HUMANITARIAN RESPONSE PLAN
MYANMAR

HUMANITARIAN PROGRAMME CYCLE
2021
ISSUED JANUARY 2021

About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER
Displaced children play in an IDP camp on the outskirts of Myitkyina. Photo: UNICEF/Minzayar Oo

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KACHIN, MYANMAR
A displaced girl in her family's shelter in an IDP camp in Myitkyina.
Photo: UNICEF/Minzayar Oo

Foreword by the Humanitarian Coordinator

The present Humanitarian Response Plan (HRP) seeks to mobilize assistance for close to 945,000 people in 2021, in support of the efforts of the Government of Myanmar to aid those affected by humanitarian crises and challenges in different parts of the country. As has been the case for previous years, the HRP places protection at the centre of an inclusive response tailored to the particular needs of the most vulnerable women and men, girls and boys.

The outbreak of the COVID-19 pandemic in 2020 further demonstrated the critical importance of localization in Myanmar. In 2021, the Humanitarian Country Team (HCT) will build on the partnerships with national NGOs and local civil society actors that were strengthened as we adjusted to new operational realities in 2020. We will redouble our efforts to put in place robust channels for systematic two-way dialogue and engagement with affected people, and to capitalize on innovations around cash and voucher assistance to further extend our reach.

Humanitarian partners remain committed to contributing to the achievement of durable solutions for displaced people. The National Strategy on Resettlement of Internally Displaced People (IDPs) and Closure of IDP Camps provides a key entry point in this regard. Progress on implementation of the Strategy in 2020 was slowed down by COVID-19 but new opportunities are emerging. Our efforts in this regard in 2021 will seek to create new links across the humanitarian-development nexus, while remaining firmly anchored in the perspectives and concerns of displaced people themselves. In Rakhine, the recommendations of the Advisory Commission on Rakhine State will continue to be an important reference point for engagement between humanitarian organizations and the Government of Myanmar.

Our dialogue with the authorities will continue to emphasize the importance of humanitarian access, so that needs can be fully assessed and analyzed, humanitarian activities can be prioritized on the basis of those needs, and the impact of our efforts can be effectively monitored. The Myanmar HCT remains committed to working in accordance with the humanitarian principles of humanity, neutrality, impartiality and independence, and without any adverse distinction based on region, ethnicity, religion or citizenship status.

The financial support of donors for this HRP remains critical. On behalf of the broader humanitarian community, I would like to emphasize our sincere appreciation for the sustained, generous support provided by a diverse group of donors for humanitarian action in Myanmar. We hope to be able to continue to rely on the shared sense of urgency and spirit of partnership that lie behind this as we seek to mobilize the $276 million required for the 2021 HRP.

We look to 2021 with a clear understanding of the challenges that lie ahead, but with optimism that these challenges can be addressed, as Myanmar continues on its path of political, economic and social change.

Ola Almgren
United Nations Resident Coordinator
Humanitarian Coordinator

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS
1M	944K	$276M	147

Myanmar continues to grapple with deeply rooted humanitarian challenges. The escalation of conflict in Rakhine and southern Chin states in 2020 has resulted in further civilian casualties, displacement, and disruption of essential systems and services. More than 336,000 people have been displaced from their homes in different parts of the country, of whom some 250,000 are in situations of protracted displacement. An estimated 600,000 Rohingya[1] who remain in Rakhine State, of whom some 126,000 are effectively confined to camps or camp-like settings established in 2012, continue to be unable to move freely. The expanding impact of the COVID-19 pandemic has further complicated the lives of people in humanitarian settings. In total, approximately 1 million people have been identified as being in need of humanitarian assistance.

The Myanmar Humanitarian Country Team (HCT) recognizes the primary role of the Government of Myanmar in the initiation, organization, coordination, and implementation of humanitarian assistance within the country, and its responsibility to respond to needs. Humanitarian organizations remain fully committed to working with government partners at all levels.

The 2021 Myanmar Humanitarian Response Plan (HRP) has been developed under the leadership of the United Nations Resident Coordinator and Humanitarian Coordinator (RC/HC), to support the government-led response to needs, on the basis on the 2021 Myanmar Humanitarian Needs Overview (HNO). It provides a framework for coordinated, needs-based and prioritized humanitarian action in Myanmar in 2021. Its overarching goal is to ensure that the health and wellbeing of people affected by conflict or disasters in targeted locations is improved, that minimum living standards are ensured, that durable solutions in line with international standards are supported wherever feasible, and that respect for the rights of affected people is enhanced.

To achieve this, the HCT has agreed on the following strategic objectives for humanitarian action in 2021: (1) The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021; and (2) Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021.

Geographically, this HRP focuses on Kachin, northern Shan, Rakhine, southern Chin and Kayin states, and parts of eastern Bago Region, where humanitarian needs are currently most acute and urgent. Targeted population groups include internally displaced people (IDPs); recently returned, resettled or locally integrated IDPs; non-displaced stateless people (in Rakhine State); and other vulnerable, crisis-affected people (including within host communities). Under the framework of the HRP, humanitarian organizations will require some US$276.5 million to provide relief assistance and protection services to approximately 944,000 people until the end of 2021.

This HRP prioritizes the provision of life-saving assistance and protection for the most vulnerable crisis-affected women, men, boys and girls, and

programmes to ensure equitable access to essential humanitarian services, without discrimination. It provides for targeted preventative and response activities relating to COVID-19 in humanitarian settings. It seeks to contribute to durable solutions to internal displacement in line with international standards. It also seeks to strengthen the resilience of communities and contribute to efforts to address vulnerabilities and underlying structural issues, in partnership with development and peacebuilding partners. The HRP includes activities to build national and local capacities to prepare for and respond to natural hazards and other emergencies in targeted locations. Dialogue with the Government of Myanmar on strengthening emergency response preparedness will continue. In the event of a large-scale natural disaster, the HCT will review and, where required, revise the scope of the response in consultation with the Government of Myanmar and other partners.

The HCT recognizes that humanitarian action is a critical component of a broader, longer-term engagement that is needed to address a range of humanitarian, development, human rights and peace-building challenges in Myanmar. To this end, this HRP aims to complement other relevant strategies and frameworks including the UN COVID-19 Country Preparedness and Response Plan (CPRP) and the UN Socio-Economic Response Framework to COVID-19 (SERF). Alongside the 2021 HRP, which incorporates COVID-19 response priorities in humanitarian settings, these plans provide for comprehensive international support for the whole-of-country and whole-of-system response to COVID-19 that is being led by the Government of Myanmar.

This HRP also seeks to support relevant government plans such as the National Strategy on Resettlement of Internally Displaced People (IDPs) and Closure of IDP Camps, the Multi-Sectoral National Plan of Action for Nutrition, the Ministry of Education's Emergency Preparedness and Response Framework and the Action Plan on COVID-19 in IDP Camps developed by the Ministry of Social Welfare, Relief and Resettlement. In addition, the tripartite Memorandum of Understanding (MoU) signed in June 2018 between the Government of Myanmar, UNDP and UNHCR, which has been extended until June 2021, aims to support the Government's efforts to establish conditions for the voluntary, safe and dignified and sustainable repatriation of refugees from Bangladesh, and strengthening resilience and livelihoods for all communities living in Rakhine State.

In all aspects of its work, the HCT is committed to ensuring that humanitarian action in Myanmar is carried out in accordance with the humanitarian principles of humanity, neutrality, impartiality and independence.

Context and Impact of the Crisis

A significant proportion of Myanmar's population continues to experience severe humanitarian challenges. Humanitarian organizations estimate that more than 1 million people are currently in need of some form of humanitarian support, due to armed conflict, vulnerability to natural hazards, inter-communal dynamics or other factors. The expanding impact of the COVID-19 pandemic has further complicated the lives of people in humanitarian settings across the country.

More than 336,000 people in Myanmar are internally displaced, of whom a large majority are in situations of protracted displacement in Rakhine, Kachin, Kayin and Shan states. Smaller-scale displacement has also taken place in eastern Bago Region. The launch of a National Strategy on Resettlement of IDPs and Closure of IDP Camps in November 2019 has provided new opportunities for dialogue around durable solutions, although significant challenges remain, including insecurity and conflict, limited availability of essential services in return or potential resettlement areas, landmine contamination and complex issues around housing, land and property rights.

Overall levels of humanitarian need increased in 2021 due to an expansion of armed conflict in Rakhine and in southern Chin, with intense fighting frequently taking place in and around populated areas over the first of the year in particular. This conflict has caused significant additional internal displacement since early 2019, with more than 100,000 IDPs reported as of November 2020, according to government and other sources. This rapid increase in new internal displacement has, in addition, compounded challenges for host communities who are in many cases also directly affected by the conflict itself, including due to growing landmine and unexploded ordnance contamination.

In addition to the above, discrimination and marginalization continue to exacerbate and drive vulnerability among stateless Rohingya in Rakhine State who – more than eight years after inter-communal violence caused widespread internal displacement, and more than three years after security operations forced hundreds of thousands of others to flee across the border into Bangladesh – still face significant challenges in accessing basic healthcare, education and livelihoods due to restrictions on freedom of movement, inter-communal tensions and other factors, prolonging reliance on humanitarian assistance. Approximately 126,000 people, of whom the majority are Rohingya, are confined to overcrowded camps established in the central part of Rakhine in 2012. More than 860,000 Rohingya refugees – of whom more than 700,000 fled Myanmar since 2017 – remain in Bangladesh.[2]

The situation in the northern part of Shan remains precarious due to volatile security dynamics which have continued to cause temporary displacement of civilians, albeit at lower levels than seen in Rakhine, and to complicate the return of the estimated 9,700 persons in longer-term IDP camps in this area. and population displacement in Kachin State since mid-2018, close to 96,000 people remain in IDP camps set up after fighting broke out in 2011, of whom roughly 40,000 are in areas controlled by non-state armed actors. Civilians also continue to be affected by conflict in parts of Kayin State, as well as adjoining areas of Bago Region.

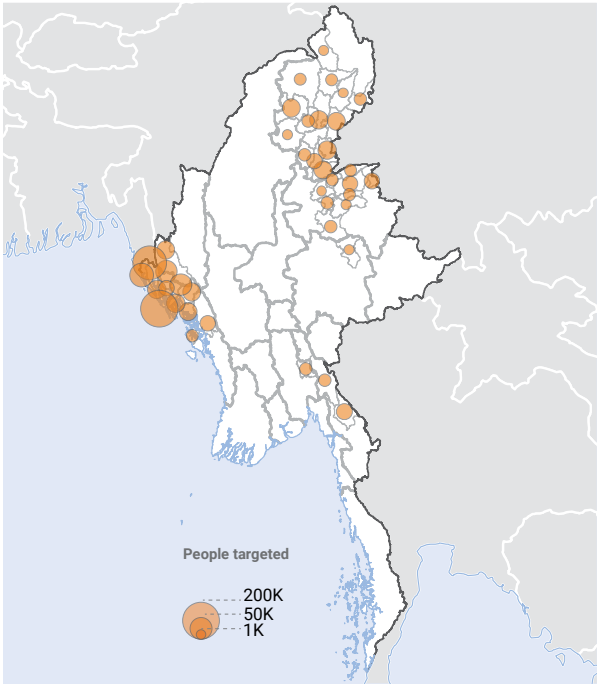
The rapid increase in locally-transmitted COVID-19 cases across the country from mid-August 2020 has further complicated an already challenging humanitarian situation, with Rakhine State emerging as a key epicentre, in addition to Yangon Region, which has seen the largest number of cases. As of November, the Ministry of Health and Sports had reported more than 80,000 cases and 1,750 fatalities

across the country, with figures continuing to rise. The Government, both at Union and state levels, rapidly implemented a number of measures to contain the spread of the virus, including in humanitarian settings. However, some of these measures resulted in significant interruptions of humanitarian assistance, in Rakhine State in particular.

RAKHINE, MYANMAR
Women and girls taking part in a training to make recycled handicrafts in Sittwe Township. Photo: DRC/Lucien Lung

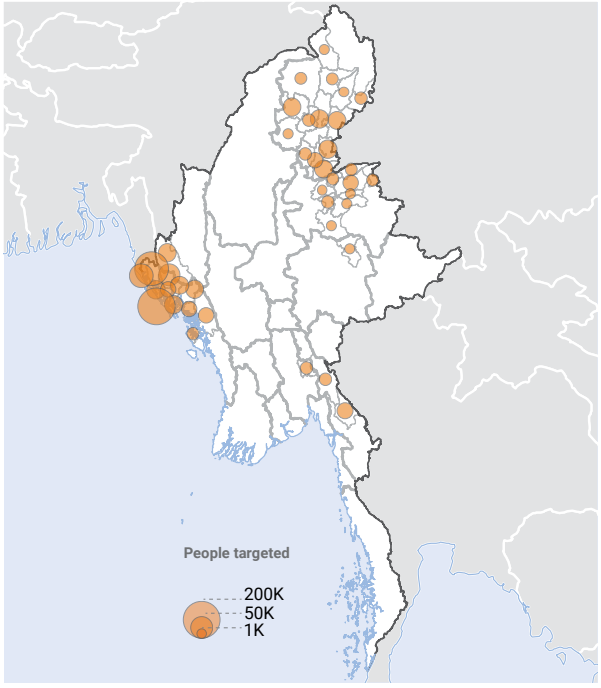
Response by Strategic Objective

Strategic Objective 1: The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021



Humanitarian organizations will support efforts to ensure that displaced people and crisis-affected women, girls, boys and men are able to live in safety and with dignity; reduce morbidity and mortality through adequate access to life-saving services; contribute to the protection of civilians from violence and abuse by reducing exposure to harm, mitigating its negative impact and responding to protection needs; advocate for full respect for the rights of individuals in accordance with international humanitarian and human rights law and support durable solutions in line with international standards wherever feasible.

Strategic Objective 2: Living standards of 886,000 people affected by conflict or disasters in targeted are improved and their resilience is strengthened in 2021



Humanitarian organizations will support efforts to ensure that crisis-affected women, girls, boys and men have equitable access to essential services and livelihoods opportunities and strengthen community resilience and national capacities to prepare for and respond to future emergencies.

STRATEGIC OBJECTIVE		PEOPLE TARGETED
S01	The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021	**943K**
S02	Living standards of 886,000 people affected by conflict or disasters in targeted are improved and their resilience is strengthened in 2021	**886K**

2021 Planned Response

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
1M	944K	33%	37%	16%

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HRP Key Figures

Humanitarian response by population group

More on page 14 - 20

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
Internally displaced people (IDP)	336K	336K
IDPs: returnees/resettled/ locally integrated	11K	9K
Non-displaced stateless people in Rakhine	470K	470K
Other vulnerable crisis-affected people	219K	129K

Humanitarian response by state

More on pages 87 - 90

STATE	PEOPLE IN NEED	PEOPLE TARGETED
Bago	3K	3K
Chin	13K	11K
Kachin	167K	134K
Kayin	10K	10K
Rakhine	806K	759K
Shan	37K	28K

Humanitarian response by gender group

More on page 87 - 90

GENDER	PEOPLE IN NEED	PEOPLE TARGETED	% TARGETED
Women	342K	312K	91%
Men	311K	283K	91%
Girls	197K	179K	91%
Boys	186K	170K	91%

Humanitarian response by age group

More on page 87 - 90

AGE	PEOPLE IN NEED	PEOPLE TARGETED	% TARGETED
Children (0 - 18)	383K	349K	91%
Adults (18 - 60)	580K	529K	91%
Elderly (60+)	73K	66K	91%

Humanitarian response for persons with disability

More on page 87 - 90

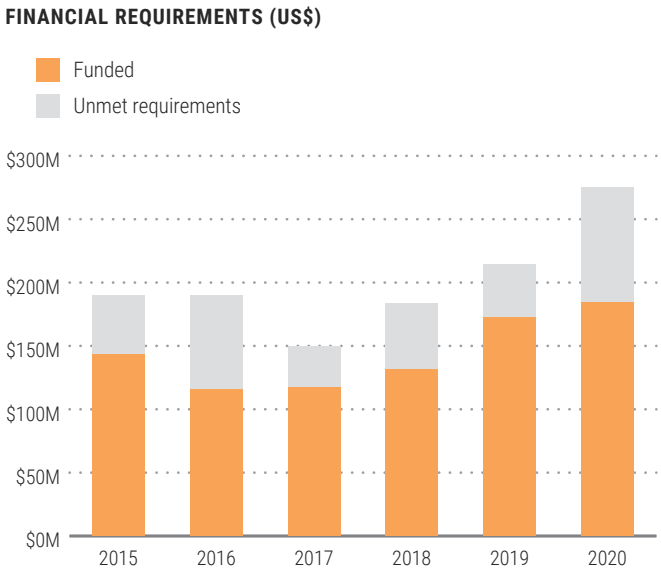
	PEOPLE IN NEED	PEOPLE TARGETED	% TARGETED
Persons with disabilities	166K	151K	91%

Humanitarian response by sector/cluster

More on pages 47 - 80

SECTOR/CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS (US$)	OPERATIONAL PARTNERS
Education in Emergencies	279K	212K	34.0M	21
Food Security	783K	601K	79.3M	35
Health	819K	580K	29.1M	74
Nutrition	183K	148K	21.2M	20
Protection	986K	856K	37.0M	51
Shelter/NFI/CCCM	348K	326K	36.8M	34
WASH	914K	640K	34.7M	25

Historical Trends



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	FUNDING RECEIVED	% FUNDED
2015	541K	536K	190.0M	143.2M	75%
2016	1M	1M	190.0M	116.0M	61%
2017	525K	525K	150.0M	117.0M	78%
2018	863K	832K	183.4M	131.2M	72%
2019	1M	1M	214.4M	172.4M	80%
2020	986K	915K	275.3M	184.3M	67%

Part 1:

Strategic Response Priorities

KACHIN, MYANMAR
Pa La Na IDP camp, Myitkyina.
Photo: UNICEF/Minzayar Oo

Overview

The Humanitarian Country Team (HCT) has agreed that the 2021 Humanitarian Response Plan will focus on four population groups: internally displaced people (IDPs); recently returned, resettled or locally integrated IDPs; non-displaced stateless people (in Rakhine State); and other vulnerable crisis-affected people. Geographically, needs among these groups in Kachin State, the northern part of Shan State, Rakhine State, southern Chin State, eastern Bago Region and Kayin State have been prioritized. Humanitarian organizations have identified humanitarian needs at critical levels among these groups and in these locations due to armed conflict and insecurity, displacement, heightened vulnerability to natural hazards or other factors. Segregation, movement restrictions and tensions between communities remain key drivers of humanitarian needs in Rakhine State.

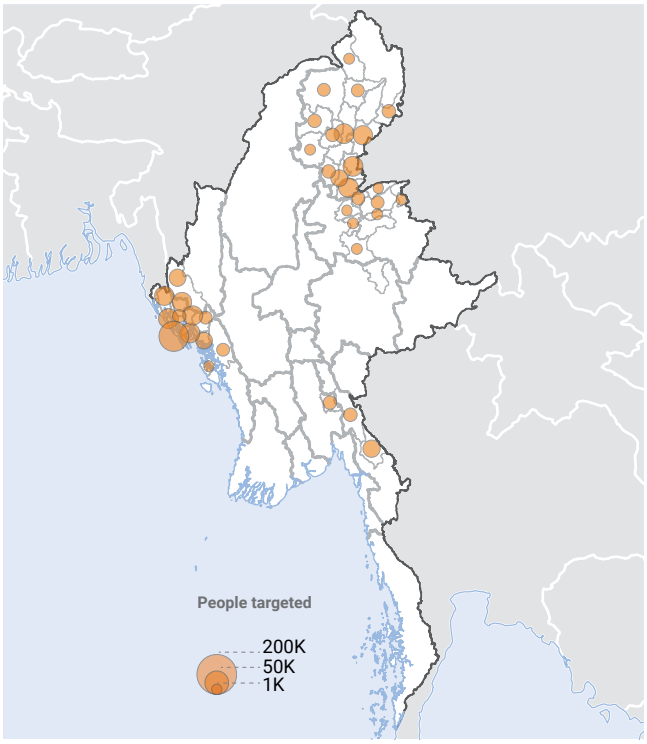
The prioritization process has taken into account a number of factors, including the magnitude and relative severity of needs, underlying causes, anticipated trends and response capacities and access constraints in targeted locations. It has also considered the specific vulnerabilities of the population groups including those linked to age, gender, disabilities or other diversities such as ethnic background and sexual orientation and gender identity in each of these locations.

Strategic and specific objectives were developed based on the analysis of needs undertaken through the 2021 HNO, with inter-sectoral, multi-sectoral and sector-specific response interventions contributing to these objectives identified, reinforcing the overall coherence and focus of the response. The response seeks to reduce morbidity and mortality, promote protection of civilians and respect for rights, protect affected people from further harm and risks, reduce vulnerability, support the achievement of durable solutions, improve access to protection and other essential services as well as livelihoods, positive coping mechanisms, and strengthen the resilience of communities.

SHAN, MYANMAR
Schoolgirls at a water point in Pone Laung village.
Photo: UNICEF/Minzayar Oo

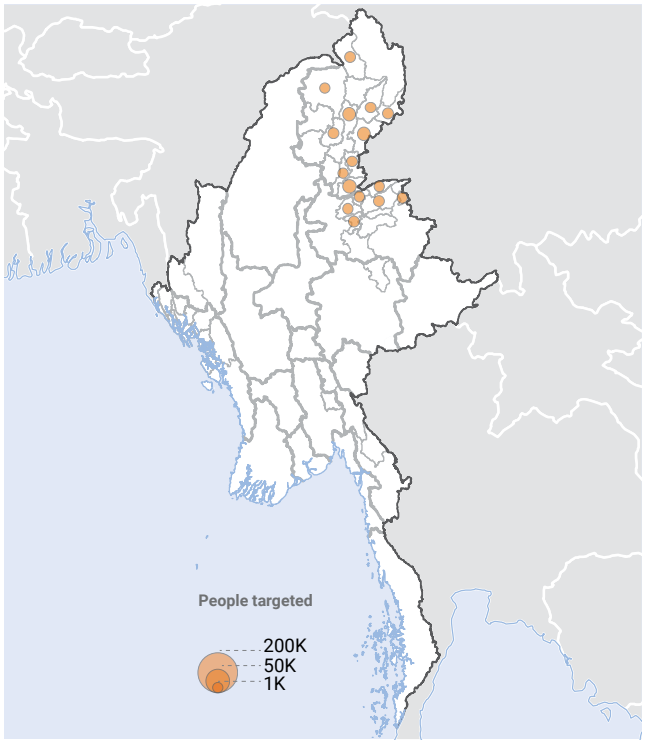
Internally displaced people

PEOPLE IN NEED	PEOPLE TARGETED
336K	336K



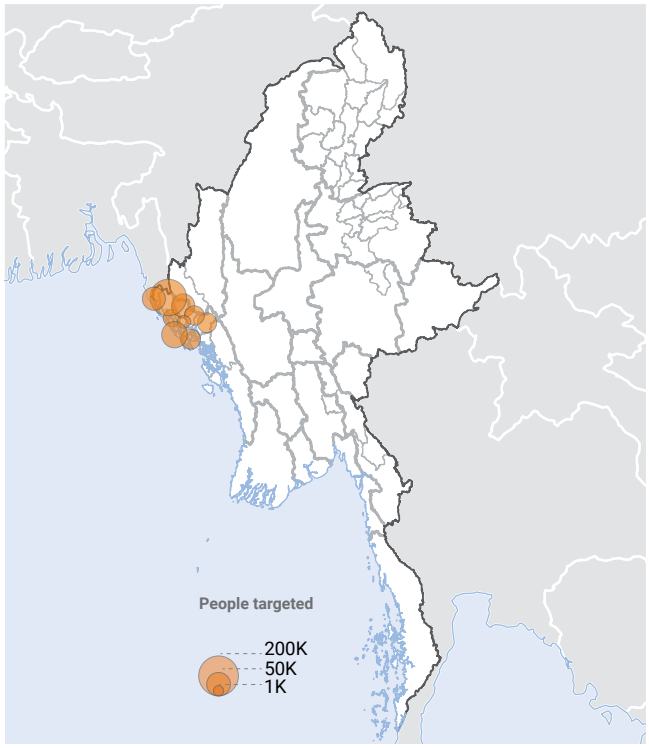
IDPs: returnees/resettled/locally integrated

PEOPLE IN NEED	PEOPLE TARGETED
11K	9K



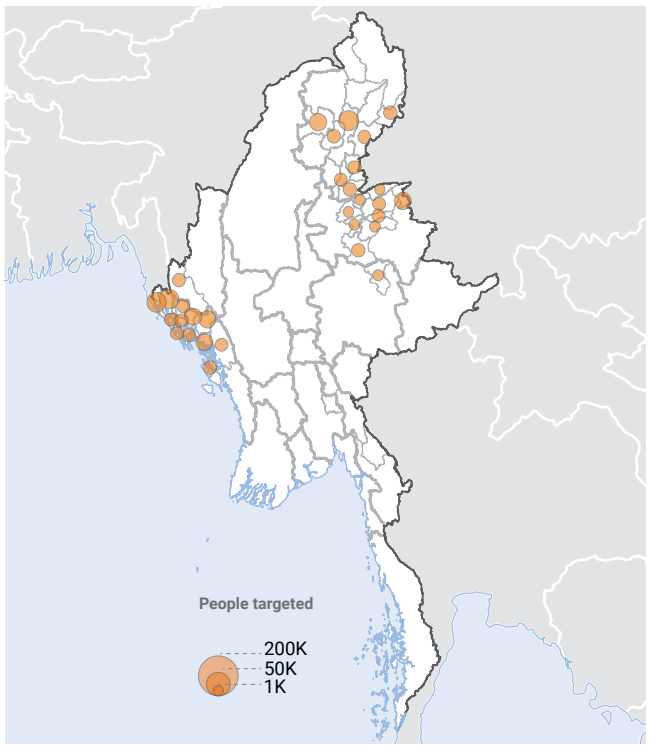
Non-displaced stateless people in Rakhine

PEOPLE IN NEED	PEOPLE TARGETED
470K	470K



Other vulnerable crisis-affected people

PEOPLE IN NEED	PEOPLE TARGETED
219K	129K



1.1 Humanitarian Conditions and Underlying Factors Targeted for Response

It is estimated that more than 1 million people in Myanmar are currently in situations of urgent humanitarian need and facing critical problems relating to living standards, physical and mental wellbeing, or erosion of coping mechanisms. While the drivers, underlying factors and associated vulnerability characteristics triggering humanitarian needs and related consequences have impacted crisis-affected people to varying degrees across different geographical locations, certain population groups and locations have in general been more severely impacted than others. The evolving impact of the COVID-19 pandemic and intensified conflict in Rakhine, southern Chin and northern Shan have further reduced affected people's access to protection, basic services and livelihoods, heightening existing vulnerabilities and protection risks.

