

# 2014

## STRATEGIC RESPONSE PLAN

Myanmar



December 2013

Prepared by OCHA on behalf of the Humanitarian Country Team

### PERIOD:

January 2014 – December 2014

100%

**59.8 million**

total population

1.3% of total population

**828,000**

people with humanitarian needs

0.7% of total population

**421,000**

targeted for humanitarian aid - 2014



**USD 192 million**  
requested

**Food** 53

**WASH** 31

**Health** 25

**Early Recovery** 20

**Protection** 19

**Shelter/NFI** 16

**Nutrition** 10

**Education** 9

**CCS** 5

**CCCM** 4

### SUMMARY

Since 2011, the Government of Myanmar has made rapid progress on its reform agenda, particularly in the area of democratization and peace building. Meanwhile, humanitarian needs have significantly increased in some areas over the last two years, with the most urgent stemming from inter-communal violence in Rakhine State. Although efforts are being made to find durable solutions and prevent long-term displacement, tensions in Rakhine State remain high and there remains a risk of further violence and displacement in 2014.

Humanitarian needs have also increased in Kachin and northern Shan states, where many people have been newly displaced by fighting over the last two years. Decades of armed conflict in the north as well as in the southeast of the country, combined with chronic under-development, have eroded the resilience of communities and increased the vulnerability of hundreds of thousands of people. The outlook here is more positive, however, as there has been significant progress towards achieving a nationwide ceasefire.

Emergency preparedness also remains a big challenge as Myanmar is considered to be one of the countries at highest risk of natural disasters in South East Asia. There is a continued need for disaster risk reduction and activities aimed at strengthening national capacity to prepare for and respond to natural disasters.

The 2014 Strategic Response Plan for humanitarian action is one component of a much broader engagement by the United Nations and its partners in Myanmar that includes a wide range of peace-building, recovery and longer-term development activities. While humanitarian action will continue to be needed to address the needs of people who have been displaced or severely affected as a result of armed conflict, inter-communal violence and natural disasters, such activities need to be seen in the context of this broader engagement in Myanmar.

In 2014 the United Nations and its partners will continue to focus on assisting the Government of the Republic of the Union of Myanmar to

ensure that all crisis-affected people in the country receive the assistance and protection they need, irrespective of their ethnicity, nationality, religion, gender or class, in accordance with humanitarian principles. Further efforts will also be made to support the Government in finding durable solutions for crisis-affected people and to support early recovery, so as to avoid long-term dependency on humanitarian aid.

The Strategic Response Plan focuses primarily on Rakhine and Kachin States where humanitarian needs and vulnerability of people remains at critical levels. At the same time, it takes note of humanitarian needs in other parts of the country including the southeast, Shan and Chin States, where there are high levels of human vulnerability as a result of protracted periods of armed conflict, exposure to natural disasters, chronic under-development and other factors. The Strategic Response Plan also outlines activities aimed at strengthening preparedness to respond to natural disasters and other emergencies.

The Strategic Response Plan highlights the need for joint advocacy to ensure the rights of all crisis-affected people are respected. It stresses the need for humanitarian activities to be calibrated to ensure a conflict-sensitive, “do no harm” approach. In this regard, it outlines the need to ensure strong community participation in all aspects of the programme cycle, from planning to implementation, monitoring and evaluation. A particular focus in 2014 will be that of improving communications with affected people.

With this plan, humanitarian action in Myanmar will be more strategic, targeted, measurable, and accountable than ever before.

## Goal

The overall goal is to ensure that crisis-affected people in Myanmar receive timely, appropriate and impartial humanitarian assistance and protection wherever this is needed, and to assist in finding durable solutions and promoting early recovery, for the benefit of all people and communities. It is well recognized that humanitarian action is but one component of a much broader peace-building, recovery and development agenda in the country.

## Strategic objectives

The Humanitarian Country Team has agreed on the following strategic objectives for humanitarian action in Myanmar in 2014:

1. Save lives by reducing mortality and morbidity amongst affected populations in Rakhine and Kachin as well as populations newly affected by conflict or disaster
2. Ensure adequate access to basic services and the restoration of livelihoods for all displaced and conflict-affected populations in Rakhine and Kachin, while linking up with recovery and development efforts
3. Ensure a protective environment for vulnerable people and individuals at risk among the displaced population in Rakhine and Kachin
4. Strengthen preparedness efforts and ensure that response capacity is adequate to meet the basic humanitarian needs of people newly affected by conflict, inter-communal violence or natural disasters throughout Myanmar

## PRIORITY HUMANITARIAN NEEDS

- 1 Life-saving support to displaced and vulnerable people to reduce mortality and morbidity
- 2 Access to basic services and restoration of livelihoods
- 3 Protection of people who are at risk of violence, exploitation or abuse
- 4 Strengthen preparedness to respond to new emergencies

## Priority actions

Each sector/cluster in Myanmar is planning to undertake a wide range of activities in support of one or more of the strategic objectives above. Key inter-sectoral actions will include:

- Ensure respect for humanitarian principles and human rights
- Contribute to joint advocacy efforts for the benefit of all vulnerable people
- Design programme activities that meet the specific needs of women and men, girls and boys, very young children, the youth, and elderly people
- Ensure safe and unimpeded access for humanitarian staff
- Ensure adequate access to basic services and increasing livelihoods opportunities, while strengthening the linkages between humanitarian, recovery and development activities
- Ensure prompt and effective responses to new humanitarian crises

## Parameters of the response

The Humanitarian Country Team estimates that there are some 828,000 people affected by conflict or inter-communal violence in Myanmar who are in need of some form of protection or assistance (1.3 % of the country's total population of 59.8 million). Out of these people, the Humanitarian Country Team plans to assist 421,000 people (0.7 % of the total population). This includes 310,000 people in Rakhine State from both Muslim and local Rakhine communities (140,000 IDPs, 70,000 food insecure people, 50,000 people in isolated villages and another 50,000 people in host communities). It also includes 111,000 people in Kachin and northern Shan (91,000 IDPs and 20,000 people in host communities). Most of the remaining conflict-affected people are in the southeast region (which includes all or parts of Kayin, Mon, Kayah and Shan states, as well as Tanintharyi and Bago regions), and there are also some 6,800 people in the Meikhtila area of Mandalay Region who are displaced as a result of inter-communal violence.

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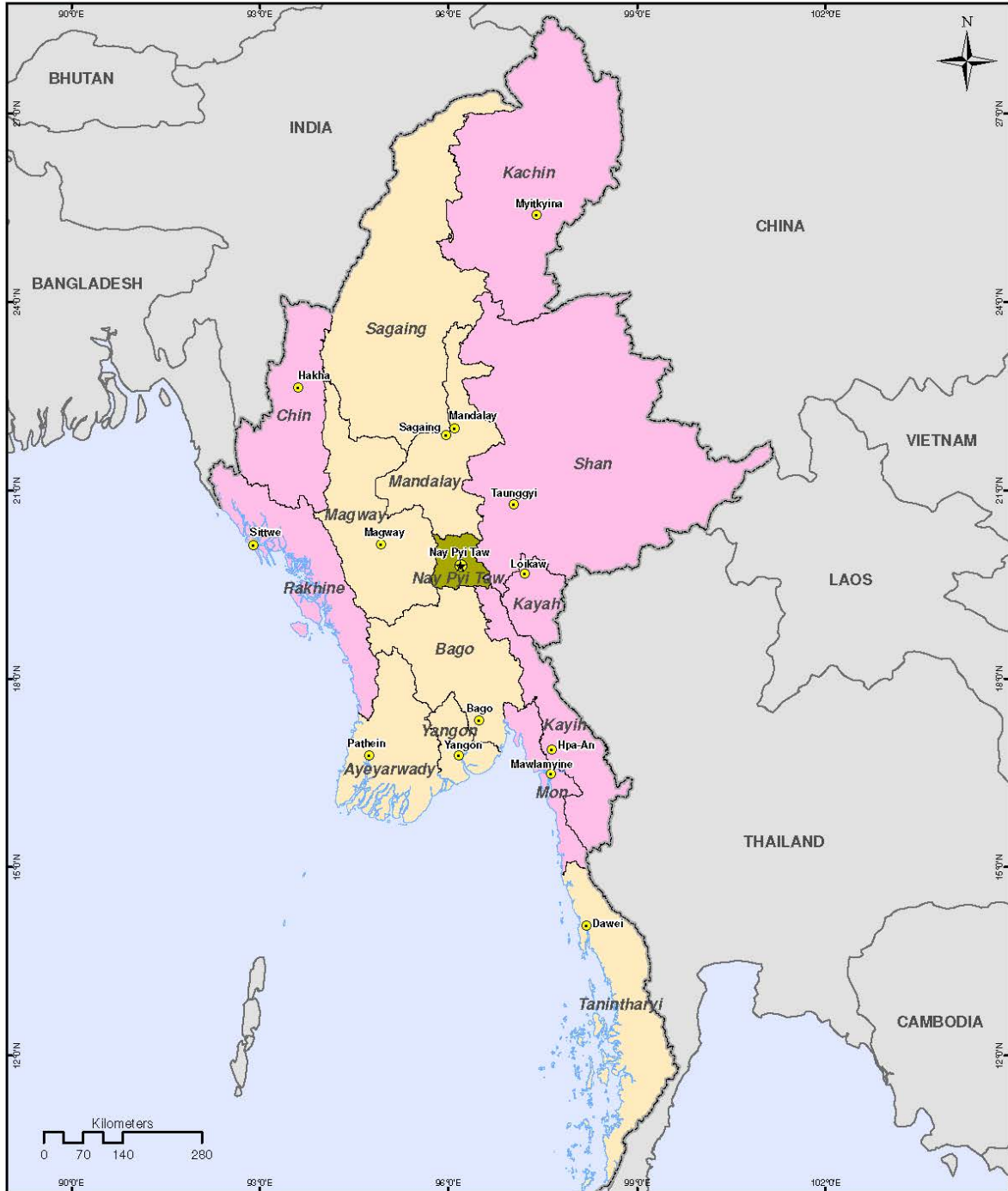
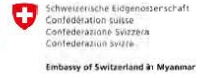
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Myanmar Information Management Unit

### Myanmar Location of States vs Regions



Map ID: MIMU1052v01  
 Creation Date: 20 August 2013, A4  
 Projection/Datum: Geographic/WGS84  
 info.mimu@undp.org  
 www.themimu.info

Legend	
Capital	Sea
State Capital	State and Region Boundary
International Boundary	State
	Region
	Nay Pyi Taw

Data Sources :  
 Base Map - MIMU  
 Boundaries - WFP/MIMU  
 Place names - Ministry of Home Affairs (GAD) translated by MIMU

Disclaimer: The names shown and the boundaries used on this map do not imply official endorsement or acceptance by the United Nations.

## STRATEGY

### People in need and targeted

Ongoing and unresolved conflict and inter-communal violence has impacted nine of the fourteen territories in Myanmar, leaving an estimated 828,000 people in need of some form of humanitarian assistance. Of this, the Humanitarian Country Team (HCT) plans to assist 421,000 people (310,000 people in Rakhine State and 111,000 people in Kachin and northern Shan). The remaining 407,000 people includes almost 7,000 people in the Meikhtila area of Mandalay Region (who are benefitting from humanitarian assistance provided by the Government of the Republic of the Union of Myanmar) and some 400,000 conflict-affected people in the southeast region (Kayah, Mon, Kayah and Shan states, as well as Bago and Tanintharyi regions). In the case of the southeast region, the figure is a rough estimate: more assessments and data are needed to verify the caseload and to identify the specific needs of vulnerable people.

The 421,000 people targeted for humanitarian assistance in Myanmar includes the following: (1) 231,000 IDPs (140,000 in Rakhine State and 91,000 in Kachin State); (2) 70,000 food insecure people in Rakhine State; (3) 50,000 people in isolated villages in Rakhine State and (4) 70,000 people in host communities (50,000 in Rakhine and 20,000 in Kachin). Many of the IDPs living in camps are almost entirely dependent on humanitarian assistance to meet their basic needs. Certain groups face additional vulnerabilities, such as women who are exposed to increased levels of violence, and children who have lost significant educational days. In most of the IDP locations in Rakhine, continued inter-communal tensions and restrictions on freedom of movement are making it extremely difficult for displaced people to restore their previous livelihoods activities. This strategy also acknowledges that there are humanitarian needs and high levels of vulnerability due to protracted conflict, exposure to natural disasters and chronic under-development in other areas of the country.

**Figure 1: Number of people in need**

<b>Rakhine State</b>	310,000
<b>Meikhtila town (Mandalay Region)</b>	7,000
<b>Southeast</b>	400,000
<b>Kachin State (and northern Shan)</b>	111,000
<b>TOTAL</b>	<b>828,000</b>

**Figure 2: Number of people targeted**

<b>Rakhine State</b>	310,000
<b>Kachin and northern Shan states</b>	111,000
<b>TOTAL</b>	<b>421,000</b>

### Planning assumptions in Rakhine State

Inter-communal tensions remain high and there is a risk of further conflict leading to more displacement in 2014. Even without further conflict, the number of people in need of humanitarian assistance may increase if inter-communal tensions continue and if movement restrictions continue to prevent access to basic services. In the case of displaced people already living in camps, needs will change as displacement becomes more protracted. Medium-term solutions will be required to address basic unmet needs, particularly in areas such as education and health. It will be important for humanitarian actors to continue to give displaced people opportunities to participate

in planning processes. Humanitarian actors will also need to proactively engage the Government both at Union and State levels in an effort to find durable solutions for the displaced.

Many displaced or disenfranchised people have already attempted to leave the country altogether, including by high risk boat departures. Such departures may continue if living conditions do not improve. There is a need for a significant increase in freedom of movement so that displaced or conflict-affected people can restore their livelihoods and have adequate access to essential services.

Meanwhile, humanitarian actors will need to increase their efforts to demonstrate their impartiality and manage perceptions, as the assistance they have been providing to the predominantly Muslim IDP camps has already led to accusations by local Rakhine communities that the international community is biased and is providing a disproportionately large amount of assistance to Muslim communities. Mistrust and misperceptions about humanitarian aid is constraining access to vulnerable groups, impeding humanitarian operations and jeopardizing the security of humanitarian staff. In order to avoid becoming a part of the problem in Rakhine State, humanitarian organizations will need to go out of their way and ensure a conflict-sensitive approach to their programming. They will also need to strengthen the linkages between humanitarian and development activities and they will need to balance their activities to ensure that the humanitarian and development needs of all communities are addressed in an equitable manner.

**Figure 3: Number of people targeted in Rakhine State**

Category	TOTAL
IDPs	140,000
Food insecure people	70,000
People in isolated villages	50,000
People in host communities	50,000
<b>TOTAL</b>	<b>310,000</b>

Township	IDPs <sup>1</sup>	Food insecure people <sup>2</sup>	People in isolated villages <sup>3</sup>	People in host communities <sup>3</sup>
Buthidaung		27,000	50,000	50,000
Kyaukpyu	1,867			
Kyauktaw	6,554			
Maungdaw	2,046	35,000		
Myebon	4,066			
Minbya	5,207			
Mrauk U	3,998			
Pauktaw	20,054			
Ramree	227			
Rathedaung	3,981	8,000		
Sittwe	91,881			
<b>Total</b>	<b>139,881</b>	<b>70,000</b>		

<sup>1</sup> Figures as of October 2013

<sup>2</sup> Figures based on a WFP assessment of food insecurity

<sup>3</sup> These are planning figures. Further assessments are needed to agree on detailed figures by township. For this, close consultation with Township Administrators and relevant authorities is needed.

## Planning assumptions in Kachin State

Following the breakdown of the 1994 ceasefire in June 2011, the agreement reached between the Kachin Independence Organization (KIO) and the Government is now expected to hold. In the last year there have been incremental improvements in access to IDPs and vulnerable communities in the areas beyond government control and international organizations have been stepping up their responses, particularly in education, protection, livelihoods, and shelter. International organizations are coordinating closely with a wide range of local organizations that have been providing humanitarian relief to people in these areas for many years.

**Figure 4: Number of people targeted Kachin State**

Category	TOTAL
IDPs	91,000
People in host communities	20,000
<b>TOTAL</b>	<b>111,000</b>

The protracted nature of the displacement in Kachin and northern Shan States, where many people have been displaced for over two years and some several times, poses particular challenges. While emergency assistance remains needed across all sectors in both Government areas and areas beyond government control, the need for durable and conflict-sensitive support in terms of education and livelihoods, for instance, is increasingly apparent. While the majority of conflict affected people are located in Kachin State, fighting between the Kachin Independence Army (KIA) and Government forces has also affected some people in northern Shan State. Humanitarian organizations are also assisting people in this area. Over fifty per cent of the IDPs remain in areas beyond government control, where access is more difficult even though Government authorities are now permitting regular cross-line access. Access difficulties have led to important variations in terms of quality and quantity of the assistance provided. Notwithstanding the need to ensure adequate support is provided to all the displaced, the prolonged nature of the displacement requires continuous assistance across sectors, as temporary shelters require renovation and items distributed early on need to be replaced.

Although large numbers of returns are unlikely to take place during 2014, there is a potential for durable solutions to be identified for small numbers of displaced persons. Humanitarian organizations will need to continue engaging with Union and State authorities in the search for durable solutions for displaced people and in ensuring that any initiatives and decisions emphasize the need for voluntariness and informed decisions by the persons concerned. Small-scale spontaneous returns to places of origin are also expected. Contamination with landmines and unexploded ordnance remain a serious issue in some areas of origin of the displaced. In some cases, mine clearance will be needed before displaced people can return.

Township	IDPs	People in host communities
Bhamo	6,194	20,000
Chipwi	3,482	
Hpakant	4,653	
Hseni	258	
Khaunglanhpu	16	
Kutkai	2,416	
Mansi	12,546	
Manton	407	
Mogaung	187	
Mohnyin	144	
Momauk	20,941	
Muse	882	
Myitkyina	6,485	
Namhkan	1,269	
Namtu	594	
Putta-O	97	
Shwegu	2,144	
Sumprabum	38	
Waingmaw	27,982	
<b>Total</b>	<b>90,735</b>	<b>20,000</b>



Beyond Rakhine and Kachin States, the potential for further displacement stemming from inter-communal violence, as witnessed in Meikhtila town, Mandalay Region in 2013, remains. Monitoring tensions within the ongoing conflict areas but more broadly will be important to provide early warning and action for potentially volatile situations across the country.

## Planning for new emergencies

The relatively high risk of natural disasters, particularly related to seasonal monsoon flooding and wind damage, requires a capacity for strengthened preparedness planning, complemented by effective monitoring and early warning systems. It will be important to put in place the necessary preparedness measures ahead of the next rainy season, particularly for people already living in IDP camps. Humanitarian actors will support the Government to update contingency plans and put in place the necessary emergency preparedness measures.

Meanwhile, there remains a risk of more inter-communal violence in other parts of the country, similar to the violence that took place in the Meikhtila region in March 2013. Humanitarian organizations will need to monitor the situation closely and be prepared to respond should outbreaks of inter-communal violence lead to further population displacement.

## Scope of the strategy

The Humanitarian Strategic Response Plan focuses on Rakhine and Kachin States which have urgent humanitarian needs stemming from conflict and inter-communal violence. It does not include activities in places like Meikhtila in the Mandalay region, where the Government has informed the UN that it has adequate capacity to respond to the needs of some 7,000 people displaced by inter-communal violence in March 2013.

The strategy focuses primarily on life-saving activities for vulnerable people, but it also includes early recovery activities and the search for durable solutions for displaced people and other conflict-affected civilians.

Rakhine is one of the most impoverished states in Myanmar, with 44 per cent of the population living below the poverty line, compared to the national average of 26 per cent. The inter-communal tensions and large-scale displacement of people have only added to the many challenges already experienced by people in Rakhine State.

In total, some 310,000 people in Rakhine State are estimated to be in urgent need of humanitarian assistance (almost 10% of the State's total population of around 3.3 million people), while many others also suffer from extremely poor living conditions. Even before the current crisis, many people in both Muslim and Rakhine communities were having difficulty gaining access to adequate education, health-care, clean water and other basic services. In this context, it is important to ensure that humanitarian assistance in Rakhine State is given out in an impartial manner and that it is not perceived as favouring one ethnic community over another.

The number of people displaced since July 2012 as a result of inter-communal violence stood at approximately 140,000 by October 2013. In addition, the plan will target 70,000 food insecure people, 50,000 people in host communities and 50,000 people who are living in isolated villages in Rakhine and who have been severely impacted by inter-communal tensions. Restrictions on movement and ongoing tensions are significantly limiting their access to markets and basic services such as education and health care. Systematic reconciliation efforts have yet to start. Unless rapid progress is made to enable displaced people to return safely to their original homes, there is a real risk of segregation becoming further entrenched.

In Rakhine State, large numbers of Muslims are also impacted by the fact that under the current application of existing national legislation they are not considered by the authorities to be citizens of Myanmar. This has resulted in substantial restrictions on their freedom of movement, marriage and birth registration, and it has exposed them to different forms of exploitation. Desperate conditions have prompted large numbers of Muslims to leave the country in the last year, mostly by dangerous sea crossings.

Humanitarian assistance will complement the existing development initiatives which are outside the scope of this plan. Partners will prioritize information sharing across development and humanitarian programs. In addition, advocacy efforts emphasizing the need for additional development initiatives to address the chronic needs of particularly poor people across the state will be prioritized. Preparedness measures aimed at mitigating risks associated with natural disasters will also be undertaken, with a particular emphasis on IDPs and vulnerable people in low-lying areas, to make sure they are protected.

In Kachin State and northern Shan, many of the 91,000 displaced people targeted in this plan have been displaced over two years. As this displacement becomes more protracted, new protection and assistance needs are being identified. Prolonged displacement is straining the capacity of host communities, with growing numbers of IDPs being forced to seek shelter in camps. In addition to the 91,000 displaced individuals, another 20,000 vulnerable people amongst the host community are included in the humanitarian caseload.

The strategy will seek to address critical humanitarian needs of IDPs by complementing assistance provided by local NGOs. Targeted assistance in the priority areas of food and health services will also be included for host communities and people in isolated areas who have also been severely affected by the crisis.

In the southeast border region with Thailand, a history of conflict and under-investment has created chronic needs in health, water and education. Livelihoods, mostly in agriculture, are supplemented by cross-border migration, which carry the risk of exploitation from trafficking and gender-based violence. From central Shan State to the Tanintharyi Region, an estimated 400,000 people in 36 townships have suffered prolonged displacement, although over time many have found their own durable solutions. Humanitarian challenges in parts of the southeast persist, notably landmine contamination impacting access to displacement-affected populations in Kayin and Kayah states. The humanitarian needs of affected people in the southeast are expected to be covered through UNHCR's durable solutions framework in cooperation with Government plans, supported by the Myanmar Peace Centre.

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



IDPs in Kachin, April 2012. Credit: OCHA

## Priorities within the scope of the strategy

The broad scope of humanitarian needs in Myanmar combined with capacity limitations requires a clear prioritization of actions within the Strategic Response Plan. To accomplish this, the Humanitarian Country Team has agreed that priority will be given to programmes that fulfill one or more of the following criteria:

- Critical, life-saving programmes providing direct services to the most vulnerable population
- Programmes that are based on a thorough needs assessment of men and women and/or that help to provide improved data on humanitarian needs
- Conflict-sensitive programmes that contribute to reducing tensions between communities and that expand humanitarian space (e.g. those that provide balanced support to both communities), as well as programmes that contribute in providing durable solutions
- Time-critical programmes (e.g. programmes that need to be completed ahead of next Monsoon season or before the 2014 census, and winterization projects in Kachin)

## Cross-cutting and context-specific issues

Beyond the priority sector response plans, humanitarian actors in Myanmar have focused on a joint approach to a number of key issues.

