



# KACHIN RESPONSE PLAN (MYANMAR)

March 2013 - December 2013

The Kachin Response Plan 2013 has been prepared under the leadership of the United Nations Humanitarian Coordinator, with the support of UNOCHA, and UN agencies and NGOs providing assistance in Kachin State, including ADRA, CARE, CESVI, DRC, FAO, KBC, KMSS, Metta Development Foundation, Merlin, MDM, MSF-Holland, Oxfam, RA-NIR, Save the Children, Solidarites International, Shalom, Trocaire, UNDP, UNICEF, UNHCR, WFP, WPN, and World Vision.

# TABLE OF CONTENTS

Basic Indicators	1
Executive Summary	2
Priorities for Sector-Specific Interventions	3
Summary of Funding Requirements	4
Map: IDP Locations in Kachin and Northern Shan States	5
Current Situation	6
The Kachin Response	6
Assistance Highlights to Date	8
Outstanding Needs	9
Planning Assumption	11
Sectoral Response Plans	12
Camp Coordination and Camp Management (CCCM)	12
Livelihoods & Early Recovery	13
Education	15
Food	17
Health	18
Non-Food Items (NFI)	19
Nutrition	21
Protection	22
Shelter	24
Water, Sanitation & Hygiene (WASH)	26
Coordination	27
Annex 1: List of Acronyms	28

# BASIC INDICATORS IN MYANMAR AND KACHIN STATE

INDICATOR	MYANMAR	KACHIN
Population	25,089,976 (M), 26,458,432 (F), 51,548,408 (Total)	679,371 (M) 703,954 (F) 1,383,325 (Total)
Proportion of population with access to an improved drinking water source	82.33%	89.4%
Measles vaccination rate	82.3%	88%
Under-5 severe malnutrition (weight for height)	9.1%	9.0%
Number of health workforce (medical doctor, nurse, midwife)	24,048	1,087
Total fertility rate (children per woman)	2.03	2.23
Maternal mortality ratio (1/100,000)	140	180
Under-5 mortality rate (1/1,000)	23.6	27.4
Coverage of antenatal care	83.3%	79.4%
Skilled birth attendance rate	50.2%	51.2%
Post-natal care coverage (frequency)	6	5
Abortion	One-third of all deliveries	Equally high
Comprehensive correct knowledge of HIV/AIDS (among population aged 15-24 years)	92.1%	90.6%

Sources: *Health Management Information System (HMIS)*, MoH, 2009; *Myanmar Multiple Indicator Cluster Survey (MICS)*, 2009-10; *Integrated Household Living Condition Survey in Myanmar*, 2009-10; *Fertility and Reproductive Health Survey (FRHS)*, 2007; *Nationwide Under 5 Mortality Survey*, UNICEF/DoH, 2003-4; *RH Needs Assessment*, 1999.

# EXECUTIVE SUMMARY

The conflict in Kachin State broke out in mid-2011 and has left 85,000 people registered as displaced across Kachin and northern Shan States, as of March 2013, and many others in host families or somewhat affected by the conflict. Extensive damage has been done to livelihoods and infrastructure, loss of life has been significant, and many vulnerable people are facing hardship across the area. Resurgence of conflict in late 2012 triggered the displacement of several thousand additional IDPs. Since the resumption of peace talks in February, however, the flow of newly displaced people has lessened. Nonetheless, there have not yet been significant numbers of returnees, as most Internally Displaced Persons (IDPs) are reticent to return to their homes due to continuous tensions, lack of livelihood opportunities, and a prevalence of landmines in their places of origin.

The Kachin State Government, local and international Non-Governmental Organisations (NGOs), community-based organisations, faith-based organisations, private donors, and the United Nations have been providing humanitarian assistance since the beginning of the instability, subject to the granting of humanitarian access. Local NGOs have clearly been at the forefront of the response and have provided most of the assistance since the very beginning of the conflict.

In Government areas, assistance has been provided on a regular basis. Travel authorisation for international humanitarian actors to access border areas beyond Government control has, however, rarely been granted, with the exception of a small number of ad hoc cross-line missions. Local partners, however, have maintained access within areas beyond Government control, and continue to provide humanitarian assistance across the affected areas.

Access restrictions have resulted in a significant variation in the quality and quantity of assistance provided to those within Government areas, as compared to those beyond. Some camps in particularly remote border areas remain beyond the regular reach of even local partners, and have received limited assistance in all sectors. Other camps beyond Government control are better serviced, yet gaps remain. Both resources and the number of actors are far fewer in these border areas, resulting in a reduction in the provision of basic services, like Water, Sanitation, and Hygiene (WASH) assistance, livelihoods support, and protection.

Some highlights from the past year's humanitarian response in Kachin include the provision of running costs for 84 camps, the provision of learning materials to nearly 14,000 primary school students, and livelihoods and income-generation skills offered in camps across Government areas. Additionally, over 6,500 metric tonnes of food aid was provided to IDPs, and micronutrient supplements were provided to over 2,000 under-5 children. Local NGOs worked in all sectors of the response and in all parts of the affected areas.

Many IDPs have now been displaced for a prolonged period – some for over 20 months – and this has caused renewed and additional needs in terms of the provision of basic services, protection, and education. Among the most significant needs faced by displaced communities are overcrowded shelters and a lack of privacy, and some existing shelters and Non-Food Items (NFIs) are increasingly in critical need of repair or replacement. This is of particular concern in light of the upcoming rainy season, as well as the cold season towards the end of the year. It should also be noted that limited assistance has been provided to non-registered IDPs, as well as to families hosting displaced persons.

Limited livelihoods opportunities pose further protection concerns, with IDPs increasingly engaging in high-risk employment, including cultivation of land located in conflict-affected areas. Significant protection risks are also associated with possible premature returns – primarily by threats to physical safety, followed by lack of support for the rebuilding of livelihoods and a lack of livelihood opportunities. There are growing signs of unmet needs among female IDPs, particularly in WASH, shelter, and livelihoods. Finally, drinking water sources are reported to be running dry in some areas, and in many camps a limited number of latrines and poor hygiene practices threaten the health of displaced communities.

As part of efforts to improve coordination and the overall quality and scale of assistance to IDPs in Kachin and northern Shan states, local and international partners undertook a joint analysis of the crisis on several occasions. Such discussions resulted in the elaboration and subsequent revisions



TARGET POPULATION	
Areas beyond Government control	50,000
Government areas	35,000
IDPs with host families	10,000
Mobile IDPs	5,000
<b>IDPs</b>	<b>100,000</b>
People hosting IDPs	20,000
<b>TOTAL</b>	<b>120,000</b>

to the Kachin response plan, including the current revision.

The present version of the response plan reflects the changes in the situation in Kachin State since June 2012, and in particular the needs entailed by a higher number of displaced persons and the protracted nature of the displacement. It represents a shared analysis by key humanitarian actors operating in Kachin and northern Shan, with adapted sectoral strategies and requirements for the period of March 2013 to December 2013. A workshop held in early March with representatives from key humanitarian agencies outlined a most-likely scenario for the crisis, sector-specific strategies, priority activities, and requirements for the coming ten months. The stakeholders involved recognise that revisions may be necessary during the lifespan of the document. Currently, humanitarian actors do not foresee large numbers of returnees during this period. Should the situation change, however, and returns become more likely, the plan will need to be substantially revised.

The plan considers that some 100,000 displaced and a further 20,000 people hosting IDPs will require humanitarian assistance at least until the end of 2013. This includes the 85,000 registered IDPs living in camps (around 35,000 in camps in Government areas, and a further 50,000 in camps beyond the control of the Government), an additional 10,000 people estimated to be hosted by friends and relatives, and up to 5,000 people moving back-and-forth across the Chinese border. It also includes an estimated 20,000 individuals belonging to families hosting IDPs who have exhausted their coping mechanisms and are in need of support.

In all, there are around 180 camps and informal sites accommodating IDPs. Due to rapid shifts in the context, limited access, and information management gaps, it has proved challenging to track the exact number of IDP sites. A newly-established Kachin inter-agency information management group, however, is working to address this gap.

Humanitarian actors estimate that the majority of the 85,000 registered IDPs will remain displaced over the period covered by this response plan, until the end of 2013 and beyond. On the basis of discussions between humanitarian partners held in mid-March 2013, more detailed planning assumptions are included on page 11.

Based on planning within the various sectors, humanitarian partners estimate that a total of US\$ 50.9 million will be necessary to meet humanitarian needs during the period of March to December 2013.

