Displacement in Rakhine State, Myanmar

Highlights

- Instability in Rakhine State that started since 28 May has resulted in displacement of over 52,200 people who are accommodated in 66 camps/villages according to official Government sources.
- 50 people died and 54 injured and over 2230 houses, business and communal buildings were burned and destroyed.
- The Government had imposed curfew in Sittwe, Thandwe, Kyaukphyu, Yanbye, Buthidaung and Maungdaw townships and the ‘State of Emergency’ was declared in Rakhine State on 10 June.
- At the invitation of the Union Minister for Border Affairs and for Myanma Industrial Development, a UN delegation led by Special Advisor of the UN Secretary-General and the UN Resident and Humanitarian Coordinator for Myanmar visited IDPs locations in Maungdaw.
- The Government has requested UN RC/HC and humanitarian partners to support its response efforts. The humanitarian assistance to the affected communities in Rakhine State is ongoing. It includes food, health, water and sanitation supplies.
- Ministry of Health (MoH) had sent a rapid assessment and response team composed of health professionals from central, regional and townships providing health services and treatment at the camps.
- As requested by the MoH, WHO SEARO had sent Interagency Emergency Health Kits, Diarrhoea Disease Kits and US$ 12,300 as financial support from South-East Asia Regional Health Emergency Fund (SEARHEF) for emergency relief operations to Myanmar on 22 June.
- WHO Country Office in Myanmar in close collaboration with MoH has been monitoring the situation closely since day one of the conflict and is in standby position to support the emergency health interventions as needed.
- Situation in Rakhine State has been eased and stable at present.

Situation Analysis

- On 28 May 2012, rape and murder of a Rakhine woman in Ramree, South of Sittwe, Capital of Rakhine State, followed by killing of 10 people by an unidentified mob on 3rd June in Taunggup had sparked the conflict.
- Disturbances took place, people were killed, injured and many houses, business and communal buildings were burnt and destroyed.
- The Government had impose curfew in six locations i.e., Sittwe, Thandwe, Kyaukphyu, Yanbye, Buthidaung and Maungdaw townships and declared the state of emergency in Rakhine State on 10 June.
- Security forces were deployed to the area to secure peace and security in the areas.
- UN and humanitarian partners had temporarily relocated staff on a voluntary basis on 12 June.
- On 18 June, government banks and shops were reopened.
- On 25 June, a coordinating meeting between UN agencies and INGOs on provision of assistance was conducted in Nay Pyi Taw. It was attended by Union Minister for Border Affairs and for Myanma Industrial Development, Union Minister for Social Welfare, Relief and Resettlement and for Labour, Deputy Minister for Border Affairs and UN RC/HC.
- Situation in Rakhine State as of today is reportedly eased, calmed down and is stable.
Incident Site Mapping

Map showing affected areas and IDP camps location in Rakhine State, Myanmar.

Causalities, Damages and IDPs

- More than 50 people died and 54 injured and over 2230 houses, business and communal buildings were burned and destroyed.
- People evacuated to safe places, temples, schools and government shelter.

Table showing causalities and damages

<table>
<thead>
<tr>
<th>Death</th>
<th>Injured</th>
<th>IDP</th>
<th>Damage Health facilities</th>
<th>Damage Infrastructure (Houses, Temples, School, Business and Communal Buildings)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>54</td>
<td>52,200</td>
<td>Nil</td>
<td>2,230</td>
</tr>
</tbody>
</table>

Accessibility, Transportation, Communication, and Power

- During the initial phase, where houses and building were burnt and destroyed, local communication and transportation were temporarily interrupted.
- They were restored back after the curfew and state of emergency was imposed and when security was controlled.
**Government Response**

- Opened 66 temporary camps in schools, temples, monasteries and government buildings in the affected areas.
- Providing emergency food, medicines, shelter, cloths, blankets, water, sanitation and cash support to the affected communities.
- On 6 June, Government formed a Commission of Inquiry, led by the Deputy Minister of Home Affairs to investigate the incident.
- On 8 June, the Government had impose curfew in six locations, Sittwe, Thandwe, Kyaukphyu, Yanbye, Buthidaung and Maungdaw townships and declared the 'State of Emergency' in Rakhine State on 10 June.
- Security forces were deployed to restore security and peace in the region.
- Union Minister for Border Affairs and for Myanmar Industrial Development, accompanied the UN delegation led by Special Advisor of the UN Secretary-General and the UN Resident and Humanitarian Coordinator for Myanmar visited IDPs camps, and two affected villages in Maungdaw.
- On 15 June, the relief and Resettlement Department called UN, NGOs and donors for a briefing on the situation and to support government in a coordinated manner.
- Ministry of Social Welfare, Relief and Resettlement, the Ministry of Border Affairs and for Myanmar Industrial Development and Office of Commander-in-Chief (Army) have provided tons of relief assistance.
- On 17 June a total of 981 people from 213 households in Maungdaw 4th Mile Rescue camp and a total of 1226 from various villages in Maungtaw township have returned back to their original places.

