

# Myanmar Quarterly Monitoring Report

## Second Quarter (April – June 2015)

Humanitarian Response Plan 2015

Prepared by OCHA based on inputs from the Sectors/Clusters

### CHANGES IN CONTEXT (SINCE JANUARY 2015)

- In **Kachin and northern Shan states**, the number of displaced people increased to over 100,000 due to resumption of conflict in some areas. The protracted nature of the displacement, compounded by disruption of cross-line missions in the first half of 2015, has led to renewed humanitarian needs and increased vulnerability. Increased advocacy with the Government for sustained access to areas beyond the Government control remains a priority for the second half of 2015.
- In the **Kokang Self-Administered Zone**, conflict between the Myanmar army and the Myanmar National Democratic Alliance Army (MNDAA) continued but reportedly abated in some areas after MNDAA's announcement of a unilateral ceasefire on 11 June. Some displaced people are reported to have returned but according to the Government, some 70,000 people still remained displaced at the end of June. The Government has indicated that the main humanitarian needs of returnees are food and shelter. The Government has identified three main areas as reception centres for returnees (Tar Shwe Htan, Par Sin Kyaw, Laukkaing) and continues to provide assistance, particularly food and NFIs.
- In **Rakhine State**, over 130,000 people remain displaced as a result of the violence that erupted in 2012. Continued inter-communal tensions, as well as ongoing restrictions on the freedom of movement of Muslims and on their access to basic services such as health and education, continue to cause hardship. Restrictions on freedom of movement also make it difficult for people to resume livelihood activities. There were however some positive developments during the second quarter. The Rakhine State Government, with some support from the UN and other international organizations, has lead an exercise to facilitate the return (or in some cases relocation) of nearly 2,000 families (approximately 10,000 people) through provision of cash grants or building materials. IDPs who were until now living in long-houses have returned to their original plots and built their own individual temporary houses, or, for those not yet able to return to their places of origin, to relocate or build individual houses in their places of current displacement. During the second quarter there was a great deal of media coverage of the ongoing irregular migration through the Bay of Bengal of people from both Rakhine and Bangladesh. In May 2015, the Myanmar Navy rescued two boats with more than 900 people off the coast of Rakhine State and Ayeyarwaddy Region. While the verification process is going on, State authorities, with support from the UN and INGOs, have been providing assistance and facilitating the return of these people to their home.
- In **Meikhtila** (Mandalay Region), most of the 3,300 people still displaced at the end of 2014 have now been resettled with support from the Union Government. All IDP camps in Meikhtila have now been closed.

### RECOMMENDATIONS OF CLUSTERS/SECTORS TO THE HCT

- Advocate with the Government at both State and Union level for removing restrictions on freedom of movement so that IDPs and other vulnerable people can access basic services such as health and education, as well as livelihoods activities. Advocate for unhindered humanitarian access, and for land allocation for provision of shelters and other essential facilities.
- Advocate with donors for allocation of more flexible/long-term funding to bridge humanitarian and development activities and to facilitate early recovery and durable solutions
- Increase engagement with development actors for a smooth transition from humanitarian to development in locations where return/relocation is complete in Rakhine State.
- Support efforts to place protection at the center of the humanitarian response, including by effective use of the protection analysis to inform response and advocacy efforts.

## MYANMAR FUNDING UPDATE - QUARTER 2

### Key figures

**\$189.6 Million**

Requested (Total)

**\$118.2 Million**

Requested (Rakhine)

**\$71.4 Million**

Requested (Kachin/Shan)

**\$31.5 Million**

Contributions (Rakhine)

**\$15.5 Million**

Contributions (Kachin)

**\$22.5 Million**

Contributions (not specified)

