

Updated Situation of IDPs

Vistied IDP camps in Eastern Part of Salween



มูลนิธิศึกษาภาพชุมชน

SUBMITTED BY



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The Situation of IDPs

People Empowerment Foundation (PEF) visited the IDP camp in the eastern part of the Salween River in Myanmar, meeting with some ethnic humanitarian committees to investigate humanitarian conditions after fighting broke out in Loikaw.

Internally displaced persons from different areas of the Karenni State, such as Demoso Township, Loikaw Township, Bawlakhae Township, and Mese Township, have been displaced to this area for safety and survival. There are an estimated 10,000 IDPs in this area; an estimated 7,000 IDPs are living in IDP camps, while the remaining 3,000 IDPs (including the villagers) are living outside the camps, blending in with the villagers in the surrounding area. It is hard to separate the villagers from the IDPs, as both groups face the same challenging situation. Also, the Humanitarian Camp Committees raised many concerns regarding the humanitarian conditions described below.

A Lack of Self-Reliance Capacity

Currently, the Karenni State must entirely rely on international donations, as they cannot implement domestic production

and development due to the conflicts. The whole production chain within the Karenni State is destroyed, leading to a lack of self-sufficiency. The only option for ensuring the availability of necessary goods and food items for survival is the flow of goods from outside the Karenni State. Geographically, trade can flow either from other parts of Myanmar, or else from Thailand. The western part of the Salween River is in proximity to other areas of Myanmar, such as the Karen and Shan States; hence, goods flow can be from other areas of Myanmar. For the eastern part of the Salween, which borders Thailand, goods and food flow from Thailand is more convenient. Before the wars started in Loikaw, trading in every township in Karenni flowed from Loikaw, Karenni State's capital city. However, after Loikaw became a war zone and the State Administration Council (SAC) troops blocked major transportation routes within the state, transportation channels for trading and goods flow were disrupted. Hence, for the eastern part of the Salween, basic survival commodities such as food, animals, petrol, and gas can only be shipped from the Thai side. As for a transportation deal with Thai authorities, the transportation process is

generally allowed at the temporarily-permitted area No.13 (Hua Tong Nun, ห้วยตื้น ฝู), which is incompatible with the Karenni Humanitarian Committee's plan to transfer humanitarian aid. The Humanitarian Committees prefers using the transport channel at the temporarily-permitted area No.14 (Saohin, เส้าหิ).

The Scarcity of Food and Plantations

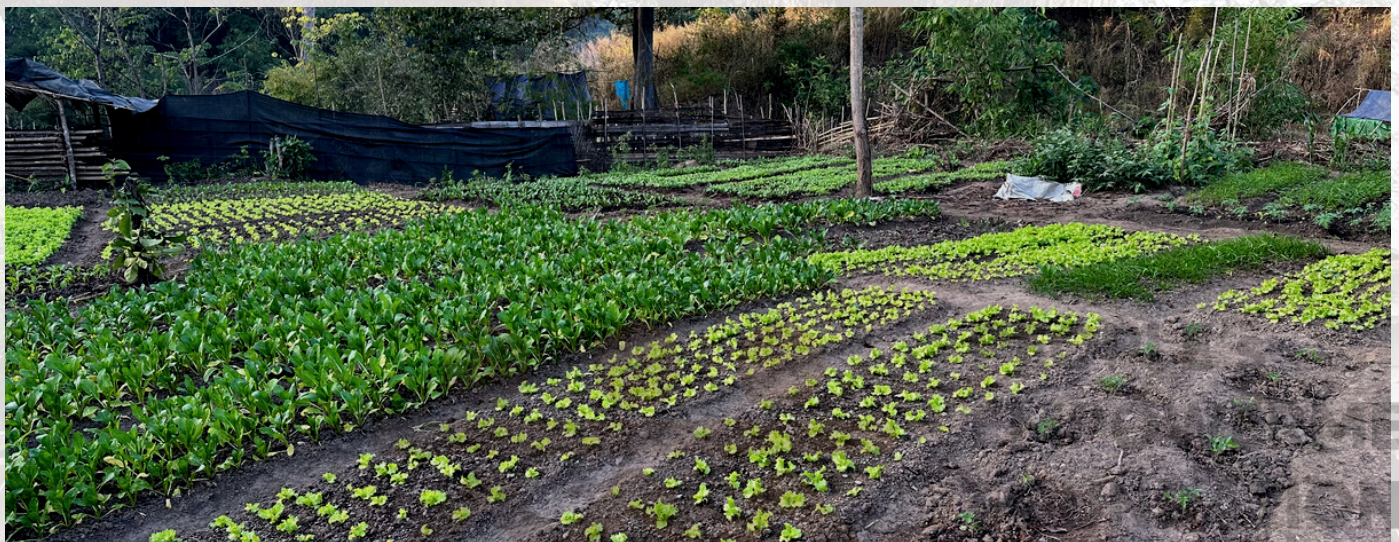
The IDPs in Karenni State entirely rely on donated food supplies from aid-providing organizations. A monthly supply of 3,000 sacks of rice (45 KG) is required for the population (estimated 100,000). However, they receive only 1,914 sacks of rice per month (covering just 5,000 people) from The Border Consortium (TBC), which is the main aid organization that supports food rations for IDPs in the area. Without TBC's donation, these people will not survive. Apart from TBC, there are no regular major donors giving food aid. However, as the need is greater than the available aid, food rations are insufficient to address hunger among every internally-displaced person in the area adequately.

