

2015

HUMANITARIAN RESPONSE PLAN

MYANMAR



December 2014

Prepared by the Humanitarian Country Team

PERIOD

January 2015 – December 2015



51.4 million
total population



540,700*
people with
humanitarian needs
1% of total population



536,400
targeted for
humanitarian aid
1% of total population



\$190 million
USD funds requested



* This figure does not include some 400,000 IDPs in the South East whose needs are covered through a separate durable solutions framework.

SUMMARY

Goal and Strategic objectives

The overarching goal of this strategy is to support the Government of the Republic of the Union of Myanmar and local communities to ensure that the lives, dignity and well-being of persons affected by conflict and disaster are protected.

To achieve this goal, the Humanitarian Country Team (HCT) has agreed on the following strategic objectives for humanitarian action in 2015:

1. Ensure that the life-saving protection and assistance needs of people affected by conflict and/or disasters are met;
2. Ensure that people affected by conflict and/or disasters have equitable access to basic services and livelihoods opportunities;
3. Enhance the resilience of communities to conflict and natural disasters and contribute to early recovery and durable solutions.

KEY HUMANITARIAN ISSUES

1. Prolonged displacement resulting from on-going intercommunal tensions and unresolved armed conflict
2. Unequal and inadequate access to basic services and livelihoods opportunities
3. Challenges in finding durable solutions for the displaced
4. Building resilience and preparing for new emergencies

Parameters of the response

The 2015 Humanitarian Response Plan is one component of a much broader engagement by the United Nations and its partners in Myanmar that includes a wide range of peace-building, recovery and longer-term development activities.

In 2015, the United Nations and its partners will continue to focus on assisting the Government of the Republic of the Union of Myanmar and local communities to ensure that all crisis-affected people in the country receive the assistance and protection they need, irrespective of their ethnicity, nationality, religion or gender, in accordance with humanitarian principles. While focusing primarily on meeting the needs of the most vulnerable, humanitarian organizations will work to ensure that there is equitable access to basic services and livelihoods opportunities for all people. Further efforts will also be made to support the Government and communities to achieve durable solutions for displaced people and to support inclusive early recovery and resilience efforts to enhance people's self-reliance and independence.

The United Nations and its partners will also continue to engage in emergency preparedness activities as Myanmar is considered to be one of the countries at

highest risk of natural disasters in South East Asia. There is an on-going need for disaster risk reduction and activities aimed at strengthening national capacity to prepare for and respond to natural hazards.

The Humanitarian Country Team estimates that there are 540,700 people affected by conflict or inter-communal violence in Myanmar who are in need of protection and assistance (1 per cent of the country's total population of 51.4 million). The Humanitarian Country Team plans to target 536,400 of these people who have been assessed as the most vulnerable in 2015. The remaining 4,300 are displaced or resettled people in the Meikhtila area of Mandalay Region, whose needs are being addressed by the Government, as agreed with the Government in 2013. Of those targeted by the Humanitarian Country Team in 2015, 416,600 people are in Rakhine State and 119,800 are in Kachin and northern Shan states.

In the case of south-eastern Myanmar, the humanitarian and development needs of displaced people, most of whom have been displaced for many years, are covered through a separate durable solutions framework that is beyond the scope of this Humanitarian Response Plan.



Photo: OCHA/Carly Learson

MYANMAR REFERENCE MAP



STRATEGY

People in need and targeted

There are an estimated 540,700 people in need of humanitarian assistance in Myanmar as a result of unresolved conflict or inter-communal violence. Of this total number of people in need, the Humanitarian Country Team plans to assist 536,400 people who have been assessed as the most vulnerable (416,600 people in Rakhine State and 119,800 people in Kachin and northern Shan states). The needs of the remaining 4,300 displaced and resettled people in the Meikhtila area of Mandalay region are being addressed by the Government, as agreed in 2013. Those targeted for humanitarian assistance in 2015 fall into five main categories, as follows:

- Internally displaced persons (IDPs) in camps or camp-like situations – Total 202,569 (116,183 in Rakhine State and 86,386 in Kachin and northern Shan states)
- IDPs in their own villages – Total 14,969 (all in Rakhine State)
- IDPs in host families or other individual accommodation – Total 20,842 (8,158 in Rakhine State and 12,684 in Kachin and northern Shan states)
- Crisis affected people in communities hosting/surrounding IDPs – Total 120,000 (100,000 in Rakhine State and 20,000 in Kachin and northern Shan states)
- Non-displaced crisis-affected people – 177,290 in Rakhine State
- Resettled IDPs – 731 in Kachin State¹

Many of the IDPs living in camps or camp-like situations are almost entirely dependent on humanitarian assistance to meet their basic needs. The protracted displacement is also having an impact on the host communities, straining already scarce resources. In these situations, the most vulnerable groups such as older persons without support, disabled with specific needs, women at risk of increased levels of violence, as well as children and adolescents become additionally exposed and disadvantaged. In Rakhine, continued inter-communal tensions and restrictions on freedom of movement and access to basic services impact on progress towards achieving durable solutions for displaced people and make it extremely difficult for displaced and conflict-affected people to restore their previous livelihood activities or find ways to become self-reliant. In Kachin and northern Shan states the unresolved armed conflict and recent escalation of fighting in parts of northern Shan have made it difficult to make any significant progress in finding durable solutions



Photo: OCHA/P. Peron

for displaced people. Many people still have limited access to humanitarian assistance and essential services, particularly in the areas beyond Government control.

In some parts of Myanmar there are high levels of vulnerability due to protracted conflict, while in other areas there are people who are vulnerable as a result of exposure to natural disasters or chronic under-development. Development actors are working to address these needs. Should there be cases of new conflict or natural disasters requiring more targeted humanitarian activities, the humanitarian response plan will be adapted accordingly, following consultations with the Government.

¹ According to the Kachin State Government, 731 IDPs have returned/resettled. Some returns have not been verified at the time of writing. The Humanitarian Country Team has agreed to support those returns that are verified and considered to be voluntary, safe and sustainable.

Figure 1: Number of people targeted²

State/Region	Township	Displaced Persons			Non Displaced Persons			Total
		In camps, collective centres or self-settled	In village of origin	In host families	Crisis affected	Host/surroundings	Resettled IDPs	
Kachin and Shan (North)	Bhamo	6,964		1,475		20,000	731 ³	
	Chipwi	3,797						
	Hpakant	3,570						
	Hseni			392				
	Khaunglanhpu	17						
	Kutkai	2,747						
	Machanbaw	37						
	Mansi	10,947		1,847				
	Manton	290						
	Mogaung	148						
	Mohnyin	150						
	Momauk	22,053		1,469				
	Muse	577		690				
	Myitkyina	6,604						
	Namhkan	1,844						
	Namtu	51		520				
	Putta-O	91		120				
	Shwegu	702		1,721				
	Sumprabum	32						
	Waingmaw	25,765		4,450				
Total Kachin and Shan (North)		86,386	0	12,684	0	20,000	731	119,801
Rakhine	Buthidaung				61,550	100,000	0	416,600
	Kyaukpyu	1,717	65					
	Kyauktaw	1,150	5,645					
	Maungdaw			1,911	110,740			
	Minbya		5,306					
	Mrauk-U	196	3,876					
	Myebon	3,226						
	Pauktaw	17,163		97				
	Ramree	178	77					
	Rathedaung	4,089			5,000			
	Sittwe	88,464		6,150				
Total Rakhine		116,183	14,969	8,158	177,290	100,000	0	416,600
Total People Targeted		202,569	14,969	20,842	177,290	120,000	731	536,401

Source: The Relief and Resettlement Department, Save the Children International, UNICEF, WFP, WHO, UNHCR, OCHA

² The updated figures used in this table are based on assessments of needs carried out by each of the sectors in 2014.³ According to the Kachin State Government, 731 IDPs have returned/resettled. Some returns have not been verified at the time of writing. The Humanitarian Country Team has agreed to support those returns that are verified and considered to be voluntary, safe and sustainable.

Figure 2: Sex and age disaggregated data for IDPs in camps⁴

State/ Region	Children (<18)		Adults (18-60)		Elderly (>60)		Male	Female	Total
	Male	Female	Male	Female	Male	Female	(total M)	(total F)	Current
Kachin	19,505	19,490	15,845	18,808	2,058	2,888	37,408	41,186	78,594
Rakhine	20,992	20,693	15,094	17,172	1,078	1,306	37,164	39,171	76,335
Total	40,497	40,183	30,939	35,980	3,136	4,194	74,572	80,357	154,929

Source: UNHCR

Context

In Rakhine State, inter-communal tensions continue and 139,310 people remain displaced across ten townships as a result of the violence that erupted in 2012. A new Chief Minister for Rakhine was appointed in July 2014 and since then there has been an improvement in the overall security situation in the State. However, in the earlier part of the year, there were a number of setbacks.

The situation of IDPs and people affected by the crisis continues to be marked by threats of violence as well as perceived threats of violence. People's coping capacities are increasingly stressed by freedom of movement restrictions, a corresponding lack of access to basic services and livelihoods, and the increasing dependency on humanitarian assistance. The fatigue of more than two years in displacement and the deepened isolation of certain communities have led to increased psychological stress.

The number of people in need of humanitarian assistance may increase if inter-communal tensions continue and if movement restrictions continue to prevent access to basic services. In certain parts of Rakhine, Muslims, in particular persons with undetermined citizenship, still face severe restrictions on their freedom of movement and in their access to services and livelihoods. In the case of displaced people already living in camps, needs will change as displacement becomes more protracted. Medium-term solutions will be required to address basic unmet needs, particularly in areas such as education and health.

In February 2014, there was a major set-back in providing health services to vulnerable populations in the State when Médecins Sans Frontières Holland (MSF-H), the INGO with the largest presence in Rakhine, was asked to

suspend its activities. Since then, the Union Government has renewed the Memorandum of Understanding for MSF-H to operate in Myanmar and the Rakhine State Government has taken a number of measures to facilitate a gradual resumption of MSF's activities in Rakhine. While substantial improvements have been made to address the gap in health coverage, access to health services in Rakhine State remains significantly below levels prior to the suspension of MSF-H.

Furthermore, in March 2014, most humanitarian activities carried out by the UN and international NGOs were suspended for four to six weeks after violent mobs attacked and ransacked 33 offices and premises of UN agencies and INGOs. With concerted support from the Union Government, the majority of UN and INGO staff were able to return to Sittwe by the end of September 2014.

Humanitarian actors will need to continue to proactively engage the Government both at Union and State levels in an effort to find durable solutions for the displaced. Many displaced or disenfranchised people have already attempted to leave the country altogether, including by risky migration routes. Such departures may continue if living conditions do not improve. Displaced and conflict-affected people continue to call for freedom of movement so that they can restore their livelihoods and have adequate access to essential services.