Conflict sensitive approaches: When partners respond to needs resulting from inter-communal violence, they must ensure that they do not provoke further community resentment and tensions. Humanitarian principles must guide the response by focusing services on those with the greatest needs and maintaining impartiality. The imperative to *do no harm*, as applied to the complex situation in Rakhine, means understanding how service provision mainly to Muslim communities affects inter-communal relations. As a part of the planning process, humanitarian actors have agreed to include greater conflict analysis in their programme design, to share this information with each other, and to monitor the effects that programme implementation has on community perceptions.

Participation of affected people: Partners have reaffirmed their commitment to involve affected communities in the design, planning, management, implementation and evaluation of programmes. Partners will uphold democratic, participatory approaches to the delivery of humanitarian assistance across Myanmar. Recognizing affected communities are in the best position to understand their own needs and vulnerabilities, partners agree that humanitarian assistance should be community-led and driven by those who have been affected, regardless of social groupings such as ethnicity, nationality, religion, gender or class. These commitments extend to addressing obstacles to effective participation.

Durable solutions strategy: Displacement should not last longer than required by the circumstances. Finding durable solutions is often a gradual and potentially long-term process of removing fundamental causes of displacement and reducing displacement-specific needs. The overall principle guiding durable solutions is centred on the needs, rights and legitimate interests of the displaced persons themselves, taking into account cross cutting issues such as age and gender. Durable solutions to displacement include voluntary return, (re)integration and/or resettlement (relocation) based on an individual and informed choice.

Linking relief, recovery and development: Partners recognize there is a clear relationship between emergency, durable solutions, recovery and development initiatives. They recognize that emergency measures should always aim to strengthen resilience and support longer-term community development. Recognizing that prolonged humanitarian assistance is not in the interest of those in need or of the Government, the humanitarian community supports the timely planning and coordination of recovery efforts, with the Government leading efforts to ensure that the humanitarian phase is minimized and recovery planning lays the foundation for longer term development. Humanitarian partners will work to ensure that their activities contribute to the recovery process, which includes building national governance capacities through strengthening local institutions, developing human and social

capital, restoring livelihoods, enhancing production capacity and income/employment opportunities, and improving local infrastructure. The overall aim is to decrease dependency on aid and to increase community resilience.

Advocacy: In late 2013, the Humanitarian Country Team agreed to increase joint advocacy efforts to address urgent factors challenging the humanitarian response, with priorities including: unhindered humanitarian access; addressing freedom of movement; application of the rule of law; issues of impunity (particularly of the security forces) and the protection of human rights, including the right to citizenship. The strategy recognizes the importance of working with the Government and other key stakeholders to address the root-causes of vulnerability, working to secure durable solutions and enhanced development outcomes, while advocating that humanitarian principles and human rights are upheld.

Gender: Building on achievements in 2013, humanitarian partners in Myanmar have committed to improve gender sensitive programming and continue efforts towards women's empowerment. Based on solid gender analysis of needs assessments, the different needs of women, girls, boys, and men will be reflected at all stages of a project's lifecycle. To make this achievable at field level, cluster or sector specific minimum commitments to gender sensitive programming should be introduced in 2014. Such commitments can be agreed within sectors, based on the improvement of current practical approaches in Myanmar. This year will also see funding proposals assessed with the IASC Gender Marker. Ensuring gender mainstreaming requires a commitment across sectors to collate and analyse data by sex and age, to monitor and promote gender balance in teams and to further embed the current participatory approach adopted by sectors into the humanitarian response. The reported acts of sexual violence towards women in the past two years makes the prevention of gender-based violence and the prevention of sexual exploitation and abuse priority considerations across all sectors.

### Constraints and how the Humanitarian Country Team and clusters will address them

Humanitarian partners face a variety of constraints that are impeding their ability to serve those in need. There are many challenges in achieving durable solutions and integrated strategies to address the underlying causes of conflict and inter-communal strife. Obstacles such as the presence of landmines along portions of the eastern border will need to be tackled before meaningful levels of return can be expected. Other constraints such as the limited presence of humanitarian and development actors in some parts of Rakhine State, combined with difficult to reach remote locations, will also need to be addressed by increasing capacity as well as better coordinated and targeted interventions.

The 2014 Strategic Response Plan for humanitarian action will draw on the Humanitarian Country Team's advocacy strategy and track progress on addressing challenges. This will be supported by the newly launched access monitoring database, which collects and analyses incident reports to provide decision-makers with evidence on trends to inform appropriate response measures.

In Rakhine State, local Rakhine communities are becoming increasingly resentful towards the United Nations and its partner humanitarian organizations due to a perception that a disproportionate amount of foreign aid is being channeled to Muslim communities. This is a serious constraint and one that will need to be analyzed and addressed with care. Humanitarian organizations will need to work hard to demonstrate their impartiality and to restore the trust of local communities and local authorities.

The ongoing engagement with the Government both at Union and State levels will be further strengthened in 2014 through improved information sharing and coordination. The strategy will seek to ensure resources and mechanisms are in place to enhance the Government-led coordination arrangements both for conflict and natural disaster settings. In an effort to ensure complementarities among various plans, and improve both preparedness and response capacity, increased engagement and advocacy with different ministries and committees will be pursued in 2014. The Humanitarian Country Team remains committed to enhance advocacy with all parties to ensure regular access to areas beyond government control in Kachin State. The Government has established an Emergency Coordination Centre in Sittwe with the aim of strengthening coordination. The Humanitarian Country

Team will continue to engage closely with Government authorities at every level to ensure full transparency and accountability of all humanitarian operations.

### Response monitoring

Over the past years, efforts for systematic monitoring have been hindered by a lack of dedicated information management capacity as well as no agreement on a common framework for monitoring and reporting. This has affected the quality of data collection, analysis and dissemination. In an effort to improve monitoring, the following actions will be prioritized for 2014:

- Establish a monitoring framework;
- Collect and analyze sex and age disaggregated data (SADD) across all clusters / sectors. It includes all indicators listed under the strategic objectives below.
- Strengthen information management capacity of cluster/sectors and in field locations;
- Increase inclusiveness of all partners to define standard information products that meet the needs of different actors at all level;
- Increase awareness on the added value of field-level data collection and monitoring to serve as the basis for field operational planning;
- Use standard processes in data collection to feed into information products / advocacy tools to influence policy agenda.

## STRATEGIC OBJECTIVES AND INDICATORS

**Strategic objective 1: Reduce mortality and morbidity amongst affected populations in Rakhine and Kachin as well as populations newly affected by conflict or disaster.**

Indicator	Baseline* and Target	Monitoring responsibility & method (Source and Frequency of monitoring)
Maternal Mortality Rate	Base Rate	Health Cluster (Maternal mortality rate – twice a year)
Under 5 mortality rate	Target: 2Xbase rate or <2/10,000/day	Health Cluster/CCCM Cluster (Camp Records for camps) (Method TBD)
# of cases and incidence of selected diseases (severe diarrhea, mild diarrhea, dysentery, viral hepatitis, common cold, malaria, DHF)	TBD	Health Cluster (Records from camp clinics)
% of GAM Prevalence in Sittwe, Pauktaw, Buthidaung, Maungdaw and in other gap townships (e.g. Rathedaung)	Baselines: Sittwe(Urban)-10.7% Sittwe (Rural)-9.5% Pauktaw (Rural)- 16.4% Buthidaung- 21.4% Maungdaw- 20.0% Targets: same as baseline (no deterioration of situation)	Nutrition Sector (SMART Survey, at least once a year in five townships in Rakhine; twice a year if funding permits)
% of population with adequate water and sanitation access (sphere) supported by appropriate social mobilization and hygienic behavior	Target: 100%	WASH Cluster (4W Quarterly / KAP – Once a year)
# of eligible and affected people whose most personal needs (for shelter from the climate and for the maintenance of health, dignity and well-being) are met	Target: 95,000 for Kachin 140,000 for Rakhine	Shelter/NIFs Cluster (Reports from Cluster Partners to Shelter Cluster; Field visits by Shelter Cluster – every two months; Camp Profiling Updates – every six months by Camp Focal Points through Camp Management Partners)
% children and adolescents receiving MRE who demonstrate understanding and knowledge of landmine risks in affected areas in Kachin	Based on CP sub-sector KAP baseline survey	Education CP Sector (KAP survey- twice a year)
% of targeted households with an acceptable food consumption score (FCS>35).	Baseline: 80% Target: >80%	Food Sector (Food Consumption Score calculation- at least once a year)
Coverage of camp management and coordination mechanisms across all camps to ensure timely and coordinated delivery of humanitarian assistance, including regular monitoring and evaluation of the humanitarian assistance in accordance with	(Baseline: TBD) Target: 119,000 IDPs in Rakhine 87,000 IDPs in Kachin	CCCM Cluster (Reports from Cluster Partners to CCCM Cluster / Field visits by CCCM Cluster/ Camp Management Updates by Camp Focal Points or from Camp Management Agencies / CCCM Cluster)

agreed standards, and the identification and reporting of gaps

meetings/minutes (at least once a month)  
Camp profiling: every six months

\*Baselines are currently being established.

**Strategic objective 2: Ensure adequate access to basic services and the restoration of livelihoods for all displaced and conflict-affected populations in Rakhine and Kachin, while linking up with recovery and development effort.**

Indicator	Baseline* and Target	Monitoring responsibility & method (Source and Frequency of monitoring)
% of targeted emergency-affected IDP children and adolescents (3-17 yrs old) regularly accessing learning opportunities	Baseline: 7% (Adolescents) 50% (Primary) Target: 40%( Adolescents) 80% (Primary)	Education Sector 3W (updated monthly by State EiE Coordination Groups)
%of children aged 6-59 months provided with vitamin A supplementation and de-worming tablets	Target: 60% Kachin and 90% Rakhine	Nutrition Sector (Method TBD)
# of functional and inclusive early recovery dialogue platforms established to address the restoration of basic services.	Baseline: 0 Target: 5	Early Recovery Sector (Method TBD)
# of additional beneficiaries from surrounding villages (communities) who benefit from expanded services	TBD	WASH Cluster (Method TBD)
% of people living in IDP camps with community-driven temporary shelter care and maintenance programmes and suitable camp infrastructure (Rakhine only)	Target: 100%	Shelter/NFIs/CCCM cluster Shelter Cluster meetings/minutes & field visit reports (monthly) CCCM Cluster meetings/minutes & field visit reports (monthly)
<b>Kachin:</b> # of IDPs that have elected and maintained functioning leadership structures, otherwise termed Camp (leadership) Committees, which are able to identify gaps, needs and responses within the camps <b>Rakhine:</b> # of priority camps that have elected and maintained functioning leadership structures, otherwise termed Camp (leadership) Committees, which are able to identify gaps, needs and responses within the camps	Target: 23 Camps for Rakhine Kachin TBD	CCCM Cluster CCCM Cluster meetings/minutes (monthly); Reports from Camp Management Agencies/Actors ; Camp Profiling results (twice a year)

\*Baselines are currently being established.

### Strategic objective 3: Ensure a protective environment for vulnerable people and individuals at risk among the displaced population in Rakhine and Kachin

Indicator	Baseline* and Target	Monitoring responsibility & method (Source and Frequency of monitoring)
# of locations where protection services are available by 60%	Target: TBD	Protection Sector (Kachin only) (Method TBD)
Protection Situation Analysis updated every 6 Months	Target: Yes (2 protection situation analysis)	Protection Sector
% of targeted schools and education spaces which have established functioning child protection and monitoring mechanisms (in close collaboration with the Child Protection sector)	Baseline: 0% Target: 60% for Kachin 70% for Rakhine	Education Sector 3W updated monthly by State EiE Coordination Groups

\*Baselines are currently being established.

### Strategic objective 4: Strengthen preparedness and ensure response capacity is adequate to meet the needs of people newly affected by conflict, inter-communal violence or natural disasters throughout Myanmar

Indicator	Baseline* and Target	Monitoring responsibility & method (Source and Frequency of monitoring)
% of interagency minimum preparedness actions labelled as "Done" within due date	Target: 70%	CCS Sector (Method TBD)
% of targeted school management committees/ PTAs in Rakhine which have developed plans for reducing risk to disaster for their communities (e.g. cyclone, flood and conflict)	Baseline: 0% Target: 70%	Education Sector 3W updated monthly by State EiE Coordination Groups
Rapid assessment tools developed for the context of Myanmar	Deadline TBD	Protection Sector (Method TBD)
# of affected townships which have improved baseline nutrition data	Target: 4 in Rakhine and 4 in Kachin	Nutrition Sector (Method TBD)

\*Baselines are currently being established.



## CLUSTER PLANS

### Number of people targeted

Cluster	Kachin	Rakhine	Total
CCCM	87,000	111,000	198,000
Common Services	111,000	310,000	421,000
Early Recovery	57,000	85,000	142,000
Education	39,000	76,000	115,000
Food	91,000	218,000	309,000
Health	111,000	310,000	421,000
Nutrition	14,000	62,000	76,000
Protection	111,000	250,000	361,000
Shelter/NFIs	95,000	140,000	235,000
WASH	111,000	310,000	421,000

### Overall funding requirements

Cluster	Kachin (US\$)	Rakhine (US\$)	Total (US\$)
CCCM	1,500,000	2,500,000	4,000,000
Common Services	2,675,000	2,675,000	5,350,000
Early Recovery	8,340,000	11,700,000	20,040,000
Education	2,600,000	6,600,000	9,200,000
Food	18,000,000	35,300,000	53,300,000
Health	8,850,000	15,700,000	24,550,000
Nutrition	1,100,000	9,200,000	10,300,000
Protection	6,658,000	12,260,000	18,918,000
Shelter/NFIs	5,660,000	10,105,000	15,765,000
WASH	10,600,000	20,000,000	30,600,000
<b>Total</b>	<b>65,983,000</b>	<b>126,040,000</b>	<b>192,023,000</b>



## CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)<sup>1</sup>



**Lead agency: United Nations High Commissioner for Refugees (UNHCR)**  
**Contact information: Edward BENSON ([benson@unhcr.org](mailto:benson@unhcr.org))**



PEOPLE IN NEED

**231,000**

Kachin – 91,000  
 Rakhine – 140,000



PEOPLE TARGETED

**198,000**

Kachin – 87,000  
 Rakhine – 111,000



REQUIREMENTS (US\$)

**4,000,000**

Kachin – 1,500,000  
 Rakhine – 2,500,000

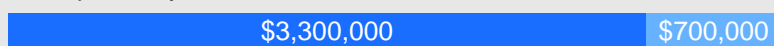


# OF PARTNERS

**Kachin – 5**

**Rakhine – 6**

■ Top Priority activities   ■ All Other activities



### KACHIN STATE

Since the beginning of the conflict in June 2011, Camp Management and Camp Coordination (CCCM) services have been delivered by local and faith-based NGOs through their pre-existing networks both in Government areas and areas beyond government control. They provided life-saving assistance and set up basic camp structures despite limited knowledge of international standards. Building on these existing structures, UNHCR in June 2012 launched the first large-scale CCCM project, which offers much-needed financial support to its implementation partners, including LNGOs. With the deployment of coordinators and the provision of training for CCCM focal points, funds were allocated to meet camp running costs initially for 84 camps across Kachin since October 2012. While various CCCM activities were disrupted during the first half of 2013 due to a serious funding shortfall, the activities were re-launched and expanded in August 2013, currently covering 131 camps across Kachin. In 2014, the cluster aims to cover some 87,000 displaced persons across Kachin and northern Shan states.

However, standards remain inconsistent and coverage incomplete, especially in northern Shan State, where displacement mainly occurred in 2013 and CCCM structures remain at an infant stage. Limited access to this area remains a major challenge for close monitoring and training of new focal points.

In terms of coordination, the cluster was activated 18 months after the conflict, leading to a challenge in standardization of approaches and ensuring a coherent response. This has compromised the sector’s advocacy

<sup>1</sup>For a comprehensive overview of the strategic direction for the CCCM Cluster in Kachin see the latest version of the CCCM (and NFI) Cluster Strategic Operational Framework Kachin and northern Shan States at: <https://www.sheltercluster.org/Asia/Myanmar/RakhineAndKachin/Pages/default.aspx>  
 For a comprehensive overview of the strategic direction for the CCCM Cluster in Rakhine, details on cluster partners, and information on coverage see: [www.shelterficccmmyanmar.org](http://www.shelterficccmmyanmar.org).

and engagement with both parties whose understanding of and support for CCCM is very low. For example, local authorities have had minimal involvement in terms of allocating necessary land for camps and in the provision of camp services and support to camp management administration. Despite attempts by the CCCM Cluster, it has not succeeded to secure necessary commitment to start the process of handing-over this responsibility.

In 2014, the cluster aims to extend the coverage of camp focal points and camp running cost to all camps, and work closely with partners to rationalize CCCM structures with greater understanding and implementation of international standards. The cluster will carry out an assessment of existing structures and work with cluster partners to agree on common practices, including how focal points should be chosen, what their responsibilities are, how a fair representation of all different categories of IDPs in camp management committee is ensured, and what the mechanisms are to report efficiently on needs and problems in camps. To increase ownership of the camp management by camp residents and in an effort to support their sustainability, the cluster will work on establishing clearly-defined roles for camp leadership and camp management, which should be accountable to residents. The cluster will seek to oversee elections of CCCM committees to ensure community inclusiveness, and intensify its advocacy with authorities from both sides to improve their commitment to CCCM, including training to clarify their roles and responsibilities.

The cluster will also reinforce the capacity of focal points to conduct camp profiling exercises in the remaining camps, and collect and update the data on a regular basis, to support all relief activities in camps.

The direction of the Cluster in 2014 is to save lives by reducing morbidity amongst affected populations in Kachin and northern Shan states and ensure increased access to basic services, as reflected in overall strategic objectives 1 and 2.

## RAKHINE STATE

With a drastic increase in shelter provision across Rakhine in 2013, the need for extensive and operational camp coordination and camp management activities was increasingly evident. Initial key challenges in 2013 included a lack of understanding of these activities and the lack of clear camp location data, inadequate numbers of humanitarian actors willing or able to support CCCM activities and limited funding. Despite last year's dedicated effort to address these challenges, gaps in CCCM Cluster coverage still remain. In view of dramatic changes in community structures and societal relationships following the inter-communal violence as well as subsequent displacement and creation of new camps - some hosting over 12,000 IDPs - the challenges for this sector remain acute. The need for expansion of its activities to ensure functioning camps is also crucial in realizing durable solutions, supporting efforts to re-form communities and transition to the next stage.

Currently, the sector has prioritized 23 camps (17 in Sittwe, four in Pauktaw, two in Myebon), benefitting 111,000 displaced persons, almost 80 per cent of the entire 140,000 IDPs in planned camps across Rakhine State. Provided that additional resources and capacities are secured, the CCCM Cluster intends to cover the remaining camps, likely through mobile teams. In view of the critical need to ensure active camp management presence, partners now serve as a camp management agency or camp management focal in most of these priority camps, including the Danish Refugee Council (DRC), Lutheran World Federation (LWF), Relief International (RI) and Save the Children International (SCI).

Despite reasonable coverage by partners, major gaps in two key priority camps in Pauktaw Township remain. This prompts the need for more actors- including the State Government - to strengthen camp administration and support suitable camp management structures in these camps. Moreover, formation of suitable camp leadership committees has proved an enormous challenge. Efforts to make better progress in this area, including appropriate local government support, will remain a key priority for 2014.

The overall goal of the CCCM Cluster in 2014 is to ensure well-managed and coordinated assistance, improved access to services and protection for the displaced persons living in camps and camp-like settings, to improve their quality of life and dignity during displacement, and to advocate for durable solutions while preparing them for life after displacement. To meet this overall goal, priority areas include:

- Harnessing partnerships with (I)NGOs, local government officials and displaced populations, ensuring that solid coordination mechanisms are established and that open dialogue, 'do-no-harm', and humanitarian principles are promoted and applied;
- Targeting the most vulnerable in the affected areas, especially female-, elderly-, and child-headed households, as well as widows;
- Establishing representative (elected) camp committees;
- Strengthening coordination, preparedness and early-warning mechanisms in close cooperation with cluster partners, the State Government, village and township administrators;
- Building information management capacity and increase information-sharing mechanisms;
- Empowering local capacities including the promotion of durable and sustainable solutions.

The direction of the cluster in 2014 is to save lives by reducing morbidity amongst affected populations in Rakhine State and ensure increased access to basic services, as reflected in overall strategic objectives 1 and 2.

## STRATEGIC OBJECTIVE 1: REDUCE MORTALITY AND MORBIDITY AMONGST AFFECTED POPULATIONS IN RAKHINE AND KACHIN AS WELL AS POPULATIONS NEWLY AFFECTED BY CONFLICT OR DISASTER

### Cluster objective 1A:

Humanitarian assistance to the IDP population is well-managed and coordinated, responding to the needs and respecting international standards.

### Outcome-level indicators and targets

Coverage of camp management and coordination mechanisms across all camps to ensure timely and coordinated delivery of humanitarian assistance, including regular monitoring and evaluation of the humanitarian assistance in accordance with agreed standards, and the identification and reporting of humanitarian gaps

Target - 87,000 IDPs in Kachin, 111,000 IDPs in 23 priority camps in Rakhine

### Top-priority activities:

Activity	Locations	Indicator	Target
With cluster partners, complete the set-up of existing camp management structures, improving & harmonizing gap reporting systems	Kachin and northern Shan State	% of camps with a CCCM focal person	100%
		% of positive responses to reported gaps & duplications	50%
		Published camp lists, dashboard (info graphic) & 3W	Minimum 6 times a year
		% of camps with complaints response mechanisms	90%

Activity	Locations	Indicator	Target
With Rakhine State Government (RSG) & cluster partners, establish and maintain camp coordination mechanisms	Rakhine State, priority camps in Sittwe, Pauktaw, and Myebon Townships (23 camps in total)	% of positive responses to reported gaps & duplications	50%
		# of CCCM meetings chaired by RSG	12
		% of priority camps with at least fortnightly camp committee meetings	75%
		Published camp lists dashboard (info graphic) & 3W	Minimum 6 per year
		% of priority camps with complaints response mechanisms which receive increasing number of complaints each month	100%

## STRATEGIC OBJECTIVE 2: ENSURE ADEQUATE ACCESS TO BASIC SERVICES AND THE RESTORATION OF LIVELIHOODS FOR ALL DISPLACED AND CONFLICT-AFFECTED POPULATIONS IN RAKHINE AND KACHIN, WHILE LINKING UP WITH RECOVERY AND DEVELOPMENT EFFORT.

### Other activities:

Activity	Locations	Indicator	Target
Engage / train authorities from both parties to meet CCCM responsibilities	Kachin State	# of trainings with authorities	2 with Government 2 with KIO
With cluster partners, conduct review of existing gaps in reporting & monitoring mechanisms & harmonize systems to improve efficiency	Kachin & northern Shan States	% of camps and implementing agencies applying agreed upon reporting/monitoring mechanisms	80% Camps and 80% Agencies
Training key staff within CCCM implementing agencies	Kachin & northern Shan States	# of trainings organized	6 per year
Build on recently launched pilot project of computerized data in camps for larger camps (over 1000 residents)		% Camps with over 1,000 residents with computerized data	100%

### Cluster objective 2A:

**Kachin:** Improve existing leadership structures within camps to be more inclusive and participative, and increase the involvement and ownership of the IDPs.

**Rakhine:** Establish and maintain appropriately formed and functioning leadership structures within priority camps, and increase the involvement and participation of the IDPs.