Besides food aid, IDPs are starting to rely on their own farming and animal breeding for self-consumption and survival. Some of the

IDPs plant vegetables in the backyard of their huts for self-consumption. However, to plant rice and sesame for production, export, or even self-consumption is challenging for two reasons. First is a lack of financial capacity to buy rice and sesame seeds. Second, the cycle of farming is disrupted due to the conflicts, and hence, the seeds for rice and sesame are unavailable. In normal times (without conflicts), most IDPs and local villagers are farming rice or sesame. In the first season, they do plantation; when the crop-reaping season arrives, they store some seeds to start the plantation in the next season. However, due to the wars driven by security threats and displacement, there has been no collection of seeds for nearly two years, and the farming areas have also been destroyed or planted with landmines. This has disrupted the farming cycle, and seed availability is lacking.

Income

A scarcity of economic opportunities hinders IDPs from generating income. Internally displaced persons wholly rely on humanitarian aid. In the area, there are a few small stores selling snacks, vegetables and basic commodities, run both by villagers and some IDPs; however, only a handful of families who have stronger financial capacity



can run such businesses. The majority of IDPs are jobless, and which severely impacts their mental health, causing depression and anxiety.

Education

In the village, there are no formal schools nor an appropriate place where all the students gather to get an education. An empty building (a former school) at the center part of the village have no students. This lack of access to education is due to inhumane security threats imposed by the Myanmar military. The parents and the IDP Affairs Committee avoid student crowding since they have witnessed bitter experiences of the SAC troops'(Myanmar Military) airstrikes targeting schools once information about the establishment of schools reaches the Myanmar Military. An alternative option is providing education with small groups of home-schools. These small home-schools are scattered around the IDP camps and the village with a small group of students studying together. Some of the home-schools can provide primary-level education, while others provide middle-school and high-school-level education. Only one teacher is available per grade and, the curriculum are according to Myanmar Education System. Since the education system here is not affiliated with the Ministry of Education, which is controlled under the military junta, schoolteachers develop their own exam systems, though the matriculation examination is affiliated with the Ministry of Education under the National Unity Government (NUG).

Many obstacles exist to students trying to access tertiary (university) education. For example, it is unclear that the certificates and transcripts which provided by the NUG

are accredited by international universities. In this situation, GED certificates are a reliable gateway to access university education for displaced students in other areas in bordering cities, such as Mae Sot. However, for the students in the eastern part of Salween, it is difficult to access the GED test centers due to restrictions on traveling to Mae Sot and a lack of GED test centers nearby. Moreover, a lack of internet access is a challenge that also hinders the students' access to GED education lessons. The lack of documents to permit travel in Thailand is another major obstacle preventing students from attending universities in Thailand, such as in Chiang Mai or Bangkok. Therefore, following high school graduation, students are effectively blocked from access to any university-level education. Some fled-Myanmar students without legal documents who obtained full bachelor's and master's scholarships from another country cannot attend university degrees as they are not allowed to pass Thai immigration because of their undocumented status. As a result of this lack of opportunity, most Myanmar youths ended up joining local defense forces and becoming soldiers.