## PRIORITIES FOR SECTOR-SPECIFIC INTERVENTIONS

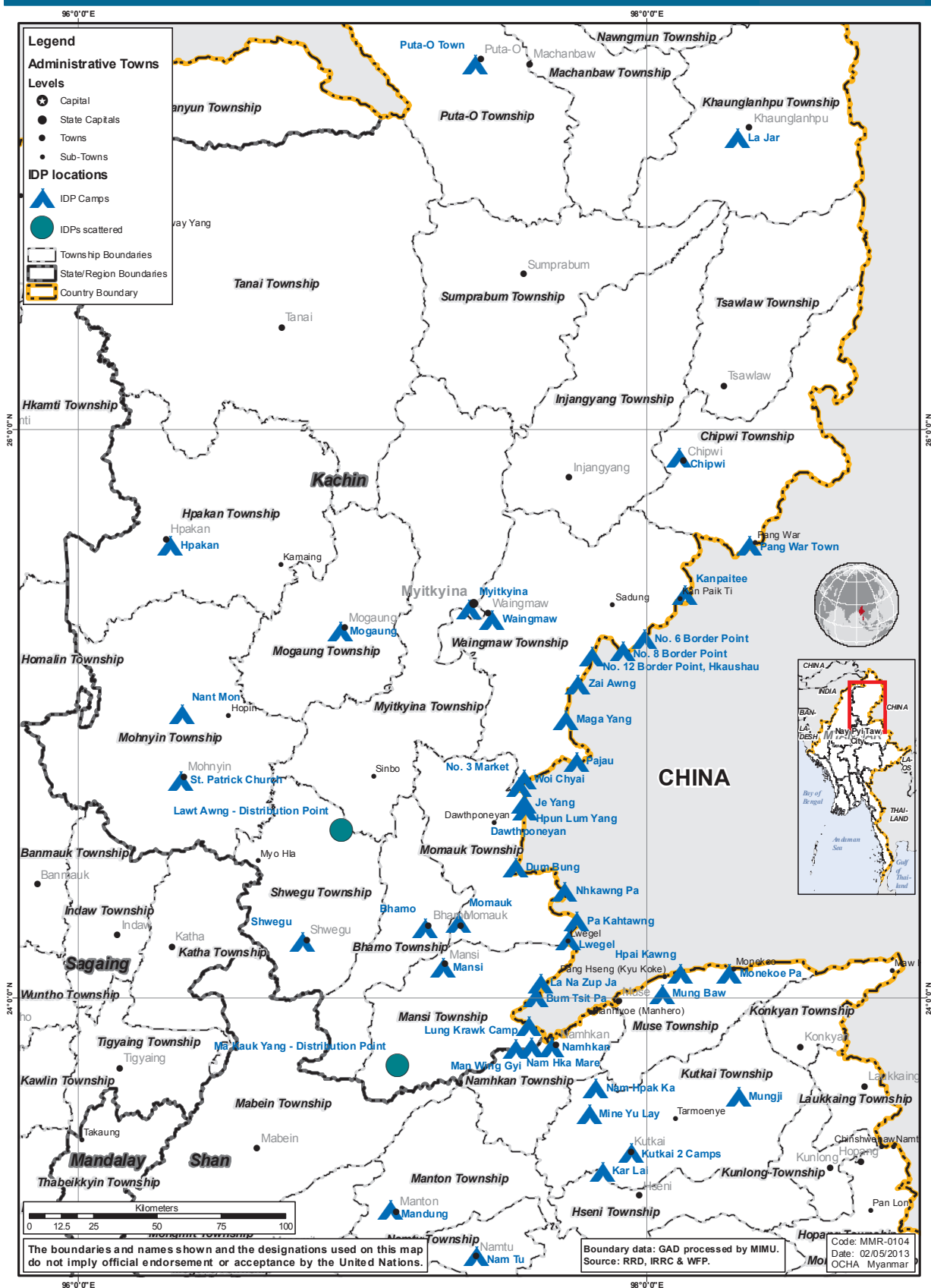
- **Camp Coordination and Camp Management (CCCM):** camp management training, camp profiling, this includes technical training, data collection, data entry and dissemination of data across the humanitarian community;
- **Livelihoods & Early Recovery:** support for durable solutions, vocational and skills training, financial support for IDPs to start livelihoods activities;
- **Education:** provision of learning materials and Early Childhood Development (ECD) kits, establishment of ECD centres and temporary learning spaces, training of volunteer teachers;
- **Food:** general food distributions, provision of fortified blended food to pregnant and lactating women and children under 5, cash grants;
- **Health:** provision of essential drugs and supplies, training of health staff, referrals, upgrade health care facilities, implementation of early warning system;
- **Non-Food Items (NFI):** distribution of NFI family kits to the agreed NFI Cluster standard, and as appropriate in terms of meeting the need, replenishment of consumable items;

- **Nutrition:** Mid-Upper Arm Circumference (MUAC) screening, nutrition assessments, provision of micronutrient supplements and tablets to under-fives and pregnant and lactating women, nutrition and breastfeeding awareness;
- **Protection:** support community-based projects, protection mainstreaming, referral pathways, civil documentation, assistance to voluntary returns;
- **Shelter:** conduct camp flood and hazard risk analyses; provision of temporary shelters and communal spaces to meet the needs of another 10,000 IDPs; greater awareness and implementation of Sphere Standards for all temporary shelter providers in Kachin, increased consultation with beneficiaries in terms of specifics of shelter designs; and
- **Water, Sanitation and Hygiene (WASH):** improve water supply at peak season, construction of latrines, provision of hygiene kits, hygiene promotion.

## SUMMARY OF FUNDING REQUIREMENTS

SECTOR	ESTIMATED FUNDING REQUIRED (US\$)
Camp Coordination and Camp Management (CCCM)	910,000
Livelihoods & Early Recovery	4,500,000
Education	1,500,000
Food	18,000,000
Health	3,000,000
Non-Food Items (NFI)	6,500,020
Nutrition	390,000
Protection	5,460,000
Shelter	5,000,000
Water, Sanitation and Hygiene (WASH)	5,647,000
<b>TOTAL</b>	<b>50,907,020</b>

# IDP locations in Kachin and northern Shan States





# CURRENT SITUATION

The conflict in Kachin State and northern Shan resumed in June 2011 and nearly two years on, up to 100,000 people have been driven from their homes, with extensive damage to their livelihoods and infrastructure. As of March 2013, approximately 85,000 displaced persons are registered as IDPs, and remain in camps after a resurgence of fighting in December 2012 and January 2013 led to temporarily increasing numbers of displaced. Peace talks resumed on 4 February 2013, de-escalating tensions and reducing the intensity of conflict. Sporadic clashes, however, have continued. Although the number of registered IDPs is stabilising, small increases in overall displacement numbers continue to be seen. Significant return numbers have not yet been observed, due largely to a lack of livelihood opportunities and the persistent threat of unexploded ordnance (UXOs) – particularly landmines – in their places of origin.

Over the past year, displacement also occurred across the border. In August and September 2012, up to 8,000 people returned to Myanmar from camps and other locations inside China, most of whom are estimated to have returned to their places of origin, with the remainder taking shelter in camps in southeast Kachin or northern Shan states.

As of March 2013, 43 per cent of those registered in camps are living within Government areas, with the remaining 57 per cent in areas beyond Government control. Additionally, a number of IDPs have reportedly sought refuge in makeshift camps or are hiding in forest and rural areas around Sinbo, Chipwe, Hpakan, and Mansi townships. Little information on these groups is available, as these areas remain difficult to access due to ongoing insecurity, poor infrastructure, and limited contact with humanitarian actors.

The Union Government and the Kachin State Government have stated that only those displaced who wish to return should do so, and that assistance should be provided both to those still displaced and to those who choose to return home. 2013 will continue to see substantial humanitarian concerns for displaced communities and host families whose coping mechanisms are exhausted, and an ongoing need for humanitarian action throughout Kachin and northern Shan states.

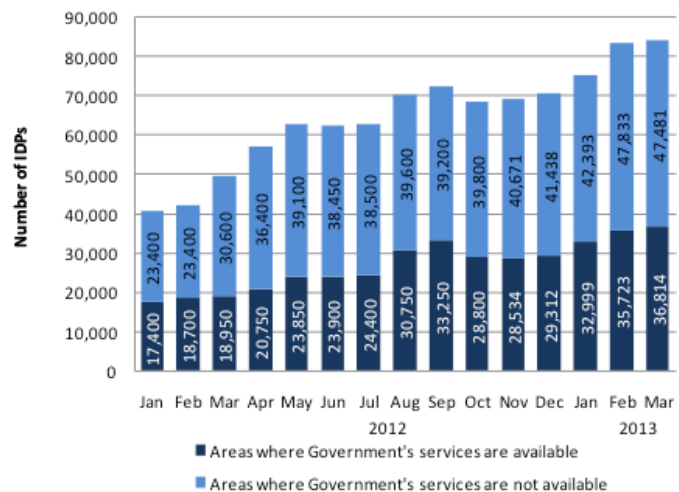
## THE KACHIN RESPONSE

The Kachin State Government, local and international NGOs, community-based organisations, faith-based organisations, private donors, and the United Nations have been responding to the needs of displaced people in Kachin and northern Shan states for what will soon be two years.

Whilst major urban centres in Government areas have proved less complicated to access – particularly around Myitkyina, Waingmaw, Bhamo, Mansi, and Momauk – areas of conflict and those beyond Government control have seen less humanitarian assistance, despite the efforts of many partners, especially local ones.

Local partners have been at the center of the humanitarian response across all areas of Kachin and northern Shan states since the very beginning of the instability. They have also been able to reach displaced populations which have been only intermittently or remotely accessible to UN agencies for the duration of the crisis. Local NGOs, and community and faith-based organisations have consis-

IDP figures 2012/2013



tently provided assistance to the displaced across all areas. Their assistance activities have covered all sectors of the humanitarian response. In addition to implementing activities with their own funding and by deploying volunteers, they have also acted as the key implementing partners of the United Nations and international NGOs. Their efforts, however, did not manage to cater for all existing needs.

