

Myanmar Quarterly Monitoring Report

First Quarter (January – March 2015)

Humanitarian Response Plan 2015

Prepared by OCHA based on data from the Sectors/Clusters

CHANGES IN CONTEXT (SINCE DECEMBER 2014)

- In **Kachin**, after a six month hiatus, the UN-led convoys to areas beyond government control resumed in March 2015. However, there are still restrictions on access to Laiza, where the majority of the IDPs are located. The security situation continues to deteriorate throughout Kachin and northern Shan states with sporadic clashes, resulting in approximately 20,000 people newly displaced. The ongoing conflict has also raised serious concerns over protection of civilians, including physical and psychological harm, Gender Based Violence (GVB) and grave violations against children.
- In the **Kokang Self-Administered Region**, an eruption of new conflict caused additional displacement and put many civilians at risk. Actual numbers of displaced people are not known. Some are in camps but the majority of those who fled from Kokang went either to China (authorities in Yunnan report over 60,000) or they were migrant workers who have returned to their homes in other parts of Myanmar.
- In **Rakhine**, the State Government initiated dismantling of temporary longhouses and building individual shelters on original plots in Kyauktaw, Minbya, Mrauk-U and Rathedaung Townships. The state government has indicated its plans to return or relocate up to 5,000 families by June 2015.
- In **Rakhine**, as the monsoon season approaches, there are growing concerns about the safety of people in Nget Chaung (6,000 people) and Ah Nauk Ywe (4,000 people) IDP camps in Pauktaw Township. People in these camps are highly vulnerable as the camps are located in an exposed area and on low land, which puts families and their belongings at high risk from flooding, storm surges and winds if there is a cyclone or tropical storm.
- **Nation-wide**: the holders of temporary identity certificates (also known as white cards) were informed by a presidential decree in February 2015 that their documents would expire on 31 March 2015. Of the estimated 590,000 white card holders nation-wide, 490,000 are stateless Muslims from Rakhine State. They were told to surrender their cards on the said date and invited to participate in a process to determine their citizenship. The UN has raised with the President's Office that those who surrender their documents should not experience a deterioration in their status or rights.
- As part of the Government's efforts on peace-building with ethnic groups, a draft nationwide ceasefire agreement was signed on 31 March, paving the way for holding political dialogue.

KEY CHALLENGES IDENTIFIED BY CLUSTERS/SECTORS

COMMON CHALLENGES

- **Restrictions on humanitarian access** continue to constrain the ability of humanitarian organizations to assess and respond to needs. No access to the conflict affected areas in Kokang Self-Administered Region has been permitted and restrictions on access to Laiza (in Kachin) have impacted IDPs.
- The Rakhine State Government recently shared some details of its shelter/return plans, which help to inform planning in the next quarter. However, **more clarity on the modalities of return/resettlement** or plans for vulnerable camps is needed to ensure a coherent response.
- **Low levels of funding (16 per cent)** in the first quarter of 2015 have led to reduced delivery and lower quality assistance.
- **Continued inter-communal tensions and movement restrictions** in Rakhine State undermined programme implementation and crisis affected people's ability to access protection and assistance.

CLUSTER/SECTOR SPECIFIC CHALLENGES

- **Camp Coordination and Camp Management**: 1) Need for capacity and resources to deliver consistent quality CCCM services across all IDP camps and better implement new projects such as care and maintenance in Kachin and northern Shan states; 2) Need for camp management committee members in priority camps to interface with government departments and agencies to address various IDP needs in Rakhine State; 3) A lack of funding hampers programme implementation.
- **Education sector**: 1) Limited land availability for temporary learning spaces (TLS) and storage space for education supplies in Rakhine State; 2) Increased demand on already-overstretched education services of the

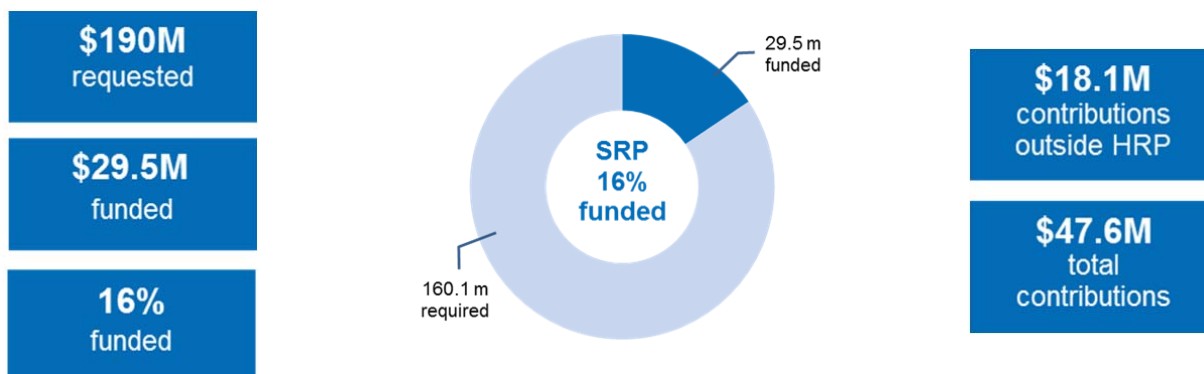
existing schools and TSL in Kachin/northern Shan states; 3) Information gaps on education needs, in Rakhine State and areas beyond government control of Kachin/northern Shan states, compromise the sector's ability to effectively mobilize funds and resources.