As part of the inter-sectoral analysis process which underpins the 2021 HNO and HRP, the HCT agreed to prioritize the most critical humanitarian needs and protection risks faced by four population groups: current IDPs; recently returned, resettled or locally integrated IDPs; non-displaced stateless people in Rakhine State; and other vulnerable crisis-affected people. Geographically, the focus of this HRP is on needs among these groups in Kachin State, the northern part of Shan State, Rakhine State, southern Chin State, eastern Bago Region and Kayin State. Among these population groups, needs are generally most severe among IDPs and the stateless population in Rakhine State, particularly in locations most affected by armed conflict, although pockets of severe need occur across all population groups. Underlying gender dynamics, which are often compounded by poverty, displacement status, ethnicity and other factors, create additional vulnerabilities among women and girls.

Internally displaced people

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY FEMALE | MALE (%)	PIN BY CHILDREN | ADULTS | ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
-	-	233K	103K	-	336K	49 | 51	40 | 52 | 7

ASSOCIATED FACTORS
Armed conflict, Inter-communal violence, Natural hazards

AREA
Bago (eastern), Chin (southern), Kachin, Kayin, Rakhine, Shan (northern)

More than 336,000 displaced people (of whom 29 per cent are women, 20 per cent are girls and 21 per cent are boys) living in camps, camp-like settings or other IDP sites in Kachin, northern Shan, Rakhine, southern Chin, eastern Bago and Kayin will be targeted for response. In terms of relative severity of need among the displaced population, 30 per cent have been identified as falling into the "extreme" category, and close to 70 per cent in the "severe" category. Within displaced communities, women, men, girls and boys as well as persons with diverse sexual orientation or gender identities and persons with disabilities often face additional obstacles in meeting their basic needs and accessing livelihoods, protection and other essential services, including healthcare and

education. The COVID-19 pandemic has compounded the challenges for displaced persons.

Limited access to basic services exacerbates protection risks and can increase the likelihood of family separation as well as exposure to human trafficking, risky or dangerous migration, gender-based violence (GBV) and sexual exploitation and abuse. Ongoing conflict and insecurity in Rakhine, southern Chin and northern Shan also has a direct impact on the overall safety, dignity and physical and mental wellbeing of IDPs, with continued reports of civilian casualties and a broad range of protection concerns in affected locations. In Kachin, northern Shan, Rakhine, southern Chin, eastern Bago and Kayin, ongoing insecurity, the activities of armed actors and presence of landmines and unexploded ordnance also undermine the ability of displaced people to return to their places of origin and restore their livelihoods. Across conflict-affected areas, displaced people's coping capacities are further stressed by protracted and in some cases recurrent displacement, poor living conditions, dependency on humanitarian assistance, marginalization, reduced access to livelihood opportunities and limited scope for durable solutions as well as a deepening of gender inequalities.

IDPs: returnees/resettled/locally integrated

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY FEMALE | MALE (%)	PIN BY CHILDREN | ADULTS | ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
-	600	8K	3K	_	11K	49 | 51	37 | 58 | 6

ASSOCIATED FACTORS
Armed conflict, Natural hazards

AREA
Kachin, Shan (northern)

In Kachin and northern Shan, approximately 9,200 IDPs (of whom 31 per cent are women, 18 per cent are girls and 19 per cent are boys) pursuing durable solutions will be supported in areas of return or resettlement as they are expected to continue to experience poor humanitarian conditions due to limited access to livelihood opportunities and essential services such as education, health, nutrition, shelter and water and sanitation. In Kachin, access to housing, land and property-related civil documentation, and presence of landmines remain major challenges, while in northern Shan many potential areas of return or resettlement are physically unsafe due to the mobile nature of conflict in the area as well as the continued presence of armed actors. In some locations, close proximity to armed actors presents additional protection risks including conflict-related sexual violence, GBV, arbitrary arrest or detention, forced labour, recruitment and use and other grave violations against children, and injury or disabilities due to landmines and unexploded ordnance, further threatening physical wellbeing and compounding psychological distress. Returnees' previous experiences also have a significant impact on their mental and psychosocial wellbeing which is rarely adequately addressed due to limited services in areas of return, local integration or resettlement.

The adoption by the Government of Myanmar of a National Strategy on Resettlement of IDPs and Closure of IDP Camps in late 2019 was broadly welcomed as a positive step. Humanitarian organizations will seek to work closely with displaced people, government partners, local organizations and other stakeholders to support efforts to ensure that this important document can translate into change on the ground, in Kachin and elsewhere. Challenges to be addressed include concerns linked to safety, security, voluntariness and dignity, freedom of movement and the need for meaningful consultations with communities on solutions.

Non-displaced stateless people in Rakhine

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY FEMALE | MALE (%)	PIN BY CHILDREN | ADULTS | ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
-	-	-	320K	150K	470K	53 | 47	37 | 54 | 9

ASSOCIATED FACTORS
Inter-communal violence, Natural hazards

AREA
Rakhine

Approximately 470,000 non-displaced stateless Rohingya (of whom 33 per cent are women, 19 per cent are girls and 18 per cent are boys) will be among the priorities for the response, with issues linked to statelessness and discrimination continuing to drive very high levels of need. They are identified as the worst-affected group overall, with the majority – 68 per cent – categorized as experiencing extreme severity of need and the remaining 32 per cent in the highest level of relative severity of need. Segregation, inter-communal tensions and associated protection issues have had a deep impact on the physical and mental well-being of stateless people, while gender dynamics have increased risks of GBV, sexual exploitation and abuse, human trafficking, family separation and physical and economic insecurity. Ongoing fighting has further aggravated the already extremely challenging humanitarian situation of stateless people in Rakhine, including through direct exposure to conflict in many locations.

Heavily restricted access of Rohingya communities to public services including education, hospitals and other health facilities also drives poor outcomes, particularly for the most vulnerable and for persons with specific needs. The COVID-19 pandemic poses additional challenges in this regard. While advocacy on addressing the issue of statelessness continues with key interlocutors, efforts to minimize the adverse effects of the overall humanitarian conditions of stateless Rohingya, and enhance support for community resilience need to be scaled up, including through provision of livelihood opportunities and vocational training, measures to improve access to basic services (healthcare, education, water, sanitation and hygiene support and other critical community infrastructure), life skills and information about safe and dignified migration. Recognizing the scale of the challenges, humanitarian support in this regard must be supplemented by broader support from the development system through various complementary planning and resource mobilization frameworks.

Other vulnerable crisis-affected people

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY FEMALE | MALE (%)	PIN BY CHILDREN | ADULTS | ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
-	19K	139K	80K	-	219K	51 | 49	37 | 56 | 7

ASSOCIATED FACTORS
Armed conflict, Inter-communal violence, Natural hazards

AREA
Chin (southern), Kachin, Kayin, Rakhine, Shan (northern)

More than 128,000 other vulnerable crisis-affected people (of whom 32 per cent are women, 19 per cent are girls and 18 per cent are boys) in need of humanitarian assistance, primarily in Rakhine, Kachin, northern Shan, and southern Chin, will also be targeted, as these communities have been adversely impacted, either directly or indirectly, by ongoing conflict, insecurity, inter-communal tensions or presence of landmines or unexploded ordnance, limited access to livelihoods and basic services including health care, nutrition, education and water, sanitation and hygiene, as well as access to specific

services such as assistive devices, functional rehabilitation services or other support services. Conflict and related displacement have put additional strain on resources among host communities. Access to quality public services is increasingly constrained for large numbers of non-displaced vulnerable crisis-affected people due to conflict, the impact of the COVID-19 pandemic and other factors. Vulnerable girls and boys within host communities, including those living with disabilities, require targeted support to ensure access to quality education. Access to safe and, where appropriate, sex-segregated water and sanitation services in these areas is uneven, creating additional GBV risks, especially for women and girls. Prolonged conflict and instability also have a direct impact on physical and mental wellbeing of host communities with increased reports of civilian casualties, damage to private assets and livelihoods and attacks on public infrastructure and services, particularly in Rakhine and southern Chin and northern parts of Shan State.

KACHIN, MYANMAR
A displaced Kachin girl watches her mother making masks in an IDP camp in Myitkyina. Photo: UNICEF/Minzayar Oo

1.2
Strategic Objectives, Specific Objectives and Response Approach

The overarching goal of this HRP is to ensure that the health and wellbeing of people affected by conflict or disasters in targeted locations are improved, that minimum living standards are ensured, that durable solutions in line with international standards are supported wherever feasible, and that respect for the rights of affected people is enhanced. The HRP fully recognizes and seeks to support the primary role of the Government of Myanmar in the initiation, organization, coordination, and implementation of humanitarian assistance within the country. In all aspects of its work, the HCT is committed to ensuring that humanitarian action in Myanmar is carried out in accordance with the humanitarian principles of humanity, neutrality, impartiality and operational independence.

Similarly, the HCT is committed to placing people at the centre of its work, with a focus on vulnerable and marginalized groups, including girls and boys, persons with disabilities, the elderly, female-headed households and persons with diverse sexual orientation and gender identities. It will continue to adopt a conflict-sensitive, "Do No Harm" approach across its activities, including by carefully managing new and emerging risks linked to COVID-19. Protection from Sexual Exploitation and Abuse (PSEA) will remain a key priority, with efforts in 2021 focused on strengthening engagement with communities and development of a community-based reporting mechanism. Awareness raising and outreach in ethnic languages will also be expanded, and survivor assistance funds will be supported.

In 2021, the HCT will seek to expand its engagement with persons of all ages, genders and backgrounds, to ensure that the design and implementation of humanitarian action in Myanmar better addresses the self-stated needs of affected people themselves. Gender mainstreaming and inclusion of persons with disabilities will continue to be prioritized.

The HCT will continue to work with development actors and other stakeholders to promote and support durable solutions for IDPs in line with international standards. It will seek to engage with government interlocutors on these issues, also in the context of the National Strategy on Resettlement of IDPs and Closure of IDP Camps mentioned above. Whenever and wherever feasible and appropriate, the HCT will support voluntary, safe, sustainable and dignified IDP returns to their places of origin, as well as local integration or resettlement opportunities provided they are based on individual and informed choices.

In the event of significant new developments or shocks, including natural disasters, the HCT will review and, where required, revise the scope and priorities of the response in consultation with the Government of Myanmar and other stakeholders.

Strategic Objective 1

The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021

RAKHINE, MYANMAR
Pon Nar Gyi villae, Pauktaw.
Photo: DRC/Lucien Lung

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
943K	33%	37%	16%

Rationale and intended outcome
The reduction of mortality and morbidity among people affected by humanitarian crises through enhanced access to essential, life-saving services is a primary objective of the Myanmar HCT. This strategic objective also emphasizes the importance of efforts to achieve this being rooted in the promotion of human rights and achieving protection outcomes. Inherent in this is a recognition that securing the health and wellbeing of affected people requires a response that is calibrated to the specific situation and needs of particular groups, as outlined above and in the HNO.

The World Humanitarian Summit reaffirmed respect for human rights and IHL as the best way to save lives, reduce suffering and protect civilians in situations of conflict and insecurity. The HCT recognizes the importance of promoting and protecting human rights, and of the accountability of perpetrators for violations. In relation to humanitarian action, this includes advocating for the protection of civilians

from the effects of hostilities; supporting efforts by the Government and others to prevent, monitor, report on and respond to grave violations against children and gender-based violence, including conflict-related sexual violence; contributing to the provision of essential services to conflict-affected people; and assisting in identifying and addressing violations and abuses where they occur. While striving to prevent and respond to violations through engagement with key stakeholders, the HCT will seek to ensure that crisis-affected people have access to inclusive, quality inter-sectoral and multi-sectoral services.

The HCT Protection Strategy endorsed in January 2019 provides a foundation for ensuring that protection is at the centre of humanitarian action in Myanmar. The overarching protection vision for Myanmar is to ensure that stateless, displaced persons, and civilians in general are protected, able to enjoy their human rights – including the right to move freely and in safety – and can re-establish their lives and attain sustainable solutions without being discriminated against. While acknowledging the primary role of the Government of Myanmar in this regard, in 2021, the HCT will continue to fulfil its protection responsibilities, including in collaboration with development and peace-building actors as appropriate.

The HCT is also committed to creating an operating environment in which there is zero tolerance for any form of sexual harassment, exploitation and abuse of staff and affected populations. In particular, the HCT commits to putting in place measures to prevent and respond to any allegations of sexual exploitation and abuse of affected women, girls, boys and men by humanitarian personnel.

Specific Objective 1.1 and coordinated response approach

Objective:	Morbidity and mortality of 755,100 people (319,200 displaced and 435,900 non-displaced people) in targeted locations is reduced through adequate access to essential food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services
Groups targeted:	Internally displaced people, IDPs: returnees/resettled/locally integrated, non-displaced stateless people in Rakhine and other vulnerable crisis-affected people
Number targeted:	755,100
Timeframe:	Jan 2021 - Dec 2021

In order to reduce avoidable morbidity and mortality among crisis-affected people, coherent and complementary support is needed across all sectors. Given that malnutrition is one of the immediate causes of morbidity and mortality, early detection and treatment of children with malnutrition in Rakhine State, including out-patient therapeutic points and stabilization centres will be integrated with other health services through mobile clinics, where feasible, and emergency referral points and hospitals, while identifying cases of acutely and moderately malnourished children under age 5 and ensuring referrals for further assessments and treatments. The capacity of health clinics will be further strengthened to ensure adequate capacity to provide treatment and management of acute malnutrition and referrals for both health and nutrition services. In addition, the Protection Sector will integrate critical health interventions, including clinical management for GBV survivors and other vulnerable groups and mental health and psychosocial support (MHPSS), into existing health services in an inclusive manner in line with the Sustainable Development Goal of Universal Health Coverage. In an effort to ensure better access to functional water, sanitation and hygiene (WASH) facilities in different service provision points, the WASH Cluster will integrate targeted and tailored WASH support into education and temporary health facilities as well as nutrition service points across displacement sites to ensure that these services are accessible to all who need them.
The Health Cluster will work closely with other clusters and sectors to improve information sharing in support of the Early Warning Alert and Response System (EWARS) for epidemic-prone communicable diseases, including COVID-19. In line with updated EWARS standard operating procedures, non-health actors will be oriented on a simplified and systematic way of reporting suspected communicable diseases

among community members who are unable to seek health care services from mobile or fixed clinics. Furthermore, dissemination of integrated health, nutrition, and WASH messages (including COVID-19-related messages), tailored to different community contexts and population groups will continue to be prioritized in order to improve better health-seeking behaviour. In parallel, the Food Security Sector will explore a more refined targeting of food-insecure villages and vulnerable households for emergency food and livelihood assistance to reduce the risk of negative coping mechanisms, morbidity and mortality in all affected locations. In displacement sites, the Shelter/CCCM and WASH clusters will collaborate to ensure that IDPs have access to improved shelter and functional and accessible, safe and when appropriate, gender-segregated water and sanitation facilities to support their dignity and security as well as to mitigate protection and health risks associated with overcrowding and access to WASH services. To further support coordinated multi-sectoral responses, cash and voucher assistance (CVA) will be prioritized where feasible.

Specific Objectives 1.2 and 1.3 and coordinated response approach

Objective 1.2:	856,000 people (335,300 displaced and 520,700 non-displaced people) in targeted locations are protected from further harm and the risks they face are mitigated and/or responded to through improved access to quality and inclusive protection services, including mental health and psychosocial support, child protection, gender-based violence and mine action activities.
Groups targeted:	Internally displaced people, IDPs: returnees/resettled/locally integrated, non-displaced stateless people in Rakhine and other vulnerable crisis-affected people
Number targeted:	856,000
Timeframe:	Jan 2021 - Dec 2021

Objective 1.3:	Respect for human rights and the protection of civilians is promoted for 7,700 returnees people in targeted locations, and durable solutions in line with international standards are supported wherever feasible and appropriate in all targeted locations.
Groups targeted:	IDPs: returnees/resettled/locally integrated
Number targeted:	7,700
Timeframe:	Jan 2021 - Dec 2021

Protection actors will strengthen their efforts to ensure that IDPs, stateless persons and other crisis-affected people across Kachin, northern Shan, Rakhine, southern Chin, eastern Bago and Kayin have access to inclusive humanitarian protection services tailored to their needs and to the evolving situation on the ground. This will be achieved through the strengthening of integrated protection services across affected states, including on-site or remote protection monitoring, strengthening of referral mechanisms; robust protection mainstreaming; supporting and promoting community-based protection mechanisms; enhancing evidence- and area-based interventions and the delivery of direct assistance to persons with specific needs. In Rakhine State, Protection Sector partners – including those working on child protection, mine action, GBV and MHPSS – will work closely with education, health, livelihood and other actors to promote incremental access to inclusive, non-segregated public services – including preparedness and response services for COVID-19 – for all communities.

Evidence-based advocacy towards accessing non-segregated services for all, addressing systemic discrimination and the provision of inclusive assistance will be a primary focus for protection actors, including through support for the mainstreaming of these elements across other sectors and clusters. Multi-sectoral monitoring of discriminatory practices and specific barriers in accessing services faced by persons with disabilities as well as women and girls will be further scaled up, to inform advocacy towards securing the enjoyment of rights for these populations and design tailored response interventions.

Child protection and GBV actors will jointly respond to child and adolescent survivors of violence and reduce risks of human trafficking and forced or child marriages, especially among IDPs, stateless and other vulnerable crisis-affected people. Protection, child protection, GBV, health, MHPSS and mine risk actors will work together and support other sectors and clusters to enhance communities' capacities to prevent, mitigate and respond to risks through the strengthening of community-based protection mechanisms. The Child Protection Sub-Sector and the Education in Emergencies (EiE) Sector will work to promote schools as safe spaces for children through integration of child protection services, including prevention and response related activities such as referrals for psychosocial support, in education facilities, particularly for IDPs and other vulnerable crisis-affected people. The EiE Sector will also work with protection partners to support mine-risk education within learning spaces.

The Protection Sector and its sub-sectors, together with members of the UN Country Task Force on Monitoring and Reporting (CTFMR) on Grave Violations against Children, the Monitoring, Analysis and Reporting Arrangements (MARA) on conflict-related sexual violence and other relevant stakeholders and mechanisms will work together towards the HCT Protection Strategy's key outcomes. In view of worsening conflict trends in 2020, these efforts will include the strengthening of protection monitoring wherever feasible, to ensure vigilance around possible further deterioration of the protection environment, enhance protection information management and analysis, identify response priorities, inform evidence-based advocacy on respect for international humanitarian and human rights law and work towards creating conducive conditions for durable solutions. Continued engagement with the government and non-government partners regarding UN Security Council resolutions on children and armed conflict and on conflict-related sexual violence will be supported by strong information management and monitoring systems.

The EiE Sector will continue sensitizing partners and communities to report cases of grave violations that relate to education, including attacks and use of schools and will work with child protection actors to advocate for endorsement and implementation of the Safe Schools Declaration. Enhanced advocacy on humanitarian access will be supported by several clusters and sectors through the Humanitarian Access Working Group established in late 2019. Child protection actors will work together with the CTFMR to ensure support for child survivors of grave violations through case management, and MHPSS and other child protection services just as GBV actors will work together with the MARA to improve timely access to appropriate GBV response services. Supporting and working with affected communities and local civil society actors, to sensitively enhance awareness on rights and obligations and improve access to justice is also essential.

With more than 250,000 people remaining in situations of protracted displacement, support for the realization of durable solutions in line with international principles will remain a key priority for the HCT. The adoption by the Government of Myanmar of a National Strategy on Resettlement of IDPs and Closure of IDP Camps in late 2019 was an important step. The Government has been keen to use the strategy to pilot new return and resettlement efforts in Kachin State in particular and has been engaging with a broad range of stakeholders in this regard, although efforts in Kachin and other locations have been complicated by the COVID-19 pandemic. Dialogue around the National Strategy presents new opportunities for collaboration between humanitarian actors and other stakeholders, including civil society organizations and development partners.

The Protection Sector and the Shelter/NFIs/CCCM Cluster will work closely with other sectors and clusters to support principled solutions to internal displacement in Kachin, northern Shan and wherever opportunities may arise. This will include coordination around solutions sites assessments and intentions surveys, alongside other clusters and sectors, and in close consultation with IDPs and other affected

communities, to inform response strategies adhering to key principles including voluntariness, safety and dignity. Additionally, Protection and CCCM actors will ensure IDPs with various age, gender, disability and other diversity backgrounds have knowledge of, and access to, information and feedback mechanisms and are able to make suggestions, raise questions and concerns, make anonymous complaints and make informed decisions. In achieving durable solutions, advocacy efforts will focus on safety and security – in particular landmine clearance, enhanced rule of law, a stronger housing, land and property rights framework, provision of and access to protection and basic services as well as access to citizenship and civil documentation.

In Kachin, sectors and clusters including Shelter/NFIs/CCCM, WASH and Protection will provide needs-based interventions in solutions sites, as appropriate. In Rakhine State, advocacy for the implementation of the recommendations of the Advisory Commission on Rakhine State, including in the context of the National Strategy on Resettlement of IDPs and Closure of IDP Camps, will continue. Further efforts will be made in collaboration with all clusters and sectors to pursue a principled approach, in adherence to Do No Harm and conflict sensitivity imperatives, in relation to engagement around IDP camps declared closed.

The tripartite Memorandum of Understanding (MOU) signed in June 2018 between the Government, UNDP, and UNHCR was extended until 5 June 2021. The MOU aims to support the Government's efforts to create conditions for the voluntary, safe and dignified and sustainable repatriation of refugees from Bangladesh and to strengthen resilience and livelihoods for all communities living in Rakhine State.

Cash and voucher assistance (CVA) will be implemented in such a way that protection risks and benefits are considered and monitored throughout the program cycle. Humanitarian agencies will ensure that CVA does not increase, but rather mitigates risks for people of concern, while at the same time taking advantage of the inherent protection benefits of CVA such as enhanced dignity and choice.

Strategic Objective 2

Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021

KAYIN, MYANMAR
A woman in Hpa-Ohm Village, Hpa-an Township.
Photo: HelpAge International/Ben Small

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
886K	33%	37%	16%

Rationale and intended outcome

In addition to its efforts to save lives and enhance protection, the HCT will seek to improve crisis-affected people's access to quality humanitarian assistance, protection services and livelihood opportunities in targeted states and regions, with particular attention to the vulnerability of women, children, people with disabilities, persons with diverse sexual orientation and gender identities, women-headed households, adolescent girls, elderly persons and other marginalized groups. Given the adverse impact of prolonged closures of learning spaces on the living standards and resilience of the most vulnerable, emphasis will be placed on multi-sectoral efforts to return children and youth to education, thereby avoiding the worst socioeconomic consequences.

The HCT will also reinforce its advocacy for unhindered access by humanitarian actors to all people in need. It will include consistent engagement with community-based organizations (CBOs) including women-led CBOs, local communities and affected

people, to ensure transparency and accountability of humanitarian action. The COVID-19 pandemic will continue to require changes in how humanitarian assistance is provided, including entirely new modalities for reaching children with protection and education services.

In order to reduce dependency on international humanitarian assistance and enhance the resilience of communities, the HCT will work closely with communities, national and local authorities, and development partners to increase access to livelihoods and basic services whenever possible. There is a need to recognise, assess and strengthen the capacities of communities and of community-based organizations, as they are typically the first responders to crises and best placed to quickly reach people in need. A risk-sensitive approach will be applied to reduce vulnerability by investing in sustainable self-sufficiency of households and communities and supporting stable income generation by increasing access to livelihood opportunities.

Strengthening the resilience of communities is a long-term objective and will continue to require a comprehensive, multi-sectoral and coordinated approach, as well as engagement with development actors. This may include potential synergies with the Myanmar UN COVID-19 Social Economic Recovery Response Framework (SERF), the Government of Myanmar's COVID-19 Economic Relief Plan (CERP), the Myanmar Sustainable Development Plans (MSDP) 2018-2030, and the United Nations Sustainable Development Cooperation Framework (UNSDCF) which is currently under development.

Specific Objective 2.1 and coordinated response approach

Objective:	Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 599,600 people (327,000 displaced and 272,600 non-displaced people) in targeted locations depending on the severity of their needs.
Groups targeted:	Internally displaced people, IDPs: returnees/resettled/locally integrated, non-displaced stateless people in Rakhine and other vulnerable crisis-affected people
Number targeted:	599,600
Timeframe:	Jan 2021 - Dec 2021

The HCT is committed to supporting improved living standards and access to quality and inclusive services for crisis-affected people, through joint responses across sectors, to maximize the efficiency and effectiveness of interventions.