### Outcome-level indicators and targets

**Kachin:** Numbers of IDPs that have elected and maintained functioning leadership structures, otherwise termed Camp (leadership) Committees, which are able to identify gaps, needs and responses within the camps; Target: 87,000 IDPs

**Rakhine:** Number of priority camps that have elected and maintained functioning leadership structures, otherwise termed Camp (leadership) Committees, which are able to identify gaps, needs and responses within the camps; Target: 111,000 IDPs in 23 priority camps in Rakhine

**Top-priority activities:**

Activity	Locations	Indicator	Target
Ensure IDPs participation in the choice of its leaders & camp leadership is inclusive	Kachin & northern Shan States	% of camps with an elected leadership	
		% of Camp (leadership) Committees with at least 25% female representation	50%
		% of camp(leadership) committees having at least one representative of (each)vulnerable group	100%
		% of camps with suitable terms of reference for Camp (leadership) Committee	100%
		% of priority Camp (leadership) Committees sufficiently evaluated, according to CCCM defined guidelines, for their representativeness	50%
One Camp (leadership) Committee established per camp	Rakhine State, priority camps in Sittwe, Pauktaw, and Myebon Townships(23 camps in total)	% of priority camps with one Camp (leadership) Committee	
		% of priority camps with list of Camp (leadership) Committee members	100%
		% of Camp (leadership) Committees in priority camps with at least 25% female representation	100%
		% of priority camps in which some members of Camp (leadership) Committee participate in basic Camp Committee training	75%
		% of priority camps with suitable terms of reference for Camp (leadership) Committee and camp rules established and agreed by sub-committees	100%
		% of priority Camp (leadership) Committees evaluated, according to agreed CCCM guidelines, for their representativeness	80%

**Other activities:**

Activity	Locations	Indicator	Target
Pilot system of financial participation of IDPs in Camp Running Costs	Kachin & northern Shan States	% of eligible camps (meaning IDPs have sufficient livelihood resources) having a system of financial participation in place	30%
Provide appropriate material support to assist camp committees, e.g. stationary, furniture, designated meeting spaces and notice-boards	Kachin & northern Shan States Rakhine State, priority camps within Townships of Sittwe, Pauktaw, Myebon (23 camps in total)	% of camps with appropriate material support to assist camp committees % priority camps received material support to assist camp committees	100%
Minimum of three sector sub-committees established per camp	Rakhine State, priority camps within Townships of Sittwe, Pauktaw, Myebon (23 camps in total)	% of camps with a minimum of a WASH sub-committee, women's sub-committee, youth/education sub-committee established per camp	75%



## COORDINATION AND COMMON SERVICES (CCS)



**Lead agencies: Office for the Coordination of Humanitarian Affairs (OCHA) and United Nations Department of Safety and Security (UNDSS)**  
**Contact information: Mark CUTTS ([cutts@un.org](mailto:cutts@un.org))**  
**Tony MONAGHAN ([tony.monaghan@undss.org](mailto:tony.monaghan@undss.org))**



PEOPLE IN NEED

**421,000**

Kachin – 111,000  
 Rakhine – 310,000



PEOPLE TARGETED

**421,000**

Kachin – 111,000  
 Rakhine – 310,000



REQUIREMENTS (US\$)

**5,350,000**

Coordination – 5,200,000  
 Security – 150,000



# OF PARTNERS

**97**

■ All Other activities

\$5,350,000

The humanitarian community continues to face a series of challenges in delivering principled and timely humanitarian assistance to all those in need in Myanmar. The Coordination and Common Services (CCS) sector will therefore focus its efforts on improving the overall operating environment for humanitarian action through coordination support (including resource mobilization and advocacy), as well as support to the humanitarian community through the provision of staff safety and security services at national and field levels. The sector contributes to the four strategic objectives indirectly through coordination support and the provision of critical common services to the Resident and Humanitarian Coordinator, clusters/sectors and their partners.

Humanitarian coordination in Myanmar will be strengthened through support to the Resident and Humanitarian Coordinator and existing coordination mechanisms, including the Humanitarian Country Team (HCT) as the main policy and decision-making forum for humanitarian agencies. The HCT advises on strategy and is guided by Inter-Agency Standing Committee (IASC) guidelines and recommendations, particularly the Transformative Agenda. Its role is to ensure operational effectiveness and principled humanitarian action. The inter-cluster/sector group ensures synergy on cross-sector humanitarian issues and priorities. Two local HCTs are established at field level in Kachin and Rakhine States, along with an inter-cluster/sector coordination mechanism to strengthen operational coordination in Rakhine State. The Central Emergency Response Fund (CERF) and the Myanmar Emergency Response Fund will be managed by the CCS sector and streamlined into the joint planning process to best meet the needs of the most vulnerable.

Improved coordination, information and advocacy will enable key stakeholders to identify critical issues and devise strategies to meet the needs of vulnerable communities, in line with global policy and practice. Priorities for 2014 include a focus on quality information products, timely provision of information, strengthening of effective preparedness and response measures, advocacy for unhindered access and delivery of assistance in accordance with humanitarian principles, while promoting necessary pre-conditions for voluntary, dignified and safe return. A Humanitarian Advocacy and Communications Group (HACG) was established to support the HCT in implementing a humanitarian advocacy and communication strategy which includes joint key messages. The sector will continue to provide technical support and coordination to improve how partners are communicating with communities, in an effort to improve program quality and increase trust and acceptance.

The CCS sector will support humanitarian actors in continuing to engage with authorities both at central and field levels to promote understanding of humanitarian principles and complementary response strategies, while promoting durable solutions and preparedness. It will also support advocacy for increased operational space and the monitoring of humanitarian access, using incident data to advocate for change, while sector analysis and monitoring will be strengthened through improved information management practices. In order to ensure that humanitarian action is based on a common awareness and understanding of humanitarian need, the CSS sector will produce high-quality information products including maps, situation reports, humanitarian bulletins and snapshots.

The CCS sector will also focus its efforts on improving staff safety and security to allow humanitarian staff to operate in an enabling environment. This will be achieved through improved information acquisition and timely analysis capabilities providing for evidence-based decision-making. Provision of regular security expertise, training and advice in the more critical areas at field level will strengthen the capacity of Area Security Management Team members to forecast challenges and to mitigate risks caused by the changing environment, in order to provide humanitarian services to people in need. Common inter-agency missions to areas characterized by difficult security situations will continue to be organized to enhance humanitarian access and operational impact.

Security-related incidents that impact safety and security, continuity of activities, or affect access will be tracked and analyzed to determine trends and to determine appropriate courses of action. Levels of disaster preparedness and the ability to coordinate a response with humanitarian partners, including with local authorities, will be improved significantly through the establishment of an Inter-Agency Emergency Communications System (ECS). Sole reliance on mobile telephone networks for communications during a disaster is not conducive to a coordinated response. Subject to Government approval, the inter-agency ECS will use radio communications and satellite communications rather than solely relying on mobile telephone networks. The existing Security Operations Centre and VHF radio network in Yangon will support the establishment of repeaters and a radio room in both Rakhine State and Kachin States as part of broader disaster preparedness and crisis management plans. During normal operations, the radio rooms will disseminate security-related information, track field missions, provide radio communications training for humanitarian personnel, and facilitate responses to medical emergencies, emergency evacuations or relocation of personnel.

## STRATEGIC OBJECTIVES 1 - 3

### Cluster objective 1:

Improve the overall operating environment for humanitarian action through strategic coordination, information management, resource mobilisation, and advocacy.

### Outcome-level indicators and targets

OCHA Myanmar overall score in the Annual Partner Survey - Target >7.5

Level of funding of the 2014 Strategic Response Plan – Target >70%

Percentage of advocacy products in line with Joint Humanitarian Advocacy Strategy and Implementation Plan – 100%

Activity	Locations	Indicator	Target
Support HCT, Inter-Cluster/Sector Group, Clusters, Sectors	Yangon Region, Rakhine and Kachin States	Overall score in "Humanitarian Coordination Leadership" in the Partnership Survey 2014	>7.5
Produce and disseminate humanitarian information products including snapshots, bulletins, maps, situation reports, and press releases	All states and regions with humanitarian operations	Overall score on "Information Products support the HPC" on the Partnership Survey 2014	>7.5



Activity	Locations	Indicator	Target
Coordinate joint humanitarian advocacy through the HACG	All states and regions with humanitarian operations	% of advocacy products that are in line with the joint humanitarian advocacy strategy and implementation plan	100
Mobilize resources through donor contributions,	All states and regions with humanitarian operations	Level of funding of the 2014 Strategic Response Plan – Target	>70%

### Cluster objective 2:

Enable safe delivery of humanitarian activities in Myanmar through effective emergency preparedness and effective security risk management for humanitarian staff.

### Outcome-level indicators and targets

Number of humanitarian staff members with access to regular security situation updates – Regular distribution to 300 recipients

Minimum Operating Security Standard (MOSS) compliance level – 100% compliant with limitation

Percentage of action points from the Saving Lives Together framework that are fully implemented – 50%

Activity	Locations	Indicator	Target
Operationalize the 'Saving Lives Together' framework. Provide timely, processed security-related information (incident reports, flash reports, security alerts and advisories, thematic reports, risk assessments, security situational analysis) to humanitarian organizations in Myanmar.	Countrywide	# of security focal point meetings	12
		# of security analytical reports disseminated	12
Establish Inter-Agency Emergency Communications System (ECS).	Kachin and Rakhine States	Percentage of ECS geographic coverage of Kachin and Rakhine States	85% for Rakhine and 65% for Kachin

## STRATEGIC OBJECTIVES 4 :STRENGTHEN PREPAREDNESS AND ENSURE RESPONSE CAPACITY IS ADEQUATE TO MEET THE NEEDS OF PEOPLE NEWLY AFFECTED BY CONFLICT, INTER-COMMUNAL VIOLENCE OR NATURAL DISASTERS THROUGHOUT MYANMAR

### Cluster objective 1:

Enhance inter-agency Emergency Response Preparedness to respond effectively to humanitarian emergencies throughout Myanmar.

### Outcome-level indicators and targets

% of Interagency Minimum preparedness actions "Done" within due date – Target 70%

Activity	Locations	Indicator	Target
Emergency Response Preparedness	All country	Emergency Preparedness Response and contingency planning workshop participation	100% of HCT agencies + 100% of Sectors
		Simulation Exercise participation	100% of HCT agencies + 100% of Sectors+ at least one government Agency (RR) + National NGOs Contingency Plan Working Group

## EARLY RECOVERY



**Lead agency: United Nations Development Programme**  
**Contact information: Monica RIJAL ([monica.rijal@undp.org](mailto:monica.rijal@undp.org))**



PEOPLE IN NEED

**421,000**

Kachin – 111,000  
 Rakhine – 310,000



PEOPLE TARGETED

**142,000**

Kachin – 57,000  
 Rakhine – 85,000



REQUIREMENTS (US\$)

**20,040,000**

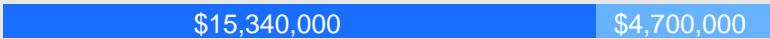
Kachin – 8,340,000  
 Rakhine – 11,700,000



# OF PARTNERS

**Kachin – 31**  
**Rakhine – 27**

■ Top Priority activities ■ All Other activities



### KACHIN STATE

In view of the protracted displacement, which has entailed increased vulnerability and has created constraints on access to essential services and livelihood opportunities, the implementation of early recovery activities is crucial to support self-reliance and strengthen resilience among communities. The affected communities need support to start resuming their livelihoods and/or to prepare for return or resettlement, once conditions are warranted.

In 2013, a number of early recovery programmes were implemented for displaced persons, including the provision of conditional cash grants for small businesses, income-generation activities (such as livestock breeding programmes, small scale farming), and vocational training for income-generating activities. In parallel, a number of assessments that inform early recovery activities<sup>2</sup> were conducted to better assess the economy, livelihood situation and poverty level of the affected people as well as to formulate future responses.

Based on the work of the Early Recovery Sector in 2013 and the recommendations of the assessments conducted, the sector will focus on the following activities in 2014;

1. Support governance capacity for early recovery activities. In order to support the Government’s efforts to develop long-term plans (including township-level planning and return and resettlement plans) and to improve the operational environment, capacity-building activities for local Government and local NGOs will be implemented. At the local Government level, the sector will provide technical assistance to township and district institutions to improve coordination and planning, including for the restoration of essential basic services across Kachin. In parallel, partners will support the capacity of local NGOs and community-based organizations to

<sup>2</sup>The assessments include camp-based livelihood assessment (2012) and Poverty Score Card (2013) conducted by UNDP, Economic Security Assessment (2013) by MRCS and ICRC, and Emergency Market Mapping (2013) by OXFAM.

participate in recovery planning, in particular given the essential role of local NGOs in the delivery of assistance, especially in areas beyond government control.

2. Strengthen preparedness for potential return and resettlement through the development of an early recovery database. In 2014, the sector will focus on developing an early recovery database to strengthen the ability of the Government and national and international organizations to support the recovery of conflict-affected communities. This will include the roll-out of comprehensive multi-sector early recovery assessment in Government areas and areas beyond government control. The assessment will serve carry out economic profiling of IDPs, assess their level of access to basic services, as well as identify further early recovery opportunities. The outcome of the assessment will be captured in the database and feed into township-level planning for potential return and resettlement of displaced persons. It will also inform the development of a system-wide early recovery response in Kachin.
3. Support economic recovery of conflict-affected persons: Food insecurity remains one of the greatest challenges for the people affected by conflict in both Government areas and areas beyond government control. Due to insecurity, mine contamination or other restrictions on movements, many people - especially in areas beyond government control - have limited or no access to livelihood and income-generating opportunities. Early Recovery Sector partners will therefore implement livelihoods programmes to enhance food production and income generation capacities as well as to strengthen people's skills. Innovative approach to improve access to land will be pursued to ensure more opportunities for livelihoods and income generation activities. The overall interventions aim at achieving affected population's self-sufficiency and increased resilience, as well as spurring local economy.

## RAKHINE STATE

In the context of protracted displacement and ongoing tensions between communities, early recovery efforts are integral to bridging the gap between humanitarian and development activities, encouraging self-reliance, supporting fragile local economies and building resilience. A shift from humanitarian to recovery is a priority across all programming.

In an effort to assess household economy, constraints on productivity and opportunities among displaced persons in camps as well as host and isolated communities, a food security and livelihoods assessment was carried out in August 2013 by six agencies<sup>3</sup> in Sittwe, Pauktaw, Rathedaung and Myebon townships. The findings highlight the urgent need for re-establishment of social and economic linkages between the two communities in Rakhine, for integration of isolated and host villages, and for the provision of livelihoods for all communities. The findings of UNDP's livelihoods and social cohesion project of 2013 across approximately 60 villages in Rakhine State also highlight the important role of economic restoration, which will eventually re-establish inter-communal relations.

Despite limited resources in 2013, several pilot initiatives to support livelihoods and small business of camp-based and village-based IDPs and host communities incorporating conflict-sensitive approaches were implemented in 2013. These included the provision of cash grants, distribution of agricultural inputs and tools and implementation of cash for work activities.

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<sup>3</sup> Action Contre la Faim, Danish Refugee Council, Oxfam, Relief International, Save the Children and Solidarités International

Building upon the achievements in 2013, the overall strategic approach of the Early Recovery Sector in 2014 will be to:

- *Create an enabling environment for recovery focusing on equitable access to basic services:* This will be achieved through the integration of early recovery into the Government's township development planning, building the capacity of township authorities in governance and supporting the Union Government in the elaboration of a longer-term recovery and development strategy or plan for Rakhine State.
- *Uphold a conflict-sensitive approach:* The streamlining of a conflict-sensitive approach into programming will help mitigate the risks of further violence and marginalization. Youth has been identified as a critical target group to be engaged in livelihood and development activities. In collaboration with the Education Sector, supporting youth with peace education will be emphasised. Trainings on 'do no harm' will be rolled out targeting humanitarian actors, CSOs as well as government partners.
- *Development of a system-wide early recovery response:* A comprehensive assessment to identify opportunities for early recovery through a multi-sector approach will be conducted. The outcomes will feed into the design and development of a system-wide recovery response, including through the township planning exercise and the development of a longer-term plan for Rakhine.
- *Protect and restore livelihoods and food security:* The sector will implement both short and long-term interventions targeting people living in a variety of settings. This will include restoration of the affected communities' production capacity, improvement in their nutritional status, support for diversification of livelihoods opportunities, increased food production and advocacy for freedom of movement to ensure increased access to services and livelihood opportunities. In parallel, innovative approach to improve access to land will be implemented to ensure more opportunities for livelihoods and income generation activities.
  - *Support for village-based IDPs and host communities:* In an effort to restore market linkages and inter-communal communications, village-based IDPs and host communities that have access to their entire or portion of their farm land or a nearby river (including in Sittwe, Mrauk-U, and Maungdaw townships) will be supported. It also aims at restoring their productive assets and capacity in agriculture and fisheries as well as relevant infrastructure and small businesses.
  - *Support to IDPs in camps:* The majority of Muslim IDPs and host communities in Sittwe, Pauktaw and Myebon townships have little or no access to early recovery opportunities due to movement restrictions. In addition to a direct support to their livelihood situation, the Early Recovery Sector will scale up its advocacy efforts for freedom of movement. The existing skills of IDPs will be assessed and strengthened in order to encourage their engagement in various early recovery activities, which aim to eventually support for restoration of pre-conflict linkages, and improved access to employment opportunities. Various grant schemes in kind and in cash would be implemented to pump-prime local economy.
  - *Support to isolated communities:* The sector will also provide early recovery support to people in isolated villages to increase their livelihood opportunities as well as to promote peaceful coexistence. The interventions will include direct support to the restoration of the households' productive capacity, development of infrastructure, enhancement of human and social capitals, strengthening local economy and promotion of local service providers. A joint assessment will be conducted in Maungdaw to identify isolated communities in areas which were not covered by previous assessments.
  - *Engagement with surrounding communities:* The early recovery multi-sector assessment will also cover surrounding communities, which also face high-level of poverty and hardship, and are beyond the scope of the Rakhine Response Plan. In view of their important role in restoration of pre-conflict inter-communal engagement and the upcoming township planning exercise, which is likely to include these communities, the Early Recover Sector will identify their specific needs and work with development partners to support addressing their need through a coordinated approach.

## STRATEGIC OBJECTIVE 2: ENSURE ADEQUATE ACCESS TO BASIC SERVICES AND THE RESTORATION OF LIVELIHOODS FOR ALL DISPLACED AND CONFLICT-AFFECTED POPULATIONS IN RAKHINE AND KACHIN, WHILE LINKING UP WITH RECOVERY AND DEVELOPMENT EFFORT.

**Sector objective 2A:** Build the capacity of local government to lead early recovery process through support for district and township level planning processes to ensure integration of early recovery components in Kachin.

### Objective level indicator

# of development plans with early recovery components included at township level

# of functional and inclusive early recovery dialogue platforms established to address the restoration of basic services

### Top-priority activities:

Activity	Locations	Indicator	Target
Provide technical assistance and capacity building for township and district administrators as well as leaders of government line agencies in planning processes.	Conflict affected townships or those hosting IDPs in Myitkyina, Bhamo, Puta-O Districts in Kachin. Targeting 10 townships	# of workshops	10
		# of township/district administrators/ agencies representatives participating in workshops	150
		# of township plans with early recovery components	5
Assist the local government to restore basic services in conflict affected areas	Conflict affected townships or those hosting IDPs in Myitkyina, Bhamo, Puta-O Districts in Kachin	# of people and covered by restored basic services	47,500
		% of the area covered by restored basic services	50 % of accessible conflict affected areas
Support the establishment of an inclusive and functional early recovery dialogue platform including the local government, CSOs and conflict-affected communities	Conflict affected townships or those hosting IDPs in Myitkyina, Bhamo, Puta-O Districts in Kachin	# of townships with functional ER dialogue platforms established across Kachin State.	5

**Sector objective 2B:** Build the capacity of local NGOs and community based organizations to create and sustain an enabling environment for recovery related opportunities in Kachin.

### Objective level indicator

# of national NGOs which are able to deliver recovery related programmes and meaningfully participate/contribute to recovery processes in GCA and areas beyond Government control

### Top-priority activities:

Activity	Locations	Indicator	Target
Provide institutional development program for LNGOs (coaching and mentoring) <ul style="list-style-type: none"> <li>- Project management training</li> <li>- Advocacy and resource mobilization</li> <li>- Conflict sensitivity and Do No Harm</li> <li>- Confidence building and dialogue</li> </ul>	Local NGOs and CBOs operating across GCA and areas beyond Government control in Kachin	# of organizations supported	10
Enhance recovery related subject matters skills among local NGOs	Local NGOs and CBOs operating across GCA and areas beyond Government control in Kachin	# of members of LNGOs trained	50

**Sector objective 2C:** Improved environment for returns and resettlement is supported through sufficient data collection and analysis as well as development and implementation of Early Recovery plans in Kachin.

#### Objective level indicator

A system wide and comprehensive multi sectoral assessment conducted and fed into national strategies and priorities

#### Top-priority activities:

Activity	Locations	Indicator	Target
A system wide and comprehensive ER assessment conducted including economic profiling, access to basic services and protection issues	IDPs and conflict affected communities across the GCA and areas beyond Government control in Kachin	% of townships which have been assessed, mapped, and ranked	50%

#### Other activities:

Activity	Locations	Indicator	Target
Support the government in development of return and resettlement policies and guidelines within minimum international standards (dependent on the progress of the peace agreement)	Nay Pyi Taw, Yangon and Myitkyina	# of government programmes which are in line with return and resettlement policies and guidelines	5 agencies at State level
Support NaTaLa, RRD, GAD and other government agencies to develop township level return and resettlement plan (as implementation measure of the general return and resettlement program to result from peace agreements). This is contingent on the peace agreement	Conflict affected townships in Puta-O, Myitkyina and Bhamo District in Kachin	# of township plans developed which integrate return and resettlement policies and guidelines within minimum international standards	5 plans

**Sector objective 2D:** Restoring economic and food security of conflict-affected communities through creation of livelihoods opportunities (linked to sector objective #2C) in Kachin.

#### Objective level indicator

%of conflict-affected people producing their food and/or taking part in economic security programmes across GCA and areas beyond Government control

#### Top-priority activities:

Activity	Locations	Indicator	Target
Promote innovative livelihood options, cash for work programs, conditional cash grant, micro enterprise and credit programs, agricultural inputs etc.	Conflict affected communities in GCA and areas beyond Government control (Myitkyina, Bhamo and Puta-O District) in Kachin	# of beneficiaries	50,000

#### Other activities:

Activity	Locations	Indicator	Target
Promote innovative livelihood options, cash for work programs, conditional cash grant, micro enterprise and credit programs, agricultural inputs etc.	Conflict affected communities in GCA and areas beyond Government control (Myitkyina, Bhamo and Puta-O District) in Kachin	# of beneficiaries	20,000

**Sector objective 2E:** Develop governance capacities of partners to undertake early recovery and create an enabling environment for recovery in Rakhine.

**Objective level indicator:** % of trained partners demonstrating increased awareness on early recovery

#### Top-priority activities:

Activity	Locations	Indicator	Target
Comprehensive ER assessment (for baseline and cross sectoral planning)	Affected townships including surrounding communities in Rakhine	% of townships which have been assessed, mapped, and ranked	50%

Activity	Locations	Indicator	Target
Support to development of government-led recovery and development plan for Rakhine	Sittwe/Nay Pyi Taw	# ER partners that are implementing projects directly recommended in Government plan (forthcoming)	20
Provide technical assistance to integrate ER into township plans.	Pilot townships in Rakhine	# of township plans that integrate early recovery	3
		# of township representatives trained	50
		# of ER information database set up in target townships and coordination established	3
Build capacity of Government and partners on conflict analysis, Do No Harm, peace building and social cohesion	Sittwe, Yangon, Nay Pyi Taw Pilot townships in Rakhine	# of government officials trained	75
		# of humanitarian actors trained (UN, NGO and CBOs)	50
		# of youth and women trained	100
Issue specific analytical briefs based on research published to inform the humanitarian space	Sittwe/Yangon	# of issue briefs published	2
Support to promotion of protection and gender empowerment	Pilot townships in Rakhine	# of projects designed using participatory methods in which women's groups take a lead role in project implementation and management	15
		# of active women's groups	15

#### Other activities:

Activity	Locations	Indicator	Target
Engagement with youth (and unemployed adolescents) to contribute to widening space for ER and development	Pilot townships in Rakhine	# of youth participating in ER activities (per township)	100 youth ( 50% men and 50% women)
		# of youth joint projects (within and across townships) (per township)	4 projects

**Sector objective 2F:** Support the restoration of farm and off-farm livelihoods of conflict-affected populations in Rakhine.

