



RAKHINE RESPONSE PLAN

(MYANMAR)

July 2012 - December 2013



United Nations



- ✱ State Capital
- Township
- Sub-Township
- Major Road
- Secondary Road
- International boundary
- - - State/Region boundary
- District boundary

Projection/Datum: Lat/Lon WGS84 | **Created:** 16 July 2013 | OCHA Regional Office for Asia and the Pacific

Map data sources: UN Cartographic Section, MIMU

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

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HUMANITARIAN SNAPSHOT

KEY FIGURES

 **176,000**
people in need ↑ 53%*

 **140,000**
internally displaced ↑ 22%

 **109.3m**
US\$ funding required ↑ 62%

*Compared to previous Response Plan (Jul 2012-Jun 2013)

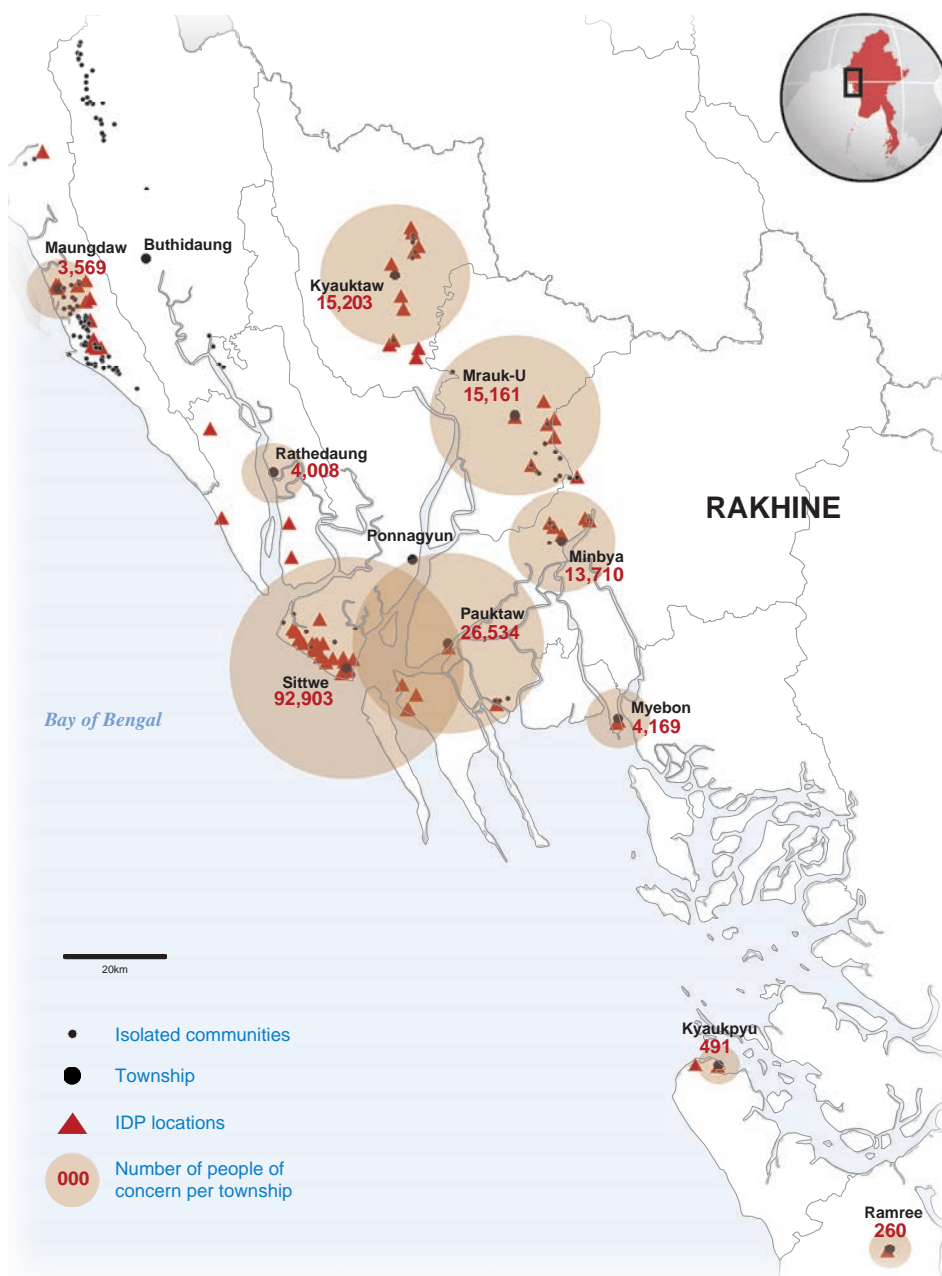
OVERVIEW

As of mid-July 2013, approximately 140,000 people remain displaced across Rakhine State. The IDP population is currently hosted in 76 camps and camp-like settings. In addition, as many as 36,000 other individuals in isolated and host communities in Minbya, Myebon, Pauktaw, Mrauk-U, Kyauktaw and Sittwe Townships, have also been adversely impacted, either directly socially or economically, with limited or no access to basic services including markets, education and health care.

Over the past twelve months, the Government and humanitarian agencies have collaborated to respond to the immediate life-saving needs of the IDPs. They have worked together to seek medium- to long-term interventions for a return to safety and dignity, including reconciliation, confidence and trust-building efforts aimed at reducing tensions as well as resolving the longstanding citizenship issue for 800,000 Muslims.

Amid multiple challenges including communities' perception of bias in the delivery of assistance towards particular groups of beneficiaries over others, all partners have operated in full respect of the basic humanitarian principles of humanity, impartiality, and neutrality.

The Revised Rakhine Response Plan for July 2012 to December 2013 aims at ensuring a smooth transition from the humanitarian phase to early recovery and development. The Plan advocates for durable solutions of peace-building, reconciliation between affected communities, and safe and voluntary return of IDPs to their places of origin.



PEOPLE IN NEED^A

Township	Displaced People	People in isolated and host communities	Total
Kyauk Phyu	491	-	491
Kyauktaw	8,267	6,936	15,203
Maungdaw	3,569	-	3,569
Myebon	4,169	-	4,169
Minbya	5,152	8,558	13,710
Mrauk-U	4,135	11,026	15,161
Pauktaw	19,976	6,558	26,534
Ramree	260	-	260
Rathedaung	4,008	-	4,008
Sittwe	89,880	3,023	92,903
Buthidaung	-	-	-
Total	139,907	36,101	176,008

TIMELINE OF KEY EVENTS IN 2012 AND 2013

June 2012

Inter-communal violence results in displacement of over 100,000 people. 78 people are killed, 87 injured and over 4,800 buildings damaged



July 2012

Rakhine Response Plan is launched by UN and humanitarian partners, seeking \$32.5 million, to target 80,000 IDPs and most vulnerable

October 2012

Violence erupts again in late October, displacing a further 36,000 people. At least 89 people are killed, 136 injured and over 5,300 houses and religious buildings are destroyed



November 2012

Revised Rakhine Response Plan is presented requesting US\$67.6 million for critical life-saving interventions for 115,000 people

Jun-12

Jul-12

Aug-12

Sep-12

Oct-12

Nov-12

Dec-12

GOAL

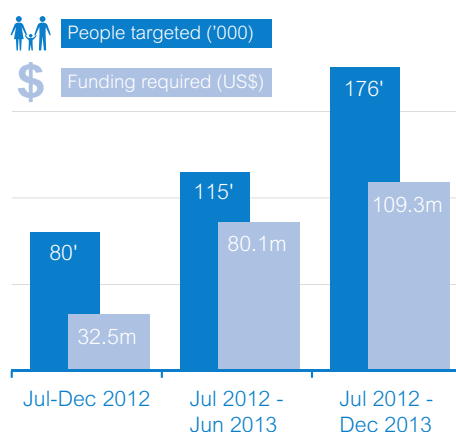
The primary goal of the Humanitarian Country Team's response in Rakhine State is to support Government's efforts in providing humanitarian assistance to all communities impacted by the 2012 inter-communal violence across Rakhine State.

STRATEGIC OBJECTIVES

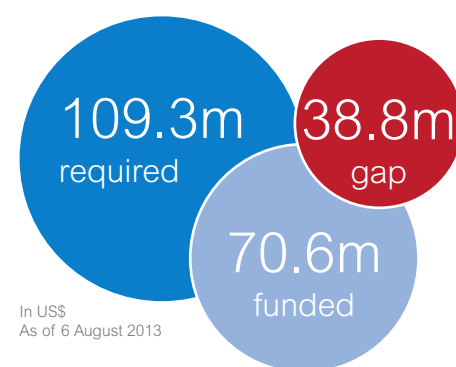
- 1 A linked approach to humanitarian, recovery and development strategies and activities in the State is applied.
- 2 All activities strive to achieve durable solutions considering conflict-sensitive approaches and complement Government-led efforts with adherence to international standards and principles.

TRENDS^C

Compared to previous Response Plans



FUNDING REQUIRED (US\$)^B



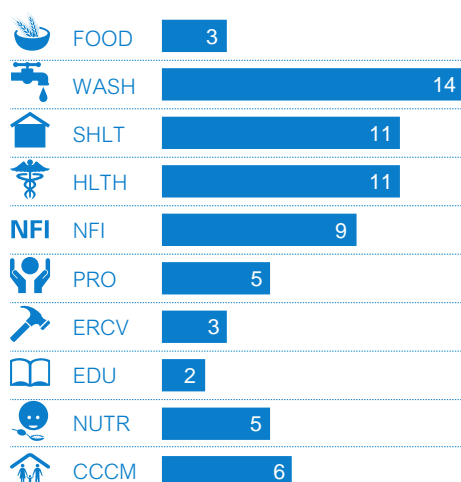
SECTOR PRIORITIES

- Education**
Construction of temporary learning spaces, provision of teaching and learning materials, volunteer teacher recruitment, training and support
- Food**
Food distribution and cash for work programmes
- Health**
Strengthening of health care services including routine immunization, maternal and child health, referral systems, disease surveillance, mental health and psychosocial support; training on GBV case management, health education, training health workers

- Early Recovery / Livelihoods**
Cash for work programmes, small business grants, agricultural training and extension services; other programmes that bring communities together and promote social cohesion
- Nutrition**
Surveys and assessments, preventive interventions, counseling and acute malnutrition services
- Protection**
Enhancement of referral pathways and case management, expansion of existing protection-related in-camp interventions, identification of extremely vulnerable individuals, increase women friendly spaces, improved psychosocial

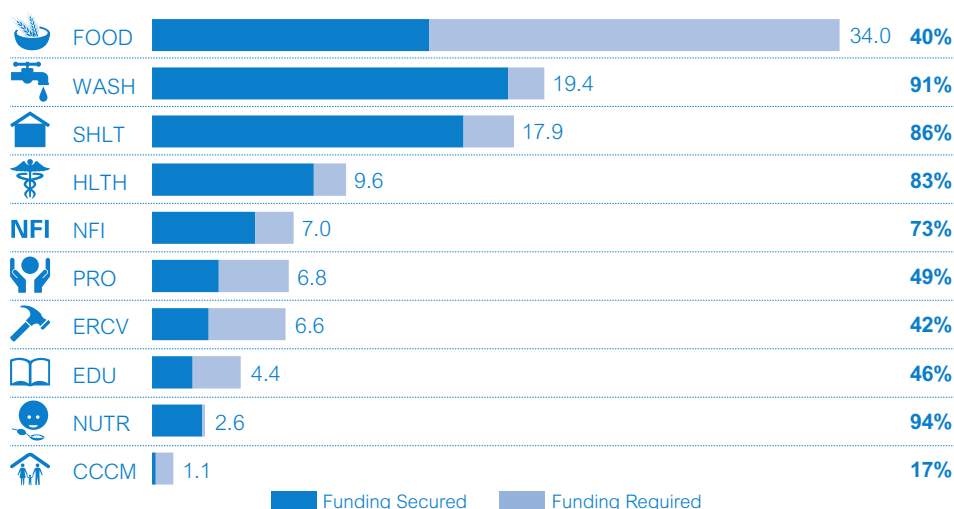
- Shelter/NFIs/CCCM**
Maintenance of camp infrastructure and facilities, capacity building of Government officials and camp managers, distribution of NFIs, shelter construction
- WASH**
Provision of sufficient safe water, distribution of basic hygiene items, provision and maintenance of latrines and bathing areas, operation of safe solid waste disposal and drainage system and de-sludging to SPHERE standards

IMPLEMENTING AGENCIES^D



FUNDING REQUIRED AND SECURED^B

In US\$ million, as of 6 August 2013



Sources: (MAP, A) GAD, UN agencies & NGOs. (B) FTS, Cluster/sector lead and co-lead agencies. (C) Rakhine Response Plans Jul-Dec 2012 & Jul 2012-Jun 2013. (D) UN agencies, NGOs.

- ☒ **March 2013**
Humanitarian community launches Rakhine Contingency/ Preparedness plan in collaboration with Government

- ☒ **May 2013**
Humanitarian community supports Govt to prepare for potential cyclone threat; over 120,000 people evacuated. Most return within days

- ☒ **April 2013**
CERF provides an additional \$5m to address immediate needs of the most vulnerable displaced

- ☒ **June 2013**
Govt and humanitarian partners conduct a lesson-learned exercise to better prepare for future disasters

Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13

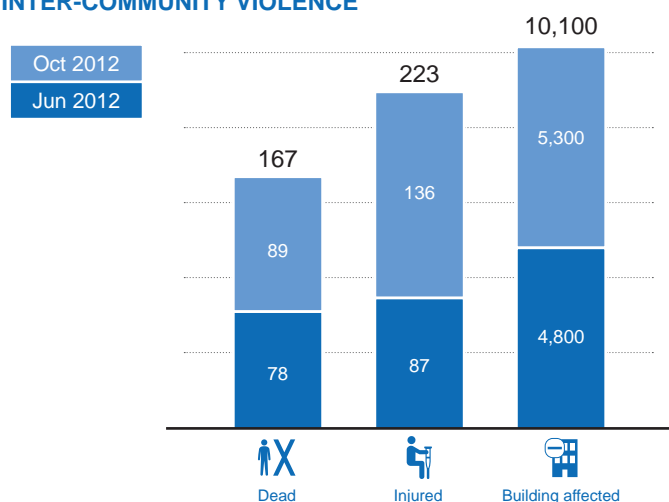
EXECUTIVE SUMMARY

The primary goal of the Humanitarian Country Team's response in Rakhine State is to support the Government's efforts in providing humanitarian assistance to all communities impacted by the 2012 inter-communal violence across Rakhine State. While provision of life-saving humanitarian assistance continues to be a major priority for intervention, including the likely impact on these communities due to the monsoon rains, it is important that the revised Plan broadens its focus beyond IDPs, to include non-displaced communities. The revised Plan will continue to work towards improving access to essential services for all people in need. It will also focus on building support within the donor community, the Government, and among displaced communities for greater engagement to improve facilities and services, and better address gaps in humanitarian assistance. Given that the humanitarian response in Rakhine State has been ongoing for over one year, there is now a need to broaden the response to include the renovation of infrastructure and strengthening of basic social services. The Plan aims also to strengthen early recovery interventions and seeks linkages with longer-term development activities. The strategy will include peacebuilding and reconciliation efforts between affected communities.

Inter-community violence in parts of Rakhine State commenced in early June 2012 and flared once more in October 2012. While most communities across Rakhine State have not experienced the same level of violence experienced in June and October 2012, smaller-scale incidents and tensions continue to be recorded. Government sources indicate that in both incidents a total of 167 people were killed and 223 injured; as well as 10,100 private, public and religious buildings burned or destroyed.

As of mid-July 2013, humanitarian partners estimate that the number of people displaced across Rakhine State has increased to approximately 140,000 people. Additionally, recent analysis of available information of affected populations in isolated and host communities indicate that as many as 36,000 other individuals in Minbya, Myebon, Pauktaw, Mrauk-U, Kyauktaw and Sittwe have also been adversely impacted, either directly socially or economically, with no or very limited access to basic services.

INTER-COMMUNITY VIOLENCE



Under Government leadership, humanitarian and development partners need to engage and support the identification of immediate and medium- to long-term interventions to ensure return in safety and dignity, including reconciliation and confidence and trust-building efforts aimed at reducing tensions and addressing long-standing concerns. Partners will provide assistance to support Government efforts and will operate in full respect of the basic humanitarian principles of humanity, impartiality, neutrality and 'Do No Harm'.

The Government, as well as national and international humanitarian organisations, have continued to provide life-saving assistance such as food, shelter, non-food items (NFI), water and sanitation, medical and education services to IDPs. Despite several challenges including logistics constraints, inter-agency multi-sectoral rapid needs assessments were conducted, directly after the June and October 2012 violence, to identify needs, to immediately react with resources available, and plan for a more comprehensive response.