From December 2011 to June 2012, ten UN-led cross-line missions were conducted to border areas, supplementing the response in these areas and bringing humanitarian assistance to over 10,000 IDPs. As of mid-2012, however, under a worsening security climate, these operations failed to gain the necessary administrative and security clearances from national authorities, and have yet to resume. Around one third of camps along the China-Myanmar border are also difficult to access due to poor infrastructure, damaged or destroyed roads and bridges, and UXOs – in particular landmines.

In February 2013, an interagency mission reached the previously inaccessible township of Hpakan, bringing humanitarian assistance to 6,500 IDPs in the area. Regular humanitarian operations continue to bring much-needed supplies to those displaced in the area.

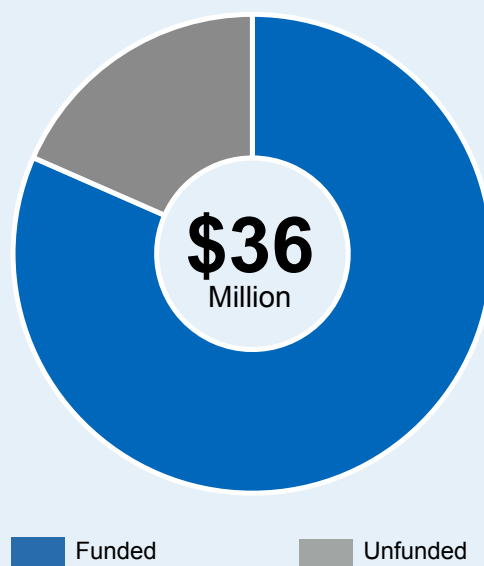
Sustained and unimpeded humanitarian access for the provision of humanitarian and recovery assistance to all displaced persons has therefore yet to be realised, and IDPs in areas beyond Government control have generally received less humanitarian assistance, leading to discrepancies in the quality of assistance between Government areas and those beyond Government control. The UN and humanitarian partners continue to advocate for full, unimpeded access to all locations in which affected populations are sheltering.

The onset of the rains in Kachin, estimated to begin in May, will further complicate physical access to the camps, as many roads will become impassable. The forthcoming rainy season may also result in seasonal displacement, may hamper return efforts and durable solutions, and may damage existing shelter and WASH infrastructure in camps.

Coordination of the response takes place on a continuous basis in both Kachin and Yangon. In December 2012, the Humanitarian Country Team decided to activate three 'clusters' for the Kachin and Rakhine responses to enhance sector/cluster-specific humanitarian coordination. The Health, WASH, and the Shelter, Non-Food Items and Camp Coordination and Camp Management clusters were established. Other sectors agreed to function in a similar fashion to clusters.

### Kachin Response Funding, October 2011 to February 2013

As of the end of February 2013, a total of \$31 million in funding had been received for humanitarian assistance in Kachin, out of a total requirement of \$36 million. Funding was received from ECHO (\$6.8 million), CERF (\$6.5 million), UK (\$5.6 million), US (\$4.5 million), Australia (\$1 million), HMSF/ERF (\$1.3 million), Germany (\$1.1 million), France (\$214,000), and Denmark (\$90,000).



## ASSISTANCE HIGHLIGHTS TO DATE

CCCM	Support for camp running costs until the end of the year, plus expanding level of support to an additional 40 camps beyond the assistance already being provided to 84 camps. Camp profiling, including collection, data entry and dissemination of data across the humanitarian community.
LIVELIHOODS & EARLY RECOVERY	Livelihoods and income-generation skills training; provision of cash grants.
EDUCATION	Provision of learning materials to 13,800 primary students; provision of ECD kits to 5,000 children under 5; establishment of 11 ECD centres; establishment of 30 temporary safe learning spaces; training of 200 volunteer teachers.
FOOD	A total of 6,589 metric tons of food aid (WFP) was distributed to the displaced population. In February, some 38,000 IDPs in Government areas were assisted with WFP food. In areas beyond Government control, assistance has been provided through other sources, using cash in lieu of or in addition to a dry ration.
HEALTH	Replenishment of medical supplies, strengthening of surveillance of diseases, nutritional assessment and management.
NFI	Distribution of NFI family kits according to the agreed NFI cluster standard and as appropriate in terms of meeting the need; replenishment of consumable items.
NUTRITION	Screening and assessments of under-5 nutritional status. Provision of micronutrient supplements to over 2,000 under 5 children and 120 pregnant and lactating mothers in IDP locations in Myitkyina, Waingmaw, Bhamo, Momauk, and Lwejel.
PROTECTION	Assistance, outreach, and referrals for extremely vulnerable individuals; protection monitoring; establishment of Child Friendly Spaces; provision of psychosocial support; family reunification; training and awareness-raising on rights; support to the provision of civil documentation; Mine Risk Education.
SHELTER	Increased collation and knowledge of the shelter response across Kachin, including specific and detailed needs for upgrading and improvement of shelters; provision of temporary shelters and communal spaces to meet the needs of another 10,000 IDPs; greater awareness and implementation of Sphere Standards for all temporary shelter providers in Kachin; increased consultation with beneficiaries in terms of specifics of shelter design.
WASH	Construction of latrines; hygiene promotion; provision of hygiene kits and consumables.

## OUTSTANDING NEEDS

Despite over twenty months of providing humanitarian assistance to displaced people in Kachin and northern Shan states, significant unmet needs remain. In addition to the information contained in the sector-specific response plans, a number of recent assessments point to needs across these sectors.

Given the now protracted nature of the situation, some past assistance is in need of replacement or repair – for example dilapidated shelters or worn and damaged non-food items. The prolonged displacement situation is also compounding problems faced by many IDPs who continue to lack livelihoods and educational opportunities. Additionally, much of the assistance to date has focused on providing basic services in response to an acute emergency. Yet, as the situation nears the two-year mark, assistance in some sectors may need to shift towards medium-term solutions. Efforts in early 2013 by the WASH cluster to agree on medium-term latrine designs as opposed to temporary facilities, is an example of the type of strategic change that may be required during 2013, above and beyond the ongoing provision of basic services.

A protection assessment, led by Oxfam Novib in November 2012, identified overcrowding and shelters in need of repair to be critical protection concerns. The report also found that the protracted nature of the displacement crisis was eroding the commitment of camp management committees which have thus far been crucial structures in the provision of protection and security to camp residents.

There are a number of areas with mobile caseloads, such as Hpakan and Laiza that have been subject to significant changes in camp population, necessitating flexible relief structures and assistance plans. The interagency mission to Hpakan in February 2013 conducted an assessment of 17 camps in the area. Key findings included irregular visits by health personnel and limited availability of medicines to camp residents, gaps in health campaigns (which sometimes failed to reach IDPs at all), and rising – but nevertheless low – numbers of reported diarrhea and dysentery cases. Additionally, shelters were found to be overcrowded and lacking adequate privacy, and there was found to be limited participation in camp management structures. Drinking water sources were assessed to be running dry and there were a limited number of latrines, poor hygiene practices, and minimal gender-separation of latrines and bathing facilities.

Some 10,000 IDPs are estimated to be living with host families, with an additional 20,000 families hosting IDPs. In some areas the support of hosting communities has been exhausted, and IDPs have been forced to seek shelter in camps. This underlines the need for greater support to host families. Not all IDPs in host families are believed to be registered, making access to this group particularly difficult for humanitarian actors. Assistance, however, should be predicated on need, and not registration status, and so greater efforts are needed to reach unregistered IDPs.

A report released in March 2013 by the Laiza-based Relief Action Network for IDPs and Refugees (RANIR), described the quality of the humanitarian response in areas outside Government control as being well below international standards due to a lack of funding and limited access by international actors. Local agencies, according to RANIR, continue to struggle to meet immediate needs of displaced communities sheltering in 17 camps along the China-Myanmar border. Furthermore, according to the network's report, more than 360 villages in Kachin and northern Shan states have been displaced over the past two years due to conflict.

In addition to the risk of food shortages, their most recent assessment points out that if assistance does not continue regularly, medicine, education, WASH, and non-food items are among the most pressing needs faced by IDPs in areas beyond Government control. As the displacement crisis becomes protracted, RANIR warns that human trafficking, labor exploitation, a breakdown of family and community structures, and poor nutrition among children will increasingly threaten the wellbeing of IDPs. Similarly, drug addiction, HIV/AIDS and infectious diseases, loss of livelihoods, poor water and sanitation, limited educational opportunities, and a lack of access to health facilities are also growing threats.

An assessment of women's needs in IDP camps, released in February 2013 by the Kachin Women Peace Network and Gender Equality Network, found grave concerns and major unmet needs among female IDPs across both Government areas and areas beyond Government control. The

assessment found violence against women and girls to be an area of critical concern; particularly as it relates to WASH, shelter, and livelihoods. The study found poorly designed shelter and WASH facilities to be enablers of violence against women and girls, and identified sanitary napkins, underwear, and warm clothing to be urgently needed. Women were also found to be facing significant sexual and reproductive health problems.