In the latter half of 2014 the Government launched a pilot citizenship verification exercise in Myebon Township. By the end of October this had resulted in 209 citizenship cards being issued to people who participated in this exercise. At the time of writing the pilot verification

⁴Rakhine State data source: CCCM Cluster Analysis Report, November 2014 (<https://www.sheltercluster.org/Asia/Myanmar/RakhineAndKachin/Pages/Rakhine-DataAnalysis.aspx>). Data available for two camps in Pauktaw Township and 11 camps in Sittwe Township;

Kachin/Shan (N) data source: CCCM Cluster Camp Profile, June 2014. Data available for Bhamo, 10 camps, Chipwi, five camps, Hpakant, 20 camps, Machanbaw, one camp, Mansi, nine camps, Mogaung, three camps, Mohnyin, two camps, Momauk, 15 camps, Myitkyina, 25 camps, Puta-O, one camp, Shwegu, two camps, Waingmaw, 22 camps for Kachin; Kutkai, seven camps, Manton, one camp, Muse, two camps, Namhkan, three camps, Namtu, one camp.

exercise is on-going. It is estimated that there are some one million people with undetermined citizenship in Rakhine State including the majority of IDPs.

The Government announced in late 2014 that it is in the process of finalizing a Rakhine State Action Plan that addresses a number of issues including security, stability and rule of law, rehabilitation and reconstruction of temporary settlements for displaced people, permanent resettlement, citizenship assessment, socio-economic development and activities aimed at enhancing peaceful coexistence of communities. There are on-going discussions with the Government concerning the draft plan and the Humanitarian Country Team will continue to engage with the Government on the humanitarian and human rights implications of the plan.

Rakhine State is also prone to natural hazards, which could potentially cause additional displacement and renewed humanitarian needs. In collaboration with the Government, the emergency preparedness efforts need to be further strengthened including the identification of evacuation sites and stockpiling for future emergencies.

In Kachin and northern Shan states, a series of renewed armed clashes in 2014 between Government forces and the ethnic armed groups, including the Kachin Independence Army (KIA), the Ta'ang National Liberation Army (TNLA) and others resulted in the displacement of several thousand people.

Violence by armed actors against the affected population remains a key threat to those living in Kachin and northern Shan. In addition, part of the population is faced with protracted displacement, while others have been displaced multiple times. For those in situations of protracted displacement, the lack of access to livelihoods and vocational opportunities leads to increased violence, increased vulnerability to risky migration practices

leading to forced marriage, early marriage and negative coping mechanisms manifesting in increased drug abuse and violence. Also, the regions affected by conflict witness a stark increase in the risk of sexual violence against women and girls and a general feeling of insecurity. Mine risks are a particular concern with incidents regularly occurring, while the population remains largely uneducated around mine risks.

While the majority of conflict affected people are located in Kachin State, most of the new armed clashes in 2014 were in northern Shan State. Some remain in need of emergency assistance due to the volatile situation while in other situations IDPs are being resettled based on their own requests. Increased presence is needed to assess and respond appropriately to these very different needs, which includes working with the authorities in an effort to deliver durable solutions. Furthermore, with presence of multiple armed groups and a general lack of security, the needs of the overall population and the IDPs are interlinked and this requires a holistic approach.

The prolonged nature of the displacement requires continuous assistance across sectors, as temporary shelters and other sanitation facilities require renovation and some items distributed early on need to be replaced. Efforts to strengthen the resilience and capacities of the affected communities to respond to possible future emergencies remain a priority. A range of emergency, early recovery and livelihood assistance is needed across all sectors in areas both within and beyond Government control. In responding to the needs of IDPs in areas beyond Government control, humanitarian organizations will continue their cooperation with the relevant stakeholders to ensure provision of adequate assistance to the displaced.

During 2014, the Kachin State Government took the initiative to resettle 113 households from camps outside Myitkyina to a newly-built village called Pa La Na.



Photo: IRIN/ David Longstreath



Photo: IRIN/ David Longstreath

Humanitarian organizations will continue to engage with Union and State authorities in the search for durable solutions for displaced people. They will focus on ensuring that any initiatives and decisions emphasize the need for voluntariness and informed decisions by the persons concerned, in accordance with international standards relating to the treatment of displaced people. Increased spontaneous returns to places of origin are also expected. Although it is not yet clear when conditions will be conducive for large-scale returns, there is a potential for durable solutions to be identified for a certain number of displaced persons in light of the increased Government efforts. However, contamination of landmines and unexploded ordnance remains a serious issue in some areas of origin of the displaced. In some cases, mine clearance will be needed before displaced people can return.

Local NGOs continue to play a leading role in the humanitarian response across Kachin and northern Shan. Strong coordination and partnership between the local NGOs, INGOs and the UN is critical to better support the affected populations. In October 2014, the Joint Strategy Team (JST) composed of nine local NGOs working in Kachin published an updated strategy document, the "Joint Programming Strategy for Safe and Dignified Return and Resettlement of IDPs in Kachin and northern Shan states". The strategy describes possible scenarios

for return and resettlement of IDPs in Kachin and northern Shan states for the period from 2014 to 2017 and lays out the programmes planned by JST member organizations to address the humanitarian needs of IDPs during this period. Their strategy complements the Humanitarian Response Plan which JST members also contributed to. Some of the humanitarian activities of JST members are included in sector response plans of the Humanitarian Response Plan.

From late 2013 until September 2014, there were major improvements in access to the areas beyond Government control for international humanitarian organizations, with the Government authorizing more than 20 cross-line missions. These missions delivered assistance to tens of thousands of people and provided support for local NGOs. However, even with the cross-line missions, there were still many constraints preventing humanitarian organizations from having sustained access to the displaced and conflict affected people in areas beyond Government control. The UN and its partners continue to advocate with the Government for unhindered access to be granted to all IDPs in Kachin and northern Shan states in order to support local NGOs in providing life-saving humanitarian assistance.

Beyond Rakhine and Kachin states, the potential for further displacement stemming from inter-communal violence remains. Some fighting in Kayin State in the south-eastern part of Myanmar in October 2014 was also a sobering reminder of the potential for further conflict and displacement if efforts to achieve a nation-wide ceasefire are not successful. Monitoring tensions within the on-going conflict areas, and more broadly across the country, will be important to provide early warning and action. From central Shan State to the Tanintharyi Region, an estimated 400,000⁵ people have suffered prolonged displacement in 36 townships in the border regions following decades of armed conflict, although over time many have found their own durable solutions. Humanitarian challenges in parts of the southeast persist, including landmine contamination which affects the ability of people to return to their places of origin and which also affects access for service delivery. The displaced population is living in a variety of settings: in isolated dwellings in remote areas; with host families; in towns and some in IDP camps in Shan and Kayin states along the border with Thailand.

The relatively high risk of natural disasters, particularly related to seasonal monsoon flooding and wind damage, requires a capacity for strengthened preparedness planning, complemented by effective monitoring and early

⁵ Figure from The Border Consortium (TBC)

warning systems. It will be important to put in place the necessary preparedness measures ahead of the next rainy season, particularly for people already living in IDP camps. Humanitarian actors will support the Government to update contingency plans and put in place the necessary emergency preparedness measures.

Scope of the response

The Humanitarian Response Plan focuses primarily on Rakhine, Kachin and northern Shan states, which have the most urgent humanitarian needs stemming from conflict and inter-communal violence. The response plan focuses mainly on life-saving activities for vulnerable people and programmes aiming to ensure that there is equitable access to essential services and livelihoods opportunities. It also includes early recovery activities and the search for durable solutions for displaced people. It takes account of broader, longer-term development needs of all communities and seeks to ensure that humanitarian action links up effectively with wider development efforts.

In Rakhine State, some 416,600 people are estimated to be in urgent need of humanitarian assistance (9.4 per cent of the State's total population of around 3.3 million people), while many others also suffer from the consequences of severe poverty. Even before the current crisis, many people across all communities had difficulty gaining access to consistent and adequate quality education, health-care, clean water and other basic services. In this context, it is important to ensure that the actions of humanitarian partners adhere to the principle of 'do no harm,' and that humanitarian assistance in Rakhine State is based on needs and provided in an impartial manner so that it is not perceived as favouring one community over another. It is also important to ensure that there are strong linkages between humanitarian programming and longer-term development efforts and to move away from the growing dependency on humanitarian assistance amongst the displaced population.

The number of people displaced since July 2012 as a result of inter-communal violence and who remain in need of humanitarian assistance stood at 139,310 by October 2014. In addition, humanitarian organizations are targeting an estimated 100,000 vulnerable people in communities hosting/surrounding IDPs and 177,290 other particularly vulnerable crisis affected people.

Efforts will be made to strengthen linkages between humanitarian assistance and development initiatives which are outside the scope of this plan. Humanitarian organizations will prioritize information-sharing not only within the humanitarian community but also with development actors. In addition, they will advocate for conducive conditions to

be created so that development actors can step up efforts to address the chronic needs of particularly poor and vulnerable people throughout the state. Preparedness measures aimed at mitigating risks associated with natural hazards will also be undertaken, with a particular emphasis on IDPs and vulnerable people in low-lying areas, including people with disabilities. The aim is to make sure they are protected and to enhance the resilience of communities that are exposed to natural hazards.

In Kachin State and northern Shan states, many of the 99,070 displaced people targeted in this plan have been displaced for over three years. As this displacement becomes more protracted, new protection and assistance needs are being identified. Prolonged displacement is straining the capacity of host communities, with growing numbers of IDPs being forced to seek shelter in camps. In addition to the 99,070 displaced people, another 20,000 people in surrounding villages and communities hosting IDPs are targeted for humanitarian assistance.

In the southeast border region with Thailand, decades of conflict and under-investment have created chronic needs in health, water and education. It is difficult to separate humanitarian needs from longer term development needs in these areas where the Government and representatives of ethnic groups are involved in on-going efforts to build sustainable peace. This situation is therefore covered through a separate durable solutions framework and is outside the scope of this response plan.

Preparedness measures and planning for natural hazards and potential disasters will continue, including support to the newly passed national Disaster Management Law and its related legislation. The Humanitarian Country Team will continue to monitor and anticipate humanitarian needs across the country, working with the Government to respond in situations that require international assistance.

Implementation strategy

The 2015 Humanitarian Needs Overview lists the following four key humanitarian issues in Myanmar: (1) the prolonged displacement resulting from on-going inter-communal tensions and unresolved armed conflict; the fact that local communities in conflict-affected areas are severely affected; and serious protection concerns in these areas that need to be addressed; (2) the unequal and inadequate access of crisis-affected people to basic services and livelihoods opportunities, particularly in Rakhine State; (3) the challenges in finding durable solutions for the displaced, including the fact that the camps in Rakhine and Kachin were established as temporary ones with shelters designed to last for only two years; and (4)

the importance of enhancing the resilience of communities and preparing for new emergencies, taking into consideration the fact that Myanmar is one of the countries at highest risk of natural disasters in South-East Asia.

Based on this, the Humanitarian Country Team has agreed on the three strategic objectives outlined above to assist displaced and crisis-affected people as well as non-displaced people in host/surrounding communities affected by the crises. Any prioritization of projects, including for the purpose of allocating funds from the Central Emergency Response Fund (CERF) or the country-based Emergency Response Fund (ERF), will be based on a consideration of whether or not the proposed projects are in line with one or more of these three strategic objectives.