Provision of assistance and services will be adapted to reduce the transmission risk of COVID-19 including through physical distancing, increased handwashing and awareness raising at and around distribution and service provision sites. Food security and livelihood delivery platforms will integrate key communication messages on COVID-19 for households and communities as well as social and behavioral change communication for maternal, infant and young child nutrition care and support. Coordinated CVA will be considered in place of in-kind assistance, where appropriate and feasible.

The Health Cluster will continue to scale up its primary health care services in line with the essential package of health services – sexual and reproductive, maternal, newborn, adolescent and child health care – to ensure improved access to health facilities across affected locations. The Shelter/NFIs/CCCM Cluster will explore, in collaboration with the WASH Cluster, opportunities to increase provision of decent shelters with functional, safe and accessible water and sanitation facilities in targeted IDP sites. It will also

work with the Child Protection and GBV sub-sectors for joint non-food-item distributions in affected states. CCCM partners will continue to adjust their operational modalities to the evolving situation with a combination of remote operational management – with direct communication with focal points in camps – and the continuation of direct programming in camp settings.

The WASH Cluster will seek to address prevention and mitigation of protection risks for women, girls and persons with disabilities across its interventions both in displacement/community settings and other sectors' service provision points and facilities. In an effort to improve preparedness and response, and to reduce the risk of disease outbreaks, the Health and WASH clusters will integrate WASH support in temporary health facilities, in collaboration with the Ministry of Health and Sports. Similarly, dignified access to WASH facilities in temporary education facilities and nutrition service points will also be prioritized. WASH and GBV actors will coordinate to ensure that the menstrual hygiene needs of women and girls are met. In response to COVID-19, the WASH Cluster will expand its efforts to incorporate cash-based interventions where feasible.

In collaboration with the Ministries of Health and Sports, Agriculture, Education and Social Welfare, Relief and Resettlement, the Nutrition Sector will focus on integration of nutrition-in-emergencies interventions into the Multi-sectoral National Plan of Action on Nutrition. The EiE Sector will ensure that children in humanitarian settings are able to continue learning despite prolonged closure of learning spaces caused by the COVID-19. This will include reaching children as they learn at home and preparing learning spaces so children can safely begin learning together again; preparation of learning spaces will proceed in coordination with WASH Cluster and other partners. The EiE Sector will also integrate child protection needs through referrals and provision of psycho-social support, with even greater attention required to children's protection and wellbeing due to the ongoing disruption to safe and protective learning opportunities. The EiE Sector is collaborating with the Ministry of Education to develop a joint Emergency Preparedness and Response Framework that will provide a framework for the sustainable provision of education services to crisis-affected populations.

Sectors and clusters will also explore complementary modalities – in kind, cash, and mixed – to optimize the response. CVA will be prioritized whenever feasible and appropriate, tapping into the expanded technical support available through the Cash Working Group (CWG) linked to the ICCG. Protection actors will provide technical support to ensure that risks related to cash and other distributions are mitigated.

Specific Objective 2.2 and coordinated response approach

Objective:	Livelihoods opportunities, food security and nutritional status of 213,600 people (96,200 displaced and 117,400 non-displaced people) in targeted locations are secured and improved through direct provision of assistance and support for sustainable and resilient agriculture.
Groups targeted:	Internally displaced people, IDPs: returnees/resettled/locally integrated, non-displaced stateless people in Rakhine and other vulnerable crisis-affected people
Number targeted:	213,600
Timeframe:	Jan 2021 - Dec 2021

A layered approach will be used to deliver multi-sectoral food assistance, nutrition and livelihoods support to the most vulnerable crisis-affected people. Wherever possible, national NGOs will play a key implementing role, with international actors providing capacity building support as required.

Harmonized targeting and monitoring will be conducted by the Food Security and Nutrition sectors wherever feasible and appropriate, through close linkages between food assistance and livelihoods support, and preventive nutrition services. Targeting criteria for food security and livelihoods will include nutritional vulnerability, and therefore prioritize households with children under age 5, and pregnant or breastfeeding women. Although food security and livelihood assistance are targeted differently

across population groups, the nutrition support will aim to provide a minimum of preventative nutrition services to all children under age 5 and pregnant or breastfeeding women.

Food assistance will be provided to directly increase access to nutritious food, while agriculture and livelihood support will seek to enable sustainable food production and productivity. Households with children under age 5 and pregnant or breastfeeding women will also be targeted for blanket supplementary food and multiple micronutrient supplementation. IDPs in camps in Rakhine, Kachin and Shan, and in displacement sites in other locations, will be provided with blanket food assistance or CVA where feasible and appropriate. Non-displaced stateless people will be provided with food or CVA, prioritizing village tracts through vulnerability criteria such as land area under cultivation, access to markets, and impact of movement restrictions. Social and Behavior Change Communication (SBCC) will be integrated across all service delivery platforms to empower women, children and households to demand and improve adoption of positive practices for optimal maternal, infant and young child nutrition.

The Food Security, EiE and Nutrition sectors will work together to ensure schools children and their families who are exposed to greater risks of food insecurity and malnutrition across HRP targeted areas continue to receive essential support through gender-responsive school nutrition programmes (including school meal programme, nutrition services and nutrition education). Existing tools will be adapted for monitoring of school nutrition programmes and joint actions in collaboration with the government and partners.

CVA transfers will be provided to the most vulnerable IDPs in all areas where feasible, depending on access to functioning markets, beneficiary preference, and the physical safety of affected people and humanitarian workers. Nutrition sensitization and SBCC will be conducted for targeted people through CVAs to ensure optimal nutrition practices at household level. Experiences, outcomes and lessons learned from CVA approaches will be shared regularly with the Inter-Cluster Coordination Group (ICCG) and other stakeholders through the CWG, which has been significantly reinforced since mid-2020.

Provision of humanitarian assistance will be implemented in a joint and coordinated manner as far as possible, and in close complementarity with interventions by development partners where feasible, to improve household physical and economic access to food, enhance capacity to produce and utilize food for dietary diversity, and achieve optimal nutritional status among vulnerable households, women, infants and young children.

Specific Objective 2.3 and coordinated response approach

Objective:	The resilience of 857,600 people affected by conflict or disasters in targeted locations is further strengthened and national capacities are reinforced to prepare for and respond to potential future emergencies.
Groups targeted:	Internally displaced people, IDPs: returnees/resettled/locally integrated, non-displaced stateless people in Rakhine and other vulnerable crisis-affected people
Number targeted:	857,600
Timeframe:	Jan 2021 - Dec 2021

The HCT is committed to strengthening the resilience of crisis-affected communities by improving their access to protection, basic services and livelihoods. The experience of COVID-19, and related reductions in the ability of humanitarian actors and service providers to access project locations, further highlight the importance of strengthening the role of communities as a first line of response. Interventions will, as far as possible, focus on early response to meet immediate needs while also investing in achieving medium and longer-term solutions beyond life-saving interventions. Local networks of first responders and other community-level safety nets will be supported to ensure that critical needs associated with short-term displacements in hard-to-access areas are addressed in a timely manner. Support will be provided to local actors and coordination structures to develop or strengthen inclusive, people-centered

accountability and engagement mechanisms. In both recognizing and strengthening existing capacities, coordination structures will take positive steps to ensure that responses are led and owned by local first responders, the many local organizations implementing the HRP as well as affected communities themselves.

Diversifying delivery models will be a channel to enhance communities' long-term resilience, with, as noted above, CVA modalities will be promoted where feasible to increase access to adequate food, agriculture and livelihood inputs, promoting self-reliance and mitigating the effects of protracted crises, especially among the most vulnerable households. As well as meeting immediate needs, CVA has the potential to contribute to the rehabilitation and enhancement of community productive assets, aiming at increasing communities' capacities to withstand the impacts of future conflict or disasters.

Capacity building support for technical government partners will further strengthen health, nutrition and education systems, enhancing the quality of longer-term service provision for crisis-affected communities. The Health Cluster will continue to support the Ministry of Health and Sports in strengthening and implementing EWARS in crisis-affected areas as well as coordination through the Health Emergency Operation Centers where activated. The EiE Sector will support the Ministry of Education to develop its Emergency Preparedness and Response Framework, to enhance the capacities of the Government and its partners to provide equitable access for both girls and boys to quality education in crisis-affected states; this will be included in the Government's National Education Strategic Plan (2021-2030).

The Nutrition Sector will leverage multiple systems (health, food, WASH and social protection) with the potential to deliver interventions for better nutrition outcomes. In addition, the Nutrition Sector will strengthen local capacities through increased support to individuals and communities to take up their essential role in nutrition activities, understand and respond to the different nutritional needs of various vulnerable groups, and capacity building of local partners to engage in nutrition sensitive actions that will increase resilience and reduce the risk of malnutrition.

The planned national SBCC strategy will enable development of common community engagement plans to be integrated with livelihood, agriculture and cash transfers interventions, to improve the ability of vulnerable households to obtain adequate food and increase access to and use of a diverse diet as well as health and nutrition services. The Protection Sector will continue enhancing communities' capacities to prevent and mitigate protection risks through the strengthening of community-based protection including community-based child protection mechanisms, greater and equitable participation of all groups, especially women, adolescent girls, young people and persons with disabilities in public life and decision-making processes, improved GBV case management, sexual and reproductive health and rights programming, leadership and economic empowerment programming, increased programmes targeting adolescents to mitigate risks of negative coping mechanisms as well as the strengthening of MHPSS.

Some inter-sectoral and sectoral interventions will aim to build resilience both to short-term shocks related to disasters and long-term stresses linked to climate change. The Shelter/NFI/CCCM and WASH clusters will promote and implement agreed standards and designs for shelter and WASH infrastructures that incorporate climate/disaster resilience while promoting low-cost, sustainable and appropriate technologies that can be locally sourced with minimal maintenance requirements. The EiE Sector and the WASH Cluster will implement an integrated response for children to access fully functional learning spaces to better cope with the effects of crisis.

1.3
Costing Methodology

As in the 2020 Myanmar HRP, sectors and clusters have used a unit-based costing approach to estimate the total cost of the overall response. The cost per beneficiary is estimated by activity and by sector, as well as by geographical location where feasible. This includes the cost associated with in-kind support and cash or voucher assistance (where appropriate) both at inter-sector (joint responses) and sector levels as well as, in some cases, costs associated with sub-national-level sector coordination. While the average unit cost is estimated and presented against the total targeted people for each sector, sectors and clusters have noted the resulting cost variations across target activities both within and between population groups and geographical locations. The detailed cost per activity is outlined below.

With improved prioritization based on the magnitude and relative severity of needs, underlying causes, anticipated trends and response capacities and access constraints as well as specific vulnerability characteristics of the population groups, the 2021 Myanmar HRP provides for a modest increase in costs (from US$275.3 million in 2020 to $276.46 in 2021) despite a proportionately larger increase in the number of targeted people from 848,000 in 2020 to 944,000. The increase in the number of people targeted with assistance is primarily attributed to increased needs due to displacement in Rakhine and southern Chin as well as the COVID-19 pandemic.

KACHIN, MYANMAR
Temperature screening at the entrance to Je Yang IDP camp.
Photo: RANIR/Yawng Htang

1.4 Planning Assumptions, Operational Capacity and Access

PLANNING ASSUMPTIONS	
Conflict and security	Armed conflict, potentially involving outbreaks of intense fighting, is expected to continue in Rakhine and southern Chin. More sporadic conflict is likely to continue to impact civilians in northern Shan, Kayin and eastern Bago, but large-scale clashes in these locations are not expected. Landmine contamination will continue to be a major concern for civilians in and around conflict areas and potential solutions sites.
People in need and humanitarian conditions	While the number of people in need of humanitarian assistance at the time of response planning is estimated to be just over 1 million, the number of IDPs (including persons displaced temporarily) who will require humanitarian assistance may increase further in 2021 due to continued armed conflict in Rakhine and southern Chin, as well as more sporadic conflict-related displacement in northern Shan. Despite ongoing dialogue around the Government's National Strategy on Resettlement of IDPs and Closure of IDP camps, scope for reductions in displacement-related needs through the achievement of durable solutions in 2021 may remain limited due to issues including conflict and insecurity, landmine contamination, gaps in basic services and housing, and land and property rights issues. Prospects for steps to be taken to reduce vulnerability due to statelessness, segregation and discrimination in Rakhine state are also expected to remain limited. Certain facilities in humanitarian settings will continue to deteriorate and will be in need of renovation, repair, or replacement. Due to the continued spread of COVID-19 including in areas covered by the HRP, the capacity of health systems will continue to be stretched and access to quality health care services may be further compromised, particularly in non-government-controlled areas and conflict-affected locations.
Humanitarian access	Overall, access is likely to remain challenging especially in non-government-controlled and conflict-affected areas. Humanitarian organizations will have varying levels of access to vulnerable crisis-affected people in Kachin, Shan, Rakhine, Chin, Kayin and Bago. Certain humanitarian activities are likely to be disrupted due to lengthy approval processes or, in some cases, non-issuance of travel authorization. The evolution of the COVID-19 pandemic will have an important influence on levels of access; public health measures such as movement restrictions and quarantine requirements have emerged as a significant additional impediment to humanitarian operations in Rakhine since August 2020 and continue to complicate efforts to bring UN and INGO humanitarian personnel into the country.
Capacity	Maintaining the necessary levels of humanitarian response capacity is likely to remain challenging due to the COVID-19 situation and associated control measures which also complicate the movement of humanitarian personnel and supplies into and within the country.
Funding	Funding shortfalls may further constrain the delivery of assistance; levels of funding mobilized against the HRP in 2020 were lower than in previous years and this trend may continue, linked to the global impact of COVID-19. International partners will need to continue supporting and building the capacity of local partners in line with the localization agenda.

National and local capacity

The Government is the primary duty bearer for the provision of protection and assistance to people in Myanmar. It has been scaling up its capacity to assess and respond to a wide variety of humanitarian needs across the country, through the Ministry of Social Welfare, Relief and Resettlement and other relevant ministries, at both the Union and state and region levels, as well as through the General Administration Department. In line with the regulatory framework for international humanitarian action and humanitarian principles, humanitarian organizations will continue to support Government-led efforts to effectively address the needs of crisis-affected people.

For Rakhine State, there are three Government committees of particular relevance for humanitarian and development actors: the Central Committee for the Implementation of Peace, Stability and Development in Rakhine, chaired by the State Counsellor; the Implementation Committee on the recommendations of the Advisory Commission on Rakhine, chaired by the Union Minister for Social Welfare, Relief and Resettlement and co-chaired by the Chief Minister of Rakhine State; and the Union

Enterprise for Humanitarian Assistance, Resettlement and Development in Rakhine, chaired by the State Counsellor. At the Rakhine State Government level, a Coordination Committee chaired by the State Minister for Security and Border Affairs coordinates with humanitarian and development partners operating in Rakhine State to facilitate support to the Government-led response.

In Kachin State, a Working Committee on Resettlement of Internally Displaced Persons, chaired by the Deputy Minister for the Ministry of Social Welfare, Relief and Resettlement, has been established to coordinate with different stakeholders, including the Kachin Humanitarian Concern Committee (KHCC) to identify and implement durable solutions for IDPs in Kachin State.

In Kachin and Shan states, while the Government remains the primary duty bearer, in areas affected by armed conflict, Ethnic Armed Organizations (EAOs) also have responsibilities under international humanitarian law for ensuring the protection and well-being of civilians in areas under their effective control. National NGOs and local civil society entities have also been playing a critical role, including in areas controlled by EAOs. The Joint Strategy Team (JST), comprised of 10 local NGOs, continues to account for a large proportion of the humanitarian response in Kachin State. The JST is supported by a number of UN and international humanitarian partners. Local women's organizations and faith-based civil society organizations or groups are also important providers of assistance.

Regarding natural hazards, the Government maintains an Emergency Operations Centre under the Ministry of Social Welfare, Relief and Resettlement to support early warning and response in coordination with national and international partners. A private sector network for disaster preparedness and response has also been formed with the aim of strengthening private sector engagement before, during and after emergencies.

The Government is leading the overall response to the COVID-19 pandemic through various committees at the national and sub-national levels as well as existing government entities. As of October 2020, the Government had established four national-level committees to lead the coordinated response, to provide strategic guidance and better manage the overall impact of COVID-19. This includes the National-level Central Committee for COVID-19 Prevention, Control and Treatment, led by the State Counsellor; the COVID-19 Control and Emergency Response Committee led by Vice-President (1); the National Coordination Committee for Negotiating COVID-19 measures with Ethnic Armed Organizations; and the COVID-19 Economic Relief Work Committee.

The UN and its national and international partners have been actively engaging with the Ministry of Health and Sports, the Ministry of Social Welfare, Relief and Resettlement, and other ministries on COVID-19 prevention, preparedness and response activities since January 2020. The UN and its partners have been mobilizing technical, material, operational and financial support to the Government to scale up preventive and response measures in humanitarian settings. The Government of Myanmar, led by the Ministry of Health and Sports, has developed a Health Sector Contingency Plan for COVID-19 and Other Emerging Respiratory Disease Outbreak Response in Myanmar. The Ministry of Social Welfare, Relief and Resettlement has been designated to lead the Government's response in IDP camps, in collaboration with humanitarian organizations, and issued an Action Plan in this regard in May 2020. The Ministry of Labour, Immigration and Population (MoLIP) is coordinating efforts to address issues arising from the return of migrants.

As of October 2020, 76 national NGOs involved in humanitarian or development work in the locations targeted through the HRP were recorded in the 3W (Who, What, Where) database managed by the Myanmar Information Management Unit (MIMU). National humanitarian organizations are represented in the HCT through the Myanmar Red Cross Society;

the Local Resource Centre; the Metta Development Foundation; and Karuna Myanmar Social Services.

International capacity and response

In 2020, 11 UN agencies were involved in the humanitarian response while 60 international non-governmental organizations (INGOs) reported humanitarian or development activities in the locations targeted through the HRP through the MIMU 3W database.

Humanitarian access

Humanitarian partners have varying levels of access to crisis-affected people in targeted locations due to security challenges and government restrictions. Access constraints frequently result in difficulties and delays in assessing needs and implementing and monitoring response activities.[3] Additional measures limiting the movement and activities of humanitarian personnel due to COVID-19 have made access to affected communities even more challenging, particularly in Rakhine.

In Kachin State, despite limited active conflict since 2018, access for humanitarian organizations to most locations outside downtown areas continues to be challenging. Access is particularly constrained in non-government-controlled areas in the eastern part of the state, where international humanitarian organizations have largely been unable to reach camps hosting some 40,000 people since early 2016. Local partners continue to respond in these areas, albeit in challenging circumstances, with closures of the border with China in response to the COVID-19 pandemic having further complicated movement, programming and access to markets. In addition to challenges around travel authorizations, limited infrastructure and monsoon flooding further complicate efforts to reach people in need in locations outside towns across Kachin, undermining the quantity, quality and sustainability of assistance and services provided to IDPs and host communities.

In the northern part of Shan State, sporadic outbreaks of fighting are an additional complicating factor, alongside many of the challenges noted in relation to Kachin. Securing travel authorization is typically particularly challenging for UN and INGO partners for locations hosting temporarily displaced persons. An analysis of severity of access challenges in northern Shan identified six townships where access is most heavily constrained, where an estimated 36,000 people in need are located. Organizations operating in the area highlighted challenges relating to travel authorization processes, conflict dynamics, poor infrastructure and military checkpoints as key obstacles.

In Rakhine and Chin, national and international humanitarian organizations have faced increasing challenges in reaching affected people, with many areas cut off due to restrictions and access to others complicated by shifting travel authorization requirements, insecurity, landmines or poor infrastructure. This has exacerbated already limited access in many parts of Rakhine. Access to sites hosting people displaced by the armed conflict between the Myanmar Armed Forces (MAF) and the Arakan Army (AA) which broke out in December 2018 has been particularly challenging, particularly in rural areas, with travel authorization often limited to particular sectors and granted for short periods which impedes the provision of quality, predictable humanitarian assistance and services. Most humanitarian partners have also been affected by extensive restrictions on programming in rural areas (both for response to new displacement and other support for communities). Humanitarian organizations have categorized access to more than half a million people in nine townships of central and northern Rakhine and Paletwa in Chin as particularly challenging.

From mid-August 2020, the rapidly evolving COVID-19 situation in Rakhine State led to further access challenges, with new restrictions applied to the movements of humanitarian personnel as the authorities sought to move quickly to minimize transmission risks. As part of the authorities' efforts to contain a local outbreak, existing travel authorizations were withdrawn and the activities of a number of organizations were suspended due to

personnel testing positive, resulting in the interruption of essential operations in camps, displacement sites and other locations. A large number of humanitarian workers were placed in quarantine pending COVID-negative certification. By October, the resumption of some operations was underway but efforts continued to be complicated by additional COVID-related measures, including a requirement for assistance to be delivered through local authorities.

A Humanitarian Access Working Group (HAWG) operating under the HCT has been in place since late 2019 and has enabled enhanced collective analysis of access challenges in 2020, as well as the development of advocacy products. As of late 2020, an Operational Access Tracker was being piloted in Rakhine State. This tool will enable deeper and more timely analysis of critical access challenges and enabling factors (including modalities such as CVA, remote management and locally led responses) to inform operational decision-making and will provide a firmer basis for robust advocacy in this regard in 2021.

SHAN, MYANMAR
Children in an IDP camp in Muse, northern Shan.
Photo: OCHA/Htet Htet Oo

1.5 Accountability to Affected Populations

Strengthening Accountability to Affected Populations (AAP) and Community Engagement (CE) will be an important priority for the HCT in 2021. The HCT will continue to promote the use of relevant guidelines including the Core Humanitarian Standard on Quality and Accountability[4] to strengthen system-wide humanitarian action in Myanmar, and uphold commitments around the the IASC Commitments on AAP and PSEA,[5] the IASC Policy on the Centrality of Protection[6] and the IASC Policy for Gender Equality and the Empowerment of Women and Girls[7] to enhance gender mainstreaming and targeted action for gender equality and empowerment of women across the humanitarian programming cycle. The HCT will promote women and youth leadership and meaningful participation in humanitarian planning and response.

There are ongoing initiatives to strengthen collective accountability among humanitarian actors in Rakhine, Kachin and northern Shan states. A Communications with Communities (CWC) Working Group in central Rakhine facilitates a collective approach on community engagement including by developing emergency messages for cyclones or floods, identifying best practices on feedback mechanisms, and analyzing and responding to community complaints. A CCCM complaint and response mechanism is also in place in central Rakhine, allowing for cross-camp trend analysis of IDPs' concerns. Opportunities for further collaboration will continue to be explored in Kachin and Shan states. In addition, Risk Communication and Community Engagement (RCCE) has been significantly expanded in the context of COVID-19, with a national-level working group led by the Ministry of Health and Sports, WHO and UNICEF. Networks and tools established in this area will be further leveraged in 2021 in support of enhanced AAP more broadly.

A comprehensive survey of current AAP/CE approaches and mechanisms among HCT partners was undertaken in mid-2020 and findings will be used to enhance knowledge management and further build capacity over the course of 2021. A key priority will be to build on existing good practice within individual organizations and sectors and clusters, as well as recent innovations around RCCE, to establish a collective and inclusive system for gathering feedback around common data points covering all HRP areas and ensuring that findings inform adjustments and enhancements to the overall response.

Two AAP indicators were included in the 2020 Humanitarian Response Plan, to assess if communities felt sufficiently informed about the services provided and whether reliable feedback mechanisms were available, including in relation to sexual exploitation and abuse. However, system-wide information collection in this regard has proven challenging. Nonetheless, and as noted above, collective monitoring will be further enhanced in 2021, providing a basis for a more consistent and coherent approach to the analysis of trends in communities' perceptions and ensuring more predictable feedback loops back to affected people.

In order to coordinate and support implementation of international commitments on Protection from Sexual Exploitation and Abuse (PSEA), including the UN Secretary-General's Bulletin (2003)[8], a PSEA Network was established in Myanmar in 2018. The Network supports coordination, capacity-building, awareness-raising and oversight around PSEA, with a dedicated Inter-Agency PSEA Coordinator working closely with the ICCG, sectors, clusters and sub-national coordination bodies. The COVID-19 pandemic has made it more challenging to reach and communicate directly with communities. Efforts in 2020 focused

on strengthening the capacity of organizations in receiving and responding to SEA complaints. In September 2020, the Network completed the training of a pool of 16 SEA investigators who can be engaged by member organizations to conduct investigations into allegations of SEA. The effective roll-out of this new mechanism will be a key priority in 2021, as will community-level awareness-raising, including in local, and the strengthening of community-based reporting mechanisms.

KACHIN, MYANMAR
Rainy season in an IDP camp in Waingmaw Township.
Photo: UNICEF/Minzayar Oo

1.6
Consolidated Overview on Cash and Voucher Assistance

In line with the Grand Bargain commitments, the HCT, the Government of Myanmar, and other partners recognize the potential of cash and voucher assistance (CVA) as a response modality and there continues to be significant scope to expand the use of CVA in Myanmar. Key challenges in scaling up CVA include:

- A developing financial and telecommunications infrastructure. Many remote areas lack reliable mobile network coverage and access to financial service providers (FSPs). Even in areas with coverage, household mobile phone penetration remains persistently low. Households with the means to access financial services can nonetheless face difficulties due to identification requirements for SIM cards or FSP accounts; this is a challenge for Rohingya communities in particular.
- Movement restrictions reduce access to markets and the ability of CVA recipients to safely withdraw funds provided, raising associated protection risks.
- Political acceptance and administrative bottlenecks continue to hinder CVA activities, particularly in Rakhine State, where ongoing conflict has created additional difficulties for humanitarian partners to get approval to implement cash programs.
- Many humanitarian organizations lack the capacity to implement CVA activities, either due to staffing or knowledge gaps, resulting in uneven use of CVA across partners and sectors.

