the camp committee were aggressive, deleted them completely from the food distribution and refused to have further communication with them.

They also mentioned that camp committees ask for bribes for allowing the camp residents to leave the camp. (The latter relates only to the camps with a Muslim population. The camps for Buddhist Rakhine are more open and people can come and go freely.)

No women or vulnerable persons are included as representatives on the committees. Being gender unbalanced, excluding youth, children and the elderly, the committees are not seen as representing the population's interests and needs. Women headed households stated that they would never speak with the camp committee if they had problems, because they don't trust them.

FGD with camp committees were held in each camp. The findings mirrored the findings of the LWF assessment done prior to setting up their Sittwe programme: Camps are not well organised and do not have clear members. They have no clear priorities or work-plans. When asked what they saw as the main needs in the camps some of the things mentioned were a camp management committee office, a security office for the police, community meetings rooms and more food. They also mentioned better salary for volunteers and – important to note – equal salary for volunteers from different agencies to avoid internal problems.

**Religious leaders** have an important role in the camps. Almost all the Muslim camps have mosques with schools where religious leaders teach Arabic. Some of the main findings in the psychosocial assessment are:

- Religious leaders are not systematically part of the camp management committees, but they attended meetings if requested
- The relation between religious leaders and the camp committees is not always fluid or easy. Religious leaders have other perceptions and interests than the camp committees.
- Most of the people killed in the crisis were close to the religious leaders, so widows and their families are a high priority for them.
- To integrate Arabic in school has been requested by religious leaders, as well as economic support for their role as teachers.
- All the religious leaders are men.
- They have a strong influence within some communities.

**Camp landlords.** A government administrator controls the use of the land and is considered by many members of the community as the person with the most power in the camp. Camp residents often expressed negative views of the landlord as someone who uses power in a negative way and creates complications for construction of new spaces. For example, in OTG4 the landlord denies permission to build more latrines, and delays in the building of schools and other buildings were also put down to landlord decisions by assessment respondents

**Community volunteers collaborating with INGOs** are among the few camp members with an income and are seen as powerful and influential. Most of the volunteers are young, educated people (mostly men) who link their closer relatives and friends to INGOS, thus adding another dimension to what is perceived as lack of transparency and the corruption of the most influential people in the camps.

### 3.2.2 Protection and freedom of movement

- The Muslim population has no freedom of movement and no free access to public services: education, health, livelihood, market. Nor is it possible for them to visit, care or look for family support if they are located in different camps. Assessment respondents report that police and camp committees take bribes for letting them leave the camp and access services.
- During focus group discussions, young boys reported fearing being shot at by the police guarding the camps when using the latrines at night.
- Camps are generally overcrowded, leading to increased risks of sexual harassment and other forms of GBV.

- Protection observations highlighted by other INGOs during discussions that informed this assessment include:
  - Some form of GBV is occurring, such as sexual harassment, sexual abuse and domestic violence. Some noted that they have heard of it and in a few cases, stated that it has occurred within the community.
  - Limited protection-related services in the affected areas, particularly a lack of women-safe spaces, protection monitoring and support groups.
  - Camps with no access to WASH facilities where IDPS must go to insecure areas for defecation at night time.
  - Lack of privacy and freedom for women and girls in camps and shelters.

### 3.2.3 Basic service provision

Insufficient basic services such as Shelter, NFIs, WASH, Food and Nutrition, health services and education were part of the rationale for LWF starting its intervention in Rakhine in May 2013, and per October 2013, basic service provision is still far below international standards. One of the most pressing points is the fact that education for children has still not started due to delays in government permissions. More information is provided in the section describing each camp. Below is a presentation of a quick service mapping that was conducted as part of the assessment. The information is correct as of October 2013 and so, although LWF has plans for education and camp selected CMCs, the table reflects that this is not in place at the time of writing. The section describing assessment findings in each camp includes an overview of current responses/services with a psychosocial focus.

	Education Services	Health Services, primary health	Food	CCM elected by community	Child Friendly space	Youth groups	Adults activities	WASH
OTG1	none	Maltaser	WFP	none	none	none	none	CDM
OTG4	none	Malaysia Relief	Not all families	none	none	none	none	Maltaser
OTG 5	none	Malaysia Relief	Only half of the camp	none	Save the Children	none	none	Save the Children
BDPA	none	Malaysia Relief	Not all families	none	Save the Children	none	none	Solidarite
Set Yone Su	Government school		WFP	none	none	none	none	none
Set YoneKya	Government school	Maltaser	WFP	none	Save the Children	none	ACF, MSF, DRC, Save the Children	none
2 new camps – planned	none		Not all families	none	Save the Children	none	Save the Children	?
13 additional camps	none	Maltaser, UNFPA and MSF	Not all families	none	Save the Children	none	Save the Children, DRC	Save the Children, Maltaser, DRC, CDM, Solidarite
BDPA host community	none	Maltaser and Malaysia Relief		none	none	none	none	none
OTG host community	none	Maltaser and Malaysia Relief		none 10	none	none	none	none

### 3.2.4 Particularly vulnerable groups

One key finding of this assessment is that there seems to be a lack of clear strategy from LWF, and from INGOs in general, to detect and support the most vulnerable community members, such as single-headed households without support, people with disabilities, people with serious health conditions, SGBV survivors, families with high numbers of dependants, etc.

One particularly vulnerable group are so-called “economic IDPS”, who are not recognised and registered as IDPS. The government list does not reflect them (include them in the general IDP list), so they are not allowed to receive WFP food or other supports. The total number is still not clear, but within the camps targeted by LWF they are around 204 families. They had not received food from WFP since they moved (more than 9 months) and only MRF, a LNGO, provides support for them. During the month of September neither NGOs nor INGOs provided food for them. They live in OTG4 which lacks WASH facilities.

During the time of the psychosocial assessment, the LWF CCCM team was also conducting a survey in the camp and the psychosocial team and consultants asked the CCCM to also identify particularly vulnerable individuals in 4 of the camps. The results are presented below:

Camp Name	Single parent Female	Single parent Male	Child Headed House-holds	Unaccompanied Children	Separated Children	People w physical disabilities	People w intellectual disabilities	Pregnant Women	Breast feeding Women
OTG 1	19	0	1	0	0	38	5	36	79
OTG 4	94	17	34	18	24	70	39	163	376
OTG 5	124	37	9	4	1	42	28	98	148
BDP	79	44	0	0	3	24	10	15	48
<b>TOTAL</b>	<b>316</b>	<b>98</b>	<b>44</b>	<b>22</b>	<b>28</b>	<b>174</b>	<b>82</b>	<b>312</b>	<b>651</b>

### 3.2.5 Psychosocial wellbeing of children: Needs and strengths

The main cause of children’s distress was said to be the lack of schooling, and not living in their homes: playing with their toys, sleeping in their rooms, missing their friends.

Children mentioned that they have seen the LWF school buildings being constructed but have no information about what will happen next. They worry about the cost of books and uniforms, and paying fees for the schools and teachers. During the drawing exercise used during the discussion groups with children, they mentioned/drew the following as wishes for the school: flowers, sports, games, books, good teachers, drawing classes, umbrellas and sandals.

The children expressed that before they came to the camp, they used to go to school, eat at home and play outside with neighbours. Their favourite games were football, dolls, flying kites, cooking game, hiding game, running and tennis. Now, (own words) they don’t have school, some have a place in the friendly space, with Save the Children, and play every morning and afternoon, with the ball, and draw, but if you are big, you can’t go. Sometimes they share a ball and we play and sometimes also we make kites. They go to the mosque school, to learn Arabic and to pray.

The most significant factor contributing to children’s psychosocial wellbeing is playing safely in the CFS and outside in safe areas: playing with other children, having good friends, and having good relations with their family members.

***Girls***, prior to displacement, went to school, played and spent time with friends. They played with dolls, little kitchens, balls, games, music ... If they do not go to school, they help more at home: cook food, clean, wash clothes, and visit the family in the afternoon. They help their mothers, and their mothers buy things for them, like clothes and other things.

Now (in their own words) the girls cannot go out, and they do not have access to schools or any other activities. They are isolated, their movement is restricted, separated from friends and family members, and only able to do what adults or their brothers request. They feel sad without games and schools. They want to come back to school, to have a place to play, to interact, to learn to share, a safe place.

***Boys*** mostly express their fathers' worries. This demonstrates the level of family pressure on the boys. Family dynamics have changed a lot, and are still changing. Boys lack ways to reduce the challenges and/or pressures from family and feel responsible for them. Boys, before displacement, went to school or had a job to support their families. They were able to go out, to work, to play, to enjoy, to walk, to be free, to visit friends all around, to bike, to visit families, to travel. Now (in their own words), they are not working and have nothing to do. It is too hot to be inside and too dangerous to go out. They are afraid to use the latrines in the evenings for fear that someone may shoot them. They sometimes play football or go out of the camp, but are still fearful.

***Youth*** express that they experience psychosocial wellbeing when they go out with other girls (for girls) and when they help their fathers (for boys). They expressed the importance of good family relations, absence of conflict, and feeling safe with their families. The main cause of youths' distress was the lack of things to do and places to go. For girls, a source of distress was the isolation from everything and being confined to the home. For boys, a source of distress was the lack of possibilities to work, as well as to learn or play. There are no specific activities for youth in the camps and they express boredom and frustration. In a recent small dispute in one of the camps, youth were quickly mobilized and contributed to escalating the dispute into a larger conflict. The lack of meaningful activities means that the risk for such dynamics is high. During FGDs, youth also expressed concerns about elevated tensions at home between their parents.

### **3.2.6 Psychosocial wellbeing of women: Needs and strengths**

During FGD and individual interviews, women and girls expressed the main issues affecting them as follows:

- To stop the abuse of power from camp committees, who steal food and send men to the police and prison if they protest.
- To have at least enough extra clothes and soap to dress themselves and their family decently.
- To have space to have free time, activities, support, to speak, to relax and to learn.
- To return to their homes.
- To have representation in the committees and meetings.
- Pregnancy and clinical/medical delivery support.
- Baby's clothes and nutritional food for babies and mothers.
- Income generating activities such as being volunteers and/or sewing children's school uniforms, clothes, hygiene towels, etc.)
- Hygiene towels for their menstruation (the women explained that and INGO gave them a so called dignity kit, however they had not asked what they would normally use for menstruation and gave them a type that Muslims cannot use. They would prefer the washable type.)
- Soap and a place to take a bath and clean clothes.
- To learn how to read and to write, to learn English.