The first assessment was conducted between 20 June and 10 July 2012 in 121 locations in four townships, covering 107,886 IDPs. The assessment identified major needs in food, shelter, NFI, WASH and health sectors, as the majority of the people relied on food assistance and were accommodated in living conditions with high population density. Immediately after the second wave of inter-communal violence in October 2012, another joint inter-agency needs assessment was conducted in 18 IDP locations in seven townships, covering 36,374 IDPs (1,762 households). Findings confirmed that food, shelter, WASH, health and nutrition were the most immediate priorities.

In June 2013 humanitarian partners and the Rakhine State Government compiled available baseline information about isolated communities where access to services, livelihoods and markets had been compromised following the 2012 violence. The exercise compiled data provided from 466 villages in 8 townships. Of these, 164 were identified as directly affected by conflict in the centre and south of the State (23 Rakhine, 137 Muslim and 4 other ethnicities), with a population of approximately 36,000 people. In addition, at the request of the Government, partners are undertaking a joint UN/NGOs/Government pilot assessment of isolated communities in Sittwe. This exercise will identify needs and map immediate and medium- to long-term interventions.

Twelve months after the violence, collaboration between Government and humanitarian partners has resulted in broad progress in delivery of humanitarian aid: food is distributed on a monthly basis to those in need, with nearly 2,200 metric tons provided in June to about 127,000 people. A second round polio immunization campaign in April vaccinated close to 330,000 children under-five years, or 97 per cent of target children across Rakhine. Over 1,500 severely acute malnourished children and close to 2,900 moderately acute malnourished children have been admitted to therapeutic and supplementary feeding programmes since January 2013. Some 3,700 latrines have been constructed, and around 20,558 hygiene kits have been distributed since January 2013. Temporary shelters for

approximately 90,000 people have been built since the start of the crisis, with ongoing shelter construction to accommodate a further 45,000 IDPs to be completed by the end of August. Some progress has been made in the provision of emergency health, psychosocial and education services, with mobile clinics, child- and women-friendly spaces, and temporary learning spaces being set up across the State.

Since June 2012 humanitarian agencies have faced multiple challenges resulting from communities' perceptions of bias in the delivery of assistance towards particular groups of beneficiaries over others. These challenges include protests and the disruption of humanitarian activities, as well as pressure on staff from their community and a resulting fear or reluctance to work for certain IDPs.

In an effort to coordinate UN/INGO responses to this situation, a Communications Strategy was drafted in February 2013 that identified a need to understand the way in which communities receive and perceive information. This was followed by an independent study on behalf of the Humanitarian Country Team which made several key recommendations. Although implementation of the recommendations has been slow, some progress has been achieved, particularly engagement with key interlocutors in the surrounding ethnic Rakhine community and communications in the IDP camps (both Muslim and Rakhine).

The results of the July 2012 inter-agency rapid assessment informed the development of a 6-month Rakhine Response Plan amounting to US\$32.5 million to cover 85,000 people for a period from July through December 2012. As the situation further deteriorated, the Plan was revised to provide life-saving assistance to up to 115,000 IDPs for a 12-month period (July 2012 to-end of June 2013), amounting to some \$67.6 million. As of the end of June 2013, the estimated funding needs for the Rakhine response increased to include an additional \$12.5 million of the \$18.2 million anticipated in the Inter-Agency Preparedness/Contingency Plan for Rakhine State. The Plan's increased total therefore stood at \$80.1 million.

As a result of the updated cluster and sector plans to address needs through the end of 2013, the total requirements, from June 2012 through December 2013, amount to **\$109,329,173**. Considering contributions to date, an additional **\$38,758,629** is still required to urgently address the funding gap.

Partners estimate that humanitarian assistance will continue to be required over the coming months and well into 2014, as most IDPs have lost their sources of livelihood and social services, and prospects for relocation or settlement seem unlikely for a vast majority of these populations in the near future. While Government and partners have been broadly successful in their efforts to establish essential shelter and infrastructure as well as vital services, further support is required to continue implementing critical life-saving interventions.

KEY BASELINE INDICATORS	Myanmar overall	Rakhine State
Population	29.7m (male) 30.1m (female) 59.8m (total)	1.6m (male) 1.7m (female) 3.3m (total)
Population with access to improved drinking water source	82.3%	57.5%
Measles vaccination rate	85%	67%
Under-five severe malnutrition	9.1%	16.3%
Number of health workforce (medical doctor, nurse, midwife)	22,110	1,040
Total fertility rate (children per woman)	2.03	2.87
Maternal mortality (per 1,000 births)	1.2	1.4
Under-five mortality rate (per 1,000 births)	23.6	26.9
Coverage of antenatal care	70%	66.6%
Skilled birth attendance rate	50.2%	42.5%
Post-natal care coverage (frequency)	7	5
Comprehensive correct knowledge of HIV/AIDS	92.1%	80.2%
Comprehensive correct knowledge of HIV/AIDS (in population aged 15-24)	92.1%	90.6%

Sources: Ministry of National Planning and Economic Development, CSO, Statistical Yearbook 2011; Health Management Information System (2011); Myanmar Multiple Indicator Cluster Survey (2009-2010); Integrated Household Living Conditions Survey (2009-2010); Fertility and Reproductive Health Survey (2007); Reproductive Needs assessment (1999).

INTRODUCTION

GOAL

The primary goal of the Humanitarian Country Team's response in Rakhine State is to support the Government's efforts in providing humanitarian assistance to all communities impacted by the 2012 inter-communal violence across Rakhine State.

OBJECTIVES

- 1 A linked approach to humanitarian, recovery and development strategies and activities in the State is applied.
- 2 All activities strive to achieve durable solutions considering 'Do No Harm' and conflict-sensitive approaches.
- 3 All activities complement Government-led efforts and adhere to international standards and principles.

SCOPE OF THE PLAN

The Rakhine Response Plan 2013 Revision recognizes that many communities across Rakhine State are facing humanitarian needs as a result of last year's conflict, and will consequently support people in need in relevant townships, including northern Rakhine State.

The Plan will further seek to strengthen relationships and integration with Government strategies and interventions, whilst recognizing that the primary responsibility for supporting all people of concern in Rakhine lies with local and national authorities. Advocacy with authorities will continue to seek to address inequitable policies, promote freedom of movement and human rights for all people in the State, and improve access to services and markets for conflict-affected communities. The integration of protection considerations into service provision will also be prioritized.

Results-based humanitarian assistance across Rakhine State necessitates strong and effective humanitarian advocacy aimed at addressing the institutional, policy, legal, resourcing and other issues constituting or influencing root causes of humanitarian need and vulnerability. This includes advocacy aimed at removing the obstacles humanitarian workers face in their daily efforts to deliver aid. Collectively-agreed advocacy messages - both overarching and sectoral - appear throughout this Plan. This approach recognizes that in addition to expressions of individual agency concern, collective messaging frequently leads to better advocacy outcomes.

While provision of life-saving humanitarian assistance continues to be a major priority for intervention, including the likely impact of monsoon rains on these communities, it is important that the revised Plan broadens its focus beyond IDPs, to include non-displaced communities - in particular those living in isolated and host villages, and identifies ways to work towards achieving durable solutions for the displaced and lasting solutions for all affected communities.

The revised Plan will continue to work towards improving access to essential services, in particular health and education for all people of concern. It will also focus on building support within the donor community, the Government, and among displaced communities for greater engagement with camp coordination and camp management structures, to improve facilities and services, better include women's participation and specific needs, and more effectively address gaps in humanitarian assistance. Given that the humanitarian response in Rakhine State has been ongoing for over one year, there is now a need to broaden the response to include the repair of shelters and replenish depleted NFI and other services.

The Response Plan also aims to strengthen early recovery analysis and interventions and seeks linkages with longer-term development activities. The strategy will include scaling up efforts at peacebuilding and reconciliation between affected communities. The Plan will also prioritize identifying and assessing non-displaced conflict-affected communities, and developing appropriate interventions to address the humanitarian needs of these people of concern - in particular, it will seek to improve access to markets and livelihood opportunities in places of origin.

BACKGROUND

CONTEXT

Rakhine State is one of the least developed parts of Myanmar and is characterized by high population density, malnutrition, low income, poverty and weak infrastructure compounded by storms and floods that are recurrent in the area. The population of Rakhine consists of a mixture of various ethnic and religious groups. The 2009-2010 Integrated Household Living Condition Survey ranks Rakhine State in second-worst position in terms of overall poverty: 43.5 per cent compared to the national average of 25.6 per cent. Regarding food poverty, the State ranks 10 per cent against the national average of 4.8 per cent.

The State was affected in recent years by two major disasters: flood and mudslides in northern Rakhine in June 2010 and cyclone Giri in October 2010, affecting 29,000 and 260,000 people respectively, and causing loss of lives and livelihoods. In addition, agencies report that over 800,000 vulnerable people in the northern townships of Rakhine State are facing chronic humanitarian consequences, mainly due to poor access to basic services and livelihood opportunities, lack of clarity over their legal status and restriction of movement. Of this group, some 200,000 (25 per cent) are being assisted with life-saving interventions.

Inter-community violence in parts of Rakhine State commenced in early June 2012 and flared once more in October 2012. While most communities across Rakhine State have not experienced the same level of violence experienced in June and October 2012, smaller-scale incidents and tensions continue to be recorded. Government sources indicate that in both incidents a total of 167 people were killed (78 in June and 89 in October); 223 injured (87 in June and 136 in October); 10,100 private,

public and religious buildings were burned or destroyed (4,800 in June and 5,300 in October). 25,000 troops were deployed to Rakhine to respond to the violence and remain in place today. The Government has stated that it will continue to take action against individuals and organizations that are associated with the conflict to prevent further violence.

PEOPLE IN NEED

While registration for humanitarian assistance purposes has not yet taken place, as of mid-July 2013, partners estimate that the number of people displaced across Rakhine State has increased to approximately 140,000 people. Additionally, recent analysis of available information of affected populations in isolated¹ and host² communities indicate that as many as 36,000 other individuals in Minbya, Myebon, Pauktaw, Mrauk-U, Kyauktaw and Sittwe have also been adversely impacted, either directly, socially or economically, with no or very limited access to basic services including markets, education and health care. Many have suffered trauma and require support.

It is important to note that certain assumptions have been made when calculating the caseload of 140,000 people currently residing in camp locations. It is admittedly not possible to verify the exact number of IDPs in camps until a formal registration exercise has been conducted. However, regular camp visits and exercises, through the Camp Coordination and Camp Management (CCCM) Cluster, indicate that this figure is as accurate as possible at the time of publication of this Plan. Similarly, the additional caseload of 36,000 affected people not resident in camp locations has been ascertained through procedural joint needs assessments that have been conducted on an inter-agency basis in the above-mentioned townships. These assessments are currently ongoing and planning figures will be updated accordingly.

STRUCTURAL CAUSES AND PRE-CRISIS NEEDS

One of the structural root causes of the inter-communal conflict is connected with the long-standing problem of the lack of citizenship of around 800,000 people (UNHCR estimate, 2011) in Rakhine State. Key to addressing these root causes are political commitment, security, ensuring that rule of law prevails and human rights of all people of Rakhine State are respected. While the activities included in this Plan specifically target the humanitarian needs of people affected as a result of inter-communal violence in 2012, there were pressing, pre-crisis humanitarian needs that existed, and still exist, especially in the northern townships of the State, which humanitarian actors had been responding to in the long term. It is important that the humanitarian and development community do not inadvertently de-couple the needs of the immediate caseload from that of the State as a whole.

Given the pre-existing situation of under-development of the State and conditions such as increased restrictions on movement which continue to be imposed by the authorities, and by the widespread sense of fear and tensions, different communities across Rakhine State will require comprehensive humanitarian

recovery and development assistance well beyond 2013. A long-term comprehensive development plan for all parts and peoples of Rakhine State needs to be articulated by the Government to ensure that durable solutions to the underlying causes of the inter-community violence are identified and sustainably implemented.

On 12 July 2013 President Thein Sein issued notification no. 59/2013 which abolished the NaSaKa border security force which had been active in Rakhine State, especially along the border with Bangladesh. NaSaKa was an inter-agency force, established in 1992, and comprised immigration, police, intelligence and customs officials. In the northern townships of Rakhine State it had historically been the most prominent state authority, responsible for securing the border, enforcing travel restrictions, marriage restrictions, and the recently reactivated “two child” limit, which local communities in the area found oppressive. The Force also faced allegations of human rights abuses, imposition of forced labour and extortion. The United Nations Special Rapporteur on the human rights situation in Myanmar welcomed the dissolution of the Force and urged the Government to investigate and hold those officials, who were responsible for human rights abuses, accountable.

TRUST-BUILDING AND RECONCILIATION

Ongoing inter-communal tensions and incidents have undermined trust and compromised opportunities for confidence-building measures and progress in recent months. This highlights the urgent need for the Government to initiate robust trust-building and reconciliation measures, both within and among communities and with the Government. Rakhine (Buddhist) as well as Muslim community and religious leaders have an essential role to play in the reconciliation process. Recent incidents indicate that community leaders do not necessarily represent the communities and their interests. Some community and religious elements have increased their rhetoric and divisive language which has been detrimental to any prospect of community reconciliation or reintegration. Humanitarian staff continue to be subject to threats and intimidation to varying degrees, and this has resulted in resignations of key staff discharging vital services, including life-saving health provision, for both communities.

These recent incidents involving IDPs and the Government over issues related to relocation to recently-built temporary shelters, which in two occasions resulted in injuries and fatalities including of women and children, have not helped. The poor relationships within communities, and between communities and the Government, have been compounded by false rumours that temporary shelters would be used to further isolate the IDPs, label Muslim IDPs as “Bengalis” or “illegal immigrants” and prevent them from returning to their places of origin, thereby further segregating communities which have co-existed in the past. Reports indicate that following the incidents in Mrauk-U and Pauktaw several men from the community have been arrested, while it is unclear whether any investigation of the incident with regards to the reported disproportionate reaction of the security forces has been initiated, which only adds to perceptions of impunity which are prevalent in displaced communities in Rakhine.

¹ Isolated village: a village surrounded by communities from other ethnicities between whom tensions are high and there is a fear of movement, resulting in limited access to markets and services. These may alternatively be highly remote areas.

² Host community: a community that has IDPs living within the community boundaries and who share basic facilities and resources.

The failure of the verification exercise in late April this year, for which communities were not adequately prepared and which was perceived as an attempt to register them as illegal migrants, led to an incident between IDPs and the security forces and was followed by the arrest of community leaders and others. Additionally, the renewal of particular local orders for the Muslim population including a forced two-child policy as well as those restricting freedom of movement and marriage, which are not in line with Union level policies, have caused resentment and led to increased local tensions. These negative developments since the beginning of 2013 have created dangerous levels of mistrust between communities and the Government. Communities need to see signs of trust-building by the Government. Community leaders and the communities themselves also have a major role to play to diffuse tensions and build a harmonious future.

TEMPORARY DISPLACEMENT

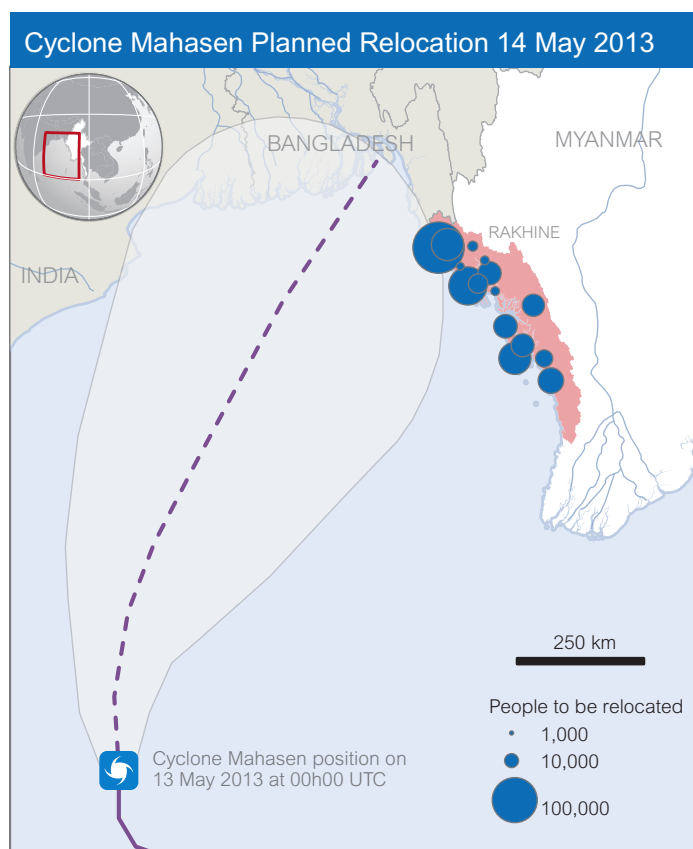
Between 12 and 17 May, Cyclone Mahasen developed in the Indian Ocean threatening areas along the Rakhine coast and triggering relocation of villages and IDP camps to evacuation sites. The cyclone weakened into a tropical storm and eventually dissipated on 17 May. Nonetheless, strong winds and scattered rains on 16 May resulted in localized floods in some areas, consistent with normal weather patterns. Some 120,000 people in 14 at-risk townships were evacuated to safer locations in advance of the cyclone. Approximately 14,000 individuals resisted the move, but were eventually convinced to relocate to safer areas following guarantees by the authorities that they could return to the camp locations after the storm. While most people returned

to villages and camps by 20 May, a limited number of displaced people in Sittwe and Pauktaw have not returned, in part because conditions in their original camps have significantly deteriorated. The Government has committed not to force returns. The UN and partners continue to work with the authorities to support a safe and voluntary return.