**Objective level indicator:** # of people with farm and off-farm livelihoods generating income at least three months after receiving support. (50% of the population reached during the response period)

#### Top-priority activities: (most vulnerable communities/households)

Activity	Locations	Indicator	Target
(support for extremely vulnerable IDPs) Provision of inputs (i.e. seeds, fertilizers, machineries/ hand tractors, conditional cash grants, cash for work)	Sittwe, Rathidaung, Maungdaw, Minbya, Mrauk-U, Kyauktaw, Pauktaw.	# of IDPs and conflict-affected people who have received material livelihood support	5,000
		# of extremely vulnerable individuals who received material livelihood support	3,000
Skills training on livelihoods, business and market development.	Sittwe, Minbya, Mrauk-U, Kyauktaw, and Maungdaw	# of IDPs and conflict-affected people trained	5,000
		% of IDPs and conflict affected people who received training use newly acquired skills three months after training	50%
		# of extremely vulnerable individuals who have started their livelihoods (after training)	1,500
(Priority for extremely vulnerable IDPs) Support to re-establishment of IGAs, small business and market (utilizing the skills of IDPs that moved from urban to rural camps)	Sittwe, Pauktaw and Myebon, other townships to be identified	# of IDPs assisted (within this category)	10,000
		% of IDPs assisted who gain livelihoods three months after training	50%

Activity	Locations	Indicator	Target
In isolated communities: Provision of inputs to restore/ strengthen IGAs and inter communal relationships	Sittwe, Rathidaung, Maungdaw, Minbya, Mrauk-U, Kyauktaw, Pauktaw, other locations to be identified.	# of conflict affected in isolated villages assisted	5,000
		# of conflict-affected people benefitting from inter-communal project	10,000

**Other activities:**

Activity	Locations	Indicator	Target
Provision of inputs (i.e. seeds, fertilizers, machineries/ hand tractors, conditional cash grants, cash for work)	Sittwe, Rathidaung, Maungdaw, Minbya, Mrauk-U, Kyauktaw, Pauktaw.	# of IDPs and conflict-affected people who have received material livelihood support	5,000
Technical training on improved technology for crop production, animal raising, fishery and farm machinery.	Minbya, Mrauk-U, Kyauktaw, Pauktaw, Maungdaw, Sittwe, Rathidaung	# of IDPs and conflict-affected people trained	15,000
		% of IDPs and conflict affected people who receive training use acquired skills three months after training	50%
Skills training on livelihoods, business and market development.	Sittwe, Minbya, Mrauk-U, Kyauktaw, and Maungdaw	# of IDPs and conflict-affected people trained	5,000
		% of IDPs and conflict affected people who received training use newly acquired skills three months after training	50%
In isolated communities: Provision of inputs to restore/ strengthen IGAs and inter communal relationships	Sittwe, Rathidaung, Maungdaw, Minbya, Mrauk-U, Kyauktaw, Pauktaw, other locations to be identified.	# of conflict affected in isolated villages assisted	5,000
		# of conflict-affected people benefitting from inter-communal project	8,000

**Sector objective 2G:** Improved access to basic social, economic and critical infrastructure services.

**Objective level indicator:** % of population with equal access to basic community social and economic infrastructure services (i.e., road and culverts, latrines, flood protection walls, solar lights, markets) (This can be measured through the development of township plans which is an ER sector inputs as well as a perception survey)

**Top-priority activities: (most vulnerable communities and households)**

Activity	Locations	Indicator	Target
Restoration of critical public community infrastructure and access to basic services in support of social and economic recovery and promotion of peace and reconciliation	Pilot townships in Rakhine	# IDPs, people in isolated villages and surrounding communities, and host communities with access to restored social and economic infrastructure and basic services	8,000
		# of inter-communal infrastructure projects completed	10
		# activities that engages media in understanding their role as change agents (e.g training on media as a tool for dialogue, joint mission for journalist to see and report on the ER projects in communities)	3

**Other activities:**

Activity	Locations	Indicator	Target
Restoration of critical public community infrastructure and access to basic services in support of social and economic recovery and promotion of peace and reconciliation	Pilot townships in Rakhine	# IDPs, people in isolated villages and surrounding communities, and host communities with access to restored social and economic infrastructure and basic services	5,000
		# of inter-communal infrastructure projects completed	10



## EDUCATION



**Lead agency: United Nations Children’s Fund (UNICEF) and Save the Children International (SCI)**  
**Contact information: Arlo KITCHINGMAN ([arlo.kitchingman@savethechildren.org](mailto:arlo.kitchingman@savethechildren.org))**



CHILDREN<sup>4</sup> IN NEED  
**212,000**  
 Kachin – 56,000<sup>5</sup>  
 Rakhine – 156,000<sup>6</sup>



CHILDREN TARGETED  
**115,000**  
 Kachin – 39,000<sup>7</sup>  
 Rakhine – 76,000<sup>8</sup>

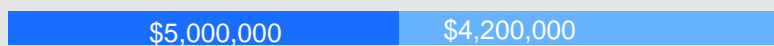


REQUIREMENTS (US\$)  
**9,200,000**  
 Kachin – 2,600,000<sup>9</sup>  
 Rakhine – 6,600,000<sup>10</sup>



# OF PARTNERS  
**Kachin – 12<sup>11</sup>**  
**Rakhine – 5<sup>12</sup>**

■ Top Priority activities ■ All Other activities



### KACHIN STATE

For most children in Kachin State, some form of education has continued despite disruption and hardship caused by the on-going conflict and a lack of financial resources and capacity. Based on the assumption that the vast majority of displaced will not return and resettle in 2014, humanitarian needs, including for education, remain high. The high number of displaced children requiring pre-school Early Childhood Care and Development (ECCD), primary and secondary education, has put pressure on the existing facilities in both Government areas and areas beyond Government control. In both areas, the respective administrations continue to lead the provision of education to displaced persons, with direct or indirect support from national and international organizations. In

<sup>4</sup>For the Education in Emergencies Sector in Myanmar the term ‘children’ refers to school-age children from the age of 3 to 17.  
<sup>5</sup>Total child caseload derived from age-group-proportionate estimates based on agreed total Kachin caseload of 111,000 people (UNOCHA, May 2014)  
<sup>6</sup>Total child caseload is derived from age-group-proportionate estimates based on agreed total Rakhine caseload of 310,000 people (UNOCHA, May 2014)  
<sup>7</sup>Target number for Kachin based on an overall target of 70% coverage varying by population typology, education type, related sector priorities and implementing capacity  
<sup>8</sup>Target number for Rakhine based on an overall target of 50% coverage varying by population typology, education type, related sector priorities and implementing capacity  
<sup>9</sup>Estimated funding requirement for Kachin calculated using average operational unit costs per year ranging from US\$40 to \$80. The unit cost for adolescents and areas beyond government control is higher due to class sizes, boarding house support and higher access costs.  
<sup>10</sup>Estimated funding requirement for Rakhine calculated using average operational unit costs per year ranging from US\$60 to \$100. The unit costs are higher for adolescents and isolated areas, including in northern parts of Rakhine, due to class sizes and higher access costs.  
<sup>11</sup>Five national implementing partners and seven international agencies, which provide funding and technical support  
<sup>12</sup>Only five international organizations are supporting Education in conflict-affected Rakhine, but five more are working in other areas of Rakhine (including northern part of Rakhine State) on longer-term programmes related to or indirectly affected by the conflict.

response to the increased needs, many new temporary education facilities have been established in IDP camps which, although aligned with the formal system, often depend on volunteer teachers, limited education supplies and basic facilities.

More and better education facilities, including temporary learning spaces, are needed across Kachin. In areas beyond Government control, school and boarding house water and sanitation facilities are often inadequate, which pose potential hygiene and health risks. Resources for training and retaining volunteer teachers needed to support the education system in areas beyond Government control are very limited. The additional costs of education (education supplies, additional tuition and other hidden fees) are prohibitive for many IDP families in both areas.

Established facilities such as school boarding houses, designed to cope with remoteness of rural areas and livelihoods pressures, have been expanded to ensure the continuation of education for as many children as possible during their displacement. Whilst this approach may suit the current situation needs, this system needs to be closely monitored and supported through protection mechanisms and training to ensure that it does not pose increased risks to children using them. Until landmines are cleared, the education sector can play a key role in equipping children with the necessary knowledge to protect themselves through mine risk education (generic and non-politically sensitive) in close collaboration with the Protection Sector.

Of a total 111,000 people in need of assistance in Kachin, 56,000 are estimated to be children in need of education support (39,000 of them to be targeted by this plan). Approximately 7,000 of these are host community children, whose education also requires support to ensure that the continued presence of displaced children in their schools and communities does not negatively impact their access to quality education, or threaten the social cohesion between the displaced persons and the host communities.

While meeting the immediate education needs of IDPs, building individual and systemic capacity for future return and resettlement is also an important part of interventions. This includes the capacity of teachers, parent teachers associations (PTAs), school management and the local education authorities responsible for re-establishing services – all vital early recovery capacities. The realization of this goal, however, relates to developing the capacity of implementing national NGOs which requires increased support from international organizations.

Securing funding and organizational support both for short and longer-term activities (detailed below) depends on improved education information, especially in areas beyond Government control, data collection and coordination/management mechanisms, which will begin with a joint comprehensive education needs assessment involving local administrations, national and international NGOs.

## RAKHINE STATE

Education remains a contributory root cause and driver of communal violence in Rakhine State, and continues to be seriously affected by the on-going results of this. The pre-existing low quantity and quality of school structures, teachers, facilities and materials, and resultant low levels of enrolment, attendance and achievement, have been exacerbated by the violence. More children than ever are not exercising their right to quality education, particularly Muslim IDPs. To date, emergency education programmes in Rakhine State have focused on primary school-aged displaced children (6-10 years). The majority of ethnic Rakhine children (approximately 2,100) displaced by the inter-communal violence have resumed their formal education, and of an estimated 23,500 primary school-aged Muslim IDP children, 17,500 (75 per cent) were regularly accessing emergency education by the end of 2013.

In the current Rakhine context, 'emergency education' for IDP children comprises the following: temporary learning spaces, volunteer teachers, a limited number of subjects and basic teaching and learning materials – the minimum education package. Funding is required to continue this effort and increase its coverage in 2014. The sector is considering expanding it to include more subjects for the same number of children. However, for reasons of feasibility and avoiding a creation of a parallel system, this can only be done through more support from the Government.

The education response plan is based on the assumption that the IDP camps will remain throughout 2014, with a continued inability to access previous services, including schools. To help manage and deter further inter-communal violence in Rakhine and support protection, education interventions targeting the post-primary school age group (adolescents) is currently the biggest need, in both communities. The current estimated education coverage for this vulnerable group in 2014 is very low at only seven per cent.

In other areas of Rakhine, including the northern part of Rakhine State, additional education support is crucial, as challenges remain in the provision of basic education due to poor structures and facilities as well as shortages of teachers and learning materials. The need for more trained Muslim teachers in Rakhine remains a top priority, as per the Rakhine Commission of Inquiry recommendations. In support of Education, the Food Sector will continue to carry out its school feeding programme, which aims to cover up to 100,000 children in 2014, in the most vulnerable areas of Rakhine State.

Early Childhood Care and Development (ECCD) can prove an important protective intervention, physically and psychologically, as well as behaviourally and developmentally beneficial, to both parents and children. Although ECCD programming was not previously included as an emergency education component, it represents a significant opportunity to invest in long-term stability and is in line with the recently passed ECCD law. Education can provide a solid platform for conflict management interventions, and is a foundation for future peace-building initiatives. As such, elements of peace education, media literacy and counter-communication strategies should be integrated into education activities wherever possible.

A multi-levelled advocacy strategy is needed to mobilize the necessary political and donor support and create the enabling environment for programme implementation. The education sector needs to adopt a more strategic approach to its engagement in Rakhine, moving away from needs-based service provision to more strategic interventions and partnerships, including linking with development programming. The Government should be encouraged to significantly increase its support for primary education in the IDP camps, especially the hard and more visible components of it - school structures (temporary or semi-permanent), teacher recruitment, teaching and learning materials and textbooks. This will free partners' resources to focus on the qualitative conflict management and peace-building aspects of education and allow/promote the Government to rebuild and strengthen its relationship with both communities for long-term stability.

It is also important for the international community to extend more educational support to the Rakhine community, through both humanitarian and development programmes. In addition to helping address some of the education needs of this community, and an important part of the long-term peace-building process, this could also contribute to improving general acceptance of current programming across Rakhine. Education support needs to be carefully targeted to ensure that the growing divisions between displaced persons and the host communities are not exacerbated and instead relationships are strengthened.

## **STRATEGIC OBJECTIVE 1: REDUCE MORTALITY AND MORBIDITY AMONGST AFFECTED POPULATIONS IN RAKHINE AND KACHIN AS WELL AS POPULATIONS NEWLY AFFECTED BY CONFLICT OR DISASTER**

**Sector objective 1A:** Contribute to reducing the risks of mortality amongst children due to landmines through integrating politically non-sensitive and age-appropriate mine risk education (MRE) into all education delivered to children and adolescents living in affected areas of Kachin State.

### **Objective level indicator**

# of children and adolescents receiving MRE through formal and non-formal education in affected areas of Kachin State (target: 5000 in 2014)

### **Top-priority activities:**

Activity	Locations	Indicator	Target
Identify or develop politically non-sensitive and age-appropriate mine risk education (MRE) courses and deliver to all children and adolescents in mine affected areas through training of teachers/facilitators in all education mediums (ECCD, formal, NFE, vocational education) in close collaboration with the Child Protection sub-sector.	Chipwe, Waingmaw, Momauk, Bhamo, Mansi, Myitkyina, Mogaung, Mohnyin, Shwegu, Namhkam, Muse, Kukai, Putao	# of children in Kachin State receiving MRE in targeted schools and education space	5,000

**Sector objective 1B:** Contribute to reducing the number of children and adolescents affected by water borne diseases through access to sufficient and improved WASH facilities and education on proper water, sanitation and hygiene practices in targeted areas of Rakhine State (in close collaboration with the WASH sector).

#### Objective level indicator

% of target schools and education spaces in Rakhine State with WASH facilities to the Sphere & INEE Minimum Standards (target 70)

#### Top-priority activities:

Activity	Locations	Indicator	Target
a) Work closely with the WASH sector to ensure that the newly built water and sanitation facilities of learning spaces and schools are to minimum standards (in quantity and quality) and are properly managed, used and maintained;	Rakhine: Sittwe, Pauktaw, Kyauktaw, Mrauk-U, Minbya, Myebon, Maungdaw, Rathedaung, Kyaukpyu, Ramree,	% of targeted education spaces with WASH facilities to the Sphere & INEE Minimum Standards	70%
b) Provide systematic hygiene education activities		% of children in targeted education spaces provided with regular hygiene education	70%

## STRATEGIC OBJECTIVE 2: ENSURE ADEQUATE ACCESS TO BASIC SERVICES AND THE RESTORATION OF LIVELIHOODS FOR ALL DISPLACED AND CONFLICT-AFFECTED POPULATIONS IN RAKHINE AND KACHIN, WHILE LINKING UP WITH RECOVERY AND DEVELOPMENT EFFORT.

**Sector objective 2:** Improve access to and quality of learning opportunities (ECCD, formal, NFE, vocational education) for children and adolescents (3-17 yrs old) in affected areas.

#### Objective level indicator

% of targeted emergency-affected displaced children and adolescents (3-17 yrs old) regularly accessing structured learning opportunities. (Target: 40-80%: adolescents - primary)

#### Top-priority activities:

Activity	Locations	Indicator	Target
a) Increase number and improve quality of education structures and facilities (incl. WASH); b) provide teaching and learning materials; c) incentivize and train volunteer teachers;	Kachin: Chipwe, Waingmaw, Momauk, Bhamo, Mansi, Myitkyina, Mogaung, Mohnyin, Shwegu, Namhkam, Muse, Kukai, Putao	% of enrolment rate per group in targeted affected areas	60-90%
		% of attendance rate per group in targeted affected areas	50-80%
		# of children per (volunteer) teacher (average)	60
a) Increase number and improve quality of education structures and facilities (incl. WASH); b) provide teaching	Rakhine: Sittwe, Pauktaw, Kyauktaw,	% of enrolment rate per group in targeted affected areas	50-80%

Activity	Locations	Indicator	Target
and learning materials; c) recruit, train and incentivize volunteer teachers; d) improve non-formal and vocational education opportunities for adolescents in both communities;	Mrauk-U, Minbya, Myebon, Maungdaw, Rathedaung, Kyaukpyu, Ramree, Targeted areas of northern part of Rakhine	% of attendance rate per group in targeted affected areas # of children per (volunteer) teacher (average)	40-70% 60

**Other activities:**

Activity	Locations	Indicator	Target
Kachin: a) support free additional catch-up classes for IDPs building on exiting initiatives (in both areas); b) improve non-formal and vocational education opportunities for out-of-school adolescents; c) establish train and support PTAs and SMCs; d) provide structured recreational activities; e) facilitate the Government to end hidden fees in the formal education system (esp. for IDPs).	Kachin: Chipwe, Waingmaw, Momauk, Bhamo, Mansi, Myitkyina, Mogaung, Mohnyin, Shwegu, Namhkam, Muse, Kukai, Putao	# of out-of-school adolescents provided with NFE opportunities in conflict-affected Kachin % of targeted education spaces with established and active PTAs (meeting at least once per month) in affected areas	5,000 80%
Rakhine: a) establish train and support PTAs and SMCs; b) provide structured recreational activities; c) establish/expand ECCD services in both communities	Rakhine: Sittwe, Pauktaw, Kyauktaw, Mrauk-U, Minbya, Myebon, Maungdaw, Rathedaung, Kyaukpyu, Ramree, Targeted areas of northern part of Rakhine	# of children aged 3-5 in conflict-affected Rakhine with access to newly-established ECCD services	9,000 (30%)

**STRATEGIC OBJECTIVE 3: ENSURE A PROTECTIVE ENVIRONMENT FOR VULNERABLE PEOPLE AND INDIVIDUALS AT RISK AMONG THE DISPLACED POPULATION IN RAKHINE AND KACHIN**

**Sector objective 3:** Ensure that learning environments are safe and supportive for children and adolescents in terms of location, structures, internal and external environment, facility personnel, content of education (including psycho-social support), and systems in close collaboration with the Child Protection sub-sector.

**Objective level indicator**

% of target schools and education spaces which have established and functioning child protection and monitoring mechanisms (target 60 & 80%; Kachin & Rakhine)

**Top-priority activities:**

Activity	Locations	Indicator	Target
a) Establish child protection mechanisms in all supported learning spaces linked to established referral pathways, and train all education staff on these; b) establish safe environment checklist and monitoring system for schools and boarding house; c) provide psychosocial support and positive discipline training to teachers;	Kachin: Chipwe, Waingmaw, Momauk, Bhamo, Mansi, Myitkyina, Mogaung, Mohnyin, Shwegu, Namhkam, Muse, Kukai, Putao	% of targeted schools and education spaces which have established and functioning child protection and monitoring mechanisms % of targeted education spaces considered safe for children and adolescents based on self and sector assessment and monitoring % of targeted teachers trained on psychosocial support	60% 70% 60%
a) Establish child protection mechanisms in all supported learning spaces linked to established referral pathways, and train all education staff on these; b) provide psychosocial support and positive discipline training to teachers; c) provide protective life-skills education to adolescents as part of non-formal education.	Rakhine: Sittwe, Pauktaw, Kyauktaw, Mrauk-U, Minbya, Myebon, Maungdaw, Rathedaung, Kyaukpyu, Ramree, Targeted areas of northern part of Rakhine	% of targeted schools and education spaces which have established and functioning child protection and monitoring mechanisms % of volunteer teachers (IDP camps) trained on psychosocial support # of conflict-affected and adolescents with access to emergency life-skills education in Rakhine	70% 70% 10,000

**Other activities:**

Activity	Locations	Indicator	Target
a) incorporate relevant and protective life-skills education into education for adolescents, formal and NFE; b) work with other sectors to ensure minimum standards of physical and psychological protection to children residing in boarding houses (linked to schools)	Kachin: Chipwe, Waingmaw, Momauk, Bhamo, Mansi, Myitkyina, Mogaung, Mohnyin, Shwegu, Namhkam, Muse, Kukai, Putao	# of adolescents with access to relevant and protective life-skills education in conflict-affected Kachin through formal or non-formal education services	10,000
		% of targeted school boarding houses in Kachin with monitoring mechanisms in place to ensure minimum standards of physical and psychological protection (in close collaboration with other sectors, esp. CP)	80%

## STRATEGIC OBJECTIVE 4: STRENGTHEN PREPAREDNESS AND ENSURE RESPONSE CAPACITY IS ADEQUATE TO MEET THE NEEDS OF PEOPLE NEWLY AFFECTED BY CONFLICT, INTER-COMMUNAL VIOLENCE OR NATURAL DISASTERS THROUGHOUT MYANMAR

**Sector objective 4:** Develop the capacity and resources of the education sector to respond to existing and new emergencies with the relevant and quality education which is conflict sensitive, incorporates DRR and builds resilience to future disasters and conflict, through comprehensive and sustained capacity development support.

### Objective level indicator (Kachin)

# children and adolescents who could be served by pre-positioned education supplies in the emergency-affected/prone area - (Target: 20,000)

### Objective level indicator (Rakhine)

% of target school management committees/ PTAs which have developed plans for reducing risk to disaster for their communities (e.g. cyclone, flood and conflict) (target 70%)

### Top-priority activities:

Activity	Locations	Indicator	Target
a) Establish or link to pre-positioned supplies for responding to additional emergency education needs; b) train education sector staff on quality EiE response to minimum standards; c) incorporate life-skills and peace education into curriculum content and methodology in order to build resilience to conflict; d) develop links to an EiE rapid response funding mechanism;	Kachin: Chipwe, Waingmaw, Momauk, Bhamo, Mansi, Myitkyina, Mogaung, Mohnyin, Shwegu, Namhkam, Muse, Kukai, Putao	# of children and adolescents who could be served by pre-positioned education supplies in the emergency-affected/prone area	20,000
		% of education sector staff trained on EiE response to minimum standards (INEE).	80%
a) Train education sector staff on how to respond to emergencies with quality/minimum standard education interventions; promote DRR in schools and use of DRR school designs; b) incorporate content and methodology into education provided which builds resilience to conflict (e.g. peace education, media literacy and critical thinking, counter communication initiatives);	Rakhine: Sittwe, Pauktaw, Kyauktaw, Mrauk-U, Minbya, Myebon, Maungdaw, Rathedaung, Kyaukpyu, Ramree, Targeted areas of northern part of Rakhine	% of implementing education sector staff trained on EiE response to minimum standards (INEE) and Do No Harm approaches.	80%
		# of targeted children receiving resilience-building education content (e.g. peace education, media literacy and critical thinking, counter communication initiatives) in conflict-affected Rakhine	10,000

### Other activities:

Activity	Locations	Indicator	Target
Kachin: a) develop new packages and standards for capacity development programmes for national organizations by international organizations (e.g. ongoing/embedded technical and systems support	Kachin: Chipwe, Waingmaw, Momauk, Bhamo, Mansi, Myitkyina, Mogaung, Mohnyin, Shwegu, Namhkam, Muse, Kukai, Putao	% of international organizations offering comprehensive capacity development support to national organizations as a part of partnership arrangements in Kachin	100%

Activity	Locations	Indicator	Target
Rakhine: a) Establish pre-positioned supplies for responding additional emergency education needs esp. cyclones and flooding; b) work with school management committees/PTAs to develop plans for reducing risk to disaster for their communities (e.g. cyclone, flood and conflict); c) develop and support Government capacity to monitor and supervise the emergency education activities in the IDP camps (as part of the strategy for increasing Government involvement)	Rakhine: Sittwe, Pauktaw, Kyauktaw, Mrauk-U, Minbya, Myebon, Maungdaw, Rathedaung, Kyaukpyu, Ramree, Targeted areas of northern part of Rakhine	# of children which could be served by pre-positioned education supplies in the emergency-affected/prone area  % of targeted school management committees/ PTAs which have developed plans for reducing risk to disaster for their communities (e.g. cyclone, flood and conflict)	20,000  70%



## FOOD



Lead agency: World Food Programme (WFP)

Contact information: Masae SHIMOMURA ([masae.shimomura@wfp.org](mailto:masae.shimomura@wfp.org))



PEOPLE IN NEED

**421,000**

Kachin – 111,000  
Rakhine – 310,000



PEOPLE TARGETED

**309,000**

Kachin – 91,000  
Rakhine – 218,000



REQUIREMENTS (US\$)

**53,300,000**

Kachin – 18,000,000  
Rakhine – 35,300,000



# OF PARTNERS

**Kachin – 10**  
**Rakhine – 4**

■ Top Priority activities

\$53,300,000

## KACHIN STATE

Since August 2011, food sector partners have been providing life-saving food assistance to displaced persons 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 women, as well as children under two years to stave off malnutrition. Fragile security conditions and a lack of access have prevented the food sector partners from reaching 100 per cent coverage in these areas.