Talking about their old life, women recall having their own business in the house or in the market place. They used to spend time at home preparing meals and working. They listened to music, laughed, danced, or watched films together. They prayed at home 5 times a day (Muslim women). They cleaned

their clothes at home each day with soap, and cleaned the house with the support of their daughters. Now, the women (in their own words) spend almost all the time in their homes. They feel tired and miss their old lives, houses, businesses, and traditional food. They have little to do, more than to cook, look for firewood, clean clothes, and look after babies and girls. They lack funds to do any business and therefore lack incomes. The women sometimes sit in the shadow to just spend time together, but do not speak about their problems because everybody has problems, and they don't like only to speak about problems. They do not listen to music or watch films, cannot go out, are not called for meetings, and have no place to go. With a bit of support they could do new things, like sewing clothes, or cooking or learning together. In each camp between 3 or 5 traditional midwives were detected who, in the absence of any health service for women's health, help the women to deliver. This is a positive sign of community cohesion and self-help.

### **3.2.7 Psychosocial wellbeing of men: Needs and strengths**

During FGD and individual interviews, men expressed the main issues affecting them as follows:

- To come back to their homes
- Food and water
- Better shelter
- Education
- Security
- Vocational training
- Income generating activities.

Before coming to the camp, the men used to spend their time working. They used to eat at home but spend the evening out, drinking tea and relaxing with friends. They prayed in the Mosque 5 times a day. Now, (in their own words) they cannot work, so they feel stressed and worried. They cannot choose their food so they eat whatever food is available. They cannot go out and relax, and many of their friends are not there. The only thing that they can do is to attend meetings, request to be a volunteer, and if they can afford it to visit a tea place. They do not like to spend time at home because their wives complain to them (about clothes, food and more money). It is too painful to not be able to give something to their children during the festivals or celebrations and to have the children without school. They would like have work and other things to do, such as sports.

### **3.2.8 Psychosocial wellbeing of families: Needs and strengths**

- Common sources of distress for both men and women include lack of food, employment, information, basic services, personal space, freedom of movement, firewood, and social support networks, including education and activities for children and youth.
- Families report having a lack of family life due the overcrowded living conditions (2 metres by 2 metres, under metal roofs and bamboo floor and walls). There is a clear lack of privacy. Prior to the displacement the children, youths, and parents had different rooms; now everybody is constantly living together in the same room.
- Families reported selling (at low prices) approximately half of the food received in order to generate income and buy vegetables, fish, etc.
- Many families reported a lack of activity and income. They were used to working hard and having control over their lives prior to displacement, which they have now lost.
- Breakdown of family support structures, lack of family communication, desperation, and lack of hope sometimes result in domestic violence.

Families' coping mechanisms have changed radically since the crisis started: They used to find support in their families and communities through sharing special moments (e.g., cooking together). Now, many feel overwhelmed and isolated.



### 3.2.9 Manifestations of stress, grief and low psychosocial wellbeing

Several individual manifestations of psychosocial distress were observed among the camp community members. All individual respondents were grieving what they had lost: belongings, homes, lives and habits (to visit relatives, to support family members, or religious rituals). They expressed experiencing the following symptoms:

- Lack of sleep (some causes are physical some psychological): lack of air, noise, too many thoughts/worries, heat, overcrowded living conditions, fears.
- Lack of appetite: eating less, not choosing food, not being able to cook and enjoy food. Not enough food.
- Feelings: moody, sad, crying when possible. No energy or willpower. Feeling hopeless.
- Thoughts: constantly thinking about the past, worrying about the future, not being able to control or decide on their lives.
- Anxiety: mainly people feel lost, not able to manage their own lives, not understanding when and how they will have their normal lives back, and why they do not have the right to live as they want now. The anxiety is described by some as not being able to breathe or see the light.

Behaviour changes as a result of psychosocial distress were also detected. They cannot be confirmed on the basis of this short-term assessment, but have been observed also by other INGOs (MSF and ACF): Resignation to the situation, frustration, desperation, aggressiveness, and anger.

## 3.3 Findings per camp

### 3.3.1 Ohn Taw Gyi (OTG1)

LWF is working in the following sectors in this camp: CCCM, education, psychosocial and fire safety. OTG1 has been divided into 2 camps by UNHCR, but the division is just administrative. The Camp committee has been not yet been elected by the community. LWF has selected an equal number of male and female camp management volunteers to support the Camp Management elections. Youths do not feel confident about using the latrines at night, fearing that police will shoot them.

#### *Current humanitarian activities contributing to psychosocial wellbeing:*

- Health services cover primary health, and do not cover maternal care. (Relief Malaysia)
- Nutrition ACF and group counselling( ACF)
- WASH (CDN)
- WFP
- CCCM support (LWF)

Population data							
No of Shelters	Total Family Units	Current HHs/ Families	Vacant Family Units	Total Population	Average Family Size	Male	Female
35	280	270	10	1517	5.62	734	783

< 5 Yrs		5 to 10 Yrs		11 to 17 Yrs		18-59 Yrs		> 59 Yrs	
M	F	M	F	M	F	M	F	M	F
120	156	138	132	125	121	302	329	48	45

Single parent Female	Single parent Male	Child Headed Households	Unaccompanied Children	Separated children	People w physical disabilities	People w intellectual disabilities	Pregnant Women	Breast feeding Women
19	0	1	0	0	38	5	36	79

### 3.3.2 Ohn Taw Gyi- 4 (OTG 4)

The community is divided by two subgroups. Half of the population comes originally from Sittwe city and half from Pawk Taw village. Both communities have their own camp community representatives, their own cultures, behaviours, different needs, different backgrounds, and different education. They are divided physically as well as culturally and politically. IDPs from Pawk Taw are considered as economic IDPs, so the Myanmar government does not consider them IDPs, and therefore WFP does not donate food to them. Humanitarian assistance and advocacy efforts have to reflect these differences.

Paw Taw shelters (206 families) have no WASH facilities.

The Camp committee has been not yet been elected by the community. LWF has selected equal numbers of male and female camp management volunteers to support the Camp Management elections.

OTG1 and OTG 4 are located next to each other with a fence separating them and with guards controlling both camps from each side. In OTG4, youth expressed the same fear as in OTG1 about the police shooting them when they use the latrines at night.

#### *Current humanitarian activities contributing to psychosocial wellbeing:*

- Health services cover primary health, and do not cover maternal care. (Maltaser)
- CFS ( Save the Children)
- Child Protection Committees (Save the Children)
- Nutrition ACF and group counselling( ACF)
- WASH (Maltaser)
- WFP (half of the camp, not economic IDPs)
- MRF (food and advocacy for economic IDPs)
- CCCM support ( LWF)

No of Shelters	Total Family Units	Current HHs/ Families	Vacant Family Units	Total Population	Average Family Size	Male	Female
129	1032	1000	32	5175	5.18	2556	2619

< 5 Yrs		5 to 10 Yrs		11 to 17 Yrs		18-59 Yrs		> 59 Yrs	
M	F	M	F	M	F	M	F	M	F
600	611	512	479	394	331	1006	1155	44	43

Camp Name	Single parent Female	Single parent Male	Child Headed House-holds	Unaccompanied Children	Separated children	People w physical disabilities	People w intellectual disabilities	Pregnant Women	Breast feeding Women
OTG 4	94	17	34	18	24	70	39	163	376

### 3.3.3 Ohn Taw Gyi 5 (OTG 5)

- The camp consists of 2 main sub-communities coming from two different locations
- 10 people had just been sent to prison after a community discussion with the camp committee at the time of the FGDs in this camp. The assessment team met with the families of the arrested people, who confirmed that this had happened. The camp members stated that they are afraid of



the camp committee and that the police and the camp committee is the “same thing” – police will always take the camp committee’s side

- Educational differences have been detected in the youth and adults in the two sub-communities. In one community, youth are Grade 4 to 9 in education (high level) and, in the other community, youths are mainly illiterate or Grade 1 to grade 4. Girls have less education than boys, so extra support has to be considered to guarantee equal right to education.
- The 6 individual interviews done in Kyauk Phyu community in OTG 5, confirmed that the 6 families interviewed had witnessed dead people, lost close family members and feared for their lives. This high exposure to a possibly distressing event was particularly notable in Kyauk Phyu, compared to other camps assessed.

**Current humanitarian activities contributing to psychosocial wellbeing:** OTG5 has no CFS

- Health services cover primary health, and do not cover maternal care. (Relief Malasya)
- WASH (Save the Children)
- WFP
- Nutrition ACF and group counselling(ACF)
- CCCM support (LWF)

Camp Name	No of Shelters	Total Family Units	Current HHs/ Families	Vacant Family Units	Total Population	Average Family Size	Male	Female
OTG 5	101	808	781	27	4281	5.48	2081	2200

< 5 Yrs		5 to 10 Yrs		11 to 17 Yrs		18-59 Yrs		> 59 Yrs	
M	F	M	F	M	F	M	F	M	F
445	421	536	517	318	307	786	917	12	23

Camp Name	Single parent Female	Single parent Male	Child Headed House-holds	Unaccompanied Children	Separated children	People w physical disabilities	People w intellectual disabilities	Pregnant Women	Breast feeding Women
OTG 5	124	37	9	4	1	42	28	98	148

### 3.3.4 Ba du Pha Camp (BDPA)

The camp is overcrowded, and there is no appropriate free space to develop more services that demand physical space. The emergency assistance has been focused on service delivery and the result is lack of space for new needed services. Land use is decided upon by the landlord, who is the government administrator and who is considered by many members of the community as the person with most power in the camp.

The situation is difficult for the residents. One father in a male focus group discussion (FGD) verbalized it as follows: “I worked all my life, I had a house and I had my business. My family and I lost it all so what do I have to do now; to begin rebuilding and lose it again? After a person arrives here, from this place there is no exit point, no place to run, no escape; there is only the river or the sea.”

**Current humanitarian activities contributing to psychosocial wellbeing:**

- Health services cover primary health, and do not cover maternal care. (Relief Malasya)
- CFS (Save the Children)
- Child Protection Committees (Save the Children)
- WASH (Solidarite)

- WFP
- Nutrition ACF and group counselling( ACF)
- CCCM support ( LWF)

Camp Name	No of Shelters	Total Family Units	Current HHs/ Families	Vacant Family Units	Total Population	Average Family Size	Male	Female
BDP	101	808	781	27	4281	5.48	2081	2200

< 5 Yrs		5 to 10 Yrs		11 to 17 Yrs		18-59 Yrs		> 59 Yrs	
M	F	M	F	M	F	M	F	M	F
445	421	536	517	318	307	786	917	12	23

Camp Name	Single parent Female	Single parent Male	Child Headed House-holds	Unaccompanied Children	Separated children	People w physical disabilities	People w intellectual disabilities	Pregnant Women	Breast feeding Women
BDP	79	44	0	0	3	24	10	15	48

### 3.3.5 Set Yone Su camp

This is a camp with a Buddhist population. There are unconfirmed plans by the government to resettle this population. LWF is planning to take on a CCCM role here, but it is not yet confirmed, and depends on CCCM programme capacity (number of staff available and how many camps it is advisable to take on to ensure a quality approach).

No population survey for this camp was located, but the camp committee stated that there are 845 families living in this camp.