**\$102.0 Million**

Total contributions

**\$69.5 Million**

Contributions within HRP

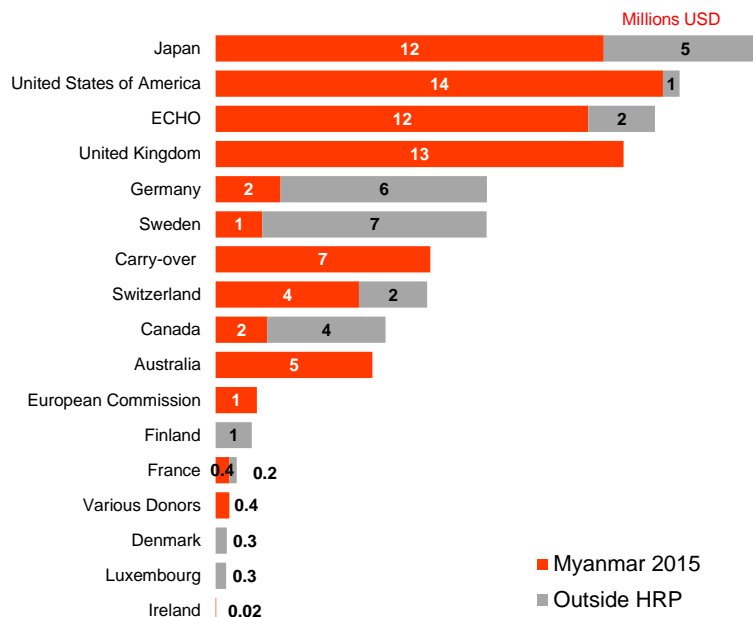
**\$32.5 Million**

Contributions outside HRP

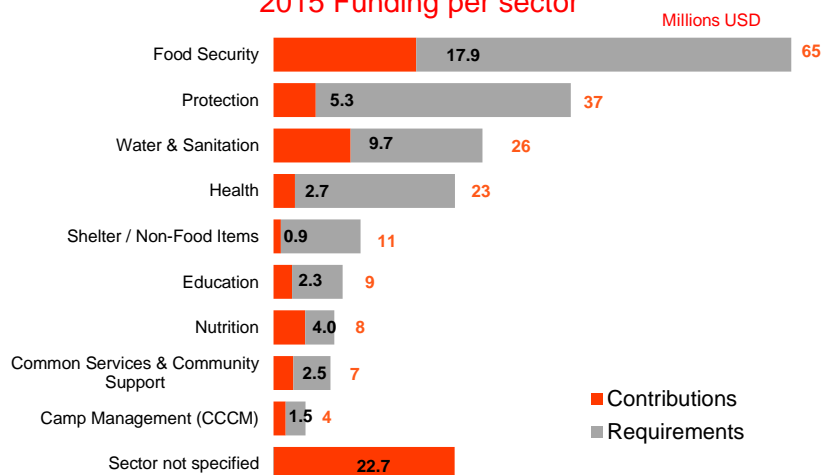
### Key Achievements

- 20,000 emergency-affected children (3-17 years) have access to education.
- 285,800 people received food and/or cash assistance.
- 24,400 people received agriculture inputs, livestock assistance, and income support.
- 125,200 IDPs have access to basic health care services.
- 5,400 children aged 6-59 months with severe acute malnutrition received therapeutic care.
- 164,200 vulnerable people have access to minimum available protection services.
- 162,200 IDPs have access to temporary shelters in accordance with minimum standards.
- 345,000 people have access to sufficient quantity of safe drinking and domestic water.
- 267,900 people have access to safe and sustainable sanitation facilities.

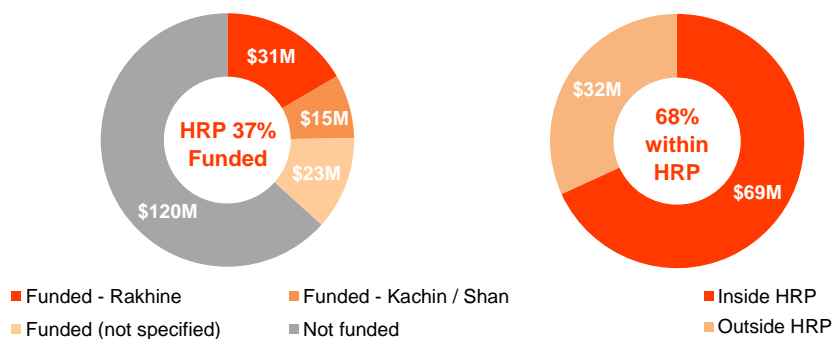
### 2015 Donor contributions



### 2015 Funding per sector



### Overall funding situation



## MYANMAR INDICATORS MONITORING - QUARTER 2

### Camp Coordination/Camp Management

For more information contact Edward Benson  
(benson@unhcr.org)

#### Key Cluster Challenges

Kachin/Shan: Delivery of equitable CCCM services to IDPs in camps with different conditions; Camp Management Committees and CCCM agencies' unfamiliarity with new projects such as care and maintenance programme; Delay in funds allocation for implementation of shelter-driven CCCM projects.  
Rakhine: The on-going return/relocation projects have shifted the emphasis of CCCM work to preparation for "life after displacement".

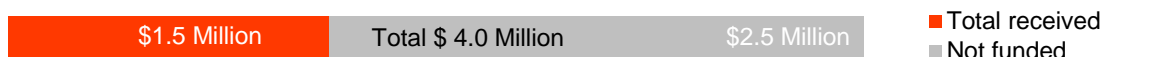
#### Actions to be taken

Kachin/Shan: Continued advocacy for funding; Implementation of shelter-driven CCCM projects through provision of step-by-step technical support to all agencies, conducting joint visits of technical working groups and increased general capacity-building (with support from IOM); Significant reduction of target from 40,000 to 25,000 mostly due to limited funding; A tool kit to be piloted in July to encourage/develop more autonomous infrastructure maintenance, community mobilization and self-reliance.

Rakhine: Engagement with partners in livelihood training and livelihoods project development; Liaison with the Government at different levels to coordinate the movements and ensure interests of IDPs; Enhancement of the household data quality in those villages/camps where return/relocation takes place.

#### Required HCT Support

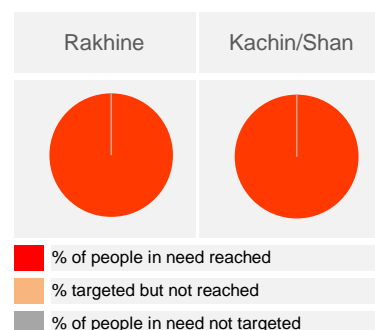
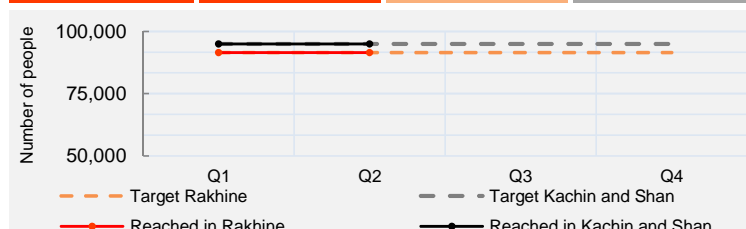
Rakhine: Increased engagement with development actors for smooth transition from humanitarian to development in locations where return/resettlement is complete.



#### HRP Indicator 01

Number of IDPs that receive direct camp management support.

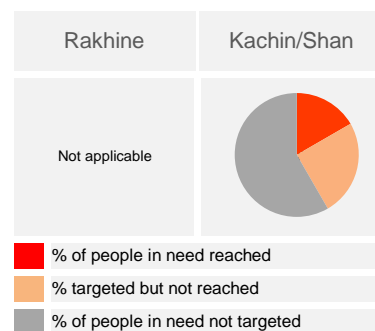
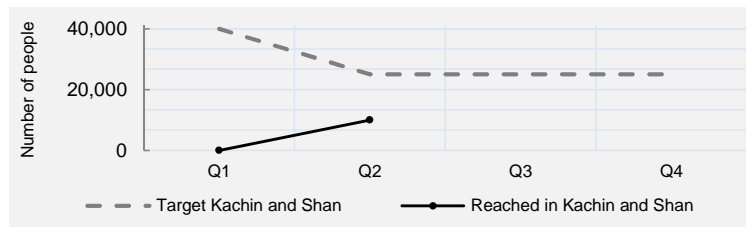
State	People Reached	People targeted	People in need
Rakhine	91,500	91,500	91,500
Kachin / Shan	95,000	95,000	95,000