NEED FOR ENGAGEMENT

Although the dynamics of the Rakhine conflict are specific to the context of the State, the delayed or slow identification of comprehensive and durable solutions in Rakhine is contributing to increased tensions elsewhere in the country and in other countries in the region and beyond. Under Government leadership, humanitarian and development partners need to engage and support the identification of immediate and medium- to long-term interventions to ensure return in safety and dignity, including reconciliation and confidence and trust-building efforts aimed at reducing tensions and addressing long-standing concerns. Partners will provide assistance to support Government efforts and will operate in full respect of the basic humanitarian principles of humanity, impartiality neutrality and 'Do No Harm' principles, while maintaining a gender-sensitive approach to meet the specific needs of women, men, boys and girls.

Dialogue needs to be established to develop a strategy for long-term solutions in consultation with affected communities - and in partnership with humanitarian and donor agencies. For those who have returned or remain in their places of origin it is important that they be provided with assistance where they are. Those who wish to go home should be supported to do so, and those who have lost their homes and continue to live in their places of origin should receive Government support to rebuild their homes. Only voluntary returns can be supported by the international community. All stakeholders, including all humanitarian actors, need to ensure that conflict sensitivity and peacebuilding analyses and approaches are considered in their sector interventions.



Sources: MIMU, GDACS, UNCS, FAO

RESPONSE OVERVIEW AND OUTSTANDING NEEDS

The Government, as well as national and international humanitarian organisations, have continued to provide life-saving assistance such as food, shelter, non-food items (NFI), water and sanitation, medical, education and protection related services to IDPs. Despite several challenges including logistics constraints, inter-agency multi-sectoral rapid needs assessments were conducted, directly after the June and October 2012 violence, to identify needs, immediately react with resources available, and plan for a more comprehensive response.

Besides the estimated 140,000 people who have already sought refuge in the camps, as many as 36,000 other individuals in isolated and host communities in the central and southern part of the State have also been adversely impacted, either directly, socially or economically, with no or very limited access to basic services including markets, education and health care. Although it is incumbent upon the Government to identify long-term solutions while also meeting the immediate humanitarian needs of affected populations in camps as well as in isolated and host communities, humanitarian partners stand ready to find appropriate solutions, provide expertise and support such initiatives.

Over the last 12 months, and currently, the Government has sustained an elevated level of security in affected areas across the State to maintain law and order and to prevent further bloodshed. Nonetheless, tensions and mistrust within and among communities and with the Government have persisted and this has had a negative impact on the success of humanitarian operations, while also challenging partners to engage in longer-term programming.

It is estimated that separation of communities will continue for an unspecified period of time, although some localized interaction is taking place. As a first step, dialogue and trade within and between communities is being encouraged.

Movement and access constraints (of affected people as well as humanitarian workers) have continued to be restricted which has limited the provision of humanitarian assistance as well as people's access to livelihoods and a stable income. This has led to a significant number of people leaving their homes although they were initially not affected by the violence.

For want of definition, humanitarian access encompasses access by humanitarian organizations to those in need of humanitarian assistance and protection, and access by those in need to the goods and services essential for their survival. By facilitating humanitarian action, effective humanitarian access can improve the operational response by humanitarian actors and others to strengthen protection of civilians³.

ASSESSMENTS

The first assessment was conducted between 20 June and 10 July 2012 in 121 locations in four townships (109 in Sittwe, four in Rathedaung, seven in Maungdaw, one in Pauktaw), covering 107,886 IDPs (18,697 households). The assessment identified major needs in food, shelter, NFI, WASH and health sectors, as the majority of the people relied on food assistance and were accommodated in living conditions with high population density. Access to sanitation facilities and drinking water was also a challenge.

The second joint inter-agency needs assessment was undertaken between 29 October and 9 November 2012, to identify immediate humanitarian needs following the second wave of inter-communal violence. Teams visited 18 IDP locations in seven townships, covering 36,374 IDPs (1,762 households) and carried out distributions at the same time where possible. Findings confirmed that food, shelter, WASH, health and nutrition were the most immediate priorities. About 85 per cent of IDPs relied on food aid while almost no IDPs had access to local markets. Health assistance and nutrition were major concerns with 23,500 of the assessed IDPs not having access to health facilities in the locations of displacement. Poor sanitation, water availability and shelter compounded health issues. Approximately 60 per cent of the assessed caseload, or over 20,000 newly-displaced IDPs, did not have access to sufficient drinking water and 70 per cent or about 24,000 IDPs did not have access to functioning latrines.

In June 2013, humanitarian partners and the Rakhine State Government compiled available baseline information about isolated communities where access to services, livelihoods and markets had been compromised following the 2012 violence. The exercise compiled data from 466 villages in 8 townships. Of these, 164 were identified as directly affected by conflict in the centre and south of the State (23 Rakhine, 137 Muslim and 4 of other ethnicities), with a population of approximately 36,000 people [Sittwe (3,023), Minbya (8,558), Mrauk-U (11,026), Kyauktaw (6,936), Pauktaw (6,558)]. In addition, at the request of the Government, partners are currently undertaking a joint UN/NGO/Government pilot assessment of isolated communities in Sittwe. This exercise will identify needs and map the immediate and medium- to long-term interventions needed to ensure the return of conflict-affected populations in safety and dignity, and initiate reconciliation and trust-building efforts aimed at addressing long-standing tensions and polarization.

It should be noted that clusters have obtained data from different sources and that their calculations for disaggregating caseloads of children and other age-group population and gender breakdown numbers is likely to vary.

ASSISTANCE DELIVERY: PROGRESS AND CHALLENGES

Twelve months after the violence, collaboration between Government and humanitarian partners has resulted in broad progress in delivery of humanitarian aid: food is distributed on a monthly basis to those in need, with nearly 2,200 metric tons

³ Humanitarian Access in Situations of Armed Conflict Field Manual, Version 1.0, 2011, Conflict Dynamics International, Swiss FDFA and UN Office for the Coordination of Humanitarian Affairs.

provided in June to about 127,000 people. A second-round polio immunization campaign in April vaccinated close to 330,000 children under-five years, or 97 per cent of target children across Rakhine. Over 1,500 severely acutely malnourished children and close to 2,900 moderately acutely malnourished children were admitted to therapeutic and supplementary feeding programmes since January 2013. Some 3,700 latrines have been constructed, and around 20,558 hygiene kits have been distributed since January 2013. Temporary shelters for approximately 90,000 people have been built since the start of the crisis, with ongoing shelter construction to accommodate a further 45,000 IDPs to be completed end of August. Some progress has been made in provision of emergency health, psychosocial and education services as well, with mobile clinics, child- and women-friendly spaces, and temporary learning spaces being set up across the State.

However, more still needs to be done to stabilize the situation. Humanitarian assistance can only be regarded as a temporary measure and more effort needs to be made to address underlying factors contributing to the humanitarian crisis. These factors include addressing cultural biases against women which contribute to chronic poverty in Rakhine State, the deep mistrust within and among communities as well as with the Government (at Union and State levels) and the inequitable application of the law. It is essential to address issues of impunity, particularly of the security forces, and respect for basic human rights throughout Rakhine State, regardless of citizenship status, and to increase concerns related to the segregation of communities as well as freedom of movement and investment in the development of the State.

Decisive and clear action by the Government on a number of immediate issues could ease current tensions within and between communities. Facilitation of access to employment, markets and basic services remains limited due to continued restriction of movement, lack of trust fuelled by fears and rumours, and a lack of focus on strategies and initiatives enabling people, within the shortest time frame possible, to return to their places of origin. A solution needs to be found urgently to reduce dependence on aid, promote safety and protection, and prevent additional displacement. In particular, support to agriculture is urgently needed. Limited use of agricultural land, debt, and collapse of value chains has critically affected food security in Rakhine in general. Immediate actions to enable freedom of movement, interactions between communities and support to small farmers and fishermen is necessary to increase food security, avoid malnutrition and prevent additional displacement from villages to camps in order to access assistance.

Furthermore, an estimated 23,000 primary-school-aged children living in IDP camps, as well as in some villages in Mrauk-U and Minbya townships, have lost an entire school year due to displacement and a subsequent lack of facilities, teachers, and teaching and learning materials. Temporary learning spaces are being established and volunteer teachers trained to cater for up to 8,800 primary-level IDP students, and funding to reach a further 11,200 primary-aged children has been secured. However, this is still insufficient to meet even primary-age school needs, and

education opportunities for an estimated 32,000 adolescent children between the ages of 10 and 17 are near absent. This is a serious concern on a number of levels, including further instability and insecurity within the camps. This concern extends to the isolated communities in which an estimated 16,000 children between the ages of 6 and 17 are also being deprived of their right to education. Even for those children currently being, or soon to be, provided with emergency education services, it must be noted that this meets minimum standards only. Durable solutions that are not based on segregation must be identified and pursued by the Government and supported by the international community.

Malnutrition, which was prevalent across the State before the crisis, is alarming. The latest nutritional survey conducted in January 2013 indicated a rate of 4.5 per cent of severe acute malnutrition and a global acute malnutrition rate of 14.4 per cent in urban and rural camps in Sittwe. Further deterioration is likely in rural camps due to high population density, difficulties in resuming livelihood activities and the rainy season.

There is a pressing need to restore the existing Ministry of Health-led health care system. Additionally, there is a shortage of land for constructing new latrines in Sittwe camps, while sanitation coverage is still low as latrine pits are quickly filling up, or are already full and require urgent emptying. There is a pressing need to identify an appropriate site for sludge from latrines. While most camps have access to (untreated) water from ponds during the rainy season, these will dry out in the dry season and leave some 40 per cent of IDPs without access to safe water, hence increasing the risk of disease outbreak.

Re-starting routine immunization services across the State is vital, and reproductive and maternal health services remain limited. Referral for IDPs is only possible to Sittwe Hospital for life-saving cases. It is essential that a system is put in place to guarantee that referrals for non-Sittwe residents are accepted into township hospitals, and for health staff to have access to Muslim villages. The principle of non-discrimination should be respected in all cases, and communities accepting health workers to assist the Muslim population need to be organized through a state-wide awareness-raising campaign. In order to provide quality maternal and child health care there is an urgent need to address the critical shortage of trained health workers, particularly doctors and midwives. Existing surveillance and health information management systems covering the IDP health situation need to be strengthened.

Protection and safety measures remain critical throughout the response, particularly addressing the needs of the most vulnerable and those at higher risk of abuse and exploitation, such as households headed by single females, as well as widows, elderly and the disabled. Psychosocial services and safe spaces for women and children have been established, and referral pathways are currently being piloted for protection-related cases. Despite these efforts, gaps remain in the availability of services and capacity of the State and other actors to respond to the multi-sectoral needs of survivors of abuse and violence, particularly in remote areas.

Despite the progress and activities mentioned above, bureaucratic processes continue to hinder the delivery of assistance, including the need to obtain travel authorizations which for some line ministries can take between 3 and 4 weeks, and additional bureaucratic requirements imposed by local authorities in the three northern townships. Import restrictions are also delaying the ability of partners to implement programmes. Consideration should be given for fast-track procedures, similar to the ones put in place by the Government during the response to cyclone Nargis.

COMMUNICATING WITH AFFECTED COMMUNITIES

Since June 2012 humanitarian agencies have faced multiple challenges resulting from communities' perceptions of bias in the delivery of assistance towards particular groups of beneficiaries over others. These challenges include protests and the disruption of humanitarian activities as well as pressure on staff from their community and a resulting fear or reluctance to work for certain IDPs.

Humanitarian agencies expect the Government to lead the response and take steps to manage misperceptions with regards to aid provision which are affecting the ability to deliver. At the same time, the Government and humanitarian partners need to ensure transparency about what they are providing to all communities (e.g. through information boards, media, community dialogue etc.). Government and partners' collaboration to develop a comprehensive communications strategy with communities is a vital element to counterbalance these misperceptions.

In an effort to coordinate UN/INGO responses to this situation, a Communications Strategy was drafted in February 2013 that identified a need to understand the way in which communities receive and perceive information. This was followed by an independent study on behalf of the Humanitarian Country Team which made several key recommendations. Although implementation has been slow, some progress has been achieved, particularly in identification and early engagement with key interlocutors in the surrounding ethnic Rakhine community and communications in the IDP camps (both Muslim and Rakhine).

Some of the steps undertaken include:

- One-page key messages for the Government on the humanitarian community and its position on the level of response for the Rakhine population, available in English, Myanmar, and Rakhine languages.
- Production of information pamphlets in Myanmar and Rakhine languages to simplify and direct information for community and township leaders. These products include a national Humanitarian Bulletin and a monthly Rakhine situation report.
- Steps have been undertaken to reinforce camp coordination and camp management groups for camp-based beneficiaries based on clusters, and the wider representation of women, young people and the elderly within each management group. These will be utilized to raise awareness and for information-sharing on agencies and activities.

- Associations and Civil Society Organizations (CSOs): UN agencies and partners are working with key CSO interlocutors through one-on-one update meetings.
- Inter-operability between INGOs and UN agencies: All Sittwe-based cluster, and inter-cluster meetings will focus increasingly on community engagement to ensure that humanitarian partners work collectively and share plans on future strategies and their performance in Rakhine State.

Media plays an important role in supporting the Government and humanitarian actors in disseminating and getting accurate information and advocacy messages to people in Rakhine State, elsewhere in the country and beyond. It is also an effective tool in informing the public of the situation on the ground, dispelling rumours that could lead to tensions and violence, and promoting mutual understanding and confidence-building within and between communities and the Government. Thus, training of journalists working in Rakhine State in the principles and practice of reporting conflict in a sensitive manner could contribute to the comprehensive and durable solutions in Rakhine through fair, accurate, comprehensive and responsible reporting.