The strategy places the protection of the crisis affected population at the forefront of the response and emphasises commitment to joint solution orientated advocacy, communications with and participation of affected people, conflict sensitivity, gender and durable solutions. The Humanitarian Country Team will give a central place to protection in its work, in line with the Statement on the Centrality of Protection in Humanitarian Action, endorsed by the Inter-Agency Standing Committee (IASC) Principals in 2013.

The United Nations “Human Rights Up Front” Plan of Action emphasizes the imperative for the United Nations to protect people, wherever they may be, in accordance with their human rights and in a manner that prevents and responds to violations of international human rights and humanitarian law. As stated by the IASC Principals,

“this same imperative to protect people lies also at the heart of humanitarian action”.

In all its work, the Humanitarian Country Team will continue to prioritize the search for durable solutions for displaced people. A durable solution is reached when displaced people no longer have specific assistance and protection needs that are linked to their displacement and can enjoy their human rights without discrimination.

The strategy will rely on durable solutions being based on the needs, rights and legitimate interests of the displaced people themselves. Close collaboration among all stakeholders which ensures consultation, joint planning and implementation of durable solutions will underpin this approach. The Humanitarian Country Team will support return and resettlement options that are based on an individual and informed choice, and that are voluntary, safe and sustainable.

In an effort to ensure a more holistic approach to the situation in Rakhine, Kachin and northern Shan, the Humanitarian Country Team will also work to strengthen linkages between humanitarian and longer-term development efforts, to ensure that early recovery is more fully integrated into the work of all sectors/clusters, and to build stronger relations with national and community based organizations.

The Humanitarian Country Team will continue its advocacy efforts for effective humanitarian assistance and protection on behalf of crisis affected people in Myanmar. It will be supported by the Humanitarian Advocacy and



Photo: IRIN/Jason Gutierrez/

Communications Group (HACG), in line with the 2013-2015 Myanmar Humanitarian Advocacy and Communications Strategy. The focus will be on achieving the strategic objectives of the 2015 Humanitarian Response Plan by raising awareness of humanitarian needs in Myanmar, applying a rights-based approach and helping to mobilize and influence decision makers and opinion leaders.

The Humanitarian Country Team will continue to engage closely with Government authorities, key stakeholders in areas beyond Government control, community-based organizations, local communities and affected people at every level to ensure full transparency and accountability of all humanitarian operations. It will prioritize ensuring that there is adequate humanitarian access for those delivering critical life-saving services to vulnerable people in areas affected by conflict, inter-communal tensions and natural disasters. In an effort to improve both preparedness and response capacity, increased engagement with different ministries as well as with local authorities at both State and Township level will be pursued in 2015.

Cross-cutting and context-specific issues

The Humanitarian Country Team will adopt a people-centred approach to its work in 2015, with a particular focus on the following:

Gender – identifying and responding to the different experiences, needs, abilities and priorities of women, girls, boys and men affected by crisis; developing targeted interventions to promote gender justice; working with men to support increased involvement and decision-making for women; and mainstreaming gender-equality at every stage of the Humanitarian Programme Cycle.

Conflict-sensitive and “Do No Harm” approaches – integrating conflict-sensitive and “Do No Harm” approaches into all humanitarian programming (the ability to understand the context in which humanitarian organizations operate and the impact that humanitarian operations have on the overall situation, in order to avoid negative impacts and to maximize positive impacts).

Accountability to Affected Populations – delivering on the IASC Commitments on Accountability to Affected People that were endorsed by the IASC Principals in 2011, namely: ensuring that there are adequate feedback and accountability mechanisms; ensuring the provision of accessible and timely information to affected populations on processes that affect them so that they can make informed decisions; actively seeking the views of affected populations and enabling them to play an active role in decision-making processes that affect them.

Linking relief, recovery and development

The Humanitarian Country Team recognizes the relationship between humanitarian action, early recovery, longer term development initiatives and initiatives aimed at achieving durable solutions for displaced people. It recognizes that strengthening resilience and supporting longer-term community development can help to reduce the need for protracted humanitarian operations. Humanitarian partners will work to ensure that their activities contribute to a fully inclusive recovery process, which includes building national governance capacities through strengthening local institutions, developing human and social capital, restoring livelihoods, strengthening resilience, enhancing production capacity and income/employment opportunities, and improving local infrastructure. The overall aim is to decrease dependency on aid and to increase community resilience.

In 2015 early recovery will no longer be treated as a separate “sector”. Instead, it will be mainstreamed into the work of all sectors/clusters. An Early Recovery Network, led by UNDP and consisting of focal points from each of the sectors/clusters, will work to ensure that there is an increased focus on early recovery in all humanitarian activities.

Response monitoring

In 2014, the establishment of a sector monitoring framework related to the Humanitarian Response Plan helped to improve reporting on progress and gaps. In an effort to further improve monitoring, the new IASC approved Humanitarian Response Monitoring Guidance will be implemented gradually. This includes the preparation by the Inter-cluster Coordination Group (ICCG) of a monitoring framework document, which states what will be monitored, when, by whom and which reports will be produced. Furthermore, the following actions will be prioritized for 2015:

- Collect and analyse sex and age disaggregated data (SADD) across all clusters/sectors;
- Strengthen information management capacity of cluster/sectors and in field locations;
- Produce regular standard information products (Dashboard, Periodic Monitoring Report) for an agreed monitoring framework;
- Increase awareness of the added value of field-level data collection and monitoring to serve as the basis for field operational planning;
- Use reliable and regularly updated data to feed into information products and to influence decision making.

CLUSTER/SECTOR RESONSE PLANS



Photo: OCHA/Nicole Lawrence

CLUSTER/SECTOR PLANS

Number of people targeted

Cluster/Sector	Kachin & Northern Shan	Rakhine	Total
Camp Coordination and Camp Management	95,000	91,500	186,500
Education	36,795	53,320	90,115
Food Security	117,000	247,700	364,700
Health	119,801	416,600	536,401
Nutrition	13,252	75,558	88,810
Protection	119,570	179,310	298,880
Shelter / Non Food Items	99,000	120,000	219,000
Water, Sanitation and Hygiene	119,500	309,000	428,500
Total people targeted	119,801	416,600	536,401

Overall funding requirements (US\$)

Cluster/Sector	Kachin & Northern Shan	Rakhine	Total
Camp Coordination and Camp Management	2,400,000	1,600,000	4,000,000
Education	2,626,057	6,049,170	8,675,227
Food Security	24,591,936	40,378,278	64,970,214
Health	5,735,306	17,009,882	22,745,188
Nutrition	1,418,509	6,220,679	7,639,188
Protection	16,848,632	20,435,347	37,283,979
Shelter / Non Food Items	5,300,000	5,600,000	10,900,000
Water, Sanitation and Hygiene	9,549,824	16,672,953	26,222,776
Common Services and Community Support	2,925,000	4,225,000	7,150,000
Funding Requirements	71,395,264	118,191,309	189,586,573

Estimating the overall funding requirements of the 2015 HRP

More than one costing methodology has been employed to develop the 2015 funding requirements for the different sectors and clusters. The traditional costing methodology that requires cluster members to develop and upload proposals to the On-line Project System (OPS) has not been used. As a result, the 2015 HRP is a “project-less” planning document, with the 2015 funding requirements resulting from an analysis of the humanitarian needs and costs of response for each of the sectors and clusters.

Seven clusters and sectors have developed their funding requirements by estimating the costs of implementing their sectors’ prioritized activities. Clusters identified humanitarian activities, using the number of targeted people for each activity. For each planned activity, an estimated unit cost was established, using experience from implementing organizations over the past year. The seven sectors that used this methodology during the 2015 planning process are Camp Coordination and

Camp Management, Education, Food Security, Health, Nutrition, Shelter / Non Food Items and Water, Sanitation and Hygiene.

The Protection sector defined its key interventions through a consultative approach with partners. The funding requirements for the priority interventions are calculated based on the assessed needs.

In 2015, the Common Services and Community Support funding requirements include the budgets of OCHA and UNDSS, as well as those activities that are still under discussion with regard to their placement under the responsibility of the most suitable sector or cluster. Because the sector is serving this “gap” function, it has employed a hybrid costing approach. The requirements for OCHA and UNDSS are included as project costs, while the funding requirements for cooking fuel activities are based on the estimated cost of these activities.



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)⁶

Lead agency: United Nations High Commissioner for Refugees (UNHCR)

Contact information: Edward Benson (benson@unhcr.org)



186,500
PEOPLE IN NEED



186,500
PEOPLE TARGETED
Kachin / Shan (N): 95,000
Rakhine: 91,500



4.0 million
REQUIREMENTS (US\$)
Kachin / Shan (N): \$24m
Rakhine: \$1.6m



16
NUMBER OF PARTNERS

CLUSTER OBJECTIVE	INDICATORS	PEOPLE IN NEED (Caseload)	TARGETS (Expected Reach)
Support management and service provision of camps to improve the quality of life for the displaced	Number of IDPs that receive direct camp management support	186,500 Kachin/Shan: 95,000 Rakhine: 91,500	186,500 Kachin/Shan: 95,000 Rakhine: 91,500
	Number of IDPs in Kachin/Shan that benefit from repairs / maintenance / upgrading of their temporary shelters	60,000	40,000
	Number of IDPs in Rakhine in camps with women in government-appointed or community-based or other leadership roles	91,500	50,000

During 2011 and 2012, local organizations, predominately faith-based (FBOs), responded to the urgent camp management needs with little international support in Kachin and northern Shan states. This provided good general management of IDP settlements. However, some aspects of CCCM were not immediately covered due to limited financial resources, training and technical capacity. This led to instances of power imbalances in camps, lack of representatives of the whole community, including the use of pre-existing structures which tended to exclude the voices of women, children, disabled and the elderly. Since the end of 2012, the CCCM Cluster has provided financial support and trainings to camp management (CM) agencies, steadily increasing the coverage to over 90 per cent of people (over 130 camps) since mid-2014. In 2014, special emphasis has been put on training to ensure basics were well-mastered across the board, while assessing the remaining gaps, needs and opportunities to advance camp management.

In 2015, IDPs are entering their fourth year of displacement. The emphasis will be on further strengthening

the camp management committees (CMCs), including increased women's participation in decision-making, both in maintaining the functioning of the camps and preparing IDPs for the next possible steps. This will be done through several initiatives:

1. Shift the responsibility of maintenance, repair and upgrading of shelters from the Shelter Cluster to the CCCM Cluster. In addition to increasing ownership and resilience of IDPs, this will significantly reduce the cost for repair and maintenance of camps. Local integration will allow communities to upgrade shelters in a more personalized manner, identify the needs of the most vulnerable, reduce the sense of encampment, support a gradual return to greater sense of normality plus retain (or cultivate through trainings) skills. Opportunities to create infrastructure maintenance group in camps, with the support of the

⁶ For a comprehensive understanding of the strategic direction for the CCCM Cluster in Kachin/Shan and Rakhine, please see: www.shelterficcmmmyanmar.org.

CMCs and CM agencies will be developed in close coordination with the WASH Cluster, the other hardware provider, with adequate consideration of representativeness and protection risks.