#### HRP Indicator 02

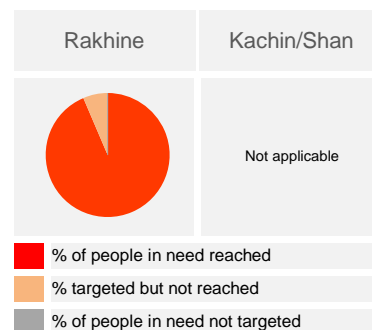
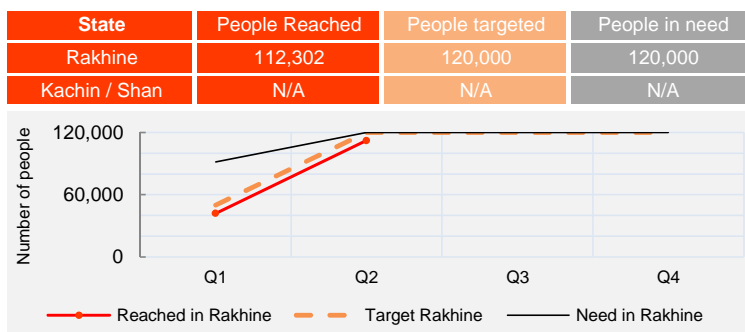
Number of IDPs in Kachin/Shan that benefit from repairs / maintenance / upgrading of their temporary shelters.

State	People Reached	People targeted	People in need
Rakhine	N/A	N/A	N/A
Kachin / Shan	10,000	25,000	60,000



### HRP Indicator 03

Number of IDPs in Rakhine in camps with women in government-appointed or community-based or other leadership roles.



## Education

For more information contact Yukako Fujimori  
([yfujimori@unicef.org](mailto:yfujimori@unicef.org))

### Key Cluster Challenges

Kachin/Shan: A lack of accurate information about education needs and established coordination mechanism continues to hamper effective/harmonized implementation, especially in areas beyond government control.

Rakhine: Access to post-primary opportunities for adolescents in IDP/host/surrounding communities remains limited despite the increasing number of non-formal temporary learning spaces (TLS). Recruitment of qualified volunteer teachers remains a challenge.

### Actions to be taken

Kachin/Shan: Coordination meetings regularly organized; Conflict-sensitivity in education orientation for sector members conducted; An education needs assessment in northern Shan finalized.

Rakhine: Discussion initiated with the State Education Department to widen non-formal and formal post-primary opportunities through increased support to TLS, as well as to a middle school and satellite schools in Sittwe camps.

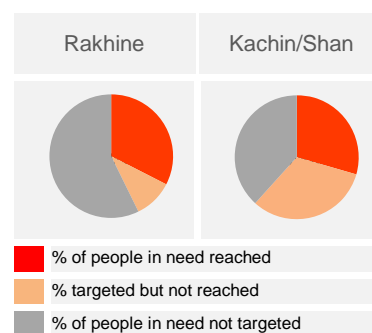
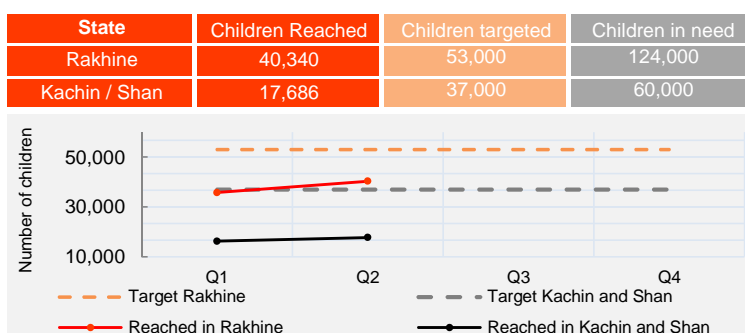
### Required HCT Support

Support for coordinated advocacy with government/authorities to overcome systemic obstacles, including restrictions on movement and enrolment in formal education institutions, to ensure better access to quality basic education for IDP/host/surrounding communities; Support for mobilization of more flexible/long-term resources and commitments from both humanitarian and development partners to ensure continuity of Education in Emergency (EiE) activities linked with wider education support for all conflict-affected children in need.



### HRP Indicator 04

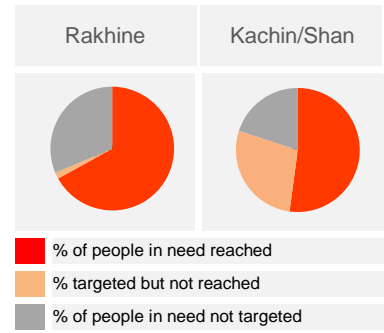
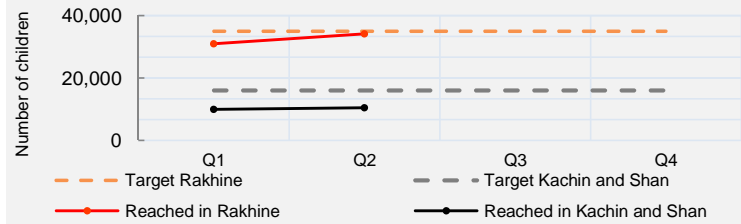
Total number of emergency-affected children (3-17 years) accessing education.



### HRP Indicator 05

Number of emergency-affected children (5-11 years) accessing primary education (prioritizing formal, aiming at gender parity).

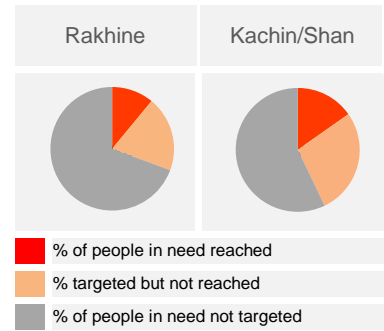
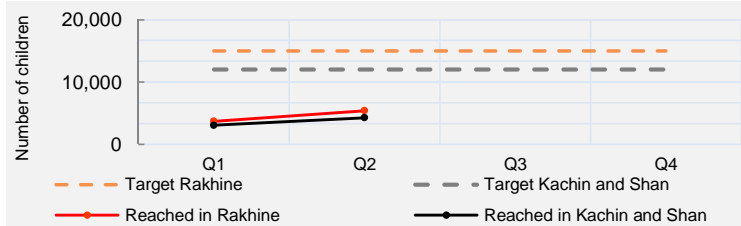
State	Children Reached	Children targeted	Children in need
Rakhine	34,151	35,000	51,000
Kachin / Shan	10,425	16,000	20,000



### HRP Indicator 06

Number of emergency-affected adolescents (12-17 years) accessing post-primary education (formal and non-formal, aiming at gender parity).