Set Yone Su camp has no water points. The 2 drinking water tanks provide water to around 176 families. Once a day they are filled with clean water by the Red Cross. The 2 water points are far from the HHs, located outside the camp. The access point is muddy and difficult to access on a daily basis for the elderly, persons with disability and pregnant women. The bath spaces were/are not used. Neither women nor men use public bathing spaces. The community takes baths from rainwater that they collect or in the lake nearby, with the potential health risks that this could entail. The community expressed the need for more bathing sites. Food distribution sites are also not easy for the most vulnerable to access.

There is one primary school near the camp, for all the children from 845 families, where they share the same room. The majority of the youth are dropping out of secondary school because access to the school costs extra money that their families cannot afford. The ones that continue in school must choose the cheapest mode of transport, which entails crossing the river and the danger and risk which that involves.

#### ***Current humanitarian activities contributing to psychosocial wellbeing:***

- CFS (Save the Children)
- Child Protection Committees (Save the Children)
- Nutrition ACF and group counselling (ACF)
- Health services cover primary health, and do not cover maternal care (Maltaser)
- WASH (ICRC)

### 3.3.6. Set Yone Kya

This is also a camp with Buddhist population. No data has been available on the total population numbers in the camp. Camp members live in individual houses that are located dangerously close to the river. The land is constantly flood and the main street is under construction, but no vehicle can use it. Walking within the camp is a challenge for persons with disabilities and the elderly.

Children have access to one government school that is shared with all the Buddhist IDPs. Most of the youths are at home; they drop out of secondary school due difficulties with transportation. The camp is too far from any school. The shortest way is to cross the river by small boats, but this costs money and is dangerous. Families feel frustrated and abandoned by NGOs and the Government.

During the women's group discussion, they shared their high frustration about their situation as IDPs. Although they live in better condition than others IDPs, they still live in a place that is not their home and feel insecure. Living so close to the river, the strong winds, the illness and the possibility of being easily attacked by the Muslims were their principal fears. The community does not welcome INGOs easily. Rakhine people said that they have many reasons for dissatisfaction with the activities of the international organizations. They experience that most assistance goes to Muslims and only small part to the Rakhine people.

#### ***Current humanitarian activities contributing to psychosocial wellbeing:***

- Health services cover primary health, and do not cover maternal care. (Maltaser)
- CFS (Save the Children)
- Child Protection Committees (Save the Children)
- WASH
- WFP
- DRC and MSF – psychosocial programmes

## 3.4 Relationship between camps and host community

The Rakhine ethnic identity is very strong. Persons from Rakhine perceive themselves as victims of several invasions; the Bamar in 1784, the British in 1824, and the “Bengali” (Muslim) ever since. The ethnic Rakhine perceive themselves as marginalized from the centre (Myanmar's central plains, predominantly Bamar majority areas) as well as within their own state. A small Rakhine independence movement still exists today. The whole population in Rakhine has been socially and economically deprived compared to the centre and Rakhine state is the second least developed state in Myanmar<sup>6</sup>.

With this as a background, it is not surprising that there is a hostile – at best tense – relationship between the (Muslim) camps and the host community. The host community complains of the lack of access to services and the poor support than INGOs offer to them. Some members of host communities have even moved to live in camps, constantly or sporadically, in order to benefit from services.

Host communities can employ people from the camps to work in the fields and for other livelihood tasks; however, the IDPs complain of lack of an appropriate salaries and abuses of power.

Services are jealously protected. For example, in OTG 4 half of the population have no toilets, yet members of the other camps like OTG 5 or OTG 1 will not permit them to use theirs.

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<sup>6</sup>Conflict Assessment in Rakhine State report. 2013.

### 3.5 INGO presence and coordination

As shown in the service mapping table under section 2.2.2 and described in the overview of each camp, several INGOs are present in the camps. Particularly relevant to note in terms of psychosocial support are Save the Children, which operates child friendly spaces in some of the camps, and Maltaser and Malaysia Relief, which operate primary health care services. Save the Children has also set up child protection committees in all the camps where they have CFS. The committees have been trained and they are actively working. Save the Children will have 4 child protection committees in CCCM LWF camps.

**Protection cluster** formed by Save the Children, DRC, FXB, UNFPA, UNHCR, UNICEF, MSF, ACF, UNHR, ICRC, MRF and LWF. One of the key tasks for the cluster is creation of referral paths, SGBV response mechanisms and protection and gender mainstreaming with other clusters. Only 2 local NGOs are more constant in their participation. The working language is English with no translations, and this can sometimes prevent the participation of local staff. Language and the high level of experience needed to understand the strategies and discussions normally isolate local staffs, who lack experience and language skills. The LWF psychosocial officer has been participating in the group with support of the CoS consultant, but for the reasons mentioned above it is hard for her to participate alone.

**Psychosocial Working Group:** The Psychosocial Working Group meets once a month. CoS was requested at Yangon level to empower LWF to take the lead on setting up and chairing a Psychosocial Working Group. CoS spoke with all the agencies involved in specific psychosocial activities separately. The first and second meetings were led by UNFPA and focused on GBV survivors. The third meeting focused on psychosocial wellbeing and was led by CoS with LWF. The Psychosocial Working Group will not be sustainable if one agency does not take the lead. The current LWF psychosocial officer will need further support and capacity building to take on this role, for example from the LWF Sittwe Coordinator, or by co-chairing the meetings with LWF CCCM staff, as recommended also in IASC's guidelines for mainstreaming psychosocial components into CCCM. See also the next chapter with recommendations for the LWF programme.

**Women empowerment group** – Led by UNHCR and attended by UNFPA, FXB, DRC, ACF and LWF the group meets once a month and is preparing training for women to support other women in camps (e.g. through self-help groups). This is the first networking group in which mostly local staff participates. LWF with the support of CoS attended the first meeting, offered feedback on the training materials, and studied the possibility to participate in the pilot programme. LWF could have a positive role in this group. The main languages are English and Myanmar. The guideline for women empowerment is easy to understand and CoS has used one day to translate it and coach local staff on how to use it.

### 3.6 Perception of INGOs among camp community and host community

The majority of ethnic Rakhine said that initially they thought the International organizations were there to contribute to social and economic developments of their region and to address education gaps. Later they found that the majority of assistance did not go to the whole of Rakhine state but mostly benefitted Muslim communities. Rakhine people said they have many reasons for dissatisfaction with the activities of the international organizations, including the UN and INGOs, mainly that 90 per cent of the aid projects being implemented are only targeting areas where the majority are Muslims.<sup>7</sup>

One of the major challenges for international organizations is therefore to explain their activities transparently to the public. They work in areas where two communities are in conflict and it has thus become crucial to explain their activities to both communities in order to dispel misunderstandings and

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<sup>7</sup>Rakhine investigation report 2013

“do no harm”. LWF is the last agency to enter in Rakhine, Sittwe. The local population, who already feel let down by INGOs, will closely observe and follow what LWF does, and so for LWF as a new INGO it is important to be transparent and work with the whole community in Rakhine.

In terms of perceptions of INGOs among the camp community, women are not generally involved in meetings, so there is a lack of trust and information experienced by at least half the camp population (women). Information about INGOs, including that from LWF, is often not provided in a language that the camp community understands, leading to confusion about INGOs’ roles. This creates the potential for misunderstandings and distrust.

### 3.7 Summary of main findings

#### Psychosocial wellbeing: Key findings and implications for LWF programming

1. In general, camp members express that they do not trust the government-organized camp committees. In all the camps, several camp members have been sent to prison after trying to raise concerns about life in the camp (food and shelter issues) with camp committees. Camp members express that the committees keep food rations for the camp for themselves and their families; and that they abuse their power and ask for bribes for camp members to be allowed to leave the camp. Especially women and female headed households express that they would never approach the camp committees for support as they do not trust them. **LWF’s CCCM initiative to create committees elected by the community members is excellent and will hopefully contribute to the camp population feeling more in control of their daily life.**
2. The relationship between the host community and the camp community is tense, and support from humanitarian agencies only to camp communities risk feeding into conflict. Host communities are generally poor and lack services. Some families from host communities are known to have moved to the camps to get access to services. **It is important for any INGO to work with both camp and host communities, as LWF is planning to do.**
3. Children miss their old life, their friends, and their schools. Many of them express fear; fear of ghosts, and being scared that the police men guarding the camp will shoot them at night when they go to the latrines. It is not clear whether the latter is based on real events, but the fear is real, and shows that the children are thinking about past events, feel confused about who is who in the camp and do not know who they can trust. **Children’s fears need to be explored: Is fear of going to the latrines and night and fear of the police/guards based on insecurity and imagination or based on something real? Children also need information and explanation about the organization of the camp; they are confused and with children’s way of making sense of the world around them they can easily create explanations and perceptions that further aggravate their fears; especially considering what these children experienced prior to coming to the camps.**
4. There are not yet any schools operating in the camps with Muslim population (in the Buddhist camps the children go to government schools in the host community). In addition to family support, education is the most important factor to provide structure, meaning and psychosocial wellbeing for children. LWF has built schools, but government permission for building latrines and water points is still not given, causing delays in their opening. Children lack information and express confusion and worry about whether they will be able to afford fees, uniforms and books (probably reflecting their parents’ worry). **Despite schools not being open yet, children would greatly benefit from information about education plans, again to dispel unfounded worries, fears and rumours, and to give children a confirmation that their life will move towards normality and stability again.**
5. The children in camps with CFSs mention this space as a positive factor in their life. They also quote going to the school in the mosque as a positive activity (Muslim camps). The children mention several games they used to play in the past – **a strength and previous habit that could**

**easily be built on by LWF – initiating similar games where the children take the lead (a priority in camps with no CFS)**