- **Food Security:** 1) Movement restriction and lack of livelihood opportunities has caused continuous dependency on food assistance in Rakhine State; 2) Need for strengthened coordination at state level to refine camp by camp gap analysis to ensure better response and avoid duplications; 3) Need for a transition strategy for self-sufficiency; 4) Leadership from the government in beneficiary targeting for food assistance.
- **Health:** 1) Improved coordination capacity and engagement with authorities; 2) Continued flexible financial support to the Health Cluster and its partners; 3) Need for strengthening of surveillance and early warning systems; 4) Improved capacity of health staff through training; 5) timely receipt of reliable and accurate epidemiological data
- **Nutrition:** 1) The shift to WHO child growth standards in 2015 will increase the expected caseload of children with severe acute malnutrition (SAM) in Rakhine State, hence the need for additional funding to ensure adequate treatment capacity; 2) Limited qualified service providers and coverage for treatment of SAM/MAM in Rakhine State; 3) Lack of authorization to expand activities in certain areas of Rakhine State.
- **Protection:** The limited number and capacity of protection partners in hard-to-reach areas and low levels of funding impact upon the Sector's capacity to carry out quality protection interventions, including case management and psychosocial support, particularly for child survivors of grave violations and GBV survivors, protection by presence and systematic monitoring to inform and target responses, building community capacity and resilience to prevent negative coping strategies (through engaging adolescents and men and boys) and strengthening of legal and health referrals for survivors of GBV. The Child Protection and GBV sub-sectors remain critically underfunded, resulting in little or no access for women and children to services across Kachin, northern Shan and northern part of Rakhine State. This represents a gap in services crucially important in the context of protracted displacement.
- **Shelter/NFIs:** 1) Lack of land and funding compounded by the renewed fighting hamper programme implementation in Kachin and northern Shan states; 2) Lack of clarity on the Rakhine State Government's Plan on vulnerable camps.
- **Water Sanitation and Hygiene:** In Rakhine: 1) the impact of Government's return/relocation plans; 2) Seasonal water scarcity; 3) Underfunding for 12 affected sites; 4) Undefined caseload/target for the northern part of Rakhine State and resultant lack of monitoring. In Kachin/northern Shan states: 1) Small scale displacements required additional support; 2) Underfunding led to gaps in the continuity of intervention /monitoring.
- **Early Recovery (ER) Network:** In first quarter of 2015, concrete steps were taken to strengthen its coordination at all levels, effectively mainstream ER across all sectors, and better support for recovery efforts. This includes improved coordination with concerned government departments and national-level clusters/sectors (WASH, Health, CCCM, Nutrition), alignment of the education in emergency (EiE) services with formal education system as well as steps taken to enhance self-sufficiency to increase food security of affected people, and establish the Early Warning Reporting Systems between the Health Cluster and the Ministry of Health. The ToRs of the early recovery network has been developed. With support from the Global Cluster on ER, efforts were made to harmonize ER concepts, identifying gaps and define the ER network's agenda. A multi-sectoral ER assessment tool has been initiated to inform response activities. Challenges, however, remain in building consensus on assessment tools, ensuring adaptability of TOR to different local contexts and lack of clarity on government's long-term plan to harmonize with ER interventions.