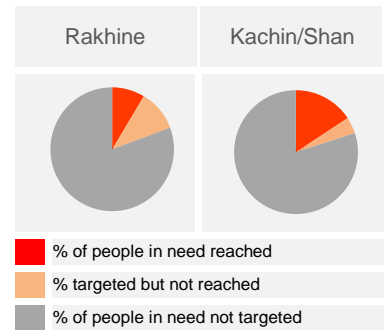
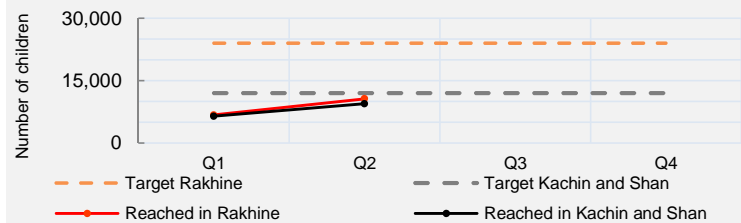
State	Children Reached	Children targeted	Children in need
Rakhine	5,392	15,000	49,000
Kachin / Shan	4,252	12,000	28,000



### HRP Indicator 07

Number of children (3-17 years) receiving education which integrates initiatives to mitigate contextual protection risks.

State	Children Reached	Children targeted	Children in need
Rakhine	10,612	24,000	124,000
Kachin / Shan	9,431	12,000	60,000



## Key Cluster Challenges

A planned shift in modality of food assistance provision and beneficiary targeting put on hold until after the 2015 harvest at the request of the Government; Limited funding to scale up livelihood interventions which ensure economic self-reliance; Limited access to livelihood opportunities due to movement restrictions in Rakhine State; Delay in beneficiary targeting will have an impact on WFP pipeline planning.

## Actions to be taken

Advocacy with the Government for a shift in modality of food assistance provision; Preparation for communication messages to communities on changes in modality and advocacy messages to donors to be transmitted through ICCG, HCT, RCO and bi-lateral meetings; Livelihood profiling exercise planned to explore opportunities for provision of livelihood and cash as well as to scale down dependency on food assistance; Development of the FSS work plan to support needs analysis, define standards and develop advocacy messages; In light of the on-going relocation/resettlement programme in Rakhine State, the Sector's target for the number of people receiving agriculture inputs, livestock and sustainable income support has increased from 42,700 to 75,200 to cover the livelihood needs of the returnees.

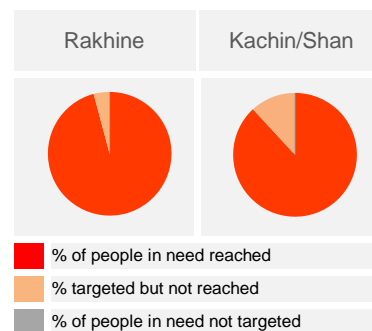
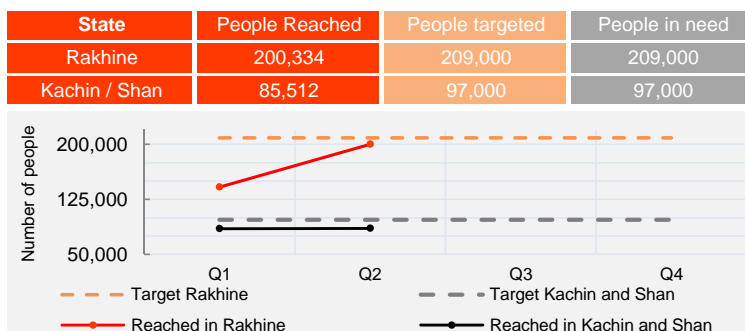
## Required HCT Support

Advocate for 1) increased funding of life-saving food assistance, 2) livelihood for economic self-reliance and 3) lifting of movement restriction to ensure better access to services and prevent long-term dependency on food assistance.



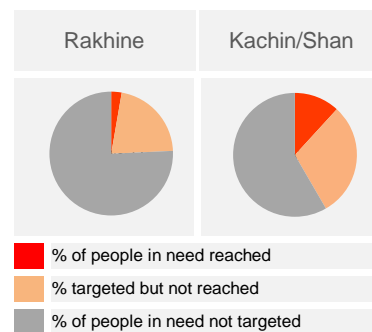
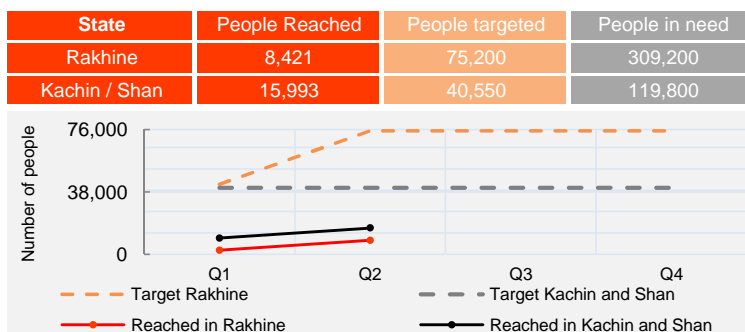
## HRP Indicator 08

Number of people who received food and/or cash assistance.



## HRP Indicator 10

Number of people who receive agriculture inputs, livestock assistance and sustainable income support.