6. Teenagers and youth mention that there are child friendly spaces for the “small children” but nothing for them to do. The females feel isolated and not able to leave their home as there is no school or activities, and the males express lack of possibilities to work, learn or play. It was observed that youth are quickly mobilized during small disputes in the camp and contribute to their escalation. The lack of meaningful activities means that the risk for such dynamics is high. Youth also expressed concerns about elevated tensions at home between their parents. **Activities targeting youth is a high priority in the camps, both to improve their psychosocial wellbeing and to prevent youth’s idleness feeding into disputes and conflicts.**
7. Women express feeling depressed, helpless and grieve the loss of their old life. They also feel that their role has changed after coming to the camp; they have a less active role in decision making and feel that men are taking on this role more strongly than before. This is further exacerbated by humanitarian agencies (including LWF) consulting with and involving men to a much greater degree than women. **Involving women in planning of activities and encouraging female volunteers is therefore a high priority both to ensure that women feels a stronger sense of meaning and purpose, but also simply to ensure that activities reflect the needs of this group that represents 50% of the camp population.**
8. Women display positive coping mechanisms and solidarity in different ways; for example, there are no services for pregnant women in the camps, but groups of traditional midwives have been identified and mobilized by the women themselves and are used to provide needed services. **Such initiatives and the use of existing strengths should be further identified and built on.**
9. Men express helplessness, powerlessness and a sense of guilt for not being able to provide good life conditions for their families. Some men say that they avoid staying at home in order not to be confronted with their sense of inadequacy and guilt. **This strong commitment to family wellbeing and to being able to contribute should be built upon in order to mobilise volunteers for community activities.**
10. During the assessment, it was hard to detect and speak with vulnerable community members, such as single headed households without support, people with disabilities, people with serious health conditions, SGBV survivors, families with high numbers of dependants, etc. These groups do exist, but both the government-organised camp committees and the humanitarian agencies in the camps seem to lack a clear strategy to identify them and adapt services to the ones that often need it the most. Without an active strategy to reach the most vulnerable there is a risk of a “survival of the fittest” tendency where the people who find it hard to access services due to physical or social barriers lose out. **Care needs to be taken to insure that particularly vulnerable groups are identified and included.**
11. Adults express that in the past, the main way to support each other during challenging times was to cook special meals together for extended family, neighbours and friends. Now people lack the resources and initiative to do this. People also express that they are more reluctant to interact with other families and neighbours, because everyone is having a difficult time and people are afraid to bother each other. **The tradition of preparing and enjoying meals together could be used by agencies wanting to build on past coping mechanisms. By initiating something similar, this could also be a way to reignite the past tradition of approaching and inviting your neighbours, rather than being worried about bothering them**
12. In terms of humanitarian response in general (not only LWF) the assessment found activities contributing to psychosocial wellbeing, but also noted several actions and approaches that risk disrupting or changing community support structures:
  - a) Children express that INGO run child friendly spaces is one of the most positive aspects of



their daily life. There are also child protection committees and plans for setting up women empowerment groups, both of which can contribute positively to psychosocial wellbeing

- b) People in the camps are often confused or uninformed about agencies' activities. Information is sometimes provided in a language people don't understand. Women are not always informed or asked to be volunteers in the same way as men are. There is often no strategy for reaching the most vulnerable groups, like people with disabilities, female-headed households etc., so sometimes these groups remain at home unaware of what is going on in the camp and do not access services that could benefit them
- c) Religious leaders play an important role in the camp communities, yet they are being consulted and involved only to a very small degree. Agencies tend to collaborate more with the camp committees, whereas for most of the camp community, the religious leaders are more important and influential than the camp committees
- d) The use of volunteers is a common strategy among humanitarian agencies. During the assessment, many respondents mentioned that the volunteers are becoming the most influential people in the camp as they are some of the only ones who are actually earning any money. Volunteers are often young, and more often male than female. Care must be taken with the volunteer strategy so that this approach by humanitarian agencies does not "overthrow" traditional, and perhaps more functional, power dynamics in the camps.
- e) Agencies have too little knowledge about sub-communities within the camp; where people originally come from and how that affects community dynamics in the camp. When selecting volunteers for example, it has been observed that these are sometimes only from one of the sub-communities in the camp, thus risking causing division and tension. One sub-community that the agencies in particular lack information about is the so-called economic IDPs who are not registered as "official IDPs" by the government and therefore have no access to WFP food and other services. Numbers of this group are hard to come by for the very reason that they are not registered. They are however sizeable in number and their wellbeing and relationship with other camp members need to be taken into account when working in the camps

## 4.0 Assessment of LWF programme from a CBPS perspective

### 4.1 Methodology

The framework used when looking at LWF programme activities has been the community based psychosocial support (CBPS) approach. During the assessment process the consultant looked at to what degree the various LWF teams are following the core principles of this approach. The CBPS core principles are adapted from the Inter-Agency Standing Committee's (IASC) mental health and psychosocial support core principles of do no harm, community participation, building on available resources, human rights and equity, integrated support systems and multi-layered support. In line with IASC, CoS's CBPS approach is built on the belief that humanitarian projects adhering to these principles, regardless of sector, will strengthen communities' own capacity for recovery and resilience, and contribute to the overall psychosocial wellbeing among community members.

The assessment of LWF activities was done through informal discussions with project officers in Education, CCCM and Fire Safety teams, attendance of weekly coordination meetings and observations

of activity implementation in the camps. In addition, a more focused workshop was arranged with all the staff where they were introduced to the CBPS approach and asked to self-assess their activities and to what degree they are following CBPS principles. In the workshop, the teams also came up with suggestions for how activities and approaches could be changed or introduced in order to maximise chances of improving the target group's psychosocial wellbeing.

## 4.2 Education team

The Education programme began in June 2013. Up to now all schools have been built by LWF. Teachers have been trained by government trainers. So far no educational activities directly with children have begun in the camps. This is because the government and the camp landlord have not given permission to build latrines and water points for the schools and they cannot open until these are in place.

LWF plans to intervene in the areas of education for primary school age children (age 5 – 10) by setting up 12 Temporary Learning Spaces (TLS) in five of the camps in Sittwe Township. At this time, the education programme, mostly stands alone with no coordination with other programmes, no assessment, no meetings for clear feedback, nor referral system.

LWF wants to organize sessions in three shifts for Myanmar language and mathematics in these spaces using a two hour shift system as this is the policy of the government and the approach currently adopted by both UNICEF and SC.

Looking at the education team in light of the CBPS core principles, these were the main findings:

CBPS core principles	Assessment findings (Sept 2013)
<b>Human Rights and Equity</b>	<ul style="list-style-type: none"> <li>• In the teacher selection process, 12 females and 36 men were selected, instead of 50% division. (During the assessment many educated women keen to be teachers were found)</li> <li>• There is not yet a strategy to ensure equal attendance by boys and girls</li> <li>• Considerations for how to include children with disabilities have not yet been discussed</li> <li>• There is not yet a strategy for families where parents might not be willing to send children to school</li> </ul>
<b>Participation</b>	<ul style="list-style-type: none"> <li>• Children have been not consulted or informed about where and when school will take place.</li> <li>• The education team is planning to set up parent-teacher committees, which will be an excellent way to ensure involvement and participation</li> </ul>
<b>Do no harm</b>	<ul style="list-style-type: none"> <li>• Teachers were not selected equally from the different communities within the camps. This can work as a divider</li> <li>• The government approved curriculum for IDP education is different from the national curriculum (3 hours school and 3 subjects, instead of 5 hours and 7 subjects.) This can work as a divider.</li> <li>• No user friendly complaint mechanism designed</li> </ul>
<b>Building on existing capacities and resources</b>	<ul style="list-style-type: none"> <li>• Teachers are from inside the camps, which is an excellent way to build on existing resources</li> <li>• Families, youth and elders have still not been linked to the education programme – building on these resources could make the programme stronger</li> <li>• Mosque leaders have been teaching Arabic but have not been linked in on the plans for the new schools</li> </ul>
<b>Integrated support systems/multi-layered support</b>	<ul style="list-style-type: none"> <li>• Teachers have not had any training on how they can play a positive role for children and families' psychosocial wellbeing, and how they can identify children or families who might require extra support</li> <li>• The Education programme has so far no links with child protection committees or other services in the camps and have not been trained on referral mechanisms</li> </ul>



### 4.3 Fire and Safety team

LWF is introducing a fire safety program in cooperation with the government's Relief and Resettlement's fire brigade. The program includes training volunteers, supplying tools and kits and fire disaster drills from time to time. The program has to be implemented in all the camps stated above and their vicinity. The host community will be invited to observe the drill, which will increase their awareness on fire safety.

To date 2 trainings have been provided to 3 camps. The majority of fire and safety volunteers are men. Among camp members there is generally great acceptance of the programme, although it was noted that many camp members had not been informed about the programme.

Looking at the fire and safety team in light of the CBPS core principles, these were the main findings:

CBPS core principles	Assessment findings (Sept 2013)
<b>Human Rights and Equity</b>	<ul style="list-style-type: none"><li>There are 2 female and 16 male fire safety volunteers. As women are more likely to be involved in fire events due to cooking and spending more time at home, it would be particularly relevant to include women in awareness raising and prevention</li></ul>
<b>Participation</b>	<ul style="list-style-type: none"><li>Women and children in all the camps expressed not having being consulted or informed about the Fire Safety programme. The camp committees have not been involved either.</li></ul>
<b>Do no harm</b>	<ul style="list-style-type: none"><li>Both camp residents and host community in Sittwe respect and fear the fire risk (experiences of houses being burnt during conflict). The fire prevention work could therefore be a connector and work with both communities</li><li>No user-friendly complain mechanism designed</li></ul>
<b>Building on existing capacities/resources</b>	<ul style="list-style-type: none"><li>Volunteers are from inside the camps</li><li>Religious leaders, elders and camp committees etc are not yet linked to the programme</li></ul>
<b>Integrated support systems and multi-layered support</b>	<ul style="list-style-type: none"><li>Fire and Safety volunteers go to each home and are in an excellent position to detect vulnerability and support needs, but have not yet been trained in CBPS approach</li><li>Fire Safety programme has so far no links with child protection committees or other services in the camps and have not been trained on referral mechanisms</li></ul>

### 4.4 CCCM team

LWF will gradually introduce an IDP self-managed camp management system for the IDP camps in Rakhine state. CCCM volunteers have been trained to support understanding of the role of CCCM. Camps' management committees are still the structures that the government organized. The IDPs in each camp shall be facilitated to eventually establish (through election if possible) camp management committees (CMC), as the focal points for all activities, irrespective of the organization. LWF election will soon be in place, with psychosocial team support, but still not fully integrated with the education and fire-safety programmes.

The CMC will be involved in IDP census, needs assessment, security, and volunteer selection/monitoring, guiding the sub-committees, and food and NFIs distributions. LWF carried out 2 surveys in each camp in which most vulnerable people have been detected thanks to the CBPS teams' inputs and coordination. The CMCs, through volunteers and sub-committees, have to monitor protection and psychosocial issues and to provide support in cases of gender based violence or any kind of discrimination in the IDP camps. However, there is not yet a coordination system for the LWF internal referral system, nor a clear strategy to coordinate volunteer TOT within programmes. With CMC, a routine will be established for the care and maintenance of shelters, roads, and drainage, as well as for awareness and other campaigns.