2. Increase capacity-building of CMCs and support to CM agencies, involving all sectors to ensure that CMCs and CM agencies not only have the skills to manage the camps administratively in an equitable manner and to mitigate protection risks, but play a vital role in the facilitation of all sector activities. This includes putting in place stronger network between CMCs and CM agencies and community-based protection groups. The establishment of feedback mechanisms based on community consultation, including mechanisms to report sexual exploitation and abuse, will lead to greater accountability to beneficiaries.
3. Strong collaboration with the Protection Sector ensures CMCs have adequate knowledge of the principles reflected in the durable solutions framework and that information is being shared with the community, in particular vulnerable groups.
4. Stronger engagement with local authorities in an effort to support increased inter-action between local authorities and CMCs and building capacity of authorities to fulfil their camp administration responsibilities.
5. Increased support for approximately half of the around 5,000 IDPs not living in the camps, whether they are registered in camps or not. In 2014 the Cluster has been in consultation with the urban displacement and out of camp (UDOC) research conducted by the Global CCCM Cluster. A scoping mission is planned during the first quarter of 2015 to define how this initiative can support the Kachin/Shan CCCM Cluster. Difficulty to access information and support for IDPs in host communities has regularly been raised as an issue. Activities could include developing information centres for IDPs located outside camps.

During 2014, it took time to find able and willing humanitarian actors to provide direct camp management support in Rakhine. As a result, most of the Cluster's efforts were focused on establishing sufficient coverage for the 23 "priority camps". These camps were prioritized because they house the largest number of IDPs in Rakhine and are concentrated in three of the ten townships. In the absence of supervised camp management structures, existing community power imbalances have been aggravated, contributing to cases of Sexual Abuse and Exploitation (SEA), including of children. In 2015, establishing sufficient coverage will remain the primary focus. This will include ensuring all priority camps



Photo: IRIN/ David Longstreath

as appropriate receive the full suite of CM services with CM actors monitoring the humanitarian needs, ensuring access to feedback mechanisms in the camps and more widely supporting protection monitoring efforts. The target of 91,500 people for direct camp management support (16 per cent less than 2014) is recognition of a better data and needs analysis as well as in some cases recognition that some of the affected-communities no longer need be prioritized for the full-suite of humanitarian camp management services.

Additionally the Cluster aims to extend its reach to include other smaller camps. For these camps, provision of full CM services would be unlikely. Rather, a CM focal point will be established to support protection, gender equality, access to feedback mechanisms (for example UNHCR's existing hotline) and accurate and timely information on service provision monitoring.⁷ 2015 may also witness some IDPs moving out of camps, receiving permanent shelter solutions and moving towards a durable solution. This could result in a small reduction of the caseload. Most IDPs will likely remain in camps in 2015.

In either scenario, the Rakhine State Government (RSG) will play the central role in the response. A vital objective for this Cluster is to support the Government's leadership, particularly with regards to camp administration and the selection and role of camp management committees, including setting up and support to women's committees.

⁷ For more detailed list of key CCCM definitions, please see sheet entitled "Key CCCM Definitions" in Shelter-NFI-CCCM Rakhine Cluster Analysis Report at: <https://www.sheltercluster.org/Asia/Myanmar/RakhineAndKachin/Pages/Kachin-DataAnalysis.aspx>



EDUCATION

Lead agency: Save the Children, United Nations Children's Fund (UNICEF)

Contact information: Arlo Kitchingman (arlo.kitchingman@savethechildren.org)



184,000
CHILDREN IN NEED



90,000
CHILDREN TARGETED
Kachin / Shan (N): 37,000
Rakhine: 53,000



8.6 million
REQUIREMENTS (US\$)
Kachin / Shan (N): \$2.6m
Rakhine: \$6m



18
NUMBER OF PARTNERS

SECTOR OBJECTIVES	INDICATORS	CHILDREN IN NEED (Caseload)	TARGETS (Expected Reach)
Improve access to and quality and relevance of education (formal and non-formal) for all conflict-affected children, including adolescents, aiming at gender parity which increases access to positive contextual opportunities and promotes durable solutions.	Total number of emergency-affected children (3-17 years) accessing education (aiming at gender parity)	184,000 Kachin/Shan: 60,000 Rakhine: 124,000	90,000 Kachin/Shan: 37,000 Rakhine: 53,000
	Number of emergency-affected children (5-11 years) accessing primary education (prioritizing formal, aiming at gender parity)	71,000 Kachin/Shan: 20,000 Rakhine: 51,000	51,000 Kachin/Shan: 16,000 Rakhine: 35,000
	Number of emergency-affected adolescents (12-17 years) accessing post-primary education (formal and non-formal, aiming at gender parity)	77,000 Kachin/Shan: 28,000 Rakhine: 49,000	27,000 Kachin/Shan: 12,000 Rakhine: 15,000
Maximize education's role as a platform for life-saving, protective and resilience-building interventions through integrating other sector components (esp. Child Protection & WASH)	Number of children (3-17 years) receiving education which integrates initiatives to mitigate contextual protection risks – mine risk education, psychosocial support, life-skills, child protection mechanisms (aiming at gender parity)	184,000 Kachin/Shan: 60,000 Rakhine: 124,000	36,000 Kachin/Shan: 12,000 Rakhine: 24,000

Primary and pre-school education: The level of access to primary education in Kachin/northern Shan (areas within and beyond Government control) is relatively high due to a combination of existing and new temporary structures. However, resource limitations, especially in areas beyond Government control, mean that space, facilities (especially WASH) and materials are insufficient to accommodate all children to minimum standards. In Rakhine State, the focus of international organizations on primary education to date has led to increases in access in IDP camps and some host and surrounding communities, with coverage reaching 70 per cent by the end of 2014. However, much of this provision continues to comprise only two subjects and more resources are needed

to expand this to a full curriculum by the end of 2015, in addition to further extending coverage.

Therefore, in Kachin and Rakhine State the provision and maintenance of primary education hardware - structures, facilities (including WASH and furniture) and teaching and learning materials - continues to be a need and a key sector activity. In Government areas of Kachin and northern Shan support is required to extend existing Government facilities to IDPs. In areas of Kachin and northern Shan beyond Government control and in Rakhine State, high levels of support are still needed to maintain and increase access and improve the quality and safety of learning environments. The continued

acute shortage of formally-trained teachers means that more volunteer teachers are also needed, particularly women, through employing innovative but appropriate gender-equity strategies.

In areas of Kachin and northern Shan beyond Government control and Rakhine states, the capacity of teachers for IDPs is a particular issue due to the reliance on volunteer teachers, often with low levels of education, training, experience and incentives. To help address this and raise quality, teacher capacity development opportunities will be expanded and, where feasible, incentives raised. These initiatives should align, link with and leverage support from existing Government teacher education systems and resources, wherever possible. Shortages of textbooks continue to be an issue which requires more attention from the Government.

Access to pre-school (ECCD) services in the camps of Kachin and northern Shan is relatively good but support is needed to improve quality and ensure inclusive and protective standards - more space, materials and caregiver incentives (including training). In Rakhine State, the pre-emergency level of pre-school services was low and is therefore not prioritized in this plan. However, the additional caseload that the lack of ECCD centres places on primary services should be recognized, as well as the potential of pre-school education to contribute to the longer-term process of social cohesion.

Post-primary education: Hope for a better future is a key part of resilience, and education is one of the few components of a humanitarian response which offers this. For the majority of adolescents in these conflict-affected areas education is still lacking. In areas of Kachin and northern Shan beyond Government control some improvements in access to middle schools have been made. But despite this, and the use of boarding schools to overcome other barriers to access (which bring their own protection issues) it is estimated that only a third of adolescents are accessing any form of post-primary education. In Rakhine State only eight per cent of in-camp adolescents were afforded basic non-formal education (NFE) opportunities in 2014.

Failure to extend these opportunities will forfeit education's contribution to protecting this vulnerable age group from the contextual and gender-specific risks of trafficking, child labour, early marriage, unsafe migrations, drug use and smuggling, recruitment into armed groups, and other forms of exploitation. It also misses the chance to use education as a force for containing further conflict and potential radicalization and for supporting longer-term peacebuilding. Therefore, a key sector objective in 2015 is to increase access to formal and

non-formal education, including vocational, for adolescents in Kachin/northern Shan and Rakhine states, and integrate life-skills into this provision wherever possible (in cooperation with the Child Protection sub-Sector). In Rakhine State, the incremental expansion of post-primary education opportunities could include establishing temporary secondary-level services affiliated to the pre-existing formal secondary schools still operating, such as Thet Kae Pyin.

Life-saving Protection and Resilience: Education in emergencies can protect children physically, psychologically and cognitively by providing equitable access to a safe environment and through integrating other sector components, particularly Child Protection and WASH. This protective, resilience-building and potentially life-saving role must be maximized in the high-risk contexts of Kachin/northern Shan and Rakhine states. In all targeted areas, better collaboration with the WASH Cluster is needed to ensure that WASH facilities and messaging help include and protect all children. The incorporation



Photo: IRIN/ David Longstreath

of key CP components - psychosocial support, life-skills and mine risk education (in Kachin/northern Shan) - along with a code of conduct for teachers will help boost the protective aspect of education. The establishment of CP mechanisms - training teachers on the identification of child protection issues (physical or psychological distress, neglect or harm) and referral to the established protection pathway - will be a priority activity in Rakhine State (but not yet Kachin/northern Shan) to further engender a more protective environment.

Cases of armed groups' occupation of, or proximity to, education facilities - a barrier to safe and protective access - have been reported in both Rakhine State and Kachin/northern Shan, but not systematically enough to mobilize advocacy action. The incorporation of the Protection sector's MRM (Monitoring and Reporting Mechanism on grave violations of children's rights) into the Education sector monitoring will help address this and potentially other issues such as recruitment of children by armed groups.

Capacity Development and Durable Solutions: In Kachin and northern Shan, national NGOs continue to lead in directly supporting the respective education authorities, with funding, technical and capacity support from international organizations. Improving these partnerships in terms of operating modalities, information sharing and

capacity development is essential given the key role that education will play in the move towards durable solutions, including return and resettlement.

In Rakhine State, the majority of education services to IDPs continue to be provided by international organizations, a situation which is likely to continue in 2015. However, a durable solution to education for IDPs in Rakhine State depends on increased Government leadership and resources. Opportunities for promoting this in 2015 do exist and the alignment of all INGO-provided education with the Government system is one way of facilitating greater involvement and promoting transition. However, this requires not only more funding but also more implementing capacity, from NGOs as well as the Government, as current partners are reaching their limit.