## Key Cluster Challenges

Low level of funding for the Health Cluster; Continued movement restrictions in Rakhine State and its adverse effect on access to services and referral system; Inadequate resources to strengthen surveillance and early warning systems; A lack of alternative modalities other than mobile clinics; Untimely receipt of reliable and accurate epidemiological data; The number of people reached by basic health care and reproductive services currently stands at 118,223 (64 per cent of target) and 25,221 (55 per cent of target) respectively. Of these, 63,907 people (34 per cent of target) have access to basic health care and 13,637 (30 per cent of target) to reproductive services less than once a week or once a month in remote locations.

## Actions to be taken

Advocacy pursued at the Regional and HQ levels for increased engagement with donors for more stable sources of funding; Continued advocacy with authorities for relaxation of movement restrictions; The early warning and response system (EWARS) form developed in consultation with the Ministry of Health; A strategy developed and proposed to address over dependency on mobile clinics.

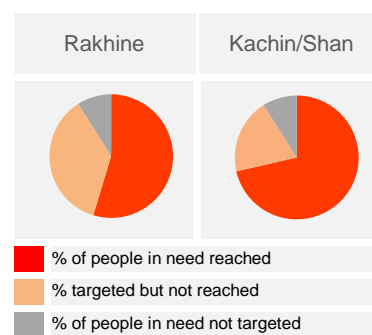
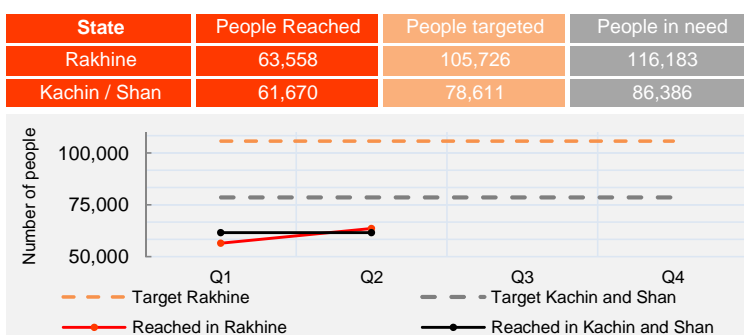
## Required HCT Support

Advocate for removing of movement restrictions as well as for more stable long-term funding for the Health Cluster .



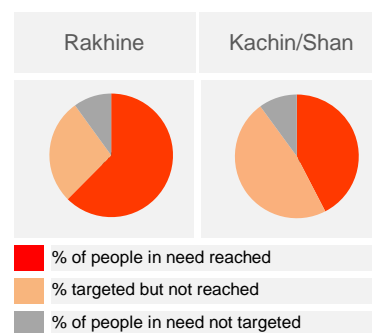
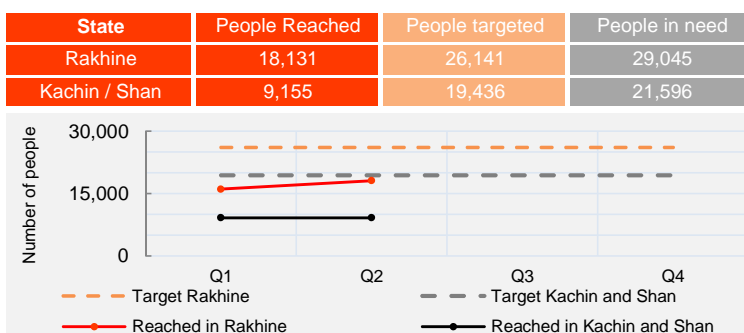
## HRP Indicator 11

Number of IDPs with access to basic health care services.



## HRP Indicator 12

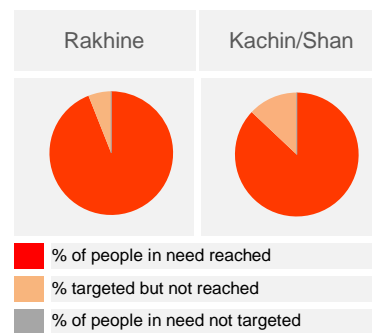
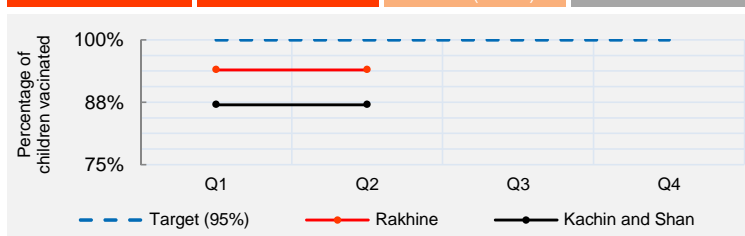
Number of IDP population with access to reproductive, maternal and child health care including emergency obstetric care.



### HRP Indicator 13

Percentage of children 9 months to 15 years vaccinated against measles.

State	Reached	Targeted	Need
Rakhine	94%	100% (>95%)	100%
Kachin / Shan	87%	100% (>95%)	100%



## Nutrition

For more information contact Martin Eklund (meklund@unicef.org)

### Key Cluster Challenges

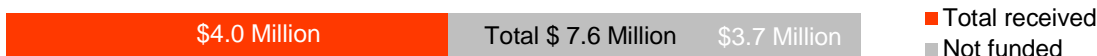
Full shift to WHO's child growth standards has increased the number of children with severe acute malnutrition (SAM), hence the need for additional funding to ensure sufficient treatment capacity; Insufficient qualified service providers and coverage for treatment of SAM and moderate acute malnutrition (MAM) in Rakhine State; Limited availability and access to health services/referral system in Rakhine coupled with movement restriction results in some children failing to be adequately treated.

### Actions to be taken

An advocacy paper shared with donors for increased funding of therapeutic feeding programmes; Continued advocacy with authorities for expansion of key nutrition and health services; Strengthening of coordination mechanism in Kachin and Rakhine (including the northern part of Rakhine).