**Local NGOs, Red Cross Society and Organizations’ Response**

- Private Societies: Over 3 million USD worth of cash and in kind support provided.
- Myanmar Red Cross Society (MRCS): 140 Volunteers were mobilized to support search and rescue operations and to support emergency health interventions. It has dispatched 700 family kits, 1 800 kitchen sets, 4 100 jerry cans and hundreds of tarpaulin sheets.
- Myanmar Medical Association (MMA): With the support of UNICEF and UNFPA, MMA organized mobile clinics and provided medical treatment in the IDP camps.

**UN and Partner Agencies Response**

- UN RC / HC is in standby position with other humanitarian partners and facilitating government and local partners in providing emergency relief operational services for affected communities.
- Made readiness for a joint need assessment mission to the affected areas.
- WFP distributed 300 metric tons of mixed food commodities to 82 000 affected persons. It has stored 2 800 metric tons of food in 4 warehouses to continue support base on needs.
- UNHCR: Distributed non food items (NFI) to 900 families (3850 people).
- UNICEF distributed 2 380 tarpaulin sheets and 4 400 ropes, 19 drums of bleaching powder, 10,100 bars of soap, 2 200 buckets, 13 740 bottles of WaterGuard, 1 500 pipes and pans. 5 000 ORS packs. 60 Integrated Emergency Health Kits, 142 temporary latrines plan to be constructed.
- UNFPA provided Medical supplies and kits.
- ACF: Opened two in-patients nutrition clinics to provide nutritional support and treatment of cases.

**MOH and WHO Response**

- Ministry of Health (MoH) had sent a rapid assessment and response team composed of health professionals from central, regional and townships providing health services and treatment at the camps. A total of 1322 patients were provided treatment at relief camps in Sittwe, Buthedaung, Maungdaw and Yathetaung and in urban Sittwe. Patients were referred to appropriate higher level health facilities for specialized treatment if neccessary.
• All camps have health professionals to provide emergency health care and treatment and interventions to control potential outbreaks of diseases. Measures were also taken to prevent DHF outbreaks. MOH has also taken measures for chlorination of water sources, building sanitary latrines to prevent water borne diseases in Sittwe, Maungdaw, Buthidaung, Yathedaung and Ponagyun townships. Up till 18 June 2012, a total of 118 wells and lakes have been chlorinated.

• MoH with the support of WHO is coordinating with local NGOs and local partners at central, state and township levels to provide emergency health services for the affected population.

• As requested by the MoH, EHA SEARO WHO provided:
  - Essential Medicines and Supplies: 10 boxes of Basic Interagency Emergency Health Kits, 12 boxes of Basic Diarrhea Kits were made available, and sent immediately from its New Delhi emergency stockpile.
  - Financial Support: On 22 June, provided financial support of US$ 12 300 to the MoH from South-East Asia Regional Health Emergency Fund (SEARHEF) through WHO Country Office Myanmar to support emergency field interventions.

• WHO Country Office in Myanmar, in close collaboration with MoH, has been monitoring the situation closely since day one of the conflict and is in standby position to support the emergency health interventions as needed.

Needs for emergency response and early recovery phases

To maintain and continue providing support for the effective implementation of following interventions.

1. Advocacy, psycho-social support and counseling to the affected communities.
2. Provision of food, NFI, shelter, water and sanitation support especially to camps in remote villages.
3. Provision of emergency health supplies, treatment, surveillance and control of potential outbreaks and communicable diseases.
4. Emergency school educational support for the children.
5. Damage / need assessments and development of early recovery plan including resettlement.

Contact Address in Myanmar

<table>
<thead>
<tr>
<th>No.</th>
<th>Organization</th>
<th>Name and Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ministry of Health</td>
<td>Dr. Soe Lwin Nyein, Director (Epidemiology)</td>
<td>@searo.who.int</td>
<td>+95-67-411389</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Department of Health, Ministry of Health, NayPyiTaw</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>WHO Country Office</td>
<td>Dr Maung Maung Lin, National Programme Officer / EHA Focal Person</td>
<td><a href="mailto:linm@searo.who.int">linm@searo.who.int</a></td>
<td>+95-1-241932 / 241933</td>
</tr>
</tbody>
</table>

Source of Information: Information from the following sources were taken as references. The information provided many not be accurate and could be changed accordingly. It is for internal use and not to be quoted.

1. WHO Country Office
2. MoH
3. UNOCHA
4. International and national medias