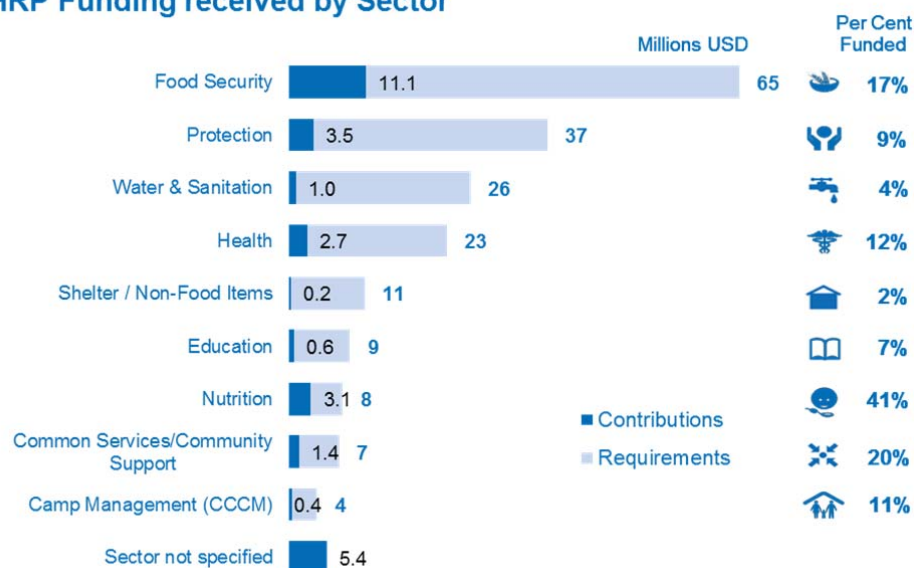
RECOMMENDATIONS BY CLUSTER/SECTORS TO THE HCT

- Advocate with the government both at state and central levels, and other relevant authorities for their firm commitment to support for plans to realize of durable solutions, enhancing development outcomes as well as increased support for aid operations, including unhindered access to all displaced people, land allocation for provision of shelters and other essential facilities, and exceptions to the movement restriction policy for IDPs and other population in case of the need for emergency medical care (in Rakhine State).
- Continuous undertaking of rights-based protection advocacy with government authorities, communities, donors and other stakeholders to address the protection concerns of all people affected by conflict and their rights and assistance needs, as well as to find solutions to internal displacement;
- Advocate with donors for timely allocations of flexible funds to implement time-critical projects and deliver much needed assistance and protection in Rakhine, Kachin and northern Shan states.
- Leadership on strategic inter-sector approaches to relocation/return and placing protection at the centre of the humanitarian response of all partners;

FUNDING SITUATION

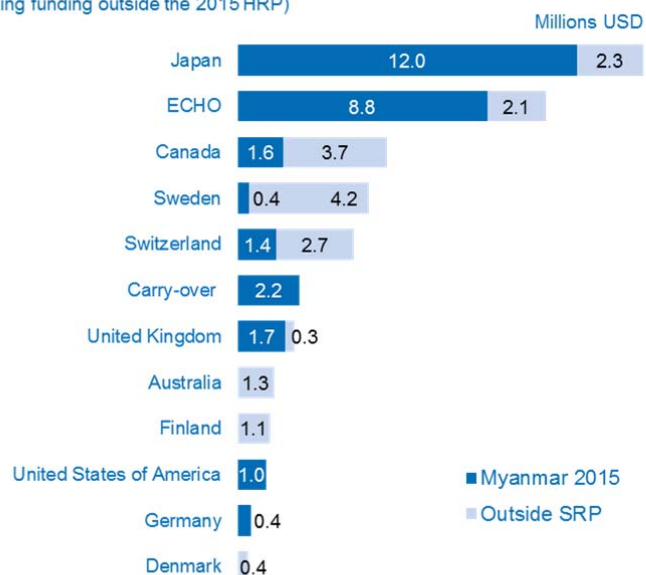


HRP Funding received by Sector



2015 Donor Contributions

(including funding outside the 2015 HRP)



Camp Coordination/Camp Management

For more information contact Edward Benson
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\$0.4 Million

\$3.6 Million

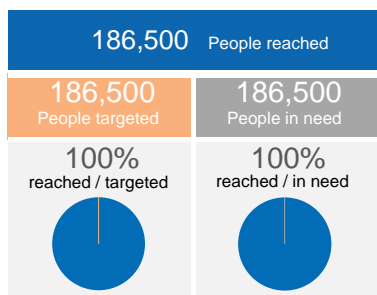
■ Contributions (\$USD)

■ Unmet (\$USD)

\$4.0 Million

HRP Indicator 01

Number of IDPs that receive direct camp management support.



Challenges

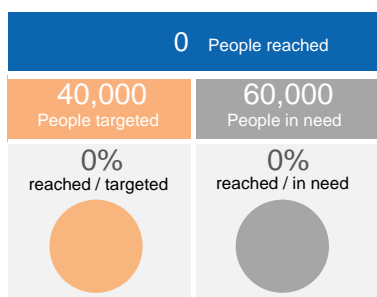
Funding to sustain this target throughout 2015. Currently, the baseline coverage is almost 100 per cent both for Rakhine and Kachin/northern Shan. The aim is to retain the 2014 year-end coverage and to improve the quality of services through capacity building/direct support to agencies managing camps.