The Cash Working Group (CWG), under the umbrella of the ICCG, will work to strengthen CVA activities through improved cash coordination and support to partners in 2021. In 2020, the capacity of the CWG was enhanced and the frequency of meetings was increased to a monthly schedule. The CWG TORs, workplan and 4W were comprehensively updated. Key priorities for 2021 include supporting increased standardization of approaches to cash-for-work, development of an updated common minimum expenditure basket (MEB), guidance around protection and CVA, market monitoring, and joint mapping of FSPs. The establishment of the MEB in particular will be an important step towards greater coordination and harmonization and will provide a basis for the expansion of multi-purpose cash. This work will be carried out with the participation of UN/NGO partners, technical sectors, government interlocutors, and communities.

The CWG will also work with partners to monitor the progress of CVA activities by reporting publicly through MIMU and other platforms. The sub-national CWGs in Myitkyina and Sittwe will build synergies with the national CWG and support context-specific operational standards, introduce mitigation measures for any protection concerns identified, and facilitate information sharing and coordination among key actors.

In 2021, humanitarian partners will work to implement and scale up CVA, particularly through digital payments, where feasible and appropriate, in close consultation with affected communities. In 2020, CVA through digital approaches including e-vouchers and mobile money, increased, particularly in central Rakhine and Kachin States, and further expansion is planned for 2021.

As part of broader efforts to promote inter-sectoral approaches, humanitarian partners in Myanmar, in coordination with the CWG and ICCG, will continue to explore the possibility of launching joint multi-purpose cash programs, building on experience gained through

previous pilot operations, which will also be aided by the establishment of the MEB.

Another important priority in 2021 will be further leveraging CVA as a means of bridging between humanitarian and development work, focusing on, where feasible, using cash as a flexible means to support returnees and durable solutions. This work will also include efforts to ensure close coordination across humanitarian CVA and support for the Government of Myanmar's expanding social protection programs, including the Maternal and Child Cash Transfer program, support to IDPs, and COVID-19 related assistance programs.

RAKHINE, MYANMAR
A woman and her child in Pon Nar Gyi village, Pauktaw Township.
Photo: DRC/Lucien Lung

Part 2:

Response Monitoring

RAKHINE, MYANMAR
A mother holding her baby at an Outpatient Therapeutic Programme (OTP) centre in Thet Kel Pin IDP camp, Sittwe Township. Photo: UNICEF/Nyan Zay Htet

2.1 Monitoring Approach

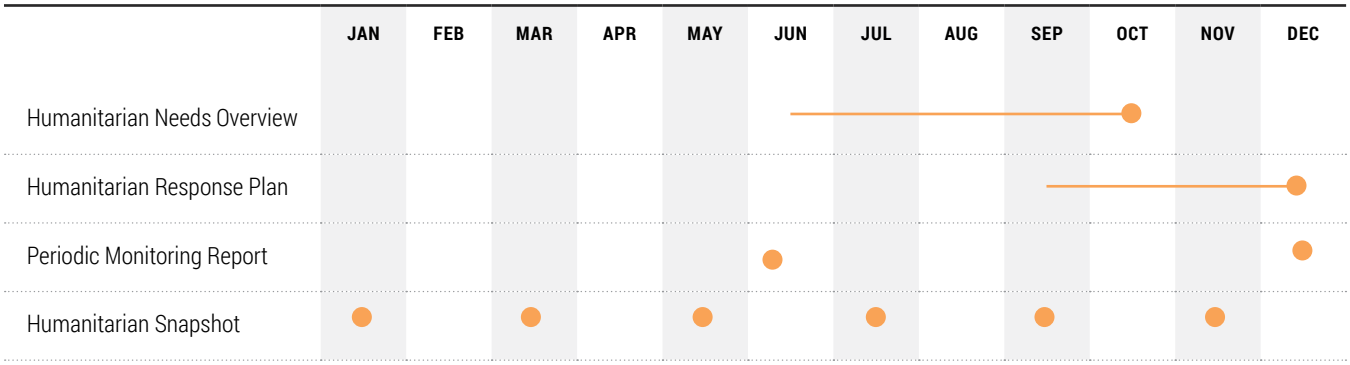
The HCT has agreed on targets and indicators for each of the sectors and clusters within the scope of this HRP. These will be used as a basis for overall monitoring of the humanitarian response, which is intended to contribute to further improvements in analysis, planning and decision-making. The ICCG takes the lead in ensuring regular monitoring and reporting of response implementation status and challenges. In 2021, the HCT will produce semi-annual monitoring reports, detailing each sector and cluster's achievements disaggregated by sex and age for each indicator, challenges, and recommendations for follow-up action.

In addition to the HCT monitoring reports, individual sectors, clusters and agencies produce a range of monitoring reports throughout the year, and reports on multi-sector inter-agency assessment missions are shared with the HCT. Publicly available monitoring reports and various other information products are posted on the MIMU and OCHA/ReliefWeb websites.

The following actions will be prioritized for 2021:

- Advocacy for comprehensive multi-sector needs assessments in all areas with humanitarian emergencies.
- Production of semi-annual monitoring reports.
- Strengthening of analysis of the situation of persons with disabilities and barriers they face in accessing assistance and services to inform tailored interventions.
- Collection and analysis of sex- and age-disaggregated data across all clusters/sectors with strengthened protection and gender analysis.

Humanitarian Programme Cycle Timeline



2.2
Indicators and targets

Strategic Objective 1

The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021.

SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED	SECTOR	SOURCE	FREQUENCY
SO1.1: Morbidity and mortality of 755,100 people in targeted locations is reduced through adequate access to essential food, health care, nutrition, shelter/ non-food items and water sanitation and hygiene services	% of households with acceptable food consumption	N/A	80%	Food Security	Post distribution monitoring	Quarterly
	Proportional morbidity of acute watery diarrhea among EWARS reporting sites, continuous trend measurement over time for 2021	N/A	N/A	Health	Prospective based surveillance	Continuous trend monitoring
	Proportional morbidity of fever with rash among EWARS reporting sites, continuous trend measurement over time for 2021	N/A	N/A	Health	Prospective based surveillance	Continuous trend monitoring
	Proportion of discharged cases of children 0-59 months with severe acute malnutrition who recovered	N/A	100%	Nutrition	Sector Monitoring Database	Monthly
	Proportion of discharged cases of 0-59 months with moderate acute malnutrition who recovered	N/A	100%	Nutrition	Sector Monitoring Database	Monthly
	% of targeted population (at high risk of diarrhoea /vector related diseases outbreaks) covered by tailored and appropriate WASH assistance at minimum/agreed standards	20%	20%	WASH	4W	Quarterly
SO 1.2: 856,000 people in targeted locations are protected from further harm and the risks they face are mitigated and/ or responded to through improved access to quality and inclusive protection services, including mental health and psychosocial support, child protection, gender-based violence and mine action activities	At least 50% of people targeted by the Protection Sector are able to access protection services.	985,600	856,032	Protection	4W	Annual
	% of targeted people accessing safe and inclusive WASH assistance designed to minimize risks of violence/human rights violations	10%	10%	WASH	4W	Quarterly

SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED	SECTOR	SOURCE	FREQUENCY
SO 1.3: Respect for human rights and the protection of civilians is promoted for 7,700 returnees people in targeted locations, and durable solutions in line with international standards are supported wherever feasible and appropriate in all targeted locations	% of IDPs that have moved, who are in safe locations with access to basic livelihood opportunities.	8,367	7,698	Protection	Durable solutions tracker	Annual

Strategic Objective 2

Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021.

SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED	SECTOR	SOURCE	FREQUENCY
SO 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 599,600 people in targeted locations depending on the severity of their needs	% of targeted girls and boys (ages 3-17) supported for continued access to protective, quality and inclusive learning opportunities	N/A	80%	EiE	4W	Quarterly
	% of targeted people with access to safe, equitable and gender appropriate WASH services, goods, information and facilities at minimum/agreed standards	30%	30%	WASH	4W	Quarterly
SO 2.2: Livelihoods opportunities, food security and nutritional status of 213,600 people in targeted locations are secured and improved through direct provision of assistance and support for sustainable and resilient agriculture	% of households with acceptable food consumption	N/A	80%	Food Security	Post distribution monitoring	Quarterly
	Proportion of targeted boys and girls aged 6-59 months enrolled in blanket supplementary food programs	N/A	100%		4W	Quarterly
	Nutrition					

SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED	SECTOR	SOURCE	FREQUENCY
SO 2.3: The resilience of 857,600 people affected by conflict or disasters in targeted locations is further strengthened and national capacities are reinforced to prepare for and respond to potential future emergencies	Number of national education sector staff (MoE and local/ national NGO) with increased capacity to plan for, implement and monitor EiE programming (such as conflict sensitivity, DRR, needs assessments, etc.)	485 national and sub-national education officials and staff (MoE and local/ national NGO)	172 national and sub-national education officials and staff (MoE and local/ national NGO)	EiE	4W	Quarterly
	% of households with acceptable food consumption	N/A	80%	Food Security	Post distribution monitoring	Quarterly
	Proportion of targeted households with children (0-23 months) reached with messages on nutrition in the context of COVID-19	N/A	100%	Nutrition	Sector Monitoring Database	Monthly

SHAN, MYANMAR
A trainer at Mine Risk Education Training of Trainers in Mongyai Township, northern Shan.
Photo: OCHA/Htet Htet Oo

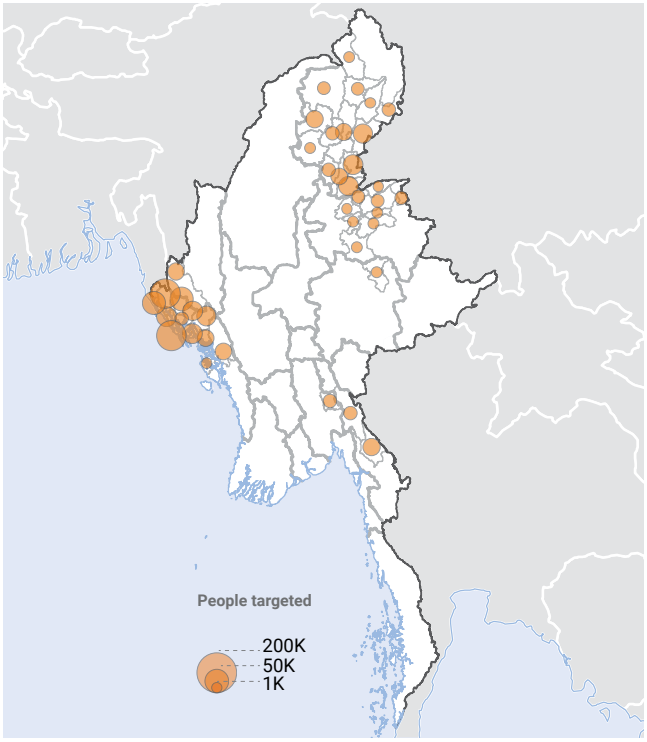
Part 3:

Cluster/Sector Objectives and Response

KACHIN, MYANMAR
A displaced family in Pa La Na IDP camp, Myitkyina.
Photo: UNICEF/Minzayar Oo

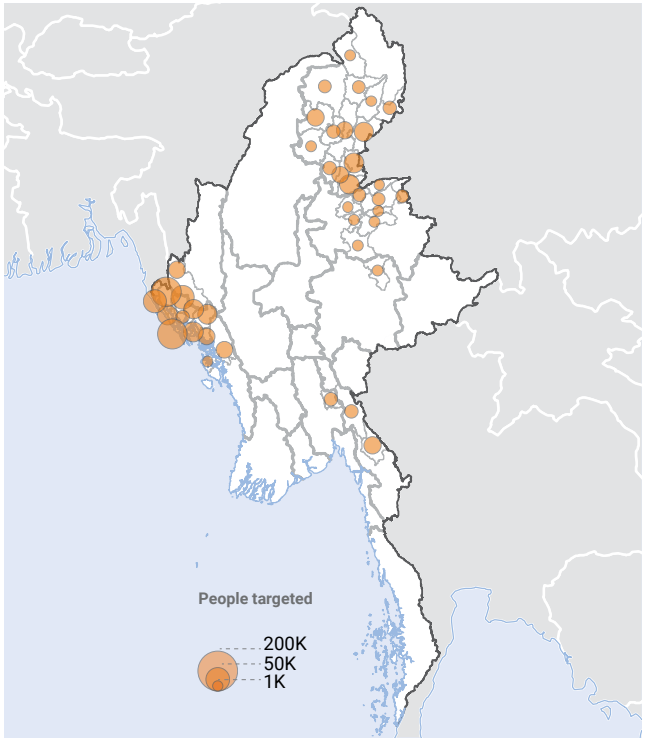
3.1 Education in Emergencies

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
279K	212K	$34M



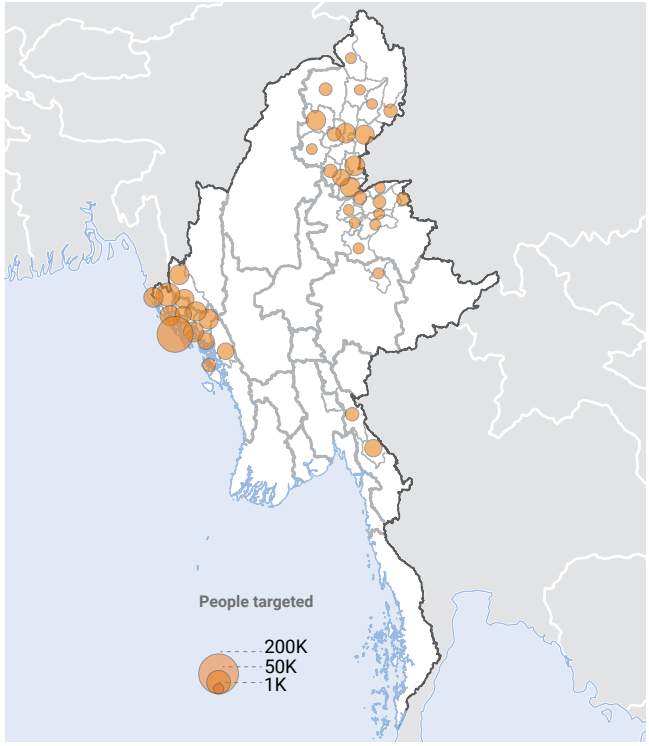
3.2 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
783K	601K	79.3M



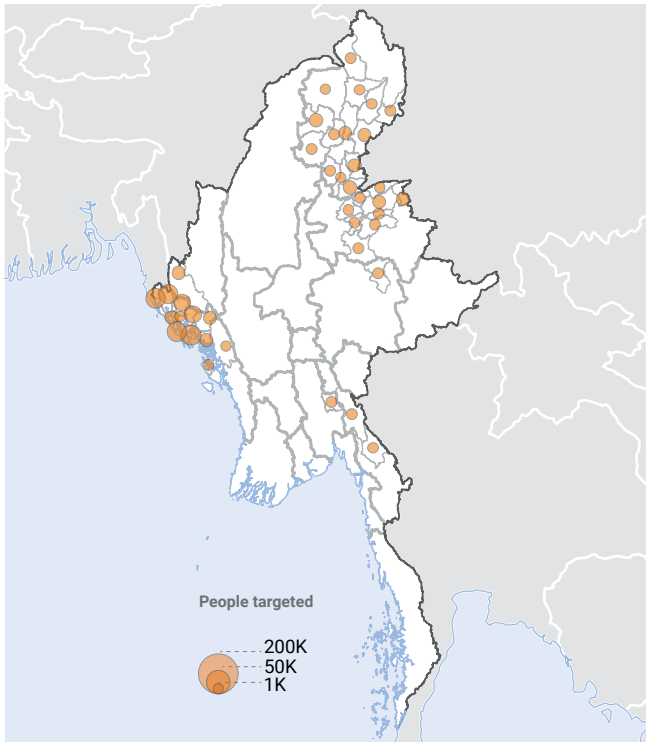
3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
819K	580K	29.1M



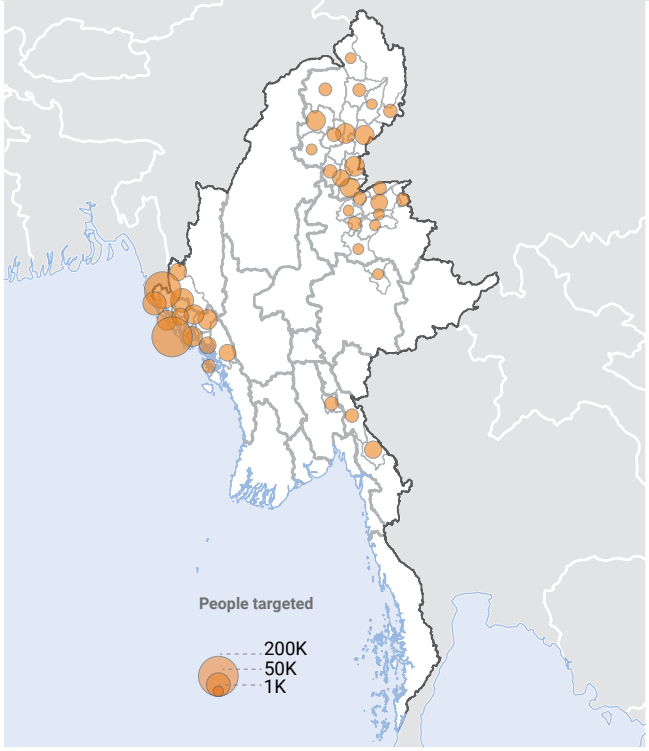
3.4 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
183K	148K	21.2M



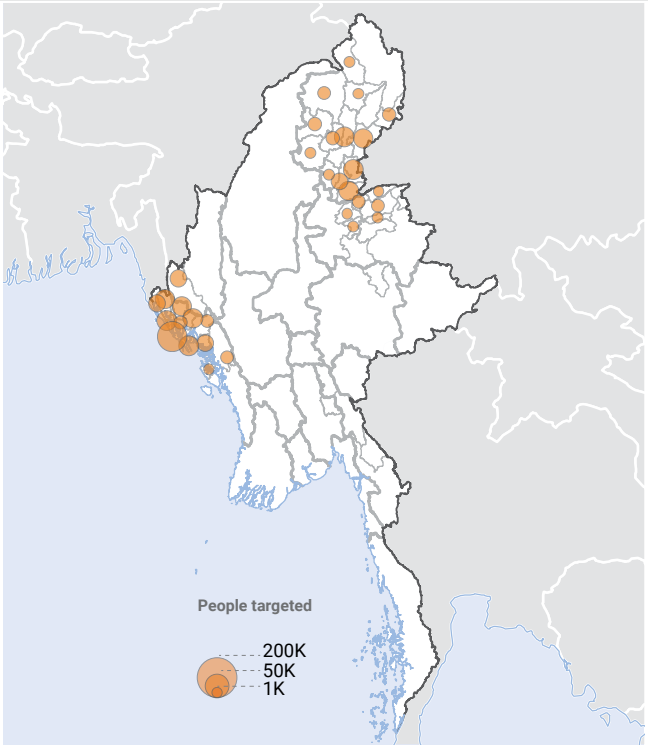
3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
986K	856K	37M



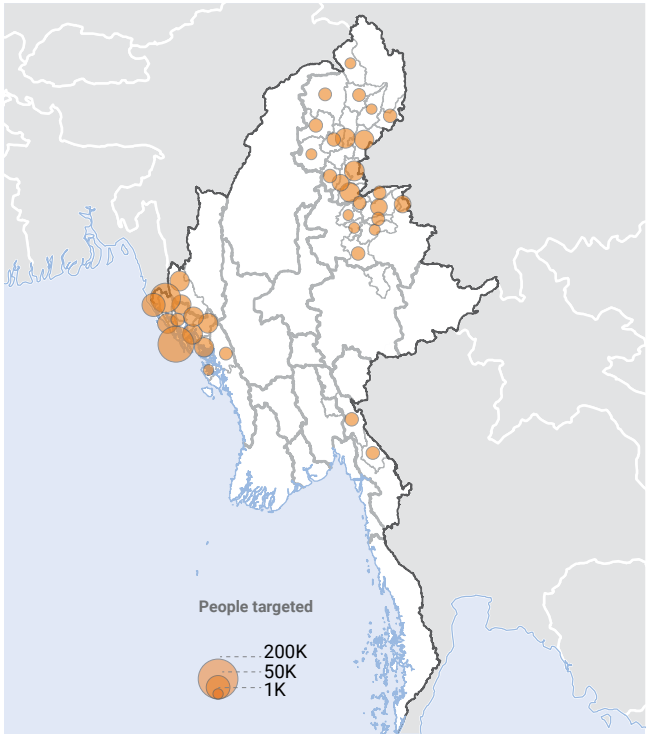
3.6 Shelter/NFI/CCCM

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
348K	326K	36.8M



3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
914K	640K	34.7M



3.1 Education in Emergencies

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
279K	212K	34M	21

Bago	: 850	Bago	: -	Bago	: -
Chin	: 4,121	Chin	: 3,709	Chin	: 0.57 M
Kachin	: 43,897	Kachin	: 36,102	Kachin	: 4.35 M
Kayin	: 3,506	Kayin	: 3,331	Kayin	: 0.38 M
Rakhine	: 218,093	Rakhine	: 161,618	Rakhine	: 27.9 M
Shan	: 8,407	Shan	: 7,055	Shan	: 0.85 M

Objectives

Objective 1: More than 206,500 crisis-affected girls and boys (ages 3-17) have continued access to protective, quality and inclusive learning opportunities that promote their health and wellbeing.

Objective 2: Some 5,295 formal and non-formal teachers' capacity is enhanced to provide continued quality education to and cater for psycho-social and socio-emotional needs of crisis-affected learners (girls and boys aged 3-17 years).

Objective 3: The national education sector (Ministry of Education (MoE) and local/national NGOs) has increased capacity to prepare for and respond to shocks and crises.

Response

As outlined in the Education in Emergency (EiE) sector analysis of the 2021 HNO, displaced and crisis affected children and adolescents in Kachin, northern Shan, Rakhine, southern Chin and Kayin continue facing serious barriers in accessing quality and inclusive education opportunities. The COVID-19 pandemic has compounded these pre-existing challenges and reinforced the need for enhanced collaboration between the MoE and the EiE Sector in order to strengthen system-level preparedness and response mechanisms for education in Myanmar. To prevent an unprecedented crisis for children due to the prolonged closure of education spaces, EiE partners will dedicate significant support and advocacy to ensure children return to school and can access alternative modes of learning opportunities prior to school re-opening.

In Rakhine, the security situation continues to affect access to quality, inclusive and protective education, from Early Childhood Care and Development (ECCD) to secondary education. In IDP camps in central Rakhine, EiE sector partners will aim at transitioning the direct provision of primary education to MoE (see section on Nexus below) while building the capacity of local partners to support MoE in reaching stateless children in inaccessible areas (including northern Rakhine) by government teachers. Sector partners will continue supporting MoE in ensuring that all children displaced by the ongoing conflict between the Myanmar Armed Forces and the Arakan Army are enrolled in Government schools and receive the necessary teaching and learning materials (also see COVID-19 section below). Partners will continue advocating with MoE to increase access to post-primary education to stateless children in IDP camps in central Rakhine and those in northern Rakhine, while providing non-formal and vocational education to partially fill the secondary access gap until access to formal post-primary education is granted.

As identified in the analysis of needs in Kachin and northern Shan, while most children in government-controlled areas are able to enroll in government schools, those in areas beyond Government control often leave their families to attend boarding schools in government-controlled areas, which poses significant child protection and child safeguarding concerns. In Government-controlled areas, EiE sector partners will continue supporting improved quality of education of IDP children enrolled in Government schools through the provision of teaching and learning supplies,

classroom equipment, and support for children who do not speak Myanmar as a first language. In Kachin, as the closure of IDP camps goes forward, EiE sector partners will need to engage with communities, children and local authorities, with attention to gender and disability, to assess gaps in education facilities/personnel (according to the Kachin Intention Survey Report in 2019, more than 40 per cent of IDPs in Chipwi listed "no schools for children" as a top barrier to return) and assist them (through high level advocacy with the MoE) to support return and resettlement by reopening/rehabilitation of schools that remained closed since the start of the conflict. In areas beyond Government control in Kachin and northern Shan, partners will undertake consultations with parents, children, and ethnic-based education providers to identify solutions to the problem of family separation created by the lack of education opportunities. Providing access to and enhancing the quality of education opportunities will include strengthening institutional child safeguarding and safe education programming capacity in coordination with child protection partners. In southern Chin and the South-east, partners will use a gender-responsive approach to support displaced children in enrolling in Government schools by facilitating the provision of teaching and learning supplies and rehabilitation/construction of additional school facilities.

Cash and Voucher Assistance (CVA) will be used in areas accessible by markets (government-controlled areas) in Kachin, northern Shan, southern Chin and the Southeast to support families to purchase school supplies, meet school fees and transportation costs, and to empower parents to choose how best to meet their needs, stimulating local markets but also to overcome access constraints for distribution of in-kind materials and economic circumstances caused by COVID-19.