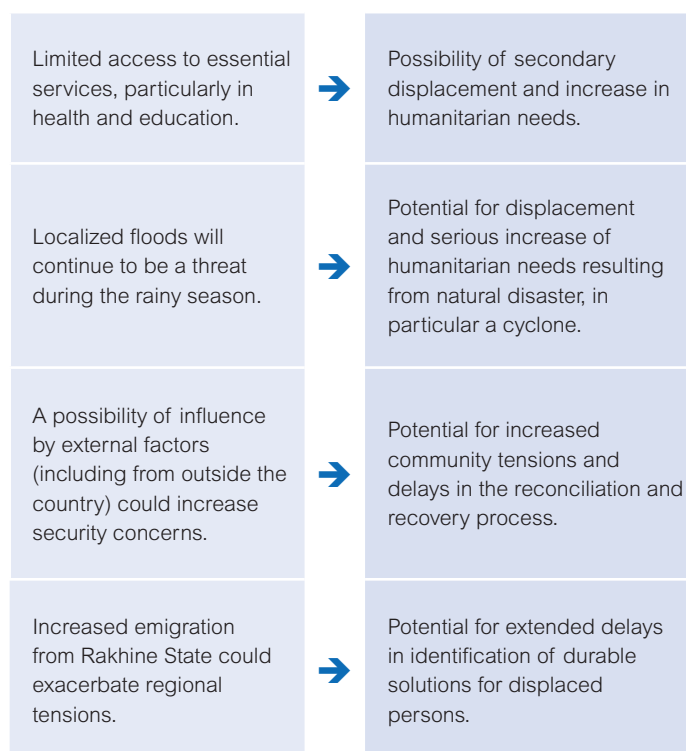
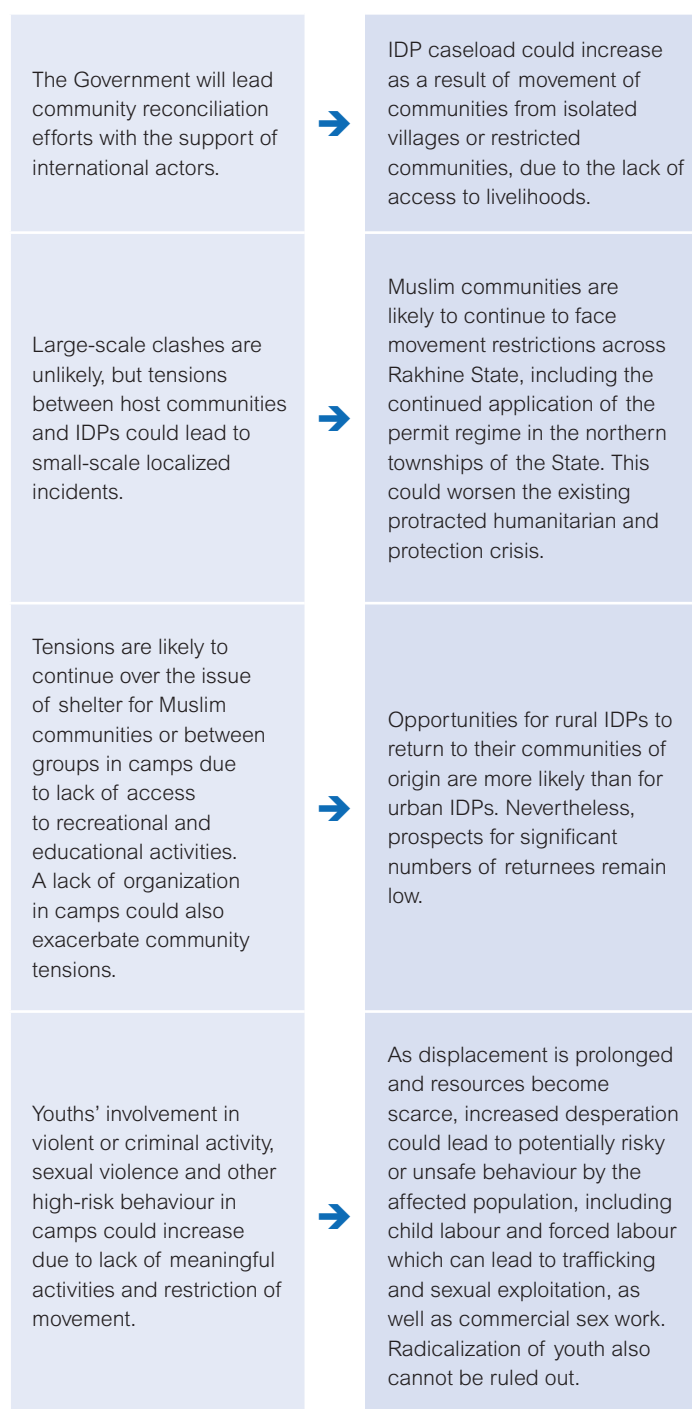
OCHA aims to organize a training programme for ten Myanmar journalists by a team of professional media trainers to equip them to recognize how they can enhance their reporting by drawing on this knowledge when they report on issues in Rakhine State. In addition, the training will also help journalists recognize that they have the potential to both exacerbate communal conflicts and contribute towards trust and peacebuilding. In addition, the programme will prepare them with specific reporting and analytical skills they can apply to ensure coverage in both a comprehensive and constructive manner.

Similarly, during the period of the Plan, UNDP will be working with media personnel in Rakhine State to build their capacity on conflict-sensitive reporting as well as how to use the press as an effective tool for inter-community dialogue to promote social cohesion.

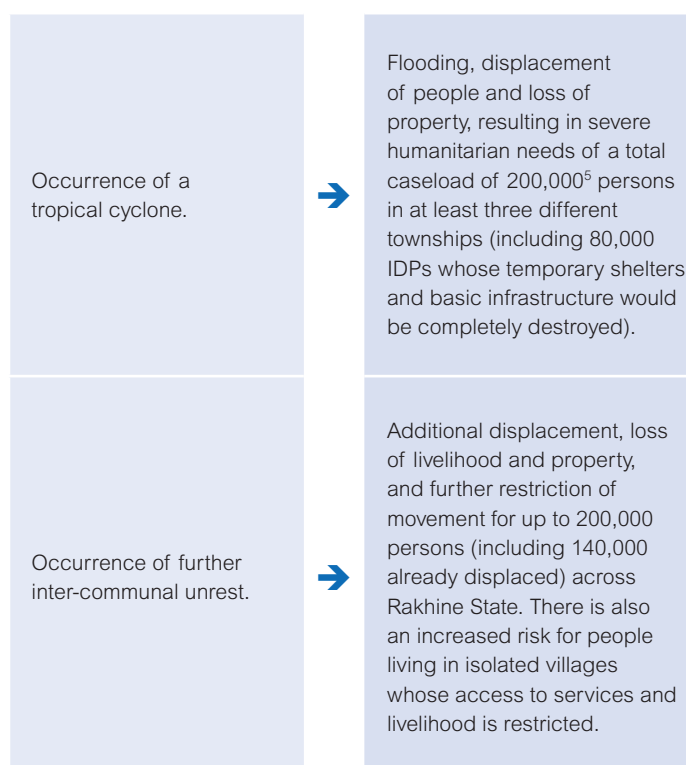
SCENARIOS

A series of meetings, consultations and workshops was held in June and early July 2013 in Yangon, Sittwe and Maungdaw with local and international partners. Participants elaborated working scenarios to ensure that humanitarian activities could adequately respond to the situation, in which the medium- to long-term outcome remains difficult to predict at this stage.

Humanitarian partners agreed on the following dimensions of a best-case or status-quo scenario most likely to occur > with the following humanitarian consequences:



Humanitarian partners also identified the following dimensions for a possible worst case scenario⁴ > with the following humanitarian consequences:



⁴ These scenarios were developed and agreed upon in the Rakhine Preparedness and Contingency Plan published in March 2013.

⁵ The caseload was calculated using historical statistical data from previous cyclonic and flooding activity affecting Rakhine State, including: cyclones: 6 - 8 per cent population affected or +/- 230,000 people; Floods: 1 - 3 per cent population affected or +/- 100,000 people

PLANNING ASSUMPTIONS

The following planning assumptions assume a positive evolution of the situation in the coming months. However, given the unpredictability of the situation as well as the ongoing tensions prevailing in Rakhine State, partners will also need to plan for contingencies should violence reoccur.

- In general, it is assumed that there will be a **continuation of the current situation** as described above. There is a **possibility of an increase in tensions** and growing factions within non-homogenous communities.
- It should be recognized that there are **two prevailing humanitarian situations in Rakhine State: the existing situation prior to June 2012 and the situation created by the current crisis**. A political solution for the current crisis must consider the prior humanitarian situation and needs. **Different parts of Rakhine State are in need of varying types of humanitarian, recovery and development assistance** due to the pre-existing June 2012 needs combined with limitations such as lack of freedom of movement brought about by the violence. The humanitarian community will continue to engage with the Government to support the identification of immediate and, medium- to long-term interventions to ensure return in safety and dignity, including confidence, reconciliation and trust-building.
- **The Government has the primary responsibility for coordination of the response and should lead and implement assistance in all affected locations.** The Emergency Coordination Centre (ECC) in Sittwe Town will become fully operational during the scenario period. A civil-military coordination mechanism will be put in place to support a more effective response by systematically interfacing with the security setup to facilitate humanitarian operations.
- **Some 140,000 IDPs will continue to require international humanitarian assistance.** This number is not expected to change significantly, although there could be an influx of IDPs from isolated communities unless access to livelihoods and basic services improves. Most IDPs in Sittwe Township will remain in long houses. While there is a likelihood of improved conditions for those living in newly-constructed temporary shelters, older shelters and supporting infrastructure will require comprehensive renovation. Secondary displacement due to relocations is a risk which is already being observed in recent months. Overcrowded conditions in camps and households will continue, and this could increase tensions and risk sexual harassment and violence, especially towards women and children. As such, protection concerns are likely to increase significantly.
- **As many as 36,000 other individuals in isolated and host communities who have been affected, but not necessarily displaced, have also lost access to services and livelihoods.** Discussions on the recovery and rebuilding of homes as well as resumption of livelihoods should be considered. Any package being developed will need to consider villages and communities on its periphery with the aim of improving dialogue and relations between communities.
- **Isolated villages have specific needs which require an individualized approach and not a standard response.** These needs must be acknowledged, even if the required response is not only humanitarian, but also political (e.g. freedom of movement, access to livelihood, basic services, etc) and developmental. The response, both of a humanitarian and development nature, will need to continue to employ a conflict- and gender-sensitive approach and include an understanding of community dynamics.
- **Basic functions and services (education, health care and livelihood activities) have been disrupted by the violence. Access to these will need to be guaranteed for the population to reduce aid dependency and contribute to a lasting solution to the conflict.** Due consideration needs to be given to the restriction of movement of IDPs and people in isolated communities and the impact this will have on their access to services and livelihoods, and on the livelihoods of neighbouring communities with whom they were co-existing before the conflict. The movement of IDPs from current locations to new shelters could further reduce their access to livelihood opportunities due to the distance between camps and markets. In addition, a **scarcity of school teachers, community-based health staff and other professionals is likely to continue to hinder provision of services.**
- **Confidence- and trust-building measures are an essential precursor to any return efforts. However, trust and confidence continue to be eroded** when there is a lack of accountability, lack of rule of law and no clearly perceived efforts to address structural discrimination. This will also reduce the likelihood of returns. Meanwhile reconciliation efforts will most likely lead to opportunities for return only after the scenario period. Nonetheless, some people will be able to return to certain areas of origin as soon as conditions are met. Opportunities for return in the near future are more likely for IDPs in rural areas than urban environments.
- **The international humanitarian and development community keenly await the articulation of the Government's plans for equitable medium- to long-term solutions for all affected populations.** This will enable partners to ensure that their plans are in concord with those of Government and to share them accordingly with relevant authorities.
- **The deteriorating human rights situation compounded by the immediate humanitarian challenges has prompted an outflow of Muslims from Rakhine State. Between June 2012 and May 2013, more than 27,000 people left from the Bay of Bengal on smugglers' boats.** Among them were mostly Muslims from Rakhine State, but also long-staying refugees in Bangladesh, and Bangladeshis. Most appear to be men travelling alone, but there are increasing numbers of women and children among smuggled passengers, an indicator of growing desperation and lack of prospects. This could potentially lead to human

trafficking and sexual exploitation. Hundreds are believed to have died making the journey. The actual numbers are impossible to verify due to the clandestine nature of these irregular movements

- **Government-led efforts towards reconciliation will need to be increased with support from international actors.** To some extent, dialogue within communities is being fostered by the Government and partners, although these efforts are unlikely to yield significant results in the next six months. Dialogue between communities needs to increase, especially at the village level. Multi-stakeholder structures and mechanisms, which includes religious leaders, youth and women, need to be nurtured to promote dialogue and conflict prevention. Tension in some areas might decrease as a result of communities' social and economic interaction over issues of common interest and concern. This will need to be monitored to identify opportunities for engagement. Interaction with community and religious leaders beyond the villages and the State will need to be stepped up to guarantee buy-in and support for such initiatives.
- **Steps need to be taken by the Government to reduce misperceptions, including through public statements.** Tensions and mistrust within and among communities persist and have a negative impact on the capacity of humanitarian operations, thus making it difficult to engage in longer-term programming. Communities' respect and tolerance are key to ensure a favourable environment for partners to deliver assistance. Partners will operate in accordance with the basic humanitarian principles of humanity, impartiality, neutrality and 'Do No Harm'. **Government and partners need to develop a comprehensive strategy to communicate effectively with affected communities to reduce these misperceptions.**
- In terms of **humanitarian access, a conducive environment will need to be developed for humanitarian partners to operate within, and all affected populations will need to be accessible.** The Government will need to ease bureaucratic procedures thus lessening movement constraints and facilitating actors' ability to reach those in need. Access restrictions in northern Rakhine State may continue and impact on service delivery.
- **Physical constraints (lack of roads and infrastructure, operation mostly by the waterways, etc.) will continue to hinder access** to some of the most hard-to-reach locations, especially during the rainy season.
- Financial resources to address the needs of additional vulnerable groups, including isolated villages, are required. However, as **protracted displacement continues funds are unlikely to be sufficient to cover the entire range of life-saving interventions required or the rebuilding of stocks for possible additional emergency response requirements, or even early recovery activities.**
- **A reduction in the turnover of humanitarian personnel will have a stabilizing effect on project implementation.**

The presence of partners is limited in most of the October 2012-affected areas (Kyaukphyu, Kyauktaw, Minbya, Mrauk-U and Ramree). There is a need to **increase the number of agencies** present as well as their staffing levels. Collaboration with local partners, including Myanmar Red Cross Society (MRCS) teams, should be strengthened.

ADVOCACY MESSAGES

- **More than one year on from significant outbreaks of inter-communal violence, over 176,000 people⁶ remain in need of humanitarian assistance across Rakhine State, including over 105,000 children.** While more than 25 humanitarian agencies are present across Rakhine State, and about \$70 million⁷ in humanitarian assistance has been committed or delivered, the situation remains dire. Agencies estimate an additional **\$38.7 million** is needed just to meet current humanitarian needs through December 2013.
- **In accordance with the humanitarian principles of humanity, impartiality and neutrality, humanitarian workers should deliver aid exclusively based on need and vulnerability at all times.** Humanitarian workers are fully committed to assisting vulnerable people in need wherever they are found, regardless of social groupings such as ethnicity, nationality, religion, gender or class.
- **To be able to deliver emergency, life-saving relief, full and unimpeded humanitarian access is required by all humanitarian workers delivering aid across Rakhine State.** Government responsibilities to ensure humanitarian access at all times also includes the transparent and timely issuing of travel visas and security clearances, and the speedy facilitation of all essential imports by customs and other relevant Government authorities.
- **The humanitarian community continues to call for the immediate release of the four national staff working for international NGOs in Rakhine State who have been detained since June/July 2012.**
- **All affected communities are entitled to enjoy freedom of movement and unfettered access to basic services.** Restrictions on freedom of movement for both humanitarian workers and affected communities severely compromise protection monitoring and basic rights to health, education and livelihoods development.
- **Durable solutions must be found for 140,000 IDPs and 36,000 vulnerable and conflict-affected people living in host communities and isolated villages across Rakhine State.** All durable solutions must be based on voluntary, informed choice with forcible return avoided at all times.

⁶ 140,000 IDPs and an estimated additional 36,000 people across host families and isolated villages.

⁷ 88 per cent of the combined requirements of the previous Rakhine Response Plan and the Preparedness/Contingency Plan

- **Peace and reconciliation is crucial to Myanmar's future, including across Rakhine State. Now is the time for concerted peacebuilding efforts towards inter-communal harmony, positive change and reform.** Ongoing communal violence in Rakhine State is of deep concern. Associated criminal acts resulting in death, abuse, destruction and displacement destroy the lives of children, families, and communities.
- **Rakhine State is in need of both humanitarian and development assistance if stability and sustainable peace are to be forthcoming.** Humanitarian and development agencies stand ready to support the Government in its efforts to address the complex underlying and root causes of inter-communal conflict in Rakhine State namely poverty, lack of access to basic services and jobs, inequality and marginalization.

CLUSTER/SECTOR PRIORITIES

Some of the priorities for sectoral interventions include:



EARLY RECOVERY:

Cash for work programmes, small business grants, agricultural training and extension services as well as other recovery programmes that bring communities together and promote social cohesion.



EDUCATION:

Construction of temporary learning spaces, provision of teaching and learning materials, volunteer teacher recruitment, training and ongoing support.



FOOD:

Food distribution and cash for work programmes.



HEALTH:

Strengthening of health care services including routine immunization services, Maternal and Child Health, referral systems, disease surveillance, mental health and psychosocial support, training on GBV case management as well as health education and training health workers.



NUTRITION:

Surveys and assessments, preventive interventions, counseling and acute malnutrition services.



PROTECTION:

Enhancement of referral pathways and case management services, expansion of existing protection-related in-camp interventions, identification of extremely vulnerable individuals, increase in women-friendly spaces, improved psychosocial support to vulnerable children and enhance awareness and capacity on GBV issues.



SHELTER, CCCM & NFIS:

Maintenance of camp infrastructure and facilities, capacity building of Government officials and camp managers as well as distribution of NFIs, and shelter construction.



