# September 2013



# SOUTH-EAST MYANMAR: A REPORT ON VILLAGE PROFILES 2008-2012



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#### Introduction

UNHCR has provided protection and assistance to displaced, returnee and host communities in South-East Myanmar since 2004, and currently has field offices in Kayah, Kayin and Mon States, and Taninthayri and Bago Regions. A new Letter of Understanding (LOU) was signed between UNHCR and the Ministry of the Border Affairs on 7 June 2013, setting out a framework for UNHCR's engagement in South-East Myanmar for the period 2013-2016, and covering a wide range of interventions including community-based infrastructure and training, protection activities (including assessment of assistance and protection needs, awareness raising, training for Government, civil society and non-state armed actors, assistance to extremely vulnerable individuals and victims of land mines); capacity-building and community services, livelihoods, health, education, shelter and water, sanitation and hygiene activities.

From 2008 to 2012, the agency undertook a systematic 'village profiling' exercise in communities affected by displacement, with the aim of improving understanding of the populations of concern to UNHCR, their characteristics, needs and current locations, and informing protection and durable solutions strategies. The profiles were collected in a central database, and have informed where UNHCR targets its interventions and what projects are implemented.

This report now consolidates the results of the village profiling exercise in order to make these available to a wider audience.

# **Background**

The displacement context in the southeast of Myanmar is complex. With a long history of conflict between the Government of Myanmar and multiple non-state armed groups, displacement has affected many communities for decades. Due to a number of ceasefire agreements currently in place and peace processes that are being initiated, the direct impact of conflict on civilian populations is reducing. Security and access to many areas is improving - rapidly in some areas, more slowly in others – and tentative returns to places of origin are beginning to happen.

In addition to conflict-induced displacement through the relocation of villages and general insecurity, population movements have also been induced by natural disasters and development activities over the years, as well as significant economic migration within Myanmar and across the border with Thailand. These factors increase the complexities of understanding displacement patterns in the region in order to formulate the most appropriate response.

Attempts to identify displacement and produce information about displacement-affected communities do exist, however they are often compromised by a limited scope, restricted access and political sensitivities. Information for operational and advocacy purposes is regularly collected by different actors, however the current information situation can be characterized by significant information gaps, lack of sharing of information and a lack of consensus.

One clear information gap recognized by multiple actors concerns the scope of displacement in the region, household level information and the extent to which displaced families have found solutions to their plight – most significantly in relation to other population groups. In its

October 2012 report, The Border Consortium (TBC) estimated that a total of about 400,000 individuals were still internally displaced in the rural areas of 36 townships in South-East Myanmar in Kayin, Kayah, South and East Shan and Mon States, and Bago and Tanintharyi Regions.

This report therefore seeks to contribute to addressing the extensive information gaps which still persist in relation to the situation and needs of communities currently or previously affected by displacement in the South-East, and in its final section, examines some possible ways forward.

# Methodology, scope and limitations

The village profiling exercise was initiated in 2008, with funding from the European Commission Directorate-General for Humanitarian Aid – ECHO, as a means of systematizing the collection and analysis of data on the situation and needs of communities affected by displacement during field missions by UNHCR staff. In 2011, the mechanism in place was reviewed by an extended UNHCR-HQ mission and a more comprehensive monitoring system developed with expert assistance.

In 2012, a further review by the UNHCR's Division for Programme Support and Management recommended substantial adjustments to UNHCR's information management strategy, capacity and systems in light of the evolving environment in South-East Myanmar. As a result, the stand-alone village profiling exercise was discontinued at the end of 2012.

In early 2013 a 'return assessment' tool was developed as part of a broader system for capturing information on spontaneous returns by IDPs and refugees and the situation and needs in actual and potential return communities. The development process was informed by challenges encountered and lessons learned from the village profiling experience, based on analysis carried out by UNHCR's Yangon Information Unit and the conclusions of a participatory workshop involving field staff. Following a pilot phase, this tool, which incorporates a 'community profiling' section, was finalized and rolled out in June 2013. This report covers the data collected during the 2008-2012 village profile exercise only. Separate reports on the 'return assessment' process will be produced on a regular basis. An Information Management Unit was also created at UNHCR's South-East field coordination hub in Mawlamyine, Mon State, in July 2013.

The village/community profiles were collected by UNHCR teams in Mon and Kayin states and Tanintharyi division. Several profiles were collected in Kayah after a UNHCR presence was established in Loikaw in 2012, but the data from these profiles have not been included to avoid distorting the results. Given limitations on access and in order to expand coverage, the Myanmar Red Cross Society was engaged to enlarge the number of villages which could be visited.

An initial form was prepared, which obtains multisectoral data, much like the OCHA *Multisectoral initial rapid assessment of IDP village/ camp* questionnaire. The form was expressly designed to gather information relevant to persons of concern to UNHCR and to capture information about the absorption capacity of potential villages of return.

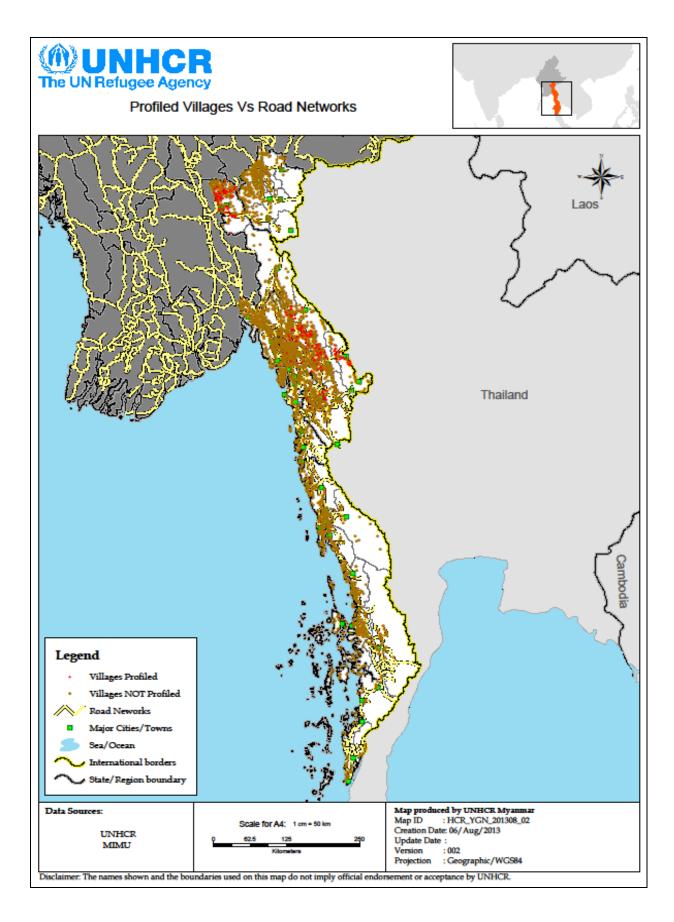
Over 1,000 profiles were submitted by field teams, however the number was reduced to 702, owing to a number of duplications as a result of repeat visits to the same village over time. In some cases P-codes were not specified when collecting the data and where the UNHCR Information Management Unit could not be certain that villages had not been included twice, these were removed.

The graphs and maps below show the areas in which village profiles were undertaken. Unsurprisingly, the largest number of profiles were collected in government-controlled areas, more stable areas and near road networks; for example, only 10-15 of the profiles come from areas in non-government controlled areas. This tallies with the table above, showing that as UNHCR has continued working in the South-East and its access has gradually opened up over time, more profiles have been obtained.

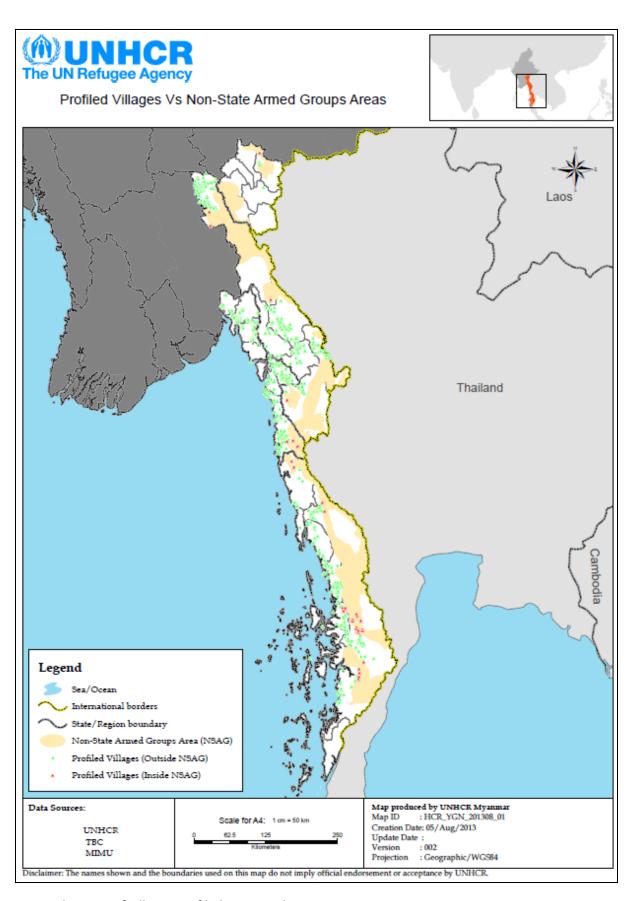
Nonetheless, limitations on humanitarian access, security concerns, restrictions on staff movements and "do no harm" principles, inhibited the type and amount of data which field teams were able to collect, and affected the ability of the operation to collect and analyse data with appropriate levels of accuracy, detail and scope. In some locations, particular sensitivities around data collection meant that teams were not able to carry the profile questionnaire with them to the field and had to complete the profiles on return to the office. Inevitably, this has distorted some of the results. Some questions included in the questionnaires, e.g. on protection, have not been asked or answered at all.

The inability to maintain a permanent international presence in the South-East until early 2012 and until recently, a limited international staff cohort overall in the Myanmar operation, contributed to reducing oversight of the village profiling and the maintenance of standards in the data collection exercise. These shortcomings are reflected most in the lack of direct observation to supplement the questionnaires, the loose definitions used in the actual data collection and the number of blank records returned by the field teams. These shortcomings will be highlighted in the graphs below.

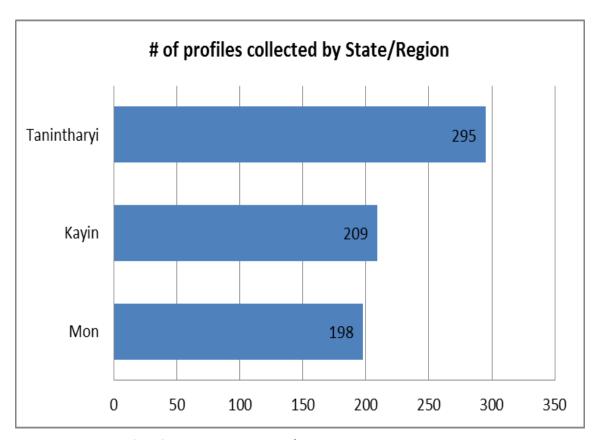
The unit of analysis for the profiles is the village. The UNHCR approach has included villages which may not be recognized by the authorities, either because they were at one time destroyed, abandoned or the villagers relocated to other sites, or because people have returned to their original villages and the village remains to be "gazetted". The graphs differentiate between the population in general and "persons of concern" to UNHCR in particular, in order to highlight difference in access and services arising from displacement.



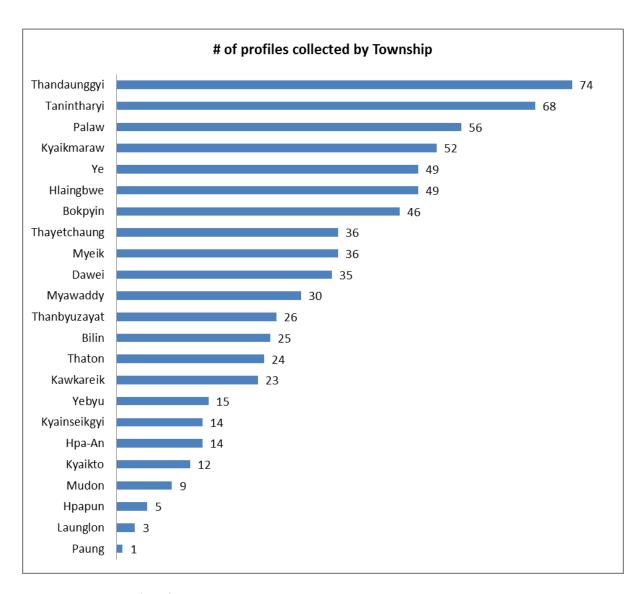
Map 1: location of villages profiled compared to road networks in the South-East



**Map 2:** location of villages profiled compared to non-state actor area.

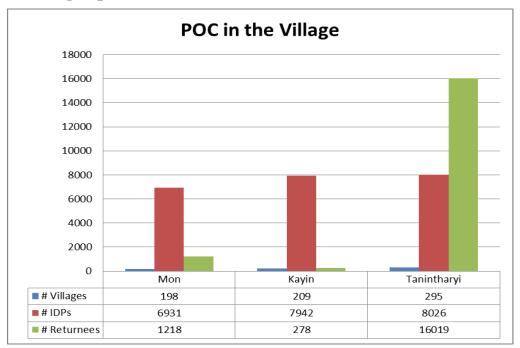


**Graph 1:** Number of profiles collected by state/region in the South-East



**Graph 2:** Number of profiles collected by township

# **Demographic data**

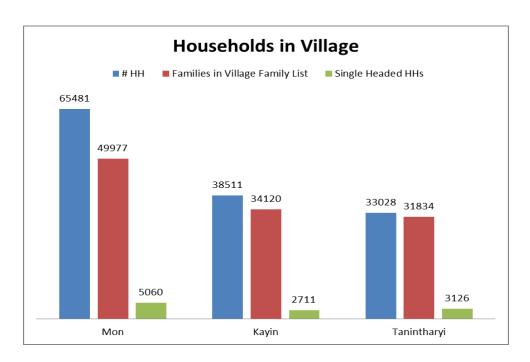


**Graph 3:** Number of "persons of concern to UNHCR" in the villages profiled

"Persons of concern" to UNHCR in South-East Myanmar include IDPs, IDP returnees, refugee returnees and those at risk of displacement. The complex, varied and prolonged nature of displacement dynamics in the South-east nonetheless posed (and continue to pose) significant challenges in the definition and identification of individuals or communities falling within these categories. Population movements occur in Myanmar for multiple reasons and forced displacement only explains part of these patterns. Forced displacement itself has multiple causes — conflict, insecurity, natural disasters and development. Protection concerns also mean that communities may be unwilling to discuss the reasons for movement / return.