Key Actions

The cluster coordinator at the national level briefed donors on 10 March and will continue to advocate with them.

HRP Indicator 02

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



Challenges

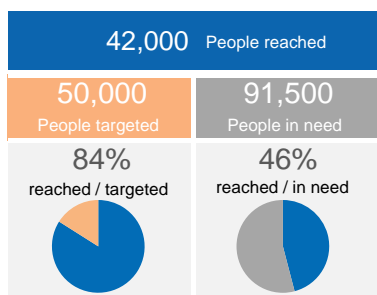
This project was almost entirely supported by the cluster lead agency (UNHCR) with its limited funds. Funding has only been released recently. CCCM partners need time to be familiarized with this new initiative.

Key Actions

Dedicated technical support provided to all CCCM agencies to implement the project, including joint visits, formation of technical working groups and increased capacity building of CCCM agencies (with extra support from IOM).

HRP Indicator 03

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



Challenges

The target has two components; government appointment roles and community-based roles. Both parts of the target are challenged by cultural norms that do not permit women participation in management.

Key Actions

Advocacy efforts continue in both camps and with government to increase the involvement of women in leadership and camp management roles. Progress is being made to establish community elected mixed gender committees that support the Camp Management Committees (CMC) in their formal role. For government appointed female CMC members, there is no positive outcome to-date.

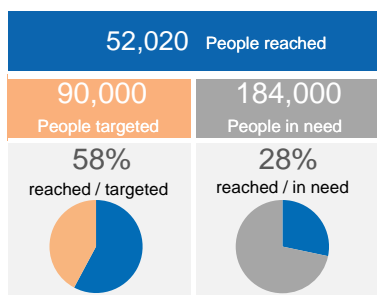
Education

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HRP Indicator 04

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



Challenges

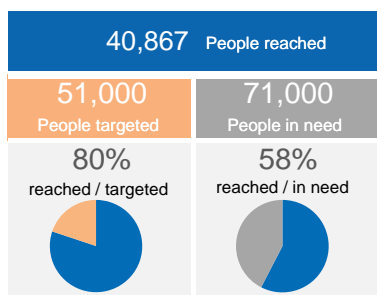
In Rakhine, the majority of IDP children rely on in-camp services. Access to preprimary/primary education in Kachin/northern Shan has been relatively good, however, government and camp based education services have faced challenges including shortage of spaces, facilities and materials. Gaps in services to remote communities remain due to lack of resources and partners. Scarcity of post-primary opportunities remains, particularly in Rakhine State and areas beyond government control in Kachin State.

Key Actions

While maintaining primary/preprimary education support to IDP children and host/surrounding communities, the sector incrementally expanded post-primary support in both regions. To further expand coverage, partners are engaging with donors to leverage financial resources and with new and existing partners to broaden coverage through trainings, including application of conflict sensitivity approaches.

HRP Indicator 05

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



Challenges

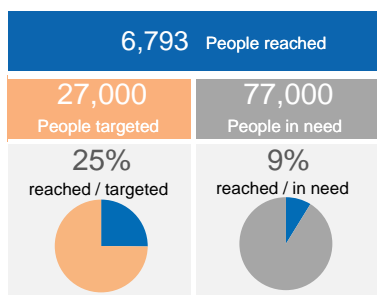
In Rakhine, the majority of IDP children in camps have access to primary education, but with limited provision. Shortages of qualified personnel and insufficient harmonization of incentive amounts among sectors made recruitment of qualified volunteer teachers challenging. Despite relatively good access, more support to improve quality of education through adequate spaces, facilities, materials is needed in Kachin/northern Shan states.

Key Actions

In Rakhine, the sector is engaging with the government to strengthen support to improve learning spaces, volunteer teacher training/support, and textbook provision. Planned assessment will be used to mobilize more resources/partners to further expand coverage. In Kachin/northern Shan, the sector conducted coordination/assessment trainings for partners to support their capacity development and increase the effectiveness of interventions.

HRP Indicator 06

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



Challenges

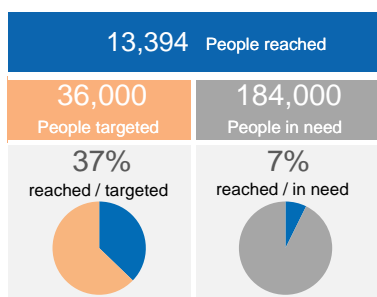
In Rakhine, access to post-primary education remains limited in camps and host/surrounding communities. The TLS enrollment has been slow and the sector needs to keep raising community awareness and ensuring education provided is relevant and responding to their needs. Although more partners now support middle schools in camps in areas beyond government control in Kachin/northern Shan, many adolescents continue to stay with families/boarding houses or move to government control areas due to shortages of education facilities/opportunities.