Looking at the CCCM team in light of the CBPS core principles, these were the main findings:

CBPS core principles	Assessment findings (Sept 2013)
<b>Human Rights and Equity</b>	<ul style="list-style-type: none"> <li>• Gender equality is not guaranteed within camp management and volunteer selection (Sept 13)</li> <li>• CCCM are in a good position to promote equality also within non-LWF programmes, and this is very much needed. For example, the NGO doing WASH in all the camps has 115 male WASH volunteers and 14 women.</li> <li>• There is no strategy for identifying “hidden” vulnerable populations in the camp such as single headed households without support, people with disabilities, people with serious health conditions, SGBV survivors, families with high numbers of dependants</li> </ul>
<b>Participation</b>	<ul style="list-style-type: none"> <li>• CCCM still is not maximising the participation of the affected populations in their humanitarian response (by excluding women 50% of the population excluded) Sept 13</li> <li>• CCCM'S planned election of camp committees is an excellent way to ensure both participation, human rights and equity and of building on exsisting resources</li> <li>• Camp communities are still often confused or uninformed about INGO activities in the camps</li> </ul>
<b>Do no harm</b>	<ul style="list-style-type: none"> <li>• Lack of equal participation between men and women is a divider</li> <li>• Services provided to some members and not to all of the community divide the community: WFP, NFI...</li> <li>• There are not yet any feedback or complaint mechanisms, does not guarantee the accountability of the CCM LWF programme.</li> </ul>
<b>Building on existing capacities and resources</b>	The CCCM activities were not fully up and running at the time of assessment, but the whole methodology of the CCCM approach with camp elected committees is based on the principle of building on existing capacities and resources
<b>Integrated support systems and multi-layered support</b>	CCCM is in a position to have overview of all services in the camp, be aware of needs and make links between people and services accordingly. It should therefore play a key role in coordinating referral pathways

## 4.5 Psychosocial team

The psychosocial programme began in August 2013, with the employment of a Psychosocial Officer who was selected for her 5 years' experience with INGOs in education programmes. The psychosocial officer has no experience in psychosocial or CBPS and received a five day intensive training in Yangon by CoS in August 2013. A psychosocial assistant was recently added to the team and has participated in on-the-job trainings by CoS consultant.

The scope of the psychosocial team is twofold:

1. To work with the whole LWF Sittwe team and support with CBPS mainstreaming in all teams
2. To organise stand-alone psychosocial activities through involvement of volunteers

The plans for both mainstreaming and stand-alone activities will be developed based on the findings in this report, and therefore the psychosocial team has so far focused on the assessment process as well as on linking in with other agencies for collaboration and external representation.

The assessment with the comprehensive use of FGDs and individual assessment was the first practical exercise for the psychosocial officer to see how the work is based on principles of participation, involvement and consultation.

CoS has also supported the psychosocial officer's participation in the Protection cluster meetings, as described in section 2.6 above.

The plans for the stand-alone psychosocial activities as outlined in the MYR131 appeal include activities at the second level of IASC's intervention triangle, i.e. family and community support with plans for social, recreational, cultural and empowerment activities for boys, girls, women and men. More specific recommended activities are presented in the recommendation section below.

Looking at the psychosocial team in light of the CBPS core principles, these were the main findings:

CBPS core principles	Assessment findings (Sept 2013)
<b>Human Rights and Equity</b>	The LWF team in Sittwe come from various places in Myanmar. At the risk of stereotyping, one can say that people in Myanmar in general do not have much personal experience of what human rights and equity means in practice. Understanding and adapting a rights based approach when working with the target group can therefore be challenging, as the concept of what it means to be a "right holder" is alien. It is therefore observed that when implementing activities – in all teams, not only the Psychosocial team – staff will sometimes have well-meaning but charity-based attitudes and behaviour which can sometimes be patronising. Staff are sometimes also seen to give sweets and money to IDPs. Shift from pity to empathy needs to be worked on.
<b>Participation</b>	The work on the psychosocial assessment was founded very much on the idea that target community's needs to be consulted and their needs properly understood before implementing activities. During the assessment, care was taken to ensure that all voices were heard – men, women, boys, girls and people with special needs or people considered particularly vulnerable
<b>Do no harm</b>	When the activities in the camp start, the plan is also to invite members from the host community, naturally in consultation with camp members and camp management. Common interests such as wellbeing for children can act as a connector and contribute to dialogue and reconciliation
<b>Building on existing capacities and resources</b>	Stand-alone activities will be set up through volunteers from the camp communities, and LWF has already initiated collaboration with local NGOs (MRF)
<b>Integrated support systems and multi-layered support</b>	It will be crucial that the stand-alone psychosocial activities connect to other LWF teams and to other services in the camps, such as child protection committees, child friendly spaces (where existing) and health services. The psychosocial team will work closely with CCCM team to develop referral pathways in each camp. The psychosocial officer has already started to attend protection working group meetings and will continue with that

## 4.6 Staff care and staff's psychosocial wellbeing

Among the local staff in LWF Sittwe, only 2 are from Rakhine state. The others (6) are from various locations in Myanmar and live together in a communal house. For most of them, it is the first experience of working on humanitarian response and living in a conflict affected area. Added to this is the often unwelcoming attitude of the local community towards INGOs and INGO staff as they are seen to support only "the enemy". Staff report often feeling scared and insecure. Recently, there was a request from the government that all INGOs should put up their logo on guesthouses used by staff. This request has so far been refused by the INGO community, but has created more worry among national staff as they feel this would put them in danger as a target for the parts of the community hostile towards INGOs. Other INGOs informed that their local staff have received threats in the form of SMS, letters, phone calls or home visits. LWF staff expressed that they are scared that photos of them will be taken whilst they work in the camp. **They also expressed concern about lack of vehicles and the fact that they have to stay in the camps without a stand-by vehicle.** This creates worry and stress. The staff mention difficulties in driving as kids are playing and begging money in the roads. Overall they express or show signs of being affected and disturbed by the conditions they witness among IDPs.

Although expatriate staff generally have more experience of life in these types of contexts, they nevertheless face the same hostile attitudes and security risks. Because people in Sittwe are generally unwilling to rent out premises to NGOs, and because of security risks, all expatriate staff live in a hotel. They often change rooms and hotel life means the lack of possibility for socializing together (common

space, meals, cooking possibilities, etc.). Expatriate staff feel that the living conditions are at a level which would make a regular R&R system necessary. Some INGOs operating in Sittwe have R&R systems for their expatriate staff, others do not.

LWF Sittwe has a CRM system for staff in place, with a feedback box in the office. This is an excellent way to give staff a chance to give feedback to management that they might not feel comfortable about bringing up in person. Recently, staff used this feedback box to submit a joint letter to Yangon level, where they strongly expressed their feelings of insecurity in Sittwe and the feeling that LWF is not doing enough to keep them safe. One of their main requests was to put in place a R&R system, both for expatriate staff and Myanmar staff not from Sittwe.

## 5.0 Conclusion and recommendations

LWF's programme in Rakhine state has a great foundation for building community resilience and contributing to improved psychosocial wellbeing: The components of CCCM, education and fire safety opens doors to the community at several levels and give a great platform for building community cohesions as well as for detecting vulnerable groups and individuals.

The assessment of psychosocial wellbeing in LWF's target communities confirmed the great need to address psychosocial issues and strengthen community support structures both within camps and between camps and host community.

By integrating CBPS components into all LWF teams, the activities will have a better chance of contributing to strengthening the communities' own capacity to support and promote peoples' psychosocial wellbeing, and prevent that at-risk groups develop reactions and behaviour changes that require more specialised support.

The LWF Sittwe programme is relatively new, and it was found that the teams are not yet familiar with the CBPS approach and see it as something relevant only for the psychosocial team.

CoS' ***first main recommendation*** is therefore to **increase awareness among all programme staff on CBPS; to make it clear to everyone that LWF's goal is to integrate a CBPS approach in the whole programme, and to give the Psychosocial Officer space to take on a role as a CBPS focal point for all teams.**

Specific recommendations for achieving this are outlined in section 5.1 below, and a suggested work-plan is included as an appendix.

In addition to the mainstreaming approach, it is recommended to retain the plans for some stand-alone psychosocial activities, as outlined in section 5.2 below.

The ***second main recommendation*** in terms of ensuring that the LWF programme contributes to psychosocial wellbeing is to recognise the particular Rakhine context and the high risk for INGOs to "do harm" by contributing to division and tension between communities. All community based organisations approached during the assessment saw INGOs as key players supporting human rights for Muslims only. Buddhist IDPs interviewed expressed frustration and feeling ignored by the international community.

**It is highly recommended that LWF work in close collaboration with Buddhist CBOs (not CBOs established as a result of INGO work), be transparent (what do we do, when, where and why) and be visible in also addressing the need of Buddhist people living in Sittwe. The justification for this is based on need (there are Buddhist areas and people that are very poor), conflict prevention and peace-building, as well as security for LWF and its staff present in Sittwe.**

### 5.1 Recommendations for mainstreaming CBPS into all programme sectors

#### 1. CBPS mainstreaming work-plans for each LWF team

During team workshops led by CoS on 30<sup>th</sup> October 2013, suggestions for mainstreaming CBPS into each team were discussed. These suggestions resulted in the recommended CBPS mainstreaming strategy for each team found at the end of this section. They will be presented to the teams in a follow-up workshop scheduled for 4<sup>th</sup> November. After this workshop, it is recommended that the Psychosocial Officer meet with each team individually to develop these recommendations into a more concrete work-plan, adding trainings and input needed from the Psychosocial Officer.

## 2. Team leader ownership of work-plans

To ensure team ownership of the mainstreaming approach, it must be made clear to all team leaders/officers that the responsibility for the implementation of the work-plan is theirs, not the Psychosocial Officer's, although she will provide technical support.

## 3. Progress tracking and Programme Coordinator involvement

It is recommended to add a point about CBPS mainstreaming into the weekly team meeting for questions, feedback and for the Programme Coordinator to be able to track progress and provide support where needed.

## 4. Psychosocial team and CCCM team co-chairing inter-sectorial Psychosocial Working Group

As mentioned under the assessment findings, psychosocial issues are currently not high on the agenda within INGO/NGO coordination forums. With LWF aiming to integrate psychosocial considerations within its teams in all sectors, it has a unique chance to position itself as a "CBPS agency" within the humanitarian community. It is recommended that LWF take the lead on the nascent and currently ad hoc Psychosocial Working Group (PSWG) in Sittwe. The LWF Psychosocial Officer, with support of CoS, has so far called one meeting and attended a few. IASC MHPSS guidelines recommend setting up intersectional, inter-cluster psychosocial working groups, and further recommend that the group should be co-chaired by representatives from various sectors to ensure a crosscutting approach to psychosocial support. Within camp settings, the guidelines encourage the co-chairing to be with a CCCM agency.<sup>8</sup> With LWF having both a CCCM and psychosocial team, it is therefore recommended that the group be co-chaired by the LWF Psychosocial Officer and the CCCM technical advisor. Finally, it is recommended to start first with a working group at Sittwe level targeting more senior staff members, but then further set up Psychosocial Working Groups in the camps, where the agenda will be more practical and the group attended by staff and volunteers at a more front-line level. Setting up of such inter-sectorial working groups will ensure that LWF is not only mainstreaming CBPS within their own programme, but is also promoting CBPS mainstreaming among all humanitarian actors in Sittwe.

## 5. LWF's visibility as a "CBPS agency" in Sittwe

LWF is still relatively new in Sittwe. In a context where INGOs are not always seen as a welcome addition to the community, new organisations will be carefully watched by community members and authorities. To dispel potential misunderstandings and rumours, and also to build links with local resources which can later aid in strengthened programme implementation, it is recommended to arrange some sort of "LWF introduction" event, inviting local NGOs/CBOs, authorities and INGOs. This will be a way to present the focus areas of LWF's work and explain the intention to work both with different camps, the host community and in Sittwe. By dispelling beliefs the host community may have about LWF's focus, the chances of LWF's presence acting as a divider between the sub-communities in Sittwe is reduced. Such an event will also be a chance to set up links with local organisations relevant for LWF's work and thus build on already existing resources in Sittwe.