Partners will continue addressing the barriers to provision of quality education by strengthening capacity of teachers (formal/non-formal) to provide child-centred, inclusive, and gender-responsive teaching practices. To address the psycho-social and socio-emotional needs of crisis-affected children, teachers' capacity to apply social-emotional learning practices in their classrooms will be strengthened, in coordination with the Child Protection and Mental Health and Psycho Social Support (MHPSS) Working Groups. The Working Groups may coordinate for technical support on psychosocial support trainings delivered to teachers and will aim to establish school-based referral mechanisms for children requiring higher-level MHPSS or protection services.

Across different states, incidents of attacks on schools and use of schools by armed forces/groups have been officially reported to the monitoring and reporting mechanism. The EiE Sector will support the dialogue and engagement with the MoE and the Government of Myanmar to endorse the Safe Schools Declaration, in collaboration with Education Development Partners and child protection actors and will advocate for increased reporting and response to attacks on education. EiE Sector partners will also raise awareness among communities about preventing education from attack.

Humanitarian-development nexus and localization in the education response

Securing uninterrupted learning for children and youth, especially in protracted settings, requires the collaboration of both humanitarian and development actors. The Myanmar EiE Sector will continue engaging with the MoE and the Local Education Group in policy development processes (including the development of the National Education Strategic Plan and the joint Emergency Preparedness and Response Framework), to ensure that a) the needs of learners affected by crisis are taken into account and budgeted for, b) MoE capacity to respond to crisis at national and state level is enhanced, and c) a costed transition plan for the direct provision of services in IDP camps in Rakhine is developed and endorsed by MoE.

Local actors are central to service delivery and expansion of the sector's coverage. This is particularly true for (but not limited to) areas beyond Government control in Kachin and northern Shan, and areas where international actors face access limitations. In 2021, the EiE Sector will aim at leveraging the expertise of local partners through the enhancement of technical

and institutional capacities of national and local NGOs to support a more targeted and effective response to meet growing education needs.

A dynamic and flexible education response tailored to the COVID-19 challenges

The EiE Sector response to COVID-19 requires innovative and multisector approaches so children can continue learning (either remotely or in person) while staying healthy and protected. This includes multisector advocacy for children to safely access learning spaces wherever COVID-19 transmission is low or not occurring. Where learning spaces are fully or partially closed, resources for learning at home are critical and the capacity of caregivers and teaching personnel to support children's remote learning needs to be enhanced. Remote learning support will first be provided with printed learning materials to reach the maximum number of children, but partners will look to expand online and offline digital learning opportunities in the medium-term. Remote learning will be monitored with particular attention to the equal participation of girls and boys, and children with disabilities. Programming options to address pre-pandemic overcrowding challenges and apply physical distancing need to be sought, in particular in IDP camps. Financial resources allocated to improve gender-responsive WASH facilities and supplies including menstrual hygiene management in learning centres are critical to ensure preparations for a safe Back to School response both in IDP camps in central Rakhine, in stateless populations townships in northern Rakhine and other crisis-affected areas beyond Government control in Kachin and northern Shan.
In the development of Back to School Campaigns, consulting and engaging with children and parents is necessary to better understand the particular needs of vulnerable children and adolescents - this is all children already affected by crisis, and particularly girls and children with disabilities – who may have fallen behind due to disruptions in learning and are at risk for dropping out. The EiE Sector will seek to leverage these initiatives to build back better and expand educational access to children who were not participating in education services before the pandemic, including children with disabilities. This will include working with child protection actors to refer out of school children to education services. Teachers and parents will also benefit from orientations on the provision of psycho-social support to children, in order to prepare them for a return to school.

Evidence Generation

As the Myanmar EiE Sector enters a new strategic period (new EIE Sector strategy 2021-2023 to be developed), partners agree that strengthening evidence generation through joint education needs assessments is critical to inform the development of more effective EiE programmatic approaches. Girls and boys will also be consulted during future joint education needs assessments to design responses that align to their expressed concerns.

Cost of Response

The cost of the EiE response varies depending on whether crisis-affected children are able to access services provided by the Government or ethnic service providers or whether partners are supporting direct service provision. Due to the necessity of developing and implementing new manners of reaching children and teachers caused by the COVID-19 crisis, the cost of education support has increased. An average cost per beneficiary is US$136, with the highest unit cost in Rakhine at US$173.

Monitoring

The Education Sector Monitoring Tool is being updated by partners on a quarterly basis and will continue to be used for monitoring of targets under this Humanitarian Response Plan as well as to re-adjust programming and identifying gaps in the provision of assistance.
An increased focus on child engagement will be piloted, aiming at strengthening EiE Sector partners' accountability to children in their service provision.
EiE Sector will additionally participate in inter-sectoral initiatives for strengthening accountability to affected populations.

Education objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021.			
Specific Objective 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 599,600 people (327,000 displaced and 272,600 non-displaced people) in targeted locations depending on the severity of their needs.			
Sector Objective: More than 206,500 crisis-affected girls and boys (ages 3-17) have continued access to protective, quality and inclusive learning opportunities that promote their health and wellbeing.	Number of targeted girls and boys (3-10) supported by partners to access quality and inclusive pre-primary/primary learning opportunities.	**144,179** Bago: 450 Chin: 2,373 Kachin: 22,847 Kayin: 1,914 Rakhine: 112,142 Shan: 4,453	**109,214** Bago: Chin: 2,135 Kachin: 18,790 Kayin: 1,819 Rakhine: 82,734 Shan: 3,736
	Number of targeted adolescent girls and boys (11-17) supported by partners to access quality and inclusive post-primary learning opportunities (formal and non-formal).	**127,723** Bago: 378 Chin: 1,645 Kachin: 19,953 Kayin: 1,504 Rakhine: 100,499 Shan: 3,744	**97,305** Bago: Chin: 1,481 Kachin: 16,409 Kayin: 1,429 Rakhine: 74,844 Shan: 3,142
Sectoral Objective: Some 5,295 formal and non-formal teachers' capacity is enhanced to provide continued quality education to and cater for psycho-social and socio-emotional needs of crisis-affected learners (girls and boys aged 3-17).	Number of targeted teachers (formal/ non-formal) who have received capacity building/training opportunities to increase their capacity to cater for psycho-social and learning needs of crisis-affected girls and boys (3-17).	**6,972** Bago: 21 Chin: 103 Kachin: 1,097 Kayin: 88 Rakhine: 5,452 Shan:210	**5,295** Bago: Chin: 93 Kachin: 903 Kayin: 83 Rakhine: 4,040 Shan: 176
Specific Objective 2.3: The resilience of 857,600 people affected by conflict or disasters in targeted locations is further strengthened and national capacities are reinforced to prepare for and respond to potential future emergencies.			
Sector Objective: The national education sector (MoE and local/national NGOs) has increased capacity to prepare and respond to shocks and crises.	Number of national education sector staff (MoE and local/national NGO) with increased capacity to plan for, implement and monitor EiE programming (such as conflict sensitivity, DRR, needs assessments, etc.)	**485** national and sub-national education officials and staff (MoE and local/national NGO)	**172** national and sub-national education officials and staff (MoE and local/national NGO)

3.2 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
783K	601K	79.3M	35

Bago	: 2,513	Bago	: 2,513	Bago	: 0.4 M
Chin	: 13,275	Chin	: 5,106	Chin	: 0.8 M
Kachin	: 102,649	Kachin	: 86,117	Kachin	: 11.1 M
Kayin	: 6,855	Kayin	: 6,855	Kayin	: 1.5 M
Rakhine	: 632,805	Rakhine	: 487,182	Rakhine	: 63.6 M
Shan	: 24,767	Shan	: 13,462	Shan	: 1.9 M

Escalation of conflict in different parts of the country, particularly in Chin and Rakhine states, combined with the COVID-19 pandemic and recurrent climate-related shocks continue to undermine the availability of food supplies and access to food and livelihoods opportunities. In 2021, the Food Security Sector (FSS) will target over 601,000 people, including women, girls, boys and men in Bago, Kayin, Kachin, Shan, Rakhine and Chin states affected by conflict and/or disasters. Vulnerable households will be prioritized to improve their physical and economic access to food, enhance their capacity to produce and utilize diversified foods year-round, and increase their resilience to shocks.

Objectives

Objective 1: Over 514,000 crisis-affected people have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance all year round.

Objective 2: Enhanced resilience of over 175,000 crisis-affected people to restore, protect and improve their livelihood opportunities.

Objective 3: Improved timeliness, appropriateness and effectiveness of food security sector response through food security sector coordination, analysis and dissemination.

Response

In 2021, FSS partners will prioritize emergency food assistance and activities to restore agriculture and other livelihoods of affected populations and protect vulnerable populations at risk, thus strengthening resilience and contribute to reducing food insecurity. Vulnerable women, girls, boys, and men identified through assessments will be prioritized by partners.

Partners will provide life-saving food and/or cash assistance to vulnerable communities living in camps or camp-like settings in Bago, Kachin, Kayin, Shan, Rakhine and Chin States. The protracted displacement and movement restrictions, worsened by COVID-19 pandemic, will continue to undermine the availability of food supplies, access to livelihoods and physical and economic access to food. As communities' ability to access to food and/or generate income for basic foods is already limited, FSS partners expect that the most vulnerable will be particularly impacted.

The FSS will scale up efforts to access communities in hard-to-reach areas controlled by ethnic armed organizations in Kachin and northern Shan. The FSS will continue to advocate for access and work through local or community-based organizations to provide food assistance and livelihoods opportunities to the displaced and most vulnerable crisis-affected people. Returnees, resettled and relocated IDPs will also be supported with a one-time return package followed by cash-for-work activities and livelihoods inputs to rehabilitate and/or construct community assets, contributing to the filling of seasonal food gaps whenever feasible.

The FSS will ensure that vulnerable crisis-affected people in northern Rakhine have access to safe and nutritious food through the provision of

emergency food assistance and agriculture inputs. In collaboration with state and local authorities, targeting will continue in food-insecure villages and vulnerable food-insecure households to ensure the most vulnerable are not left behind. These groups include female-headed households with a high number of dependents, households with disabled members, and the elderly.

The aim of interventions to improve economic access to food and to increase the availability of quality and diversified food is to reduce the use of negative coping mechanisms. These are critically important in addressing the impact of COVID-19. Interventions will also address immediate needs and contribute to long-term resilience where possible, promoting cash transfer modalities to increase access to food and agriculture and livelihoods inputs and build self-reliance.

Small-scale farmers, livestock owners and fishing communities will receive agriculture inputs that can support crop, livestock, fishery and aquaculture production and productivity. Cash interventions will be considered as a means of contributing to the rehabilitation and enhancement of community productive assets, aiming at increasing communities' capacities to withstand the impacts of disasters and COVID-19. Agriculture and non-agriculture livelihoods programs will seek to promote social cohesion, strengthen the resilience of affected communities and mitigate the effects of protracted crisis. IDPs, IDP returnees, non-displaced communities affected by conflict and/or disasters, and other vulnerable host communities will be targeted. Women, including female-headed households, will be engaged in livelihoods opportunities by promoting gender-transformative and non-household-based activities through a consultative approach to advocate for women's economic empowerment, resilience and self-reliance.

Cost of Response

The funding requirements for FSS take into account emergency assistance and agricultural and non-agricultural livelihoods support. These livelihood projects aim to increase food production, assist local fishing communities and provide assistance to livestock owners, including through the use of cash and voucher programming and income generating activities. Standard guidelines are not in place to harmonize the calculation of costing; costs will vary depending on the type of intervention (e.g. provision of seeds versus animal capitalization) and geographical location (e.g. due to local cost of animal purchase).

For food assistance, the standard ration for monthly in-kind assistance consists of 13.5 kg of rice, 1.8 kg of pulses, 0.9 kg of oil and 0.15 kg of salt in line with the Sphere Standard daily requirement of 2,100 kilocalories. Cash-based assistance will be scaled up where appropriate, taking into account access to functioning markets, security concerns, beneficiary acceptance and COVID-19 impact. Cash entitlements will be determined based on the local market price of the standard food basket, inflation rates and transportation costs. FSS continues to explore the expansion of mobile money transfers from Kachin to Shan and Rakhine to reduce the risks associated with the delivery of cash, and to simplify delivery mechanisms. In-kind assistance will continue where conditions are not conducive for cash transfers.

FSS will work in collaboration with other sectors, to incorporate protection and gender-based violence (GBV) measures throughout all planned activities. The sector is aware that food or cash distributions may unintentionally contribute to GBV, and thus prevention strategies informed by protection and GBV assessments will be incorporated as mitigation.

Monitoring

A participatory monitoring approach will be implemented in close collaboration with local authorities and decentralized services. For an effective response, it is essential to have a clear understanding of the magnitude and severity of food insecurity, combined with analysis of immediate and underlying causes. The connection between food security analysis and response will be enhanced through the expansion of existing food security monitoring and information management systems,

and by strengthening links with response analysis at state and township levels in Kachin, Shan, Rakhine and Chin states. The FSS also plans to collect data from FSS partners using its 5W database, which will allow a close understanding of existing assistance and gaps to be filled.

Standard monitoring activities under the FSS include regular food distribution monitoring, on-site monitoring for Cash for Work and Post Distribution Monitoring (PDM). The FSS programme implementation is monitored through gender-disaggregated data collected regularly by FSS partners (where relevant). FSS monitoring ensures that the intended beneficiaries receive their full entitlements and support, and highlights issues of concern to be addressed. Monitoring also typically includes the gathering of data on utilization and satisfaction of the food among beneficiaries.

The FSS Community Engagement Mechanism (CEM) ensures participation of all sections of affected populations. It is used to receive and process beneficiary concerns, respond to them, and to ensure that FSS is accountable to its beneficiaries and responsive to community feedback and requests for greater and more routine transparency, two-way communication, and information provision for affected communities.

Food Security objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021.			
Specific Objective 1.1: Morbidity and mortality of 755,100 people (319,200 displaced and 435,900 non-displaced people) in targeted locations is reduced through adequate access to essential food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.			
Sector Objective: Over 514,000 crisis-affected people has equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance, all year round.	Number of people who received food and/ or cash assistance	**583,051** Bago: 2,513 Chin: 5,106 Kachin: 91,235 Kayin: 6,855 Rakhine: 460,526 Shan: 16,816	**514,694** Bago: 2,513 Chin: 5,106 Kachin: 83,863 Kayin: 6,855 Rakhine: 404,678 Shan: 11,679
Specific Objective 2: Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021.			
Specific Objective 2.2: Livelihoods opportunities, food security and nutritional status of 213,600 people (96,200 displaced and 117,400 non-displaced people) in targeted locations are secured and improved through direct provision of assistance and support for sustainable and resilient agriculture.			
Sector Objective: Resilience of over 175,000 crisis-affected people is enhanced to restore, protect and improve their livelihood opportunities.	Number of people who received agriculture and other livelihood support, contributing to household food security.	**204,308** Bago: 1,022 Chin: 5,106 Kachin: 11,414 Kayin: 6,535 Rakhine: 172,279 Shan: 7,952	**175,444** Bago: 1,022 Chin: 2,262 Kachin: 10,163 Kayin: 6,535 Rakhine: 150,241 Shan: 5,221

3.3 Health

PEOPLE IN NEED		PEOPLE TARGETED		REQUIREMENTS (US$)		PARTNERS
819K		580K		29.1M		74
Bago	: 2,513	Bago	: -	Bago	: -	
Chin	: 13,275	Chin	: 10,304	Chin	: 0.52M	
Kachin	: 118,257	Kachin	: 93,899	Kachin	: 4.7M	
Kayin	: 10,365	Kayin	: 10,365	Kayin	: 0.6M	
Rakhine	: 651,700	Rakhine	: 451,660	Rakhine	: 22.5M	
Shan	: 22,549	Shan	: 13,440	Shan	: 0.8M	

Objectives

The Health Cluster collectively prepares for and responds to humanitarian emergencies with an aim to improve health outcomes of crisis-affected people through timely, predictable, appropriate and coordinated health actions. The Health Cluster, co-led by the Ministry of Health and Sports (MoHS), aims to build upon current structures, making principled health actions as local as possible, to relieve suffering, save lives and prevent disabilities in humanitarian emergencies. The Health Cluster will enhance the well-being, safety, dignity and resilience of crisis-affected people through a coherent, coordinated, integrated, timely and quality humanitarian health response integrating different needs of women, girls, men and boys of all ages, people with disabilities, and individuals with a diverse sexual orientation or gender identities.

Response

The Health Cluster will continue to facilitate the timely delivery of quality programmes and services based on different health needs and capacities of women, girls, boys and men of all ages, people with disabilities and other diversity characteristics. The Health Cluster's work plan establishes priorities aligned with the MoHS strategic directions and will address humanitarian and development challenges to promote the nexus approach where possible.

The COVID-19 pandemic added to the existing vulnerabilities of conflict-affected people and stretched the capacity of the Health Cluster. The local transmission of COVID-19 in Rakhine State necessitated implementation of several measures in the interest of public health that impacted on humanitarian access. The Health Cluster prioritized the following activities to respond COVID-19 linking with the MoHS Health Sector Contingency Plan for COVID-19 and Other Emerging Respiratory Disease Outbreak Response in Myanmar as well as United Nations COVID-19 Country Preparedness and Response Plan: (1) Strengthen surveillance support, (2) Enhance risk communication and community engagement, (3) Strengthen infection prevention and control measures, (4) Protect frontline health workers from infection, (5) Support continuity of essential and life-saving health services, and (6) Support strengthening case management capacity at health facilities.

The Health Cluster is committed to strengthening its preparedness and response capacities in emergency-affected and underserved areas, including response to acute emergencies through improving equitable access to inclusive health care. The essential healthcare package including maternal, reproductive, and child health services will be made available in an equitable and timely manner. Services to people with disabilities, GBV survivors, remote communities and displaced populations will be further strengthened.

Priority health activities will vary across locations. Mode of delivery will be adapted to each location, either through mobile clinics, temporary or

revitalization of fixed health facilities. Targeted activities include:

1. Primary health care services aligned with the essential package of health services, including sexual and reproductive, maternal, newborn, adolescent and child health care, and emergency health care for land mine victims.
2. Emergency referrals including specific services such as emergency trauma care, emergency obstetric care, emergency newborn care, life threatening emergency care, gender-based violence (GBV) clinical care and referrals to other GBV specialized services.
3. Immunization activity support.
4. Preventing, detecting, and rapidly responding to communicable diseases through Early Warning, Alert and Response System (EWARS).
5. Mental health and psychosocial support services.
6. Supporting the delivery of rehabilitation services and provision of assistive devices, technology and products for persons with injuries and different forms of impairments (including chronic diseases).
7. Preparedness capacity for emergencies and disasters, including disaster risk reduction within the Health Cluster.
8. Advocacy to promote equitable access to inclusive healthcare.
9. Contingency medical supplies and health logistics support to continue life-saving health services within the context of COVID-19. This includes continuity of HIV and TB treatments as well as treatment for non-communicable diseases (e.g. diabetes, hypertension).
10. Improving availability of humanitarian health information for hard-to-reach areas.[9]

Primary health care, including life-saving maternal, newborn, child and sexual and reproductive health care services (the Minimum Initial Service Package) through mobile clinics and community outreach with support for menstrual hygiene management will ensure that women, adolescent girls and children will continue to receive the highest possible level of care. Myanmar health workforce is 75 per cent females[10] who may have specific needs when providing service delivery in humanitarian affected areas. Primary health care clinic services will be in consonance with the essential package of health services as described in the National Health Plan.

Immunization programs will cover all population groups in hard-to-reach areas. Appropriate mental health and psychosocial support programs for different target groups including front line health workers, steered by the IASC Mental Health and Psychosocial Support guidelines, will be strengthened in collaboration with relevant stakeholders. Initiatives to ensure continuity of treatment/support to vulnerable groups such as the elderly, children, individuals with a diverse sexual orientation or gender identities, people with disabilities, survivors of GBV, pregnant and breastfeeding women, people living with HIV, people under TB treatment, and those with non-communicable, chronic diseases will be integrated into response efforts. The provision of rehabilitation services, including assistive technology and products will support individuals with impairments and chronic diseases, aligned with the integration of rehabilitation across disaster preparedness planning as specified in the National Rehabilitation Strategic Plan.

Referrals to a higher level of health care will be expanded, recognizing that all populations must be able to access emergency life-saving interventions from the nearest and most appropriate health-facility. The cluster will support the Government with capacity-building on emergency preparedness and disaster risk reduction integrating gender mainstreaming strategies within the health sector context. The cluster will also ensure availability of contingency medical supplies and logistics support to respond to emergencies or disasters. Advocacy efforts to ensure equitable access to quality health services for all populations will be strengthened. Communities, particularly women, girls and young people, will be involved and informed in decision-making on access to health services.

Improving availability of humanitarian health information especially from hard-to-reach areas is identified as a priority to improve a needs-responsive programming including providing community outreach to women to increase awareness on and access to sexual and reproductive health services as well as on time-sensitive clinical care for sexual violence. Partnerships with other actors who are not listed as Health cluster partners such as civil society organizations, ethnic and community-based health organizations, private sector partners and others will be maximized where feasible and appropriate.

For Kachin State, priority areas will be harmonized to align with durable solutions where possible. For Rakhine State, priority areas will be harmonized with the implementation of the health-related recommendations of the Rakhine Advisory Commission. Sustained leadership and effective coordination will be ensured at national and sub-national levels. Where feasible, the cluster will integrate humanitarian, development, and peace goals, align with the national health plan, promote inter-cluster approaches, and support the expansion of the national healthcare service towards achieving Universal Health Coverage by 2030.

Cost of Response

A unit-based costing methodology has been consistently used to estimate the cost of the response over the past years. For the 2021 HRP, all Myanmar Humanitarian Fund (MHF) approved projects from 2019 to 2020 with health components were reviewed. This included MHF standard allocation one and two for 2019, MHF first reserve allocation (COVID-19) and standard allocation one for 2020. Thirty approved proposals were analyzed as per the cost per beneficiary adjusted for the health component. Based on the results, US$38 core costing per beneficiary from HRP 2020 remains a relevant estimation for costing (i.e. within two standard deviations from the mean; mean=15, standard deviation=18).

Considerations for COVID-19 related costing were also given. There is an existing MoHS Health contingency plan and UN Country Preparedness and Response Plan, and process is ongoing to develop a joint addendum. Therefore, COVID-19 specific activities for HRP 2021, including the contingency section from the HRP addendum were decided as not a priority for the HRP 2021 due to other existing plans and funding request mechanisms available for the purpose. However, continuity of humanitarian health activities must take into consideration the COVID-19 context by using a mainstreaming approach. This means, for example, operating a mobile clinic, while in itself is not COVID-19 specific, but must implement all necessary infection prevention and control measures. This entails additional costs. Mainstreaming approach for costing is deemed more suitable wherein an additional 30 per cent of the core funding will be requested as an estimated cover for the mainstreaming approach. Therefore, the current estimated costing for Health for HRP 2021 is $49 per target beneficiary per year ($38 core + 30 per cent COVID-19 mainstreaming).

It is important to note that health is a common good. A mobile clinic is expected to render health services within a specified location regardless of whether a specific patient theoretically qualifies as part of people targeted or not. Communicable disease outbreaks affect populations as a whole. Thus, costing of health activities which constitute direct service provision is anchored in the concept of catchment population.

Monitoring

The Health Cluster will monitor indicators as per sectoral objectives below, linked to its work plan and the 2021 HRP. Existing coordination platforms will be engaged to promote inter-sectoral monitoring and approach where feasible. Regular Health Cluster meetings held at national and state or regional-level will be utilized to ensure close monitoring. Sources of information will include, but not limited to, the early warning, alert and response system or EWARS reports, individual partner reports, common reporting forms and online reports. Overall Health Cluster performance will be monitored through the annual Online Cluster Coordination Performance Monitoring Survey aligned with global practice.

Health objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021.			
Specific Objective 1.1: Morbidity and mortality of 755,100 people (319,200 displaced and 435,900 non-displaced people) in targeted locations is reduced through adequate access to essential food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.			
Sector Objective: Communicable diseases are prevented, detected and rapidly responded for some 579,600 crisis-affected people through Early Warning and Response System (EWARS).	Number of EWARS notifications that have been verified	Benchmark: 100 per cent of notified EWARS cases are verified. Source: EWARS	Benchmark: 100 per cent of notified EWARS cases are verified. Source: EWARS
Specific Objective 2: Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021.			
Specific Objective 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 599,600 people (327,000 displaced and 272,600 non-displaced people) in targeted locations depending on the severity of their needs.			
Sector Objective: Some 579,600 crisis-affected people receive essential health services, including life-saving maternal, newborn, child, sexual and reproductive health care services as well as treatments for non-communicable diseases, mental health and psychosocial support.	Number of outpatient consultations per person, per year, by administrative unit	**818,659** Bago: 2,513 Chin: 13,275 Kachin: 118,257 Kayin: 10,365 Rakhine: 651,700 Shan: 22,549	**579,667** Bago: N/A Chin: 10,304 Kachin: 93,899 Kayin: 10,365 Rakhine: 451,660 Shan: 13,440

3.4 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
183K	148K	21.2M	20

Bago	: 377	Bago	: 188	Bago	:0.03M
Chin	: 2,801	Chin	: 1,280	Chin	: 0.16M
Kachin	: 22,881	Kachin	: 17,836	Kachin	: 1.8M
Kayin	: 1,476	Kayin	: 1,239	Kayin	: 0.18M
Rakhine	: 149,227	Rakhine	: 123,306	Rakhine	: 18.7M
Shan	: 6,441	Shan	: 4,042	Shan	: 0.37M

Objective

As part of an overall effort to support the Government-led response, including through the Myanmar Multi-sectoral National Plan of Action on Nutrition, the Nutrition Sector aims to contribute to physical and mental wellbeing as well as improve living standards of crisis-affected people through improved access to timely, predictable, appropriate and effective life-saving treatment of acute malnutrition and promotion of optimal nutrition practices to reduce the risk of mortality and morbidity among the most vulnerable groups namely, children under-five, pregnant and lactating women (PLW).