Small numbers of temporary or partial returns have been seen in some camps, particularly for IDPs who are relatively close to their places of origin. These displaced groups may travel to their homes during the day when it is felt safe to do so, salvaging assets or maintaining livelihoods activities, but returning to camps at night. Most IDPs express a desire to return when it is safe and practical to do so, yet they continue to face threats from a lack of livelihoods opportunities, sporadic violence and occupation of their places of origin by combatants, a lack of trust in the peace process, and damaged shelter; all of which compromise their ability to pursue a durable solution. Additionally, premature return threatens to further expose IDPs to traumatic events, and further compromise their psychosocial wellbeing.

According to an Oxfam-led protection assessment conducted by a number of local NGOs in late 2012, 87 per cent of IDPs interviewed wish to return, but 12 per cent said they did not plan to go back to their places of origin. The assessment found that IDPs saw assistance in their place of return, and the provision of security and support to travel to their places of origin, as the most important conditions necessary for return, once the situation was conducive to them leaving the camps. Oxfam noted in the assessment that conditions were not yet conducive to support or encourage returns, but that “nonetheless, engaging the displaced population in the design of a durable solution strategy from the very early phases is crucial for the success of any return and resettlement process.” The Oxfam study also found there to be significant protection risks associated with premature returns – particularly from UXOs.

# PLANNING ASSUMPTIONS

The 2012 Kachin Response Plan (revised June 2012) was based on a planning figure of up to 85,000 IDPs. There are now estimated to be 100,000 IDPs in need of support, of which approximately 85,000 are camp-based, 10,000 are living with host families, and 5,000 move across the Chinese-Myanmar border. During the March 2013 planning workshop, the following assumptions were agreed upon to inform the response strategy:

PLANNING ASSUMPTIONS	
NEGOTIATIONS	Discussions between parties continue, with fluctuating levels of tension.
SECURITY	Sporadic fighting will continue, but no major outbreak of the conflict is expected. Landmine contamination continues to be a major concern for civilians in and close to conflict areas.
DISPLACEMENT	The total caseload of displaced for the purpose of this plan is estimated to be around 100,000, while it is expected that approximately 20,000 people hosting IDPs will also require certain levels of assistance. The numbers of IDPs in camps and scattered in the forest will remain relatively stable. Up to 5,000 people are expected to return from China and/or cross the border in both directions. Certain isolated pockets of IDPs in the forest will continue to require targeted assistance. Some of the IDP populations will be displaced only for short periods of time and remain more mobile.
PROTRACTED NATURE OF DISPLACEMENT	Protracted displacement entails a need for medium to longer-term strategies to address the needs of IDPs. This will include the seeking of durable solutions and defining options for livelihoods interventions.
RETURNS	Only a small numbers of spontaneous returns are expected, unless the peace process results in a firm agreement (in which case the plan will need to be revised). Minimum conditions will need to be met before returns can be supported.
CONDITIONS IN CAMPS	Many IDPs have been displaced for over 20 months. Certain facilities in the camps are starting to deteriorate and are in need of renovation, repair, or replacement. The situation is leading to increased protection needs in all camps. Basic services will continue to be provided in the camps. The rainy season will adversely affect conditions in camps.
HUMANITARIAN ACCESS	Access will remain difficult to a large portion of IDPs, with different humanitarian actors having varying degrees of access. Local NGOs will continue to access border areas, while UN-led cross-line missions will take place on an intermittent basis. Road conditions and logistical constraints will continue to limit access to certain remote locations, particularly after the onset of the rainy season.
AID PROVISION	Limited availability of funding will limit certain activities. International partners will need to continue building the capacity of and support local NGOs.
FUNDING	Funding will continue to constrain the delivery of assistance.



# SECTORAL RESPONSE PLANS



## CAMP COORDINATION & CAMP MANAGEMENT

**\$910,000**

requested for CCCM

In 2012, UNHCR and Oxfam provided the camp management running costs for 84 camps. For the remaining balance of approximately 66 camps, restriction on access to areas beyond Government control, plus the lack of available funds - or indeed viable partners - meant no support in the area of camp management was feasible. While 17 camps are supported via UNHCR's direct implementation, CCCM assistance to 67 locations is provided through local NGOs - KBC, KMSS, Shalom, and KMSS. In an effort to ensure consistency and standards, camp running cost guidelines that center on various aspects of support for camps have been agreed and are shared across the Cluster, which includes fuel costs, travel, coordination, communication, stationary, and documentation.

In practice, camp running costs include various elements of camp maintenance not covered by other sectors. This includes fixing water pumps, generators, electricity bills, communication costs, transport, and cooking fuel. Prior to 2012 the total expenditure to meet these camp running costs was \$50,000 per year. At the moment, UNHCR is only able to provide \$15,000 for the duration of the 2013 response plan, and this is having an impact in terms of standards of living within the camps for approximately 35,000 people. More concerning is that funds available to meet these monthly costs will be exhausted at the end of June 2013, and this will impact negatively upon standards of living and other associated needs.

Additionally, and as part of its Cluster Lead efforts, UNHCR has conducted 12 trainings for approximately 300 persons across all 84 camps; for Camp Managers, Camp Focal Points and Government. The role of the Camp Focal Points (who receive a monthly stipend of \$60 per month and are usually IDPs from within the camps) focuses on various aspects that help with the running of the camp. This includes IDP population data collection, management of camp running costs, and representing the camp when visitors attend. The role of the Camp Manager includes dealings with authorities and the host community, liaison with the humanitarian community in terms of camp needs and officials from the authorities for the training. The aforementioned training that has been rolled out to 300 participants has included: role of camp management, international standards, effective distribution, protection in camp settings, durable solutions, community participation, care and maintenance, and camp closure. UNHCR has also initiated training on camp running costs and book-keeping.

Looking ahead and in terms of critical impending gaps, the central issue will be the impact of stopping any support for camp running costs as of the end of June 2013. Funding depending, the preferable response would be to continue with support for the 84 camps till the end of the year and ideally provide similar support for another 40 camps in Government areas and areas beyond Government control. Additional funding of \$575,000 would mean that the preferable levels of camp running costs could be provided to the end of the year for the current 84 camps that are being supported, plus support for an additional 40 camps. Another \$90,000 is required to ensure sufficient funds to support Camp Focal Points, were this also to include the additional 40 camps. Also, the training budget will expire at the end of June and additional \$48,000 would be required, plus \$45,000 to support monthly camp focal point meetings, camp profile trainings, and efforts to collect vital data.

## PLANNED CCCM ACTIVITIES

- Support for camp running costs until the end of the year, plus expanding this level of support to an additional 40 camps;
- Ongoing support for camp focal points, critically a monthly stipend;
- Camp management trainings for camp managers, camp focal points and Government;
- Monthly camp management meetings and other efforts to ensure a consistency of approach and standards in the running of camps;
- Camp profiling, this includes technical trainings, data collection, data entry and dissemination of data across the humanitarian community; and
- Continued dissemination and understanding of camp running cost guidelines.



## LIVELIHOODS & EARLY RECOVERY

**\$4,500,000**

requested for livelihoods & early recovery

The economy of Kachin State is predominantly agrarian. IDPs lost much of their 2011 crop yield, and were unable to plant rice, maize, and winter season crops during 2012. The situation is expected to worsen over the coming months in terms of food security and livelihoods, and it is anticipated that IDPs will not be able to plant in advance of the 2013 rains, as most still lack access to their land.

There is consequently a need to provide training and financial assistance to IDPs for creating alternative livelihoods opportunities, by supporting startup of micro and small enterprises. An estimated 3,500 host families who have access to land should be supported with agricultural inputs immediately in order to support planting of the 2013 monsoon paddy.

Though a number of humanitarian organisations have been providing relief to IDP camps, the increasing need of livelihoods support has been identified because of the prolonged nature of the displacement. IDPs are in desperate need of support for livelihoods activities in order to have cash in-hand to cater to daily needs – particularly for those displaced on areas beyond Government control.

Two rounds of livelihoods assessments were conducted in December 2011 (53 locations) and in October to November 2012 (47 locations) in Myitkyina, Waingmaw, Bhamo, Momauk, and Shwegu. These surveys found that a large number of IDPs expressed urgent needs and interest in engaging in livelihoods activities, such as home gardens, small livestock breeding programmes, small scale trading, and other such activities. Lessons learned workshops with key livelihoods partners, conducted in late 2012, highlighted the importance of providing additional livelihoods assistance to IDPs and conflict-affected communities.

Among the most critical livelihoods needs of IDPs, host families, and conflict-affected communities are cash support for livelihoods and recovery, skills development through training, improved access to natural resources (land and water for irrigation), and the marketing and supply of inputs, assets, and equipment.

The coverage of livelihoods support and the level of assistance in the sector has been limited; almost all camps in areas beyond Government control have yet to receive any form of livelihoods support. Similarly, host families have also been a major gap in terms of early recovery and livelihoods assistance. Access to camps and a lack of resources are the main constraints to the provision of early recovery assistance. Other constraints include access to land, limited water sources for some livelihoods activities, interest and experience of IDPs, and limited opportunities for specific vulnerable groups, such as pregnant women and the elderly.