### Required HCT Support

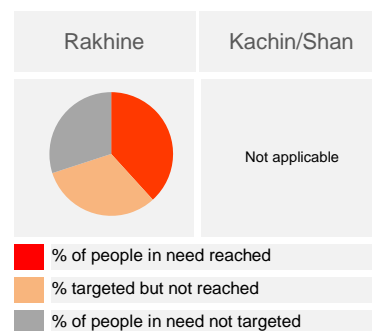
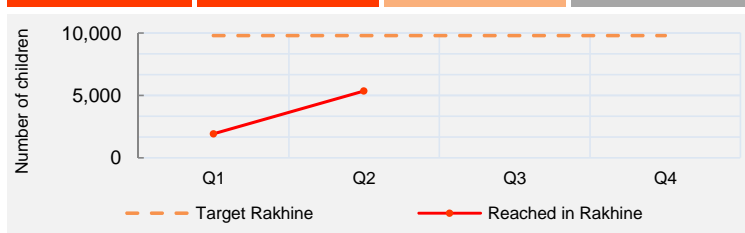
Advocate for flexible funds to bridge humanitarian and development activities, thereby promoting efforts towards early recovery and durable solutions; Advocate with national/state authorities for relaxation of movement restrictions as well as for their involvement and contribution to the planning and implementation of humanitarian interventions, especially in nutrition and health.



### HRP Indicator 14

Number of children aged 6-59 months with severe acute malnutrition admitted to therapeutic care.

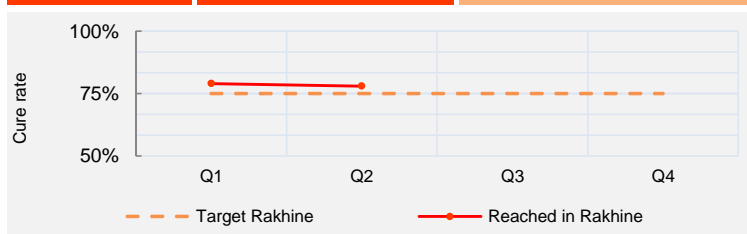
State	Children Reached	Annual target	Children in need
Rakhine	5,354	9,800	14,000
Kachin / Shan	N/A	N/A	N/A



### HRP Indicator 15

Percentage of exits from therapeutic care by children aged 6-59 months who have recovered.

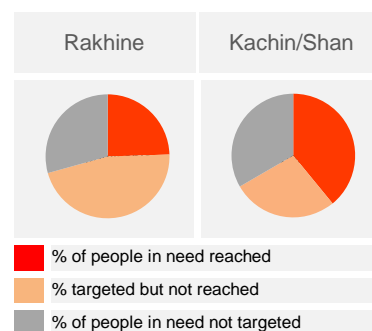
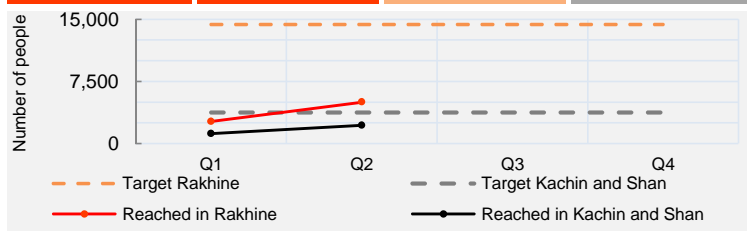
State	Cure rate (Q2)	Sphere Standard Cure Rate
Rakhine	78%	75%
Kachin / Shan	N/A	N/A



### HRP Indicator 16

Number of pregnant and lactating women who access infant and young child feeding counselling.

State	People Reached	People targeted	People in need
Rakhine	4,996	14,378	20,347
Kachin / Shan	2,186	3,729	5,596



### Key Cluster Challenges

Kachin/Shan: Lack of access to areas affected by renewed fighting and where new displacement and the International Humanitarian Laws violations reportedly occur; Continued lack of respect for the civilian character of IDP camps; Lack of protection presence and capacity especially in areas beyond government control.

Rakhine: Monitoring and reporting on Government-led IDP return and relocation movements; Provision of guidance and analysis on protection considerations relating to the end of displacement.

### Actions to be taken

Continued documentation of protection monitoring activities and analysis; Continued advocacy and engagement with government/authorities at the state/union levels on protection of civilians (women and children in particular); Protection mainstreaming training conducted and joint initiatives pursued with WASH, CCCM and Food Security Sector; Issuance of guidance and regular updates as well as briefings for various stakeholders on protection monitoring findings in Rakhine State.

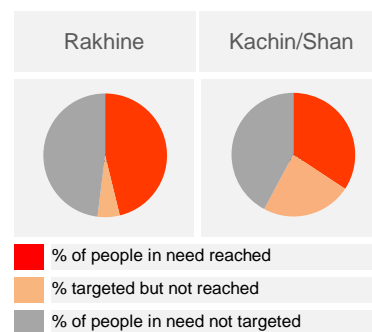
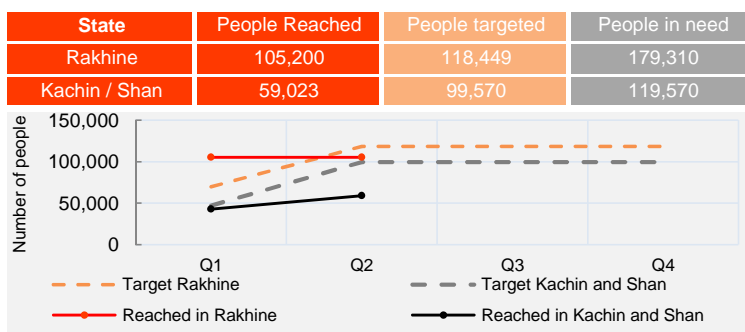
### Required HCT Support

Advocate on funding requirements for child protection and gender-based violence programming in Rakhine State and areas beyond government control in Kachin and northern Shan; Support for placing protection at the center of the humanitarian response, including by effective use of the protection analysis to inform response, strategies and advocacy as well as by maintaining standard agenda on protection at the meetings of the ICCG and HCT.



### HRP Indicator 17

Number of people in need with access to minimum available protection services.



### Key Cluster Challenges

Kachin (Shelter): Kachin/Shan: Renewed fighting diverted resources from medium-term shelter objectives and also created obstacles to permanent shelter solutions, leading to the revision of individual housing solutions target from 2,000 to 500; (NFIs) To-date a lack of IDP socioeconomic profiling remains a challenge to identify target vulnerable IDPs for NFIs.