Key Actions

In Rakhine, the number of adolescents accessing TLS is gradually increasing. To overcome the challenges, the sector is planning a needs assessment and started to assess the opportunities to open grade six in TLS or satellite middle schools in camps. More post-primary students in camps in areas beyond government control are now being supported by partners, with a focus on improving quality of teacher training and inclusion of life skills.

HRP Indicator 07

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



Challenges

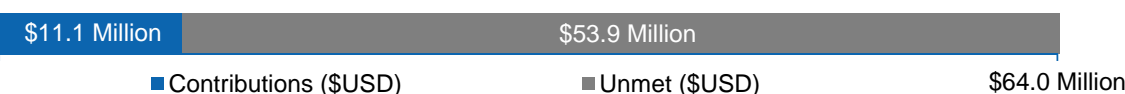
In a number of TLS in both regions, regular monitoring and provision of technical support has been impacted by shortages of skilled human resources and access constraints, especially in areas beyond government control in Kachin/northern Shan. Establishment of Child Protection (CP) mechanism through TLS teacher training on identification of protection issues, monitoring, and referral continues to be a challenge.

Key Actions

The context specific life skills components have been integrated into volunteer teacher training supported by key partners. With the lead of the CP sub-sector, an initiative to harmonize and adapt life skills education programmes to emergency contexts initiated and cross-sectoral coordination is being strengthened. In Rakhine, the sector supported the development of a teacher code of conduct and will support the rollout of a pathway finalized by the CP subsector.

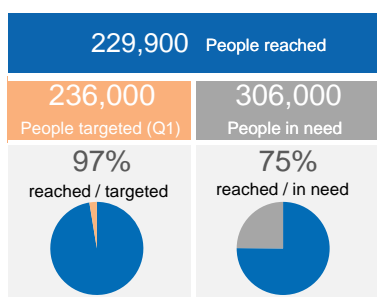
Food Security

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HRP Indicator 08

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



Challenges

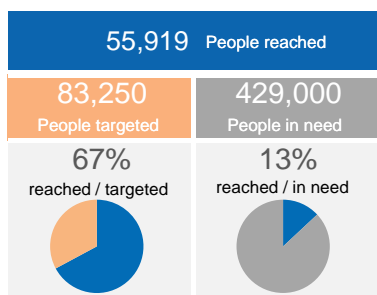
Disruption of cross-line missions has meant those in need of food assistance in areas beyond government control in Kachin State have been unable to receive the full basket. In Rakhine State, restriction of movement and lack of livelihood opportunities has caused continuous dependency on food assistance.

Key Actions

Gap analysis mapping in areas beyond government control in Kachin State has regularly been updated.

HRP Indicator 10

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



Challenges

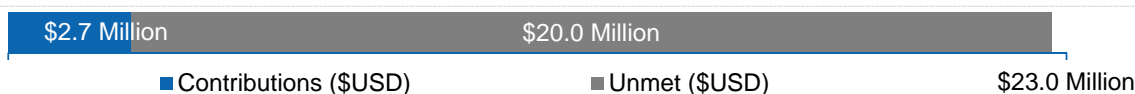
Only 6% of needs are covered to date in Rakhine State due to lack of funding. Targets for Rakhine and Kachin will be reviewed based on current needs and response capacities.

Key Actions

Development of access to livelihood ranking tools which will be used to estimate self-sufficiency capacity for each camp. Development of FSS strategy for camps which have access to livelihood. Development resource mobilization strategy.

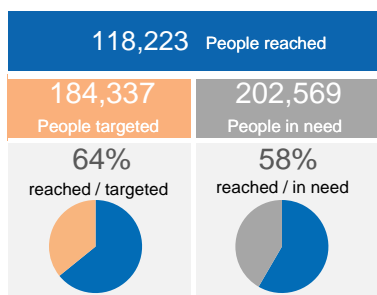
Health

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HRP Indicator 11

Number of IDPs with access to basic health care services.



Challenges

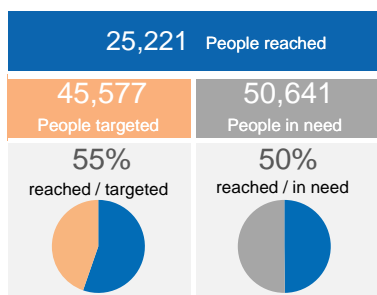
Lack of flexible funding to operational cluster partners in affected areas. No significant increase in terms of number of service provision partners nor existing partners' coverage.