A lack of clarity on the use of key terminology also contributed to difficulties in identification of persons of concern. For example, many of those recorded as 'returnees' in fact returned several years – or even a decade or more – prior to the data collection. As such, the data and analysis relating to 'persons of concern' should be treated with caution, and regarded as indicative only. Key lessons drawn from this experience are reflected in the returnee monitoring tools and guidance more recently developed.

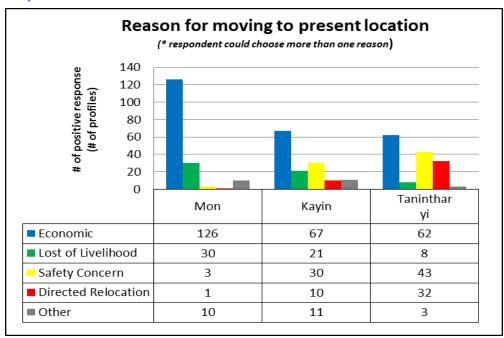
Of the village profiles, 173 were left blank when it came to noting IDPs and a further 150 did not record any information about returnees. This may be because there was no movement into or out of the village or because the village leaders simply did not have the information to hand. Nonetheless, the number of IDPs and returnees recorded tallies with other data readily available, e.g. The Border Consortium numbers, suggesting that less than 10% of the population of the South-East are displaced.



**Graph 4:** Number of households in the villages profiled

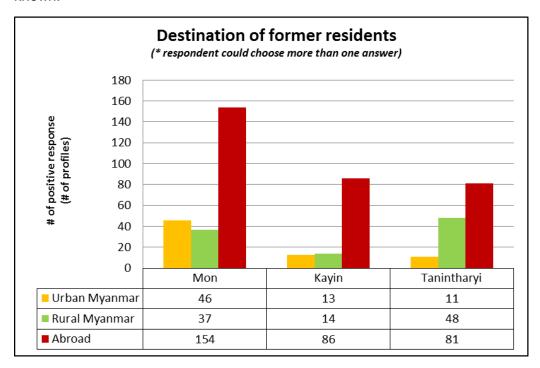
The column in blue above shows the number of households recorded by the teams in the field during discussions with village leaders/midwives etc. There is a discrepancy between the number of households recorded by the village profiling teams and the Village Family List as some families are not registered as living in the village. The column in green shows the number of single-headed households out of the number of families in the Village Family List (in blue).

#### **Displacement**



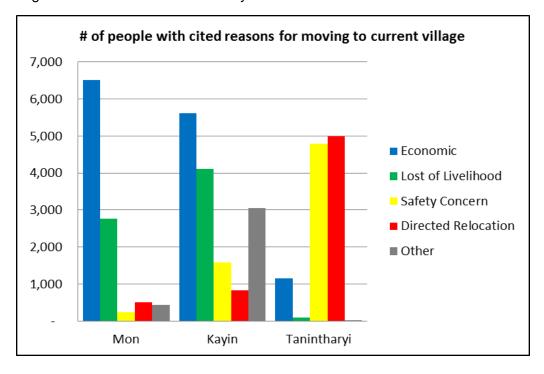
**Graph 5:** Reasons given for movement.

Half of the village profiles (346) do not show any reasons for movement, either because there was no movement into the village or because the reasons for movement were not known.



**Graph 6:** Destinations indicated as the places people went to.

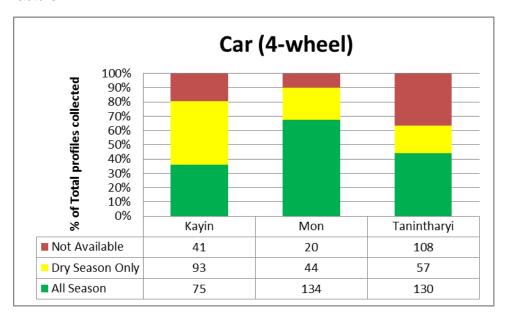
The definition of "abroad" in the village profiles is not explained. In most cases, it will mean economic migration to Thailand or other countries but it may, in some cases, also mean migration to another state within Myanmar.



**Graph 7:** Numbers of people by reason recorded to moving to current village

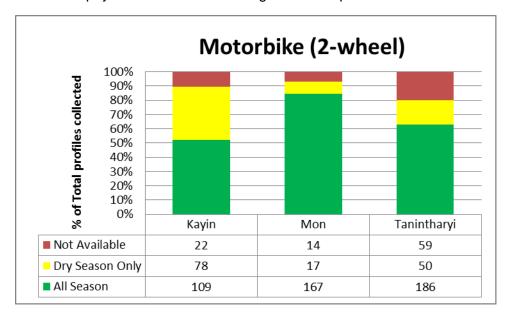
#### Access

The village profile tool incorporated indicators related to accessibility. This analysis set out in this section relates to the condition of physical access to the village, as reported by communities, rather than humanitarian access, which is affected by a range of additional factors.



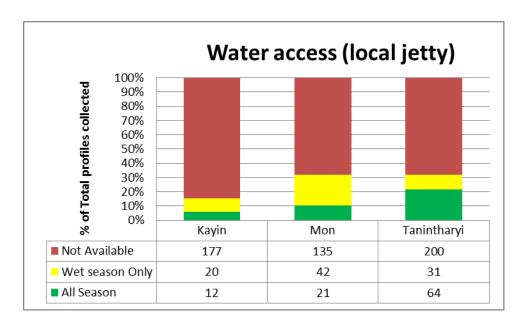
Graph 8: Access to villages by four-wheel drive vehicle

The low number of villages which can be accessed by four-wheel drive vehicle underlines the limited physical access to the villages and the poor state of the roads.



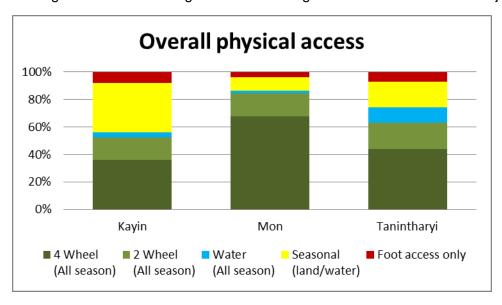
Graph 9: Access to villages by motorbike

While motorbikes are expensive items to buy they are a fairly common sight in most villages, except in Kayah.



**Graph 10:** Access by boat

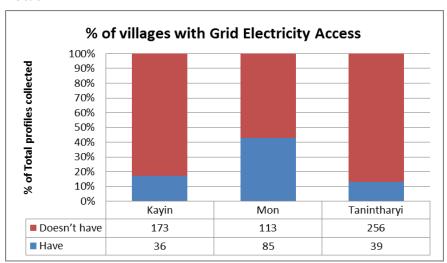
Some villages can only be accessed by boat, especially in the wet season. Nonetheless, not all villages are located next to or near navigable rivers, which explains the low number of villages which can be accessed by water. In addition, rivers in the wet season become fast-moving and difficult to navigate and breaching of banks restricts access to jetties.

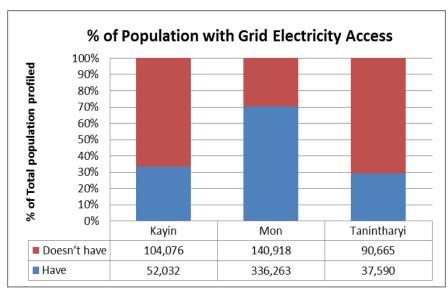


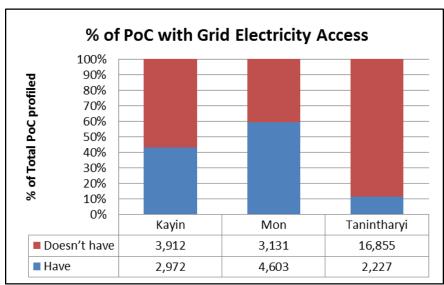
**Graph 11:** Aggregated data on access to villages

# **Services**

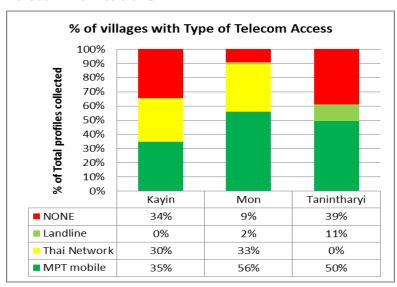
#### **Power**

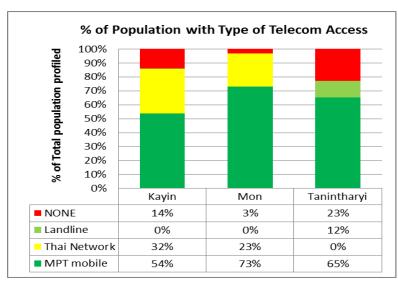


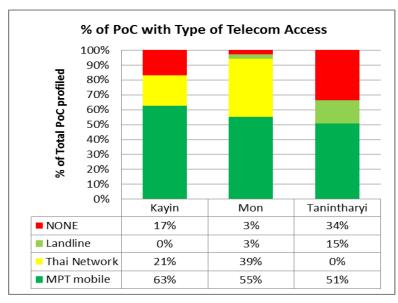




#### **Telecommunications**





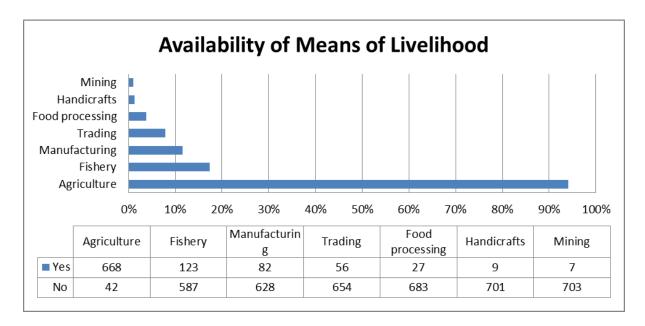


### Livelihoods

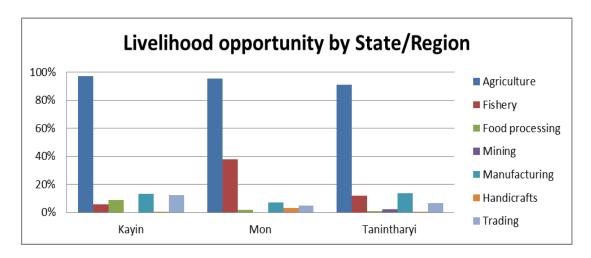
The majority of communities profiled come from an agriculture-based subsistence economy, characterised by relevant skills and a dependence on farm income with a limited market and few cash transactions and savings. Many villages have been destroyed and their productive assets lost. In order to support future IDP and refugee returns, significant investment in creating socio-economic conditions in actual and potential return areas is required. The infrastructure in these places of origin will need rehabilitation. At present, access to livelihood resources and training opportunities are scarce. Returning IDPs and refugees may have lost the productive assets needed to restart agriculture, while homes have been destroyed by the conflict or have fallen into disrepair.

The areas from where most refugees and IDPs originate were abandoned and it appears that these locations offer limited life-sustaining activities. Some refugees, who had land prior to their flight to Thailand, have expressed the desire of going back to their places of origin. Others, including political leaders, may favour a return to temporary resettlement sites. The younger generation may favour going to urban centres where they can pursue education and employment. There is also the possibility that refugees and IDPs would want to move to economically developed areas.