Rakhine (Shelter): A lack of clarity on the Rakhine State Government's (RSG) longer-term plans, especially for highly vulnerable camps and target camps/communities, which are feasible for return/relocation; (NFIs) Perceived entitlement by IDPs and the growing "dependency" on NFI, resulting in difficulty to carry out targeted distribution, in particular to support persons with specific needs.

### Actions to be taken

Kachin (Shelter): Re-designing new shelter with reduced floor space/increased storage/kitchen space; Increased implementation capacity, lobbying for new partners/more support for existing ones; Continued advocacy with authorities for implementation of feasible small projects requested by the displaced. (NFIs): Provision of extensive inputs for UNDP's efforts to conduct socioeconomic survey; Extra capacity support provided by IOM to improve targeting.

Rakhine (Shelter): Shelter plan for next two years with three possible individual shelter options across all 61 sites developed for the RSG's consideration; (NFIs): Advocacy with Government and increased dialogue with the Camp Management Committees for increased support to persons with specific needs.

### Required HCT Support

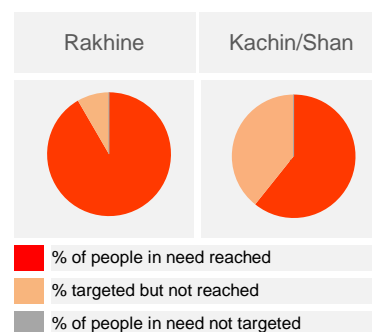
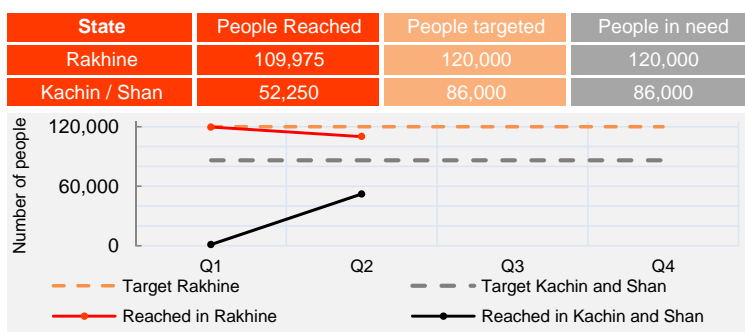
Kachin (Shelter): Advocate for adequate/sustainable land from the outset of new displacement and as well as for transitional/durable solutions when relevant; Increased advocacy with the Government for their continued support for aid operations in Kachin and northern Shan states.

Rakhine (Shelter): Advocate with the RSG for continued clarity on their shelter plans, including for highly vulnerable camps, as well as for their commitment to majority of repair and maintenance work; (NFIs): Advocate with the RSG for their greater level of support to IDPs in camps.



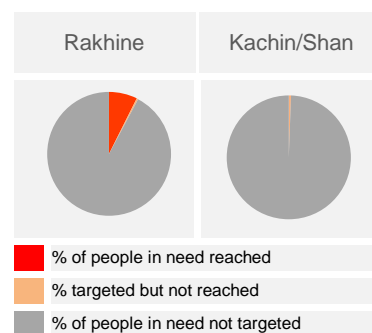
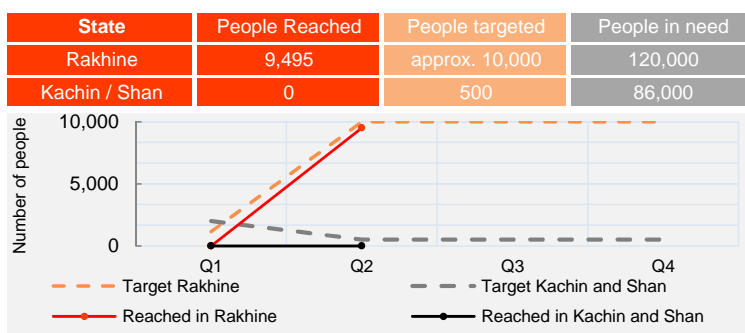
### HRP Indicator 18

Number of IDPs with access to temporary shelter in accordance with minimum standards.



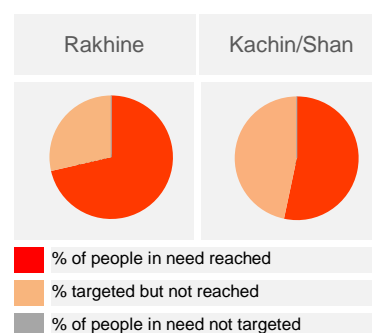
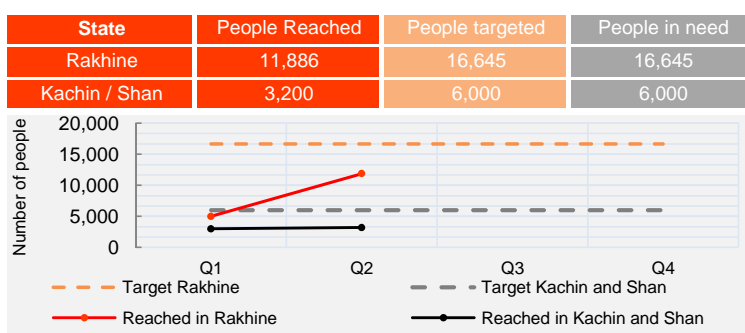
## HRP Indicator 19

Number of IDPs that receive individual housing solutions in accordance with relevant standards.



## HRP Indicator 20

Number of vulnerable IDPs that receive appropriate NFIs.



## Water, Sanitation, Hygiene

For more information contact Olivier Le Guillou (oleguillou@unicef.org)

### Key Cluster Challenges

Kachin/Shan: WASH infrastructure in place has high running/maintenance costs, resulting in gaps in regular service provision; Resumption of conflicts require regular WASH emergency response for new displacements; Latrine desludging remains a major challenge due to limited capacity and resources; Rakhine: Upgrading of shelters in the existing camps of Pauktaw Township destroyed sanitation facilities due to insufficient coordination among actors.