In addition, the Nutrition Sector will support building knowledge, skills and confidence to adopt optimal nutrition through behavior change activities as part of resilience building among crisis-affected people in targeted locations in Kachin, northern Shan, Rakhine, southern Chin, eastern Bago and Kayin.

Response

The Nutrition Sector response is aligned with the overarching HRP strategic/specific objectives. The response priorities will include direct provision of services as well as integration of nutrition services into mobile clinics and referrals to public health facilities as appropriate. While the modalities of service delivery will vary by specific location, community-based platforms will be used to engage with crisis-affected people. The primary target group for nutrition services includes children under age 5 and pregnant and lactating women (PLW), as they are considered as the most vulnerable group at risk of malnutrition. The specific activities will include:

Sector Objectives 1: More than 100,000 targeted vulnerable children (boys and girls) with acute malnutrition access equitable and inclusive life-saving treatment and management services.

- Screening of children under age 5 for acute malnutrition, referral and follow up;
- Treatment and management of children with severe acute malnutrition;
- Treatment and management of children with moderate acute malnutrition.

Sector Objective 2: More than 43,000 targeted pregnant and lactating women with acute malnutrition access equitable and inclusive life-saving treatment and management services.

- Screening of PLW for acute malnutrition, referral and follow up;
- Treatment and management of PLW with acute malnutrition.

Sector Objective 3: Nutritional status of more than 97,000 vulnerable children boys and girls 0-59 months is improved through equitable and inclusive access to preventative nutrition services.

- Blanket supplementary feeding programme (BSFP) to prevent nutritional deterioration among vulnerable children;

- Infant and young child feeding (IYCF) care and support;
- Multiple micronutrient powder for home fortification of complementary foods;
- Vitamin A supplementation and deworming supported by the Government.

Sector Objective 4: Nutritional status of more than 43,000 vulnerable pregnant and lactating women is improved through equitable and inclusive access to preventative nutrition services.

- BSFP to prevent nutritional deterioration among PLW;
- Maternal nutrition care and support;
- Multiple micronutrient supplementation for PLW.

Nutrition sector partners will apply common standards and guidelines adapted from national guidelines and international best practices, contextualized as appropriate, including on implementation modalities and capacity building. Technical guidance packages for nutrition adapted to the COVID-19 pandemic in Myanmar has been developed to ensure continuity of essential nutrition services during the pandemic while mitigating secondary impacts on nutrition. Messaging focusing on infant and young child feeding (IYCF), especially protection and promotion of breastfeeding and broader healthy and safe eating tips for families, has been adapted into the Risk Communication and Community Engagement (RCCE) strategy for the COVID-19 and will be used to ensure infection prevention and control measures taken during provision of nutrition services.

The Nutrition Sector will also support emergency preparedness and response planning and capacity building of the Government and partners to respond through the delivery of quality nutrition services at scale. Monitoring, assessment and observation of IYCF practices, and promotion of appropriate practices, will be reinforced through community engagement and behavior change communication including awareness on gender-responsiveness and inclusive intra-household food distribution and nutrition practices in relation to utilization of nutrition services. Where there are major gender and power dynamics, community dialogue will be used for collective solutions.

Sector Objective 5: More than 51,000 crisis-affected people have access to opportunities to build knowledge, skills and confidence to adopt optimal nutrition behavior at multiple relevant touch points.

The Nutrition Sector will seek to integrate nutrition considerations into resilience and disaster risk reduction planning and capacity building, working closely with food security, WASH and health partners and contributing to sustainability of relief efforts.

The Nutrition Sector will also focus on early response to meet immediate needs of crisis-affected people while investing in achieving medium to long-term nutrition solutions beyond life-saving interventions. Nutrition partners will work with the Government to build the capacity of basic health workers to increase quality and coverage of the national nutrition programme within the multi-sectoral national plan of action for nutrition framework which include action from four sectors, namely, health, agriculture, education and social welfare for better nutrition outcomes.

A national social and behavior change communication strategy (SBCC) will be adopted to develop a common approach to community-based nutrition activities to expand coverage to multiple community touch points through CSOs and local NGOs. This will ensure that crisis-affected people are supported and have opportunities to adopt optimal nutrition behaviors to improve resilience against shocks and volatility. The SBCC for nutrition will be integrated with livelihood, agriculture and mother and child cash transfers interventions to improve the ability of vulnerable households to obtain food and increase the use of diverse diet and health and nutrition services. In the context of Kachin, nutrition sector will work with protection sector and other relevant partners for the comprehensive support for durable solutions. The Nutrition Sector will provide a one-time support that include nutrition supplies that would last three

months prior to reallocation or re integration of the returnees.

As part of the accountability to affected people, the Nutrition Sector will use the community touch points to engage with crisis-affected people to ensure better expression of their priority needs/feedback and their participation in decision-making for improved effectiveness and sustainability of response outcomes. The Nutrition Sector will collaborate with the Protection Sector to provide training to nutrition partners on GBV referrals (and PSEA and disability inclusion). The training will support safety audit of nutrition site and disseminate GBV key messages through nutrition outreach and services (where there is GBV services).

In Sittwe township with its high number of IDPs, most of the acutely malnourished children also present with developmental delays, or physical impairment that in turn linked with links poor food intake and vicious cycle of with malnutrition. The nutrition sector will also partner with child protection partners to ensure children with malnutrition are prioritized for detection and rehabilitation/stimulation to prevent long term impairment due to severe malnutrition.

Cost of Response

The main cost drivers for nutrition services such as life-saving therapeutic and supplementary food and supply costs for treatment of acute malnutrition and supplementary feeding programs were reviewed by sector partners. Costs in 2020 for each of the ten main sector interventions were used as a benchmark and updated for 2021. There has been an increase in costing in the 2021 response plan for some interventions namely treatment of moderate acute malnutrition and blank supplementary feeding activities due to the potential need for longer treatment duration and beneficiary length of stay in the programs. Additionally, costing for promotion of nutrition awareness to children caregivers in the context of COVID-19 has been included in 2021 HRP cost estimation. Where the existing health services delivery platforms (e.g. mobile clinics) are used, only additional costs such as supplies have been considered to avoid duplication. Cost per beneficiary per intervention was used as unit-of-measure cost required for nutrition service across all population groups and was developed on this basis.

Monitoring

The Nutrition Sector has put in place a comprehensive monitoring system, built on a regular monthly report from all nutrition service sites. The Sector's reporting tool was upgraded to an online platform from paper-based in 2019. Additional training to partners has been rolled out and site-level monitoring forms have been further standardized. The Nutrition Sector will continue surveillance through Mid-Upper arm Circumference screening as a means of monitoring and addressing the lack of regular nutrition surveys. Regular sector and sub-sector meetings include analysis of data to identify issues in the coverage and quality of the services, and to decide on corrective action as needed. Existing coordination platforms will be used to promote inter-sectoral monitoring approaches as appropriate. The use of sex, age and disability disaggregated data for boys and girls (6-23 months) and pregnant and lactating women who receive preventive services will be considered as much as possible.

Other sources of information for the Nutrition Sector monitoring include the Health Cluster's data and individual partner reports. Since commodities and supplies are one of the main cost drivers, monitoring will be expanded to include end-user monitoring of essential nutrition supplies. The nutrition sector will also conduct the annual Cluster Coordination Performance Monitoring and develop plans for corrective actions. To ensure accountability to affected women, girls and boys, persons with disability and other vulnerable groups throughout the nutrition programming, the Nutrition Sector will ensure two-way feedback mechanisms on nutrition services.

Nutrition objectives, indicators and targets*

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021.			
Specific Objective 1.1: Morbidity and mortality of 755,100 people (319,200 displaced and 435,900 non-displaced people) in targeted locations is reduced through adequate access to essential food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.			
Sector Objective: Sector Objective: More than 100,000 targeted vulnerable children (boys and girls) with acute malnutrition, access equitable and inclusive life-saving treatment and management services.	Number of boys and girls 6-59 months screened for treatment of acute malnutrition, referral and follow up	**127,815** Bago: 239 Chin: 2,071 Kachin: 15,870 Kayin: 1,399 Rakhine: 104,062 Shan: 4,174	**104,109** Bago: 119 Chin: 1,035 Kachin: 11,791 Kayin: 1,201 Rakhine: 87,327 Shan: 2,636
	Number of boys and girls 6-59 months with SAM admitted for treatment	**10,313** Bago: 14 Chin: 27 Kachin: 248 Kayin: 65 Rakhine: 9,811 Shan: 148	**9,563** Bago: 14 Chin: 25 Kachin: 243 Kayin: 62 Rakhine: 9,105 Shan: 114
	Number of boys and girls 6-59 months with MAM newly admitted for treatment	**40,215** Bago: 30 Chin: 178 Kachin: 1,651 Kayin: 215 Rakhine: 37,608 Shan: 533	**33,680** Bago: 30 Chin: 142 Kachin: 1,538 Kayin:194 Rakhine: 31,509 Shan: 267
Sectoral Objective: Sector Objective: More than 43,000 targeted pregnant and lactating women with acute malnutrition access equitable and inclusive life-saving treatment and management services.	Number of pregnant and lactating women screened for treatment of acute malnutrition, referral and follow up	**55,386** Bago: 138 Chin: 730 Kachin: 7,014 Kayin: 77 Rakhine: 45,161 Shan:2,266	**43,419** Bago: 69 Chin: 365 Kachin: 5,341 Kayin: 66 Rakhine: 36,157 Shan: 14,21
	Number of under nourished pregnant and lactating women admitted to targeted supplementary feeding programme	**5,323** Bago: 28 Chin: 46 Kachin: 511 Kayin: 9 Rakhine: 4,578 Shan: 151	**4,294** Bago: 22 Chin: 36 Kachin: 498 Kayin: 9 Rakhine: 3,668 Shan: 61

* The indicators with the highest number of children and pregnant and lactating women are taken as total PIN 183,201 (child and PLW screening 127,815 and 55,386) and target (child screening 104,109 and micronutrient tablet supplementation to PLW 43,782) in order to avoid double counting.

Nutrition objectives, indicators and targets*

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021.			
Specific Objective 2.1: Livelihoods opportunities, food security and nutritional status of 213,600 people (96,200 displaced and 117,400 non-displaced people) in targeted locations are secured and improved through direct provision of assistance and support for sustainable and resilient agriculture.			
Sector Objective: Nutritional status of more than 97,000 vulnerable children boys and girls 0-69 months is improved through equitable and inclusive access to preventative nutrition services.	Number of boys and girls aged 6-59 months at risk of acute malnutrition in priority locations who received blanket supplementary feeding programme	**127,428** Bago: 239 Chin: 2,071 Kachin: 15,870 Kayin: 1,399 Rakhine: 104,063 Shan: 3,786	**97,112** Bago: 119 Chin: 386 Kachin: 9,953 Kayin: 700 Rakhine: 84,352 Shan: 1,6026
	Number of boys and girls 6-59 months who received micronutrient supplementation	**127,428** Bago: 239 Chin: 2,071 Kachin: 15,870 Kayin: 1,399 Rakhine: 104,063 Shan: 3,786	**97,112** Bago: 119 Chin: 386 Kachin: 9,953 Kayin: 700 Rakhine: 84,352 Shan: 1,6026
Sector Objective: Nutritional status of more than 43,000 vulnerable pregnant and lactating women is improved through equitable and inclusive access to preventative nutrition services.	Number of pregnant and lactating women who received micronutrient supplementation	**55,676** Bago: 138 Chin: 730 Kachin: 7,405 Kayin: 200 Rakhine: 45,161 Shan: 2,042	**43,782** Bago: 69 Chin: 245 Kachin: 6,045 Kayin: 38 Rakhine: 35,979 Shan: 1,406
	Proportion of pregnant and lactating women receiving IYCF counselling	**55,162** Bago: 138 Chin: 730 Kachin: 7,014 Kayin: 77 Rakhine: 45,161 Shan: 2,042	**39,010** Bago: 69 Chin: 136 Kachin: 3,456 Kayin: 38 Rakhine: 34,447 Shan: 864
Specific Objective 2.3: The resilience of 857,600 people affected by conflict or disasters in targeted locations is further strengthened and national capacities are reinforced to prepare for and respond to potential future emergencies.			
Sector Objective: More than 51,000 crisis-affected people have access to opportunities to build knowledge, skills and confidence to adopt optimal nutrition behavior at multiple relevant touch points.	Number of households with children (0-23 months) reached with messages on nutrition in the context of COVID-19	**51,125** Bago: 95 Chin: 828 Kachin: 6,348 Kayin: 560 Rakhine: 41,625 Shan: 1,669	**51,125** Bago: 95 Chin: 828 Kachin: 6,348 Kayin: 560 Rakhine: 41,625 Shan: 1,669

* The indicators with the highest number of children and pregnant and lactating women are taken as total PiN 183,201 (child and PLW screening 127,815 and 55,386) and target (child screening 104,109 and micronutrient tablet supplementation to PLW 43,782) in order to avoid double counting.

3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
986K	856K	37.0M	51

Bago	: 2,513	Bago	: 2,513	Bago	: 0.05M
Chin	: 13,275	Chin	: 9,561	Chin	: 0.51M
Kachin	: 167,055	Kachin	: 118,817	Kachin	: 9.9M
Kayin	: 10,365	Kayin	: 10,365	Kayin	: 0.74M
Rakhine	: 759,781	Rakhine	: 699,919	Rakhine	: 24.4M
Shan	: 32,640	Shan	: 14,857	Shan	: 1.4M

The Protection Sector's overarching goal in 2021 will be to improve the realization of rights for people in humanitarian need across Myanmar. Advocacy will continue with the Government for increased humanitarian access to the affected communities, unhindered access to protection and basic services, and respect for international humanitarian and human rights law. Wherever feasible, a transition from emergency humanitarian responses to early recovery to durable solutions for IDPs will be sought. Efforts will continue to operationalize the Centrality of Protection in humanitarian programming through regular analysis of protection risks and the strengthening of protection mainstreaming.

Objective 1: More than 856,000 crisis-affected people have improved access to inclusive protection services. A key priority of the Protection Sector will be to ensure that all IDPs, stateless and other vulnerable crisis-affected people in Kachin, northern Shan, Rakhine, southern Chin, Kayin states and Bago region have inclusive, equitable and unhindered access to protection services tailored to their needs. This will be achieved through timely identification of individuals or households in need of protection response and/or referral mechanisms; expanding provision of integrated protection services; enhancing evidence and area-based interventions; providing capacity support; strengthening protection mainstreaming; and delivering direct assistance to persons with specific needs. The intensification of conflict, compounded by the COVID-19 pandemic, has highlighted the needs for strengthening of community-based protection and protection sensitive remote/virtual delivery of the services. Efforts will continue to increase government, local and community capacities for timely delivery of the protection services including through community-led solutions and resilience initiatives.

Enhancing communities' capacities and supporting their efforts to prevent, mitigate and respond to protection risks, reducing the vulnerabilities and improving mental and physical wellbeing of the people will also remain a key priority. This will require strengthening of community-based protection response approaches and empowering women, the elderly, persons with diverse sexual orientation and gender identities, persons with disabilities and young people for their greater participation in public life. It also includes support to and promotion of socio-economic empowerment and leadership programming, targeting the marginalized or underrepresented groups within the communities in close collaboration with relevant experts and sectors/clusters. Community-based protection mechanisms including the community-level complaint and feedback mechanisms will help to ensure that persons with specific needs, including women, adolescent girls and older persons at risk, persons with disabilities, persons with serious medical conditions, and children at risk of violence, abuse or exploitation, including harmful practices, or without appropriate care, are identified and provided with appropriate protection services. Opportunities to provide support to community-led protection and resilience initiatives to these groups will be explored and promoted. The communication with communities' initiatives - key messaging and dissemination of vital information - will be adopted to reach all diverse

groups (age, gender, disabilities) as appropriate considering also the area-specificities.

Building on the work done in 2020, the Protection Sector will promote and support incremental access to inclusive, non-segregated Government services for all communities in Rakhine State, by also focusing on creating potential linkages for constructive engagement with the government in this regard. Protection Sector and actors will engage regularly with the HCT – in line with the HCT Protection Strategy - to leverage advocacy interventions with key stakeholders on timely access to urgent and prioritized protection responses in an inclusive manner. Throughout its interventions, the Sector together with sub-sectors/working groups will ensure the inclusion of age, gender, disabilities and other diversities while supporting other clusters/sectors to mainstream protection in their responses.

Objective 2: Protection environment for more than 856,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety.

The Protection Sector together with sub-sectors/ working groups will continue to strengthen protection monitoring wherever feasible to collect, verify and analyze information in order to identify violations of rights and protection risks faced by IDPs, returnees, resettled IDPs, and other crisis affected populations. Protection monitoring findings will also be used for evidence-based advocacy on identified protection issues and call for respect to international humanitarian and human rights law by all parties to the conflict. The Protection Sector aims to foster increased respect for international humanitarian and human rights law, and accountability for possible violations including protection of civilians, while ensuring that crisis-affected communities have access to protection (and other multi-sectoral) services that prevent and mitigate the effects of the conflict-related violence.

Building on the efforts made in 2020 to increase mental health and psychosocial support, the Protection Sector will work through the Mental Health and Psychosocial Support (MHPSS) working group and utilize its expertise to strengthen MHPSS capacity - of front line workers in particular - to enhance psychosocial support for crisis-affected populations and identification of people in need for provision or referral to mental health services, particularly in response to increasing needs from the COVID-19 pandemic and its post-impact.

Advocacy interventions to address the root causes of the Rakhine crisis as per the Rakhine Advisory Commission recommendations will remain a priority including advocacy on freedom of movement, access to sustainable livelihoods and basic services and physical and mental wellbeing of the crisis-affected communities. Supporting advocacy on civil documentation and pathways to citizenship will continue, given its implications on political rights, access to livelihoods, education and other basis services. Housing, land and property (HLP) rights programs will be strengthened to mitigate and address HLP rights violations of the displaced, stateless and crisis-affected people, and prevent the arrest and arbitrary detention, arising from HLP disputes linked to unchecked acquisition (i.e. land grabbing). Moreover, protection actors will continue to monitor legal and policy level developments that uphold HLP rights, for further streamlining of relevant interventions. The impact of gender norms on women and girls' access to civil and HLP documentation and corresponding rights will also be assessed to inform evidence-based advocacy.

Societal discrimination and gaps in Myanmar's legal and policy framework hinder the quality protection and wellbeing services for persons with disabilities, persons with diverse sexual orientation and gender identities, and other specific groups, including unaccompanied and separated children, female-headed households, survivor of violence, adopted children and children-headed households. Protection monitoring will take into account these dynamics and will inform evidence-based protection programming and advocacy towards securing the enjoyment of rights of these groups.

Objective 3: Durable solutions for more than 7,700 IDPs are supported in line with international protection standards.

In view of the protection concerns raised by some of the solutions initiatives implemented in the past, the Protection Sector will provide guidance, to all key actors to support the realization of return, resettlement and local integration initiatives that are in line with principles of voluntariness, safety and dignity. Efforts will also be made to ensure the meaningful consultation and engagement with the crisis-affected communities for their informed-decision on durable solutions. During the durable solutions process, protection monitoring, maintaining and building localized service provision, identification and referral mechanisms for vulnerable individuals and households, and strengthening community-based capacity to address protection concerns will be key priorities for protection actors, as relevant and appropriate. Support to displaced people and residents in solutions sites to register land use rights in areas of return/local integration/resettlement will also be in the response priority. Involvement of development and peace actors will also be sought to promote access to livelihoods and Government services as well as promoting social cohesion.

Following the launch of the Government's National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps and various initiatives undertaken by the Government for the return of IDPs in Kachin State, protection sector will engage widely in order to advocate and support for lasting solutions for IDPs in line with international standards. The statewide household intention survey (2019) and ongoing site-specific solutions assessments in Kachin will continue to inform response strategies relating to durable solutions. Moreover, collaboration with the Resident Coordinator's Office will be enhanced and technical expertise from the Protection Sector and actors will also be provided in line with the durable solutions principles. All protection actors will ensure that women, children, youth, older persons and persons with disabilities have access to information in their local languages and feedback mechanism, enabling them to make informed decision regarding durable solutions and contribute to the processes. In northern Shan, although the situation does not appear conducive to large-scale solutions, protection actors will continue to monitor the situation towards any development on durable solutions in line with IDPs intentions and international protection standards.

In Rakhine Sate, the Protection Sector will continue advocating for the implementation of the Rakhine Advisory Commission recommendations. In this spirit and in line with the Inter-Agency Standing Committee Policy on the Centrality of Protection, the Protection Sector will pursue a principled approach informed by progress towards freedom of movement, while engaging in interventions related to IDP sites in central Rakhine that have been declared closed. Moreover, the Protection Sector and actors will continue to advocate for upholding the international standards while implementing the national strategy.

Evidence-based advocacy in support of durable solutions, including to strengthen rule of law, freedom of movement, ensuring HLP rights and access to citizenship and civil documentation will contribute to sustainable solutions and prevent secondary displacement.

Cost of Response

The main component of the cost of protection response is related to human resources as protection interventions are labor-intensive, requiring staff to organize different types of activities and services, including technical support, continuous capacity building, supervision, quality assurance and monitoring, all of which are key to the provision of quality protection services, including Child Protection, Gender-Based Violence (GBV) prevention and response, Mine Action and Mental Health and Psychosocial Support interventions. The extension of protection services to new locations also requires additional resources for operational set-up to ensure a safe and conducive environment to provide protection interventions, including assessments, establishment of women and girls centers/safe spaces, child friendly spaces, as well as conducive places for older persons and persons with disabilities. The Protection Sector's

financial requirements also reflect budgetary needs for effective inter-agency coordination to ensure standard-setting, enhancement of information management and analysis capacity, harmonization of tools, identification of issues and prioritization of responses, capacity building and technical support.

Monitoring

The Protection Sector, including the Child Protection (CP), GBV, and Mine Action sub-sectors as well as the MHPSS Working Group will monitor the progress and quality of the protection responses to affected populations against targets in all areas of operations on a bi-annual basis through the Protection Sector's 4W, which informs the Sector's performance against its indicator. The 4W data informs the HRP monitoring reports and is available online. More detailed information is collected on child protection activities through the Child Protection sub-sector's 5W and on GBV interventions through the GBV Information Management System (GBVIMS). Additional information and protection data is also systematically collected and analyzed considering age, sex and disability disaggregation through protection risks analyses, partner reports and assessments, protection monitoring, safety audits, protection incident monitoring system (PIMS), including GBVIMS, Child Protection Information Management System (CPIMS) as well as complaints and response mechanisms in line with the framework for Accountability to Affected Populations (AAP). The Protection sector will also conduct the annual Cluster Coordination Performance Monitoring and develop plans for corrective actions.

SUB-SECTOR

Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
380K	206K	7.2M	22

Objective 1: Some 206,000 crisis-affected people have improved access to inclusive protection services.

The Child Protection sub-sector will increase access to quality integrated support services for children and adolescents, tailored to their needs (age, gender, disabilities and other diversities as well as location), with special focus on survivors of child abuse and exploitation, conflict affected children, and unaccompanied and separated children. Access to services will be enhanced through awareness on services, capacity support to service providers and accountability to affected people.

Child protection and GBV actors will collaborate in implementing case management support for child and adolescent survivors and reducing protection risks of children affected by armed conflict, sexual abuse, child marriage, human trafficking and family separation. This will include timely referrals to appropriate child protection services provided by the Government and NGO caseworkers, trained community members as well as advocacy and information sharing.

The Child Protection sub-sector will invest in a robust well-coordinated localization strategy, equipping and engaging local actors wherever feasible to achieve sustainable impact of the child protection as part of durable solutions initiatives. In order to ensure the continued support for Child Protection services, Child Protection service providers will work to ensure that local actors including frontline workers and CSOs are equipped with skills and resources to support provision of child protection services at the local level.

Objective 2: Protection environment for 206,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety.

In the light of increased access restrictions due to COVID-19 and ongoing conflict, child protection actors will strive to strengthen child protection in line with the socio-ecological model. Support and services for violence prevention and response will include MHPSS

for girls and boys, positive parenting, capacity support to community level child protection, and reporting and referral mechanisms at the national level. Partners will focus on empowering children and adolescents, local communities, schools and alternative care providers as part of measures to prevent, mitigate and respond to child abuse, exploitation and violence against children. Partners will also focus on empowering children and adolescents, local communities, schools and alternative care providers as part of measures to prevent, mitigate and respond to child abuse, exploitation and violence against children. Partners will also focus on organizing quality group activities for the well-being of children, adolescent girls and boys, and parents including father and mother and caregivers taking into consideration the added needs for providing these services in a safe manner in the light of COVID-19. Building on the increased scope of the Country Task Force Monitoring and Reporting mechanism, these efforts will be combined with enhanced prevention, response, and advocacy on the six grave violations against children. Support services to children at risk and survivors of abuse will be expanded through increased inter-agency collaboration on standard operating procedures, services mapping, referral pathways and enhanced capacity of child protection workforce taking into consideration the social norms that can increase the risk of girls being exposed to gender-based violence including sexual violence.