A suggested work-plan for the overall CBPS mainstreaming in LWF Sittwe is found at the end of this document.

## 6. Main streaming recommendations for each LWF team:

FIRE SAFETY TEAM – CBPS MAINSTREAMING STRATEGY		
CBPS core principles	Assessment findings (Sept 2013)	Recommendations
Human Rights and Equity	<ul style="list-style-type: none"><li>There are 2 female and 16 male fire safety volunteers. As women are more likely to be involved in fire events due to cooking and spending more time at</li></ul>	<ul style="list-style-type: none"><li>It is recommended to add female fire prevention volunteers and to actively target women in fire prevention campaigns.</li></ul>

<sup>8</sup> IASC MHPSS GUIDelines: What Should CCCM Actors Know, page 13

	home, it would be particularly relevant to include women in awareness raising and prevention	
<b>Participation</b>	<ul style="list-style-type: none"> <li>Women and children in all the camps expressed not having being consulted or informed about the Fire Safety programme.</li> </ul>	<ul style="list-style-type: none"> <li>Children in the camps have often experienced their old home being burnt down and might be especially fearful of future fires. Involving them in the programme could reduce their fears and worry. Fire prevention and awareness for children is recommended</li> </ul>
<b>Do no harm</b>	<ul style="list-style-type: none"> <li>Both camp residents and host community in Sittwe respect and fear the fire risk (experiences of houses being burnt during conflict). The fire prevention work could therefore be a connector and work with both communities</li> <li>No user-friendly complaint mechanism designed</li> </ul>	<ul style="list-style-type: none"> <li>Explore ways to increase presence of host community during fire safety awareness activities</li> <li>Set up CRM mechanism</li> </ul>
<b>Building on existing capacities and resources</b>	<ul style="list-style-type: none"> <li>Volunteers are from inside the camps</li> <li>Religious leaders, elders etc., are not yet linked to the programme</li> </ul>	<ul style="list-style-type: none"> <li>Identify influential community members that could help strengthen the programme if they were involved</li> </ul>
<b>Integrated support systems and multi-layered support</b>	<ul style="list-style-type: none"> <li>Fire and Safety volunteers go to each home and are in an excellent position to detect vulnerability and support needs, but have not yet been trained in CBPS approach</li> <li>Fire Safety programme has so far no links with child protection committees or other services in the camps and have not been trained on referral mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Provide basic training for fire prevention volunteers on psychosocial issues as well as behavior and confidentiality when conducting home visits (for fire prevention but with scope for vulnerability detection)</li> <li>Once referral systems are operational, train fire safety volunteers</li> </ul>

<b>EDUCATION TEAM – CBPS MAINSTREAMING STRATEGY</b>		
<b>CBPS core principles</b>	<b>Assessment findings (Sept 2013)</b>	<b>Recommendations</b>
<b>Human Rights and Equity</b>	<ul style="list-style-type: none"> <li>In the teacher selection process, 12 females and 36 men were selected, instead of 50% division. (During the assessment many educated women keen to be teachers were found)</li> <li>There is not yet a strategy to ensure equal attendance by boys and girls</li> <li>Considerations for how to include children with disabilities have not yet been discussed</li> <li>Not yet a strategy for families where parents might not be willing to send children to school</li> </ul>	<ul style="list-style-type: none"> <li>If new rounds of teacher recruitment are needed, ensure that female teachers are recruited</li> <li>Before the school enrolment listing where volunteers will go from house to house, discuss how volunteers approach families where parents might be reluctant to send their children to school because of gender, disability or other reason</li> <li>Conduct information meeting/awareness sessions for parents and children focusing on education being a right for all children</li> </ul>
<b>Participation</b>	<ul style="list-style-type: none"> <li>Children have been not consulted or informed about where and when the school will take place.</li> <li>The education team is planning to set up parent-teacher committees, which will be an excellent way to ensure</li> </ul>	<ul style="list-style-type: none"> <li>Conduct an information meeting about education plans for children and families</li> <li>When setting up the teacher/parent associations ensure equal representation from various sub-communities within the camp</li> </ul>



	involvement and participation	
<b>Do no harm</b>	<ul style="list-style-type: none"> <li>Teachers were not selected equally from the different communities within the camps. This can work as a divider</li> <li>The government approved curriculum for IDP education is different from the national curriculum (3 hours school and 3 subjects, instead of 5 hours and 7 subject.) This can work as a divider.</li> <li>No user friendly complaint mechanism designed</li> </ul>	<ul style="list-style-type: none"> <li>If new rounds of teacher recruitment are needed, ensure that teachers from different sub communities are represented</li> <li>Explore how the "IDP adapted" curriculum can affect children in the long run (access to higher education, etc.) and continue dialogue with government if changes are necessary/feasible</li> <li>Set up CRM mechanism</li> </ul>
<b>Building on existing capacities and resources</b>	<ul style="list-style-type: none"> <li>Teachers are from inside the camps, which is an excellent way to build on existing resources</li> <li>Families, youth and elders have still not been linked to the education programme – building on these resources could make the programme stronger</li> <li>Mosque leaders have been teaching Arabic but have not been linked in on the plans for the new schools</li> </ul>	<ul style="list-style-type: none"> <li>Initiate communication and collaboration with Quran school teachers and elders as a way to add strength and community buy-in to the programme</li> </ul>
<b>Integrated support systems and multi-layered support</b>	<ul style="list-style-type: none"> <li>Teachers have not had any training on how they can play a positive role for children and families' psychosocial wellbeing, and how they can identify children or families who might require extra support</li> <li>Education programme has so far no links with child protection committees or other services in the camps and have not been trained on referral mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Provide training for teachers on psychosocial wellbeing including how to detect children who might be particularly vulnerable</li> <li>Build links between child protection committees and teachers</li> <li>Assign a teacher child protection focal point in each camp</li> <li>Once referral systems in camps are operational, train teachers</li> </ul>

### CCCM TEAM – CBPS MAINSTREAMING STRATEGY

CBPS core principles	Assessment findings (Sept 2013)	Recommendations*
<b>Human Rights and Equity</b>	<ul style="list-style-type: none"> <li>Gender equality is not guaranteed within camp management and volunteer selection (Sept 13)</li> <li>CCCM are in a good position to promote equality also within non-LWF programmes, and this is very much needed. For example, within all camps, the NGO doing WASH has 115 male WASH volunteers and 14 women.</li> <li>There is no strategy for identifying the "hidden" vulnerable population in the camp such as single-headed households without support, people with disabilities, people with serious health conditions, SGBV survivors, families with high numbers of dependants</li> </ul>	<ul style="list-style-type: none"> <li>Ensure equal representation of men and women in camp committees</li> <li>Advocate for gender equality in camp activities in general, as well as representation of marginalised people in committees and planning and monitoring systems, from an age, gender and diversity perspective</li> <li>Develop strategies for identifying the most vulnerable community members in the camp</li> <li>Maximise security and facilitate reports of abuse</li> </ul>
<b>Participation</b>	<ul style="list-style-type: none"> <li>CCCM still is not maximising the participation of the affected populations in their humanitarian response (by</li> </ul>	<ul style="list-style-type: none"> <li>Provide information to camp population on humanitarian efforts and available services in the camps</li> </ul>



	<p>excluding women 50% of the population excluded) Sept 13</p> <ul style="list-style-type: none"> <li>• CCCM'S planned election of camp committees is an excellent way to ensure both participation, human rights and equity and to build on existing resources</li> <li>• Camp community are still often confused or uninformed about INGO activities in the camps</li> </ul>	<ul style="list-style-type: none"> <li>• Promote and facilitate regular meetings between the community and the service providers operating in the camp</li> </ul>
<b>Do no harm</b>	<ul style="list-style-type: none"> <li>• Lack of equal participation between men and women is a divider</li> <li>• Services provided to some members but not to all of the members of the community divide the community: WFP, NFI...</li> <li>• There are not yet any feedback mechanisms or complaint mechanisms, does not guarantee the accountability of the CCM LWF programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that site planning and provision of water and sanitation take social and cultural considerations into account</li> <li>• Organise basic orientation for workers on basic do no harm rules</li> <li>• Facilitate conflict management sessions and train staff in conflict management skills</li> <li>• Further assess camps with "economic" IDPS who do not qualify for food and NFI support</li> <li>• Set up CRM system in the camps</li> </ul>
<b>Building on existing capacities and resources</b>	<p>The CCCM activities were not fully up and running at the time of assessment, but the whole methodology of the CCCM approach with camp elected committees is based on the principle of building on existing capacities and resources</p>	<ul style="list-style-type: none"> <li>• Promote community mobilisation processes such as discussion groups, collective reflection on priority issues and facilitation of activities connecting the population's previous history, actual condition and plans for the future</li> </ul>
<b>Integrated support systems and multi-layered support</b>	<p>CCCM is in a position to have an overview of all services in the camp, be aware of needs and to make links between people and services accordingly. It should therefore play a key role in coordinating referral pathways</p>	<ul style="list-style-type: none"> <li>• Collaborate with Psychosocial Officer on camp referral form and system</li> </ul>

\*Based on IASC: MHPSS – What Should CCCM Actors know – recommended reading for CCCM team

## 5.2 Recommendations for stand-alone psychosocial activities

### 1. Keep stand-alone activities to a minimum and focus on mainstreaming

LWF has a great potential to contribute positively to psychosocial wellbeing in the camps through CBPS mainstreaming in CCCM, Education and Fire and Safety. If a solid mainstreaming approach is ensured, LWF can have a greater impact on psychosocial wellbeing here than through stand-alone activities that risk creating stigmatisation and unnecessary division. It is therefore recommended to keep stand-alone activities to a minimum and focus on integrating CBPS considerations into current activities (Education, CCCM, Fire and Safety). Stand-alone activities should complement the CBPS mainstreaming, not the other way around. Once psychosocial components are truly integrated into all teams the psychosocial officer will have gained useful experience of what CBPS means in practice, and she will have staff in all teams to lean on. At this stage expansion of the stand-alone psychosocial activities may be considered as well.

### 2. Family- and community support

It is recommended that stand-alone psychosocial activities be implemented only at level 2 of the IASC intervention pyramid (community and family support), and not to develop activities at level 3 (focused, non-specialised support) until the level 2 activities are fully functional. In order to start activities at level 3, it is recommended that both more staff and more experienced staff be recruited.