Food assistance for people displaced by the ongoing conflict in Kachin, as well communities hosting them, will continue to be essential in 2014. Many displaced persons have had their livelihoods severely disrupted and have limited or no livelihood opportunities in camps and remain highly dependent on food assistance. Some 91,000 displaced persons in camps and 1,000 displaced persons in the host families will be provided with food or cash-based assistance by food sector partners in 2014. This planning assumption is based on a scenario with full humanitarian access to all IDP camps and displaced persons in host families.

Should the overall situation in Kachin State start to stabilize, food sector partners plan to provide food assistance to returnees in their villages of origin to support their return. However, access may be limited to some areas during the rainy season due to road conditions, limiting the number of persons who can be reached.

Food security assessments in Government areas in 2013 indicate that the IDP households have received a balanced and appropriate diet and the majority of households have opportunities for income generation. Other assistance, such as cash grants, has provided opportunities to diversify diets with products purchased from local markets. The level of assistance has been more limited in areas beyond Government control, where local NGOs and community-based organizations (CBOs) distributed food assistance throughout 2013. Access for international partners has been increased with a series of cross-line missions in the second half of 2013. Close coordination with local NGOs is taking place to avoid duplication of distribution.

Moreover, current and future food distribution plans have been mapped, and the provision of cash grants has been explored. Based on the gap analysis and mapping exercise, it is estimated that around 95 per cent of displaced



persons in the areas beyond Government control are supported with food assistance by local NGOs, community-based organizations and/or international partners. Coordination with local NGOs and community-based organizations therefore will continue to be critical to maintain a steady food supply to those in need.

Food sector partners will provide food baskets to people in IDP camps, containing rice, oil, salt and pulses, in line with Sphere Standard requirements of 2,100 Kcal daily. Alternatively, where and when markets allow, a cash equivalent will be provided, enabling people to buy from local markets. The food basket or ration size will be adjusted for families who have a regular source of income and are therefore better able to provide for themselves. Fortified blended food may be added to food baskets, depending on the nutrition status of the targeted people. This approach will help discourage dependency on food assistance.

Food sector partners also plan to carry out food security and poverty surveys during 2014 which will help determine transfer modality, food utilization, dietary diversity, household food consumption, household hunger scale, and livelihood opportunities.

## RAKHINE STATE

Due to severe restrictions on movements and limited livelihood opportunities, the majority of people displaced by the inter-communal violence that broke out in June and October 2012 remain highly dependent on food assistance. In 2014, food sector partners will ensure adequate food security for 128,000 displaced persons, 20,000 people in isolated communities affected by the violence, and 70,000 other extremely vulnerable people, through provision of food assistance and cash-based interventions.

Food sector partners have been providing relief support for the displaced in Rakhine State since June 2012. Vulnerable groups, such as children under five and pregnant and lactating women, have also received supplementary food assistance to prevent nutritional decline also among the non-displaced communities. The Myanmar Resource Foundation (MRF) is providing food assistance to people affected by the communal violence who are not covered by other food sector partners.

The main sector activity will be the continuation of the general food distributions to displaced persons in and around Sittwe, as well as in northern part of Rakhine State. The general food distribution consists of a food basket containing rice, oil, salt and pulses, which meets the 2,100 Kcal nutritional requirements specified in the Sphere Standards. Fortified blended food will be provided to children under five years of age, and to pregnant women and new mothers as a dietary supplement, to prevent malnutrition. The MRF will continue to provide food assistance to people who were affected by the inter-communal violence but are not assisted by food sector partners. Discussions between MRF and food sector partners on the standardization of food baskets are on-going. The communications with recipients of food assistance on the selection criteria and difference in the food baskets continues to be an important part of the response.

Some 20,000 people in isolated villages in Rakhine State will be assisted through cash-for-work activities, provided that appropriate projects and participants are identified. Cash-for-work activities will include construction of schools, renovation of roads and fishing net weaving. These projects will provide much-needed employment opportunities and inject cash into local economies. Pilot projects are planned by partners in a few areas in Sittwe. However, further capacity is needed to ensure their implementation.

Assistance is planned for some 70,000 extremely vulnerable people in northern part of Rakhine, who will be supported through relief assistance during the lean season (May – November). The assistance will also cover 11,000 children under five years of age and pregnant and lactating women, who will receive fortified blended food throughout the year. The main objective of providing food assistance for the most needy is to ensure basic food

safety during the lean season, while the provision of fortified food for the groups at most risk will contribute to mitigate malnutrition in northern part of Rakhine.

As displacement becomes more protracted and inter-communal tensions continue in Rakhine State, WFP and partners will provide food assistance to those most in need, while strengthening the capacity of displaced persons and conflict-affected people for self-recovery through livelihood opportunities, supported by inter-cluster/sector collaboration. General food distributions may be adjusted by reviewing ration size or distribution period for those who are able to generate an income from livelihood activities, to discourage dependency on food assistance.

## STRATEGIC OBJECTIVE 1: REDUCE MORTALITY AND MORBIDITY AMONGST AFFECTED POPULATIONS IN RAKHINE AND KACHIN AS WELL AS POPULATIONS NEWLY AFFECTED BY CONFLICT OR DISASTER

### Cluster objective:

Ensure people in need of food assistance have access to adequate food and/or cash assistance.

### Outcome-level indicators

Percentage of targeted households with an acceptable food consumption score (FCS>35)

### Top-priority activities:

Activity	Locations	Indicator	Target
Food distribution to: Kachin: - IDPs in camps - IDPs in host families	IDP camps and host communities in both GCA and areas beyond Government control in Kachin	% of targeted households with an acceptable food consumption score (FCS>35)	>75%
Rakhine: - IDPs - Isolated communities - Extremely vulnerable individuals in northern part of Rakhine	Rakhine: IDP camps and host communities and isolated villages		
Food security and poverty assessments/surveys	IDP camps and host communities in both GCA and areas beyond Government control in Kachin  Rakhine: IDP camps and host communities and isolated villages	% of accessible affected areas assessed by food sector partners	>80%

 **HEALTH**



**Lead agency: World Health Organization (WHO)**  
**Contact information: Liviu VEDRASCO ([vedrascol@searo.who.int](mailto:vedrascol@searo.who.int))**



PEOPLE IN NEED  
**421,000**  
 Kachin – 111,000  
 Rakhine – 310,000



PEOPLE TARGETED  
**421,000**  
 Kachin – 111,000  
 Rakhine – 310,000

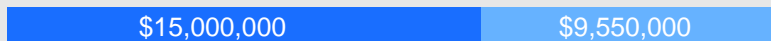


REQUIREMENTS (US\$)  
**24,550,000**  
 Kachin – 8,850,000  
 Rakhine – 15,700,000



# OF PARTNERS  
**Kachin – 11**  
**Rakhine – 18**

■ Top Priority activities ■ All Other activities



**KACHIN STATE**

The overall objective of the Health Cluster in Kachin is to reduce avoidable mortality, morbidity and disability among affected people through improving equitable access to preventive and curative health care. To this end, the Health Cluster will be focusing on: (1) provision of preventive care, health promotion, primary and secondary health care; (2) disease surveillance and rapid response to outbreaks; (3) provision of routine immunizations (4) provision of Maternal and Child Health(MCH) services and (5) increased coordination and collaboration between the Ministry of Health and partner organizations.

Health referral systems remain a major concern, especially in areas beyond government control, where the majority of displaced persons have very limited access to health services and, therefore, continue to rely on facilities in China, creating additional financial constraints. The hospital in Laiza could serve as a referral facility in border areas, but it requires additional health professionals and substantial upgrading of existing health facilities. The Health Cluster will continue to provide live-saving health interventions through a package of primary health services and secondary care, including referrals to hospitals.

Local partners, with support from international organizations, remain key service providers in areas beyond government control. Key priorities for the Health Cluster include strengthening routine immunization services across Kachin State, strengthening Maternal and Child Health services, improving the referral system to hospitals across Kachin, addressing shortages of trained health care workers through training of displaced persons, strengthening disease surveillance and control through implementation of an Early Warning and Reporting System (EWARS) across Kachin, early diagnosis and effective treatment of malaria and provision of long-lasting insecticide-treated nets, improving mental health and psychosocial support services, development of protocols and training on the clinical management of gender-based violence cases, and improving coordination among health agencies by implementing 4W (who-what-where-when) mapping and regular meetings.

The Health Cluster works with 11 health partners including UN agencies, the ICRC and IFRC, local and international NGOs as well as with the Nutrition and WASH clusters. It will continue to facilitate interactions with government authorities both at the state and national levels and organize regular meetings in Myitkyina and Nay Pyi Taw to discuss issues requiring the Government's support or approval.

## RAKHINE STATE

The overall objective of the Health Cluster is to reduce avoidable mortality, morbidity and disability among affected people through improving equitable access to preventive and curative health care. To this end, the Health Cluster will focus on five areas: (1) provision of equitable access to preventive, primary and secondary health care, and health promotion; (2) disease surveillance and rapid response to outbreaks; (3) provision of routine immunization; (4) provision of Maternal and Child Health services; and (4) increased coordination and collaboration between the Ministry of Health and partner agencies.

After 18 months of displacement, the majority of the IDPs continue to rely on essential health care services provided by the Health Cluster partners due to limited access to previously accessible Government-run primary and secondary healthcare facilities. Following repeated advocacy efforts, a pilot immunization programme was implemented with technical support from the Health Cluster partners in the last quarter of 2013. However, comprehensive routine immunization is yet to be resumed for affected people. A major focus of the Health Cluster will be to use all possible means to fully resume immunization for all people across Rakhine State.

One of the major challenges is the fact that township hospitals close to the camps remain inaccessible to the majority of the displaced persons due to on-going tensions. This situation continues to compromise access of displaced persons to immediate life-saving services and poses serious difficulties in provision of essential health care, especially the implementation of a functional referral system. So far, there are only two hospitals in Sittwe that receive referral patients from IDP camps with Muslim populations.

The Health Cluster will continue to provide life-saving health interventions through a package of primary health services and secondary care including referrals to State-run hospitals. Key priorities for the Health Cluster include strengthening maternal and child health services; improving the referral system to hospitals including referrals during nights and weekends; strengthening disease surveillance and control; improving mental health and psychosocial support services; strengthening secondary care by creating additional secondary care capacity with 24/7 services in at least three additional locations (Sittwe, Mrauk-U and Pauktaw); development of protocols and training on the clinical management of gender-based violence cases; strengthening health education and hygiene promotion activities and addressing the critical shortage of trained healthcare workers through training of displaced persons.

The Health Cluster works with 18 health partners including UN agencies, ICRC and IFRC, local and international NGOs as well as with the Nutrition and WASH clusters. The cluster will continue to facilitate the interactions with government authorities at both the state and national levels and organize regular meetings in Sittwe and Nay Pyi Taw to discuss issues requiring the Government's support or approval.

**STRATEGIC OBJECTIVE 1: REDUCE MORTALITY AND MORBIDITY AMONGST AFFECTED POPULATIONS IN RAKHINE AND KACHIN AS WELL AS POPULATIONS NEWLY AFFECTED BY CONFLICT OR DISASTER.**

### Cluster objective 1A:

Provide equitable access to preventative, primary and secondary health care and health promotion to targeted populations.

#### Outcome-level indicators and targets

Crude mortality rate (target =2Xbase rate or <1/10,000/day)

Maternal Mortality Rate (target = base rate for Rakhine state)

<5 mortality rate (target =2Xbase rate or <2/10,000/day)

#### Top-priority activities:

Activity	Locations	Indicator	Target
Delivery of primary health care services through regular mobile clinics	All locations with targeted population in both GCA and areas beyond Government control in Kachin	% of targeted population with access to regular mobile clinics	100%
	All locations with targeted population in nine townships in Rakhine	# of outpatient consultations per person per year	> 1 visit / person/ per year
Provide access to reproductive, maternal and child health services including emergency obstetric care	All locations with targeted population in both GCA and areas beyond Government control in Kachin	% of clinics where the average number of consultations per day is < 50 / day / clinician	>75%
	All locations with targeted population in both GCA and areas beyond Government control in Kachin	% of targeted population with access to MCH services	100%
	All locations with targeted population in nine townships in Rakhine	% of births attended by skilled attendant	>90%
Provide routine immunization according to national schedule to all children and pregnant women	All locations with targeted population in both GCA and areas beyond Government control in Kachin	% of deliveries by Caesarian section	> 5% and <15%
	All locations with targeted population in both GCA and areas beyond Government control in Kachin	Coverage of measles vaccination (6 month to 15 years)	> 95%
	All locations with targeted population in nine townships in Rakhine	Coverage of Pentavalent vaccination in < 1 year olds	> 90%
Functional referral system to hospitals including referrals during nights and weekends	All locations with targeted population in both GCA and areas beyond Government control in Kachin	Coverage of polio vaccination	> 95%
	All locations with targeted population in both GCA and areas beyond Government control in Kachin	# of hospital beds per 10,000 target population	=10 beds
	All locations with targeted population in nine townships in Rakhine	# of emergency referrals	30% increase from 2013
Disease surveillance and functional early warning and response system (EWARS)	All locations with targeted population in both GCA and areas beyond Government control in Kachin	# of referrals for OPD specialist consultations	30% increase from 2013
	All locations with targeted population in nine townships in Rakhine	# of cases and incidence of selected diseases (severe diarrhea, mild diarrhea, dysentery, viral hepatitis, common cold, malaria, DHF)	Measure trends
Early diagnosis and effective treatment of Malaria and provision of Long-Lasting insecticide treated nets (LLINs)	All locations with targeted population in both GCA and areas beyond Government control in Kachin	# of cases and incidence malaria	Measure trends
	All locations with targeted population in nine townships in Rakhine	% of targeted households with 2 or more LLINs	100%
Increase secondary health care capacity in Rakhine State	At least three townships with improved secondary healthcare capacity	# of additional hospital beds created	100
		# of additional secondary healthcare facilities receiving referral from target populations	3

**All other:**

Activity	Locations	Indicator	Target
Provide support for mental health patients and psychosocial support services to the target population	All locations with targeted population in both GCA and areas beyond Government control in Kachin All locations with targeted population in nine townships in Rakhine	% of mobile clinic teams that provide mental health and psychosocial support	75%
Training of IDP Community Health Workers (CHW), Assistant Midwife (AMW), Midwife (MW) and other basic health staff	All locations with targeted population in both GCA and areas beyond Government control in Kachin All locations with targeted population in nine townships in Rakhine	# of IDP health staff trained # of CHW per 10,000 population	120 ≥10
Diagnosis and treatment of TB and HIV/AIDS	All locations with targeted population in both GCA and areas beyond Government control in Kachin All locations with targeted population in nine townships in Rakhine	% of patients lost to follow up treatment of TB and HIV/AIDS	<10%
Upgrading existing facilities of Laiza hospital and augment its staff	Kachin: Laiza hospital	% of annual increase in patients treated % of increase in staff working at the Laiza hospital	30% 30%
Introduce health management information system (HMIS) in all locations	All locations with targeted population in nine townships in Rakhine	% of health partners reporting through HMIS by May 2014	75%

## STRATEGIC OBJECTIVE 4: STRENGTHEN PREPAREDNESS AND ENSURE RESPONSE CAPACITY IS ADEQUATE TO MEET THE NEEDS OF PEOPLE NEWLY AFFECTED BY CONFLICT, INTER-COMMUNAL VIOLENCE OR NATURAL DISASTERS THROUGHOUT MYANMAR

**Cluster objective 4 A:**

Strengthen early warning and response system for the detection of and response to outbreaks of infectious diseases.

**Outcome-level indicators and targets**

% of confirmed outbreaks responded to within 72 hours

**Top-priority activities:**

Activities	Locations	Indicator	Target
Timely respond to outbreaks by trained staff from MOH and NGOs	All locations with targeted population in both GCA and areas beyond Government control in Kachin	% of agencies reporting EWARS data weekly	100%
	All locations with targeted population in nine townships in Rakhine	% of confirmed outbreaks responded to within 72 hours	100%
Preposition emergency supplies in high risk areas prone to natural disasters and epidemics	Kachin and Rakhine: High risk areas prone to natural disasters and epidemics	# of emergency prepositioned hubs	1
Timely investigate rumors of disease outbreaks by trained staff from MOH and NGOs	Any location in Kachin and Rakhine States	% of rumors investigated within 72 hours	100%

**All other:**

Activities	Locations	Indicator	Target
Train surveillance teams from MOH and NGOs/INGOs on outbreak investigation and response	All locations with targeted population in both GCA and areas beyond Government control in Kachin	# of health cluster partners with trained teams	4 for Kachin 6 for Rakhine
	All locations with targeted population in nine townships in Rakhine		
Update the EWARS form to allow for disaggregation by gender and age	All locations with targeted population in both GCA and areas beyond Government control in Kachin	EWARS form updated	By April 2014
	All locations with targeted population in nine townships in Rakhine		

**Cluster objective 4 B:**

Provide essential healthcare services to meet the immediate needs of newly affected population in Rakhine and Kachin states.

**Outcome-level indicators and targets**

Crude mortality rate (target  $\leq 1/10,000/\text{day}$ )

**Top-priority activities:**

Activities	Locations	Indicator	Target
Delivery of primary health care services through mobile clinics	All new locations in Kachin and Rakhine	% of targeted population with access to regular mobile clinics	100%
		# of outpatient consultations per person per year	> 1 visit / person/ per year
		% of clinics where the average number of consultations per day is < 50 / day / clinician	>75%
Provide access to reproductive, maternal and child health services including emergency obstetric care	All new locations in Kachin and Rakhine	% of targeted population with access to MCH services	100%
		% of births attended by skilled attendant	>90%
		% of deliveries by Caesarian section	> 5% and <15%

 **NUTRITION**



**Lead agency: United Nations Children’s Fund (UNICEF)**  
**Contact information: Kyaw WIN SEIN ([kwsein@unicef.org](mailto:kwsein@unicef.org))**



PEOPLE IN NEED

**135,000**

Kachin – 20,000  
 Rakhine – 115,000



PEOPLE TARGETED

**76,000**

Kachin – 14,000  
 Rakhine – 62,000



REQUIREMENTS (US\$)

**10,300,000**

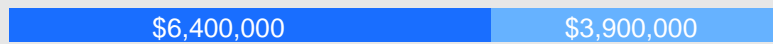
Kachin – 1,100,000  
 Rakhine – 9,200,000



# OF PARTNERS

**Kachin – 4**  
**Rakhine – 6**

■ Top Priority activities ■ All Other activities



**KACHIN STATE**

Based on the current nutritional situation in Kachin State and in order to protect the nutritional status of children and women in Kachin and northern Shan states, the nutrition sector aims to: 1) ensure access to key preventive nutrition services; 2) enhance monitoring and analysis of the nutrition situation and needs; and 3) improve cross-sector and actor collaboration to address underlying causes of malnutrition.

Prolonged displacement in Kachin and northern Shan states, combined with new displacements and difficulties in accessing some locations— primarily in areas beyond government control – underlines the importance of detailed and comprehensive monitoring of affected people’s nutrition status. The affected people have faced inadequate nutrition levels since the beginning of the conflict, in particular due to disruptions in regular access to markets and diverse nutritional food products. Micronutrient deficiencies among women and young children are especially high.

The National Nutrition Centre and the Department of Health, with support of nutrition partners, assessed the nutritional status of children aged 0-59 months in Myitkyina, Waingmaw, and Bhamo townships in late 2012. Out of 580 children screened, less than 8 per cent 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 Malnutrition among assessed children. The underweight prevalence of 24 per cent and stunting prevalence of 39 per cent found are higher than the national average. Sporadic screenings for child malnutrition rates in areas beyond government control have also shown low prevalence. Increased monitoring of the overall nutrition situation is needed to prevent a severe decline in nutrition status.

The Nutrition Sector will continue to support the improvement of nutrition status of the displaced and conflict-affected people through a nutrition assessment, the screening of under five children for severe and moderate acute malnutrition, the implementation of preventive measures such as providing Vitamin A supplements and de-worming tablets during the nutrition promotion month, the provision of multi-micronutrient supplementation for women and children, and operating infant and young child feeding in emergency. In collaboration with the Food Sector, food rations and fortified food blends will be distributed to compliment and reinforce the nutrition interventions. As recent



studies have shown the rates of severe acute malnutrition to be low in camp-based displaced communities, community-based management of acute malnutrition programmes are not needed for the current situation. These 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.

Trainings and information sessions on recommended infant and young child feeding practices will also be conducted. Interventions will include establishment of breastfeeding safe spaces for pregnant and lactating women and provision of care practices counselling for mothers in therapeutic/supplementary feeding sites. In this manner, both responsive treatment and improvement of the underlying reasons for malnutrition will be addressed. The behaviour changes resulting from these trainings and counselling sessions are essential to the overall success of the nutrition strategy: to ensure the long-term success and sustainability of improvements in the population’s nutrition status.