Following the first round of assessments in late 2011, livelihoods assistance was provided to over 1,800 IDPs between April 2012 and June 2012. These interventions included skills training, seasonal vegetable growing, small livestock raising, and micro and small enterprises to 48 camps in Myitkyina, Waingmaw, Bhamo, Momauk, Mansi, and Shwegu townships. Following a second round of assessment in 47 camps in Kachin, livelihoods support was provided to a further 2,000 households in late 2012.

Additionally, Early Recovery actors provided support to over 700 displaced families in 17 camps around Lashio, Myitkyina, and Bhamo. This assistance included small livestock raising, gardening, micro enterprise development activities, and skills trainings. Livelihoods awareness training was conducted in nine camps in Bhamo, Momauk, Mansi, and Shwegu, to assess beneficiary livelihoods, and support priorities for future interventions. Livelihoods support was also provided to a further 2,000 households in 24 camps.

Considering the protracted displacement and low likelihood of significant numbers of returnees during 2013, there is still a need to focus on camp-based livelihoods, whilst simultaneously seeking durable solutions. Whilst livelihoods interventions at the camp level will focus mainly on short-term skills and service-based interventions which enhance income generation, interventions in support of host families will serve to enhance food production and nutrition.

It is expected that the engagement of IDPs in livelihood activities will reduce dependency, enhance dignity, and build capacities that will support communities upon return. Such interventions can also complement psycho-social support activities aimed at addressing traumatic experience resulting from displacement.

Implementation of livelihood programmes for an estimated 100,000 IDPs (20,000 households) in the camps and 4,000 host families until December 2013 will cost an estimated \$4.50 million. Since there is no funding available so far for the implementation of the planned activities, the entire amount of \$4.5 million is the outstanding requirement.

Livelihood interventions in camps will take into consideration the possibility of support to voluntary returns, as they occur. Projects will need to allow sufficient flexibility for expansion of activities in areas of return, whilst taking into account protection and sustainability concerns. Self-sufficiency of IDPs will remain a concern for some time, even after returns occur, as a long-term impact on food security is to be expected. A large scale, multi-sector resettlement and returns programme – which includes early recovery, livelihoods support, social cohesion, and peace building – should be developed.

## PLANNED LIVELIHOODS & EARLY RECOVERY SECTOR ACTIVITIES

- Capacity building of partners to build sustainability;
- Ensure durable solutions initiatives include IDPs in the processes;
- Support sustained responses to reintegration as part of a longer-term recovery and development agenda;
- Support social cohesion and peace-building, participation and accountability of all relevant stakeholders; and
- Build back better, through market, enterprise, infrastructure projects, agricultural inputs, and support to key institutions.

### **Camp-based IDPs:**

- Vocational and skills training;
- Financial support for IDPs to start livelihoods activities;
- Support access to land for agriculture;
- Linking with markets for small and micro enterprises; and
- Exploring linking IDPs to credit/microfinance mechanisms.

### **Host families (early recovery):**

- Provision of inputs, training, and technical assistance for agricultural support, including live-stock;
- Support for micro and small enterprise development;
- Support access to land for agriculture; and
- Develop livelihoods support services (e.g. access to inputs, micro-credit schemes, markets).



**\$1,500,000**  
requested for education

As the length of displacement grows, for some families forced to flee their homes, the need for effective education interventions to be scaled up is mounting. Compounding the challenge to supporting the educational needs of children is the mixed experience between IDPs within Government areas and those beyond. For some of those within urban centres, access to education has been sustained. For IDPs in remote areas – in particular beyond Government control – however, educational services have sometimes been established, but quality and certification have become problematic.

There is a need for further assessments covering the education sector to fill the information gap which continues to hamper interventions. Specifically, the number of children in need of educational support must be established, as must an assessment of the number and location of schools accepting IDP children. Education surveys should also be used to differentiate between needs in Government areas, and those areas beyond Government control. According to the latest available data, the number of students (school age) in Government areas is estimated at 6,888 in 4 Districts. In areas beyond Government control, the estimated number of students is 8,175 across 6 Divisions.

Within areas beyond Government control, volunteer teachers have been used to maintain education services for IDP children. However, to ensure continuation of the programme, salaries for these volunteers are needed.

Particularly within remote areas beyond Government control, Temporary Learning Spaces (TLS) are needed for those children who cannot access schools. These TLS should include Early Childhood Development (ECD) initiatives. Similarly, those IDP children who are far from educational institutions (but still within reach), are in need of support with transportation between camps and schools.

Although IDP children are accepted in some schools, many displaced families lack the necessary resources to provide children with school supplies. Such supplies are needed if IDP children are to be afforded the chance of fully participating in education. Furthermore, some schools accepting IDP children lack the necessary infrastructure to adequately accommodate them, or have been damaged. Such schools should be repaired or extended, where needed.

A lack of funding for the education sector, however, has constrained operations. Similarly, a limited number of implementing partners within the sector – particularly within areas beyond Government control – has also compromised the quality and scale of education activities. Limited technical resources further compound these issues.

The education response has not yet fully addressed the needs of middle and secondary school children. Further differentiation is also needed between the needs of children within Government areas, and those in areas beyond Government control.

The education sector has provided learning materials to over 15,000 IDPs attending primary school, and has provided ECD kits to 5,000 children under 5. Additionally, 11 ECD centres have been established which support for over 700 children, and at least 30 TLS have been established with latrine facilities.

In State schools into which IDP children have been accepted, the education sector has provided additional classrooms to accommodate increased numbers of pupils. Additionally, the sector has trained at least 200 volunteer teachers, and has provided psychosocial support for primary students. Finally, education actors have engaged in the monitoring of implementation and education issues by emergency focal points.

It is estimated that a total of \$1.5 million will be needed for these activities, until the end of December 2013. At the time of writing, only \$100,000 were available to sector partners, leaving a gap of \$1.4 million.

## PLANNED EDUCATION SECTOR ACTIVITIES

- Identification and training of volunteer teachers in camps located in areas beyond Government control;
- Provision of learning materials for primary education and Early Childhood Development;
- Establishment of Temporary Learning Centers;
- Establishment of Early Childhood Development centers;
- Undertake basic repairs to schools accepting IDP children;
- Extension of support to children in host families;
- Provision of non-formal education for out-of-school children;
- Provision of transport in selected areas to support access to schools; and
- Provision of psychosocial support to children and training teachers.



**\$18,000,000**  
requested for food

Livelihoods have been severely disrupted among displaced populations, and coping mechanisms are limited and are being increasingly eroded. Food is therefore a major need for IDPs, and the provision of basic food assistance continues to be a priority.

Since the beginning of 2013, food sector partners have been monitoring the situation in IDP camps receiving food assistance, with a focus on household dietary diversity and hunger, as well as income sources. Preliminary results of five camps in Bhamo, Mansi, and Momauk, suggest that IDP households in these camps have been receiving a balanced and appropriate diet. Other assistance – particularly in terms of cash – provides opportunities to diversify diets with products purchased from local markets.

The food survey also indicated that there is capacity in some camps to produce vegetables, fruit, meat, and maize. No hunger has been reported so far in the camps surveyed. In addition, the majority of households had income generation opportunities, with one or two members generating an average of \$18 in the week prior to monitoring – mainly through casual labour in the vicinity of the camp.

Food sector partners are providing food assistance to the displaced population in areas where access is permitted, yet the level and predictability of assistance is more limited in areas beyond Government control, where WFP in particular, has not been routinely operational due to lack of access since mid-2012.

Currently, there is an overlap in the provision of food and cash assistance in some areas. As information from actors in the sector is somewhat inconsistent and sometimes lacks reliability, there have been some challenges in accurately consolidating assistance gaps. However, efforts to better document food sector activities, as well as analysis of these gaps, are being undertaken.

Since August 2011, food sector partners have been providing life-saving food assistance to IDPs in Government areas of Kachin and northern Shan states, through the regular distribution of food baskets consisting of rice, pulses, oil, and salt. In addition, fortified blended food is being distributed to pregnant and lactating mothers, as well as to children under 5 in order to stave off malnutrition.

Approximately 70 per cent of IDPs located in Government areas are regularly assisted through the food sector's response. Fragile security conditions and lack of access have prevented 100 per cent regular coverage in these areas. Between August 2011 and February 2013, a total of 6,589 metric tons of WFP food was distributed to displaced communities. In February alone, some 38,000 IDPs in Government areas were assisted with WFP food.

It is estimated that around 95 per cent of IDPs outside areas of Government control are supported with food assistance by local NGOs and CBOs, although the extent and frequency of this assistance remains unclear given inconsistency in reporting.

In total, food sector partners estimate that between 80 to 90 per cent of IDPs are currently receiving some sort of food assistance, many of whom are also receiving cash assistance.

The food sector's caseload will increase as soon as access is granted to areas beyond Government control and when sustained volumes of assistance will be distributed to all IDPs. Conversely, access will be limited to some areas during the rainy season, due to road conditions, limiting the number of beneficiaries that can be reached with assistance.

It is estimated that the overall food sector's requirement for this plan is \$18 million. This is based on a scenario with access granted to the entire caseload of 100,000 IDPs and 20,000 people hosting IDPs, for the entire period of 10 months from March to December 2013.