### Actions to be taken

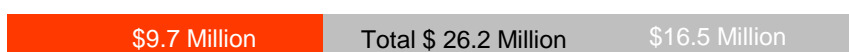
Kachin/Shan: A technical desludging working group formed to improve technical capacity and advocacy for service provision. Quarterly WASH/CCCM/Shelter/NFI meetings held to provide integrated support to Community Management Committees to improve capacity and move towards sustainable self-management of WASH projects.

Rakhine: A joint WASH/Shelter positioning paper finalized, with integration of guidance on sanitation facility; Regular coordination meetings conducted with state authorities to ensure improved transparency and collaboration.

### Required HCT Support

Kachin/Shan: Advocate for unhindered access to ensure effective monitoring and sustainability of service provision.

Rakhine: Support for efforts to bridge the response with the Governmental plans and extend its programmatic focus to additional townships; Support for enhancing coordination of field approaches especially integration of WASH needs in site planning; Advocate with the government for return rather than re-location where feasible.

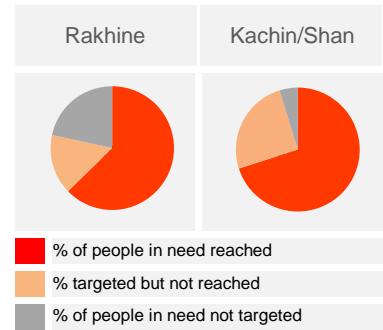
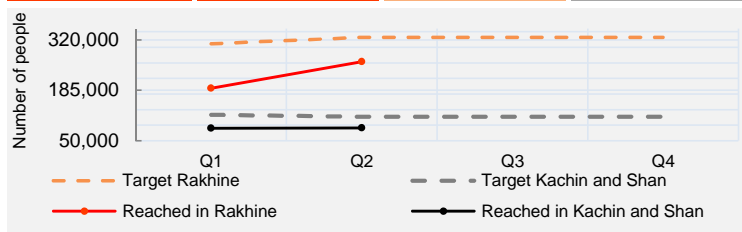


■ Total received  
■ Not funded

### HRP Indicator 21

Number of people with equitable and sustainable access to sufficient quantity of safe drinking and domestic water.

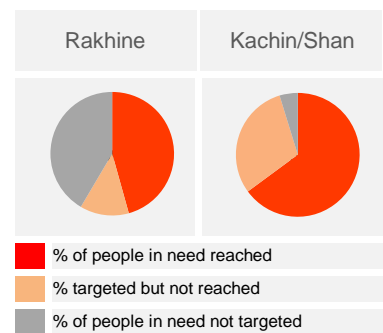
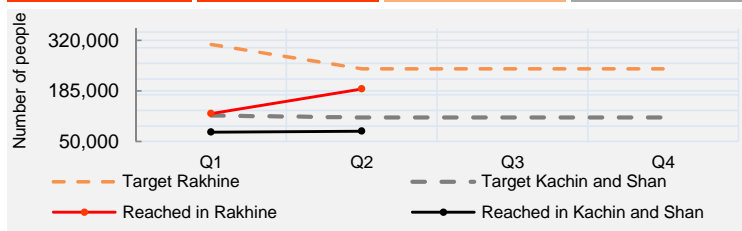
State	People Reached	People targeted	People in need
Rakhine	261,111	326,791	416,600
Kachin / Shan	83,967	114,112	119,801



### HRP Indicator 23

Number of people with equitable access to safe and sustainable sanitation facilities.

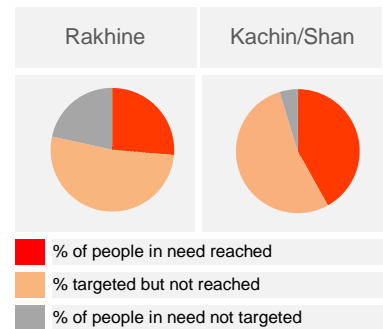
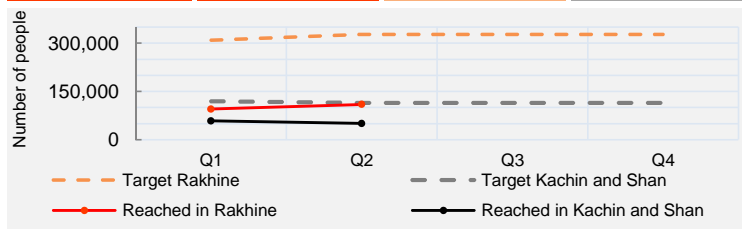
State	People Reached	People targeted	People in need
Rakhine	190,098	243,738	416,600
Kachin / Shan	77,810	114,112	119,801



### HRP Indicator 24

Number of people with basic knowledge of diarrheal disease transmission and prevention.

State	People Reached	People targeted	People in need
Rakhine	109,822	326,791	416,600
Kachin / Shan	50,232	114,112	119,801



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## Early Recovery Network

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### Key Challenges

Integration of ER in other sectors and clusters remains weak; Limited funding continues to hamper long-term and sustainable response to the needs of IDPs; Sectorwide early recovery data remains limited; Movement restriction continues to undermine access to livelihoods and other essential services in Rakhine State.

### Actions to be taken

The Early Recovery Network finalized a livelihood mapping in camps/villages, where returns/relocations took place in Rakhine State and will conduct a livelihood profiling in collaboration with CCCM and FSS to assess current needs as well as their skills to prepare them for life after displacement. In an effort to improve access to services, the Early Recovery Network has increased its advocacy with the Government for an enabling environment that ensures inclusive recovery and development efforts. At the request of the Government, the Early Recovery Network Lead Agency (UNDP) initiated a project to provide livelihood opportunities to former IDP households in 13 villages where return/relocation took place in Rakhine.

In Kachin and northern Shan states, a Durable Solutions Strategy is being finalized and would serve as a foundation for long-term solutions to displacement. The Multi-Sectorial ER Assessment process has also resumed and would support for stronger ER integration in the 2016 HRP.

### Required HCT Support

Support for clusters/sectors to develop strategic frameworks/work plans that include measurable ER indicators and funds allocation; Advocate with donors to promote application of the Good Humanitarian Donorship (GHD) principles, specifically the Principle 9, 2003 GHD (the provision of humanitarian assistance in ways that are supportive to recovery and long-term development).