Key Actions

Advocacy with donors for flexible financial support and with government/authorities for lifting of movement restrictions in case of life threatening health conditions.

HRP Indicator 12

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



Challenges

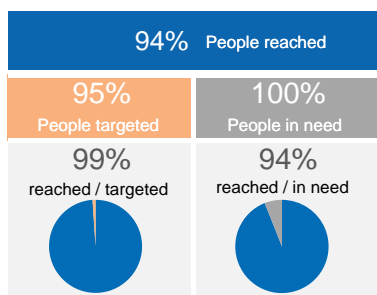
Lack of skilled birth attendants in the Muslim camps. Mobile services are not available at night to facilitate deliveries in the camps. Coverage of the MNMA's midwives is limited due to security reasons. Service overlapping in some areas.

Key Actions

Discussion ongoing with the Ministry of Health and the State Health Department about the possibility of hiring and training more Muslim midwives to increase the number of skilled birth attendants who could serve in the camps. Efforts made to increase coverage of MNMA to conduct house visits of pregnant women in the non-Rakhine camps and villages. Overlapping resolved: IRC to fully cover four camps and MMA and MNMA to six camps as well as Rakhine camps and villages.

HRP Indicator 13

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



Challenges

Conflict in north Shan negatively impacted the vaccination targets in the state

Key Actions

Coordination with local authorities, national NGOs and local volunteers during implementation. As soon as access is granted, additional vaccination activities will be conducted in affected/hard to reach areas.

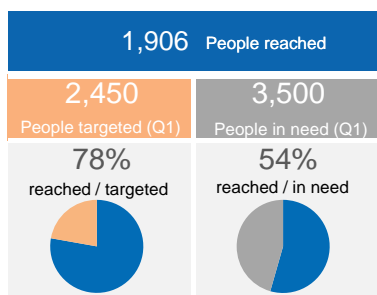
Nutrition

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HRP Indicator 14

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



Challenges

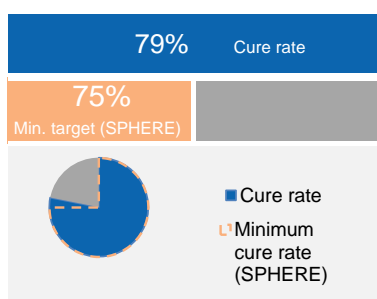
The admission rate of malnourished children is limited due to restriction on movement of affected people, distance to treatment facilities, and high opportunity costs. Limited active case finding also impacts number of admissions. Increased number of admissions is expected after full shift to WHO Child Growth Standards during Q2.

Key Actions

Continued advocacy with National and State authorities for expanding programme coverage has been undertaken. Agreement between partners for active joint screening in Sittwe IDP camps and villages will be extended in the near future. Community sensitization and mobilization as well as information on available services will be strengthened in future programmes and contractual agreements.

HRP Indicator 15

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



Challenges

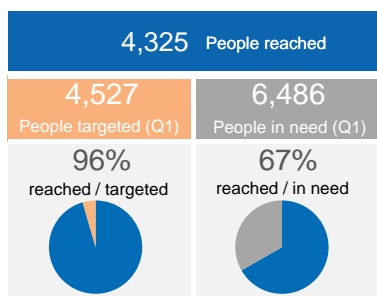
Challenges impacting programme performance include high defaulter and non-responder rates, suboptimal care and care seeking practices by mothers and caregivers of malnourished children, and crosscutting issues such as inadequate programmes to address underlying causes of malnutrition. Lack of adequate referral system and access to inpatient and outpatient treatment facilities contribute to high non-responder and high defaulter rates.

Key Actions

Enhance collaboration with township hospitals to ensure that treatment of SAM with complications meets global performance standards. Enforce active Mid-Upper Arm Circumference (MUAC) screening in all townships for early case detection. Home visits by staff/ volunteers will support care practices at home for children who are losing weight or whose medical condition deteriorates, and to children admitted to therapeutic feeding programmes for the first two weeks.

HRP Indicator 16

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



Challenges

Gaps in coverage of infant and young child feeding (IYCF) counselling persist due to insufficient capacity and resources as well as lack of implementing partners. Few partners are implementing intensive IYCF programs targeting pregnant and lactating women and caretakers of young children. Access constraints such as security issues and focus areas being hard to reach pose challenges, while it remains a challenge in some IDP settings to inter-sectorially address underlying causes of chronic malnutrition.