WASH:

Provision of sufficient safe water, distribution of basic hygiene items, provision and maintenance of latrines and bathing areas, operation of safe solid waste disposal and drainage system and de-sludging to SPHERE standards.

For more details on activities and prioritization, refer to the sectoral priorities.

FUNDING REQUIREMENTS

The results of the July 2012 inter-agency rapid assessment, the response priorities identified by the Government and affected communities informed a 6-month Rakhine Response Plan amounting to \$32.5 million to cover 80,000 people for a period from July through December 2012. As the situation further deteriorated, the Plan was revised to provide life-saving assistance to up to 115,000 IDPs for a 12-month period (July 2012 to-end of June 2013), amounting to some \$67.6 million. As of the end of June 2013, the estimated funding needs for the Rakhine response increased due to an additional \$18.2 million anticipated in the Inter-Agency Preparedness/Contingency Plan for Rakhine State, which was drafted in advance of the 2013 monsoon season. Of this additional amount, the preparedness planning financial requirements of the Food and Nutrition sectors were already included in the budget of the July 2012 to June 2013 Response Plan, and were therefore not included again in the total overall requirements. Thus, the new amount from this contingency plan reflected in the financial table below is \$12.5

million. Overall needs prior to this revision therefore stood at \$80.1 million, of which \$70.6 million (88.1 per cent) has been received.

As a result of the updated cluster and sector plans to address needs through the end of 2013, the total requirements from July 2012 through December 2013 amount to **\$109,329,173**. Considering the contributions to date, an additional **\$38,758,629** is still required to address the funding gap.

Partners estimate that humanitarian assistance will continue to be required over the coming months, as most of the IDPs have lost their sources of livelihood and social services, and prospects for relocation or settlement seem highly unlikely for a vast majority of these populations. Whilst partners have been broadly successful in their efforts to establish essential shelter and infrastructure as well as vital services, further support is required to continue implementing critical life-saving interventions.

SUMMARY OF REQUIREMENTS FOR THE PERIOD JULY 2012 - DECEMBER 2013

Sector	Previous requirements Jul 2012-Jun 2013 (\$)	Current requirements Jul 2012-Dec 2013 (\$)	Contributions + commitments to date (\$)	Per cent covered	Funding gap (\$)
Early Recovery	5,530,253	6,600,000	2,800,000	42%	3,800,000
Education	800,000	4,386,953 ⁸	2,010,600	46%	2,376,353
Food	19,300,000	34,000,000 ⁹	13,702,739	40%	20,297,261
Health	5,800,000	9,600,000	8,000,000	83%	1,600,000
Nutrition	1,280,000	2,620,000	2,470,000	94%	150,000
Protection	4,145,324	6,759,905	3,304,720	49%	3,455,185
Shelter	15,505,986	17,900,000	15,400,000	86%	2,500,000
Camp Coordination and Camp Management	564,707	1,050,000	180,000	17%	870,000
NFI	5,116,465	7,000,000	5,100,000	73%	1,900,000
Water, Sanitation & Hygiene (WASH)	9,600,000	19,392,315	17,602,485	91%	1,789,830
Miscellaneous	12,500,000 ¹⁰	20,000 ¹¹		0%	20,000
TOTAL	80,142,735	109,329,173	70,570,544		38,758,629

⁸ Education: This funding estimate is in order to provide emergency education opportunities to all children until the end of the academic year (March 2014).

⁹ To fill any funding gaps from time to time since June 2012, WFP has prioritized its resource allocation to the Rakhine Response at the expense of other operations in the country. WFP response to the emergency situation in Rakhine has been also supported by generous and flexible contributions not necessarily earmarked to Rakhine, from donors such as Canada, Denmark, Japan, Luxembourg and Switzerland.

¹⁰ See p.42 Preparedness for further information. Total Preparedness Planning Requirements of \$18,200,000 minus Food and Nutrition sectors' requirements of \$5,700,000 as already included in previous Response Plan budget = \$12,500,000.

¹¹ Includes OCHA-proposed journalist training.

CLUSTER AND SECTOR RESPONSE PLANS

EARLY RECOVERY

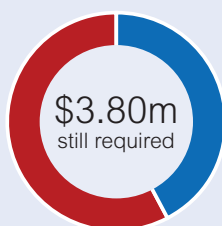


SECTOR SNAPSHOT

PRIORITY

Cash for work programmes, small business grants, agricultural training and extension services as well as other recovery programmes that bring communities together and promote social cohesion.

FUNDING



COORDINATION

	Sector lead agency	UNDP
	Government partner	Ministry of Agriculture
	Other agencies	CDN, DRC, FAO, Solidarites, WFP
	Contact information	Monica Rijal, monica.rijal@undp.org

CURRENT SITUATION

Large displacement of populations in Rakhine State has resulted in acute restriction of movements, breakdown of value chains and destruction of assets. The current Rakhine Response Plan places the displacement figures at 140,000 IDPs along with an additional 36,000 persons estimated to be in 'isolated' or host communities, subject to limited access to markets, basic services, livelihood options and employment services, due to fear or as a result of movement restrictions.

Against this background, confidence-building, dialogue and reconciliation remain an important element of early recovery to be addressed through targeted interventions. Restoration and strengthening of the social contract between citizens and state, through improved dialogue between the two constituencies as well as through improved and inclusive service delivery, will be an important early recovery objective. The importance of mainstreaming gender and conflict sensitivity as well as 'Do No Harm' approaches in humanitarian action and Early Recovery (ER) interventions as a principle of good humanitarian and development practice is further underscored given the fragility of the context.

UNDP's Rakhine Post-Crisis Livelihood and Early Recovery Sector Assessment¹² is a consolidation of two rounds of assessment. The first assessment was conducted in June 2012 in 11 camps in Sittwe and Rathedaung townships as well as in 8 villages in Maungdaw Township. The second round of assessments was conducted in February 2013 covering 38 villages or wards

in the 7 townships of Kyauk Phyu, Kyauk Taw, Minbya, Mrauk Oo, Myebon, Pauk Taw, Rathedaung and 5 camp locations in Ramree, Kyauk Phyu and Pauktaw townships. The key findings of the comprehensive assessment confirmed that sharing of common resources such as forests, water ponds, health centres and other village infrastructure, as well as working together, has been common practice between the Muslim and Rakhine communities from a historical perspective.

The assessment further reinforced the potential of establishing multi-stakeholder processes to initiate inter-community dialogue. A total of 36 infrastructure projects have been identified for construction or renovation whereby both the communities could work together by pooling their labour force. Most of the identified infrastructure projects would benefit both communities from one or more villages.

Restricted movement and limited access to markets and surrounding natural resources (land for agriculture or coastal areas for fishing), especially for Muslim IDPs, is limiting their opportunities for livelihoods. A total of 22 different types of skill-based, service-based and resource-based livelihood activities have been identified by IDPs for support.

According to the WFP Rapid Assessment of Non-Displaced Populations in Sittwe Township¹³ conducted in January in 2013, historical patterns of socio-economic interaction between Muslim and Rakhine communities have been based on mutual benefits for both communities. These interactions are based on dependencies of demand and supply of labour, and have ensured the free circulation of goods and labour. The eruption of violence in June and October 2012 significantly disrupted these interactions. The lack of labour caused by conflict-related population movements and restrictions on mobility has limited productivity and income opportunities.

FAO's assessment¹⁴, in January 2013, was conducted in 17 villages in Sittwe, Mrauk-U and Pauktaw townships, out of which 8 were Buddhist and 9 were Muslim (of which one was an ethnic Kaman community). The assessment found that mutual exclusion, where adjacent communities had denied access to each other's land or fishing grounds through violence, threats, intimidation, or a perceived risk thereof, had been sufficient to severely limit or stop the population's access to their fields or fishing grounds. In addition, a lack of cash flow, indebtedness and restrictions to access markets resulted in reduced production and a reversion to subsistence production patterns. These factors all contributed to a significant reduction in food security throughout the area, increased potential for migration to IDP camps and severely reduced overall resilience.

Early recovery activities in Rakhine State need to take a strategic, integrated and holistic approach, ensuring the important gaps between humanitarian actions and development are met, laying foundations for longer term recovery and development. The core of the strategy during the response period will focus on economic recovery through provision of livelihoods support, restoration of production capacity in agriculture, fisheries and

¹² Rakhine Post-Crisis Livelihood and Early Recovery Sector Assessment, UNDP, 2013

¹³ Rapid Assessment of Non-Displaced Populations in Sittwe Township, WFP, 2013

¹⁴ Rakhine Community Crisis Needs Assessment Mission, FAO, 2013.

asset replacement for those affected, with the aim of long-term recovery and inclusive economic growth.

Regarding social cohesion, the strategy aims to focus on community confidence-building interventions to address the recent crisis with a short term focus, while laying the foundations for more long-term peacebuilding and conflict prevention. Economic recovery in this context is crucial for reconciliation and peacebuilding as well as a bridge to longer-term development. Civil society plays an important role in recovery and in promoting social cohesion. Given this recognition, strengthening civil society organizations' capacity to organize and interact with State-level actors as well as to promote inclusive service delivery will also be prioritized during the response period.

While UNDP and other existing organizations plan for greater depth in ER support in Rakhine State, there is also acute awareness that Government ownership and leadership in creating an enabling environment remains a critical element for recovery. Access to paddy fields, fishing opportunities and markets, and removal of movement restrictions are key to creating an enabling environment for recovery in Rakhine State. For longer-term development the UN Country Team will be developing a Recovery and Development Strategy in consultation with the Government and other partners to complement the humanitarian response in Rakhine State.

ACTIVITIES

UNDP plans to build on the success of previous development projects such as the promotion and distribution of fuel-efficient stoves in northern Rakhine State, cash for work programmes in IDP camps in Sittwe and sewing training. Additionally, village-based livelihood interventions and cash-for-work programmes have injected considerable amounts of cash for casual labourers for the repair and construction of key rural infrastructure, including jetties, embankments and bridges, as well as access-road and pond renovations.

Additional cash-for-work programmes and infrastructure development are currently being planned by UNDP, ICRC, WFP and MRCS. DRC, CDN and UNDP also have plans for small business grants. UNDP will support joint livelihood activities between the two communities. UNDP has also planned to conduct agricultural and livestock extension worker training in communities where it is currently operational. FAO will introduce programmes to increase land use, intensify production and strengthen local resilience through subsistence crop production.

In terms of promoting social cohesion, UNDP will increase its activities through intensification of activities within 12 selected villages. These plans will include development and implementation of joint activities to engage both communities, capacity-building of community members as well as members of multi-stakeholder committees currently being established on facilitation, dialogue, mediation and conflict prevention. A perception survey will be conducted to monitor attitudinal shifts. In addition, UNDP will be working at the State level to build capacities of CSOs to support social cohesion and promote inclusive service delivery.

FAO intends to implement longer-term programmes to restore livelihoods, increase resilience and to contribute to the reconciliation process. It will achieve this by combining participatory approaches to improve access and management of land and fisheries, with promotion of producers' groups for seed production and participatory extension such as Farmer Field Schools. Improving access to markets will be supported by the direct restoration of productive assets and capacity-building.

As has been broadly agreed, it will be essential to address the needs of the population outside the camps. Therefore, it is recommended to increase the number of livelihood programmes targeting this population and to broaden the ER strategy beyond the six-month time frame of this Plan. A joint medium-term strategy, involving actual and future stakeholders in the Early Recovery Sector, should therefore be developed as a matter of urgency.

ADVOCACY MESSAGES

- The Government should increase access and support to livelihood opportunities, including freedom of movement and access to markets, paddy fields and fisheries.
- The Government needs to continue to promote messages of social cohesion and peace. It should be noted that separation of communities does not equate to social harmony.
- Donors need to lobby organizations to engage in early recovery activities in Rakhine State by increasing the amount of funding for the sector.
- All clusters and sectors should mainstream early recovery in their cluster and sector plans and strategies, with the aim of ensuring an effective transition to longer-term development.
- All actors need to adhere to the 'Do No Harm' and gender-sensitive approaches as a basic minimum for sound humanitarian and development practice.

FUNDING

Funding requirements to develop and implement a comprehensive ER package to address the needs of the IDPs and those affected in villages is estimated at \$6,600,000. The amount received to date is \$2,800,000. The funding gap is \$3,800,000.

EDUCATION

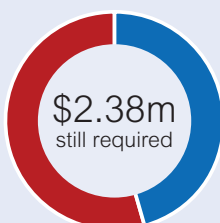


SECTOR SNAPSHOT

PRIORITY

Construction of temporary learning spaces, provision of teaching and learning materials, volunteer teacher recruitment, training and ongoing support.

FUNDING



COORDINATION

 Sector lead agencies	UNICEF, Save the Children
 Government partner	Ministry of Education
 Contact information	Arlo Kitchingman, arlo.kitchingman@savethechildren.org

CURRENT SITUATION

Prior to the conflicts in June and October 2012, Rakhine State had the lowest education indicators in Myanmar.¹⁵ The primary-school-age (6-10 years) net attendance ratio for the State stood at 75.8 per cent while the secondary-school ratio stood at 30.9 per cent, compared to 90.2 per cent and 58.3 per cent respectively for Myanmar as a whole.¹⁶ In some rural areas of Rakhine State, the ratio is reported to have been as low as 59 per cent.¹⁷ These low rates of attendance (and enrolment) are due to a range of inter-connected factors, including shortage of schools and teachers, inadequate and dilapidated structures as well as a lack of facilities and materials - all part of the acute imbalance in the distribution of education resources across the State.

The communal violence had, and continues to have, a massive and detrimental impact on the access and quality of education for thousands of children in Rakhine State. Children in rural Muslim camps do not have safe access to formal education outside of the camps, and the majority of camps (91 per cent) have insufficient or no education structures, facilities or materials. For families whose children were able to travel to neighbouring schools in the pre-conflict period, access is now restricted. Some communities have started to establish basic, non-formal education in rural camps but are struggling due to lack of structures, available teachers and teaching and learning materials.¹⁸ Rakhine teachers, who are estimated to comprise over 95 per cent of the teaching workforce in the State, are now unwilling or unable (often due to pressure from their own communities) to continue teaching in Muslim schools or areas. Of those children residing

in rural Muslim camps in Rakhine State who managed to take this year's grade 10 final exam, only 21 per cent passed.¹⁹

Children in urban Rakhine camps potentially have access to both Government and monastic education (recognized by the formal education system). However, the displacement has put stress on nearby existing school capacity and 29 per cent lack sufficient space to accommodate these students.²⁰ The Government is supporting the resumption of education for these communities, but facilities and supplies remain insufficient and more support is needed.

Of the 140,000 people located in IDP camps,²¹ 60 per cent (84,000) are estimated to be children.²² The majority of these children have already lost one year of education and unless immediate measures are taken, they risk losing another academic year. This situation not only denies them their right to education, but also denies them the protective and restorative environment that emergency education can provide - physically, psychologically and cognitively.

For a year the Government and the international community (UN and NGOs) have been providing assistance such as food, shelter, NFI and medical supplies to IDPs but the reluctance to support education, due to fears of entrenching segregation, has meant that this vital social service has been slow to receive funding and support from donors and implementing partners. Unable to deny children their right to education any longer, support to education was finally initiated in January 2013, but only a few actors are currently involved. UNICEF has started implementing in Sittwe, Minbya and Pauk Taw townships, with contributions from the Government. Other agencies such as Save the Children (SC) and Lutheran World Federation (LWF) have secured funds to start work imminently.

In terms of ongoing implementation of activities to date, UNICEF is targeting 8,800 primary-school-aged children by the training of 93 volunteer teachers, construction of 26 temporary learning spaces (TLS), teaching and provision of learning materials. The Government has contributed through constructing eight TLS and distributing teaching and learning materials, including some textbooks.

Funding has been secured to enable UNICEF to start a non-formal primary education (NFPE) programme targeting 7,500 children aged 11-14 years in July 2013. SC is establishing 51 TLS, recruiting and training 123 volunteer teachers to reach a total of 8,100 children (6,300 aged 6-10, 1,800 aged 11-14). LWF are establishing 12 TLS, recruiting and training 36 teachers to target 2,400 primary school-aged children. Other agencies have reported securing funding to support a further 2,450 children aged 6-10, but details and confirmation of this are pending.

Although the Government has yet to share its long-term plans for education for IDPs, it has been involved in some education

¹⁵ Myanmar CSO Organization. www.etrademyanmar.com/STATS/s1701.htm. Retrieved 2009-04-10

¹⁶ MICS Education data, October 2011, pp. 44-46; 106-111

¹⁷ Save the Children Rakhine Needs Assessment, December 2012

¹⁸ An example of this is in Baw Du Ba Camp, Sittwe, where the community is conducting basic classes in the Mosque. Such community initiatives should be identified and supported.