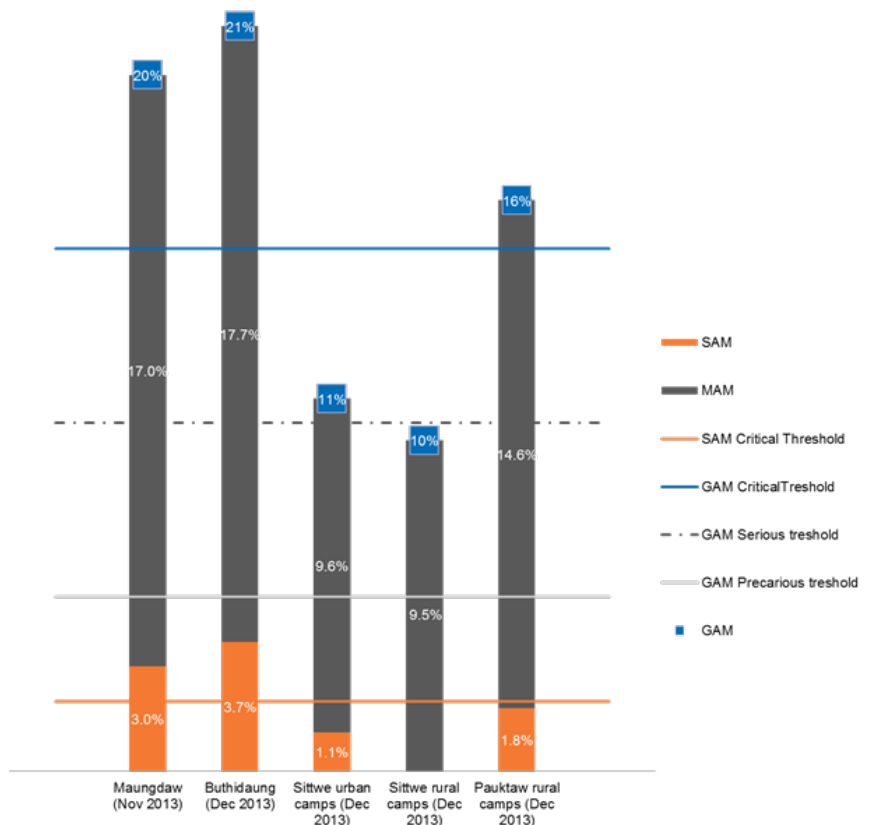
## RAKHINE STATE

Displacement and ongoing tensions in Rakhine State have exacerbated the already poor nutritional status of boys, girls and women. High rates of Global Acute Malnutrition (GAM) require sustained and scaled-up nutrition activities. The nutrition sector provides assistance to children and pregnant and lactating women in affected communities through community-based management of severe and moderate acute malnutrition, micronutrient supplementation and infant and young child feeding support.

Based on the current situation and a continued need to address the nutritional status of children and women in Rakhine State, nutrition sector partners aim to: 1) ensure access to life-saving nutrition interventions for management of acute malnutrition; 2) ensure access to key preventive nutrition services; 3) enhance monitoring and analysis of the nutrition situation and needs; and 4) improve cross-sector collaboration and collaboration between actors to address the underlying causes of malnutrition.

Surveys conducted in 2013 show that the nutrition situation has not improved significantly from the previous year. In northern part of Rakhine State, prevalence of Global Acute Malnutrition, the life-threatening form of malnutrition, remains well over the 15 per cent emergency threshold, requiring urgent and sustained life-saving intervention. Action Contre la Faim (ACF) International, the main nutrition organization operating in Maungdaw and Buthidaung, estimates that more than 9,000 and 12,000 children under five years of age will require support to address moderate and severe malnutrition throughout 2014.

The graph shows the rates of global, severe and acute malnutrition rates as assessed through surveys in multiple locations in Rakhine State throughout 2013.



In Sittwe and other affected townships, humanitarian agencies continue to identify and treat cases of acute malnutrition in IDP camps and host communities. In 2014, at least 3,000 cases of Severe Acute Malnutrition (SAM) and more than 7,000 cases of Moderate Acute Malnutrition (MAM) in children under five years of age are expected to require treatment in IDP camps. In host communities and isolated villages, an additional 2,200 cases of SAM and 4,900 cases of MAM are expected in the coming year. A concerted effort to reach isolated and host villages is needed, particularly in Rathedaung, Kyauktaw, Minbya, Mrauk-U and Myebon.

Maternal nutrition requires specific attention, and should be supported in a manner integrated with ante-natal care services provided by the Health Cluster. According to the most recent data from surveys conducted in Maungdaw and Buthidaung, 44.4 per cent and 53.5 per cent of Pregnant and Lactating Women (PLW) have a Mid-Upper Arm Circumference (MUAC) under 230 mm, indicating poor nutritional status. Furthermore, there are only three referral hospitals available for children requiring hospital-based treatment for malnutrition. Additional treatment capacity is urgently needed, as well training programmes to improve the quality of care and to sustain interventions.

The poor nutrition situation in Rakhine State is partly due to inappropriate infant and young child feeding practices. The rate of exclusive breastfeeding remains very low at only 10 per cent in assessed areas, while continuation of breastfeeding beyond six months is practiced by only 15 to 30 per cent of lactating mothers. Consequently, 80 per cent of children treated for Severe Acute Malnutrition are in the 6-23 month age group, where breastfeeding and appropriate complementary foods should be provided. The promotion of proper infant and young child feeding practices, therefore, is a major component of the nutrition response plan for 2014. The treatment of Severe and Moderate Acute Malnutrition through the provision of therapeutic and supplementary feeding, combined with the disbursement of multi-micronutrient sprinkles and tablets, and the dissemination of information regarding proper feeding practices, will target both symptoms and the root causes of acute malnutrition for infants and young children.

In addition to this harmonized approach to improve the overall nutrition situation in Rakhine, general care practices support will also be provided, as well as interventions to increase access to nutritionally-adequate and diverse food sources. To support the expansion of preventive interventions- such as micronutrient supplementation for children and women, blanket supplementary feeding and routine immunizations - aid agencies will be providing Vitamin A supplements and de-worming tablets during implementation of nutrition activities, and supporting the Government's roll-out of routine micronutrient supplementation. In support of the Nutrition Sector's efforts, the Food Sector will continue to carry out its supplementary feeding programme targeting children under five in Rakhine State.

Nutrition Sector partners will also focus on strengthening nutrition monitoring systems, including assessments and surveys. In an effort to foster early recovery efforts and to strengthen the Government's accountability and the sustainability of nutritional results, the capacity of partners and communities will be improved through better coordination, as well as technical, administrative and policy support to local and regional authorities. Lastly, the Nutrition Sector will ensure timely and coordinated dissemination of nutrition outcomes to all relevant sectors and clusters to ensure that the underlying factors affecting nutritional status are also considered and addressed in programming of other actors (e.g. Food Security, Early Recovery and Livelihood, Agriculture, WASH, Health).

The overall objective of the Nutrition Sector in 2014 is to improve the nutritional status of boys, girls, and women affected by the chronic crisis in Rakhine State.

## **STRATEGIC OBJECTIVE 1: REDUCE MORTALITY AND MORBIDITY AMONGST AFFECTED POPULATIONS IN RAKHINE AND KACHIN AS WELL AS POPULATIONS NEWLY AFFECTED BY CONFLICT OR DISASTER.**

**Sector objective 1A:** To reduce malnutrition-related deaths in girls and boys under-5 by ensuring access to quality life-saving interventions for management of acute malnutrition, guided by global standards.

## Outcome level indicator

Percentage of girls and boys cured of acute malnutrition

Percentage of girls and boys with acute malnutrition who died

### Top priority activities:

Activity	Locations	Indicator	Target
Provision of ready-to-use therapeutic or supplementary food, routine medicines, medical consultation and counselling for cases of severe acute malnutrition	All targeted townships in Rakhine	Percentage of 6-59 months children with acute malnutrition cured (Cure rate <sup>13</sup> )	Over 75%
		Percentage of deaths among 6-59 month old children with acute malnutrition (Death rate)	Under 10% for SAM treatment, Under 3% for MAM treatment
		Percentage of 6-59 month old children with acute malnutrition who defaulted from therapeutic feeding programmes (Defaulter rate)	Under 15%
		Percentage of 6-59 month old children in feeding programmes who do not respond to treatment after 4 months	No standard target
Active and passive screening for acute malnutrition,	All targeted townships in Rakhine	Number and percentage of camps and villages with active or passive screening for acute malnutrition (with MUAC or Weight-for-height)	All target villages and camps
Conduct coverage analysis to determine coverage of life-saving services (e.g. SQUEAC <sup>14</sup> methodology)	Rakhine : Sittwe, Pauktaw, Buthidaung, Maungdaw	Percentage of 6-59 month old children in target population covered by therapeutic feeding services	At least 90% in camps, 50% in rural villages, 70% in urban villages

### All other activities:

Activity	Locations	Indicator	Target
Roll-out training or refresher on updated treatment guidelines for management of acute malnutrition	Sittwe Township, Rakhine	Number of roll-out trainings conducted where state-level actors are trained in treatment guidelines and management of acute malnutrition	At least one roll-out training conducted at the state level and attended by state-level actors

**STRATEGIC OBJECTIVE 2: ENSURE ADEQUATE ACCESS TO BASIC SERVICES AND THE RESTORATION OF LIVELIHOODS FOR ALL DISPLACED AND CONFLICT-AFFECTED POPULATIONS IN RAKHINE AND KACHIN, WHILE LINKING UP WITH RECOVERY AND DEVELOPMENT EFFORT.**

**Sector objective 2A:** Ensure access to key preventive nutrition services routinely provided by government.

### Objective level indicators

Percentage of children under five provided with Vitamin A and de-worming treatment routinely provided by government

Percentage of affected women provided with skilled breastfeeding counselling

### Top priority activities:

<sup>13</sup>Sphere standard indicator

<sup>14</sup>Semi-quantitative analysis of coverage

Activity	Locations	Indicator	Target
Establishment of breastfeeding safe spaces			
Community-counseling of IYCF	Kachin: Mai Ja Yang, Nanhkhan	Percentage of affected population with access to skilled infant and young child feeding and care practices support	Kachin: 70% of targeted population in two townships
Provision of care practices counselling for mothers in therapeutic/supplementary feeding sites	All targeted townships in Rakhine		Rakhine: 100% of target camps and villages
Provision of multiple micronutrient powder for children 6-59 months	Kachin: Myitkyina, Waingmaw, Bhamo, Chipwe, Mansi, Momauk	Number and percentage of targeted children aged 6-59 months and pregnant and lactating women provided with micronutrient supplementation	Kachin: 70% of 6-59 months children and pregnant and lactating women
Provision of multiple micronutrient tablet for pregnant and lactating women	All targeted townships in Rakhine		Rakhine: At least 90% receive micronutrient support
Vitamin A and de-worming provided during conduct of nutrition activities	Kachin: Kachin: Myitkyina, Waingmaw, Bhamo, Chipwe, Mansi, Momauk, Nanhkhan	Number and percentage of targeted children aged 6-59 months provided with vitamin A supplementation and de-worming tablets	Kachin: At least 60%, reaching host communities and isolated villages
Support government roll-out of routine supplementation	All targeted townships in Rakhine		Rakhine: At least 90%, reaching host communities and isolated villages

### All other activities:

Activity	Locations	Indicator	Target
Distribution of fortified blended food for children under-2 and pregnant and lactating women	All targeted camps in Kachin	Percentage of targeted children under age five and pregnant and lactating women provided with blanket supplementary feeding	IDPs (under 2 and PLW) in GCA – 100% IDPs (under 2 and PLW) in areas beyond Government control – 50%
Distribution of fortified blended food for children under-5 and pregnant and lactating women	All targeted townships in Rakhine	Percentage of targeted children aged 6-59 months and pregnant and lactating women provided with blanket supplementary feeding	Camp level - 100% Village level - at least 70%

## STRATEGIC OBJECTIVE 4: STRENGTHEN PREPAREDNESS AND ENSURE RESPONSE CAPACITY IS ADEQUATE TO MEET THE NEEDS OF PEOPLE NEWLY AFFECTED BY CONFLICT, INTER-COMMUNAL VIOLENCE OR NATURAL DISASTERS THROUGHOUT MYANMAR

**Sector objective 4A:** Ensure enhanced monitoring and analysis of nutrition situation, needs, and evolving vulnerabilities.

### Objective level indicator

Nutritional status and/or trends and underlying factors determined

### Activities:

Activity	Locations	Indicator	Target
Conduct nutrition assessment by MUAC for children aged 6 to 59 months	Kachin: Myitkyina, Waingmaw, Bhamo, Chipwe, Mansi, Momauk	Number of children screened by MUAC to assess nutrition	Nutrition monitoring is conducted in both

Activity	Locations	Indicator	Target
		situation	government and areas beyond Government control regularly.
Conduct nutrition anthropometric survey (e.g. SMART <sup>15</sup> methodology)	Rakhine: Sittwe, Pauktaw, Buthidaung, Maungdaw, one in gap townships (e.g. Rathedaung)	Number of surveys or assessments to determine GAM prevalence	At least one follow-up survey in each of the same areas Nutrition survey in at least one gap area
Establish nutrition information and surveillance system in high prevalence townships	All targeted townships in Kachin and Rakhine	Number of affected townships monitored by nutrition information and surveillance system	All target townships covered by nutrition information system and/or surveillance system
Conduct KAP survey	Kachin: Mai Ja Yang, Namhkan	Number of completed surveys and/or analysis exercises to understand underlying factors conducted	At least one follow-up KAP survey conducted
Conduct anthropologic survey	Rakhine: Sittwe, Pauktaw, Buthidaung, Maungdaw		At least one causal analysis exercise conducted

**Sector objective 4B:** Improve cross-sector and actor collaboration to address underlying factors of malnutrition.

#### Objective level indicator:

Nutrition data established and discussed as high-level outcome indicators by multi-sector stakeholders

#### Activities:

Activity	Locations	Indicator	Target
Presentation and discussion of nutrition data (assessment, survey) in Kachin and Rakhine			
Participation in inter-sector/cluster field visits or assessments and events in Kachin and Rakhine	Main coordination hubs (Myitkyina and Bhamo in Kachin and Sittwe and Maungdaw in Rakhine)	Number of meetings and discussions held to support evidence-based advocacy of nutrition issues with other sectors and/or actors and communities themselves to understand the underlying issues	At least once every six months, and as needed as new developments arise (e.g. new survey results)
Pro-active identification of sector advocacy points at every sector meeting in Rakhine			
Representation in relevant sector meetings (including ER/L, ICCM in Rakhine)			
Participation in performance review meetings	Sittwe Township in Rakhine	Number of nutrition actors (UN, NGOs, government, etc.) who participate in quarterly meeting	Representatives from all partners participate in quarterly meeting
Inter-sector coordination (Health and Nutrition) meeting with TMO in north Rakhine	Main coordination hubs (Sittwe and Maungdaw in Rakhine)	Number of inter-sector and regular coordination meetings conducted	At least monthly in northern part of Rakhine
Regular coordination meetings in other townships			
Food Security, Agriculture, and Livelihood interventions supported by Nutrition sector	Main coordination hubs (Sittwe and Maungdaw in Rakhine)	Number of Food Security, Agriculture or Livelihood interventions supported by Nutrition sector	All FSL interventions strengthened provided Nutrition-sensitive components
Participation in FSL/Early recovery meetings and discussions			

<sup>15</sup>Standardized Monitoring and Assessment of Relief and Transitions



## PROTECTION



**Lead agency: United Nations High Commissioner for Refugees – (Protection Working Group)** [ UNFPA (GBV), UNICEF (Child Protection)]  
**Contact information: Maja LAZIC (lazic@unhcr.org)**



PEOPLE IN NEED

**421,000**

Kachin – 111,000  
 Rakhine – 310,000



PEOPLE TARGETED

**361,000**

Kachin – 111,000<sup>16</sup>  
 Rakhine – 250,000<sup>17</sup>



REQUIREMENTS (US\$)

**18,918,000**

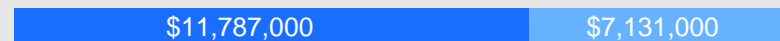
Kachin – 6,658,000  
 Rakhine – 12,260,000<sup>18</sup>



# OF PARTNERS

**Kachin – 8**  
**Rakhine – 7**

■ Top Priority activities ■ All Other activities



## KACHIN STATE

The protection sector's objectives for 2014 include:

- Stronger outreach to and involvement of communities to prevent protection risks and negative practice;
- Increased protection services and access to such services, including through stronger collaboration and coordination with community and frontline workers, authorities as well as non-state actors; and
- Strengthened protection analysis and information management to better tailor interventions and respond to potential displacements.

In 2013, the Protection Sector advocated for greater presence of protection agencies and an increased strategic collaboration with national NGOs to better respond to the protection challenges, including child protection issues and Gender-Based Violence (GBV) in Kachin and northern Shan states. This has resulted in new agencies joining the response and others expanding their presence. It has also provided more clarity on the technical needs and capacity to meet the common protection objectives mentioned above.

In 2014, the Protection Sector will focus on capacity-building of local government institutions and other humanitarian stakeholders involved in the provision of psycho-social support and health services, as well as in the security sector. The Protection Sector will also seek to improve its response capacity by strengthening existing

<sup>16</sup> Target - 111,000 (91,000 IDPs and 20,000 people in host communities)

<sup>17</sup> Target – 250,000 (140,000 IDPs, 70,000 food insecure people, 30,000 people in isolated communities, 10,000 host communities)

<sup>18</sup> Protection sector response plan does not include all of UNHCR's requirements for its protection activities in Rakhine.

reporting mechanisms, increasing displaced communities' engagement on protection issues, and involving more actors in the analysis of protection trends and patterns. Advocacy efforts will be scaled up in 2014 by reaching out to different stakeholders. Furthermore, protection actors will foster preparedness by improving tools to conduct protection assessments in situations of new displacement.

Protection partners will continue to work closely with other clusters and sectors to ensure that protection is mainstreamed into all assistance provided and that services are age-appropriate, equally accessible to women and girls and are targeted at the most vulnerable IDPs (both living in or outside camps). At the same time, the Protection Sector will attempt to address the vulnerabilities faced by host communities, who also need assistance and services.

Towards the end of 2013, durable solutions became important in view of positive developments in peace negotiations in Kachin State. However, given the continuously volatile situation, durable solutions will be addressed from a preparedness angle. The emphasis will be placed on community awareness-raising activities as well as advocacy with targeted authorities on the international standards for durable solutions. In parallel, the protection sector will continue to monitor any spontaneous return and other movements throughout 2014 and inform the response through a durable solutions approach.

## RAKHINE STATE

In 2013, the Protection Sector gradually streamlined protection activities across Rakhine State with a modest capacity compared to the overall needs. Advocacy and protection monitoring was strengthened amidst challenges, including forced relocations and increased tensions between communities, IDPs and the Government. A number of serious protection concerns were observed in 2013, including multiple forms of gender-based violence, child protection concerns, increased movement restrictions, sub-standard living conditions in IDP camps, and continued lack of access to basic services. In the three northern townships, there is a particular lack of protection actors to respond to the needs. Based on these protection concerns identified in 2013, five key objectives emerged for the Protection Sector in Rakhine in 2014:

- There is a continued need to strengthen and expand protection monitoring and response, including on child protection and gender-based violence prevention, to cover all locations including remote and isolated areas of Rakhine State where IDPs and affected communities reside. While 2013 has seen a slight increase in protection partners and projects, there was a tendency to focus on locations close to Sittwe, where the largest IDP caseload is located. The need in the three northern townships and in remote displacement areas remain insufficiently covered.
- Restrictions to the freedom of movement of displaced and affected people remain a fundamental obstacle to their ability to access essential services including food, health (including mental health and psycho-social services), education, and livelihoods, and thus to improve their lives. The prolonged encampment of displaced persons and deepened isolation of certain communities has contributed to further tensions and polarization of communities, preventing peaceful interaction and increasing the likelihood of conflicts. At the same time, illegal and precarious maritime departures to other countries have increased and posed risks to physical safety, family separation and exploitation. The Protection Sector will work towards lifting the restrictions to the freedom of movement in order to limit these negative consequences.
- The Protection Sector also aims to identify and address opportunities for durable solutions as part of moving towards conflict resolution and a normalization of the situation. This will require dedicated efforts in promoting confidence-building and dialogue among the communities and between displaced persons and the Government in carrying out related protection activities, and will require close collaboration among the sectors and clusters.
- The Protection Sector will continue to support the Government's initiatives to issue civil documentation and improve access to citizenship and civil documentation in Rakhine State. Positive results in this area could

contribute to durable solutions for displaced and stateless persons, and the elimination of a number of discriminatory measures, including in the areas of freedom of movement, access to services and livelihood opportunities, as well as arbitrary arrest.

- Due to the fluidity of the protection situation in Rakhine State, which is expected to continue in 2014, efforts to strengthen monitoring and information management among protection actors and across sectors and clusters in Rakhine State will be further prioritized in order to improve the analysis of the situation and provide timely advocacy on protection concerns including on child protection and gender-based violence related issues.

### STRATEGIC OBJECTIVE 3: ENSURE A PROTECTIVE ENVIRONMENT FOR VULNERABLE PEOPLE AND INDIVIDUALS AT RISK AMONG THE DISPLACED POPULATION IN RAKHINE AND KACHIN

**Cluster objective 3A:** Protection awareness, participation, prevention, practice increased to mitigate protection risks.