Livelihoods opportunities (particularly in the agricultural sector) are also undermined by significant land-related challenges. Land registration documents are held by township authorities in Myanmar. Land tenure documents and deeds are not always recorded or respected and there are frequent reports of land expropriation (or "land grabbing") in the Souuth-East by the Government, the Myanmar Army, non-state armed groups, and private companies, often resulting in internal displacement without appropriate guarantees of compensation. Although the reforms introduced by the Government in 2008 provide some additional security of land tenure, they still fail to adequately recognise widely used customary rights.

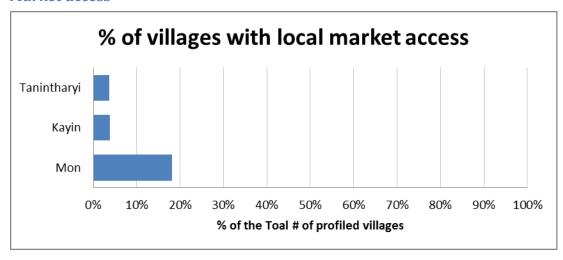


**Graph 11:** Types of livelihood currently available

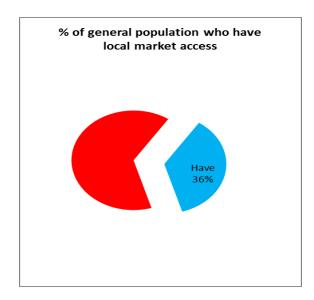


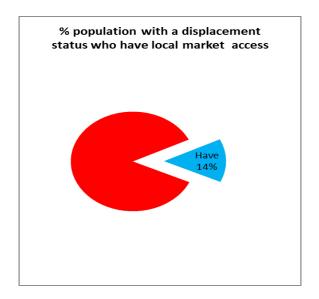
**Graph 12:** Types of livelihood currently available, by State/region

#### Market access



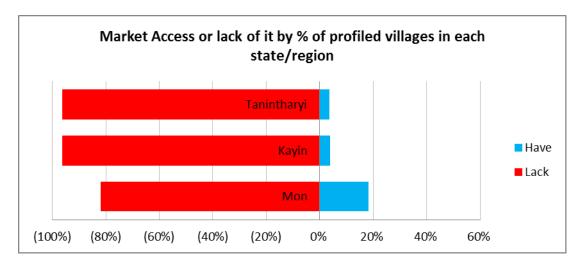
**Graph 13:** Market access by State/region



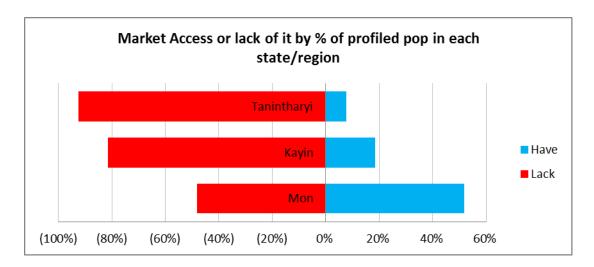


Graph 14: Market access, differentiated by general population and displacement status

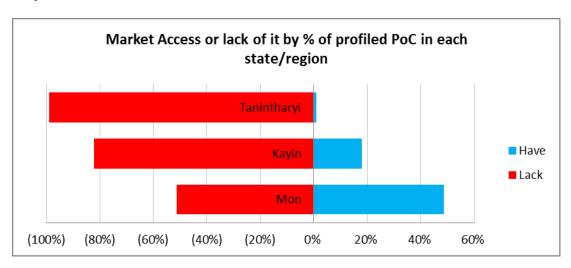
The graphs show that IDPs, refugees and other persons of concern to UNHCR do not enjoy the same level of (even limited) market access that the general population in the village profiled enjoy. The reasons for this are various but, notably, persons of concern tend to live further from the centre of villages or townships.



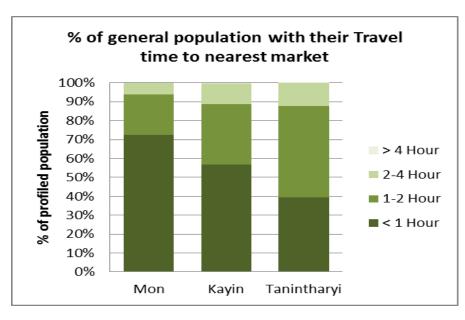
Graph 15:



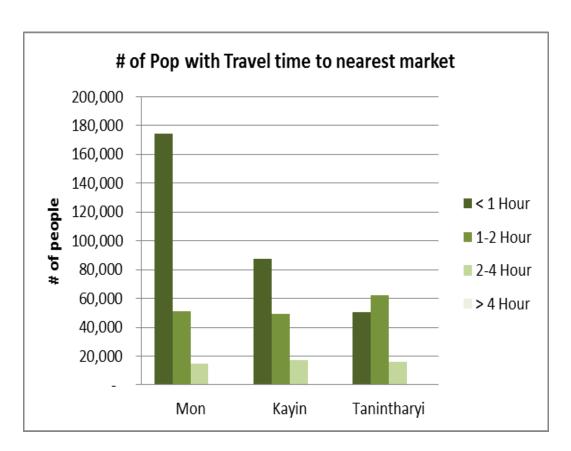
Graph 16:



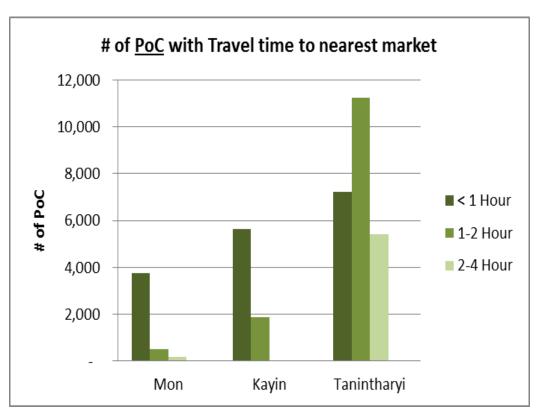
Graph 17:



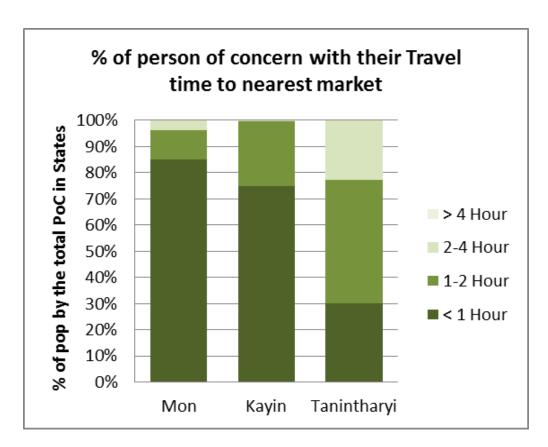
Graph 18:



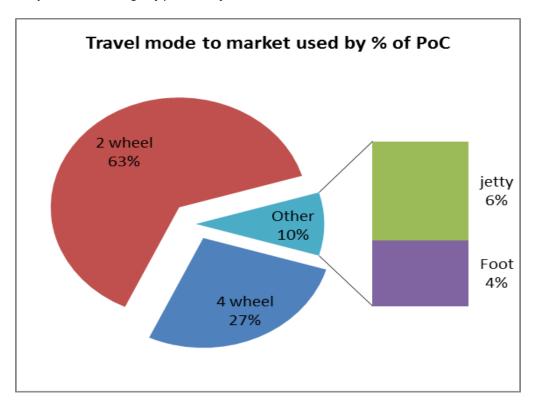
**Graph 19:** Number of people and their travel time to market



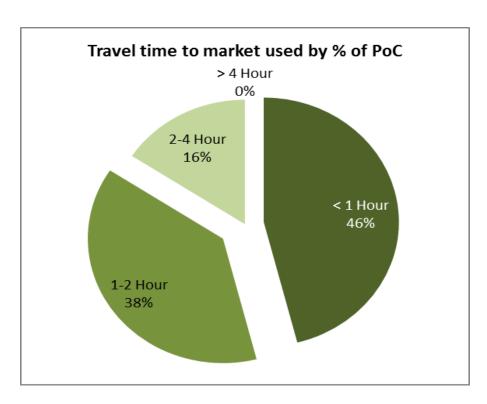
**Graph 20:** Number of persons of concern and travel time to market



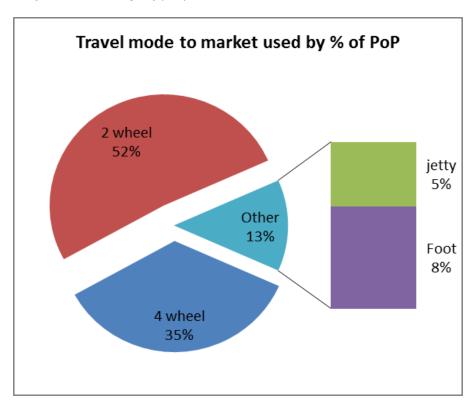
**Graph 21:** Percentage of persons of concern and travel time to market.



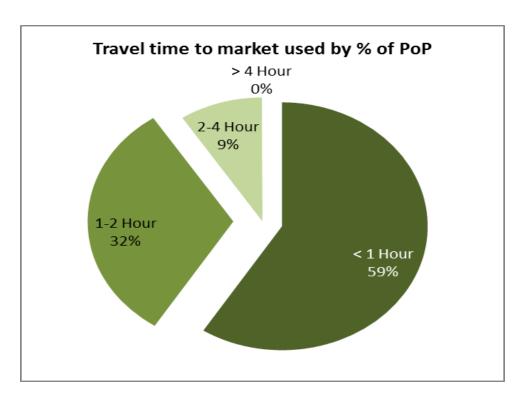
**Graph 22:** Means of acess to market by persons of concern



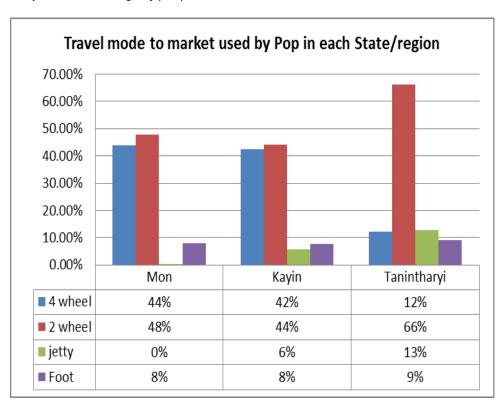
**Graph 23:** Percentage of people and travel time to market



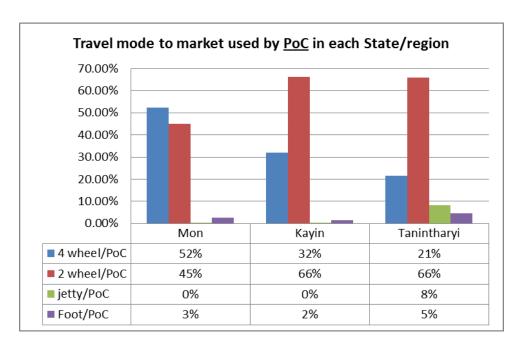
**Graph 24:** Means of travel to market by the population as a whole



**Graph 25:** Percentage of people and travel time to market



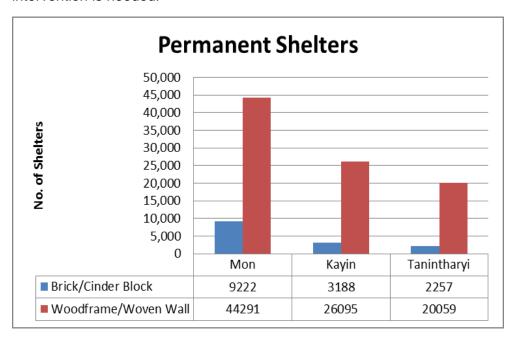
**Graph 26:** Travel means to market by State/region



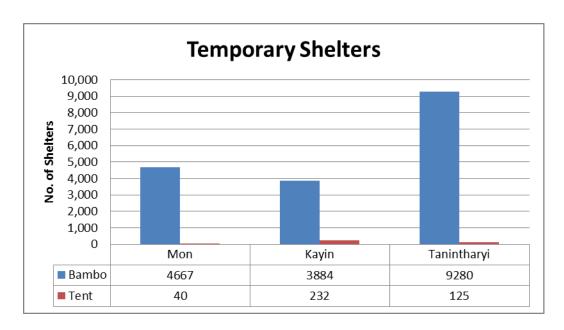
Graphs 27: Travel means to market by persons of concern by State/region

# **Housing**

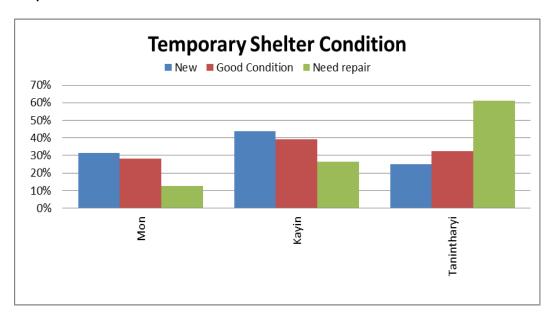
Regular field monitoring missions since 2007 have found that shelter is another sector where intervention is needed.