SUB-SECTOR

Gender-based violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
582K	260K	7.8M	21

Objective 1: Some 260,000 crisis-affected people have improved access to inclusive protection services. The Gender-based Violence (GBV) sub-sector and its partners will focus on sustained and adapted provision of quality multi-sectoral services, including case management, mental health and psychosocial support (MHPSS), health, and legal assistance. In a context of limited mobility and access to the face-to-face services due to COVID-19, GBV partners will further invest in remote service provision with technical guidance/support from GBV sub-sector. Particular attention will be paid to ensure inclusiveness and consider special needs and vulnerabilities of persons with disabilities, older persons, adolescents, female-headed households, ethnic minorities and persons with diverse sexual orientation and gender identities. To ensure service quality, continuous efforts will be made for capacity-building and coaching of service providers. GBV sub-sector and its partners will ensure coordinated response based on service mapping and referral pathways, especially with health and legal actors, for more effective service delivery.

Objective 2: Protection environment for 260,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety. GBV mitigation and prevention strategies will focus on community engagement (especially with men and boys, camp/community leaders and informal justice actors), promotion of women and girls' empowerment and safety, including through psychosocial support activities, and GBV mainstreaming by coordinating with other key clusters/sectors. Regular GBV safety audits/assessments will be conducted to enhance a safe environment for women and girls while dignity kit distribution will be complemented by awareness-raising sessions on GBV risks mitigation and available services. Community-based individuals and groups will be further empowered to take on GBV prevention and mitigation measures for sustainability as well as for addressing access/movement limitations due to factors, including COVID-19. These efforts will be coordinated through the GBV sub-sector with improved information management. The further strengthening/expansion of GBV Information Management System will be a key priority in 2021, as well as increased awareness-raising of sexual

exploitation and abuse by aid workers as a sub-set of GBV in close collaboration with PSEA Network. Continued engagement with government and non-government partners regarding UN Security Council Resolutions on conflict-related sexual violence and the Joint Communiqué signed between the Government of Myanmar and the Office of the Special Representative of the Secretary-General on Conflict related Sexual Violence in December 2018 will be supported.

Objective 3: Durable solutions for more than 1,800 IDPs are promoted in line with international protection standards

To the extent possible, the GBV sub-sector and its partners will also ensure continuum of care, especially for GBV survivors, in the process of return, resettlement, or local integration, including through the establishment of safe spaces for women and girls and localized referral pathways. Local and community-based mechanism will be also mobilized to ensure GBV prevention, risk mitigation and response in the return/ resettlement/ integration locations.

SUB-SECTOR

Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
453K	225K	4.8M	20

Objective 1: Some 225,000 crisis-affected people have improved access to inclusive protection services

The Mine Action sub-sector will increase access to quality integrated victim assistance services for children and adults, tailored to their needs (age, gender, disabilities and other diversities as well as location), with special focus on the provision of life-saving services to the survivors of landmines and Explosive Remnants of War (ERW). Victim assistance services will ensure that persons with disabilities, including mine/ERW survivors participate fully in society on equal basis with others. Mine Action actors will collaborate with other sectors including education, child protection and health to enhance provision of health, rehabilitation, psychosocial support, case management, inclusive education, social protection and employment services, as well as full participation and inclusion in society and an adequate standard of living. Mine Action sub-sector will engage with key stakeholders such as government and non-state actors in order to improve information system management, and in order to promote laws and policies protecting and promoting the rights of victims.

The Mine Risk Working Group will expand its network of mine risk education trainers (both female and male) and equip them with context specific tools to support increased delivery of tailored interventions to IDPs and to other crisis-affected communities, while also expanding its activities in central Rakhine, to respond to emerging needs as a result of the ongoing armed conflict.

Objective 2: Protection environment for 225,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety

Mine Action actors will scale up the Explosive Ordnance Risk Education (EORE) activities in close collaboration with the relevant government ministries, NGOs and CBOs, including ethnic-minority social service providers, to prevent and reduce the threats posed by landmines and ERW. Provision of EORE trainings in IDP camps, schools and at-risk communities as well as production and dissemination of EORE common tool kits will be prioritized. Due to COVID-19, where group activities are not possible, EORE will be delivered through radios, TV and other online media including social media. Survey and mapping will help to identify the extent and location of a hazardous area and EORE will help raising awareness about safe behaviors needed to stay safe in contaminated villages. Until mine clearance becomes permitted in Myanmar, EORE and marking

of dangerous areas are the most effective way of saving lives and limbs of those affected by landmine incidents in Myanmar. Integration of activities in response to COVID-19 will be done to ensure safety of staff and affected population including provision of protective materials during sessions, physical distancing and including key COVID-19 prevention messages.

The Mine Action sub-sector will dedicate expertise and resources to strengthening MHPSS capacity of EORE educators, in order to enhance psycho-social support for populations in landmine and ERW contaminated areas and ensure identification of people in need for provision or referral to mental health services.

Objective 3: Durable solutions for 5,800 IDPs are promoted in line with international protection standards

Mine Action sub-sector will contribute to durable solutions in line with international protection standards in close collaboration with other key stakeholders. Mine Action actors will advocate for the implementation of humanitarian mine action activities including tailored risk education, survey, mapping, marking and clearance of contaminated areas, if permitted. Non-Technical Survey (NTS) will be conducted by Mine Action actors in key locations - including potential return destinations that are prioritized based on careful analysis of contextual developments and projected civilian population movements. NTS activities will contribute to improving safe access to livelihoods in rural areas and to reducing the risk caused by landmines and ERW within target communities. Wherever possible, Mine Action actors will also employ technical resources in order to clearly define and mark confirmed hazardous areas. Mine Action actors will also engage with key stakeholders such as the government and non-state actors to increase their understanding of and adherence to international protection norms and International Mine Action Standards (IMAS).

Protection objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021.			
Specific Objective 1.2: 856,000 people (335,300 displaced and 520,700 non-displaced people) in targeted locations are protected from further harm and the risks they face are mitigated and/or responded to through improved access to quality and inclusive protection services, including mental health and psychosocial support, child protection, gender-based violence and mine action activities.			
Sector Objective: More than 856,000 crisis-affected people have improved access to inclusive protection services.	Number of people in need with access to minimum protection services	**985,629** Bago: 2,513 Chin: 13,275 Kachin: 167,055 Kayin: 10,365 Rakhine: 759,781 Shan: 32,640	**856,032** Bago: 2,513 Chin: 9,561 Kachin: 118,817 Kayin: 10,365 Rakhine: 699,919 Shan: 14,857
Sector Objective: The protection environment for more than 856,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety.			
Specific Objective 1.3: Respect for human rights and the protection of civilians is promoted for 7,700 returnees people in targeted locations, and durable solutions in line with international standards are supported wherever feasible and appropriate in all targeted locations.			
Sector Objective: Durable solutions for more than 7,700 IDPs are supported in line with international protection standards.	Number of IDPs pursuing solutions who have moved to sites that were covered by inter-agency assessments	**8,367** Kachin: 7,289 Shan: 1,078	**7,698** Kachin: 7,289 Shan: 409

Protection objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021.			
Specific Objective 2.3: The resilience of 857,600 people affected by conflict or disasters in targeted locations is further strengthened and national capacities are reinforced to prepare for and respond to potential future emergencies.			
Sector Objective: More than 856,000 crisis-affected people have improved access to inclusive protection services.	Number of people in need with access to minimum protection services	**985,629** Bago: 2,513 Chin: 13,275 Kachin: 167,055 Kayin: 10,365 Rakhine: 759,781 Shan: 32,640	**856,032** Bago: 2,513 Chin: 9,561 Kachin: 118,817 Kayin: 10,365 Rakhine: 699,919 Shan: 14,857

3.6 Shelter/NFI/CCCM

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
348K	326K	36.8M	34

Bago	: 2,513	Bago	: -	Bago	: -
Chin	: 8,323	Chin	: 8,323	Chin	: 0.7 M
Kachin	: 102,738	Kachin	: 90,696	Kachin	: 12.3M
Kayin	: 4,914	Kayin	: -	Kayin	: -
Rakhine	: 219,967	Rakhine	: 219,967	Rakhine	: 22.1M
Shan	: 9,821	Shan	: 7,327	Shan	: 1.7 M

Shelter/NFI Objective

Some 192,000 IDPs receive protection from the elements to support their dignity, security and privacy through provision of non-food-items (NFIs) and emergency, temporary or semi-permanent shelter support where appropriate.

Response for Shelter/NFI

The Cluster will prioritize the following shelter/NFI activities.

- To assist IDPs living in sub-standard displacement sites with emergency/temporary shelter and NFI support that enhances protection, improves living conditions and assists a transition towards normal family life;
- To support the repair and replacement of existing family shelters and associated infrastructure in camps and camp-like settings to enhance protection and maintain minimum standards;
- To assist IDPs in their pursuit of durable solutions through the definition and targeted provision of equitable shelter and NFI support packages that provide an appropriate platform for recovery.

The Cluster recognizes a significant increase in shelter and NFI needs due to new displacement, further restrictions on access and delayed operational progress resulting from the impact of COVID-19, further deterioration of existing temporary shelter under harsh climatic conditions and an environment of low funding against needs as identified under the 2020 HRP.

This response plan will target approximately 59,000 IDPs living under emergency, makeshift or collective living arrangements often in overcrowded situations that present protection risks to vulnerable populations. The Cluster, in coordination with state governments and the Red Cross Movement, will continue to develop tailored shelter and NFI support packages to address acute needs and assist displaced communities in improving their living conditions. In parallel with these efforts and with learning from the patterns of new displacement and natural disaster in recent years, the Cluster will maintain an appropriately flexible capacity to respond to further conflict-induced displacement, the impact of extreme weather events and the need for NFI support as part of inter-sector COVID-19 responses that target displaced populations.

In order to address the continued deterioration in the living conditions of a targeted 133,000 IDPs living in temporary shelter and often in protracted situations, the Cluster, in collaboration with state governments and wider stakeholders, will work to halt this worsening shelter crisis with an appropriately resourced and targeted shelter repair and reconstruction programme. The cluster response acknowledges the different degree of vulnerabilities that exist within non-displaced populations due to the impact of displacement on their communities. Ensuing a detailed verification of needs, the response plan will also aim to support vulnerable non-displaced population hosting IDP families with targeted shelter and NFI assistance. It is clear that in order

to prevent more families from being exposed to the risk of living in dangerously deteriorated shelter, the rate of replacement of units must match the rate of deterioration and this has not been the case for a number of years. In addition to working with wider stakeholders to ensure the necessary repair and reconstruction of dangerously dilapidated shelter stock, The Cluster will further mobilize its technical capacity to develop improved shelter designs with longer lifespans that, when applied in areas where progress towards a durable solution has been limited, will slow the rate of required reconstruction in the coming years.

Building on political developments and initiatives undertaken in 2020 and recognizing the Government-led National Strategy on Resettlement of IDPs and Closure of IDP Camps, the Cluster plans to support the return, resettlement or local integration of some 2,200 IDPs in 2021. These efforts will be pursued in close consultation with displaced and other affected communities, including women and marginalized/ vulnerable groups and persons with special needs, and in partnership with the Protection Sector and other key stakeholders. The technical capacities of the Cluster membership will be employed to further define appropriate support packages for families in pursuit of solutions whilst the Cluster coordination team will pursue an enhanced level of engagement with development actors to discuss the resourcing of solutions focused initiatives in 2021 and beyond under a humanitarian/development approach to solutions to displacement.

The Cluster will continue to work closely with other clusters and sectors, notably Protection and WASH to ensure that individual projects are appropriately designed with consideration of the wider needs of the target population. Increased collaboration with the Health Cluster is envisaged building on the 2020 inter-sector initiative to develop practical guidance on quarantine and isolation in camp settings and to further support the 2021 health-led response to COVID-19 with the capacities available through the Shelter/NFI/CCCM Cluster. Engagement with the Cash Working Group will continue as the Cluster continues to work to identify and develop operational environments with the required market and access conditions to allow for the piloting of cash or voucher programming as an at-scale alternative to the largely in-kind approaches currently used for NFI.

In addition to priorities noted above, the Cluster will also pursue the resourcing of further initiatives to assist specific target populations and to mitigate identified protection needs, especially those associated with gender-based violence within displacement settings. As an example, the Cluster recognizes the positive impact of earlier solar lighting projects and will seek a further roll-out of this initiative in additional locations in 2021.

Camp Coordination and Camp Management (CCCM) Objective

Quality of life for some 281,067 IDPs is improved through support management and service provision in IDP camps.

Response for CCCM

The Cluster will prioritize the following CCCM activities:

- To further deliver on a process of enhanced Camp Management Committee (CMC) capacity building within the target camps identified under pre-2021 initiatives.
- To further strengthen site monitoring activities to ensure that that IDPs and their host communities have inclusive access to basic services and that persons with specific needs receive assistance tailored to their needs and capacities;
- To further develop and strengthen the Camp Management coverage for informal IDP sites in hard-to-reach areas;
- To strengthen and better utilize the in-camp capacities of Camp Management Agencies (CMAs) to support the inter-sector transition towards increased remote operations demanded by the application of COVID-19 related restrictions on access to camps and IDP sites.

The Cluster recognizes a clear and continued need to develop the capacities of appointed camp authorities, including community groups, state/township/local CCCM focal points and appointed CMCs. Building on previous initiatives, the Cluster will aim to improve the representative nature, gender balance and effectiveness of camp committees and community groups, to raise their awareness of their responsibilities towards the populations that they represent and to ensure that community-based development approaches are integrated into the planning and implementation of activities under their management.

The Cluster has resourced and developed a multi-layered capacity to gather, process and disseminate information on community management capacities, basic needs and essential service provision. Monthly monitoring by CCCM partners informs the established Cluster Analysis Reports and Camp Profiles that in turn offer comprehensive inter-sectoral information on camp services including the identification of additional needs and gaps. Initiatives that aim to address barriers that persons with specific needs (women, children, the elderly, persons with diverse sexual orientation and gender identities, and persons with disabilities) face in accessing assistance and services will continue in 2021.They will include in-shelter food and NFI distributions as well as regular visits by camp management staff to people with specific needs. In Rakhine, efforts to strengthen and embed a meaningful complaint and response mechanism for camp communities will continue and build on the progress made by all CMAs in 2020.

For the newly displaced in Rakhine State, CCCM partners will standardise camp management in new displacement sites aiming to 1) collect regular information on sites, needs, response; 2) facilitate and support the establishment of self-management structures in all sites, through provision of training, tutoring and specialized support; 3) establish a complaint response mechanism integrated as a two-way communication channel with IDPs, and facilitate referral to other specialized actors; 4) liaise with all actors to ensure that services are provided adequately in all displacement sites; 5) intervene through site improvement and minor infrastructural interventions as needed, 6) act as a point of contact also for potential support activities to host community, 7) conduct communication with communities activities. CCCM support to relocations sites established by the Government will be guided by international protection principles.

The impact of government applied restrictions on access to camps to reduce the risk of COVID-19 transmission to often densely populated communities has highlighted the need to further mainstream adapted COVID-19 related approaches, including the strengthening of in-camp capacities to define, deliver and monitor camp/site-focused services and support. 2021 will likely witness an increased reliance on established in-camp capacities in areas with local COVID-19 transmission and camp-based CMA staff can offer a multi-sectoral overview and feedback capacity to support inter-sectoral services delivery. The Cluster recognizes the importance of in-camp capacity and will develop these capacities to support the responsible and accountable delivery of services in areas where remote operational modalities must be adopted.

The Cluster recognizes the need for continued efforts to address the negative impact on displaced populations presented by continued displacement in ageing camps that were developed on a maintained, high-density emergency response footprint and more recent displacement that has left significant populations living in sub-standard IDP sites. Whilst opportunities to support the pursuit of durable solutions are presented in Kachin, significant efforts are required to address the obstacles to solutions for many displaced populations in central Rakhine. In addition to its mobilization of capacities to develop and deliver responsible programming in 2021, efforts will also be made to contribute towards the identification of solutions to these embedded issues under ICCG/Multi-Stakeholder initiatives.

Cost of Response

The Cluster has been able to draw on several years of operational experience in defining and applying a unit cost approach to the costing of the planned response. Required funding for high priority/high-volume activities has been calculated by unit cost against target population with individuals or households applied as a unit of measure as appropriate. Unit costs have been reviewed to ensure efficiency in what has historically been an underfunded environment. For shelter assistance, the Cluster notes that multiple years of underfunding has left large numbers of people in dangerously deteriorated shelters. As a result of this underfunding, the requirements for shelter reconstruction have increased for 2021 and represents a significant percentage of the total request. Additionally, opportunities to support durable solutions are increasing and carry a significant additional cost alongside the need to support new displacement with Shelter, NFI and CCCM support.

Monitoring

In central Rakhine, shelter construction in IDP camps is monitored by cluster partners through a shelter needs assessment and reconstruction plan. In all locations in Rakhine, Kachin and northern Shan states, the level and impact of cluster's interventions will be monitored on a quarterly and bi-annual basis through site monitoring and camp profiling reports, respectively. These regular monitoring exercises allow for the identification of inter-sectoral gaps at site/camp level. Additional information to inform the monitoring and evaluation of the cluster include ad hoc shelter needs assessments, NFI needs assessments and post distribution monitoring reports, as well as quarterly (more detailed) site profiles in central Rakhine and annual camp profiling exercises in Kachin and northern Shan states. Gender-based violence partners conduct regular safety audits of camps and sites to monitor and address protection concerns particularly for women and girls related to GBV.

Shelter/NFI/CCCM objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021.			
Specific Objective 1.1: Morbidity and mortality of 755,100 people (319,200 displaced and 435,900 non-displaced people) in targeted locations is reduced through adequate access to essential food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.			
Sector Objective: Some 191,727 IDPs receive protection from the elements to support their dignity, security and privacy through provision of non-food-items (NFIs) and emergency, temporary or semi-permanent shelter support where appropriate.	Number of IDPs and other crisis-affected people with access to temporary shelter in accordance with minimum standards	**197,341** Chin: 8,323 Kachin: 35,641 Rakhine: 148,470 Shan: 4,907	**191,722** Chin: 8,323 Kachin: 31,006 Rakhine: 148,470 Shan: 3,923
Strategic Objective 2: Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021.			
Specific Objective 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 599,600 people (327,000 displaced and 272,600 non-displaced people) in targeted locations depending on the severity of their needs.			
Sector Objective: Some 191,727 IDPs receive protection from the elements to support their dignity, security and privacy through provision of non-food-items (NFIs) and emergency, temporary or semi-permanent shelter support where appropriate.	Number of IDPs and other crisis-affected people with access to temporary shelter in accordance with minimum standards	**197,341** Chin: 8,323 Kachin: 35,641 Rakhine: 148,470 Shan: 4,907	**191,722** Chin: 8,323 Kachin: 31,006 Rakhine: 148,470 Shan: 3,923
Sector Objective: Quality of life for some 281,067 IDPs is improved through support management and service provision in IDP camps.	Percentage of IDPs in identified camps and camp-like settings that benefit from management support and services monitoring from a Camp Management Agency (CMA) or a site focal point	**309,487** Bago: 2,513 Chin: 8,323 Kachin: 102,738 Kayin: 4,914 Rakhine: 181,178 Shan: 9,821	**281,067** Bago: N/A Chin: 4,150 Kachin: 88,472 Kayin: N/A Rakhine: 181,118 Shan: 7,327

3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
914K	640K	34.7M	25

	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
Bago	: 2,513	: -	: -
Chin	: 13,275	: 10,925	: 1.2M
Kachin	: 136,932	: 104,845	: 9.3M
Kayin	: 8,925	: 7,071	: 0.38M
Rakhine	: 717,396	: 491,769	: 22.2M
Shan	: 35,091	: 25,412	: 1.6M

Objective

Targeted population has timely, equitable and inclusive access to safe water, sanitation and hygiene, and integrated/mainstreamed WASH response is provided for the most vulnerable.

The protracted humanitarian situations in Rakhine, Kachin and Shan states continue to require new approaches to deliver WASH services for crisis-affected populations. An effective response to WASH needs in Chin and Kayin states will also be priority in 2021

The WASH Cluster strategy focuses on the provision of timely, equitable and inclusive access to WASH services for the most vulnerable population: non-displaced stateless, IDPs, and some host communities whose coping capacities are strained.

Access to safe WASH services is essential to the physical and mental wellbeing of any population, and is closely linked to morbidity and mortality rates. Access to WASH services are also a core component of adequate living standards.

In light of the human rights violations and numerous protection dimensions of the humanitarian situation in targeted areas, prevention and mitigation of protection risks to the most vulnerable and marginalized (including women, girls, the elderly, persons with disabilities and individuals with a diverse sexual orientation or gender identities will be a priority for the WASH Cluster.

Dignified access to emergency temporary education will be supported by providing WASH services in temporary education spaces. This also considers that children typically better cope with the effects of the crisis by having safe access to fully functional and non-segregated learning spaces.

The WASH Cluster will also enhance disease outbreak preparedness, response and risk reduction by integrating WASH support with health interventions in temporary health facilities, in collaboration with the Health Cluster, as needed. This includes supporting the early warning, alert and response system (EWARS) by information sharing as per the EWARS protocol of reporting from non-health to health partners.

Working through an integrated approach to address these vulnerabilities enhances the contribution of the WASH response to alleviate the two overarching humanitarian consequences targeted by this HRP.

The WASH Cluster will continue to closely engage on the HCT operating principles on engagement in IDP sites in central Rakhine that have been declared closed, including through dialogue with the authorities. Interventions will be decided on a case-by-case basis and will be result of broader consultations.

Response

In order to fulfill the above objectives, The WASH Cluster response will prioritize:

- Water supply, sanitation and good hygiene practices. These will remain mostly temporary and semi-permanent in design considering the context of the camps, cost and the projected return, resettlement and local integration of IDPs. It is also to avoid further entrenching the situation of populations living in camps for several years already.
- Operation and maintenance of WASH facilities will also remain a priority in 2021 to ensure facilities meet agreed cluster and international standards.
- Tailored hygiene supplies (or cash alternatives where feasible and appropriate) and hygiene promotion including menstrual hygiene will continue to be provided based on needs and vulnerability.

In addition to the above, the cluster strategy in 2021 seeks to further enhance integration and mainstreaming of services across sectors and the response will therefore also prioritize:

- Specific WASH interventions for prevention and mitigation of protection risks, including GBV: This will be done in close collaboration with protection actors, built on risk analysis and inclusiveness (e.g. tailored design of infrastructure). The WASH Cluster will continue to provide a tailored safe infrastructure, based on risk analysis and consultation with communities, for 20 per cent of the most vulnerable people in the five affected states.
- WASH in temporary learning spaces: WASH and the Education in Emergencies Sector will work closely to achieve this. In 2021, the WASH Cluster will support 20 per cent of the temporary learning spaces in Rakhine and Kachin states.
- Support for WASH infrastructure in temporary health facilities, where needed. In 2021, the WASH Cluster, in collaboration with the Health Cluster, will support 20 per cent of the temporary health facilities in Rakhine and Kachin states.
- Support for WASH services in Health facilities and schools, where needed in relation to COVID-19 by providing light rehabilitation to WASH facilities.

In terms of response modalities, where feasible, the WASH Cluster will continue to adopt approaches which optimize cost-effectiveness and efficiency of principle-based service delivery, as well as integration with local market systems and government/private sector-managed service provision. Improved Accountability to Affected Populations (AAP) through more robust and inclusive complaints and feedback mechanisms will be ensured, as well as continuous consultation, involvement and engagement of affected communities including women, girls, persons with disabilities, older persons and others in the provision of WASH services.

The WASH Cluster response will greatly benefit from increased cooperation with development partners and the Government, especially in areas of preparedness and disaster risk reduction. Improved urban/peri urban WASH services will contribute to social cohesion and reducing the effect of system shocks.

Moreover, WASH cluster will support localization strategy such as capacity building of local NGOs.

Cost of response

The cost of delivering WASH services to the targeted population is US$34.7 million. Targeting takes into account WASH needs and the presence/capacity of current partners, and assumes sufficient levels of access and funding.

The cost of the response is based on a compilation, at state level, of the average cost per person per year based on categories of people in need established in the HNO/HRP. Estimates draw on the operational experience of partners and levels of support needed to meet cluster standards.

Timely and flexible funding with longer term grants suitable for protracted contexts will achieve the greatest impact.

Monitoring

The WASH Cluster has put in place strong reporting mechanisms to follow the implementation of the response:

- A 4W document is updated on a quarterly basis. Compilation of 4W data is followed by information analysis and gap identification. Corrective measures are put in place as needed. In parallel, the WASH Cluster has an independent mechanism of spot field visits, to support triangulation of information received through the 4W. Furthermore, cluster members collect specific information to WASH responses and AAP, in line with the cluster core functions.
- AAP-related information collected in the field will be analyzed and fed back to state level. Corrective measures will be taken where needed, and information will be fed back to the communities by the field teams. The WASH Cluster will play an oversight role.
- 4W data collection and analysis is complemented by quarterly snapshots/dashboards that visualize the progress in the response and its analysis.
- An emergency capacity matrix is also in place to map levels of preparedness in case of unforeseen events.
- Finally, WASH partners report on financial perspectives on a quarterly basis. This is essential in identifying gaps and for advocacy.