In both Kachin/northern Shan and Rakhine states, nascent conflict sensitive education initiatives need to grow to help guide the way education agencies engage, operate, plan and implement without doing harm. Also essential to this are improvements in coordination and information collection and management, particularly in Kachin/northern Shan, including conducting comprehensive education assessments in both areas. For the full EiE Sector Strategic Plan 2015, please visit the Core Documents section of the EiE webpage at: <http://www.themimu.info/emergencies/education>



Photo: WFP



SECTOR OBJECTIVES	INDICATORS	PEOPLE IN NEED (Caseload)	TARGETS (Expected Reach)
Ensure people in need of food assistance have equitable and safe access to adequate food and/or cash assistance	Number of people who received food and/or cash assistance	306,000 Kachin/Shan: 97,000 Rakhine: 209,000	306,000 Kachin/Shan: 97,000 Rakhine: 209,000
	Percentage of households with an adequate Food Consumption Score (FCS>35)	n/a	80% Kachin/Shan: 80% Rakhine: 80%
Restore livelihoods and enhance resilience of affected communities	Number of people who receive agriculture-inputs, livestock assistance and sustainable income support	429,000 Kachin/Shan: 119,800 Rakhine: 309,200	83,250 Kachin/Shan: 40,550 Rakhine: 42,700

Since August 2011, Food Security Sector partners have been providing life-saving food assistance to IDPs in Government control areas of Kachin and northern Shan states through regular distribution of food baskets consisting of rice, pulses, oil and salt, which is in line with Sphere Standard requirements of 2,100 Kcal daily. In addition, fortified blended food is being distributed to pregnant and lactating women, as well as children under two years to address malnutrition. A series of cross-line missions since mid-2013 has also enabled Food Security Sector partners to reach IDPs in areas beyond Government control to supplement assistance provided by local NGOs and community-based organizations.

Food assistance for IDPs will continue to be essential in 2015. Although the results of post distribution monitoring (end 2013) confirmed that while there are some households that had access to livelihoods/income activities, their frequency of access to those services as well as their level of income differ from one household to another. Therefore, Food Security Sector partners plan to provide food assistance to 97,000 IDPs in camps and

in host families, assuming that full humanitarian access to all displaced people both in and beyond Government control in Kachin and northern Shan states is achieved.

If opportunities for durable solutions increase in Kachin and northern Shan states, the Food Security Sector may provide assistance to returnees in their places of origin and to relocated IDPs to support their voluntary return and resettlement. This will be done based on their food assistance needs and will be accomplished through a one-off 2-3 months distribution in support of their transition to normalcy. In areas where follow-up food security assessments indicate a continued need, households will be provided with extended assistance.

Humanitarian international and national actors have been implementing cash transfer programmes, through conditional and unconditional transfers, and modalities ranging from direct cash distribution (sometimes completed by in kind distributions) to vouchers (cash and commodity/food). The Food Security Sector will continue the food assistance and cash transfer in consultation with

local authorities and communities. To strengthen a protective environment and to better understand the impact of the assistance, the Food Security partners will prioritize the accountability to the affected populations through strengthening complaint and monitoring systems.

Food Security Sector partners will review beneficiaries in Kachin and northern Shan states, through multi-sectoral assessment in early 2015. The aim is to provide insight into food security and livelihoods, the distinct needs of women, girls, boys and men, as well as information about access to social services, governance and social cohesion. This evidence-based approach and subsequent findings will inform food security strategies and feed into other sectors/clusters analysis, and allow better mainstreaming of early recovery activities across sectors. Food Security partners will also seek to implement equitable livelihoods programmes to enhance better food production and income generation capacities as well as to strengthen people's skills to mitigate protection risks. In view of the protracted displacement, the implementation of early recovery activities is crucial to support self-reliance, strengthen resilience among communities and spur local economy.

In Rakhine State, inter-communal violence broke out in June and again in October 2012. The majority of the displaced people in Sittwe area and the northern part of Rakhine State rely entirely on life-saving food assistance due to lack of livelihood opportunities, movement restrictions and security concerns.

In 2015, Food Security Sector partners will continue to provide food assistance with the basic food basket to 128,000 IDPs, as well as blended food for children under five and pregnant and lactating women across Rakhine State. While the primary focus will be on IDPs in camps, additional 11,000 IDPs in host families will be assisted, subject to the availability of resources. Food Security Sector partners also plan to assist some 5,000 people in host/surrounding/other affected communities in Rakhine through cash-for-work activities based on community needs, feasibility and gender equality principles. These projects are aimed at providing employment opportunities and injecting cash into the local economy.

A food-plus-cash approach may be piloted in appropriate camps and villages depending on access to markets, availability of financial service providers, beneficiary preferences, capacity and interest of partners. Through the cash transfer modality, beneficiaries will have the ability to buy preferred food commodities, reducing the selling of food commodities and simultaneously supporting the local economy. In northern part of Rakhine State, an additional 70,000 people from extremely food insecure households (i.e. headed

by women, disabled persons, unaccompanied elderly or separated and unaccompanied minors) will be supported with the same food basket during the lean season from May to November. In addition to the basic food basket, blended food will be provided to children under-five throughout the year and to pregnant and lactating women during the seven months of the lean season. For the remaining five months of the year, pregnant and lactating women will only receive the basic food basket.

One-time provision of relief food assistance may be provided to those who begin livelihood upon voluntary return. Conflict-affected people will also be supported by community resilience interventions such as agriculture-inputs, seed, home gardening, livestock and nutrition support in effort to increase self-reliance and sustainable livelihoods.

Food Security Sector partners will continue to enhance coordination with other sectors/clusters operating in Kachin, northern Shan and Rakhine states and incorporate issues such as accountability to affected populations, gender equality, protection, community participation and value for money, while providing food security assistance to its beneficiaries. The sector will support sharing accurate and timely information about food distributions to ensure that communities can plan accordingly for any assistance disruptions or delays. Coordinated communications efforts and messaging – including in the event of delays and/or disruptions – will be done to help mitigate protection and security risks to both communities and staff. The Food Security Sector (FSS) established in 2014 will strengthen its sector and inter-sectoral coordination capacity, and the related FSS information management functions to support the implementation of its response plan both at national and sub-national levels.

The FFS and its partners will also address the linkages from relief to recovery and development, ensuring that early recovery will be mainstreamed with the support of the Early Recovery network. In particular, the FSS will review its priorities in the area of preparedness, capacity building and increasing resilience of the affected communities.



Photo: IRIN/ Jason Guiterrez



HEALTH

Lead agency: World Health Organization (WHO)

Contact information: Dr. Gabriel Novelo Sierra (novelog@searo.who.int)



536,401
PEOPLE IN NEED



536,401
PEOPLE TARGETED
Kachin / Shan (N): 119,801
Rakhine: 416,600



22.7 million
REQUIREMENTS (US\$)
Kachin / Shan (N): \$5.7m
Rakhine: \$17.0m



14
NUMBER OF PARTNERS

CLUSTER OBJECTIVE	INDICATORS	PEOPLE IN NEED (Caseload)	TARGETS (Expected Reach)
To improve affected people's access to health care services in Rakhine and Kachin/ Shan including those newly affected by disasters and other emergencies	Number of IDP population with access to basic health care services	202,569 Kachin/Shan: 86,386 Rakhine: 116,183	184,337 Kachin/Shan: 78,611 Rakhine: 105,726
	Number of IDP population with access to reproductive, maternal and child health care including emergency obstetric care	50,641 Kachin/Shan: 21,596 Rakhine: 29,045	45,577 Kachin/Shan: 19,436 Rakhine: 26,141
	Percentage of children 9 months to 15 years vaccinated against measles	100% Kachin/Shan and Rakhine	>95% Kachin/Shan and Rakhine

Improving equitable access to health care has proven challenging in 2014. This is due to difficulties in accessing and providing basic health care services mainly resulting from logistical and security constraints, as well as decreased service provision capacity after the suspension of MSF-Holland's activities (the main NGO health care provider Rakhine State) and reduction of areas of operations that Malteser International was able to service. Furthermore recruitment of skilled staff to support health operations continues to be a major challenge (due to unavailability of sufficient health care workers and increasing unwillingness to work in affected areas) and highlights the lack of sustainable development of the Health sector.

Progress in addressing basic health needs has, nevertheless, been achieved in various areas. In Rakhine, immunization activities continued without interruption in 2014 and a major measles/rubella catch-up campaign has been planned and is scheduled for the first quarter

of 2015. It aims to cover all children aged 9 months to 15 years (1,536,819 in Rakhine, Kachin and north Shan states). While it is not being conducted exclusively as a humanitarian intervention, it will try to cover 100 per cent of children in this age group under the humanitarian caseload to protect them from a disease that has been reported as the leading cause of death among children in several displacement situations around the world. Partners continue to negotiate access to support the Health Cluster response The Ministry of Health (MoH), with support from WHO, has increased deployments of Rapid Response Teams (RRT) and temporarily increased the number of staff to provide 24/7 service in fixed clinics located in Pauktaw and Sittwe townships and currently rotate to service mobile clinics in four different townships (Sittwe, Pauktaw, Rathedaung and Mrauk-U). The station hospital in Mrauk-U started accepting emergency referrals from IDP camps, only the second hospital in the state to do so.

In Kachin, local partners, with support from international organizations, are key service providers in areas beyond Government control. The majority of displaced persons in these areas have limited access to health services and referral systems remain a major concern as they continue to rely on facilities in China, creating additional financial constraints. Challenges in areas beyond Government control include a separate health authority with a different approach and availability of resources (both human and material) for the provision of Primary Health Care (PHC) services.

In Rakhine, after more than two years of displacement, the majority of the IDPs continue to rely on essential health care services provided by Health Cluster partners, due to limited access to Government-run healthcare facilities. Township hospitals close to the camps remain inaccessible to the majority of the displaced people due to tensions and movement restrictions.

This situation compromises access of displaced persons to immediate life-saving services and poses serious difficulties in provision of essential health care, especially the implementation of a functional referral system. So far, there are only two hospitals in Rakhine (Sittwe and Myaung Bwe) that receive referral patients from IDP camps with Muslim populations.

In northern part of Rakhine (Maungdaw and Buthidaung townships), access to health facilities, especially secondary health, remains restricted for the local population. This situation worsened following the violence in 2012 and has further deteriorated in 2014 with restricted access of NGOs previously providing health services, which contributed to the increased risk of acute malnutrition and related mortality. Government health services remain limited in this area.

The Health Cluster will continue to provide life-saving health interventions through a package of primary health care services, including referrals to secondary care in state-run hospitals. Key priorities for the Health Cluster include:

- provision of PHC services to conflict and disaster-affected people including host communities;
- strengthening maternal and child health services with increased attention to children with disabilities;
- improving the referral system to hospitals including inpatient services, weekends and boat referrals;
- addressing the critical shortage of trained health-care workers through training of qualified displaced persons;
- strengthening disease surveillance and control;

- development of protocols and training on the clinical management of gender-based and sexual violence cases;
- strengthening health education in particular for prevention of communicable diseases;
- coordinating the promotion of hygiene practices in collaboration with the WASH Cluster;
- increasing access to mental health and psychosocial support services, through additional support to the existing vulnerable groups within the caseload (malnourished children and their caretakers, pregnant and lactating women and other vulnerable individuals) and linking with available protection and gender-based violence referral pathways.