Graph 28:



Graph 29:



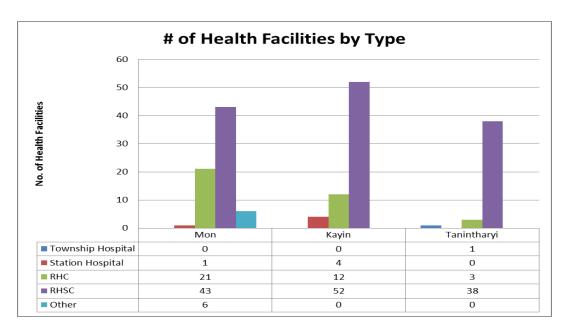
Graph 30:

More than half of the data collected on housing was taken in 2012, with 70 records taken in 2010 and 130 in 2011. In Kayin, data collectors were directed to more secure villages, meaning that the data may not reflect the actual situation of housing in the South East.

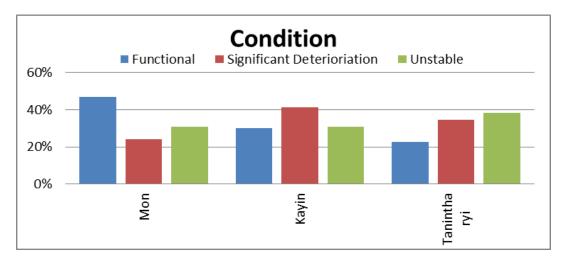
#### Health

The health infrastructure in the South-East remains substantially underserved with a lack of skilled personnel, facilities, basic equipment and supplies, including in terms of potentially life-saving reproductive health, malaria prevention and control and HIV services.

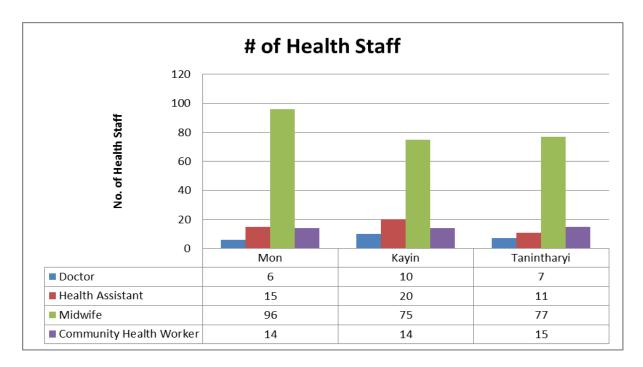
Public Health issues need to be considered in repatriation of refugees. Malaria is endemic in prospective return areas, while malaria transmission has almost disappeared inside the temporary shelters. Without having developed immunity to the parasite, returnees will be particularly vulnerable to developing the most severe forms of the disease. Securing returnees' access to medical diagnosis and effective treatment will be critical to avoiding increased mortality. Health services should be readily available to ensure the range of care, support and treatment to people with specific medical needs, such as tuberculosis patients or persons living with HIV (PLHIV). Therefore, the presence of essential health services will greatly assist the sustainable reintegration of the refugees.



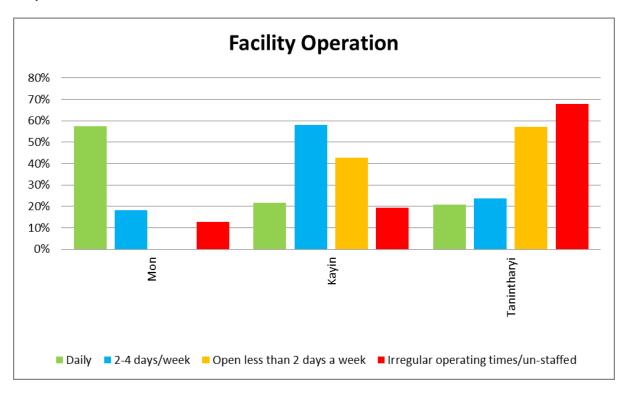
Graph 31:



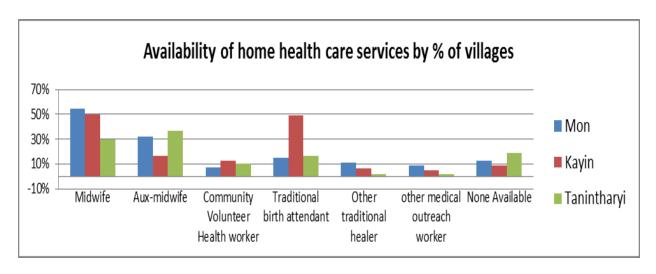
Graph 32:



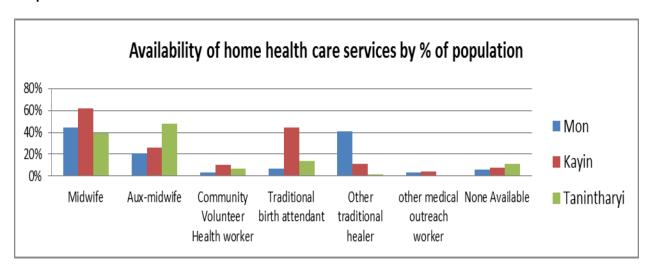
Graph 33:



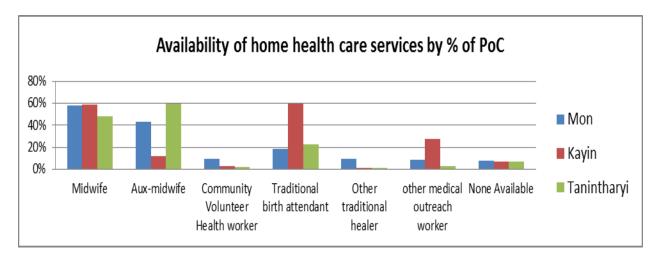
Graph 34:



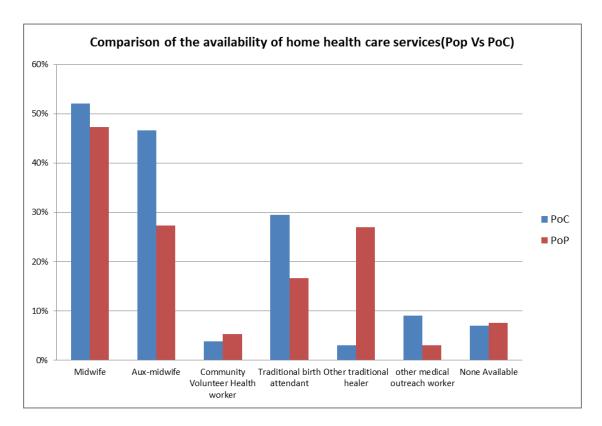
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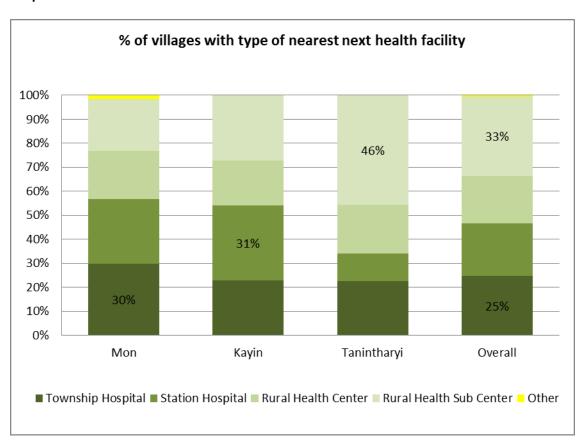
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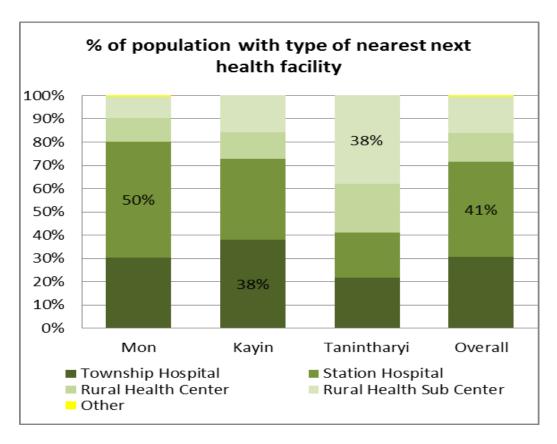
Graph 37:



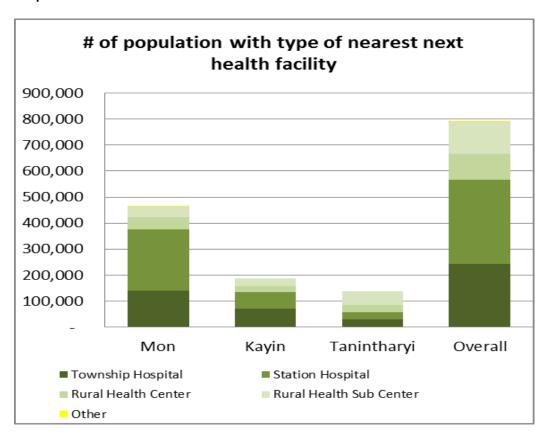
Graph 38:



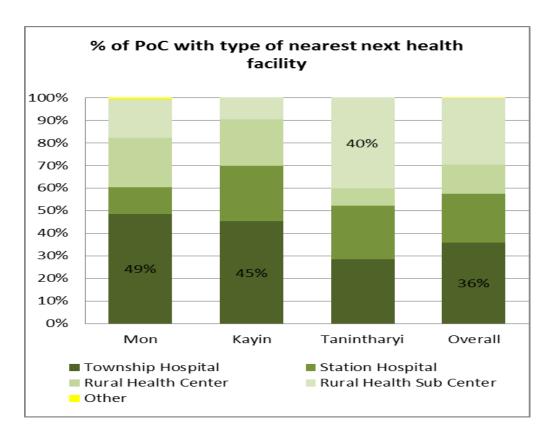
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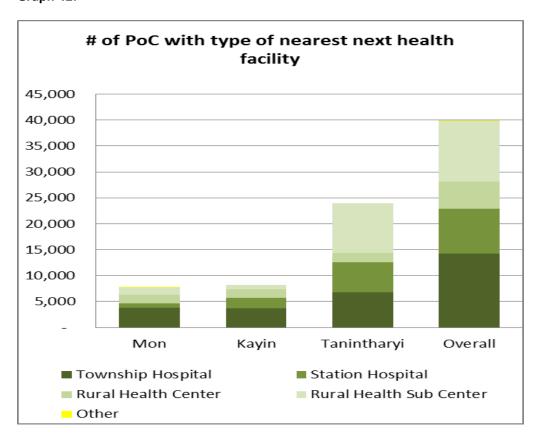
Graph 40:



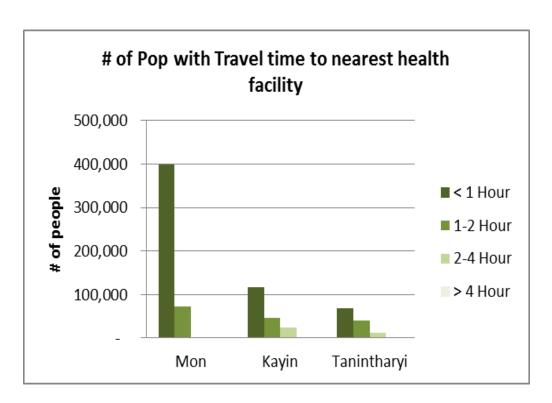
Graph 41:



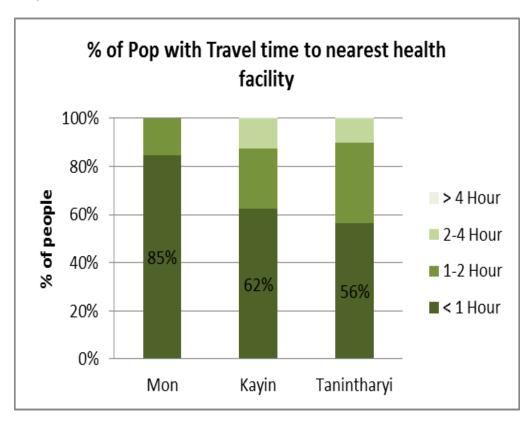
Graph 42:



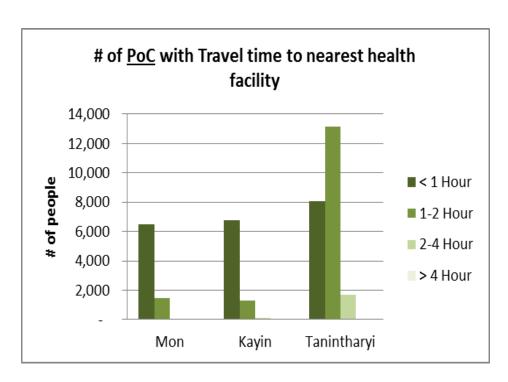
Graph 43:



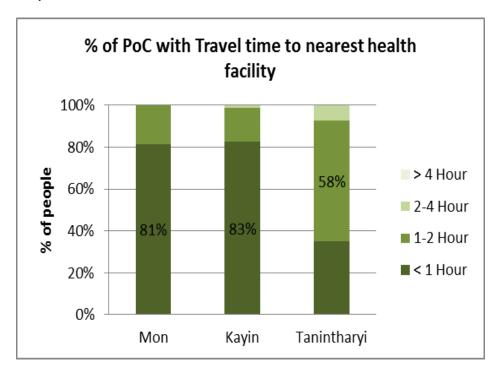
Graph 44:



Graph 45:



Graph 46:

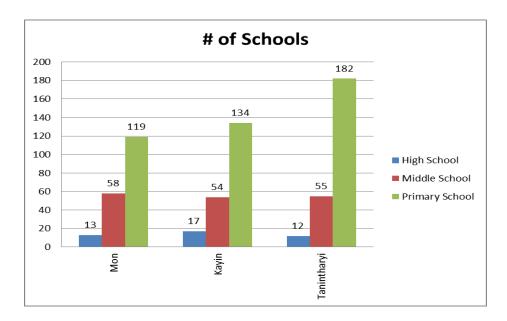


Graph 47:

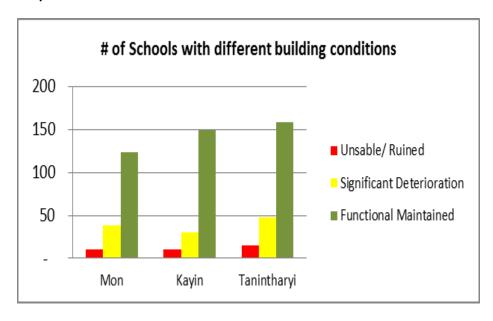
A separate HIV/AIDS rapid assessment indicated that the incidence of HIV among the population of the Southeast Myanmar could be very significant. The HIV prevalence in pregnant women in Mon State alone in 2006 was 1.6% indicating a generalised epidemic. The study concluded that, though most health-related interventions implemented by NGOs are related to HIV, there is a great need to scale up activities as movement and proximity to border areas render people more vulnerable to contracting infectious diseases and less able to obtain information and assist awareness-raising and prevention activities. Clearly, existing interventions are unable to meet the demand for prevention, care, support and treatment.