### **3. Rights Based Approach**

As a result of Myanmar's history, local staff have limited experience of what human rights and equity mean in practice, so viewing target groups as "right holders" may be an alien concept. Staff have sometimes been observed to adopt well-meaning but charity-based attitudes and behaviour that can be patronising. Staff have been seen to give sweets and money to IDP, and continue to do so even after explanations of why this is not appropriate have been given. It is recommended that LWF Sittwe management monitor this and that a right-holder perspective be adopted throughout the programme. Charity-based and patronising behaviour should be challenged immediately.

### **4. Referral pathways**

It is crucial that the stand-alone psychosocial activities connect to LWF education, CCCM and Fire and Safety activities and to other services in the camps, such as child protection committees, child friendly spaces (where existing) and health services. In this way, people can receive more holistic care and support through appropriate referrals. It is recommended that the psychosocial team work closely with CCCM team to develop referral pathways in each camp, and that the CCCM team have overall responsibility for referrals between services. The suggested Psychosocial Working Group at camp level (see recommendations for mainstreaming) will also be a useful forum for easy flow of referrals.

### **5. Capacity building in representation and coordination**

The psychosocial officer has already started to attend protection working group meetings and will continue to do so. Due to language and discussion level in these meetings it is recommended that her attendance be supported– at least in the beginning – by the LWF programme coordinator. It is also recommended that the psychosocial officer stay informed of relevant coordination initiatives and that her attendance is ensured where appropriate. Relationships with local NGOs have already been established and it is strongly recommended that collaboration with these local resources be maintained, and not only with international NGOs.

### **6. Pilot camps**

It is recommended not to start stand-alone activities in all camps at the same time, but rather to start in 2 or maximum 3 camps first. It is recommended to choose both a Muslim and a Buddhist camp, and to start with the camps that do not have any child friendly spaces.

### **7. Stand-alone activities**

In terms of the specific stand-alone activities, it is recommended to follow the outline given in the MYR 131 appeal, and the suggestions are (further outlined in the workplan at the end of this document):

- a. Identify 4 volunteers in each camp (ensure that different sub-communities within the camps are represented, as well as including people with disabilities in order to increase the likelihood that people with disabilities will also attend activities)
- b. Train volunteers and conduct discussions with community members in order to plan social/cultural/empowerment activities for girls, boys, youth (male/female), women and men
- c. From conducting these activities, volunteers will also detect particularly vulnerable people, provide basic support according to PFA training, and make referrals. In collaboration with CCCM, construct temporary spaces for these activities
- d. Mobile library for camp and host community: Basic tuk-tuk with books (some already available from UNICEF, other could possibly be borrowed from LWF library in the Delta) – operated by volunteers and spending different days in different locations. Can also be used to exhibit results of drawing competitions, etc., arranged in different locations. It will be a concrete symbol of "connection" between different camps and the host communities.

### **8. Share assessment findings with target community:**

When planning activities for youth, children, men and women in collaboration with community members, it is recommended to look at the summary of psychosocial assessment findings under section 3.7, share the findings related to psychosocial wellbeing and coping mechanisms among

girls, boys, youth, women and men, and use these as a basis for discussing activities and approaches.

## **9. Recruit one more Psychosocial Assistant**

As mentioned, it is recommended that the Psychosocial Officer takes on a CBPS technical support role and works with all LWF Sittwe teams to develop and implement CBPS mainstreaming workplans. In addition, the psychosocial officer is recommended to co-chair a Psychosocial Working Group with the CCCM technical advisor, and represent LWF in the Protection Cluster working group and other relevant coordinator forums. It is therefore recommended to recruit another (female) psychosocial assistant so that there will be two assistants. The assistants would then be a first point of contact for the camp volunteers, and the ones in charge of the daily running of camp activities, whilst the psychosocial officer oversees the activities and focuses on mainstreaming support and external and internal coordination. To allow for proper attention to the mainstreaming aspects, it will be crucial to add another assistant to the team.

## **10. Adapt activities according to human resources**

It is believed that the recommendations in this report can be followed and implemented with the current human resources if

- a) another assistant is recruited to the psychosocial team
- b) the Psychosocial Officer is supported by Programme Coordinator in her CBPS mainstreaming role, i.e. development and tracking of each team's mainstreaming work-plan
- c) the team officers adopt the mainstreaming work-plan as their own and do not depend on the Psychosocial Officer other than for technical advice
- d) the Psychosocial Working Group (PSWG) is co-chaired by Psychosocial Officer and CCCM technical advisor (adhering also to IASC MHPSS recommendation of CCCM involvement in PSWGs in camp settings)
- e) the stand-alone psychosocial activities are focusing on level 2 of the IASC intervention pyramid (family and community support)
- f) the Psychosocial Officer is supported by Programme Coordinator to represent LWF in cluster meetings

Adding a full-time experienced psychosocial specialist would mean better and more in-depth support to each team on CBPS mainstreaming, as well as building the capacity of the current Psychosocial Officer. It would also mean stronger representation in clusters and coordination meetings, as well as possibilities for stronger impact monitoring of mainstreaming and stand-alone activities. Finally, it would mean possibilities to develop more focused psychosocial activities both at level 2 and 3 in IASC's intervention triangle. As such, a full time LWF psychosocial specialist would certainly be beneficial. Nevertheless, by ensuring that the "ifs" above are met, there is potential for a strong programme with a mainstreaming focus.

If needed, CoS is available to provide technical support through shorter deployments or input on project plans, etc., by psychosocial desk officers.

A suggested work-plan for stand-alone CBPS activities in LWF Sittwe is found at the end of this document.

## **5.3 Recommendations for staff care**

Among the local staff in LWF Sittwe, only 2 are from Rakhine state. The others (6) are from various locations in Myanmar and live together in a communal house. For most of them, it is the first experience of working in on humanitarian response and living in a conflict affected area. Added to this is the often unwelcoming attitude by the local community towards INGOs and INGO staff as they are seen to support only "the enemy" Staff report often feeling scared and insecure. Although expatriate

staff generally have more experience of life in these types of contexts, they nevertheless face the same hostile attitudes and security risks. In addition to having proper security measures in place, it is therefore recommended to set up a staff care strategy and nominate a staff care focal point. (HR/Admin officer would be a good choice). CoS consultant has been informed of a staff care training by ACF in Yangon in November, and it is strongly recommended to send a nominated staff care focal point and potentially one more staff member. The training would equip the focal point to put in place measures for colleague peer support and give basic awareness on how to recognize and respond to signs of stress in colleagues. It is important though that “stress management” does not substitute for actions that can make staff feel safer both during working hours and whilst in LWF provided accommodation. A small thing like the above recommended event for introducing LWF in Sittwe is one example of such an action that could contribute to more awareness in the community about LWF’s plans and reduce hostility towards LWF and LWF staff.

## References:

**Rakhine investigation report 2013.** *The author and INGO behind this report is not disclosed because of security concerns. The report available in hard copy only, can be obtained from CoS consultant*

**Roos,** Josefine 2013: Conflict assessment in Rakhine state

# Appendices:

## APPENDIX 1: FOCUS GROUP DISCUSSIONS CONDUCTED

<b>OTG 1</b>	<b>TOTAL number 106</b>
1 session for adults, women and men mixed	16
1 session for camp committee members (men only)	12
1 session for children, 8 boys and 8 girls, ( age 6 –12 years)	16
1 session for women	15
1 session for men	15
1 session for youths -16 girls (age 12-20 years)	16
1 session for the youths - 16 boys( age 12-20 years)	16
<b>OTG 4</b>	<b>TOTAL number 85</b>
1 session for camp committee members (men)	6
1 session for children, 8 boys and 8 girls, ( age 6 –12 years)	16
1 session for women	17
1 session for men	16
1 session for youths - 16 girls (age12-20 years)	16
1 session for the youths - 16 boys( age 12-20 years)	14
<b>OTG 5</b>	<b>TOTAL number 72</b>
1 session for camp committee members (men)	10
1 session for children, 6 boys and 6 girls, ( age 6 –12 years)	12
1 session for women	15
1 session for men	15
1 session for youths - 10 girls (age12-20 years)	10
1 session for the youths - 10 boys( age 12-20 years)	10
<b>Baw Du Pha</b>	<b>TOTAL number 81</b>
1 session for camp committee members (men)	9
1 session for children, 8 boys and 8 girls, (age 6 –12 years)	16
1 session for women	12
1 session for men	12
1 session for youths - 16 girls (age12-20 years)	16
1 session for the youths - 16 boys( age 12-20 years)	16
<b>Set Yone Su</b>	<b>TOTAL number 90</b>
1 session for camp committee members (men)	10
1 session for children, 5 boys and 5 girls, ( age 6 –12 years)	10
1 session for women	15
1 session for men	15
1 session for youths - 16 girls (age12-20 years)	12
1 session for the youths - 16 boys( age 12-20 years)	12
1 session for youth, mix	16
<b>Set YoneKya</b>	<b>TOTAL number 64</b>
1 session for camp committee members (men)	8
1 session for children, 5 boys and 5 girls, ( age 6 –12 years)	10
1 session for women	14
1 session for men	16
1 session for youths - 16 girls (age12-20 years)	16
1 session for youths - boys ( age 12-20years)	0
<b>TOTAL NUMER OG PARTICIPANTS IN FOCUS GROUP DISCUSSIONS</b>	<b>466.</b>
<ul style="list-style-type: none"> <li>• 88 women</li> <li>• 86 girls/female youth 12-20</li> <li>• 87 men</li> <li>• 70 boys/male youth</li> <li>• Camp committee members (men): 55</li> <li>• Children (boys and girls): 80</li> </ul>	

## **APPENDIX 2**

### **INTERVIEW AND ASSESSMENT GUIDES USED**

#### **INTERVIEW GUIDE: INTERVIEWS WITH KEY INFORMANTS**

(NGOs, government, community leaders, religious leaders, associations like Young Monk Associations and etc.)

Name of the place/camp/association:

Name of the professional:

Who are the person/persons being interviewed:

Number of the person/persons being interviewed:

Gender of the person being interviewed:

1. In your opinion, what is the role of the NGO?
2. What is your view of the NGOs working here?
3. How do you think the interaction between the NGO community and the
  - o Population in Sittwe Township will be in the future?
  - o Host community will be in the future?
  - o IDP community will be in the future?
4. Who is working in the camp (other organizations, international and national) – and what do they do?  
Are there identified gaps?
5. Who is living in the camp
  - o family
  - o households
  - o age groups
  - o men/women
  - o boys/girls
  - o disabled
  - o other vulnerable groups
6. How is the community leadership structure within the camp?
  - o What kind of committees (women/men)
  - o Number of committees
  - o Gaps
7. Where did the IDPs live before
  - o Did they go to school?
  - o Did they work/have an income?
  - o What happened that made them move here?
  - o Do the IDPs know each other?
8. How do the IDPs view their own situation?
9. How is the interaction between the IDPs
  - o Good relations or conflict/tension within the camp?
  - o How have relationships among families changed since being in the camp?
  - o How have relationships among family members changed since being in the camp?