Key Actions

Capacity building on IYCF to LNGOs in collaboration with State Nutrition Teams and INGOs. Development of IEC materials with key IYCF messages. Finalization of national guidelines on Community IYCF in collaboration with National Nutrition Centre. To further address chronic malnutrition, advocate for scaling up nutrition sensitive activities within other sectors.

Protection

For more information contact Bernadette Castel-Hollingsworth (castel@unhcr.org)

\$3.5 Million

\$33.7 Million

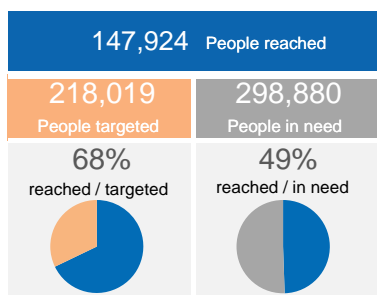
■ Contributions (\$USD)

■ Unmet (\$USD)

\$38.0 Million

HRP Indicator 17

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



Challenges

The limited number of protection partners in hard-to-reach areas impacts the quality of protection services including case management and psychosocial support, maintaining a strategy of protection by presence, systematic monitoring to support joint analysis and inform response, enhancing community capacities, preventing negative coping mechanisms and promoting resilience. Weak legal support for survivors of GBV and environment of impunity continue to be major challenges.

Key Actions

The Protection Sector has increased its engagement with the Government and continues to advocate for increased response, especially in northern part of Rakhine State and northern Shan State, where there are huge needs with only a few actors. The Child Protection sub-sector is engaging adolescents through life skills programs using TOTs to increase outreach. The GBV sub-sector has established Justice and Protection groups to strengthen legal referral pathways.

Shelter/ Non Food Items

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

\$0.2 Million

\$10.7 Million

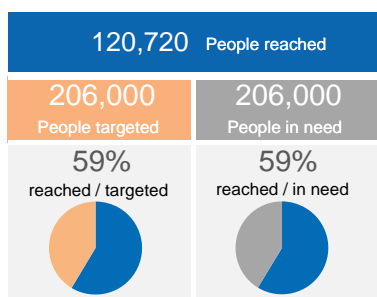
■ Contributions (\$USD)

■ Unmet (\$USD)

\$11.0 Million

HRP Indicator 18

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



Challenges

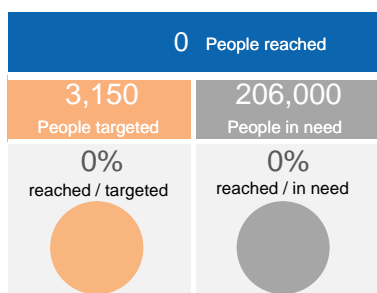
Lack of land and funding compounded by the renewed fighting hamper programme implementation in Kachin and northern Shan states. Lack of clarity on the Rakhine State Government's Plan on vulnerable camps.

Key Actions

In Kachin and northern Shan, due to land limitations, possibility of shelters with reduced floor space but increased above head storage/outside space developed in consultation with Global Shelter Cluster and approved through technical working group in March/April. Shelter plan for next two years developed for Rakhine, with repair/maintenance and upgrade options across all 61 sites.

HRP Indicator 19

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



Challenges

Significant deterioration of security situation in Kachin and northern Shan states during the reporting period made transition to permanent solution impossible in most cases.

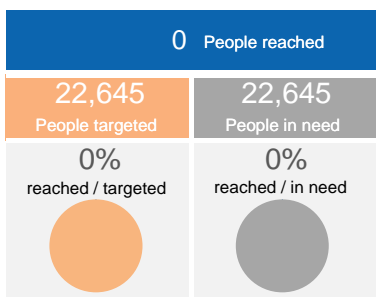
In Rakhine, the Rakhine State Government's plan, especially for highly vulnerable camps, remains unclear.

Key Actions

Shelter strategy/plan for next two years was developed and shared for the Rakhine State Government's consideration. The plan outlines various possible individual shelter options and suggests priority locations among the 61 sites across Rakhine State.

HRP Indicator 20

Number of vulnerable IDPs that receive appropriate NFIs.



Challenges

A lack of any clear socioeconomic IDP profiling has made identification of vulnerable IDPs more challenging in Kachin and northern Shan states. Also, broad and thin dispersal of vulnerable population across large geographical areas, makes targeting slow.

In Rakhine, the main challenge remains the ongoing demand on equal ratio of NFI distributions to different communities.

Key Actions

In Kachin/northern Shan, with IOM's support, alternative data collection systems will be developed to ensure better identification and follow-up of vulnerable IDPs directly by Camp management Committees, even in absence of larger assessments.