The Health Cluster works with 14 health partners including UN agencies, ICRC and IFRC, local and international NGOs. The Cluster envisages increasing its response capacity, especially in underserved areas in Rakhine, Kachin and north Shan states. The Cluster will work in coordination with other cluster and sectors such as Nutrition, WASH, Protection and CCCM and will continue to advocate for increased access to health services and increased access for national and international NGOs. It will support coordination in Rakhine State by deploying a dedicated international WHO staff to Sittwe, as soon as Government concurrence is obtained. Support will be provided to MoH at central and state levels to reinforce surveillance and early warning systems, while advocating for more regular data sharing and facilitating the interactions with government authorities at both the state and national levels. Regular meetings will be held in Yangon, Sittwe, Myitkyina and Nay Pyi Taw to discuss issues requiring the Government's support or approval.



Photo: OCHA/ Nicole Lawrence



NUTRITION

Lead agency: United Nations Children's Fund (UNICEF)

Contact information: Martin Eklund (meklund@unicef.org)



126,811
PEOPLE IN NEED



88,810
PEOPLE TARGETED
Kachin / Shan (N): 13,252
Rakhine: 75,558



7.6 million
REQUIREMENTS (US\$)
Kachin / Shan (N): \$1.4m
Rakhine: \$6.2m



9
NUMBER OF PARTNERS

SECTOR OBJECTIVES	INDICATORS	PEOPLE IN NEED (Caseload)	TARGETS (Expected Reach)
People with acute malnutrition are identified and adequately treated	Number of children aged 6-59 months with severe acute malnutrition admitted to therapeutic care	14,000 Kachin/Shan: N/A Rakhine: 14,000	9,800 Kachin/Shan: N/A Rakhine: 9,800
	Percentage of exits from therapeutic care by children aged 6-59 months who have recovered	n/a	>75% Kachin/Shan: N/A Rakhine: >75%
Nutritionally vulnerable groups access key preventive nutrition-specific services	Number of pregnant and lactating women who access infant and young child feeding counselling	25,943 Kachin/Shan: 5,596 Rakhine: 20,347	18,107 Kachin/Shan: 3,729 Rakhine: 14,378

The nutrition sector aims to improve the nutritional status of boys, girls, and women affected by conflict and disaster by ensuring: 1) identification and treatment of acute malnutrition; 2) equitable access to key preventive nutrition-specific services; 3) timely situation monitoring and coordination; and 4) resilience strengthening.

Nutrition concerns to be addressed: Acute malnutrition remains a serious concern among the displaced and non-displaced people in Rakhine State. Nutrition surveys conducted in December 2013 in Sittwe IDP camps show a prevalence of global acute malnutrition (GAM) around 10 per cent among children aged 6-59 months. In IDP camps in Pauktaw Township, the GAM prevalence is over 16 per cent and severe acute malnutrition (SAM) 1.8 per cent⁸ – around the critical emergency threshold of 15 per cent for GAM and 2 per cent for SAM. In Buthidaung and Maungdaw in the northern part of Rakhine State, the GAM prevalence is 21.4 per cent and 20 per cent, while the SAM prevalence stands at 3.7 per cent and 3 per cent respectively⁸ – well above the WHO critical emergency threshold. In the northern part of Rakhine State

alone, it is estimated that 27,700 children aged 6-59 months are acutely malnourished, of which 4,400 suffer from SAM.⁸ Furthermore, according to programme data from January to October 2014, a total of 6,676 children with SAM have been admitted to therapeutic care across affected townships in Rakhine State.

Chronic malnutrition is also a concern and survey data indicate the global stunting levels between 38-59 per cent in Rakhine State⁸ and 45-48 per cent in Kachin and northern Shan states⁸ – above 40 per cent which is considered as a 'very high level' by WHO. Besides the alarming levels of acute and chronic malnutrition, which overall affect boys and girls equally,⁹ surveys highlight poor and sub-optimal infant and young child feeding (IYCF) practices related to timely initiation of breastfeeding, exclusive breastfeeding, and timely complementary feeding.

⁸ SMART nutrition surveys, November 2013 to April 2014

⁹ Gender in relation to weight-for-height and height-for-age Z-scores. One survey indicated a higher prevalence of GAM among boys than girls in rural Pauktaw IDP camps. This finding will be followed up in the next survey.

The surveys also indicate that few children receive a minimal acceptable diet as a result of low dietary diversity in combination with low meal frequency in some areas.^{8/10}

Target groups and priority interventions: The nutrition sector focuses on people who are nutritionally insecure¹¹ with priority target groups being children under five years of age, pregnant and lactating women as well as caregivers of young children. Interventions will focus on case identification, treatment, prevention, monitoring and coordination, as well as resilience strengthening, which will be achieved through community engagement and participation. Prioritized activities include nutritional screening and integrated management of acute malnutrition. Identified SAM and moderate acute malnutrition (MAM) cases will receive therapeutic feeding and supplementary feeding respectively. In addition, blanket supplementary feeding with fortified blended food along with awareness-raising of its benefits and use will be provided to children and pregnant and lactating women to prevent malnutrition.¹² Multiple micronutrient supplementations will be provided to children and pregnant and lactating women, while children will also receive vitamin A and deworming tablets. Appropriate infant and young child feeding practices will be promoted and protected through a variety of interventions such as infant and young child feeding practices counselling, behaviour change communication, establishment of breastfeeding safe spaces, and through cooking and responsive feeding demonstrations.

Gender-sensitive nutrition surveys and assessments will be conducted to timely monitor and inform nutrition interventions, covering both displaced and non-displaced populations. This will complement and triangulate regular programme data available through the sector's nutrition information system.¹³ In order to strengthen resilience to existing and future events, the sector will support preparedness planning through prepositioning of emergency supply, as well as ensuring capacity building of nutrition stakeholders including Government health and nutrition staff.

Implementation modalities: The nutrition sector will focus on reaching both displaced and non-displaced people through facility and community-based approaches,

addressing both immediate and underlying causes of malnutrition. To the extent possible, interventions will complement and support existing interventions routinely provided by the Government. In addition to close coordination, data will be regularly reported to the Government (the National Nutrition Centre), while being aligned to existing government reporting systems for sustainability purposes.

In Kachin and northern Shan states, a lower coverage is expected in areas beyond Government control as opposed to Government control areas due to access constraints and limited number of implementing partners. Similarly, the coverage in parts of Rakhine State is limited due to inadequate implementing partners with work authorization and access to the affected communities. Nutrition partners will seek to increase community acceptance by improving accountability and transparency about their interventions and selection criteria, and by implementing their activities in a conflict sensitive and Do No Harm manner. To expand coverage of interventions, the nutrition sector will engage with more nutrition partners.

Link to early recovery and long term development:

The nutrition sector remains aware of the overall nutrition agenda in Myanmar and welcomes the opportunity to link humanitarian nutrition interventions to more long term development objectives. The sector will both inform and be informed by nutrition-specific and nutrition-sensitive activities initiated under the Scaling Up Nutrition (SUN) framework or included in the National Plan of Action for Food and Nutrition (NPAFN). The Myanmar Nutrition Technical Network (MNTN) – in which both nutrition sector partners and the Government are represented – continues to be an important platform, bridging humanitarian and development agendas.

Lastly, the nutrition sector will engage with other sectors and clusters in order to promote, protect and monitor the rights and well-being of all vulnerable children and women affected by conflict, regardless of their ethnicity, origin, religion or language. In particular, in northern part of Rakhine State, where inadequate WASH services are identified as one of the possible causes of high malnutrition rates, an integrated approach with the WASH sector will be prioritised.

¹⁰ Surveys of Knowledge, Attitudes and Practices (KAP), November-December 2013

¹¹ Nutrition secure individuals are defined as individuals who "at all times have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preference combined with a sanitary environment, adequate health services and proper care and feeding practices to ensure an active and healthy life for all household members." Definition derived from FAO 2001 and UNSCN 2010

¹² These activities complement the food basket provided through the Food Security Sector.

¹³ Consolidation of key programmatic data from all implementing partners, e.g. screening, therapeutic (SAM) and supplementary (MAM) feeding, IYCF counselling, micronutrient support. Monthly trend analysis is shared with the government and partners at both national and field level.



PROTECTION

Lead agency: United Nations High Commissioner for Refugees (UNHCR)

Contact information: Maja Lazic (lazic@unhcr.org)



540,600
PEOPLE IN NEED



298,880
PEOPLE TARGETED
Kachin / Shan (N): 119,570
Rakhine: 179,310



37.2 million
REQUIREMENTS (US\$)
Kachin / Shan (N): \$16.8m
Rakhine: \$20.4m



15
NUMBER OF PARTNERS

SECTOR OBJECTIVES	INDICATORS	PEOPLE IN NEED (Caseload)	TARGETS (Expected Reach)
Protection services are improved, expanded and more accessible	Number of people in need with access to minimum available protection services	298,880 Kachin/Shan: 119,570 Rakhine: 179,310	117,000 Kachin/Shan: 47,000 Rakhine: 70,000
Protective environment is improved by mitigating threats to mental wellbeing, physical and legal safety			

The overall aim of the Protection Sector in 2015 is to improve a protective environment for those affected as well as to improve access to and quality of protection services. Protection assessments and analysis conducted across Rakhine, Kachin and northern Shan states highlight a variety of protection concerns. These include multiple forms of gender-based violence, arbitrary arrest and detention, grave violations against children including recruitment and use of children by armed forces and armed groups, critical living conditions in IDP camps, freedom of movement restrictions, lack of complaints mechanisms to receive and investigate allegations of sexual exploitation and abuse related to assistance and a continued lack of access to life-saving and basic services. In achieving these objectives, the Protection Sector will enhance its coordination and cooperation with the key Government departments, non-state actors, communities, civil society and other key stakeholders to ensure an inclusive response.

The Protection Sector will foster its community-based mechanisms, gender equality programming and communication with communities to raise the capacities of people to advocate for themselves. The Protection Sector aims to identify and address opportunities for durable solutions that will

require dedicated efforts in confidence building and dialogue among the affected communities and between IDPs and the Government and non-state actors, as well as close collaboration among the humanitarian partners.

The Protection Sector will continue to work across the humanitarian response to ensure better understanding of protection risks, underlying vulnerabilities and the capacities of the affected communities. This will be done through an inclusive protection analysis, advocacy on rights-based and participatory approaches and support for tailoring of interventions to achieve the overall protection objective. The Protection Sector's key interventions against the above objectives include:

1. Provide quality protection services including referral pathways for people of concern
2. Increase capacities of government and support communities to deliver quality protection services
3. Engage in information sharing and solution-oriented rights-based advocacy with government, communities and other relevant stakeholders to uphold rule of law, create a safe environment and facilitate access to services

4. Enhance community capacities and networks to prevent gender-based violence and risky migration practices (including trafficking) as well as strengthening child protection mechanisms
5. Increase protection mainstreaming to enhance the overall humanitarian response
6. Strengthen programming targeting adolescent boys and girls to prevent negative coping mechanisms and promote resilience
7. Support the way in which authorities in all areas, communities and relevant stakeholders achieve durable solutions in accordance with international standards
8. Maintain a strategy of protection by presence as well as systematic monitoring to support joint analysis and response

In Rakhine State, the situation of IDPs and people affected by the crisis continues to be marked by threats and perceived threats of violence. The protection analysis identified high-risk groups that include women and girls, who are at heightened risk of gender-based violence (GBV), and adolescent boys and girls, who are vulnerable to resorting to negative coping mechanisms which in turn have an impact on their families and communities. Other groups at risk include the elderly, persons

with disabilities, pregnant women and children. In order to mitigate the threat of violence against these high risk groups, increased livelihood opportunities, strengthened GBV interventions and targeted activities for adolescent boys and girls are identified as critical programmes. These programmes will be implemented through close collaboration with all sectors and in particular synergy with programmes provided by Camp Coordination and Camp Management, Education, Food Security and Health Clusters/Sectors.