## **Education**

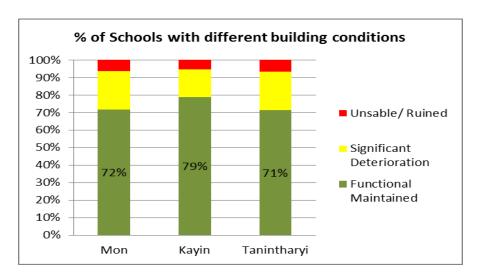
The education sector is also substantially underserved and not of adequate standards, with a shortage of teachers and an inadequate number of primary schools within reasonable distance of many communities. Regular school attendance is hampered by education costs, distances, illness, work requirements, insecurity in conflict-affected areas and, for ethnic minority children, "language barrier". Most children have limited opportunity to continue their education beyond primary school.



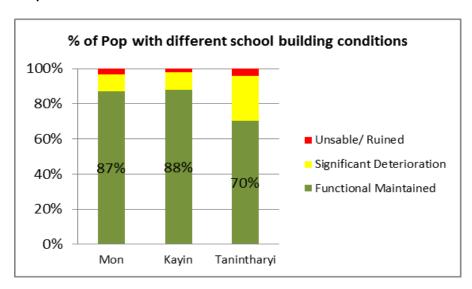
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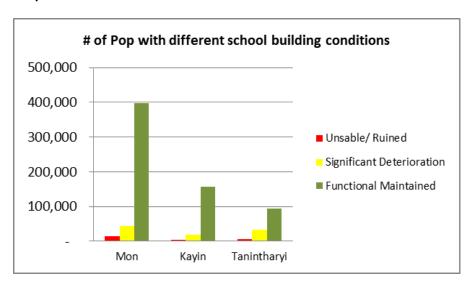
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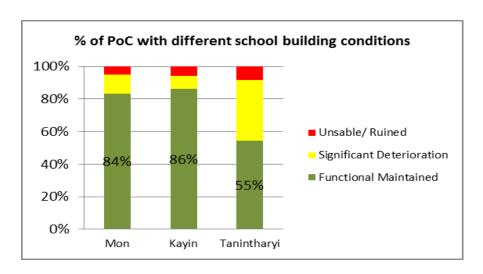
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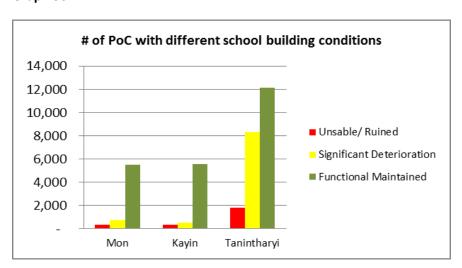
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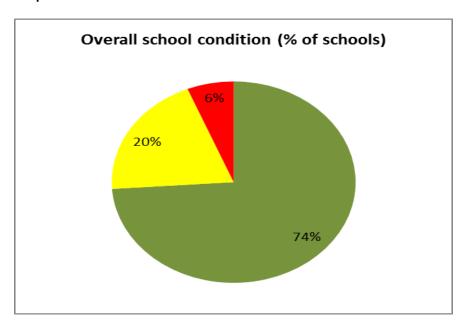
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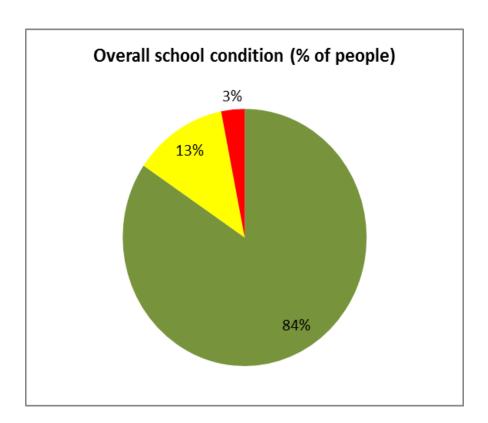
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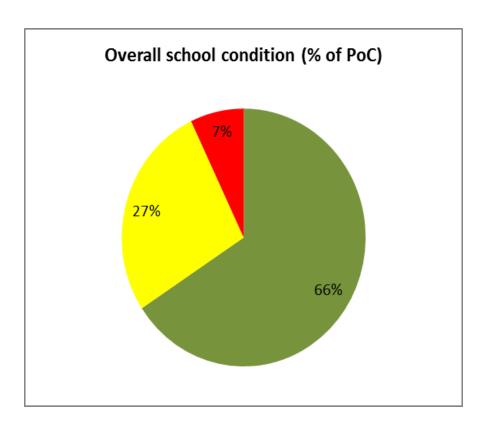
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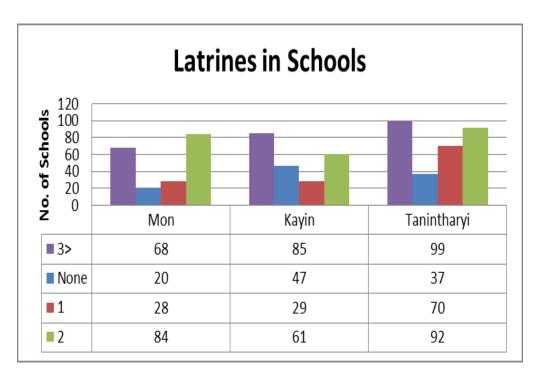
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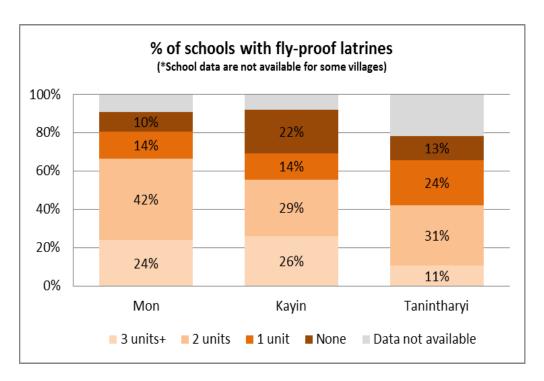
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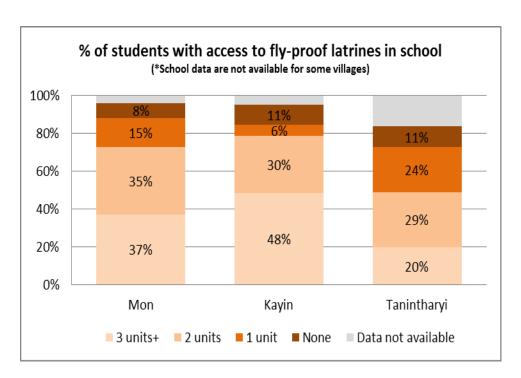
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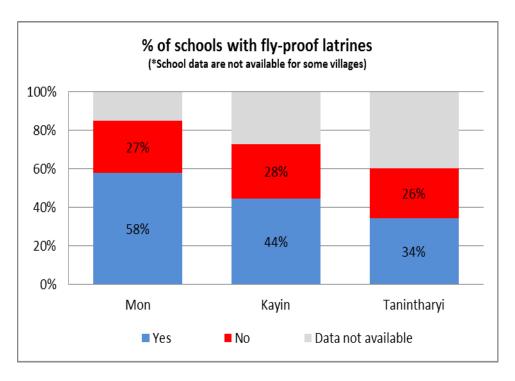
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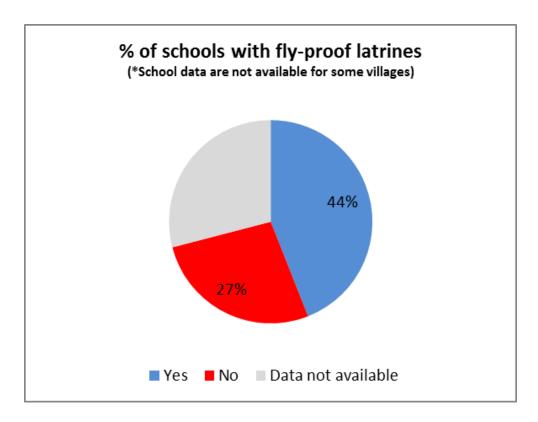
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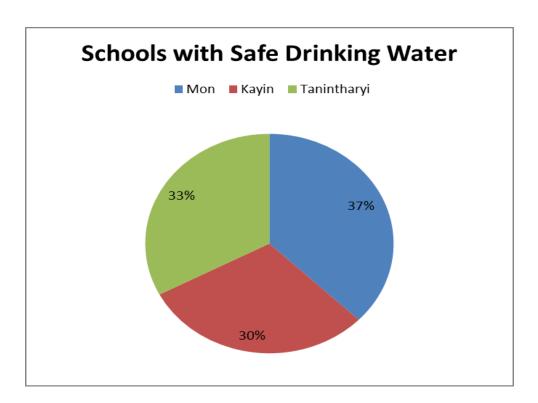
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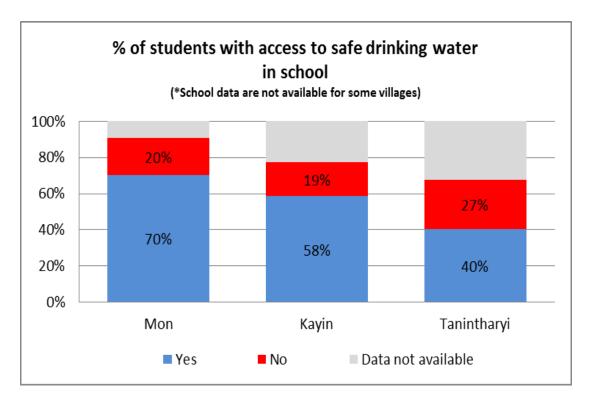
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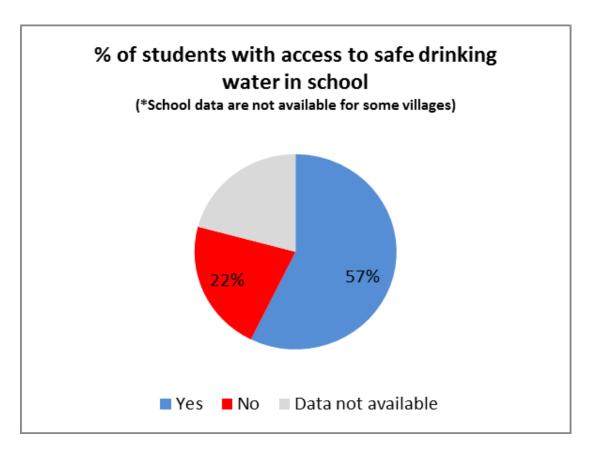
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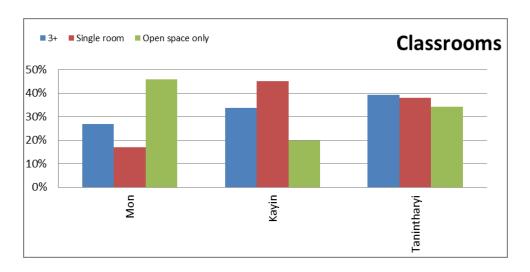
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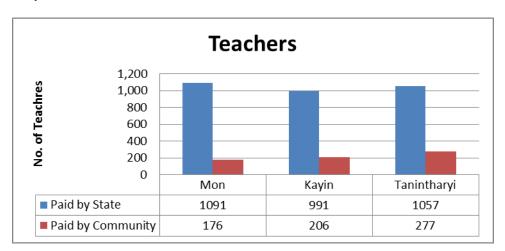
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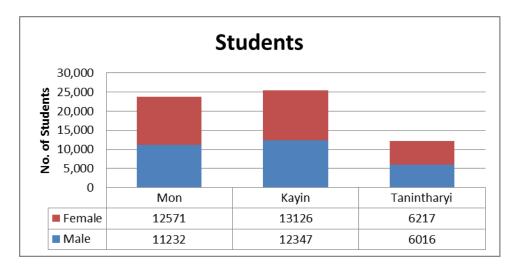
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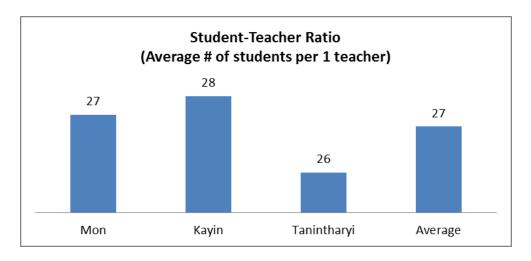
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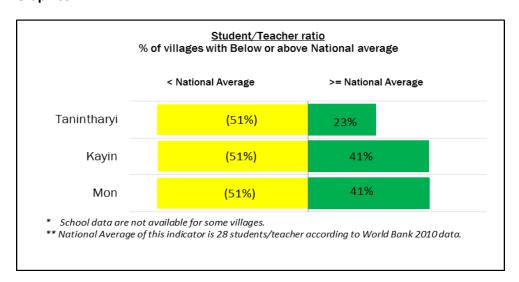
Graph 67:



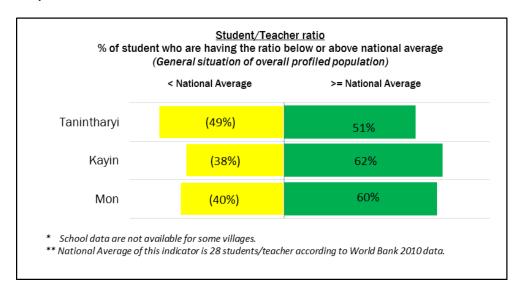
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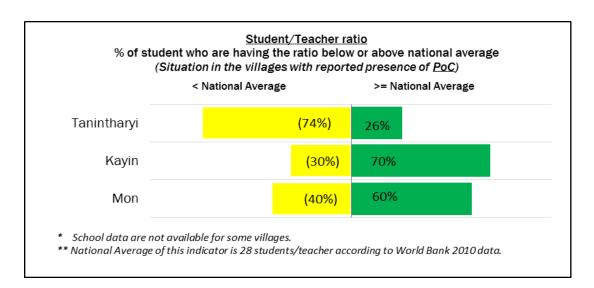
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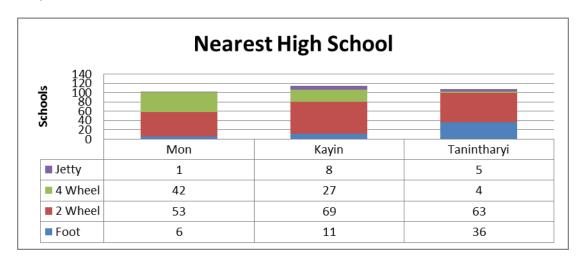
## Graph 70:



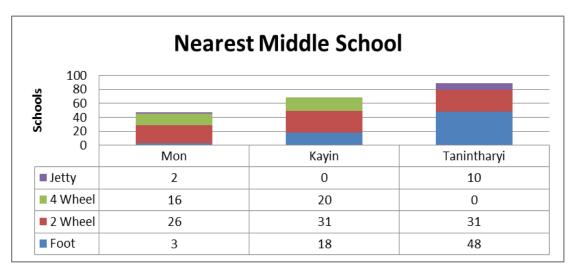
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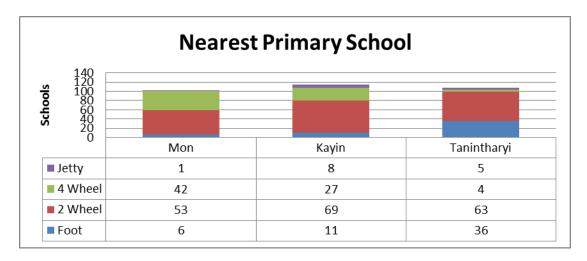
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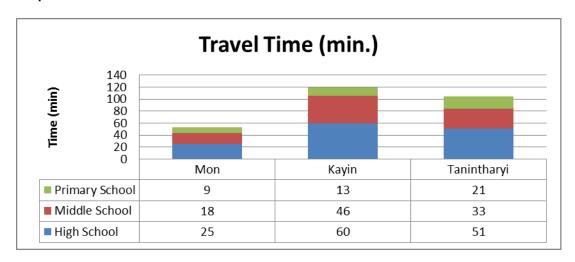
Graph 73:



Graph 74:



Graph 75:



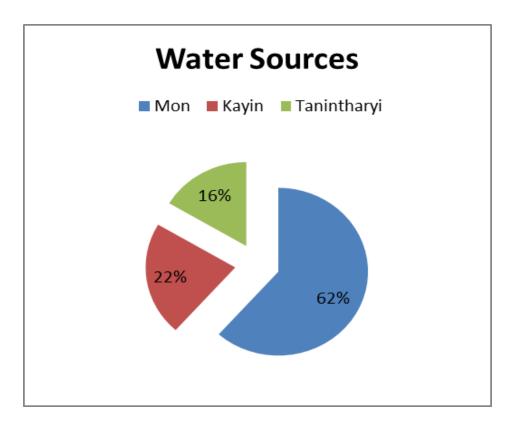
Graph 76:

## **Water and Sanitation**

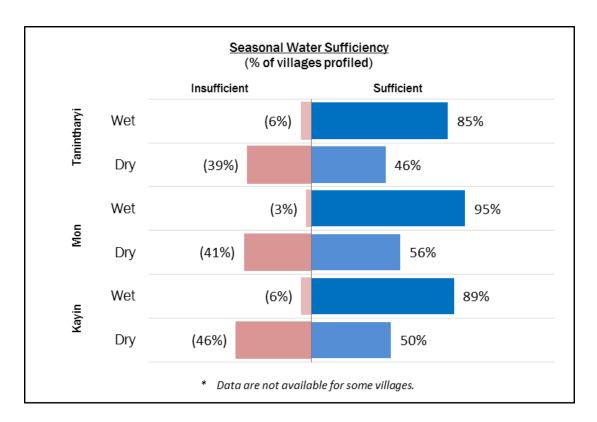
Access to safe drinking water, particularly in rural areas and during the dry season is uneven and in many locations insufficient, with those water sources available during the dry season located far away from human dwellings. Standards of sanitation are very low, with open defecation common and household latrines less than international standards.

According to the results of field assessments, poor access to clean water is one of the most prominent problems of the populations affected by displacement. Limited access to clean water is the root of many predicaments, including transmission of communicable and water-borne diseases. Moreover, the sustainability of the use of clean water must be accompanied by hygiene education and training. UNHCR water projects are part of the comprehensive community-based approach adopted to provide basic services along with the construction/rehabilitation of schools and health centres, village-level infrastructure and shelter.

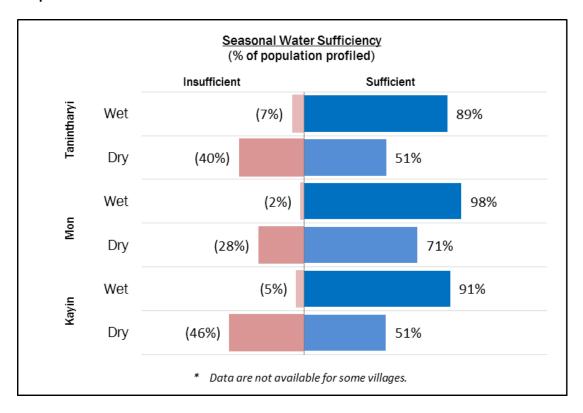
While annual rainfall in the area is high, access to safe and clean water is limited. Water dries up in summer (March to May) in almost all hand-dug wells in areas of potential return. Shallow tube wells installed by the Government or by communities with very limited expertise and equipment are often dry within a short period. No data is available on the number of safe water points in the area. However, field observations indicate that most rural areas depend on surface water such as rivers, ponds and unprotected open wells. Water is mostly collected by women and children who walk long distances to do so. Many schools and rural medical facilities are without running water. Sea-water intrusion in coastal areas and arsenic traces in a few areas are an issue. Most villages have hand-dug wells for water supply to the population but these wells are usually very shallow. Thus, during the hot and dry season, a large part of the population is forced to collect water from the same few functioning wells involving walking and carrying water over long distances. It also puts great pressure on the remaining water sources, in particular in villages that host additional - IDP - populations, and increases the risk of contamination.



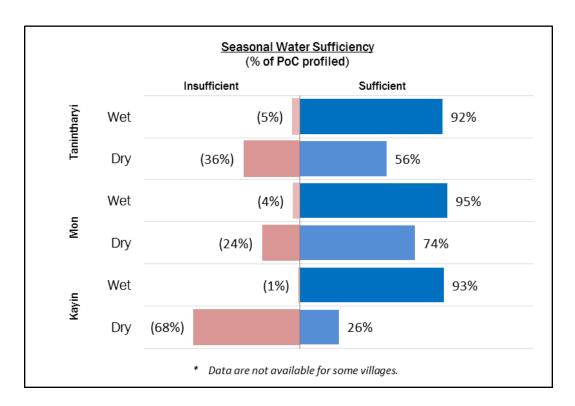
Graph 77:



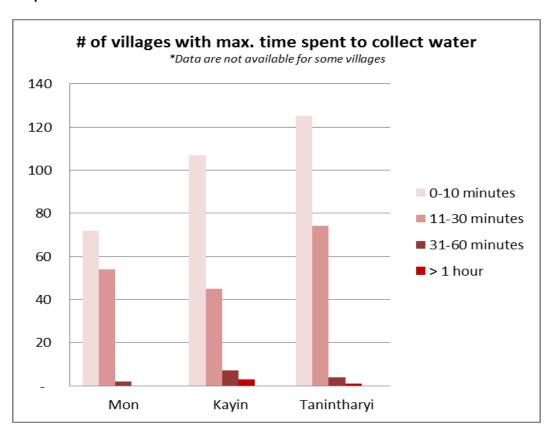
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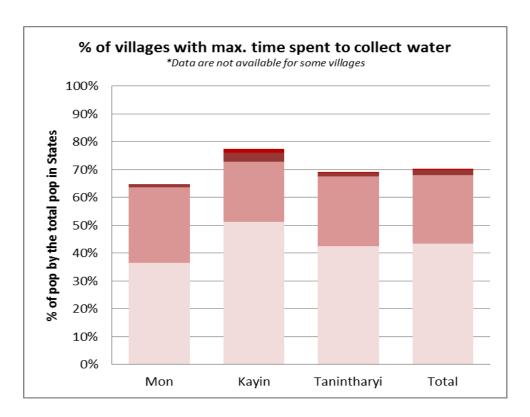
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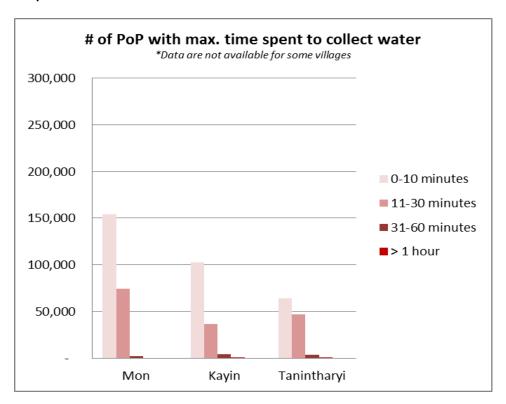
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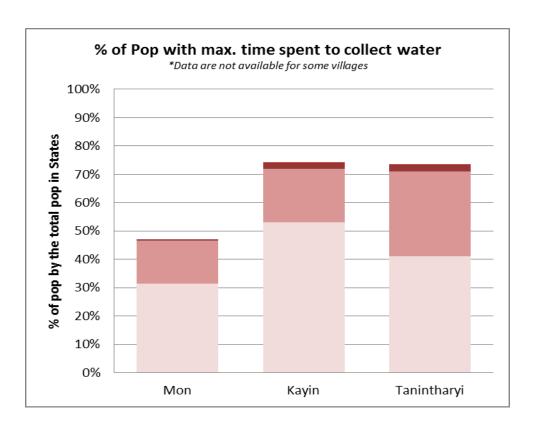
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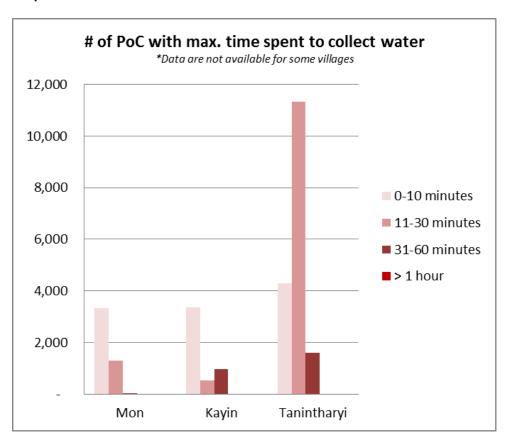
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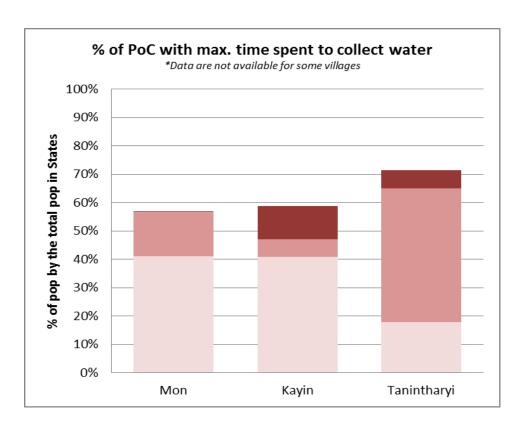
Graph 83:



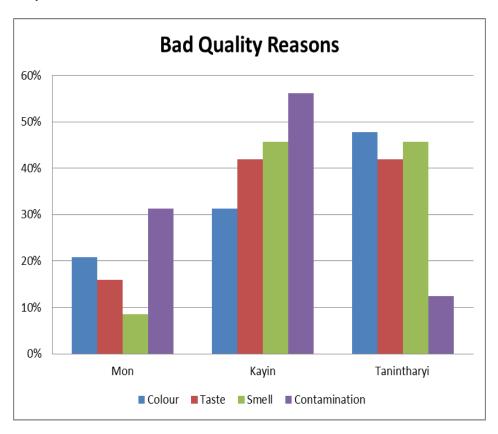
Graph 84:



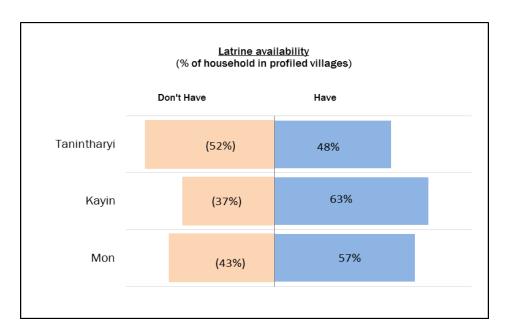
Graph 85:



Graph 86:



**Graph 87:** These are the perceptions of the villagers



**Graph 88:** UNHCR interventions in WASH

## **Assistance**

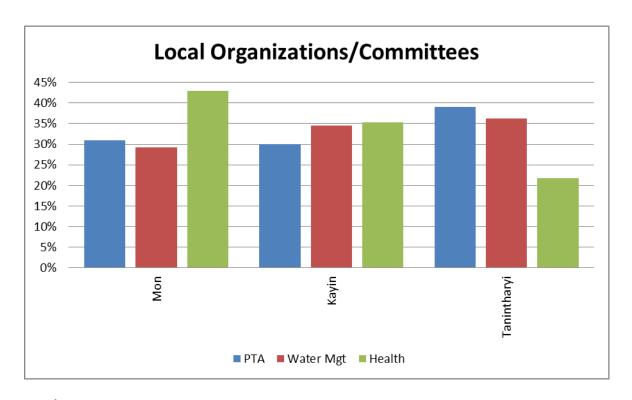
The following table sets out analysis of the availability of assistance developed at a workshop convened by UNHCR in mid 2012, and supplements data gathered during the village profiling. A comparison across the four areas of the scale of sector activity (in terms of operational presence on a township basis) shows health, followed by education to be relatively strong, with a second group of sectors representing what might be termed minimal coverage (e.g. nearly all townships covered, though often through a single actor only) – which would include protection, water and sanitation, livelihood and nutrition. Finally, some sectors have extremely spotty coverage in selected areas only; this characterization would apply to food and agriculture, shelter, and DRR. Further detailed analysis will be needed at a per-sector level to identify uncovered needs, gaps and actions to fill them.

Sector	Summary
Education	The second-best covered sector, although still substantially fewer actors than in Health. Relatively good coverage in Mon and Kayin contrasts with poor coverage in Kayah.
Health	The strongest sector, again with Kayah being the worst-covered state.
WASH	Among the group of sectors with only minimal coverage, the strongest being in Tanintharyi
Livelihood	Minimal coverage in this sector, with Kayin seeing more effort than other areas. Kayah is again the least covered.
Food & Agriculture	Spotty coverage across the board, with Food being the least covered sector
Nutrition	One of the weakest sectors, largely attributable to the presence of a single actor (UNICEF), which does not implement directly
Protection	A relatively well covered area, although much of this is attributable to the Moe Pwint documentation exercise carried out by NRC
Disaster Risk Reduction	Nugatory effort across all areas
Shelter	Almost negligible effort, largely attributable to UNHCR-NRC projects.

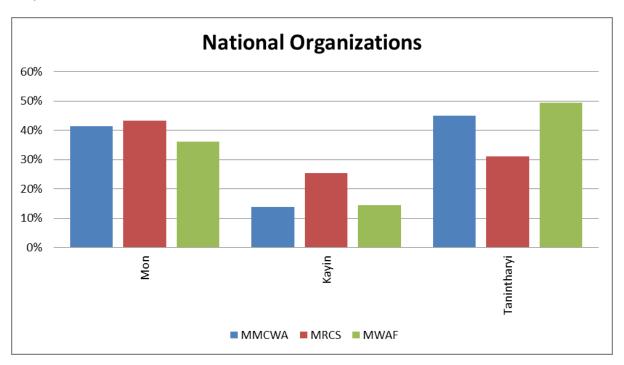
The following table provides a more detailed overview.

Area	rea Sectoral breakdown								
	Education	Health	WASH	Livelihoods	Food & Agriculture	Nutrition	Protection	DRR	Shelter
	Avg: 1.5	Avg: 2.8	Avg: 0.5	Avg: 0.4	Avg: 1.2	Avg: 0.4	Avg: 1.8	Avg: 0	Avg: 0
Kayah	Minimal coverage in three townships, with four others not covered (Bawlakhe, Hpasawng, Mese, Shadaw)	Coverage of all townships, with some disparity in Mese relative to Loikaw. Health issues include malaria, family planning and reproductive health.	Incomplete coverage- five townships have no coverage. Gravity systems are the prevalent form of improvement; seasonal use is common	Only two organisations present in two townships	Very poor coverage with two townships (Bawlakhe and Mese) not covered by either food or agriculture	Minimal coverage with one actor in three townships	Bare coverage with only one township having any activities through one actor.	No coverage	No coverage in the state
Kayin	Avg: 4.0  Generally good coverage, though more remote townships have less (Myawaddy, Kyainseikgi, Thandaunggyi)	Avg: 6.0  Relatively good coverage across state, with less inequality between areas, though Myawaddy shows only two actors present	Avg: 1.2  Uneven coverage across townships, with only three having coverage, the remainder having no coverage	Avg: 2.1  Outside the state capital, all townships have at best two actors, three only one	Avg: 2  Two townships have no coverage at all in agriculture, others are covered by a single actor in the food sector.	Avg: 0.1  Poor coverage with only a single organization in one township	Avg: 2.7  A few actors across the state, with most townships may have only two actors	Avg: 0.2  Minimal coverage with only one organization present in the sector	Avg: 0.1  Only one organisation is active in the state
	Avg: 3.7	Avg: 6.8	Avg: 1.4	Avg: 1.3	Avg: 1.4	Avg: 0	Avg: 3.6	Avg: 0.2	Avg: 0.2
Mon	Spotty coverage with some areas covered by two	Good statewide coverage with each township	Uneven coverage ranging from	Poor coverage- largely through two national	Poor coverage with one township not	No organization active in this	Relatively good coverage in most townships	Practically no coverage- two actors in two	Only UNHCR in two townships

or three actors, butt all townships covered	having at least two actors, with the central area of the state having least coverage	three organisations in several townships to no actors at all in one township	actors, with one township having no activity whatsoever	having any coverage at all in agriculture and only one township being covered for food	sector	in the state	townships	
Avg: 2.6  Uneven coverage in the region, especially in peripheral areas North and South (Yebyu, Bokpyin)	Avg: 5.2  Substantial coverage across the region with relatively less disparity than in other areas	Avg: 1.5  Minimal coverage (two or three actors per township) but one township (Kyunsu) not covered	Avg: 0.9  Poor coverage with four townships not covered (Kawthoung, Kyunsu, Launglon, Yebyu) and all others except two covered by only one actor	Avg: 0.5  Very poor coverage of this area, with only four townships covered- three of which by a single actor	Avg: 0.2  Only one single actor (UNICEF) is active in this sector and only in two townships	Avg: 1.1  Poor coverage, with only three actors and two townships (Kyunsu, Launglon) not covered	Avg: 0.4  Poor coverage with only three organisations active and seven of the region's townships not covered	Avg: 0.9  Very poor coverage with only two actors in seven townships



Graph 89:



Graph 90:

## Myanmar Information Management Unit 3W's

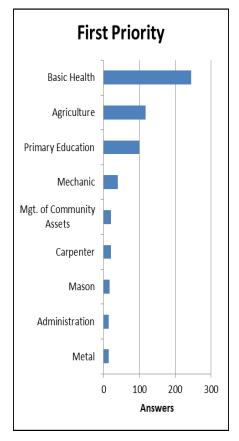
The MIMU April 2013 3W reports the following for the South-East:

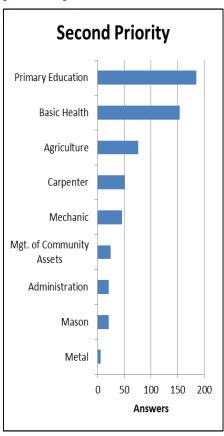
State/region	Organisations	Projects (protection)	Population	Ratio of projects: people (protection)
Kayah	24	47 (8)	277,000	1:5,894 (1:38,000)
Kayin	34	84 (5)	1,432,000	1:17,048 (1:286,400)
Mon	36	97 (10)	2,115,000	1:21,804 (1:211,500)
Tanintharyi	21	78 (4)	1,365,000	1:17,500 (1:341,250)

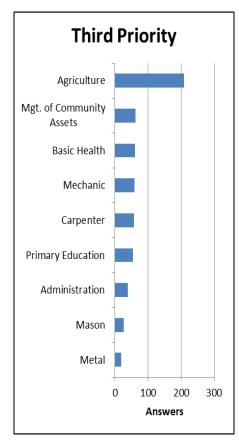
While recognizing that the MIMU 3W provides only a partial picture of assistance it is the most comprehensive picture to date. Activities are mostly in health, livelihoods, agriculture and education. Protection, including governance and peace-building, accounts for about one-fifth of all activity nationally but only 12% in the South-East.

Across the entire country, 31 organisations are involved in 74 protection projects, mostly around the promotion of gender equity, child protection, awareness raising, disability- i.e. development activities in response to chronic concerns, and only 10 on SGBV: there is no record of response to acute protection concerns. Roughly one-third of these projects are in the South-East. Interestingly, no agencies reported protection assessments as part of their activities. There are compelling reasons why protection is a relatively small sector and it is unlikely in the short-term that the current situation will change, especially when access remains so constrained. Another major challenge is the gap between Thailand based and Myanmar based organisations, which needs to be bridged, including the fact that many of those providing assistance / protection are not officially recognized by the Government.

#### Livelihood skills needed by Priority







Graph 91: Graph 92: Graph 93:

# **Conclusions and Way Forward**

This report has set out an analysis of village profiles collected by UNHCR field teams between 2008 and 2013 in the course of the planning, implementing and monitoring UNHCR's programme in the South-East. The aim of the village profiling was to provide a standardized approach to assessing the current displacement situation and needs at village level, in order to inform UNHCR's protection and durable solutions strategies and to ensure that interventions were appropriately designed and targeted, and in this respect, the village profiles have been of significant value. This report now consolidates the results of the 'village profiling' exercise in order to make it available to a wider audience, and data on individual villages may also be made available to partners upon request.

As noted in the first section of this report, the village profiling has now been discontinued as a stand-alone exercise, and UNHCR has now rolled out a returnee monitoring system in South-East Myanmar which draws on lessons learned from that exercise, and incorporates a 'community profile' analysis in the assessment of actual and potential return areas. It should be noted that returnee monitoring is currently limited to spontaneous, unassisted returns, as no organized voluntary repatriation or IDP return operation has yet taken place.

In order to address ongoing gaps in information on the current displacement situation within South-East Myanmar, a scoping mission was conducted in March 2013 in the South-East by

the Joint IDP Profiling Service, sponsored by the Norwegian Refugee Council, the Danish Refugee Council, UNICEF and UNHCR. This found a clear need for profiling of IDPs in the South-East region and a strong desire by many actors to embark on (or at least support) such an activity. It also explored the feasibility of implementing a profiling process in a challenging environment, concluding it to be possible if appropriate advocacy is undertaken, strategic partnerships are built and a sensitive methodology is developed. The JIPs mission found that profiling the IDP situation in the southeast of Myanmar is not only possible, but could be a highly impactful profiling if planned and undertaken well.