In Rakhine, it is expected that support to vulnerable IDPs in Rakhine can restart in selected camps through advocacy with the government. To better define the dependency, a new household survey has commenced.

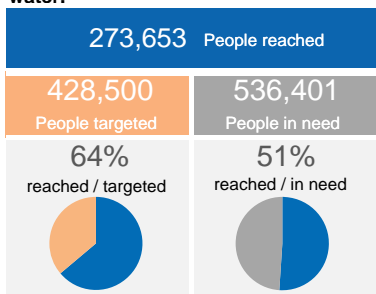
Water, Sanitation, Hygiene

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HRP Indicator 21

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



Challenges

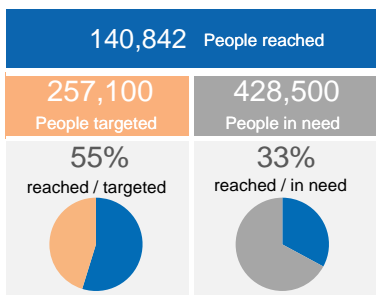
In Rakhine, seasonal water shortages require emergency water provision to camps. In Kachin/northern Shan, water quality remains a major concern as a result of degraded infrastructure and the absence of water quality control systems.

Key Actions

In Rakhine, a guidance note was developed to focus on technical solutions for the most problematic locations and to attract the necessary funding for their support. Mapping of surrounding villages is planned for Q2 to offer a clearer baseline. In Kachin/northern Shan, a technical working group has been set up to address water quality and household water treatment options.

HRP Indicator 22

Number of people in camps and host villages whose water source is managed by the community.



Challenges

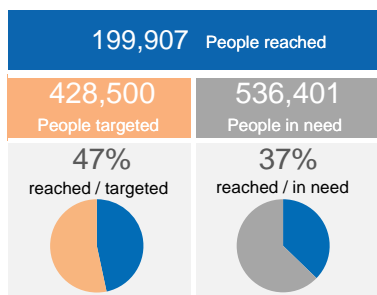
In Rakhine, there was no dedicated camp management committee members to support WASH needs and redirect support from social mobilization, decreasing coverage. In Kachin/northern Shan, running costs for water supply are high and projects have lacked sufficient support for these costs, though high social cohesion in communities has permitted some alternative coping mechanisms.

Key Actions

In Rakhine, experience sharing among actors has been capitalized on to influence future contextualized approaches. WASH is continuing to advocate for the need of a concrete livelihoods approach by other actors. In Kachin/northern Shan, WASH is liaising with the CCCM Cluster to coordinate their capacity building approaches, M&E and infrastructure development, and operations and maintenance plans.

HRP Indicator 23

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



Challenges

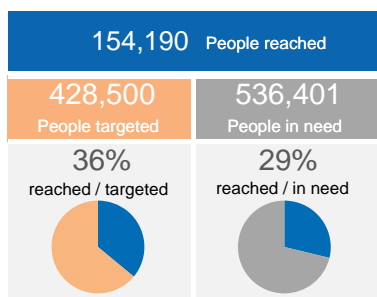
In Rakhine, facilities require frequent repair to maintain functionality due to dismantling for firewood/shelter repair, and there is a lack of authorization for upgraded structures. Coverage in villages is slow due to delayed start and necessity for vital community support. In Kachin, desludging solutions are limited by inadequate institutional/operational support for coordinated approach. Lack of space/authorization for semi-permanent facilities has delayed transition from emergency solutions.

Key Actions

In Rakhine, advocacy for livelihoods interventions in camps to increase resilience and mitigate economic pressures to dismantle WASH facilities. Stepping up the deployment of low-cost household latrines in villages. In Kachin, support is undertaken to improve technical capacity on minimum standards. Camps will be mapped for space availability to resolve inadequate latrine coverage, and authorities/donors are coordinated with to address desludging needs.

HRP Indicator 24

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



Challenges

A flexible approach is required to address divergent needs across different locations in both regions, with adaptable methods suited to each case. Hygiene promotion has been previously focused on camp locations, resulting in greater improvements in knowledge and practice compared to village locations. Knowledge, Attitudes and Practices (KAP) surveys are insufficiently included in project planning to properly document hygiene promotion outcomes.

Key Actions

Creative methodologies for strengthened beneficiary involvement to stimulate their own behavior change are being developed. A refined hygiene kit strategy will include selection criteria based on vulnerability and geographical context, and will exclusively target camps in 2015. IA voucher approach to hygiene kits is being piloted in some locations as opposed to blanket distribution. Development a harmonized approach to KAP survey methodology.