¹⁹ www.narinjara.com/main/index.php/after-affects-of-violence-matriculation-exams-result-disappointing-in-arakan

²⁰ Save the Children Rakhine Needs Assessment, December 2012

²¹ Figure rounded up - actually is 139,416 (UNHCR, 22 May 2013)

²² 'Children' here is defined as anyone under the age of 18. This is a conservative estimate based on an average family size of 5.5, whereas Save the Children estimates it to be more like 6.5 individuals.

response activities in the area (as mentioned above) and it is hoped that regular attendance of the Ministry of Education (MoE) at Education Sector coordination meetings in Sittwe can also be used to advocate for them to move faster and further in their provision of education to IDP communities. The Education Sector is working to apply a conflict-sensitive approach to its interventions which, at this stage, means equitable, proportionate, needs-based support to both communities.

The combined total reach of these interventions underway and committed is 19,950 children aged 6-10 (primary-school aged). Based on age-group proportionate calculations, 16.8 per cent of the total population is estimated to fall into the 6-10 years age group totalling 23,250 children. This equates to approximately 85 per cent coverage. Support from other agencies for this age group is needed. Potentially this will come from other actors currently looking to support primary education in Rakhine State, such as the Red Cross in partnership with national societies.

Progress in securing funding to cover the emergency education needs of children aged 6-10 years, should not mask the fact that opportunities for children older than this are near to absent - a serious concern for the sector for a number of reasons, but including further community and camp instability and insecurity. High illiteracy rates, and low secondary attendance rates (30.9 per cent), underline the neglect of adolescent-age education before the violence, arguably a contributory factor to the violence. However, allowing this situation to continue in the current volatile climate is not an option.

However, there is a significant funding and implementing capacity gap for providing education opportunities such as literacy, life skills and livelihoods training to the estimated 32,760 adolescents aged between 11 and 17 years²³. UNICEF plans to start a NFPE programme and SC is considering initiating the EXCEL non-formal education (NFE) programme for the same age group (11-14 years)²⁴. Combined though, these programmes will only cater for an estimated 9,300 students (UNICEF - 7,500, SC - 1,800) which leaves a further 9,180 children aged 11-14 without education opportunities, in addition to the large number of older children (15-17 years old) whose needs remain completely unaddressed (up to 14,280 in number). Failure to provide livelihoods-linked education opportunities for these older children threatens to feed into further instability and insecurity (and possibly radicalization) within the camps and isolated communities. This is an issue which must be actively engaged with by the Education, Protection and Early Recovery sectors in a unified manner.

Despite the proven developmental and livelihood-related benefits of Early Childhood Care and Development (ECCD)²⁵, it is not considered part of the emergency education gap due to the fact that it was not a service provided before the crisis (nationwide coverage currently stands at only 26 per cent). The contribution that ECCD can make to long-term societal stability and social

cohesion means that it should be included as part of the longer-term recovery and development strategy for the state as a whole.

In addition to those directly affected by the conflict through displacement, other communities have been indirectly affected through restrictions in movement, access to markets, and influxes of IDPs. These groups require humanitarian assistance to reduce suffering, prevent their grievances from fuelling the conflict and to limit further displacement. This additional caseload is estimated at about 36,000 individuals, equating to 17,094 additional children whose education needs to be considered. Given the challenges in addressing the existing IDP camp caseload over the next 6 months, initiatives to address this additional group will have to be targeted to be realistic. One possible approach could be to identify the most vulnerable of these communities (though joint assessments) and to allocate a relative proportion of resources to supporting them.

Agencies addressing the needs of children in rural and urban IDP camps must also consider the needs of host communities, including those in or adjacent to the camps. The Education Sector supports an 80/20 per cent split in targeting resources - so that 20 per cent of all funding that agencies secure is allocated to providing similar education support, based on need, to these host communities. In all cases, inclusive education must be the aim, and this includes focusing on improving education opportunities and access for girls who are disproportionately discriminated against by household responsibilities and cultural practices.

Recognising the needs of these indirectly-affected isolated communities draws attention to the necessity to start considering this response caseload as part of the ongoing humanitarian situation in Rakhine, including northern Rakhine State. Whilst the immediate needs of the areas and populations may differ, all sectors, including education, must now start planning for a more holistic and long-term response. Inequitable distribution of education services in Rakhine State is a major cause of limited access to education in many areas and arguably a contributory cause and driver of the violence. The provision of emergency education does not solve this problem and is only a temporary rights-based measure provided not to undermine or replace the formal education system. This current and pre-existing situation must be carefully considered as part of the sector's work with the Government to identify durable solutions.

Certain recommendations in the Government's Rakhine Inquiry Commission Report²⁶ should guide some of the sector's short- and medium-term recovery work, and could form an entry point for closer cooperation with the Government. This is particularly the case with regards to the topics of school re-opening (linked to the need to rehabilitate dilapidated Government schools in rural Muslim areas), training of Muslim teachers and review of curricula content to remove inflammatory content and incorporate peace education.

²³ Age group proportionate calculations estimate that children aged 11-14 years (middle school age group) comprise 13.2% of the total population and children aged 15-17 years (high school age group) comprise 10.2% of the total population. Together they comprise the 'adolescent' age group.

²⁴ ALP is for those children over 10 years old who have never been to primary school - this course condenses five years of primary curriculum into two, where as an NFE course like Excel is for children aged 10+ who have completed primary school already.

²⁵ Added value! A study of the impact of ECCD on household incomes and livelihood opportunities, Save the Children Myanmar/Myanmar Marketing Research & Development Co. Ltd, 2011

²⁶ Inquiry Commission on the Sectarian Violence in Rakhine State recommendations, May 2013.

ACTIVITIES

The sector's overall aim is to promote the right to inclusive education and contribute to increased access to protective and relevant education for children and youth in displaced, host and isolated communities. The specific objectives to realize this are to:

The specific objectives to realise this are to:

- Improve access to relevant and inclusive education (aiming at gender parity) through rehabilitation or expansion of existing schools, establishment of TLSs, recruitment and training of teachers and provision of teaching and learning materials.
- Improve the quality of education provided through ongoing teacher training, monitoring and improving school management and accountability through establishing and supporting PTAs and their activities.
- Improve coordination and cooperation at the national and State level with a focus on supporting the MoE to assume responsibility and leadership for the provision of equitable education, and involve communities and their leaders in doing so.

Key indicators for monitoring and monthly reporting will include:

- Number of temporary learning spaces established.
- Number of volunteer teachers recruited, basically trained and regularly incentivized.
- Number of children receiving teaching and learning materials.
- Number of children regularly accessing education.
- Percentage of children regularly accessing education (school age group disaggregation).

Education Sector coverage will stand at 51 per cent based on current agency activities and commitments, but this masks the significant lack of opportunities for adolescents. Securing sufficient funding and bringing in sufficient implementing partners to meet the needs of all age groups over the next 6 months represents a major challenge requiring the following activities:

- TLS: Construct an additional 143 TLS to provide sufficient spaces for emergency education or training, accompanied by sufficient and appropriate WASH facilities in accordance with the INEE Minimum Standards²⁷.
- Teachers: Recruit and train an additional 503 volunteer teachers/facilitators in order to deliver the emergency education curriculum, Accelerated Learning Programme (ALP) classes, NFE classes or other training.
- Teaching and learning materials (TLM): Provide TLM to an additional 27,358 children, including textbooks and materials to allow and promote self-study.

Ongoing activities requiring scale up and additional support are as follows:

- Assessments and research in affected communities to better guide current and future sector interventions:
- Improved coordination and cooperation with the Government especially in Rakhine.
- Ongoing teacher training and support to raise the quality and relevance of education provided.
- Increased community participation through establishing, training and supporting Parent-Teacher Associations (PTAs).

ADVOCACY MESSAGES

- The Myanmar Government, as primary duty bearer, must assume responsibility for and lead the provision of inclusive and equitable education in all areas, however remote, starting with teacher recruitment, training and remuneration in IDP and other excluded communities in line with Rakhine Inquiry Commission recommendations.
- The Myanmar Government and all parties involved in education must work together to pursue longer-term durable solutions for the provision of quality education to all children based on non-segregation, reconciliation and peacebuilding.
- Donors need to make more funding available for emergency education and recovery education programmes in Rakhine State, especially opportunities for adolescents, and ensure that these are conceived and implemented in a conflict-sensitive way.
- More education agencies should respond to the emergency education needs in Rakhine State, including those already delivering development programmes in the affected areas.

FINANCIAL REQUIREMENTS

The total requirement to provide all IDP children with relevant education opportunities is estimated at \$4,386,953 based on an estimated caseload of 57,213 children. This figure was based on programming costs to date and applied to the total estimated caseload.

Funding totalling \$2,010,600 has been secured for education by various agencies since the beginning of 2013 to reach 29,250 children. This equates to the sector being 46 per cent funded (currently to cover 51 per cent of the total estimated caseload).

The estimated funding gap for the Education Sector until the end of 2013 is \$2,376,353. This funding estimate is based on the provision of services to all children from the present time through the end of the academic year (March 2014). Absorption of this funding is dependent on it being made available immediately, and on additional education agencies making their capacity available to target the thematic gaps identified earlier.

²⁷ International Network for Education in Emergencies, www.ineesite.org

FOOD

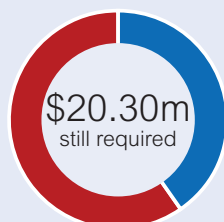


SECTOR SNAPSHOT

PRIORITY

Food distribution and cash for work programmes.

FUNDING



COORDINATION

	Sector lead agency	WFP
	Government partner	Ministry of Planning and Commerce
	Other agencies	Save the Children, CDN
	Contact information	Masae Shimomura, masae.shimomura@wfp.org

CURRENT SITUATION

The World Food Programme (WFP), in its capacity as Food Sector Lead, has been coordinating discussions, including Food Sector meetings, with its sector partners on a regular basis in order to share information and exchange updates. Food Sector partners have been providing relief support for displaced populations in Rakhine State since June 2012 through direct implementation arrangements as well as with partners such as Save the Children and the Consortium of Dutch NGOs (CDN) in 59 camps in eight townships in and around Sittwe Township. In northern Rakhine State however, WFP is the only provider of food assistance to IDPs. The Food Sector provides a food basket consisting of rice, pulses, oil and salt for IDPs. Fortified blended food is distributed to pregnant and lactating women (PLW) as well as children under age 5 (U5) with a view to preventing nutritional decline. From January to June 2013, Food Sector members distributed over 10,000 metric tons of food to some 127,000 people in IDP camps. The Myanmar Red Cross Society (MRCS) distributed approximately 1,000 metric tons of rice donated by the Turkish Red Crescent in early 2013, and other sporadic and uncoordinated distributions are taking place on a limited scale.

As of July 2013, displaced populations are still unable to return to their villages of origin or to resume regular livelihood opportunities due to movement restrictions or as a result of continuing fears for their personal safety.

The overall objective of the relief assistance will therefore be to ensure adequate food security for IDPs. In addition, the Food Sector will also provide assistance to some of the people in host and isolated communities. The longer that villagers who face movement restrictions have no means of earning income, and IDPs remain in camps, the more their food security situation will deteriorate. Reliance on external assistance for their main source

of food may become a chronic need for a vast majority of the affected population as time passes. This protracted situation will have a broader impact on recovery, including food security and livelihoods.

ACTIVITIES

The priority intervention for the period between July and December 2013 will be the continuation of general food distributions (GFD) to some 140,000 IDPs in camps in and around Sittwe as well as in northern Rakhine State with a monthly ration food basket of 13.5kg rice, 1.8kg pulses, 0.9kg oil and 150g salt as well as 3.8kg of fortified blended food for PLW and U5 in view of preventing malnutrition²⁸.

In addition, Food Sector members are exploring the possibility of implementing cash-for-work activities for some of the host and isolated communities in and around Sittwe Township, and providing livelihood opportunities for those affected populations as well. A rapid assessment of conditions for non-displaced populations in Sittwe was conducted by WFP in December 2012. According to the results, activities such as school construction, road renovation and fishing-net weaving will stimulate labour opportunities for people in isolated and host communities, while also rehabilitating or building community assets. WFP and its partners will implement cash-for-work activities in a few areas in Sittwe, targeting some 1,100 participants in the coming months. Participants will receive approximately \$ 2.60/day as labourers. WFP is currently trying to encourage more partners to participate so that more cash could be injected into communities through this intervention. These activities will be carried out in consultation with the Early Recovery Sector to ensure a coordinated response based on joint needs assessment results, therefore effectively combining the elements of food security and livelihoods.

Food Sector members will monitor programme implementation by using the following indicators:

- number of beneficiaries receiving assistance in each camp, disaggregated by gender, PLW and U5 for GFD;
- number of participants and beneficiaries receiving assistance in each village, disaggregated by gender, targeted under cash-for-work activities;
- quantity of food distributed to beneficiaries by commodity type.

WFP has reinforced its presence in Sittwe Town by expanding its office with additional national and international staff. In addition, WFP has strengthened its logistical capacity to cover additional operational needs and to assist sector partners and other agencies in light of its role as Food and Logistics Sector Lead.

The proposed number of 140,000 IDPs and people in host and isolated communities will require approximately 2,500 metric tons per month and \$20,000 for the cash for assets programme, respectively.

²⁸ Based on a standard diet of 2,100kcal per person/day as outlined in The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response

ADVOCACY MESSAGES

- Ensuring that food needs are met in isolated villages is becoming a concern that all stakeholders, national and international, should tackle. As the situation becomes more protracted, people living in isolated communities are also suffering from a decline in nutritional standards. These affected populations should not be neglected and will need to receive necessary support if their current situation does not improve.
- Poor food security is largely linked to restrictions of movement. These continued restrictions on IDPs and surrounding communities are preventing them from resuming livelihood activities in Sittwe Town or from accessing markets. This has a direct negative impact on their food security status, which will continue to deteriorate unless this matter is solved.

FINANCIAL REQUIREMENTS

From July 2012 to December 2013, it is estimated that the overall total Food Sector's requirements for the Rakhine Response Plan will be \$34 million. At its current level of operation, WFP will experience a break in its food pipeline in November 2013, hence new contributions are required by August 2013.

As of July 2013, commitments and contributions of \$13,702,739 have been received. In an effort to sustain current levels of assistance in Rakhine State however, WFP has redirected food commodities from other operational areas in Myanmar, including stocks in Sittwe.

The estimated funding gap for the Food Sector is therefore \$ 20,297,261.

HEALTH

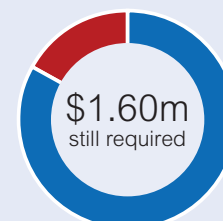


CLUSTER SNAPSHOT

PRIORITY

Strengthening of health care services including routine immunization services, Maternal and Child Health, referral systems, disease surveillance, mental health and psychosocial support, training on GBV case management as well as health education and training health workers.

FUNDING



COORDINATION

 Cluster lead agencies	WHO
 Government partner	Ministry of Social Affairs/State Health Director
 Other agencies	MSF-H, Malteser, MRCS, MHAA, TDH, Mercy, MRF, TDH-Lausanne, MMA
 Contact information	Dr. Liviu Vedrasco, vedrascol@searo.who.int

CURRENT SITUATION

Since the onset of the inter-community violence in June 2012, Government authorities and humanitarian actors rapidly established an array of health care services for the displaced communities. Primary health care, including reproductive health services have been provided, but gaps still remain. Humanitarian partners have partly addressed critical shortages of health workers to serve the affected population. The challenges to providing health care to affected populations continue to be complex and multi-faceted. The Rakhine State health authorities, in collaboration with health partners, strive to provide an array of services to meet the needs of the affected communities. While these services are mapped by varying methods, the full picture of the quantity and quality of services provided in each site has not been fully and clearly captured to date.

In terms of secondary health care and emergency services, there are functioning station hospitals and township hospitals that are close to the camps but these remain inaccessible for the majority of the displaced population due to the ongoing conflict between the two communities. Community hostilities are directed to both Muslim patients seeking care as well as the staff in these facilities who are willing to provide care. With threats and intimidation both to health providers and patients, the situation manifests as a seemingly irreconcilable dilemma. This dilemma creates serious difficulties in the provision of care and especially in the implementation of a functional referral system.