Medicine

Access to essential medicines is grossly insufficient. Although the Healthcare Department has received medical support from the Mae Tao Clinic, it is insufficient to the need arising from the recent armed conflict. The Healthcare Committee is concerned that some newly-liberated areas have revealed children who have not received appropriate vaccinations. Some vaccinations are controlled by the government through G-to-G procurement (like treatment for malaria, TB, HIV, and Hemorrhagic/Dengue Fever (ไข้เลือดออก)).

Committees or humanitarian organizations cannot access or buy the needed vaccines and treatment, which has negatively impacted new children in the IDP camps with unanticipated outcomes. The Healthcare Committees confirmed they have adequate human resources for vaccinations; the challenge is getting vaccines in hand to treat patients in need.

Hospitality

Throughout our observation, the hospital has a surgery operation room, an X-ray machine, and a cesarean section and breech extraction, but there is a lack of electricity. Insufficient electricity has created barriers to proceeding with medical operations. As an inadequate amount of electricity is produced from the small number of solar cells available, the hospital unavoidably relies on electric generators, which need gas and petrol for electricity production. Almost daily, this hospital receives land-mine and air-strike casualties from conflict areas. The hospital is located near temporarily-permitted area No.14 in order to be well prepared to transfer patients immediately to Thailand when a potentially fatal symptom exists. The Healthcare Committees have prepared to receive more IDPs from the anticipated fighting in Naypyidaw.

Land Mines

Even though the SAC troops retreated from the eastern part of Salween, security threats remain in the form of landmines. This is also a major fear of the IDPs, who would like to return to the fields to do the farming for self-production and survival. SAC troops deployed numerous land mines across these fields, the villages, and a farm. There are two types of landmines deployed by SAC:

1) Anti-Personnel Landmine (APM), which

explodes when a person steps on it, resulting in death or serious injuries. The majority of patients receiving care in hospitals run by the health affairs sector of the area, are the victims of APM who have lost their legs or hands;

2) Anti-Vehicle Landmines (AVL), which are deployed to attack vehicles and tanks. Both APM and AVL can be visible or invisible, imposing mortal danger to civilians. Although resistance forces are trying to eradicate these planted landmines, searching with or without anti-landmine equipment. Usage of the anti-landmine equipment, however, is not always convenient, as it uses magnetic force to find iron-based equipment (such as landmines). SAC landmines, however, are mostly covered with plastic, and therefore not sometimes detectable. Some planted landmines are visible aboveground, but some are not, imposing a higher risk of being stepped on. Local groups report needing more training and knowledge on landmine detection and eradication.



Artificial Legs and Other Handicaps

The availability of prostheses (artificial legs) is a significant need in the current situation. The Healthcare Committees do self-produce a prosthesis, which is considered essential to ensuring accurate, tailored measurements and sizing of each handicap. The prevalent challenge is that the committees could not access raw materials for continuing production. It is estimated that, in January 2024 alone, at least 200 people were handicapped as a result of landmines. Previously, the Healthcare Committees bought prostheses from Cambodia and Yangon, but found transportation difficult. Those ordered from Cambodia have better quality but at a high price: 800 Thai Baht per prosthetic leg. However, it is not as easy to order artificial legs from Cambodia as before. Currently, the artificial legs are ordered from Yangon but are of lower quality than those from Cambodia, which cost 200 THB each.

Conclusion

It was found that the IDPs in the eastern part of Salween are in desperate need of humanitarian assistance on food, education, medicine, etc., as mentioned above. Moreover, since relying only on humanitarian aid is not possible for long-term survival, it is important for the international community to support the IDPs for self-reliance by creating opportunities and providing resources for income generation such as financial support for farming and breeding, vocational-based production, creating markets for products by the IDPs. Additionally, other means of community development, such as enhancing the education opportunities and resources for the IDP children, knowledge training, and providing resources for community facilities, are urgently necessary.



Methodology

PEF's research team visited IDPs inside Myanmar in the eastern part of the Salween River for updated situation observation. PEF interviewed the Humanitarian Committees and the Healthcare Committees, including community leaders. On 11 January 2024, the research team visited IDP camps and townships within Myanmar. On 12 January 2024, the research team visited the community market, recent fighting areas, and hospitals.

Regarding security concerns, exact locations and place-identifiable photos are prohibited to be informed to this report.