Should there be major political changes in Kachin State and should the overall situation start to stabilize, food sector partners plan to provide food assistance to returnees in their villages of origin. As the caseload will remain of the same magnitude, the need for food assistance to ensure food security of the affected population will remain similar. Hence there should be no substantial impact on the funding requirements for the food sector.

## PLANNED FOOD SECTOR ACTIVITIES

### General food distributions:

- Provision of a food basket (rice, pulses, oil, and salt) of 2,100 Kcal per person per day; and
- Provision of fortified blended food to pregnant and lactating women, and children under 5 years of age.

### Cash transfers:

- Provided in lieu of or in addition to a dry ration.



**\$3,000,000**  
requested for health

Provision of health care in Kachin over the last year has focused on the replenishment of medical supplies, strengthening disease surveillance, and healthcare management. Most access to areas beyond Government control is through local NGOs, who provide direct health services funded as third party entities by INGO and UN agencies. Access will remain a major impediment for the international community in the short term.

While most camps have primary health care services, including a nurse usually assigned to the local hospital, assessments have generally found a low level of satisfaction among patients. This is due mostly to a lack of medicines, differences in staff skills, and access constraints, which create disparities in terms of health care provision and monitoring of the health situation.

An assessment at the beginning of 2013 in La Na Zup Camp found that morbidity was due mainly to diarrhea, acute respiratory infections, and skin infections. In January 2013, there were 30 reported cases of gastro-enteritis and one child died during the outbreak. Drug supplies were found to be a problem in terms of quantity and quality. There were no medical guidelines found or used in the camp clinics.

Assessments conducted in January showed that for all camps and hosting communities, the proportion of morbidity was at 35 per cent for water borne diseases such as diarrhea, scabies, and skin infections, 30 per cent for Acute Respiratory Infections, with more than 25 per cent of under 5 illness for diarrhea or water borne diseases. Immunisation coverage of children under the age of two years was high for Bacille Calmette-Guerin (BCG) coverage but there were almost no measles vaccinations. There are suspected HIV and TB cases in camps as well as many defaulters due to lack of access and high costs for travel. Referral of patients is hindered due to high transport costs – on average 70,000 to 80,000 Myanmar Kyat (\$79 to \$90) per person.

Severe limitations in the collection of health-related information highlights the inadequate monitoring and reporting systems that are in place, and raises the issue of technical capacity of health staff and volunteers posted to camps – in particular regarding diagnosis and treatment provided. Primary health clinics at small and remote camps are less accessible than those in larger camps. However, some camps north of Laiza, for instance, are only accessible by 4 to 7 hour motorcycle rides.

Tuberculosis (TB) is endemic in Myanmar and Kachin, and precarious living conditions in camps favour transmission (high population density, and collective shelters in some camps). There have been a number of confirmed cases of TB treatment interruption following displacement. Similarly, cases of Antiretroviral treatment interruption have been reported. This situation is of particular concern as it could favour the development of multi-drug resistant TB and drug resistant HIV/AIDS.

Women and children are the majority in camps and all camps have registered deliveries. While some camps are equipped with delivery rooms, are staffed with trained personnel and supplied with essential medicines, mother and child health, reproductive health and basic obstetric care should no doubt be given special attention. The disparity of specific services is a reason of concern, and should be reinforced where possible.

The referral systems reflect wide disparities in access and follow-up treatment for referrals. In Government areas, systems are in place. In areas beyond Government control no referral system is in place with most patients seeking care in China, creating significant out-of-pocket costs for travel and care. Laiza Hospital could be a referral facility for border areas and upgrading existing facilities to offer extra services may prove worthwhile.

The health response to date has focused on the replenishment of medical supplies, the strengthening of surveillance of diseases, nutritional assessment, and healthcare management. All basic health services are currently being offered, but incomplete coverage and gaps remain.

## PLANNED HEALTH CLUSTER ACTIVITIES

- Assess training needs for health staff and volunteers, including counseling and other more specialised psychosocial care;
- Build capacity of local volunteers to provide care and service at community level, and provide training opportunities for cadres – locally and nationally;
- Provide and distribute essential drugs and supplies;
- Upgrade existing facilities to provide extra services, and identify facilities that could be upgraded as additional referral facilities;
- Implement the Early Warning and Response System (EWARS), through training of dedicated information management staff;
- Establish a referral system to assure continuum of care, access, and reduce out-of-pocket costs for patients; and
- 3W mapping of health activities.

## NON-FOOD ITEMS (NFI)

**\$6,500,020**  
requested for NFIs

During 2012, some 9,000 family kits were distributed by humanitarian actors. Each kit is designed for a family of five persons. However, since this point there have been neither further distributions nor critically any replenishment. Additionally there has been no coverage of northern Shan.

Cluster members that have contributed to meeting these NFI needs include DRC, UNHCR, World Vision, Shalom, Metta, KBC, KMSS and MRCS. Some of these actors have procured and distributed their own items meanwhile other agencies have distributed UNHCR's family kits. The family kits include core, hygiene, and sanitary items. Significantly, and due to the very cold winter tempera-

tures, two agencies (DRC and KMSS) have distributed clothes, blankets, and scarves. Other items particularly well-noted for their all year round utility are tarpaulins and mosquito nets for summer ,and as already indicated, blankets in winter. Distribution will either occur due to a Cluster member being aware of the need or camp managers approaching the cluster members or the Cluster Lead.

Notable challenges in the sector include consolidation of what all agencies have precisely distributed and where, which is particularly relevant for consumable items and the need for their replenishment. Additionally, transportation is also problematic for some locations especially when attempting to cover such a large number of camps spread over so many locations (some 13 townships) and trying to meet many numbers of small arrivals of IDPs across many camps. These factors combined together make it at times challenging to know what the precise needs and gaps are.

Based upon the best available data, the Cluster's analysis indicates that 60 to 70 per cent of the needs in Government areas have been covered, while more clarity for the coverage and gaps in areas beyond Government control is harder to obtain. Analysis of the distribution data versus actual number of IDPs indicates that at least 7,000 to 8,000 family NFI kits are still needed in these areas. In terms of current available stocks, Cluster Lead UNHCR has approximately 4,500 kits prepositioned in the Kachin warehouses. However, current notable gaps in this Cluster are the need for 160,000 hygiene and sanitary kits and additional consumable items that includes soap, detergent, and toothpaste. The Cluster has also identified the potentiality for replenishment of consumable items to be tied into livelihoods, where there the availability of cash and access to relevant markets.

The NFI Cluster also notes that at this juncture there are currently limited plans and resources needed if there is to be significant spontaneous returns of IDPs to their place of origin. NFI needs to support this return could increase. Even if 2,000 families (10,000 individuals) are assumed to return, half of the shelter kits needed could readily be provided at the moment by MRCS. However, this would then still leave a gap of 5,000 individuals in need of a similar kit. An additional cost which would arise and require additional funds is the transportation and moving costs for families that choose to return.

## PLANNED NFI CLUSTER ACTIVITIES

- Distribution of NFI family kits to the agreed NFI Cluster standard and as appropriate in terms of meeting the need, especially in areas beyond Government control;
- Replenishment of consumable items;
- Consolidation of information on what has been distributed and where to ensure gaps are filled and avoid duplication; and
- Planning around possible spontaneous return needs and which Cluster members could assist in supporting that need. This might include support for transportation of NFI from place of displacement to place of origin.

**\$390,000**  
requested for nutrition

There is a risk that the prolonged displacement takes its toll on the nutritional status of IDP communities, particularly among young children. In order to address gaps in knowledge within the sector and to adjust the response accordingly, nutrition assessments must be carried out in both Government areas and areas beyond Government control. These should survey levels of acute malnutrition, infant feeding practices, and the nutrition-related health status of affected populations. Similarly, nutrition surveillance systems – through MUAC screening – are essential to track the status of acute malnutrition, and inform nutrition programmes.

General nutritional deficiencies within IDP groups should be combated through micro-nutrient supplements, and infant feeding programmes are also needed to stave off malnutrition among young IDPs. Recent studies have shown the rates of severe acute malnutrition to be low in camp-based IDP communities. There is currently, therefore, no need for community-based management of acute malnutrition (CMAM) programmes. CMAM will be retained as a programmatic option, to be rolled out only if the results of nutrition assessments and screening suggest a change in the nutritional status of target groups.

A high prevalence of stunting found among IDP children underscores the need for greater advocacy for exclusive breast feeding and complementary feeding towards displaced communities. Two major gaps within the nutrition sector are the limited numbers and the limited capacity of partners to implement nutrition programming and interventions, and weak nutrition monitoring and information sharing among partners.

Sporadic and limited MUAC screening took place in April and May 2012. During one cross-line convoy to Je Gau camp in 2012, for example, one out of 15 children under the age of five randomly assessed by MUAC was found to be suffering from severe malnutrition, and one from moderate malnutrition. On other cross-line missions, the assessment of five children under 5 in Dum Bum camp, and of 12 children under 5 in Border Post 8, found no malnutrition. In June 2012, a total 16 children under 5 were assessed in a camp in Chipwe, finding only one moderately malnourished child.