#### Outcome-level indicators and targets

% of front line workers who are women (target 50%)

% of training plan implemented (target 80%)

#### Top-priority activities:

Activity	Locations	Indicator	Target
Strengthen Mine Risk Education (MRE), and support to victim assistance as well as advocacy against the use of landmines	Kachin and northern Shan	# of IDP camps/ villages where dissemination of key MRE messages was conducted"	50
		Training plan Implemented	yes
Protection capacity strengthening of community, frontline workers, and other stakeholders on themes such as IDP Guiding Principles, durable solutions, child protection, human trafficking and GBV prevention and response	Across Kachin and northern States (in both within and beyond Government control)	Training plan Implemented	yes
Increased camp safety for women and girls	Across Kachin and northern Shan (in both within and beyond Government control)	# of camps where GBV safety audits are conducted	30
		# of community-based safety groups established with 60% women representation	30
Child protection messaging focusing on separated and unaccompanied children	Mai Jai Yang	Training plan Implemented	yes

#### All other:

Activity	Locations	Indicator	Target
Provide life-skills training and livelihoods support to community-based groups (including women, adolescent and youth groups) to prevent negative coping mechanisms and promote self-reliance.	Across Kachin and northern Shan	# of women receiving livelihoods support	360
		# of adolescent and youth who receive life-skills packages	1,000
		Training plan Implemented	yes
Improve access to documentation for IDPs	Kachin and northern States (with activities in Yangon and Nay Pyi Taw).	Training plan Implemented	yes



**Cluster objective 3B:** Increase the multi-sectoral protection services.

### Outcome-level indicators and targets

# of referral pathways established (target 9)

#### Top-priority activities:

Activity	Locations	Indicator	Target
Develop referral pathways/mechanism, including GBV specific referral pathways	10 camps in both within and beyond government control areas	Training plan implemented	yes
Provision of family tracing and reunification and support to unaccompanied and separated children	Mai Ja Yang, Bhamo and northern Shan State	% of identified UASC reunified with their family	100%
Provide focused psychosocial and safe& confidential health services to survivors of GBV (including child survivors)	IDPs camps across Kachin and northern Shan States	# of women and girls centres established Training plan implemented	10 yes
Provide community-based psycho-social support to children affected by conflict including through mobile teams	Kachin and northern Shan (Myitkyina, Bhamo, Lashio)	# of children reached(disaggregated by sex and age)	20,000

#### All other:

Activity	Locations	Indicator	Target
Improve psycho-social well-being of displaced communities through self-help support group, community mediation activities and access to communal spaces	Bhamo (14 camps), Myitkyina (12 camps), Lashio (4 camps)	# of IDPs attending cultural/recreational activities in communal spaces Training plan implemented	20,000 yes
Provide specific assistance to person with special needs (including older people and those living with disability)	Across Kachin and northern Shan States	# of persons with special needs identified who received targeted support	770

**Cluster objective 3C:** Improved monitoring and identification of protection issues.

### Outcome-level indicators and targets

% IDP sites monthly monitored (target 80%)

# of Protection Sector monitoring and advocacy reports released [target: 10]

#### Top-priority activities:

Activity	Locations	Indicator	Target
Conduct regular assessment and monitoring of the situation (IDP camps and host communities)	Across Kachin and northern Shan states	% of IDP sites that are covered by bi-monthly assessment reports	TBD
Establish human rights monitoring of the situation of displaced and host communities	Across Kachin and northern Shan states	# human rights monitoring reports % of IDP and host community sites covered by human rights monitoring	6 80% IDP in government control areas and host community sites and 50% in areas beyond government control IDP and host community sites covered

**All other:**

Activity	Locations	Indicator	Target
Develop evidence-based and joint protection advocacy including on the issue of humanitarian access	Kachin and northern Shan states	# advocacy interventions	4 to donors 4 to authorities 4 to other influencers
Monitoring and Reporting on Grave Violations against Children	Kachin and northern Shan states	Training plan implemented	yes
Establish GBV Information Management System (GBVIMS) including appropriate safeguards	Across Kachin and northern Shan states	# of organizations using GBVIMS intake forms and applying information sharing protocol	30
Set up the Child Protection Information Management System (CPIMS)	Kachin (and Lashio)	Training plan implemented	yes

**Cluster objective 3D:** Strengthen and expand the provision of coordinated protection services.

**Outcome-level indicators and targets**

# of locations where the protection referral pathway has been established (target 17)

% of individuals who have reported protection incidents/ who have accessed services (target 50%)

**Top-priority activities:**

Activity	Locations	Indicator	Target
Ensure timely response to protection cases through development and dissemination of referral pathways including specific services for children and survivors of GBV	Sittwe, Pauktaw, Rathedaung townships and Maungdaw district	Training plan implemented	yes
Risk of GBV reduced through awareness raising. Quality of response improved through training of service providers and ensuring access of GBV survivors, including child survivors, to safe, confidential health and specialised psychosocial services.	Sittwe, Pauktaw, Mrauk U, Minbya, Kyauktaw, Myebon, Kyaukpyu, and Ramree, Rathedaung and Maungdaw district.	# of camps and villages where GBV safety audits are conducted # of women and girls centres established Training plan implemented # of dignity kits distributed	29 6 yes 20,000
Increase community-based psychosocial support for children and youth including through mobile teams	Sittwe and Maungdaw district in both IDP camp and host communities	# of functioning community spaces	15
Setting up community-based child protection groups to strengthen monitoring and reporting on child protection issues.	Sittwe, Pauktaw, Maungdaw, Buthidaung and Rathedaung townships	# child protection groups	15
Training and awareness raising for authorities, IDPs and community leaders (including women) on IDP rights, child protection, GBV prevention and response, as well as protection concepts and strategies.	Sittwe, Pauktaw and Rathedaung townships	Training plan implemented	yes
Provide life-skills training and livelihoods support to community-based groups (including women groups, adolescent and youth groups) Support community-based protection mechanisms to prevent negative coping mechanisms and promote self-reliance.	Sittwe, Pauktaw, Maungdaw, Buthidaung and Rathedaung townships and Maungdaw district	# of active women's groups # of adolescents and youth who receive life skills packages Training plan Implemented	15 1,000 yes
Enhanced monitoring of human rights protection of displaced communities or communities affected by violence.	Rakhine State (by township as relevant )	# of human rights monitoring reports produced	6
Lead multi-stakeholder advocacy on protection issues focusing on access to basic services and respect for basic rights.	Sittwe, Pauktaw, Mrauk U, Minbya, Kyauktaw, Myebon, Kyaukpyu, Ramree, Rathedaung Townships, Maungdaw district and Yangon Region	# of protection situations intervened	20

**All other:**

Activity	Locations	Indicator	Target
Provision of Family Tracing and Reunification and support to unaccompanied and separated children	Across Rakhine State	% of identified UASC reunified with their family	100%
Engage other sectors and clusters to implement practical interventions that enhance the protection of IDP communities and ensure equal access to humanitarian assistance for women and children	Sittwe, Pauktaw, Mrauk U, Minbya, Kyauktaw, Myebon, Kyaukpyu, and Ramree townships.	# of sectors and clusters applying tailored protection checklists/guidance.	8
Capacity building of relevant actors among the Rakhine State and township authorities on a variety of protection themes.	Sittwe and Maungdaw district	Training plan implemented	yes

**Cluster objective 3E:** Achieve freedom of movement of IDPs and affected populations suffering movement restriction in Rakhine State.

**Outcome-level indicators and targets**

Relevant policy or directive on freedom of movement issued by the Government [yes/no]

**Top-priority activities:**

Activity	Locations	Indicator	Target
Support to Department of Social Welfare to develop and implement a communication and behavior change strategy to enable improved engagement with all communities on child protection.	Sittwe	Communication and behavior change strategy implemented	Yes
Conduct advocacy interventions and share information with authorities and communities at all levels for increased reduction of restriction on freedom of movement in selected locations	Sittwe, Pauktaw, Mrauk U, Minbya, Kyauktaw, Myebon, Kyaukpyu, Ramree, and Rathedaung townships and Maungdaw district.	# of advocacy interventions made to state and township-level authorities	11
		# of advocacy interventions made to local authorities and communities	50

**Cluster objective 3F:** Promote opportunities for durable solutions

**Outcome-level indicators and targets**

# of camps/villages where durable solutions are initiated (target 4 locations)

# of persons who return voluntarily (target 300)

**Top-priority activities:**

Activity	Locations	Indicator	Target
Support the government through assessments, in coordination with Early Recovery sector, to identify locations where durable solutions can be realised, anchoring around specific activities such as creation of a secure environment, livelihoods, social infrastructure or shelter	Sittwe, Pauktaw, Mrauk U, Minbya, Kyauktaw, Myebon, Kyaukpyu, Rathedaung, and Ramree townships and Maungdaw district	# of villages assessed together with government to identify possible locations where durable solutions can be realised	10
Support the government to build trust with IDPs and affected population	Sittwe, Pauktaw, Mrauk U, Minbya, Kyauktaw, Myebon, Kyaukpyu, Rathedaung, and Ramree townships and Maungdaw district	# consultations including government with communities, aggregated	20 (including 5 consultations with only women)
Information on human rights protection is used to ensure informed consent on durable solutions options	Rakhine State	# IDP households interviewed to inform them on the voluntary return process	60 households

**Cluster objective 3G:** Support Government initiatives to issue civil documentation/improve access to citizenship and civil documentation to/for the affected population in Rakhine State.

### Outcome-level indicators and targets

% of late birth registration conducted (50%)

# of civil documents restored for IDPs (50,000 IDPs)

### Top-priority activities:

Activity	Locations	Indicator	Target
Assist and advocate for issuance of birth registration and certificates as well as ID to IDPs & vulnerable people	Sittwe, Pauktaw, Mrauk U, Minbya, Kyauktaw, Myebon, Kyaukpyu, Ramree and Rathedaung townships and Maungdaw district	# of persons issued with birth certificates through procedure for late birth registration	2,500
		# of ID documents issued to IDPs	5,000

### All other:

Activity	Locations	Indicator	Target
Capacity building for local and national authorities to support the issuance of civil documents and access to citizenship.	Maungdaw district and Rathedaung township	Training plan implemented	Yes

**Cluster objective 3H:** Strengthen monitoring and information-management

### Outcome-level indicators and targets

Number of regular protection situation analysis and progress report provided [4]

### Top-priority activities:

Activity	Locations	Indicator	Target
Conduct regular assessment and monitoring of the situation (IDP camps and host communities)	Eastern and northern Rakhine State	% of IDP sites that are covered by bi-monthly assessment reports	80%
Protection monitoring and assessments missions aimed at identifying strategies for human rights	Eastern and northern part of Rakhine State	# of assessments conducted	3
		Inter-agency assessment team identified and trained	Yes

### All other:

Activity	Locations	Indicator	Target
Increase awareness of humanitarian partners on existing data collection and reporting mechanisms which feed into advocacy efforts	Yangon, Sittwe, and Maungdaw	# of humanitarian partners contributing to existing protection reporting mechanism	15

## STRATEGIC OBJECTIVE 4: STRENGTHEN PREPAREDNESS AND ENSURE RESPONSE CAPACITY IS ADEQUATE TO MEET THE NEEDS OF PEOPLE NEWLY AFFECTED BY CONFLICT, INTER-COMMUNAL VIOLENCE OR NATURAL DISASTERS THROUGHOUT MYANMAR

**Cluster objective 4A:** Increased capacity to identify protection needs as part of an emergency response to inform immediate emergency interventions

### Outcome-level indicators and targets

Rapid assessment tools developed for the context of Myanmar

100% of emergencies where protection needs have been identified with rapid protection assessment tools

Activity	Locations	Indicator	Target
Design a set of common protection assessment tools including on GBV and child protection issues	Nationwide	Tools are endorsed by national Protection Sector	Yes
Minimum Preparedness Activities	Nationwide	% Minimum Preparedness Activities achieved	80%



## SHELTER AND NON FOOD ITEMS<sup>19</sup>



Lead agency: United Nations High Commissioner for Refugees (UNHCR)  
 Contact information: Edward BENSON ([benenson@unhcr.org](mailto:benenson@unhcr.org))



PEOPLE IN NEED

**421,000**

Kachin – 111,000  
 Rakhine – 240,000



PEOPLE TARGETED

**235,000**

Kachin – 95,000  
 Rakhine – 140,000<sup>20</sup>



REQUIREMENTS (US\$)

**15,765,000**

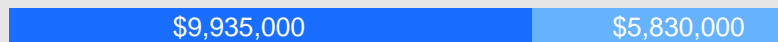
Kachin – 5,660,000  
 Rakhine – 10,105,000



# OF PARTNERS

**Kachin – 10**  
**Rakhine – 18**

■ Top Priority activities ■ All Other activities



### KACHIN STATE

In the absence of reliable shelter data before the cluster’s activation and a lack of regular access to areas beyond government control, where approximately 60 per cent of the total IDP caseload is located, shelter construction activities were limited in the first few months of 2013. In an effort to formulate the cluster’s objectives and ensure a common understanding of the situation, two major data collection exercises were carried out: a two-month camp profiling exercise for over 120 camps and extensive field visits by shelter cluster staff. The two key objectives of the Shelter Cluster were to increase the construction of temporary shelters and to upgrade sub-standard shelters built between June 2011 and December 2012.<sup>21</sup> Between September 2013 and January 2014, over 1,500 new shelters were built and over 2,500 repaired and/or upgraded across Kachin and northern Shan states. In light of increased IDP caseload in northern Shan State following the conflict in October 2013, the cluster established its third hub in northern Shan to strengthen and broaden its coordination and response efforts as well as to ensure addressing standards by a technical working group.<sup>22</sup>

<sup>19</sup>For a comprehensive overview of the strategic direction for the Shelter and NFI Cluster in Kachin, for details of the 2013 camp profiling exercise, details on partners, and for details of distributions of NFIs, see :[www.shelternficccmmyanmar.org](http://www.shelternficccmmyanmar.org).

<sup>20</sup> The people targeted figure concerns those that are planned to be assisted with shelter and NFI core activities in 2014. The financial requirements for NFIs, if met, will allow for half of the people in isolated villages (25,000), and half the people in host communities (25,000) to receive NFI assistance, as required. In the event of an emergency, these stocks can also be deployed to meet such immediate needs.

<sup>21</sup>Limited or non-existent knowledge of minimum standards in the humanitarian response prior to activation of the Shelter Cluster resulted in a very broad and diverse array of shelters built in terms of size, quality and safety.

<sup>22</sup>For details of these four forums, see [www.shelternficccmmyanmar.org](http://www.shelternficccmmyanmar.org)

Since a large-scale return and/or permanent relocation of IDPs is not likely in 2014, the construction and maintenance of temporary shelters remains a priority. The cluster will further strengthen collaboration with local NGOs to ensure greater coherence, adherence to international standards and to avoid parallel structures.

The cluster estimates that 20,000 to 25,000 IDPs are still living in sub-standard shelters or with no shelter or sharing spaces in collective centres (excluding those living with host families). An additional 2,500 shelters will need to be repaired or upgraded, of which 50- per cent require improved kitchens. In an effort to improve the sustainability of shelters through ensuring a sense of ownership and utilizing the IDPs' capacity, the cluster, in close collaboration with the Early Recovery Sector, will provide tool kits along with necessary training to camp residents for maintenance and repair of shelters. Through this approach, the cluster aims to ensure that all temporary shelters adhere to international standards and can last for the next two years. Finally, communal spaces will be provided depending on the needs and the size of the population in camps.

In addition to shelter, partners continue to distribute NFIs to meet the most immediate and basic needs of the affected population. Despite access and logistics constraints, the cluster estimates that over 80 per cent of the IDPs have received basic NFIs since mid-2012 based on available data and field assessments. Field visits also confirm that as livelihood opportunities remain accessible for some IDPs, IDPs are replacing some basic items themselves. Therefore, the remaining need for core NFI items in 2014 is estimated as low. In the absence of thorough economic profiling of IDPs and large scale new displacements, 8,000 family kits would cover the need for 2014. However, due to the cold weather in Kachin State, winterisation items will remain needed.<sup>23</sup>

In summary, the direction of the cluster to provide shelter and NFIs is to save lives by reducing morbidity amongst affected populations in Kachin State and ensure increased access to basic services, as reflected in overall strategic objectives 1 and 2.

## RAKHINE STATE

The Shelter Cluster partners' primary and urgent objective in 2013 was to provide adequate temporary shelter for all communities across Rakhine affected by inter-communal violence, in view of displaced persons' inability to return to their place of origin in the short to medium term, and adverse effects of the rainy season (May to October). While shelter partners drastically scaled up construction where they could to address the critical conditions of displaced persons (especially those in flood prone areas), a lack of suitable land posed as the major impediment to programme expansion. However, and in spite of these obstacles, as of November 2013, almost 3,000 temporary shelters (eight-family-units per shelter) had been constructed, with an additional 912 permanent shelters for urban Rakhine displaced families, covering 99 per cent of the need. The majority of the permanent shelters were planned and built in Sittwe Township, outside the remit of the humanitarian actors. Meanwhile, the Cluster focused on the bulk caseload of over 100,000 IDPs that were still living under emergency or makeshift shelter and on highly flood-prone land.

Despite this progress, some shelters remain vacant across Rakhine, due to large movements of displaced persons across camps and townships as well as the decision of some displaced persons to remain in makeshift shelters. In 2014, the Shelter/NFI/CCCM Cluster will address any remaining gaps to ensure all eligible IDPs (those displaced as a result of the violence, but not persons who have moved into or close to areas with large numbers of IDPs in an effort to receive humanitarian assistance) have access to dignified temporary shelters, particularly in light of the next rainy season. This will include addressing shelter/protection considerations such as privacy, lighting,

<sup>23</sup> The proposed budget for NFIs does not include warehousing costs or all logistics costs.

ventilation and physical access issues. In addition, communal domestic spaces for each group of five shelters and camp infrastructure supporting community-led camp management and camp coordination activities will be constructed in all suitable camps. With some temporary shelters revealing need for repair and camps likely to remain into 2015, maintenance and repair programmes will be established through the vocational training of local artisans and provision of maintenance and repair kits for all eligible displaced persons.

Should the operational space for the construction of transitional shelter open up in 2014- more probable in Kyauktaw, Mrauk U and Minbya townships - opportunities to construct pilot projects for transitional shelter should be seized. In anticipation of this, technical working groups will develop guidelines and minimum technical standards, which must be endorsed by Shelter Cluster partners.

In addition to shelter, partners continue to distribute non-food items (NFIs). With the Shelter/NFI/CCCM Cluster being activated at the start of 2013, efforts to reach a standard kit were achieved within the first quarter of 2013. The overall objective of the NFI Cluster in 2013 was to assist over 24,000 families with core, sanitary and hygiene kits (distribution of the latter is coordinated by the WASH Cluster since July 2013). A second blanket distribution of core items for all IDP families will be carried out within the first two months of 2014, based on a rationale that the items distributed have reached the end of their life-span. Additionally, the financial requirements for NFIs, if met, will allow for half of the people in isolated villages (25,000), and half the people in host communities (25,000) to receive NFI assistance, as required. In the event of an emergency, these stocks can also be deployed to meet such immediate needs. The Shelter Cluster will continue to monitor and update the NFI tracking system to determine the remaining gaps and avoid duplication across Rakhine State. In preparation for future natural disasters, a stocktaking of emergency items that could be provided by cluster partners and made available for distribution is carried out.<sup>24</sup>

In summary, the direction of the cluster to provide shelter and NFIs is to save lives by reducing morbidity amongst affected populations in Rakhine State and ensure increased access to basic services, as reflected in overall strategic objectives 1 and 2.

## STRATEGIC OBJECTIVE 1: REDUCE MORTALITY AND MORBIDITY AMONGST AFFECTED POPULATIONS IN RAKHINE AND KACHIN AS WELL AS POPULATIONS NEWLY AFFECTED BY CONFLICT OR DISASTER

### Cluster objective 1A:

Access to adequate and appropriate temporary shelter ensured for all eligible IDPs

### Outcome-level indicators and targets

Number of eligible IDPs that have access to adequate and appropriate temporary shelter

Target – 95,000 for Kachin and 140,000 for Rakhine

### Top-priority activities:

Activity	Locations	Indicator	Target
Identify gaps & construct additional temporary shelters	Kachin & northern Shan States Rakhine State: all locations within Townships of Sittwe, Pauktaw, Myebon, Minbya, Kyawtaw, Maruk U and Rathedaung	% eligible IDPs previously without temporary shelters living in newly constructed temporary shelter complying with internationally recognized standards	90% for Kachin 100% for Rakhine

<sup>24</sup> The proposed budget for NFIs does not include warehousing costs or all logistics costs.



Activity	Locations	Indicator	Target
Upgrade & renovate existing temporary shelters	Kachin & northern Shan States	% of eligible IDPs previously living in sub-standard shelters upgraded to temporary shelters complying with internationally recognized standards	90%
Upgrade temporary shelter, particularly IDPs with special needs & improve overall camp conditions. Issues can include privacy, access, lighting, ventilation & fire risk mitigation. Close collaboration with Protection Working Group and CCCM Cluster	Rakhine State, all locations within Townships of Sittwe, Pauktaw, Myebon, Minbya, Kyawtaw, Mrauk U and Rathedaung	% of eligible vulnerable IDPs previously living in substandard shelters upgraded to temporary shelters complying with internationally recognized standards	60%

### Other activities:

Activity	Locations	Indicator	Target
Advocate (with other Clusters/Sectors) for eligible Muslim IDPs in northern part of Rakhine State to receive temporary shelters	Maungdaw, Buthidaung, Rathedaung Townships	% of eligible IDPs in northern part of Rakhine State living in equitable temporary shelter complying with internationally recognized standards	100%

### Cluster objective 1B:

Affected population has sufficient access to NFIs to meet their most personal and basic human needs for shelter from the climate and for the maintenance of health, dignity and well-being.

### Outcome-level indicators and targets

Number of eligible and affected people whose most personal needs (for shelter from the climate and for the maintenance of health, dignity and well-being) are met;

Target - 95,000 for Kachin and 140,000 for Rakhine

### Top-priority activities:

Activity	Locations	Indicator	Target
Assess core NFI needs/ gaps of affected population & provide NFIs	Kachin & northern Shan States Rakhine State, all locations within Townships of Sittwe, Pauktaw, Myebon, Minbya, Kyawtaw, Maruk U, Rathedaung and northern part of Rakhine	% of eligible / affected people receive NFI core items consistent with their expected life-span	100% for both Kachin and Rakhine
Agreed minimum standard for winterisation kits / items	Kachin & northern Shan States	% of winterisation kits / items that respect agreed minimum standard	90%
Revision of minimum standard for NFI core kits	Rakhine State, all locations within Townships of Sittwe, Pauktaw, Myebon, Minbya, Kyawtaw, Maruk U, Rathedaung and northern Rakhine State	% of core kits that respect agreed minimum standard	100%

### All other:

Activity	Locations	Indicator	Target
Conduct assessment of IDPs financial capacities to define possibility of scaling down and/or refocusing NFI distributions in order to limit the risk of dependency	Kachin & northern Shan States	# of affected townships in which 5% of IDP population has been assessed	100%

Activity	Locations	Indicator	Target
Develop NFI tracking system, update and disseminate monthly	Rakhine State, all locations within Townships of Sittwe, Pauktaw, Myebon, Minbya, Kyawtaw, Maruk U, Rathedaung and northern part of Rakhine State	Frequency tracking system is updated and disseminated	100% of distributions tracked & disseminated monthly

## STRATEGIC OBJECTIVE 2: ENSURE ADEQUATE ACCESS TO BASIC SERVICES AND THE RESTORATION OF LIVELIHOODS FOR ALL DISPLACED AND CONFLICT-AFFECTED POPULATIONS IN RAKHINE AND KACHIN, WHILE LINKING UP WITH RECOVERY AND DEVELOPMENT EFFORT.

### Cluster objective 2A:

IDP camps established with effective community-driven temporary shelter care and maintenance programme, building IDP capacity to become self-reliant and provide suitable camp infrastructure.

### Outcome-level indicators and targets

Percentage of people living in IDP camps with community-driven temporary shelter care and maintenance programmes and suitable camp infrastructure;

Target - 95,000 for Kachin and 111,000 for Rakhine

### Top-priority activities:

Activity	Locations	Indicator	Target
Identify needs for communal & camp management structures & construct as necessary	Kachin & northern Shan States	% of suitable camps assessed	90%
		% suitable camps containing communal/ camp management building	90%
Provide camp residents with training & toolkits for IDP / community-driven care and maintenance programme	Kachin and northern Shan States	% of IDP camps with access to standard toolkits	50%
		% of camps received trainings in care & maintenance	50%
Identify needs/gaps & construct additional camp infrastructure- e.g. camp management offices, warehouses and multipurpose buildings	Rakhine State: "priority camps" as deemed by CCCM Cluster and contain (in total) approximately 111,000 IDPs	% of suitable IDPs camps with appropriately maintained infrastructure	100%
Provide technical support to CCCM Cluster to empower communities to maintain effectively and repair temporary shelters-e.g. training, provision of shelter tool kits and mechanisms/ modalities for receiving materials as required	Rakhine State, all locations within Townships of Sittwe, Pauktaw, Myebon, Minbya, Kyawtaw, Mrauk U and Rathedaung	% of IDP camps with maintenance tools kits and trained staff to manage minor maintenance of camp infrastructure	100%

### Other activities:

Activity	Locations	Indicator	Target
Through participatory design exercises primarily with IDP women, ensure all IDPs have access to communal areas for domestic use -e.g. kitchens or laundry facilities	Rakhine State: "priority camps" as deemed by CCCM Cluster and contain (in total) approximately 111,000 IDPs	# of communal domestic spaces in 'priority camps' retrofitted through participatory design methodologies	All existing communal domestic spaces in Sittwe, Pauktaw and Myebon Townships are retrofitted through participatory design methodologies
Provide technical support to other sectors/clusters, particularly early recovery for the improvement of small-scale infrastructure such as access	Rakhine State: "priority camps" as deemed by CCCM Cluster and contain (in total) approximately 111,000 IDPs	# of small-scale early recovery infrastructure projects that receive technical support	Ten small-scale infrastructure projects

Activity	Locations	Indicator	Target
roads, culverts, footpaths, markets and small bridges			
In conjunction with early recovery, develop and endorse training packages suitable for local artisans (IDPs and non-IDPs)	Rakhine State: "priority camps" as deemed by CCCM Cluster and contain (in total) approximately 111,000 IDPs	# of trainings conducted with local artisans	Trainings conducted in 100% of 'priority camps'

### Cluster objective 2B:

Develop an appropriate and viable longer-term shelter strategy/action plan, focusing on the delivery of durable shelter solutions.