Due to this situation, there is only one hospital in Sittwe that receives referral patients from IDP camps with Muslim populations. Therefore, access to immediate life-saving care

is seriously compromised. In terms of engagement with health authorities, the priority is to step up the dialogue to generate ways to guarantee unimpeded access to the required health services. It is widely recognized that some host communities, as well as a number of isolated villages, have limited to no access to health care services. These settlements need to be targeted for the provision of health care services along with displaced populations as they also have been cut off from previously available services.

Health agencies, in partnership and coordination with the State Health Department, are currently providing a set of core primary care services to affected persons in Rakhine State. The details of the services include:

- Mobile clinics delivering primary health care, including reproductive health, in most camps with varying periodicity.
- Essential medicines and supplies provided by the mobile clinics.
- Referral services for acutely ill patients, high-risk pregnant women and selected specialist consultations.
- Provision of emergency obstetric care and maternal health care, including access to contraceptives and provision of reproductive health kits.
- Mental health and psychosocial support.
- Treatment of TB and AIDS patients.

Prevention, control and surveillance of communicable diseases include:

- Early Warning and Response System (EWARS).
- Collection, compilation, and analysis of surveillance data to inform actions, monitor disease trends, generate maps, reports and communicate to all partners.
- Collection and delivery of samples to the National Health Laboratory (NHL) in Yangon in case of disease outbreaks.
- Dissemination of health education on prevention of common illnesses and correct treatment-seeking behaviour.
- Control of mosquito-borne diseases such as malaria.

While the majority of the affected populations have access to primary care, and limited access to other health services, major gaps remain including intermittent access to services for over 7,000 affected persons in inaccessible areas. One of the major gaps that need immediate attention is the interruption of routine immunization for over 80 per cent of the affected population for over one year. If the situation is not addressed, the risk of major outbreaks exists not only among the affected population but also in neighbouring communities.

Another gap is the referral system that currently has very stringent criteria that does not permit the referral of many cases that do not meet these criteria. Additionally, referrals from several

camps face logistical constraints due to the lack of reliable transportation means from remote areas only accessible by boat. Additional resources are urgently needed to improve the logistical capacity for referrals.

Major concerns until the end of the year include the urgent resumption of routine immunizations and the improvement of the referral system from the camps to hospitals. In addition other concerns voiced by health partners include:

- Increased partnership in providing health services to all affected communities for primary and secondary health care, with emphasis on immunization and maternal and child health (MCH) services.
- Identification and training of health personnel from IDP camps to ensure sustainable provision of health services in the medium term.
- Expansion and strengthening of psychosocial support and services.
- Development of protocols and training on the management of gender-based violence (GBV) cases in collaboration with local authorities.
- Improvement of protection services during patient transport by standardizing the protocols and agreeing on procedures with authorities.
- Improvement of safety of health workers in everyday work.

ACTIVITIES

The overall objective of the Health Cluster is to reduce avoidable mortality, morbidity and disability among affected populations through improving equitable access to preventive and curative health care.

This will be achieved through the following strategies:

- Provision of preventative, health promotion, primary and secondary health care.
- Strengthening disease surveillance and rapid response to outbreaks.
- Provision of routine immunization and MCH services.
- Strengthening coordination and collaboration between the Ministry of Health and partner agencies.

The following indicators will be employed to measure progress:

- Number of outpatient consultations per person per month, by site.
- Average number of consultations per clinician per day, by site.
- Percentage of pregnant women with access to antenatal care.
- Measles vaccination coverage by site.
- Percentage of agencies reporting EWARS data within a week.

The following priorities have been identified by health agencies for the next six months:

- Resumption of routine immunization services.
- Strengthening MCH services.
- Improvement of the referral system, including emergency obstetric cases from camps to hospitals.
- Improved access to MCH-inclusive primary health care for all camps.
- Strengthening of disease surveillance and control.
- Improvement of mental health and psychosocial support services.
- Development of protocols and training on the management of GBV cases.
- Strengthening health education and promotion activities in all sites.
- Increased training opportunities to address the critical shortage of trained health workers.

ADVOCACY MESSAGES

- Humanitarian health actors need to collaborate closely with hospitals, in particular for secondary health care facilities.
- Routine immunization services for all people in the State need to be urgently resumed, with a particular emphasis on children and women of child-bearing age.
- Government should guarantee referral patients are accepted into all township hospitals and that health staff have safe access to Muslim villages.
- Government needs to guarantee referrals to Sittwe General Hospital are extended beyond life-saving referrals.
- Government and humanitarian actors need to develop a joint plan for a mass measles supplementation campaign.
- Humanitarian and development actors need to strengthen existing surveillance systems.

FUNDING

The total requirement to provide the above-mentioned interventions is estimated at \$9,600,000. The amount received to date is \$8 million. The estimated funding gap for the Health Cluster until the end of 2013 is \$1,600,000.

NUTRITION

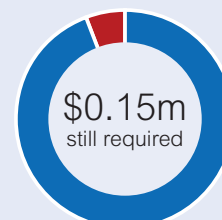


SECTOR SNAPSHOT

PRIORITY

Surveys and assessments, preventive interventions, counseling and acute malnutrition services.

FUNDING



COORDINATION

 Sector lead agency	UNICEF
 Government partner	Ministry of Social Affairs/State Health Director
 Other agencies	MSF-H, SC, MHAA, ACF
 Contact information	Kyaw Win Sein, kwsein@unicef.org

CURRENT SITUATION

The most recent assessments conducted by the Nutrition Sector indicate an urgent malnutrition scenario in Rakhine State. Nutrition Surveys conducted by SC and ACF in Sittwe IDP camps in December 2012 and January 2013 indicated perturbing rates of global acute malnutrition (GAM) in rural camps (14.4 per cent) with alarming rates of severe acute malnutrition (SAM) (4.5 per cent). Urban camps in Sittwe had low rates of GAM (3.1 per cent). Recommended infant and young child feeding practices are not commonly followed, with low rates of exclusive breastfeeding for six months in urban (13.3 per cent), and rural areas (6.2 per cent). The rates of adequate timing for complementary feeding are also low in both urban (21.2 per cent) and rural areas (12.8 per cent). There is a risk of further worsening of the nutrition situation associated with diarrhoea, with a particularly high prevalence in rural areas (36.2 per cent). Low coverage of Vitamin A supplementation is of major concern for child survival, especially in rural areas (5.6 per cent).

Similarly, rapid nutrition assessments in Myebon and Pauktaw townships indicated proxy rates of GAM below 8 per cent, but with high rates of severe acute malnutrition (greater than 2 per cent). The nutrition situation in northern Rakhine State is of concern according to the rapid Mid-Upper Arm Circumference assessment results in January 2013 by ACF. Results indicate that the rate of GAM is high in both Buthidaung and Maungdaw townships (26.5 per cent and 24.9 per cent respectively) with SAM rate of 1.7 per cent and 4.7 per cent respectively.

While these results indicate that acute malnutrition prevalence are at levels requiring urgent intervention, the underlying factors increasing the risk of malnutrition in children and women

are of equal concern. With poor coverage of micronutrient supplementation (e.g. Vitamin A), de-worming and poor baseline breastfeeding and complementary feeding practices, the risk of malnutrition remains high, despite massive efforts to provide life-saving treatment to cases of acute malnutrition. On a larger scale, loss of livelihood and an inability to grow food will likewise result in increased food insecurity. This indicates a need to scale-up preventive interventions while ensuring access to treatment of acute malnutrition.

To better assess the developing trends as well as programme impact, surveys and assessments conducted at the beginning of the year need to be followed up. Moreover, there remain gaps in information on nutritional status in other affected communities which need to be addressed. There is a need to systematically determine and monitor nutritional status and risk factors in these “gap areas”, as well as in current townships to account for other typologies of affected communities such as isolated villages, neighbouring villages, and host villages. Enhanced needs analyses requires a more systematic inter-sector collaboration in recognition that health, WASH, food security, mental health and psychosocial and other sectors contribute to the underlying factors that determine nutritional status.

Communication with communities to ensure information about services and key prevention and advocacy messages are delivered is essential. These need to be harmonized with national and global standards while being culturally appropriate and responsive to knowledge, attitudes and practices in the communities.

Based on this, the Nutrition Sector has identified the following priority needs for the Revised Response Plan:

1 Determination of nutritional status and underlying factors

- Assess nutritional status, including underlying knowledge, attitudes, and practices in current priority areas and gap areas to determine trends.
- Develop a responsive surveillance and information management system integrating key inter-sector information for timely identification of evolving needs.
- Integrate systematic screening (active and passive) in strategic points of service (e.g. primary health-care services, hospital, food distribution sites).
- Systematically collaborate with state, township and village nutrition focal points for improved capacity in detection and assessment of nutritional status.

2 Prevention of malnutrition in children and women

- Scale-up targeted interventions for pregnant and lactating women, and support to improving care practices.
- Systematically provide Vitamin A and de-worming activities with measles vaccination (coordinated with

Ministry of Health, State Health Department and Health Cluster).

- Ensure proper coverage of prevention and treatment of moderate acute malnutrition in line with the international guidelines.
- Systematically ensure balanced access to screening and nutrition services.
- Sensitize and provide culturally appropriate nutrition information to communities.
- Build capacity of State, township and village nutrition focal points for preventive services.

3 Treatment of acute malnutrition

- Ensure continued equitable access to lifesaving treatment of severe and moderate acute malnutrition using established protocols in line with international guidelines and commodities such as ready-to-use therapeutic food (RUTF) and ready-to-use supplementary food (RUSF).
- Develop and formalize referral pathways for treatment of SAM and moderate acute malnutrition (MAM) and possible complications.
- Support to Sittwe Hospital and other referral hospitals including Maungdaw and Buthidaung hospitals through technical assistance and provision of basic equipment and supplies.
- Build capacity of State and township medical MoH staff and village nutrition focal points for standard treatment protocols, including in-patient management of severe malnutrition with medical complications.

4 Improved collaboration with the Government and other sectors

- Reinforce collaboration of partners with the State Nutrition Team.
- Strengthen inter-cluster/sector collaboration and convergence in needs analysis and response (Food Security, WASH, Health, CCCM, and Protection).

ACTIVITIES

The overall objective of the Nutrition Sector is to improve the nutritional status of girls, boys, and women in affected communities.

Key indicators that will be used by the Nutrition Sector for monitoring and regular reporting on a monthly basis include:

- Per cent of target pregnant and lactating women receiving infant and young child feeding (IYCF) and care practices.

- Per cent of target girls, boys, and women receiving micronutrient supplementation.
- Per cent of target girls and boys under age 5 with acute malnutrition reached by appropriate treatment services.
- Percentage of children screened for acute malnutrition.
- Number of target areas covered by nutrition surveys or assessments.
- Standard indicators for management of acute malnutrition (cure rate, death rate, defaulter rate, non-responder rate).
- Number of nutrition programmes (Out-patient Therapeutic Programme / Supplementary Feeding Programme / Stabilization Centre) operational.

High priority activities include:

- Nutrition surveys or rapid nutritional assessments, especially of un-served communities and townships.
- Increased coverage of preventive interventions, especially IYCF (e.g. breastfeeding and complementary feeding) counseling and care practices.
- Expansion of coverage of management of acute malnutrition services.
- Capacity-building for hospital medical staff.

The estimated caseload²⁹ for Nutrition Sector interventions through December 2013 is as follows:

Girls and Boys Under-5	22,427
Girls and Boys 6-59 months	15,057
Cases of SAM	1,026
Cases of MAM	2,296
Pregnant Women	4,844
Lactating Women	3,588

These estimates were derived from IDP camp population data and GAM prevalence estimates from the most recent nutrition surveys. The estimated population of 36,000 in isolated villages was likewise taken into account in the computation.

The limitation of these figures is that they do not estimate the additional caseload from host villages, neighbouring communities, and other typologies of affected communities that are reached by nutrition interventions in IDP camps. Current experience shows that existing therapeutic and supplementary feeding centres for management of acute malnutrition and nutrition counselling in IDP camps also serve beneficiaries from host communities and some isolated villages to a certain extent, leading to a much higher number of beneficiaries being reached than estimates based purely on IDP camp population data. The

sector will monitor this accordingly to provide a clear picture of coverage across different typologies served by this Revised Response Plan.

ADVOCACY MESSAGES

- Services need to expand beyond IDP camps across host communities, isolated villages, and other non-displaced vulnerable communities.
- There is limited access to livelihood development. The destruction of crops and land increased the risk of a food gap by September to October 2013 and will likely lead to a further deterioration of the nutritional status of affected communities towards the end of 2013.
- Considering the frequent occurrence of diarrhoea and acute respiratory tract infections among IDP children, there is a strong need to resume biannual nutrition campaign activities in IDP camps including Vitamin A supplementation for under-five children and lactating women and de-worming for children aged 2-9 years.
- Routine immunization and catch-up campaigns urgently need to be resumed as disease outbreaks will likely result in a dramatic increase in acute malnutrition.
- A mechanism for enhanced collaboration with Sittwe Hospital, and possibly other hospitals, is urgently needed to ensure improved access that meets global performance standards in the treatment of SAM with complications.
- There is an urgent need to expand nutrition services to isolated villages and host communities.

FINANCIAL REQUIREMENTS

The total requirement to provide the above-mentioned interventions is estimated at \$2,620,000. The amount received to date is \$2,470,000. The estimated funding gap for the Nutrition Cluster until the end of 2013 is \$150,000.

²⁹ Assumptions based on demographic estimates: Children under-5 (12.5 per cent of total population); Children 6-59 months (10.8 per cent); Pregnant women (2.7 per cent); Lactating women (2.0 per cent)

PROTECTION

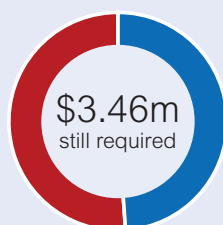


SECTOR SNAPSHOT

PRIORITY

Enhancement of referral pathways and case management services, expansion of existing protection-related in-camp interventions, identification of extremely vulnerable individuals, increase women friendly spaces, improved psychosocial support to vulnerable children and enhance awareness and capacity on GBV issues.

FUNDING



COORDINATION

	Sector lead agency	UNHCR
	Government partner	Efforts on going to identify government counterpart
	Other agencies	SC, DRC, UNICEF, UNFPA
	Contact information	Maja Lazic, lazic@unhcr.org

The Protection Sector includes the sub-sectors on child protection, and GBV prevention and response.

CURRENT SITUATION

There are two layers of protection challenges in Rakhine State. The first can be characterized as an undercurrent of persistent discriminatory measures and practices against the population without citizenship, mostly in northern Rakhine State. This segment of the population, estimated to be some 800,000, have been subjected to special local orders restricting their rights, such as freedom of movement, and human rights violations such as forced labour, arbitrary arrest, ill treatment and extortion. The order limiting the number of children to two for the Muslim population in northern Rakhine - an instrument which had been existent over a decade - has also recently been re-issued.

The outbreak of inter-communal violence in 2012 added another layer of immediate protection challenges - risk of multiple forms of gender-based violence, lack of access to health care, lack of freedom of movement affecting livelihoods and access to social services, not only in the northern townships but also in other areas such as Sittwe, Pauktaw and Myebon townships. It has also exacerbated the impact of the first layer of the protection challenges. For instance, one report suggests that the number of identified protection incidents such as arbitrary arrests, detention, physical abuse and extortion, has increased more than three-fold between January-May 2012, prior to the inter-communal violence, and the same period in 2013.

Additionally, the deteriorating human rights situation compounded by the immediate humanitarian challenges has prompted an

outflow of Muslims from Rakhine State. From June 2012 to May 2013, more than 27,000 people left from the Bay of Bengal on smugglers' boats. Among them were mostly Muslims from Rakhine State, but also long-staying refugees in Bangladesh, and Bangladeshis. Most appear to be men travelling alone, but there appear to be an increasing number of women and children among smuggled passengers. This is an indicator of growing desperation and lack of prospects which could potentially lead to human trafficking and sexual exploitation. Hundreds of people may have died making the journey. The actual numbers are impossible to verify due to the clandestine nature of these irregular movements.

In February 2013, a rapid assessment on the protection situation of women and girls³⁰ highlighted increased vulnerability to gender-based violence, including fear of sexual assault and exploitation, domestic violence, and early/forced marriage.

Key issues included:

- Overcrowded conditions in camps leading to sexual harassment and risk of abuse, particularly for households headed by single females.
- Higher risks for women and girls who were displaced in remote areas.
- Limited safe access to WASH facilities, including the need for lighting in some areas.
- Training need for better traditional methods for camp leaders to resolve GBV cases as current methods often cause further harm to the survivor.
- Increased tension between host and IDP communities leading to increased risk of physical assaults.

While capacity to respond to these issues remains limited, efforts are in place to promote mainstreaming of protection concerns across sectors and to initiate a multi-sectoral response to GBV in some of the camps with available services.