The National Nutrition Centre and the Department of Health, with support of nutrition partners, systematically assessed the nutritional status of children aged 0-59 months in Myitkyina, Waingmaw, and Bhamo townships in late 2012. Out of a total of 580 children screened, less than 8 per cent (45 children) were found to have a high risk of developing malnutrition. Findings also showed a rate of under 0.7 per cent of Severe Acute Malnutrition, and one per cent of Moderate Acute Malnourished among the assessed children. Additional findings of underweight prevalence of 24 per cent and stunting prevalence of 39 per cent, however, are higher than those of Multiple Indicator Cluster Survey (MICS) 2010.

Nutrition partners provided micronutrient supplementation to over 2,000 children under 5, and 120 pregnant and lactating mothers in IDP locations in Myitkyina, Waingmaw, Bhamo, Momauk, and Lwejel. In Government areas, basic health staff within the Department of Health carried out distributions of micronutrient sprinkles. In areas beyond Government control, orientation and training was provided to local health staff attached to mobile clinics, who distributed sprinkles in accordance with guidelines provided to them. During an interagency mission to Hpakan in February 2013, multi micronutrient sprinkles were provided to under 5 children, and multi micronutrient tablets distributed to pregnant and lactating mothers.

In conjunction with the provision of micronutrient supplements, food sector partners distributed general food rations and fortified blended food for children under two, and for pregnant and lactating women in affected areas. Moreover, infant and young child feeding interventions were carried out in northern Shan state, where volunteers were trained in breastfeeding and infant feeding support to women, along with the construction of breastfeeding spaces.

## PLANNED NUTRITION SECTOR ACTIVITIES

- Rapid Nutrition Assessment for children under 5;
- MUAC screening for children under 5;
- Provision of multi-micronutrient sprinkle supplements to children between 6 and 59 months;
- Provision of multi-micronutrient tablet supplements to pregnant and lactating women;
- Infant feeding through the provision of Infant Feeding Emergency Kits to children under-three
- Provision of breastfeeding communication with mothers; and
- Interpersonal communication to prevent malnutrition and micronutrient deficiencies among children and pregnant women.



**\$5,460,000**  
requested for protection

In addition to the protection concerns outlined in the June 2012 Revised Kachin Response Plan, there are emerging protection concerns related to the dramatic escalation of conflict in late 2012, and as a result of the displacement becoming protracted.

Child protection concerns, in particular, have risen. One key protection issues is the overall security and safety of children in conflict zones, particularly for children of school age who travel longer distances to access education, for example those who stay with friends or relatives in order that they may attend school. Additionally, high dropout rates have been observed from schools, sparked in part by livelihoods pressures, which push children to seek employment. Also of concern are reports of increasing numbers of orphans, separated and unaccompanied children, and the anticipated psychosocial impact of prolonged separation and exposure to the conflict.

Across Kachin and northern Shan, displaced children have been growing increasingly vulnerable to trafficking, smuggling, and underage recruitment. Additionally, children are becoming subject to drug abuse and are being used as drug smugglers.

The majority of camp residents consist of women and children - although demographic data available shows the number of women to be only 6 per cent higher than men. The most pressing protection concern for women and girls include sexual and gender-based violence, both in and outside camps. This is compounded by a greater presence of combatants in some surrounding areas, and as a result of the protracted nature of the crisis. Negative coping mechanisms and growing psychosocial affects are also threatening women and girls – especially in the case of female and girl-headed households. Additionally, the participation and representation of women in decision-making within camps is of concern, as is women's access to livelihoods and income-generation opportunities.

Many IDPs also face difficulties in terms of civil documentation, often due to loss or destruction of documents during attacks and subsequent flight. In addition, a significant number of individuals who were residents of areas beyond Government control during the cease-fire do not have Myanmar ID documents.

There currently exists no good estimate of the extent of contamination from UXOs in Kachin, but it has been confirmed that at least five townships in Kachin have a landmine (Mansi, Mogaung, Momaik, Myitkyina, and Waingmaw). There is an immediate need to collect and analyse data on recent victim-activated explosions, to conduct emergency Mine Risk Education (MRE) activities for the population at highest risk, and to provide emergency victim assistance to survivors – specifically the estimated 100,000 IDPs who should receive MRE as soon as possible.

There will be a need to consolidate the victim information system and to conduct a systematic UXO survey - mapping the extent of unexploded ordnance contamination in Kachin as soon as the situation allows. Such a survey will allow for a full overview of the ERW problem, and help set priorities in the mine action sector, including MRE, victim assistance, and clearance. It will also support the planning and execution of other humanitarian assistance, as it is expected that the UXO problem will directly affect implementation of humanitarian assistance in certain areas of Kachin.

The protracted nature of the displacement and the ongoing conflict has aggravated certain protection concerns and introduced new issues. Potential tensions and conflict with host communities – over firewood collection and access to water points, for example – are being increasingly reported, with such issues likely to grow over the months to come. Many IDPs, regardless of age and gender, have experienced serious psychosocial impacts, yet appropriate support and responses remain limited.

Finally, the Protection Sector has identified the need to have a more protection-sensitive approach in other clusters and sector activities in order to better address protection concerns linked to assistance.

The protection sector response in Kachin has, to date, been emergency-oriented and has included services such as individual assistance to the most vulnerable individuals, and case referrals among partners for follow-up and assistance in both Government areas and areas beyond Government control. This follow up and outreach for vulnerable individuals has been achieved in close collaboration with IDP communities, through IDP focal points within camps.

Child protection interventions have been undertaken in Waingmaw, Momauk, Shwegu, Bhamo, and Myitkiyna. Trained IDP focal points, with support from partners, established and ran Child Friendly Spaces (CFS), as centers for the provision of psychosocial support. In addition, focal points ensured family contact and reunification (where appropriate or possible), as well as case referrals for specific follow-up and assistance, and material support to the most vulnerable children.

Training and awareness-raising activities on the IDP situation in Kachin, the needs that exist, and the legal framework on the protection of IDPs, were provided to partner organisations, local Government institutions, and IDPs themselves. Attention was also given to capacity building on specific issues such as MRE to partners and local Government institutions, as well as on Gender-Based Violence for protection partners.

Protection monitoring has been ongoing, assisting in the identification of trends and changes as the situation has evolved. Recently the Kachin Protection Working Group has been established to strengthen field-level coordination and adapt the protection response to better address current realities.

The protection response in Kachin, however, needs to adjust to the displacement crisis becoming protracted. As such it needs to move from reactive programming to a holistic and more integrated approach across clusters and sectors, and throughout the overall humanitarian response. This should include a community-based approach, which empowers IDPs to participate in the response to protection concerns within their own communities, addressing more comprehensively protection concerns and the needs of women, men, girls, and boys, with particular attention being paid to those with special needs.

This shift also requires more engagement by local partners in an environment where there are few. It also requires more resources, which have hitherto not been sufficient to comprehensively address protection needs. In particular, medium to long-term investment in capacity building of community based organisations and smaller NGOs is needed, to enable them to become full partners in the protection response.

There is a limited availability of services to respond to survivors of gender-based violence, which prevents a multi-sector response through survivor-centered services, limiting access to survivors and protection-related information. It is necessary to bring the mapping of needs and target groups to a higher level, and enhance information management and sharing, wistfully respecting confidentiality.

The target population needs to include IDPs in host families and host communities in order to mitigate longer-term negative impacts of displacement, and prevent a further deterioration of the overall



situation, such as increased camp populations and tensions between IDPs and local communities over resources. The overall objective of the protection sector is to provide an appropriate and integrated protection response to IDPs that mainstreams protection in all assistance provided during displacement, while at the same time working towards durable solutions.

## PLANNED PROTECTION SECTOR ACTIVITIES

- Promote and support community based protection mechanisms, such as protection committees within camps;
- Capacity building that empowers IDPs to prevent and respond to specific protection issues;
- Support mainstreaming protection across sectors and clusters;
- Enhance protection monitoring, profiling, and mapping;
- Develop referral pathways and institutional responses to protection issues;
- Assist civil documentation provision to IDPs;
- Build capacity of partners to implement protection activities;
- Strengthen multi-sector response to GBV, with focus on health, safety, and psychosocial services;
- Raise awareness and build capacity of local government institutions on protection risks and prevention;
- Advocate with stakeholders for the unimpeded, safe and sustainable access to all IDPs;
- Support information-sharing to IDPs related to returns;
- Monitor spontaneous return movements and provide individuals and families with return packages where return is deemed safe and sustainable; and
- Monitor the situation of return, intervening with stakeholders as appropriate.



**\$5,000,000**  
requested for shelter

A number of Shelter Cluster members have delivered against the shelter needs across some 13 townships, including northern Shan. UNHCR, in conjunction with partners KBC, KMSS, Shalom, KBSS and through direct implementation built 4,500 temporary family unit spaces and 700 communal spaces. Shalom, KBC and Oxfam also built an additional 100 temporary family unit spaces and 20 communal spaces with other funding support. DRC built another 1,157 temporary family unit spaces. Communal spaces can be used for cooking, washing, studying, clinics or serve as a meeting place for the camp residents.