### Outcome-level indicators and targets

**Kachin:** Number of organizations which are implementing actions that are in line with the longer-term strategy; target all Shelter Cluster partners

**Rakhine:** Guidelines published in conjunction with a longer-term shelter strategy/action plan, focusing on delivery modalities for provision of durable shelter solutions

### Top-priority activities:

Activity	Locations	Indicator	Target
In close cooperation with the protection sector, develop a longer term strategy/action plan for durable shelter solutions	Kachin & northern Shan States	% of completion of the development of an appropriate and viable longer-term shelter strategy/action plan	100%
Seize opportunities to conduct more permanent pilots& build on lessons learned from them to develop longer-term strategy	Kachin & northern Shan States	# of families participating in pilot projects	25 families
		% of main recommendations from lessons learned integrated into the strategy	100%
Develop and start implementing the shelter strategy /implementation modalities / action plans approved by the Rakhine State Government (RSG) & Shelter Cluster e.g. using contractors / material distribution / cash voucher systems & training of local artisans	Rakhine State: all locations within Townships of Sittwe, Pauktaw, Myebon, Minbya, Kyauktaw, Mrauk U & Rathedaung	% of completion of the development of the shelter strategy	100%
		%of action detailed in strategy's annual work plan completed	100%
Pilot transitional housing at points of origin where feasible	Most likely Townships; Sittwe, Minbya, Kyawtaw, Mrauk U & Rathedaung	# of transitional family units built at point of origin	Maximum 100 family-units

### All other:

Activity	Locations	Indicator	Target
Regular review of the <i>Shelter Cluster Strategic Operational Framework (SOF)</i>	Kachin and Northern Shan State	# of times SOF revised	3 times per year
		# of partners actively engaged in the revision of the SOF	5
Conduct an independent review of the temporary shelter response in Rakhine State, including lessons learnt for future emergencies	Rakhine State, all locations within Townships of Sittwe, Pauktaw, Myebon, Minbya, Kyawtaw, Maruk U & Rathedaung	Assessment, completion & dissemination of full review of shelter response	Providers of temporary shelter
Advocate for maximum engagement by all stakeholders to support and facilitate an open and effective dialogue process between affected communities for return / resettlement	Rakhine State: all locations within Townships of Sittwe, Pauktaw, Myebon, Minbya, Kyawtaw, Maruk U, Rathedaung, Maungdaw, Kyaukpyu&Ramree	% of IDPs covered by the Government of Myanmar (GoM) strategy / action plan, focused on delivery of durable shelter solutions	100% of all IDPs eligible for transitional housing



## WASH



**Lead agency: United Nations Children's Fund (UNICEF)**  
**Contact information: Olivier Le GUILLOU ([oleguillou@unicef.org](mailto:oleguillou@unicef.org))**



PEOPLE IN NEED

**421,000**

Kachin – 111,000  
Rakhine – 310,000



PEOPLE TARGETED

**421,000**

Kachin – 111,000  
Rakhine – 310,000



REQUIREMENTS (US\$)

**30,600,000**

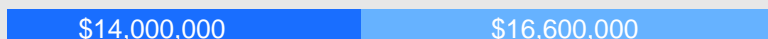
Kachin – 10,600,000  
Rakhine – 20,000,000



# OF PARTNERS

**Kachin – 10**  
**Rakhine – 10**

■ Top Priority activities ■ All Other activities



## KACHIN STATE

The efforts of WASH Cluster partners operating in Kachin over the past two and a half years have been focusing on the provision of basic water and sanitation facilities and services for displaced people in camps. Most of the sanitation facilities were built using emergency designs, as an immediate life-saving activity. This approach changed in 2013 with a shift to the construction of semi-permanent structures to reflect the evolving needs of people in camps faced with protracted displacement. The construction and upgrading of water and sanitation facilities will continue, along with regular and systematic hygiene promotion sessions, as well as training and support for community committees to ensure proper facility management.

Implementation of WASH interventions and monitoring of implementation has been difficult in areas beyond government control due to access constraints. It is estimated that 56 per cent of the total number of people (30 camps) targeted in areas beyond government control have been inaccessible to international organizations and staff. However, increased Government approval of cross-line missions to these areas in late 2013 has meant that access is improving overall, allowing for more adequate coverage of needs.

Overall WASH coverage and needs as of November 2013 are as follows:

- 49 per cent of water needs covered – 69 per cent in Government areas, 33 per cent in areas beyond government control
- 48 per cent of latrine needs covered – 48 per cent in Government areas, 49 per cent in areas beyond government control (20 per cent are emergency latrines)
- Very low coverage of bathing spaces (lower than 15 per cent)
- 29 locations, out of a total of 156, are not covered by a dedicated WASH Cluster partner – 5,742 people in Government areas, 7,696 IDPs in areas beyond government control

The overall water, sanitation and hygiene situation in Government areas is significantly better than in areas beyond government control. Several new shelter locations were established in Government areas to provide housing for

displaced people, which still require adequate WASH facilities. These locations are identified as one of the priorities for the upcoming response. Additionally, as the situation in Kachin and northern Shan states has become protracted, many of the emergency water facilities in these areas are below the minimum technical standards for construction, and most are not adequately protected from external contamination to ensure proper access to safe drinking water.

Some areas of Kachin and northern Shan states suffer from water scarcity in the dry season, as water points dry up. Emergency water provision, such as water trucking, is therefore required. Rain water harvesting systems have also in some cases been set up to provide water for domestic use. Consistent and increased promotion of hygiene knowledge and behaviour continues to be crucial to complement the provision of water and sanitation supplies and facilities. Social organization in camps in Government areas is strong and offers a good foundation for hygiene promotion. However, poorer hygiene behaviour has been observed in areas beyond government control, prompting the urgent need for increased hygiene promotion programme.

In view of the volatile security situation in Kachin and northern Shan states, the WASH Cluster will retain rapid response capacity for emergencies. These needs are in most cases small-scale – less than 5,000 people – and require humanitarian partners to be flexible in their interventions. Local NGOs are at the forefront of the response and have better access to conflict areas, but often face capacity and funding constraints.

Some camps were established over two years ago, and require semi-permanent facilities. Other camps have not yet been reached by international humanitarian partners due to access constraints. In order to ensure comprehensive coverage of needs and support to affected people, the following priorities have been determined, with a primary focus on the most acute needs in locations previously not covered.

### **Priorities identified**

#### **Water**

- Increase camp coverage by WASH Cluster partners;
- Rapidly upgrade water facilities in camps, in line with international standards for quality – including emergency services;
- Reinforce social organization and future maintenance by encouraging greater self-sufficiency;
- Expand home treatment solutions based on effectiveness (e.g. ceramic filters)

#### **Sanitation**

- Continue addressing the need for semi-permanent latrines in camps, targeting 100 per cent coverage;
- Develop latrine de-sludging procedures.

#### **Hygiene promotion**

- Provide systematic hygiene promotion in all locations and reinforce hygiene promotion in areas beyond government control, including capacity-building of local partners to provide hygiene promotion;
- Increase understanding of the existing baseline of hygiene practices through Knowledge, Attitude, Practice surveys and formative research;
- Develop social organization to support hygiene promotion initiatives, through volunteers in all camps.

#### **Cross cutting issues**

- Integrate gender into all technical and social approaches, followed by adequate measurement of effectiveness and quality;

- Develop approach for water, sanitation and hygiene in schools in host communities and incorporate restoration of water systems and promotion of health and hygiene for students, teachers and community organizations (parent teacher organizations);
- Improve access to water, sanitation and hygiene services and facilities for people with special needs, including the disabled and the elderly through technically-adapted designs and social approaches;
- Build capacity of conflict-affected communities in environmentally-sensitive and sustainable waste management techniques.

## RAKHINE STATE

In the latter part of 2013, the Government initiated the relocation of displaced people from make-shift shelters to newly-constructed temporary long houses. This resulted in an increased need for semi-permanent WASH facilities in new relocation sites, rather than the provision of temporary facilities designed for immediate humanitarian relief.

The majority of IDP camps are, however, still located in flood-prone areas, where difficult living conditions, compounded by poor sanitation facilities, pose serious health risks to the displaced. The camp locations also cause significant technical challenges for partners, especially for the provision of adequate sanitation facilities.

The Water, Sanitation and Hygiene Cluster's strategy aims to cover different groups across Rakhine, including IDPs, host families, isolated communities and extremely vulnerable individuals. Activities in 2013 have progressively covered gaps in new shelter locations, although full coverage is yet to be achieved. Some areas have proven difficult to access due to logistical constraints (such as Pauktaw), while other areas are difficult to be access for security reasons (such as Myebon). For example, Kyauktaw Township (6,554 IDPs) has no devoted partner providing services, although emergency latrines were provided by the Department of Rural Development. In Rathedaung Township, a water, sanitation and hygiene response to assist communities started in October 2013. This response was the first to concretely and comprehensively encompass a 'do no harm' and conflict-sensitive approach during its planning and implementation stages. Wider community acceptance and understanding of the activities prior to implementation was achieved, specifically through consultations and information-sharing with both displaced persons and individuals in the neighbouring communities. The future WASH Cluster activities will be carried out using these approaches to mitigate risks and improve responses in 2014.

Overall WASH coverage and needs as of November 2013 are as follows:

- 76 per cent of clean water needs are covered – 90 per cent in camps, 44 per cent in villages
- 62 per cent of latrine needs are covered – 78 per cent in camps, 17per cent in villages
- More than 50 per cent of the locations identified do not have community committees for management of water, sanitation and hygiene facilities
- 16 locations (16,000 individuals) are not adequately covered by water, sanitation and hygiene projects

Construction of semi-permanent latrines for displaced persons and addressing the need for latrines in villages will continue through a participatory approach. Proper access to safe drinking water remains a major challenge, as do poor quality and inadequate coverage of existing facilities. This is due to the environmental challenges of the water table, as well as previously-inadequate technical investment, given that the protracted humanitarian situation now calls for medium-term solutions. Several locations are also in need of emergency water supply, especially during the dry season, when existing water collection structures may dry up.

The WASH Cluster's strategy for 2014 has been developed to support the increased need for "do no harm" and conflict-sensitive approaches across all areas of activity. This will involve assisting communities close to locations affected by inter-communal violence or camps, who also have poor water, sanitation and hygiene facilities.

This strategy also seeks to address the needs of vulnerable individuals in northern part of Rakhine State, where water, sanitation and hygiene are identified as one of the possible causes of high malnutrition rates. The WASH Cluster response in this area should be defined through an integrated approach with the Nutrition Sector, which remains to be developed based on mapping of needs, priorities and assessments.

### Priorities identified

#### *Water:*

- Upgrade water facilities rapidly and in line with international standards;
- Set up hand washing stations and bathroom spaces in camps;
- Develop permanent drainage in camps
- Form, train and support community groups for future maintenance of water infrastructure
- Develop technical solutions, through hydrological and/or environmental surveys, which define an exit strategy for emergency services;
- Expand home treatment solutions based on evidence-based effectiveness (e.g. ceramic filters)
- Carefully implement the construction of ponds for water collection as an additional means of support for communities rather than covering needs for safe drinking water.

#### *Sanitation:*

- Continue to construct latrines in camps and relocation areas to ensure 100 per cent coverage in accordance with Sphere Standards (where possible and with consideration of space constraints), while developing a financially-viable approach for de-sludging in surrounding villages;
- Develop procedures for latrine de-sludging.

#### *Cross cutting issues:*

- Integrate gender into all technical and social approaches, followed by adequate measurement of effectiveness and quality;
- Improve access to water, sanitation and hygiene services and facilities for people with special needs, including the disabled and the elderly through technically-adapted designs and social approaches;
- Develop approach for water, sanitation and hygiene in schools located in host communities and incorporate restoration of water systems and promotion of health and hygiene for students, teachers and community organizations (parent teacher organizations);
- Integrate livelihoods analysis to ensure understanding of the local economy and of positive effects of assistance on livelihoods situation of those receiving assistance.

#### *Hygiene promotion and change behaviour methodologies*

- Provide systematic hygiene promotion in all locations;
- Support social organization to support water, sanitation and hygiene activities in all camps through volunteers.

**STRATEGIC OBJECTIVE 1: REDUCE MORTALITY AND MORBIDITY AMONGST AFFECTED POPULATIONS IN RAKHINE AND KACHIN AS WELL AS POPULATIONS NEWLY AFFECTED BY CONFLICT OR DISASTER**

**Cluster objective 1A:**

Reduce the risk of water borne diseases among IDPs in camps through improved access to sufficient quantity of water for drinking, cooking and personal and domestic hygiene in respect of Sphere Standards.

**Outcome-level indicators**

Percentage of targeted people whose safe drinking water needs are met

Number of people with access to at least 15 litres safe drinking water per person per day

Number of faecal coli forms per 100ml, or a reliable FRC of between 0.2-0.5mg/l of water at the point of delivery and use (IDPs only)

**Top-priority activities:**

Activity	Locations	Indicator	Target
Water facilities developed by focal WASH actors in non-covered and less covered areas/townships	Kachin: areas beyond Government control (Laiza) should be more prioritized and specific remote area in GCA area (Hpakan) Rakhine: Priority townships: Kyauktaw and Rathedaung	Number of camps not yet covered or underserved areas/townships provided with safe water camps	areas beyond Government control 12 camps (14,439IDPs), GCA 38 camps (8,991 IDPS) 3 camps (4,634 IDPs) 16 villages (26,876 Villagers)
Emergency water supply is supported where no alternative for reliable safe drinking water access is available	Kachin: Hpakan Rakhine: Pauktaw, Myebon	Number of IDPs with access to emergency 15l/day water	3,687 IDPs(23 camps) 8,000 IDPs
New shelter location developed received immediate water facilities development to reach sphere standard	Kachin: Common consolidated priority list with shelter cluster	Number of camps/households access to 15l/day of safe drinking water	30 camps (3,000 households)

**All other:**

Activity	Locations	Indicator	Target
Upgrade existing water points, such as boreholes and hand dug wells, to meet minimum standards and ensure safe drinking water delivery	Most locations in Kachin and Rakhine	Number of upgraded/rehabilitated water points producing safe drinking water	108 water points rehabilitated in Kachin 645 water points rehabilitated in Rakhine
Construct new water points, such as boreholes and hand dug wells, to meet Sphere standards, where the environment allows it	Most locations in Kachin and Rakhine	Number of newly constructed water points producing safe drinking water	118 water points in Kachin 117 water points in Rakhine
Organize appropriate hydro-geophysical surveys to support safe drinking water development, and support exit strategy of emergency response	Kachin: Dry area mapping to be realized Rakhine: Most locations	Number of surveys conducted leading to a drilling campaign	20 surveys in at least 10 camps 40 surveys in at least all camps and some host communities
Deployment of home water treatment approach based on lessons learned and appropriate study	Targeting area in lack of safe drinking water point in Kachin and Rakhine	Number of families properly using home treatment solution	10,000 in both Rakhine and Kachin
Bathroom access to be improved and Laundry space established in camps to respect ratio of 1 latrine per 50 women	Most locations in Kachin and Rakhine	Number of bathrooms constructed	1,161 bathrooms constructed in Kachin 135 in Rakhine



Activity	Locations	Indicator	Target
Rehabilitate or develop water pond storage as a water access alternative to environmental constraint in villages, without defining it as a access to safe drinking water	Rakhine: In areas without other alternatives to store water	Number of water ponds rehabilitated/ constructed	20 ponds
Development of proper water Harvesting system in camp	Kachin: 50% of the population Rakhine: all camps	Number of proper water storage facilities established which are each connected to gutter for 4 families (2 per long houses)	5,362 storage facilities constructed in Kachin 3,360 in Rakhine

### Cluster objective 1B:

Target population benefits from improved access to sanitation facilities leading to an environment free of open defecation and equipped with a solid waste management system.

### Outcome-level indicators

Percentage of IDP population with access to semi-permanent safe excreta disposal, based on 1 latrine for 20 persons

Percentage of population in target host villages that have access to latrines through community participation based approaches (Rakhine only)

Percentage of women with safe and free access to sanitation facilities at any time of the day

Percentage of camps where the practice of open defecation is only accidental (Rakhine Only)

Percentage of latrines which are effectively used and maintained

### Top-priority activities:

Activity	Locations	Indicator	Target
Latrine construction in uncovered areas/townships by a focal WASH actor	Kachin: areas beyond Government control (Laiza) should be more prioritized and specific remote area in GCA area (Hpakan)	Number of previously uncovered locations, now covered by focal WASH actors	areas beyond Government control 12 camps (14,439 IDPs), GCA 38 camps (8,991 IDPs)
Desludging procedures in place for all sites	All locations in Kachin and Rakhine	Percentage of camps covered with desludging procedures	100%

### All other:

Activity	Locations	Indicator	Target
Latrine construction to reach Sphere standards	Kachin and Rakhine: All camps to reach Sphere standard	Number of latrines constructed Percentage of camps with maximum latrine/ user ratio of 1:20	2,702 latrines constructed in Kachin, 1,581 in Rakhine, 100%
Latrines construction based on community participation in villages	All villages targeted in Rakhine	Number of latrines constructed % of latrine coverage (1:20)	13,023 latrines build 60%
Develop functional hand washing station in camps adjacent to latrines to respect of 1 station per 100 persons (5 latrines)	Kachin and Rakhine: Most camps to be developed	Number of hand washing stations constructed	803 washing stations developed in Kachin 656 in Rakhine
Set up latrine cleaning mechanism by mobilizing users designated per latrines, and provide cleaning materials for latrines	All camps in Kachin and Rakhine	Percentage of latrines kept in good hygienic condition	90%

Activity	Locations	Indicator	Target
Provide desludging equipment and construct sludge disposal and treatment areas where needed to appropriate stakeholder	All townships in Kachin & Rakhine	Number of desludging kits distributed Number of disposal sites constructed	161 kits distributed, 6 Sludge disposal in Kachin 64 kits distributed, 6 Sludge disposal sites in Rakhine
Develop incinerator when environment allows it	Kachin and Rakhine: Where suitable	Number of incinerators constructed with proper dimensions	Kachin: 50 incinerators Rakhine: 20 incinerators (1 per camp)
Construction of new, gender segregated, latrines within temporary learning spaces (TLS)	All TLS in Kachin and Rakhine	At least 2 block of latrine per TLS	200 latrines to be built in both Kachin and Rakhine (100% of TLS covered)
Develop permanent drainage finalized before end of April (beginning of rainy season)	Flood-prone area in Kachin & Rakhine	Percentage of camps that are not flooded during rainy season	80% of camps

### Cluster objective 1C:

All men, women and children of all ages living in camps and host communities adopt practices that reduce key public health risks, and are mobilised to do so.

### Outcome-level indicators

Percentage of targeted populations that receives hygiene promotion activities

Percentage of population who have improved hygiene awareness

Percentage of targeted population in camps receiving Hygiene Kits (HK)

Open defecation becomes accidental in the environment

### Top-priority activities:

Activity	Locations	Indicator	Target
More vulnerable IDPs have been trained on key messages	Kachin: areas beyond Government control Rakhine: Prone AWD area	Number of camps/individuals in high-risk areas trained on key hygiene promotion messages	Kachin: 12 camps (14,439 people) Rakhine: 30,000 persons
Hygiene kit distribution takes place in non-covered area	4W identified area in both Kachin and Rakhine	Number of families who receive one hygiene kit for the year and monthly replenishment	Kachin: 12 camps (14,439 people) Rakhine: 3860 kits to be distributed

### All other:

Activity	Locations	Indicator	Target
Hygiene promotion sessions are regularly carried on in all location target through appropriate community mobilization, balance between direct NGO leading and volunteer trained women groups	All locations in Kachin and Rakhine	Percentage of targeted population who can mention 5 key messages Percentage of target population with improved practices	80% of target population- 99,361 persons in Kachin 70% of target population-210,328 persons in Rakhine
KAP assessment to better define the needs and approach, variable a community to another	All locations in Kachin and Rakhine	Number KAP survey per location realized	2 global KAP surveys for both Kachin and Rakhine
Re-enforced formalized Hygiene promotion approach	Cluster	Harmonization and production of tools Formalized minimum approach definition	Done/not Done
Host community hygiene promotion fairs and events	All host communities in Kachin and Rakhine	Number of people who attend hygiene promotion fairs or events	10,000 people in Kachin 50,000 in Rakhine

Activity	Locations	Indicator	Target
Hygiene Kits (HK) distribution take place in respect of the HK strategy defined by the cluster	All location in Rakhine and Kachin	Number of full HK per year per family distributed	12,357 kits distributed in Kachin 157,057 in Rakhine

### STRATEGIC OBJECTIVE 3: ENSURE A PROTECTIVE ENVIRONMENT FOR VULNERABLE PEOPLE AND INDIVIDUALS AT RISK AMONG THE DISPLACED POPULATION IN RAKHINE AND KACHIN

#### Cluster objective 3A:

All technical responses and activities employ a “Do No Harm” approach, with consideration of cross cutting issues such as gender, disability, and age.

#### Outcome-level indicators

Number of additional beneficiaries from host communities who benefit from expanded services

#### Top-priority activities:

Activity	Locations	Indicator	Target
Continuous support through OCHA, UNICEF and inter-sectorial meeting in both sub-cluster and Yangon levels on advocacy related to access to beneficiaries	areas beyond Government control in Kachin Myebon and any other areas in Rakhine	Percentage of cases reported and followed	Normal access in areas beyond Government control 100% of reported cases followed up
Support Kyauktaw and Rathedaung deployment through a first soft component phase based on acceptance	Kyauktaw and Rathedaung		20,000 persons in host communities
Advocate with donors for the need to develop such approach in Rakhine	Yangon	Strategy properly shared and discussed	All potential donors

#### All other:

Activity	Locations	Indicator	Target
Community need assessment to be realized in host communities	All locations in Kachin and Rakhine	Number of host community locations where assessments conducted	100 % of locations
Deploy necessary WASH activities agreed with host communities in Rakhine	Assessment results	Number of individuals who benefit from new WASH activities in these communities	50,000 persons
Accompany activities with appropriate Cash for work approach in Rakhine		Number of individuals benefitting from CFW approach	5,000 persons
Develop WASH in schools approach in host communities	Kachin and Rakhine: Assessment results	Number of schools in host community with WASH in schools	50 schools in Kachin 70 in Rakhine
Ensure that sanitation facilities developed in any environment properly take into consideration gender	All locations in Kachin and Rakhine	Percentage of sanitation facilities that are gender sensitive	Percentage of latrines that appropriately address gender sensitivity
Ensure that technical specification are developed with concern for children's access, particularly for disabled children	All locations in Kachin and Rakhine	Percentage of locations where children's access needs are addressed	100% of facilities

**Cluster objective 3B:**

Community mobilisation is developed in an appropriate way in order to build camp community ownership of and autonomy toward the facilities provided.

**Outcome-level indicators**

Percentage of water points that are managed after six months by trained and properly equipped community water committee

Percentage of dysfunctional water points (Target: remains below 15% of total points)

**Top-priority activities:**

Activity	Locations	Indicator	Target
Set up functional WASH committee in each camp in collaboration with CCCM cluster with 30% women representation minimum	4W identified location (64) in Kachin All camps in Rakhine	Number of water points covered by a water committee	100% of water points in 64 communities in Kachin All points in 36 camps in Rakhine

**All other:**

Activity	Locations	Indicator	Target
Technical and organizational training to committees established	All locations targeted in Kachin and Rakhine	% of committees trained and created	100% of committees
Development of water committee in all target areas	All locations targeted in Rakhine	Number of water points covered by a water committee	Committees to be created or stimulated in 36 camps
Supply of proper equipment to committees to ensure maintenance of the water facilities in the second half of the year	All locations in Kachin and Rakhine	% of committees which have received equipment	100% committees have been trained and benefit from refresher session and monthly activity monitoring in Kachin All committees in all 36 target communities in Rakhine
Develop linkage between water committee and camp management	All camps and cluster coordination (both Kachin and Rakhine)	Presence of coordination system between water committees and camp management	System is present and functional
Develop in collaboration with protection sector regular exchanges with women's group to better evaluate user needs	All locations in Kachin and Rakhine	Presence of coordination system between water committees and protection sector	System is present and functional