For the majority of IDPs, restrictions on their freedom of movement remain a fundamental obstacle to their ability to access essential services. In addition, a limited humanitarian access to the affected population largely compromise regular monitoring and provision of quality protection services. Through strengthening participation, regular information sharing and engaging in solution-orientated advocacy with the Government and communities, the Protection Sector will be able to support equitable and safe access to services as well as improve service delivery.

The polarization of communities coupled with human rights violations and the impunity for these violations prevents peaceful coexistence and increases the



Photo: OCHA/David Ohana

likelihood of conflicts. The Protection Sector will maintain its strategy of protection through increased presence and improved systematic monitoring and analysis of the situation.

Finally, the Protection Sector will continue to support the Government to improve access to citizenship and civil documentation in Rakhine State. Positive results could contribute to durable solutions for the displaced and persons with undetermined citizenship as well as the elimination of a number of discriminatory measures including freedom of movement and equitable access to services and livelihood opportunities.

A continued presence of the Protection Sector in Kachin and northern Shan states is crucially important in light of increased protection concerns resulting from prolonged displacement and on-going armed conflict. Innovative interventions are required to provide a better protective environment in the affected region characterized by continued insecurity and a lack of sustained access especially in areas beyond Government control.

Evidence shows that violence has a significant impact on women and children in both times of prolonged displacement and on-going conflict. Interventions to mitigate the threat require concerted efforts to provide comprehensive GBV and child protection programmes encompassing support for adolescents and children in armed conflict. In order to target programming and measure its impact, it is also essential to support actors to collect data and monitor the affected communities in a safe, ethical and confidential manner.

While advocating with the Government and non-state actors for increased protection of civilians during conflict in accordance with the international humanitarian and human rights laws, the Protection Sector will continue to strengthen the resilience and capacities of the community based organizations (CBOs) as well as the affected communities to respond to and mitigate the threat of violence. This includes better engagement with camp/village management to develop and strengthen community-based protection mechanisms.

The Protection Sector will continue to employ a conflict sensitive approach to programming to prevent a risk of further hostilities between IDP and host communities. There must be equity in the response to the communities, not only because similar needs have been identified but also because the host community forms part of the broader protection support network for the displaced communities. The continued engagement with both communities will furthermore build a solid foundation for durable



Photo: OCHA/Eva Modvig

solutions and peace-building efforts across the region.

The evolving context requires that the early recovery and transition to durable solutions in accordance with international standards is maintained and strengthened. Emphasis has been put on increasing mine risk education and victim assistance work. It will be necessary to further support efforts by local CBOs to raise awareness around the key factors that IDPs should consider when making decisions about return or resettlement. There is a need to coordinate messaging and the channels used to ensure consistency and that the message reaches the most vulnerable within the community. Synergies in the response will be essential to programming for durable solutions.

The Protection Sector will continue to engage with all stakeholders including the Government and non-state actors, local and international and most importantly, the communities themselves relying on solution-orientated advocacy and activities.



SHELTER & NON-FOOD ITEMS (NFIs)¹⁴

Lead agency: United Nations High Commissioner for Refugees (UNHCR)

Contact information: Edward Benson (benson@unhcr.org)



433,000
PEOPLE IN NEED



219,000
PEOPLE TARGETED
Kachin / Shan (N): 99,000
Rakhine: 120,000



10.9 million
REQUIREMENTS (US\$)
Kachin / Shan (N): \$5.3m
Rakhine: \$5.6m



21
NUMBER OF PARTNERS

CLUSTER OBJECTIVE	INDICATORS	PEOPLE IN NEED (Caseload)	TARGETS (Expected Reach)
IDPs receive protection from the elements to support their dignity, security and privacy through the provision of NFIs, temporary shelter or preferably individual housing solutions	Number of IDPs with access to temporary shelter in accordance with minimum standards	206,000 Kachin/Shan: 86,000 Rakhine: 120,000	206,000 Kachin/Shan: 86,000 Rakhine: 120,000
	Number of IDPs that receive individual housing solutions in accordance with relevant standards	206,000 Kachin/Shan: 86,000 Rakhine: 120,000	3,150 Kachin/Shan: 2,000 Rakhine: 1,150
	Number of vulnerable IDPs that receive appropriate NFIs	22,645 Kachin/Shan: 6,000 Rakhine: 16,645	22,645 Kachin/Shan: 6,000 Rakhine: 16,645

While thousands of temporary shelter units were built by local organizations between 2011 to mid-2013 in Kachin State, brief opportunities for consultations with affected communities, lack of technical expertise and financial resources meant that most shelters in terms of size, structural safety and durability did not meet minimum international standards. A sizeable gap of IDPs with no shelters remained. In 2014, the priority was to close this gap and determine how shelters could be made more durable or re-used through improvements. Approximately 3,000 new units were built and 1,500 repaired, addressing the needs of 16,500 people. Aggregating the 2014 response with what is planned till May 2015, a gap of 2,000 family units for 10,000 IDPs remains. Despite progress in data collection and analysis, including two rounds of camp profiling, determining the shelter gap remains incomplete, primarily to limited access and uncertainty over land availability.¹⁵

In 2015, the Cluster's focus in Kachin and northern Shan states will be to work with IDP communities, organized by their camp management committees and supported by camp management agencies, to maintain and upgrade their own shelters with common criteria.¹⁶ In order to ensure that consultations are representative of all community members, the existing community groups such as women's groups and child protection groups can be included, and other vulnerable groups including the elderly and disabled consulted. In parallel, the Cluster will monitor the return or relocation of IDPs and at a minimum, offer technical support to the Government for individual shelter solutions. Direct shelter intervention will be considered on a case-by-case basis in close collaboration with the Protection Sector and in consultation with the community, namely whether conditions are conducive for permanent settlement.

¹⁴ For a comprehensive understanding of the strategic direction for shelter & NFIs response in Kachin/Shan and Rakhine, please see: www.shelternficccmmyanmar.org.

¹⁵ For detailed results and analysis of this camp profiling, please see: www.shelternficccmmyanmar.org

¹⁶ For more details, please see CCCM Cluster section

As for NFIs across Kachin and northern Shan states, after blanket distributions of core kits in 2012 and 2013, most basic needs were met. Given the need to reduce aid dependency, promote livelihoods and support communities' coping mechanisms, there was a risk of over-distribution. No blanket distributions were organized in 2014. Instead, a revised NFI kit for the protracted situation was developed. Additionally, a winter items clothing gap will have been largely addressed by the end of 2014. The focus will remain a targeted approach to NFIs based on consultations with women, girls, boys and men on their distinct needs for assistance provision at appropriate time and places. If feasible, the Cluster will encourage moving from material to voucher and/or cash assistance. The Cluster will work closely with the Protection Sector to support both gender to be involved in distributions and ensure that the most vulnerable receive assistance, including female and child-headed households, the elderly and disabled. In the absence of 2014 blanket distributions and likelihood of the displacement continuing for the majority of IDPs in 2015, some NFIs needs (core kits for the most vulnerable, protracted kits or winter items) will remain. The Cluster will maintain an emergency stock of emergency shelter/NFIs to support up to 10,000 individuals, equivalent to new displacement numbers from October 2013 to October 2014.

In Rakhine State, following 2013's mass temporary shelter construction, progress beyond temporary shelter has been minimal in 2014. The vast majority of IDPs still live in temporary eight-unit shelters, either in camps or villages of origin. Despite efforts in 2014 to conduct essential maintenance and repairs, the condition of temporary shelters is predictably deteriorating to where urgent maintenance and repair is or will be needed. Since the displacement for the majority of IDPs is likely to continue in 2015, a concerted effort is needed to ensure temporary shelters and CCCM infrastructure maintain minimum standards and support overall efforts to respond to the different needs of women, girls, boys and men.

After a period of research and delays caused by the March events, the Cluster in May 2014 attempted to kick-start housing solutions, a move beyond temporary arrangement. Despite the Cluster developing a modality for the scale-up of individual housing, which aims to maximize the positive impact to the local economy and workforce, promote gender equality and minimize protection risks, including overcrowding, and lack of lighting, there was no tangible progress over the past months. In 2015, it is more likely that the Cluster will implement a pilot project but the numbers remain a fraction of the need. Any opportunities,



Photo: UN Myanmar

including the pilot project are subject to the authorisation and support of the Rakhine State Government (RSG). As in 2013 and 2014, the RSG continues to be the Shelter Cluster's key partner. The three key activity areas include delivery of care & maintenance programmes for temporary shelter and CCCM infrastructure; pilot projects to improve temporary shelters where displacement is likely to continue, based on community consultations, and piloting of individual housing solutions.

NFI core kits distributions in Rakhine were also affected by the March events. Distributions to the majority of priority camps were disrupted and four camps remain on hold. The NFIs needs in 2015 will be in three distinct groups: 1) particularly vulnerable displaced persons in the priority camps, such as female and child-headed households, elderly and disabled; 2) persons able to return to place of origin or be settled elsewhere and 3) camp residents adversely affected by major natural disasters such as cyclones.¹⁷ While NFIs are usually provided on the basis of household needs, vulnerable individuals will be assisted accordingly. Beneficiaries are identified through community consultations. Women and child protection groups will be assigned to identify selection criteria and communicated through camp management agencies, with at least 30 per cent of women representation.¹⁸ In the event of a large natural disaster, the role of the RSG will be central to the response. At the national level, the Cluster continues to support the Government of the Republic of the Union of Myanmar on disaster preparedness through UNOCHA and alongside other key sector leads.

¹⁷ For more details what is meant by priority camps, please see CCCM Cluster section.

¹⁸ CCCM Minimum Commitments to Gender Equality Programming endorsed by the Global CCCM Coordinators at HCR and IOM based on IASC guidance.