WASH objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021.			
Specific Objective 1.1: Morbidity and mortality of 755,100 people (319,200 displaced and 435,900 non-displaced people) in targeted locations is reduced through adequate access to essential food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.			
Sector Objective: Close to 640,022 crisis-affected people have equitable, inclusive and safe access to safe/improved drinking water meeting demand for domestic purposes, at minimum/agreed standards.	Number of women, men, boys and girls benefitting from safe/ improved drinking water, meeting demand for domestic purposes, at minimum/agreed standards	**914,132** Bago: 2,513 Chin: 13,275 Kachin: 136,932 Kayin: 8,925 Rakhine: 717,396 Shan: 35,091	**640,022** Bago: N/A Chin: 10,925 Kachin: 104,845 Kayin: 7,071 Rakhine: 491,769 Shan: 25,412
Sector Objective: Close to 640,022 crisis-affected people have equitable, inclusive and safe access to functional excreta disposal systems.	Number of women, men, boys and girls benefitting from functional excreta disposal system, reducing safety/public health/environmental risks	**914,132** Bago: 2,513 Chin: 13,275 Kachin: 136,932 Kayin: 8,925 Rakhine: 717,396 Shan: 35,091	**640,022** Bago: N/A Chin: 10,925 Kachin: 104,845 Kayin: 7,071 Rakhine: 491,769 Shan: 25,412
Sector Objective: Close to 640,022 crisis-affected people have equitable, inclusive and safe access to hygiene items and community-tailored messages, enabling health seeking behavior.	Number of women, men, boys and girls benefitting from timely/adequate/tailored personal hygiene items and receiving appropriate/ community tailored messages that enable health seeking behaviour	**914,132** Bago: 2,513 Chin: 13,275 Kachin: 136,932 Kayin: 8,925 Rakhine: 717,396 Shan: 35,091	**640,022** Bago: N/A Chin: 10,925 Kachin: 104,845 Kayin: 7,071 Rakhine: 491,769 Shan: 25,412

WASH objectives, indicators and targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021.			
Specific Objective 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 599,600 people (327,000 displaced and 272,600 non-displaced people) in targeted locations depending on the severity of their needs.			
Sector Objective: Close to 83,000 crisis-affected people have access to integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities.	Number of vulnerable people that are consulted, and their concerns are addressed, through dignified and inclusive WASH services	**361,916** Chin: 2,020 Kachin: 57,230 Kayin: 5,815 Rakhine: 288,452 Shan: 8,399	**83,272** Chin: 1,420 Kachin: 13,699 Kayin: 919 Rakhine: 63,930 Shan: 3,304
Sector Objective: Some 46,000 crisis-affected people in temporary health facilities and temporary learning spaces have access to integrated/ mainstreamed WASH services.	Number of women, men, girls and boys accessing WASH services in temporary health facilities and learning spaces which received support from the WASH Cluster	**206,148** Kachin: 33,534 Rakhine: 172,614	**46,397** Kachin: 8,046 Rakhine: 38,351

Coordination and Common Services

Coordination

The Office for the Coordination of Humanitarian Affairs (OCHA) will continue to provide dedicated support to the Humanitarian Coordinator and the Humanitarian Country Team with a focus on the following activities: (1) maintaining inclusive coordination mechanisms at national and sub-national levels to ensure principled, timely and effective humanitarian response; (2) facilitating joint situational awareness and joint analysis of humanitarian needs, gaps and response to support decision making and coherence planning; (3) facilitating joint strategic planning for humanitarian response, as well as joint monitoring and reporting; (4) mobilizing flexible and predictable humanitarian funding and ensure effective use of Central Emergency Response Fund and the Myanmar Humanitarian Fund; (5) advocating for the protection of civilians and sustained humanitarian access to all women, men, girls and boys in need; and (6) supporting efforts to strengthen national capacities to prepare for and respond to natural disasters and other emergencies. OCHA will continue to liaise with the Government, relevant line ministries, State authorities and non-State actors on humanitarian issues. OCHA will facilitate the updating of the Humanitarian Needs Overview and the Humanitarian Response Plan. OCHA will coordinate the Humanitarian Country Team Contingency Planning Process, including the updating of the Emergency Response Preparedness Plan and joint simulation exercises. OCHA will support information management and will provide regular updates and analysis to inform partners and the international community on key humanitarian developments. OCHA will also support the Humanitarian Country Team and the Inter-Cluster Coordination Group in integrating key cross-cutting issues into relevant planning processes and response.

Information Management

The Myanmar Information Management Unit (MIMU) is a service offered through the Office of the UN Resident Coordinator which provides a range of information management support (IM) to organizations and government departments engaged in emergency preparedness, humanitarian, development and peace-focused activities across Myanmar. MIMU will continue to focus on the following activities: (1) safeguarding the common data and information repository and operational datasets countrywide; (2) producing relevant information products to strengthen preparedness, response and recovery, including updated base/hazard maps and vulnerability analyses; (3) maintaining updated 3W information (who is doing what, where), contact lists, assessment tracking, and meeting schedules; (4) providing technical support to development of national standards and systems for more efficient analysis, planning and targeting; (5) leading the Information Management Network bringing together IM focal points from across agencies, clusters and sectors to promote coordinated and standardized approaches to information management across all actors; and (6) providing technical support and training to agencies and Government departments to strengthen IM capacity. MIMU makes its information and analytical products as well as those of UN agencies and other partners accessible to the wider groups of stakeholders through the MIMU website. MIMU works in coordination with WFP, UNHCR, clusters/sectors, OCHA and other partners providing information management capacity in support of humanitarian action in Myanmar.

Staff Safety and Security

The United Nations Department of Safety and Security (UNDSS) will continue to focus on enabling humanitarian activities while ensuring the safety and security of humanitarian workers as a high priority. This will be achieved through improved information gathering and analysis for evidence-based assessments and decision-making. Common inter-agency missions to areas with challenging security situations will continue to enhance access and operational impact. Safety and security-related incidents that impact staff safety, continuity of activities, or affect access, will be tracked to determine trends and appropriate courses of action. Safety and security-related information, assessments and reports will continue to be shared with implementing and operational humanitarian partners to ensure situational awareness. On behalf of the United Nations Security Management System, UNDSS will continue to function as the focal point for regular security cooperation with implementing and operational humanitarian partners. In recognition of the increasingly volatile security situation in this part of the country, and following an initial UNDSS surge deployment between July and September 2020, UNDSS will deploy a permanent Field Security Coordination Officer (FSCO) for Rakhine within the first half of 2021, to support humanitarian operations across the state. This capacity will also further supplement efforts to manage additional safety and security risks and challenges in in the context of COVID-19 and enhance coordination with INGOs in line with the Saving Lives Together (SLT) framework.

Part 4:

Annexes

KACHIN, MYANMAR
People passing through the Ja Yang IDP camp.
Photo: RANIR/Yawng Htang

4.1
Contact Details of Focal Points

National-level cluster/sector coordinators

SECTOR/CLUSTER	NAME	EMAIL
Education in Emergencies Sector	Nicole Starkey	nicole.starkey@savethechildren.org
Food Security Sector	Laurent Gimenez	laurent.gimenez@wfp.org
Health Cluster	Allison Gocotano	gocotanoa@who.int
Nutrition Sector	Jecinter Oketch	jaoketch@unicef.org
Protection Sector	Mohan Mani Lamsal	lamsal@unhcr.org
Shelter/Non-food-items/Camp Coordination and Camp Management Cluster	Grema Muhammed Mustapha	mustapha@unhcr.org
Water, Sanitation and Hygiene Cluster	Eyad Aldubai	ealdubai@unicef.org
Multi-sectoral response for northern Rakhine (MIAG)	Ephraim Wee Thiam Tan	tane@unhcr.org

Area-based coordination mechanisms

REGION	MECHANISM	NAME	EMAIL
Rakhine State (northern Rakhine)	Maungdaw Inter-Agency Group (MIAG)	Alvin Gonzaga	gonzaga@unhcr.org
Rakhine State (central Rakhine)	Sittwe-based Inter-Cluster Coordination Group (Sittwe ICCG)	Kyoko Ono	onok@un.org
Rakhine State	Rakhine Coordination Group (RCG)	Peter Barwick	peter.barwick@one.un.org
Kachin State – AHCT Northern Shan – GCM	Area Humanitarian Country Team (AHCT), Kachin State & Lashio-based General Coordination Meeting (GCM)	Cecil Dunne	dunnec@un.org

4.2 Response Analysis

Sectoral and inter-sectoral data on severity of needs detailed in the Humanitarian Needs Overview (HNO) have informed geographical prioritization as well as population groups targeted for response. IDPs and stateless persons (in Rakhine) have been identified as experiencing the most critical needs, and these groups have therefore been prioritized in this HRP, at both inter-sectoral and sector-specific levels.

To further refine priorities, the Inter-Cluster Coordination Group (ICCG) carried out a process of response prioritization, based on the results of the 2021 HNO, taking into account magnitude and relative severity of needs, underlying causes, anticipated trends, and response capacities and access constraints in targeted locations. This exercise also considered the specific vulnerability characteristics of the population groups identified, including issues around age, gender, disabilities and sexual orientation in each targeted location. A tailored framework was developed to support this process, enabling cluster and sector coordinators to jointly assess potential (sector-specific and multi-sectoral) response approaches and modalities to address identified needs, and to consider the appropriateness, relevance and feasibility of each.

Reflections on response analysis and design have also taken into account geographic specificities and related considerations around access. In all response areas, national and local organizations and personnel are at the forefront of efforts to reach people in need. However, localized approaches have been particularly important in Kachin and northern Shan states, where insecurity, restrictions on the movement of UN and INGO personnel, and ethnic dynamics demand a high level of reliance on a diverse network of civil society organizations, including women and youth organizations. Capacity-building of local partners will remain critical as will careful management of security, protection and other risks, pertaining to these partners.

While response modalities primarily involve in-kind assistance and direct service provision, as outlined above, significant steps are being taken to further expand the use of cash and voucher assistance (CVA) in Myanmar in 2021 where feasible and appropriate, in close consultation with affected communities. As part of broader efforts to promote inter-sectoral approaches, humanitarian partners in Myanmar, in coordination with the Cash Working Group and ICCG, will continue to explore the possibility of launching joint multi-purpose cash programs, building on experience gained through previous pilot operations, which will also be aided by the establishment of a revised and expanded minimum expenditure basket.

Efforts to expand CVA will also continue to be informed by careful analysis of potential gender and protection risks, including through post-distribution monitoring and proactive risk mitigation measures.

In addition, and as noted above, efforts are being made to enhance collective AAP, including through the development of improved systems for receiving and collectively analyzing feedback from affected people. This will build on a variety of existing tools for community engagement, maintained by numerous organizations and sectors or clusters. Ensuring that more robust and coherent systems for dialogue with affected people inform real adjustments to response approaches, including at the inter-sectoral level, will be an important priority in 2021.

4.3
Rakhine Coordination

Coordination Group (RCG) seeks to promote linkages across humanitarian, human rights, development, and peacebuilding constituencies, with participation from UN agencies, INGOs and other development partners, enabling individual mandates to be followed as needed, while at the same time encouraging information-sharing and a more integrated overall approach. The coordination of humanitarian action in Rakhine is carried out through area-based coordination bodies, i.e. the Maungdaw Inter-Agency Group (MIAG) and the Sittwe-based Inter-Cluster Coordination Group (ICCG) supported by other technical working groups, under the strategic leadership of the Humanitarian Country Team and the RCG. These area-based coordination bodies operate in full respect of the mandated roles and responsibilities of all partners, including UNHCR's responsibility in relation to States' compliance with their international obligations toward refugees and stateless persons, enabling complementarity and collaborative actions based on operational capacity and resources.

4.4
Planning Figures by Sector and by Geography

Planning figures by sector

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED / TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS
Education in Emergencies	279K	212K		34.0M	21
Food Security	783K	601K		79.3M	35
Health	819K	580K		29.1M	74
Nutrition	183K	148K		21.2M	20
Protection	986K	856K		37.0M	51
Shelter/NFI/CCCM	349K	326K		36.8M	34
Water, Sanitation and Hygiene (WASH)	914K	640K		34.7M	25

People targeted breakdown by sector

	BY GENDER (%) FEMALE | MALE	BY AGE CHILDREN | ADULTS | ELDERS (%)	WITH DISABILITY	IDPS	IDP RETURNEES	NON-DISPLACED STATELESS	OTHER VULNERABLE
Education in Emergencies	52 | 48	98 | 2 | -	16%	92K	2K	93K	25K
Food Security	52 | 48	37 | 55 | 8	16%	258K	6K	278K	59K
Health	52 | 48	37 | 55 | 8	16%	308K	3K	201K	68K
Nutrition	66 | 34	70 | 30 | -	16%	58K	1K	67K	23K
Protection	52 | 48	37 | 55 | 8	16%	335K	8K	470K	43K
Shelter/NFI/CCCM	51 | 49	37 | 56 | 7	16%	314K	2K	10k	-
Water, Sanitation and Hygiene (WASH)	52 | 48	43 | 47 | 10	16%	293K	4K	239K	104K

Planning figures by geography

People targeted in Bago

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON-DISP-LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	TOTAL	% OUT OF PEOPLE IN NEED	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Kyaukkyi	2,513	-	-	-	2,513	100%	52 / 48	34 / 57 / 9	13
TOTAL	**2,513**	**-**	**-**	**-**	**2,513**	**100%**	**52 / 48**	**34 / 57 / 9**	**13**

People targeted in Chin

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON-DISP-LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	TOTAL	% OUT OF PEOPLE IN NEED	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Paletwa	8,323	-	-	2,602	10,925	82%	52 / 48	46 / 47 / 7	21
TOTAL	**8,323**	**-**	**-**	**2,602**	**10,925**	**82%**	**52 / 48**	**46 / 47 / 7**	**21**

People targeted in Kachin

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON-DISP-LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	TOTAL	% OUT OF PEOPLE IN NEED	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Bhamo	7,121	354	-	1,265	8,740	99%	48 / 52	36 / 58 / 5	9
Chipwi	2,742	413	-	1,089	4,244	100%	48 / 52	36 / 58 / 5	9
Hpakant	4,043	-	-	6,870	10,913	37%	48 / 52	36 / 58 / 5	9
Injangyang	-	695	-	-	695	100%	48 / 52	36 / 58 / 5	9
Mansi	13,863	1,344	-	4,041	19,248	99%	48 / 52	36 / 58 / 6	9
Mogaung	1,562	105	-	1,278	2,945	52%	48 / 52	36 / 58 / 6	9
Mohnyin	398	-	-	-	398	100%	48 / 52	36 / 59 / 6	9
Momauk	23,792	471	-	1,663	25,926	99%	48 / 52	36 / 58 / 5	9
Myitkyina	11,652	2,111	-	10,952	24,715	98%	48 / 52	36 / 58 / 6	9
Puta-O	519	90	-	-	609	100%	48 / 52	36 / 58 / 5	9
Shwegu	1,875	-	-	-	1,875	100%	48 / 52	36 / 58 / 6	9
Sumprabum	1,156	-	-	-	1,156	100%	48 / 52	36 / 59 / 5	9
Tanai	1,321	473	-	-	1,794	100%	48 / 52	36 / 58 / 6	9
Waingmaw	25,405	1,233	-	3,609	30,247	74%	48 / 52	36 / 58 / 5	9
TOTAL	**95,449**	**7,289**	**-**	**30,767**	**133,505**	**80%**	**48 / 52**	**36 / 58 / 5**	**9**

People targeted in Kayin

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON-DISP-LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	TOTAL	% OUT OF PEOPLE IN NEED	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Hlaingbwe	5,460	-	-	-	5,460	100%	51 / 49	41 / 52 / 7	17
Hpapun	4,905	-	-	-	4,905	100%	51 / 49	41 / 52 / 7	17
TOTAL	**10,365**	**-**	**-**	**-**	**10,365**	**100%**	**51 / 49**	**41 / 52 / 7**	**17**

People targeted in Rakhine

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON-DISP-LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	TOTAL	% OUT OF PEOPLE IN NEED	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Ann	4,123	-	-	2,570	6,693	72%	53 / 47	37 / 54 / 9	17
Kyaukpyu	993	-	-	1,690	2,683	38%	53 / 47	37 / 54 / 9	17
Kyauktaw	11,988	-	63,000	3,622	78,610	94%	53 / 47	37 / 54 / 9	17
Minbya	3,411	-	32,000	8,669	44,080	100%	53 / 47	37 / 54 / 9	17
Mrauk-U	18,211	-	27,000	7,353	52,564	100%	53 / 47	37 / 54 / 9	17
Myebon	6,470	-	-	7,723	14,193	86%	53 / 47	37 / 54 / 9	17
Pauktaw	23,702	-	16,000	4,577	44,279	100%	53 / 47	37 / 54 / 9	17
Ponnagyun	3,125	-	2,000	1,511	6,636	100%	53 / 47	37 / 54 / 9	17
Sittwe	109,155	-	90,000	3,267	202,422	100%	53 / 47	37 / 54 / 9	17
Buthidaung	11,900	-	154,000	13,865	179,765	95%	53 / 47	37 / 54 / 9	17
Maungdaw	-	-	76,000	19,560	95,560	85%	53 / 47	37 / 54 / 9	17
Rathedaung	16,889	-	10,000	4,872	31,761	83%	53 / 47	37 / 54 / 9	17
TOTAL	**209,967**	**-**	**470,000**	**79,279**	**759,246**	**94%**	**53 / 47**	**37 / 54 / 9**	**17**

People targeted in Shan

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON-DISP-LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	TOTAL	% OUT OF PEOPLE IN NEED	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Hseni	266	-	-	1,342	1,608	77%	50 / 50	38 / 56 / 6	9
Hsipaw	120	-	-	1,355	1,475	100%	50 / 50	38 / 56 / 6	9
Kutkai	4,775	604	-	3,949	9,328	89%	50 / 50	38 / 56 / 6	9
Kyethi	-	-	-	276	276	100%	50 / 50	38 / 56 / 6	9
Lashio	-	-	-	27	27	89%	48 / 52	39 / 55 / 6	9
Laukkaing	1,000	787	-	7,889	9,676	72%	50 / 50	38 / 56 / 6	9
Manton	300	5	-	404	709	51%	50 / 50	38 / 56 / 6	9
Muse	798	306	-	285	1,389	84%	50 / 50	38 / 56 / 6	9
Namhkan	1,912	98	-	292	2,302	72%	50 / 50	38 / 56 / 6	9
Namtu	572	65	-	488	1,125	43%	50 / 50	38 / 56 / 6	9
TOTAL	**9,743**	**1,865**	**-**	**16,306**	**27,914**	**76%**	**50 / 50**	**38 / 56 / 6**	**9**

4.5
What if We Fail to Respond?

Crisis-affected people will be further exposed to serious protection risks

In Kachin and northern Shan, armed conflict, displacement, landmine contamination and other factors continue to contribute to serious protection incidents, including gender-based violence and grave violations against children, women, marginalized and vulnerable groups. In Rakhine, prolonged displacement, discrimination and restrictions on freedom of movement impede access to livelihoods and basic services result in rights violations compounded by high levels of psychological distress and negative coping mechanisms. Increased support to protection activities is vital to prevent, mitigate and respond to protection issues and human rights violations

Increased risk of food insecurity for people in vulnerable situations

The food security status of over 600,000 people in Kachin, Shan, Rakhine, Chin, Kayin and Bago will further degrade without well-coordinated and evidence-based food assistance and livelihood support. Reduced access to safe and nutritious food and income may result in increased malnutrition, particularly for most vulnerable groups. Intensified use of negative coping strategies will undermine safety, dignity, and capacity for recovery. Current inequalities in access to food may exacerbate tensions between groups in vulnerable situations. Heightened stress and risks of gender-based violence create further disproportionate effects on women, children, persons with disabilities and other groups facing social and economic discrimination.

Lack of adequate health services can lead to loss of lives

Without life-saving support from humanitarian organizations in the health sector, approximately 579,000 people in Myanmar will be at serious risk, with consequences for communities at every level. Without primary health care, children will be at risk of contracting vaccine preventable diseases. Common ailments left untreated, treatment interruption for chronic diseases, and insufficient referral to higher level of care may further increase morbidity and mortality. Women with no access to sexual and reproductive health care are at greater risk of complications. Interruption of disease surveillance in humanitarian areas puts communities at risk of disease outbreaks, including COVID-19.

Unsafe water, hygiene and sanitation will expose thousands to diseases

Without continued support from humanitarian organizations, more than 640,000 people will not have adequate access to safe water, hygiene and basic sanitation. Outbreaks of preventable communicable and water-borne diseases could occur. Young children are the first to get sick and die from waterborne and sanitation-related illnesses. Poor living conditions of the displaced in overcrowded camps and collective shelters could further exacerbate the risk of illness and death from diseases. IDPs and most vulnerable groups are likely to adopt negative coping mechanisms with using alternative approaches rather than having dignified access to essential WASH services.

Inadequate shelter exposes families to multiple risks
Without adequate support from shelter actors, displaced people, including children, elderly and persons with disabilities will be exposed to undignified living conditions and serious protection risks. Many temporary shelters have reached the end of their lifespan with many more deteriorating due to lack of funding for reconstruction, leaving people in sub-standard shelter. Increased support is critical to respond to new needs and reduce displaced communities' exposure to health, protection risks and unpredictable weather elements.

Vulnerable children will never return to school
The COVID-19 pandemic has resulted in the ongoing closure of nearly all learning spaces in Myanmar - an unprecedented crisis for children's wellbeing. Without funding allocated to education, over 270,000 children are at risk of never recouping the lost opportunity for cognitive and socioemotional development, and thousands of the most vulnerable will drop out of education altogether. This will drive an increase in children exposed to trafficking, risky migration or exploitation, and reduce the prospects for long-term recovery and peacebuilding.

4.6
How to Contribute

Contribute to the Humanitarian Response Plan
Myanmar's humanitarian response plan provides sector-specific descriptions of the activities required to address the needs of the affected people, and the estimated funding requirements to address these needs. The plan contains contact informa¬tion for each of the sectors. To learn more about the outstanding gaps, needs, and response priorities, download the plan from: www.unocha.org/myanmar

Donating through the Central Emergency Response Fund
The CERF provides rapid initial funding for life-saving actions at the onset of emer¬gencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund, to be used for crises anywhere in the world. Between 2006 and 2020, CERF has provided Myanmar with over $121.23 million to address priority life-saving needs. Find out more about the CERF and how to donate by visiting the CERF website: cerf.un.org/donate

Contribute through Myanmar Humanitarian Fund
The Myanmar Humanitarian Fund (MHF) is a multi-donor pooled fund that provides humanitarian organizations with rapid and flexible in-country funding to address critical funding gaps in the core humanitarian response, and to respond quickly to urgent emergency needs. Further information on country-based pooled funds can be found here: www.unocha.org/myanmar/about-mhf

To learn more about the MHF, please send an email to: mhf-myanmar@un.org

4.7 Acronyms

AAP	Accountability to Affected People
AHCT	Area Humanitarian Country Team
BSFP	Blanket Supplementary Feeding Programme
CBOs	Community-Based Organizations
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CMC	Camp Management Committees
CTFMR	Country Task Force on Monitoring and Reporting
EAOs	Ethnic Armed Organizations
EiE	Education in Emergency
EWARS	Early Warning and Response System
FSS	Food Security Sector
GVB	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
HCT	Humanitarian Country Team
HDP	Humanitarian, Development and Peace
HIV	Human Immunodeficiency Virus
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced People
IM	Information Management
INGOs	International Non-Governmental Organizations
IYCF	Infant and Young Child Feeding
JST	Joint Strategy Team
MAM	Moderate Acute Malnutrition
MARA	Monitoring, Analysis, and Reporting Arrangements
MHF	Myanmar Humanitarian Fund
MHPSS	Mental Health and Psycho-Social Support
MIAG	Maungdaw Inter-Agency Group
MIMU	Myanmar Information Management Unit
MoE	Ministry of Education
MoHS	Ministry of Health and Sports
MOU	Memorandum of Understanding
NGOs	Non-Governmental Organizations
NFIs	Non-Food Items
OCHA	Office for the Coordination of Humanitarian Affairs
PLW	Pregnant and Lactating Women
PIN	People in Need
PSEA	Protection from Sexual Exploitation and Abuse
RCG	Rakhine Coordination Group
SAM	Severe Acute Malnutrition
SBCC	Social and Behavior Change Communication
SCS	Security Communications System
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Programme

UNDSS	United Nations Department of Safety and Security
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

4.8
End Notes

1 The terms "Rohingya" and "Rohingya Muslims" are used in this document in recognition of the right of people to self-identify. Since there are both Rohingya and non-Rohingya Muslims in Rakhine, in some cases the more general term "Muslims" is used. During consultations on the humanitarian programme cycle, the Government of the Republic of the Union of Myanmar has emphasized that it strongly objects to the use of the term Rohingya.

2 https://data2.unhcr.org/en/situations/myanmar_refugees

3 During consultations on this HRP, Government interlocutors have emphasized that access restrictions are due to security considerations and efforts to reduce COVID-19 transmission risks.

4 https://corehumanitarianstandard.org/files/files/Core Humanitarian Standard - English.pdf

5 https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-61

6 https://interagencystandingcommittee.org/sites/default/files/the_centrality_of_protection_in_humanitarian_action_english_.pdf

7 https://interagencystandingcommittee.org/system/files/iasc_policy_on_gender_equality_and_the_empowerment_of_women_and_girls_in_humanitarian_action.pdf

8 https://undocs.org/ST/SGB/2003/13

9 Refers to locations where additional support is required for health service delivery as compared to non-humanitarian affected areas. This includes, but not limited to, displacement sites, host communities, geographically or socially hard to reach areas, and non-government-controlled area.

10 MoHS. (2018). Myanmar Human Resources for Health Strategy (2018-2021). Page 10.

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