Temporary shelters are built from bamboo, wood, zinc aluminium sheets for the roof and in some cases, plywood for the walls. Building time for a single barrack style building, which contains a number of temporary family unit spaces, is approximately two weeks, depending on quantity of labor and materials used. Bamboo takes less time than wood. The vast majority of shelters have been built on land belonging to various religious groups. The central tenant of the arrangement is that were the IDPs to return to their place of origin, the hosting organization would retain the building.

Many international actors and local NGOs have built temporary shelters across Kachin and northern Shan state. However, there remains an information gap in terms of how many have been built by some local organisations where and when, in particular in areas beyond Government control.

In addition to the simple challenge of lack of information and understanding as to what precisely has been done in all areas, other challenges include collection and transportation of materials, which includes both costs and varied levels of access for INGOs and UN staff.

In addition, some of the temporary shelters were provided as far back as 2011, although the Shelter Cluster was only activated in December 2012. Following, knowledge of humanitarian standards, notably Sphere Standards, by some providers of shelters was limited. Particularly this can be seen in some of the shelters built in terms of their size. Knowledge was not the only constraint, limited funds and land pressing needs only added to the challenges. More positively and as providers of shelters have become aware of standards, creative solutions have been found. This includes instances of two-tier temporary shelters being built, which although cost more, have been possible through contributions of those hosting the particular IDPs, the latter contributing up to 45 per cent of the cost. Finally, in some cases, sufficient consultation with the beneficiaries in terms of some of the details of shelter designs is an area that could be improved, through a process rather than a prescriptive approach.

Going forward and based on a simple calculation of five persons in each shelter, a minimum of 2,500 family units are needed as of January 2013, which would meet the needs of 10,000 people. This does not include upgrading and repairing of shelters, which includes issues around quality of material used, notably bamboo and plywood. Another small issue but not to be overlooked in terms of both rain water harvesting and drainage includes the provision of gutters.

The current funding gap stands at approximately 1,680 temporary family unit spaces, or approximately \$1.5 million. It should be stressed that this funding gap does not include communal shelter needs, for example areas to cook although ideally many of the beneficiaries would prefer individual kitchens but this raises issues of needs for additional space and further funds.

#### PLANNED SHELTER CLUSTER ACTIVITIES

- Increased collation and knowledge of the shelter response across Kachin, including specific and detailed needs for upgrading and improving of shelters;
- Provision of temporary shelters and communal spaces to meet the needs of another 10,000 IDPs;
- Greater awareness and implementation of Sphere Standards for all temporary shelter providers in Kachin; and
- Increased consultation with beneficiaries in terms of specifics of shelter designs: process driven approach to the provision of shelter.



## WATER, SANITATION & HYGIENE (WASH)

**\$5,647,000**

requested for WASH

The WASH cluster was activated in January 2013, building on a WASH response with partners in Kachin, which had begun a year and a half earlier. The cluster's activities primarily target IDPs living in camps and informal settlements. IDPs within host families are also targeted, as are hosting families themselves. In all, WASH cluster partners aim to support IDPs living in 178 camps and other sites, and 8,000 host and local communities. The number of IDPs used for calculation of the overall requirements for the WASH cluster is 95,000 (while the basis for calculation for the other sectors is 100,000 IDPs).

In most camps, water is supplied from semi-protected, open hand-dug wells. Many camps are located on church or monastery grounds, and IDPs use water sources initially intended for use by only a small number of people.

Relief agencies have been building temporary and semi-permanent latrines in the most accessible camps within Government areas. Increasing numbers of IDPs, and prolonged use of the facilities, however, has diminished the quality and coverage of these services. New camps – especially in areas beyond Government control – are well below Sphere standards.

Hygiene kits have been distributed to all accessible IDPs, and many have received resupplies of consumable items, such as soap, sanitary napkins, and water purification chemicals. Even in camps in which WASH assistance has been provided, however, the protracted nature of this crisis has led to high WASH-related risks, particularly with regard to diseases. New camps, particularly in areas beyond Government control, are reported to have little to no sanitation or bathing facilities, suggesting even greater health risks.

Despite attempts by WASH cluster partners to improve documentation of sectoral activities and efforts to improve coordination among actors, much of the necessary data was not available from Government areas.

New hand dug wells have been built with the support of relief agencies, but due to their low yield during the dry season, many camps suffer from water scarcity from January to May. In many cases, WASH partners have installed small electrical centrifugal pumps connected to water towers and a small pipe network. These systems, however, are sometimes not functional due to the low yield of the wells, or the lack of fuel to maintain the pumps.

Latrines built in many camps are rapidly filling up, usually after just 2 to 4 months, depending on pit size. A small number of vacuum trucks are available from local authorities to empty these pits for camps which are easily accessible. The cluster will focus its efforts on building new latrines and on emptying or replacing those that become full. Latrine designs will also be improved to facilitate easier emptying.

Due to the crisis becoming protracted, improved designs for pour-flush latrines and semi-septic tanks will be developed and piloted, provided that enough water is available in the camp. Beneficiaries will also need to be trained in the use of these medium-term facilities. In some areas beyond Government control, the ground beneath camps can be rocky, posing problems for digging latrines.

Despite the work of agencies for over one and a half years, hygiene practices are still poor, and a high prevalence of scabies was reported in camps around Myitkyina during February 2013. Additionally, cases of Hepatitis A were reported in one camp in Myitkyina in March 2013. As well as increased and continued hygiene promotion, accessibility of water and hygiene items for bathing and laundry will be increased.

The WASH Cluster will provide a minimum package of four agreed activities; water supply, sanitation, hygiene promotion, and WASH in public institutions. These packages include both standards

(based on Sphere standards) and recommended design and methodologies, developed and agreed by all partners.

#### PLANNED WASH CLUSTER ACTIVITIES

- Increasing number of water points and rehabilitation or protection of existing ones;
- Deepening of hand-dug wells to increase yield during dry season;
- Development of alternative water sources, where feasible;
- Trucking of water during the peak of the dry season;
- Support to Department of Health with training to conduct water quality testing;
- Hygiene promotion through outreach workers and community volunteers;
- Provision of aquatabs, ceramic filters, or the promotion of boiling water, where appropriate; and
- Distribution of hygiene kits in accordance with agreed cluster standard. Monthly replenishment of consumables, such as soap, sanitary napkins, water treatment products, and annual replacement of non-consumables, such as jerry cans and buckets.



Coordination structures within Yangon and Kachin bring together humanitarian partners to jointly address the humanitarian needs of displaced communities in Kachin and northern Shan state.

General Coordination Meetings take place in both Bhamo and Myitkyina. These fora serve to regularly bring together local partners, international NGOs, UN agencies, and relevant local Government entities. The meetings lead to improved information sharing, support joint planning and principled action, and jointly address high-level issues related to the humanitarian response across the state.

Regular sector-level coordination also takes place at the field level, sharing agency plans and activities, addressing key challenges, and identifying gaps in the response.

An Emergency Response Fund (ERF) – known locally as the Humanitarian Multi-Stakeholder Fund (HMSF) – is available to humanitarian actors in Kachin as a rapid and flexible funding instrument. In 2011 and 2012, the HMSF reached some 45,000 people in Kachin and northern Shan, most of whom were in areas beyond Government control.

In addition to the multi-sectoral rapid assessment methodology used in Kachin State as well as individual assessments, an interagency Camp Profiling system was established in late 2012, and began collecting camp-level data on humanitarian assistance and population demographics in all areas of Kachin. In March 2013, the system was refined following feedback from partners, with the support of the Geneva-based Joint IDP Profiling Service (JIPS).

# ANNEX 1: LIST OF ACRONYMS

BCG	Bacillus Calmette–Guérin
CBO	Community-Based Organisation
CCCM	Camp Coordination and Camp Management
CMAM	Community-Based Management of Acute Malnutrition
CFS	Child Friendly Spaces
DSW	Department of Social Welfare, Ministry of Social Welfare, Relief and Resettlement
DRC	Danish Refugee Council
ECD	Early-Childhood Development
EWARS	Early Warning and Response System
EVI	Extremely Vulnerable Individuals
FAO	Food and Agricultural Organisation
GBV	Gender-Based Violence
HIV/AIDS	Human Immunodeficiency Virus / Aids Autoimmune Deficiency Syndrome
IDPs	Internally Displaced Persons
INGO	International Non-Governmental Organisation
IRC	International Rescue Committee
KBC	Kachin Baptist Convention
KMSS	Karuna Myanmar Social Services
MICS	Multi-Indicator Cluster Survey
MoH	Ministry of Health
MRE	Mine Risk Education
MSF	Médecins Sans Frontières
MT	Metric Tonne
MRCS	Myanmar Red Cross Society
MUAC	Mid-Upper Arm Circumference
NFI	Non-Food Items
NGO	Non-Governmental Organisation
RANIR	Relief Action Network for IDP and Refugee
RC/HC	Resident and Humanitarian Coordinator
RRD	Relief and Resettlement Department, Ministry of Social Welfare, Relief and Resettlement
SC	Save the Children
SI	Solidarités International
STI	Sexually transmitted infections
SVS	Social Vision Services
TB	Tuberculosis
TLS	Temporary Learning Space
TT	Tetanus toxoid
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UXO	Unexploded Ordinance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WPN	Wunpawng Ninghtoi