WATER, SANITATION AND HYGIENE (WASH)

Lead agency: United Nations Children's Fund (UNICEF)

Contact information: Olivier Le Guillou (oleguillou@unicef.org)



536,401
PEOPLE IN NEED



428,500
PEOPLE TARGETED
Kachin / Shan (N): 119,500
Rakhine: 309,000



26.2 million
REQUIREMENTS (US\$)
Kachin / Shan (N): \$9.5m
Rakhine: \$16.7m



22
NUMBER OF PARTNERS

CLUSTER OBJECTIVES	INDICATORS	PEOPLE IN NEED (Caseload)	TARGETS (Expected Reach)
People have equitable and sustainable access to sufficient quantity of safe drinking and domestic water	Number of people with equitable and sustainable access to sufficient quantity of safe drinking and domestic water	536,401 Kachin/Shan: 119,801 Rakhine: 416,600	428,500 Kachin/Shan: 119,500 Rakhine: 309,000
	Number of people in camps and host villages whose water source is managed by the community	428,500 Kachin/Shan: 119,500 Rakhine: 309,000	257,100 Kachin/Shan: 71,700 Rakhine: 185,400
People have equitable access to safe and sustainable sanitation and live in a non-contaminated environment	Number of people with equitable access to safe and sustainable sanitation facilities	536,401 Kachin/Shan: 119,801 Rakhine: 416,600	428,500 Kachin/Shan: 119,500 Rakhine: 309,000
People adopt basic personal and community hygiene practices	Number of people with basic knowledge of diarrheal disease transmission and prevention	536,401 Kachin/Shan: 119,801 Rakhine: 416,600	428,500 Kachin/Shan: 119,500 Rakhine: 309,000

The Cluster's strategy aims to address the humanitarian needs of displaced people, host and surrounding communities and extremely vulnerable individuals, ensuring equitable access to services that protect their health, dignity and safety. The activities aim to achieve sustainable outcomes through consultations with and in support of communities and authorities to strengthen resilience and reduce dependency on assistance. The Cluster will enhance focus on the condition of children, supported by WASH in schools.

Despite efforts over the past years, a number of water facilities remain below minimum technical standards and require improvements to ensure equitable access to safe drinking water. The maintenance of water points is partially led by user groups, which require further support to

increase self-reliance. Reliable alternative water sources should be found for locations which suffer from water shortages during the dry season.

In the context of the protracted humanitarian situations in Rakhine and Kachin and northern Shan states, the WASH partners will build resilience of individuals by: developing socio-culturally appropriate maintenance mechanisms; consulting women, girls, boys, men, disabled, elders separately about their needs and priorities; strengthening the sense of ownership over the facilities; and increasing Government involvement. Consistent hygiene promotion will continue to complement the provision of supplies and facilities, supported by targeted distribution. The Cluster will seek to improve accountability, in particular by ensuring the participation of children and adults with disabilities,

women and girls in routine consultations and by monitoring compliance with WASH Minimum Commitments for the Safety and Dignity of Affected People.¹⁹

The WASH Cluster has identified the following priorities for Rakhine, Kachin and northern Shan states:

Water: Improve water quality through upgrading of facilities and testing. Support maintenance through community-based groups and thereby empower beneficiaries. Develop alternative sources to cope with seasonal shortages. Expand, monitor and evaluate household solutions for water treatment.

Hygiene: Hygiene promotion approach to be systematically developed in all locations. Reinforce social organisation through outreach workers. Increase Cluster understanding of behaviour change drivers and barriers. In Kachin and northern Shan states, the overall response is now relatively balanced between Government areas and areas beyond Government control, thanks to an increased number of cross-line missions, more permanent presence of WASH actors and a reinforcement of local capacity. Emergency sanitation facilities are gradually being replaced by semi-permanent structures to optimize their maintenance. Monitoring remains challenging and efforts to improve hygiene practices need strengthening. Needs in host villages must be further assessed. In addition, long-lasting facilities will be constructed in return areas as durable solutions are found.

In some camps, energy is needed to supply water, increasing running costs and jeopardizing sustainability.

New locally appropriate technologies, introduced over the past year will be scaled-up. Although the coverage of facilities has increased, lack of space in some locations challenges the setting-up of an adequate number of latrines and bathing facilities, emphasising the need to reinforce social mobilisation. Practical solutions need to be urgently implemented to improve sludge management. The WASH Cluster will retain rapid response capacity for emergencies. Needs resulting from new displacement are in most cases small-scale and require flexibility. Local NGOs are at the forefront of the response, but often face capacity challenges, which will need to be supported by the Cluster. As of September 2014 in Kachin and northern Shan states, 18 locations (6 camps, 12 villages) out of 170 locations are not covered by a dedicated WASH partner (3,482 people in Government areas and 2,001 in areas beyond Government control). For the documented sites, the overall coverage, needs and specific priorities are as follows:

Access to water: 84,362 people (90 per cent) – 45,685 in Government areas (92 per cent), 38,677 in areas beyond Government control (89 per cent),

¹⁹ WASH Minimum Commitments for the Safety and Dignity of Affected People, Global WASH Cluster, September 2014.



Photo: OCHA/Eva Modvig

Latrines: 68,843 people (74 per cent) and 41,343 people (44 per cent) have semi-permanent facilities – 36,250 (73 per cent) in Government areas, 32,593 (75 per cent) in areas beyond Government control,

Received hygiene kits: 75,610 people (81 per cent) – 38,237 (77 per cent) in Government areas, 37,373 (86 per cent) in areas beyond Government control.

Sanitation: Continue increasing semi-permanent latrine coverage. Develop desludging procedures. Empower men and women to maintain facilities through community organizations and by encouraging greater self-sufficiency.

Capacity building: Promote capacity-building of actors for emergency response. Build capacity and resilience of conflict-affected communities.

In Rakhine State, the response systematically encompasses a do-no-harm approach throughout all project stages. While support to displaced people will continue, other communities will receive assistance based on a conflict-sensitive approach, acknowledging their vulnerability associated with pre-existing poor sanitation conditions and their vicinity to affected areas. In the northern part of Rakhine State, inadequate WASH services are identified as one of the possible causes of high malnutrition rates. This population was not directly affected by the conflict of 2012, but their pre-existing vulnerability has increased, as the impact of the conflict has further restricted their movement and access to basic services. The response will be defined through an integrated approach with the Nutrition Sector, based on assessments and the mapping of needs and priorities.

Infrastructure has now been established in camps with user groups to manage it. The current superstructures have a very short life-span. An upgrade with more durable items will ease their maintenance by the community and will incorporate strict safety guidelines. In villages, community-led interventions have started, in line with community priorities and considering the village as a whole, instead of targeting affected individuals only.

As of September 2014 in Rakhine, out of the 64 affected sites (northern Rakhine excluded), 61 locations are currently covered. Non-displaced populations (47,000 in 30 host villages and 34,000 in 42 surrounding villages) are presently benefiting from expanded services. The overall coverage, needs and specific priorities are as follows:

Access to water: 152,366 people (75 per cent) – 112,371 (94 per cent) in camps, 39,995 (48 per cent) in affected villages

Latrines: 106,310 people (52 per cent) – 90,068 (75 per cent) in camps, 16,242 (20 per cent) in affected villages (1:20 ratio)

Community structures: Over 60 per cent of camps have management facilities in place.

IDPs that depend on emergency water supply during the dry season: 16,000

Sanitation: Increase safety and sustainability by upgrading facilities and reinforcing community self-management. Expand desludging solutions to remote townships. Reinforce safe waste collection and treatment and implement community-led sanitation alternatives for villages, with an emphasis on women's participation in decision-making.

Emergency preparedness: Reinforce the response capacity of WASH actors to a new disaster or further displacement. Review and operationalize acute watery diarrhoea response plan in coordination with the Health Cluster.



Photo: OCHA/Eva Modvig



COMMON SERVICES AND COMMUNITY SUPPORT

Lead agency: Office for the Coordination of Humanitarian Affairs (OCHA),
United Nations Department of Safety and Security (UNDSS)

Contact information: Mark Cutts (cutts@un.org); Tony Monaghan (tony.monaghan@undss.org)



540,700
PEOPLE IN NEED



536,400
PEOPLE TARGETED
Kachin: 119,800
Rakhine: 416,600



7.2 million
REQUIREMENTS (US\$)



84
NUMBER OF PARTNERS

Common Services and Community Support will cover the three following areas of work: (1) Coordination; (2) Staff Safety and Security, and (3) improving access to cooking fuel and fuel-efficient stoves for crisis-affected people.

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 to ensure needs assessment and analysis, strategic response planning, resource mobilization, implementation and monitoring, and operational review and evaluation. Priorities for 2015 include a focus on timely provision of information, strengthening of effective preparedness and response measures, and humanitarian advocacy. OCHA will continue to provide technical support to partners to improve communication with communities in an effort to improve program quality and increase trust and acceptance. OCHA will also continue to support the HC and the HCT in resource mobilization and in the timely and effective use of funds from the UN Central Emergency Response Fund (CERF) and the Myanmar Emergency Response Fund (ERF).

Staff Safety and Security: The United Nations Department of Safety and Security (UNDSS) will focus on improving staff safety and security to allow humanitarian staff to operate in an enabling environment. This will be achieved through improved information gathering and analysis for evidence-based decision-making. Common inter-agency missions to areas with difficult security situations will continue to enhance humanitarian access and operational impact. Security-related incidents that impact safety and security, continuity of activities, or affect access will be tracked and analysed to determine trends and appropriate courses of action.

An Inter-Agency Emergency Communications System (ECS) will be established to improve disaster preparedness and the ability to effectively coordinate a response with humanitarian partners and local authorities. Subject to Government approval, the ECS will use Digital Mobile Radio (DMR) communications and satellite communications rather than solely relying on mobile telephone networks. The existing Security Operations Centre and VHF radio network in Yangon will continue to support the establishment of repeaters and a radio room in both Rakhine State and Kachin states as part of broader disaster preparedness and crisis management plans. During normal operations, the radio rooms will disseminate security-related information, track field missions, provide radio communications training for humanitarian personnel, and facilitate responses to medical emergencies, emergency evacuations or relocation of personnel.



Photo: OCHA/Eva Modvig

Safe Access to Fuel and Energy: Safe Access to Fuel and Energy (SAFE) is a cross-sectoral issue that focuses on ensuring access to fuel and energy for cooking, heating, lighting, and powering for crisis-affected populations. In Rakhine State, improving access to fuel and fuel-efficient stoves for vulnerable and conflict-affected households will have benefits which cut across response sectors and on-going activities. Households in IDP camps and isolated villages rely on a number of negative coping mechanisms due to a lack of access to cooking fuel. These include the use of shelter, other unsustainable and hazardous materials as fuel, the exchange of food rations for fuel, the under-cooking of food to save fuel and the overexploitation of surrounding forests and woodlands. Women and children often spend four to five hours per day for fuel collection, taking time away from productive activities and school attendance while increasing their exposure to harassment, violence and rape.

Beyond this response plan, the International Committee of the Red Cross (ICRC) has been undertaking independent

programmes to provide fuel sticks made out of rice husks to three IDPs camps in Pauktaw Township and will look for opportunities together with the Food and Agriculture Organization (FAO) to establish small units for the production of fuel sticks Pauktaw and other townships. Rice husk is widely available in many townships in Rakhine State and assessments carried out by ICRC and FAO indicate that the use of these fuel sticks has high acceptability among IDPs, who have few other fuel options and in some cases have traditionally used rice husk-based fuel.

In 2015, ICRC will extend its cooking fuel activities to cover households in IDPs camps in Pauktaw and Myebon Townships. FAO and partner organizations will launch SAFE activities in IDPs camps in Sittwe Township and potentially in Rathedaung Township. To ensure a joint approach that addresses both energy supply and demand, a SAFE Working Group will be established to improve the coordination of efforts, information-sharing, and timely interventions.



Photo: UN Myanmar