Critically, such a profiling should only be carried out where it has the potential to make a concrete contribution to durable solutions, and should not duplicate other needs assessments. For a profiling (or possibly a 'durable solutions assessment') to have the desired impact, it is important that all key stakeholders (including displaced and host communities, government and non-state armed actors) are on board with the process and that the broader environment (including the local political context) is conducive to securing openings for durable solutions. This may mean a staged /sequential approach in different States/Regions. UNHCR will continue to work with the Government and partners to determine if/when an inter-agency IDP profiling exercise should be considered, as part of a broader strategy in support of durable solutions to displacement in the South-East.

**Annexes**Annex 1: UNHCR Community Support Projects in South-East Myanmar (2004-2012)\*

Sector	Activity	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total	By sector
Education	Primary school construction (new)	7	16	11	11	9	9	1	1	0	65	331
	Primary school rehabilitation	11	8	3	1	1	0	0	0	0	24	_
	Furniture provision	39	16	18	12	10	9	1	1	0	106	_
	School supplies provision	1	56	71	0	0	8	0	0	0	136	_
Health	RHSC Construction (new)	7	15	10	10	10	10	4	5	4	75	451
	RHSC rehabilitation	1	0	0	0	0	0	0	0	0	1	_
	Furniture provision	21	14	11	9	10	10	3	5	4	87	_
	Basic Medical Equipment & Generator	0	0	0	143	10	10	4	0	0	167	_
	Provision of clean delivery kits	0	0	0	0	10	0	0	67	0	77	_
	BME without generator	0	0	0	0	0	0	0	20	0	20	_

	Surgical kits to station hospitals	0	0	0	0	0	0	0	24	0	24	
Water	Water point (new)	54	58	49	42	42	31	14	46	30	366	466
	Water point (repair)	0	6	0	0	0	0	22	27	45	100	_
Infrastructure	Road/bridge construction/rehabilitation	4	9	3	0	0	0	0	0	0	16	16
Community	Livelihoods project	0	0	0	0	1	0	0	14	0	15	1,067
Services	Early Child Development Training	0	0	0	16	24	65	76	79	82	342	_
	Life Skills Training	0	0	0	42	117	92	81	85	82	499	_
	WASH training	0	0	0	0	0	0	0	160	51	211	_
Emergency Assistance	Provision of NFIs (events)	0	0	0	0	2	2	1	24	11	40	40
Assistance	Provision of NFIs (beneficiaries)	0	0	0	0	0	771	1,084	2,743	2,675	7,273	_
Sanitation	Construction of double unit latrine								138	71	209	217
	Provision of pan & pipe	0	0	0	0	0	8	0	0	0	8	-
Shelter	Construction of shelters	0	0	0	0	87	150	103	0	0	340	340

<sup>\*</sup>Projects implemented by UNHCR directly or through implementing partners. Additional projects were implemented by Operational Partners under the umbrella of UNHCR's Letter of Understanding with the Government of Myanmar

## **Annex 2:** Data Collection Form

	Initi	al Basic Villaç	ge Information Modu	ıle		Form Sr No.	
1.	Header Fields FOR FO Form Serial Number	USE ONLY	Township (3 letter prefix		Year (2-digit)	FO (2 letter code)	Serial (4 digits)
1.2 1.3 1.4 1.5	State/Region Township Name Village Tract Name Village Name						
1.6	GPS Coordinates [DD,DDD				<ul><li>a) Latitude N</li><li>c) Elevation [meter</li></ul>	ers]	b) Longitude E
		PART	Γ I: Community-leve	l information	n Segment		
2. Desc a) b) c) d)	Local Information Sourceribe your local information so i) Name				ii) Function		
	Demographic Ethnicity of population (Approx a) Bamar d) Kayah Religion (if more than one, appr			b) Kayin e) Other, describe		c)	) Mon

a) Buddhist d) Hindu		b) Christian e) Other, describe		c) Muslim
3.3 Total # of residential buildings 3.4 Total # Inhabitants 3.5 Total # of Households 3.6 Total # Families in Village Family List 3.7 # Single-headed Households 3.8 # of IDPs 3.9 # of Returnees  4. Population Development and Change 4.1 Change in the last five years	Je	Estim. / Estim. / Estim. / Estim. / Estim. /	Docu. Docu. Docu. Docu. Docu.	
a) # households lost (-)/gained (+)		b) # wor	king age adults lost (-)/gained	l (+)
4.2 Origin of new households (also include the ID	Ps who have been displ	aced even before 5 years)		
i) # of HHs ii) State/Region	iii) Township	iv) Villag Tract	ge v) Village	vi) Displaced since (year)
a) b)				
c)				
4.3 Reasons for moving here (all that apply)				
a) Economic (availability of work or land)	b) Lost of live	ihood in original location		
c) Concern for safety/security issues	d) Directed re	ocation		
e) Other (describe)				
4.4 Destination of former residents who left (all th	at apply)			
a) Urban areas (in Myanmar)		(in Myanmar)	c) Abroad (Thail	and or other)
5. Access to village 5.1 Physical access			_	
a) Motorized vehicle road	not available	all-seas	on dry-season use	only
b) 2-wheel vehicle or foot access path	not	all-sease	<u></u>	•

c) Water access (local jetty)		available not available	all-season	wet-season use only
5.2 Grid electricity access		0-no 1-yes		
5.3 Telecom access				
a) Any wireless phone reception/ b) Land line in evidence?		i) MPT	ii) Thai network	
5.4 Observed recent constructi		oo pisass asserias a		a (o.g. roda, p.rago, o.e.).
5.5 Existing/previous donor or	government assistance?	If so, note below wha	at organization conducted	or funded infrastructure activity:
6. Existing/previous UNH	CR activities at curr	ent location		
1) Project	UNHCR SN	2) Project	UNHCR SN	
7. Livelihood				
7.1 Predominant means of live			c) Food	
a) Agriculture	b) Fishery		processing	_
d) Mining g) Trading	e) (non-food) Manufa	acturing	f) Handicraft	IS .

7.2 Ove	erall prosperity of the community 1-above average, 2-average, 3-below average				
7.3 ls ti	nere a market associated with this location?  not available daily	weekly		biweekly or less fre	equent
7.4 ls n	one, travel time from this location to the nearest dai	ly market			
b) Trave	el time [min]	c) Travel mod	dality		
8.1 Per 8.2 Ten 8.3 Cor	manent shelter types (housing expected to last index a) brick or cinderblock  a) brick or cinderblock  a) bamboo and plant material shelters without wood from b) suspended tarpaulins/tents or similar  additions of temporary shelters  1-new, 2-good condition, 3-need repair  ccess to basic services  oliment of children in PS as per total population [%]	b) wood-fram	e/plank and wover	o allow removal)	uctures
	ess of population to safe drinking water [%]				
	ess of population to sanitation facilities [%]				
	ess of population to basic health care [%]				
	DADT II	,			
40 11		acility-spec	cific Information	on Module	
	earth leck any health facilities physically present in this lo ot exist.	ocation. Descri	ibe the name of th	ne facility beside the	corresponding type. Leave blank if it
	a) Station Hospital (name)				
	b) Rural Health Center (name)				
	c) Rural Health Sub-center (name)				
	d) Other facility (description and name)				

10.2 Ch	naracteristics/cor	dition of p	hysical health fa	acility in	this location (if	any)					
a) Type	of facility (e.g. Rh	IC, RHSC,	etc.)								
b) Struc	cture		brick/block		Wood, bambo	0					
c) Build	ling condition		1-functional/ma	aintained,	2-significant de	terioration, 3-unst	able/ruin				
10.3 Ok	oserved staffing a	as of visit.									
	a) Doctor		b) Health Assistant		c) Midwife / Auxiliary midwife		d) Community/\	√olur	nteer Health work	er (VHW)	
10.4 Op	peration of facility	y									
	daily		2-4 days/week		Open less tha	n 2 days/week			Irregular operati	ing times/u	un-staffed
10.5 Ho	ome health care s	ervices in	this community								
	a) Midwife		b) Auxiliary midwife		c) Community / Volunteer Health worker (VHW)		d) Traditional birth attendant (TBA)		e) Other traditional healer		f) Other medical outreach worker
10.6 Ne	earest next highe	r level heal	th facility outsid	le this vil	llage for this lo	cation					
a) Type			Township Hospital		Station hospital		Rural Health Center		Rural Health Sub-center		
b) Facil	ity Name		· ·						I		
	el time [min]				d) Travel mod	ality					
,					2,	,					
11. E	ducation										
11.1 Hi	ghest grade leve	of educati	on at this location	on? [Gra	de]			1			
11.2 Ch	neck any education	on facilities	physically pres	ent in th	is location.			_			
Type		#	ii) Names			iii) Funding	<b>-</b>		1		
a) # Hig	gh School						State		Private/Affiliated	d/Monastic	;
b) # MS	or post prim						State		Private/Affiliated	d/Monastic	;
c) # Pri	mary School						State		Private/Affiliated	d/Monastic	;
11.3 Ch	naracteristics/cor	dition of e	ducational facili	ties (if ar	ny)						
a) Scho	ool Type				Name						
b) Struc	cture		brick/block		Wood, bambo	10					

c) No. of classrooms	3+	single room		open space only	
d) Building condition	1-functional/maintained,	2-significant de	eterioration, 3-unsta	able/ruin	
e) Fly-proof Latrines	None	1 unit		2 units	3 units+
f) Safe drinking water point	on premises			0-no 1-yes	
44 4 Stoffing (No. of tooch					
a) # teachers paid	_	h) # teachers	paid by community	1	c) TOTAL # teachers
a) # teachers paid	by state	b) # todolicis	paid by community	,	o) TOTAL # teachers
<del></del>	lled (present or last school year if l	between sess	ions)	1	
a) School year (e.g	,			b) No. of MALE for	S
c) No. of FEMALE	for all grades			d) TOTAL for all gra	ades
e) Data source	Document	Teacher		Other informant	
) Data 304.30		estimate		estimate	
44.01					
	facility beyond the village (type and	a distance by	mode of transpol	b) Travel time	
Туре	i) Name		_	[min]	iii) Travel Modality
a) High School					
b) MS or PP					
c) Primary School					
12. Water/Sanitation					
	er sources in this location:			1	
12.1 Total Number of Water 12.2 Capacity/Availability	er sources in this location.				
a) Wet season	0-insufficient, 1-sufficient		b) Dry season		0-insufficient, 1-sufficient
_			, ,		
12.3 Maximum walking di	istance for community to access w		one way trip) [mii	n]	
12.4 Known water quality	issues	0-bad, 1- good			
If bad,		J		_	
a) colour	b) taste	c) smell		d) chemical contam	ination (incl. arsenic)
e) other issue					
(describe)					
12.5 Water-borne Disease	es				
	er-borne Diseases common in the v	/illage?			

	a) Diarrhoea		b) Typhoid		c) Hepatitis		d) Dysentery						
12.6 Latrines													
-	a) Are there fly-proof latrines in this village?  0-no 1-yes												
b) If yes, in use in how many percent of the Households? [%]													
13. Priority for infrastructure project 13.1 Rate the project environment (1 = difficult; 2 = average; 3 = good)													
General Rating [1,2,3]													
6	a) Contact to community				b) Contact to authority								
(	c) Possible Synergy with neighbouring communities												
	d) UNHCR core target group (IDP, Returnees, Most vulnerable, Children, Women, Elderly)												
(1 if < 20%, 2 if between 20% and 70%, 3 if >70%)													
13.2 Rate the project sector (1 = low; 2 = average, 3 = high)													
Identifica	Identification of the scheme				ii) Education		iii) Water	iv) Sanitation	v) Shelter				
a) Needs	from the benefic	ciaries											
b) Priorities of the community													
c) Prioriti													
authority d) Non available access to alternative facility						-							
						_							
e) Presence of potential IP in the region													
14 Co	mmunity As	sets											
	nity organizatio		cation										
	al organizations												
a) Parent Teacher Association (PTA), if there is a school													
	b) Water Manage				c) Health Co	mmittee(s)							
d) Other	(describe)												
14.2 Branches of national organizations:													
- 6	a) MMCWA	_	b) MRCS		c) MWAF								
d) Other	(describe)												
14.3 Of the followings, select 3 priority skills today insufficiently developed within the community:													

(Mason, Carpenter, Metal, Mechanics, Agriculture, Basic Health, Primary Education, Administration, Management of community assets)											
a) First Priority											
b) Second Priority											
c) Third Priority											
15. Data Processing											
15.1 Data Collector	Sr. Field Assistant, CHO CHO MYINT										
15.2 Organization	UNHCR		MRCS		BAJ	NRC		SDC			
d) Other (describe)											
<del>-</del>											
15.3 Date of Visit (dd.mm.yy)					_	To be	angon				
15.4 First visit/update			first visit to site		follow-up visit	Sr.No of first record					
15.5 Data Entry											
a) Data entry by (name)	b) On (dd.mm.yy)										
c) Entered at office in				•							
15.6 Final Verification & Compilation at Yangon (To be completed in Yangon)											
a) By (name)					b) On (dd.mm.y	y)					