10. How is the interaction between the IDPs and host community?
  - Positive interaction
  - Negative interaction
11. What do you think are the 5 most important problems that the IDPs face living in the camps?
  - Prioritize them?
  - What are the root causes?
12. According to other agencies what is the psychosocial problem in the IDP camp?  
(safety, participation, development, biological, material, social, spiritual, cultural, mental, emotional)
  - How women cope with them/ how men cope with them
  - Where women usually get support when feeling sad anxious, angry, depressed
13. Where men usually get support when feeling sad anxious, angry, depressed
14. How was the daily life of the rural and urban IDPs before? (education, work, income, psychosocial wellbeing, feelings, future expectations, etc.)
  - 10 years ago
  - 5 years ago
  - Now
15. Who were the most important people in your community? (powerful relationships, supporters, decisions makers, etc.)
  - 10 years ago
  - 5 years ago
  - Now
16. According to you what are the resources available in the community to address the problems and psychosocial needs?
  - Who do people turn to when then they have a need or a problem
  - Rituals
  - Ceremonies
  - Festivals
  - Activities
  - Spaces
  - Gaps?
17. Who are the marginalized groups, minorities, vulnerable groups?  
(disabled, prostitutes, unaccompanied children, elderly, pregnant woman, sick ,etc.)
18. Are the population, city and the camps safe and secure?
  - Why?
  - Why not?

## INTERVIEW GUIDE FOCUS GROUP DISCUSSIONS

### Focus group

(female, male, youth boys, youth girls)

### Group discussion

(female, male, disabled and elderly)

Date:

Name of the camp:

Name of the professionals:

Number of people: male \_\_\_\_\_ female \_\_\_\_\_ disable \_\_\_\_\_

1. What has been the situation for your community in the last months? What happened?
2. What do you think are the main 5 problems which your community are facing?  
(Remember the flower: Safety, participation, development, biological, material, social, spiritual, cultural, mental, emotional)
  - a. Prioritise them,
  - b. What are the roots?
3. How do these problems affect your daily life?  
(here we detect the psychosocial consequences)
  - a. children,
  - b. youth,
  - c. women,
  - d. men,
  - e. families,
  - f. community,
  - g. elderly
  - h. rituals, activities,
  - i. wellbeing.
  - j. Have there been any mourning ceremonies
4. How do people usually cope with the actual situation?
  - a. What are the strong points in the community?
  - b. What are the weak points in the community?
  - c. What are the activities which are helping?
  - d. What are the activities which are not helping?
  - e. Who are the supporters in the community?
    - i. In the family?
    - ii. For the youths?
    - iii. For the women?
    - iv. For the men?
    - v. For the vulnerable
    - vi. Children?
5. Who are the most vulnerable in your community? (disabled, health problems, orphans, women heading families)
  - a. Who and how they are supported?
  - b. How they can look for support?
  - c. Gaps
6. How was your life before? (work, education, house, relations, psychosocial wellbeing, feelings, ideas, future plans, expectations, etc.)
  - a. 10 years ago



- b. 5 years ago
  - c. Now.
- 7. Who were the most important people in your community? (powerful relationships, supporters, decisions makers, etc.)
  - o 10 years ago
  - o 5 years ago
  - o Now
- 8. What are the changes, you would like to see in this community? Short term/ medium and long term? (*here we look for gaps*)
  - a. children,
  - b. women,
  - c. men,
  - d. families,
  - e. community
  - f. most vulnerable
- 9. How and who could support these changes? How the community could be involved in these changes?
  - a. How could there be more activities? and of which type?
  - b. How could people be better involved?
- 10. How is the interaction between the IDPs
  - a. Good relations or conflict/tension within the camp?
  - b. How have relationships among families changed since being in the camp?
  - c. How have relationships among family members changed since being in the camp?
- 11. How is the interaction between the IDPs and host community?
  - o Positive interaction
  - o Negative interaction
- 12. Are the population, city and the camps safe and secure?
  - a. Why?
  - b. Why not?
- 13. What is your view of the NGOs working here?
- 14. How do you think the interaction between the NGO community and the
  - o Population in Sittwe Township will be in the future?
  - o Host community will be in the future?
  - o IDP community will be in the future?
- 15. Do you have any question to ask us?

## Guide: Individual interviews

individuals living in the camps: (male 50%, female 50%, elderly disabled)

Date:

Name of the camp:

Name of the professionals:

Gender of the person to be interviewed: male\_\_\_\_\_female\_\_\_\_\_

Vulnerability:

Number of family members:

Number of people living in the household: female\_\_\_\_\_male\_\_\_\_\_

1. Could you tell me which are the problems affecting your daily life?
  - a. Which are the 5 most important ones?
  - b. How do these problems affect your daily life?  
(here we detect the psychosocial problems)
2. Could you describe how you cope with your problems?( individual resilience)
  - a. What do you do first?
  - b. Where do you look for support?
  - c. Can you ask for help alone?
  - d. To which persons do you go to ask for help?
3. Have you received support from others in dealing with this problem?( community resilience)
  - a. How?
  - b. Who gave you this support?
  - c. What kind of support did you get?
  - d. To what extent did this help to deal with the problem?
4. How different is the support you received to your problems now, compared with before?
  - a. What happened before when you had a problem,
5. Do you feel you need additional support with your concerns?  
(here we look for gaps)
  - a. How?
  - b. By whom?
  - c. Where?
6. How was your life before? (work, education, house, relations, psychosocial wellbeing, feelings, thoughts, expectations, future plans, etc.)
  - a. 10 years ago
  - b. 5 years ago
  - c. Now.
7. Who were the most important people in your community? (powerful relationships, supporters, decisions makers, etc.)
  - o 10 years ago
  - o 5 years ago
  - o Now
8. What makes you feel happy and positive?
  - a. With whom you would like to do it?
  - b. Where (describe place)?
  - c. When you like to do it?
  - d. And your partner, what makes him/her feel happy and positive?

- e. And your children, what makes them feel happy and positive?
  - f. And the youth in your family, what makes them feel happy and positive?
9. What are the normal role of a: ( what she/he does normally at home and outside home)
- a. Woman
  - b. Man
  - c. Boy
  - d. Girl
  - e. Elderly person
10. How did you arrive here, what happened?
- a. Witness death family member
  - b. Witness faith
  - c. Witness injured people
  - d. Did you feel fear for your own life
  - e. Did you feel fear for your family members
  - f. Did you lost family members, who?
  - g. Did you lose friends
  - h. Are your thoughts and feelings since arriving in the camp affecting your daily life?
11. How do you feel, now? (Sleep, feelings, thoughts, appetite, behaviour changes, worries, concentration, anxiety, etc.)
12. How is the interaction between the IDPs
- a. Good relations or conflict/tension within the camp?
  - b. Within the family?
  - c. Inside the family?
  - d. With the host community?
13. What kind of safety concerns do you have?
- a. Community violence
  - b. External violence
  - c. Domestic violence
  - d. Other?
14. Are the population, city and camps safe and secure?
- a. Why?
  - b. Why not?
15. What is your view of the NGOs working here?
16. Do you have any questions for us?

## **Transect Walk / Observation**

Name of the camp:

Name of the professional:

1. What do women, men and children do, and not do?
2. Do we see any elderly, disabled, sick, etc?
3. Are people living in hygienic conditions?
4. Are parents attending their children or are children alone?
5. Is anyone living alone?
6. Is the camp shabby or clean, etc.?
7. Houses and living conditions?
8. Livelihood and income activities?
9. Where do people meet/are there places to meet (community house, school, market, religious places, playgrounds, etc.)?
10. Safe places for children, youth, women, men, disabled?
11. Security issues (latrine, lights, etc.)?
12. Water points?
13. Other safety concerns?
14. Is anybody neglected?

## CHILDREN

Name of the camp:

Name of the professionals:

Number of children: girls\_\_\_\_\_ boys\_\_\_\_\_

1. The first activity is developing an understanding of daily routines under optimal circumstances for boys and girls in the community, by drawing it on big papers. This is the backdrop for understanding how children usually grow up in a particular community
  - a. From morning to night.
2. The second activity is developing an understanding of actual daily routines in the camps, for boys and girls in the community, by drawing. This is the backdrop for understanding how children's circumstances are now.
  - a. From morning to night.
3. The third activity is to identify and to list, the community's and children's coping mechanisms and activities in the past, existing and future ones, for supporting the actual situations, clear examples, of activities, games, actions:
  - a. Girls
  - b. Boys
  - c. mix

APPENDIX 4: RECOMMENDED WORK-PLAN FOR CBPS MAINSTREAMING AND CBPS STAND-ALONE ACTIVITIES

CBPS Mainstreaming: Action plan		Oct		November				December				January					February				March			
		43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Finalisation of psychosocial needs assessment in camps and LWF current response																							
2	Introduction to all teams on CBPS approach and get team feedback on how to mainstream CBPS into their activities																							
3	Share final assessment report with mainstreaming recommendations for each team with LWF management and with Sittwe staff Monday 4th of November																							
4	PS officer to meet individually with each team to develop a detailed workplan for implementation of mainstreaming recommendations (including support needed from PS officer - further training for LWF staff, CBPS trainings for volunteers, etc.)																							
5	Weekly coordination meeting includes a CBPS update agenda point so Sittwe Programme Coordinator can track progress and provide support as needed																							
6	Discuss plans (purpose, agenda, stakeholders, place, time) for LWF led Psychosocial Working group in Sittwe - led by PS officer and CCCM technical advisor																							
7	Start regular (bi-monthly?) Psychosocial Working group meetings																							
8	Each team implements their CBPS mainstreaming plan with support from the PS officer and Sittwe Programme Coordinator																							
9	Nomination of staff care focal points and attendance of ACF training in Yangon																							
10	Management staff represent a CBPS perspective in cluster and coordination meetings they attend																							

**Note: Programme coordination holds main responsibility for the mainstreaming work plan, with technical support from Psychosocial Officer. As part of the mainstreaming workplan (activity 4) - each team will develop a detailed workplan for their team, and each team leader holds overall responsibility of this**

CBPS Stand-alone activities: Work Plan	Oct		November				December				January					February				March				
	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	
1 Selection of 2-3 "pilot camps"																								
2 Selection of 4 volunteers in each camp																								
3 Training of volunteers																								
4 Community meetings to discuss social/cultural/empowerment activities for men, women, girls, boys																								
5 Discussion with CCCM and current camp committees to identify place for temporary structure for activiites																								
6 Building of temporary structure and opening ceremony																								
7 Start-up and running of socia/cultural/empowerment activities																								
8 Launch of mobile library																								
9 Volunteer participation in child protection committees and other relevant camp meetings																								
10 Protection meeting attendace with Programme Coordinator.																								
11 Colaboration with local NGOs (MRF etc)																								
NOTE: Psychosocial Officer will be in charge of the stand-alone workplan and will also be involved in the mainstreaming workplans for each LWF team. These team workplans will include trainings to be conducted by the Psychosocial Officer as well as her attendance and input where needed																								