Improved humanitarian access and engagement by the Government, with support of the humanitarian community, have contributed to the initial stabilization of the situation surrounding the displaced population. However, protection challenges remain significant, as the fundamental causes of displacement - mistrust, discrimination and abuse - have not been removed. The Protection Sector's contribution to the current Plan aims to strengthen the immediate humanitarian response while concurrently fostering durable solutions.

Needs

In this context, the current major needs are identified as follows:

- Confidence-building and identification of durable solutions, between all communities and authorities, towards peaceful co-existence of IDPs with particular focus on voluntary return.
- Protection of and advocacy for basic rights of all individuals residing in Rakhine State without discrimination, including freedom of movement, right to liberty and security of persons and freedom from arbitrary arrest or detention.

³⁰ Rapid Assessment on the protection situation of Women and Girls, GBV AoR RRT, February 2013

- Protection from arbitrary displacement, especially in relation to urban planning and temporary shelter projects.
- Protection of children from gender- and sexual-based violence, from use in armed violence, and from domestic and physical violence.
- Equitable access to social services and viable livelihoods by all segments of the population in Rakhine, especially those who have been displaced and those who are residing in remote areas without discrimination.
- Access to birth registration, documentation and effective citizenship.
- Presence of a larger pool of service providers - State, civil society and NGOs - to provide multi-sectoral response to GBV.
- Provision of psychosocial support, including activities targeting children to promote resilience and peacebuilding.
- Safe spaces for women in camps and other areas of displacement.
- Enhanced monitoring to capture and analyze overall protection trends as well as specific protection issues such as child protection or persons with disabilities, also necessitating an increased level of sustained and credible presence of protection partners in close collaboration with the relevant authorities.

The response to date has focused on framework-building and material assistance in an attempt to address the second layer of protection challenges.

Response

The main response measures currently include:

- Increased presence of protection staff enabling monitoring of the situation and 'protection by presence'.
- Roll-out of a common protection incident monitoring system with an aim to expand the scope and participation of the five organizations currently active in the State.
- Establishment of the Protection Working Group (PWG) in Sittwe, which has led the drafting of a GBV strategy, joint protection partnerships, joint training activities and referral pathways. The PWG has also been supported by the Humanitarian Protection Working Group (HPWG) in Yangon. The HPWG has a strong focus on advocacy vis-à-vis the central Government and donors; standard-setting; inter-agency, inter-cluster, sector coordination and resource mobilization for sector members.
- Capacity-building and awareness-raising for Government authorities, UN, NGOs, partners, IDP leaders and camp committees on protection principles, sensitization and prevention of GBV and child protection.
- Creation of 45 child-friendly spaces which provide psychosocial support to over 16,000 children through mobilization of 160 community animators.

- A GBV strategy and work plan for the Rakhine response and the establishment of 6 women-friendly spaces, 2 women's committees and 12 women's groups.
- Mainstreaming of protection and GBV considerations through other sectors, including development of sector-specific GBV action sheets.
- Targeted NFI distribution to meet basic needs as well as to mitigate particular protection concerns related to women and children, such as protection toolkits, child protection kits and hygiene kits for women.
- Continued advocacy at the State and Union level to address protection concerns related to freedom of movement, access to basic social services and confidence-building exercises.

Gaps

The major gaps include:

- The Government's efforts, supported by the international community, to build confidence between its staff at the local level and security forces on the one hand, and displaced population on the other, based on dialogue instead of command, instructions and threats.
- Consistent messaging from the Government on the temporary nature of the camp environment, voluntary nature of relocation, respect for the right to return and commitment towards early durable solutions with the communities concerned.
- Official commitment from the Government to uphold the basic rights of all individuals without discrimination and to improve the current situation with freedom of movement, right to liberty and security of person and to physical safety as well as freedom from arbitrary arrest or detention.
- Transparency in the Government's engagement to ensure credible investigations and accountability for human rights violations allegedly committed, including by State security personnel.
- Tangible efforts by the Government, supported by the international community, to ensure equitable access to social services.
- Livelihood support for those who have been displaced and those who are residing in remote areas without discrimination.
- Availability and access to GBV services by the affected population, and accountability measures against the perpetrators.
- Camp management to reduce protection risks, especially GBV, and IDP registration, based on full consultation with the IDP community, aiming at clear population data, including those of children and other vulnerable groups.
- A clear roadmap to ensure birth registration, documentation and effective citizenship.
- Presence of protection partners to support the Government's actions, monitor the situation and support protection

interventions in the field with sufficient logistics capacity, particularly for remote areas and isolated villages.

- Enhancement of the existing coordination mechanisms for identification, response and referral of protection cases.
- Clear referral pathways and standard operating procedures to ensure response to protection concerns.
- Prevention of child separation throughout the cycle of displacement and in extreme situations of economic hardship, as well as family-based care for separated children.

ACTIVITIES

The overall objective of the Protection Sector is to meet the immediate protection needs for men, women, boys and girls as a result of the current humanitarian situation with strong emphasis on confidence-building and fostering co-existence.

Additionally, the sector aims to contribute to addressing long-term underlying causes of tension and displacement, focusing on the lack of citizenship, discrimination against religious and ethnic minorities and respect for basic rights.

The strategy to meet these two interwoven objectives will be achieved through monitoring, advocacy and project interventions. The sector will enhance its monitoring and analytical capacity to widen the geographical coverage and broaden the protection issues it captures. This will in turn assist the Government and sector members to plan and target its interventions, which often take the form of material assistance, capacity-building and referral to existing service providers. Advocacy reinforces the effectiveness of these interventions. This will continue to be a multi-stakeholder process with Government authorities at different levels and communities as primary partners, with support from humanitarian and development actors, donors, civil society, media and international organizations.

Key indicators to measure successful implementation of the interventions include:

- Number of IDPs who have voluntarily returned to their places of origin on a permanent basis.
- Number of protection incidents reported through the protection monitoring system.
- Number of functioning referral pathways for a multi-sectoral response to protection cases, including GBV and child protection cases.

Immediate humanitarian response activities will include the following:

- Continue to conduct monitoring for IDPs and other sectors of the affected population, including population data collection.
- Enhance functioning referral pathways for multi-sectoral response to protection cases in camps, including GBV and child protection.
- Expand existing protection-related in-camp interventions such as child-friendly spaces and women's centres.

- Expand case management activities including family tracing and reunification, and increase available services in gap locations.
- Mainstream protection into other sectors and clusters.
- Continue to map and support community leadership and participation structures to respond to protection issues in coordination with the CCCM Cluster.
- Work closely with the CCCM Cluster to undertake a fair and equitable IDP registration exercise.
- Increase women-friendly spaces and associated women's committees and enhance awareness and capacity on GBV issues, also targeting men and boys.
- Establish and support coordination mechanisms for child protection in consultation with the Government and partners, as well as with involvement of the affected population.

Medium to long term activities will include the following:

- Support the Government to build confidence with the affected population, including IDPs.
- Support the Government to bring communities together for confidence-building activities, peaceful co-existence and identification of durable solutions.
- Foster common and consistent messaging by the Government that IDP camps are a temporary solution, and that authorities are committed to return or relocation movement being conducted on a voluntary basis, in full consultation with the population concerned.
- Identify opportunities, locations and target population to pilot IDP returns, anchored around specific activities such as livelihoods, social infrastructure or shelter.
- Coordinate multi-stakeholder advocacy on civil documentation, access to basic services and respect for basic rights.
- Support the Government to address issues related to civil documentation and citizenship in accordance with international standards on the right to citizenship.
- Support the Government to promote safe environment and respond to protection-related incidents through State-related services and mechanisms.

ADVOCACY MESSAGES

- The Government and communities need to address the underlying causes of the current tension and displacement. The protection of basic rights of all people, including women and children, by the Government should be prioritized.
- The Government is called upon to ensure its full respect for the rule of law. Any allegations of violations should be promptly and effectively investigated and the perpetrators brought to justice.

- The Government and affected communities need to restore trust between and among communities. The Government's impartial leadership for dialogue and confidence-building is essential.
- Freedom of movement needs to be restored by the Government to ensure people's access to viable livelihoods and social services.
- Equal access to health care, education and other basic services by all segments of the population in Rakhine needs to be ensured by the Government as a matter of priority.

FINANCIAL REQUIREMENTS

The total requirement to provide the abovementioned interventions is estimated at \$6,759,905. The amount received to date is \$3,304,720. The estimated funding gap for the Protection Sector until the end of 2013 is \$3,455,185.

SHELTER

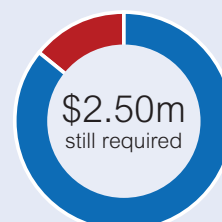


CLUSTER SNAPSHOT

PRIORITY

Maintenance of camp infrastructure and facilities, capacity building of government officials and camp managers as well as distribution of NFI, and shelter construction.

FUNDING



COORDINATION

 Cluster lead agency	UNHCR
 Government partner	Ministry of Development, Rakhine State Government
 Other agencies	MRF, ACT, DRC, CARE, MRCS, WFP, IRW, Service City, MA UK, ICRC
 Contact information	Edward Benson, benson@unhcr.org

CURRENT SITUATION

During the first six months of the response (July to December 2012), the provision of temporary shelter only focused on Sittwe Township where the vast majority of the caseload was located. Progress was slow, primarily due to a relatively small number of shelter actors and Government resistance to approve allocation of appropriate land for construction. By the end of 2012, coverage for temporary shelter had been achieved for approximately 29,000 IDPs in 525 temporary shelters.

In the first half of 2013, the rate of construction of temporary shelter increased significantly, primarily as a result of strong advocacy messages from the international donor and diplomatic community as well as the Shelter Cluster. Two of the leading shelter agencies, UNHCR and the Danish Refugee Council (DRC), refocused efforts away from Sittwe to the two townships most seriously affected by the second wave of violence in October 2012: Pauktaw and Myebon. In these townships, IDPs were camped in rice fields, making locations inappropriate for the rainy season. As alternative land was not forthcoming, agencies continue to construct elevated shelters with walkways in these locations. At the time of publication of this document, all 24,000 IDPs in Pauktaw and Myebon are expected to be living in temporary shelter. In addition, 363 permanent houses have been built in northern Rakhine State for Rakhines, out of a total target of 529. Funds have been committed to meet this remaining gap of 166 units. Equally, temporary shelter needs for approximately 1,500 Muslim IDPs in Rathedaung have been committed to be met by the Government.

With few shelter actors and high shelter needs across Rakhine State, strong advocacy from the international donor and diplomatic community, as well as the Shelter Cluster, resulted

in the Government funding and constructing 992 temporary 8-unit shelters. According to the Rakhine State Government IDP statistics, this construction aimed to provide 100 per cent coverage of temporary shelter in all the affected townships across Rakhine State.

As of 1st July 2013, approximately 90,000 (62 per cent) of all IDPs on the CCCM camp list, including 70,000 IDPs (78 per cent) living in Sittwe, are now residing in temporary shelter. Temporary shelter is also under construction, or under tender for, a further 45,000 IDPs. This will ensure temporary shelter for 135,000 IDPs (95 per cent of all IDPs on the CCCM camp list). This construction is expected to be completed by late August 2013. The following major needs have been identified:

- Completion of outstanding shelter commitments to ensure coverage of temporary shelter needs for 95 per cent of IDPs on the CCCM list.
- Provision of suitable infrastructure to support CCCM activities in all camps.
- Implementation of an integrated, multi-sector approach to durable solutions.
- Identification of potential shelter actors for future activities.
- Development and implementation of an effective care and maintenance program.

ACTIVITIES

The overall objective of the Shelter Cluster is to provide people affected by violence and conflict with safe, dignified and appropriate living conditions as well as access to essential services whilst seeking durable solutions for the future. The following indicators will be employed to measure progress:

- Percentage of IDPs living in temporary shelter complying with internationally recognized shelter standards.
- Percentage of IDP camps with appropriate infrastructure supporting effective camp management.
- Percentage completion of the development of a suitable future shelter strategy and action plan.

1 IDPs with Temporary Shelter

Temporary Shelters

- Ensure 100 per cent coverage for temporary shelter per IDP household, including the provision of additional shelter units for large IDP households.
- Provide technical support to the CCCM Cluster to empower communities to maintain and effectively repair their temporary shelters e.g. training, provision of shelter toolkits and mechanisms for receiving materials as required.
- Work through the Protection Working Group (PWG) and CCCM to upgrade temporary shelter and IDP camp

conditions e.g. street lighting and improved ventilation, particularly regarding extremely vulnerable individuals and addressing gender issues.

- Redesign communal kitchens through participatory design exercises with IDP women ensuring all IDPs have access to common areas for domestic use, i.e. kitchens, laundry facilities, drying areas or other appropriate needs.

Additional Camp Infrastructure

- Construct additional camp infrastructure to support effective camp management i.e. camp management offices, warehouses, multi-purpose communal buildings in all IDP camps of Sittwe and high priority IDP camps in other affected townships.
- In close collaboration with the PWG and CCCM Cluster, prioritize the provision of effective and safe lighting throughout IDP camps.

Mainstreaming

- Actively support the CCCM Cluster to conduct 'gender awareness' and 'good governance' trainings to camp managers, agency staff and Government officials.

2 Vulnerable families within host communities and surrounding Rakhine villages

- Contribute towards supporting peaceful co-existence through a shelter upgrading programme that adheres to minimum shelter guidelines for the most vulnerable households in host communities and surrounding Rakhine villages.
- Coordinate effectively with the Early Recovery Sector to plan quick impact projects (QIPs) e.g. small-scale infrastructure projects, often using cash for work, in host communities and surrounding Rakhine villages to contribute to peaceful co-existence.

3 Economic IDPs living in Rural Sittwe

- Conduct inter-agency shelter assessments as part of a multi-sectoral response in points of origin.
- Develop a range of assistance packages in the village of origin as well as in neighbouring villages to contribute to safe and voluntary return.
- Coordinate closely with the PWG providing technical support for QIPs.

4 Non-Sittwe IDPs living in Rural Sittwe

Pauktaw IDPs living in Rural Sittwe

- Advocate for the safe and voluntary return of IDPs from Pauktaw to their place of origin.
- Actively support the dialogue process between the

Government, Muslim IDPs and surrounding Rakhine communities in Pauktaw.

- Advocate for appropriate and timely shelter assistance packages at point of origin (High priority: villagers from Kyein Ni Pyin and Nget Chaung areas).

Kyaukphyu IDPs living in Rural Sittwe and Pauktaw

- Support the identification of acceptable land and site planning for the relocation of IDPs originating from Kyaukphyu Township into transitional or permanent shelter.
- Support the PWG and CCCM Cluster by providing technical support to the dialogue process for their safe and voluntary return.

5 IDPs receiving Transitional / Permanent Housing

- Complete outstanding commitments in Maungdaw for Rakhine IDPs.
- Advocate for maximum engagement by the Government to facilitate an open and effective dialogue process between affected communities.
- Advocate for national minimum standards for transitional and permanent housing.
- Develop a range of transitional and permanent shelter packages approved by the State Government and the Shelter Cluster.
- Develop and endorse 15-day training packages for local artisans (IDPs and non-IDPs)
- Pilot transitional / permanent housing at points of origin.

6 Muslim IDPs in Maungdaw

- Ensure Muslim IDPs living in Maungdaw receive shelter in accordance with internationally recognized standards.

7 Disaster Risk Reduction

- Revise the Inter-Agency Preparedness Contingency Plan for Rakhine State based on lessons learnt from tropical storm Mahasen including the development of contingency capacity mapping.

8 Communicating Activities / Progress of the Shelter Cluster in Rakhine State

- Increase information sharing among cluster members and to the public.
- Meeting minutes and other relevant information continue to be uploaded to Shelter Cluster website.

ADVOCACY MESSAGES

- The Government should facilitate dialogue and reconciliation between the different communities to enable the safe return of IDPs to their place of origin.
- The Government, the largest provider of shelter in Myanmar, with support from shelter agencies is rapidly building temporary shelters for the displaced population. It is expected that 133,000 of the 140,000 IDPs will have temporary shelters by the end of July.

FINANCIAL REQUIREMENTS

While the funding of temporary shelter has been impressive, in conjunction with the Government utilizing its own funds to meet over 40 per cent of the needs, a gap for the afore-mentioned activities remains. Approximately \$15.4 million will have been spent on temporary shelter.

However, outstanding requirements to deliver these afore-mentioned activities indicate a gap of \$2.5 million. If met this should ensure 100 per cent total coverage of all the temporary shelter needs, care and maintenance of shelters, protection related improvements and provision of additional and vital camp infrastructure.

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

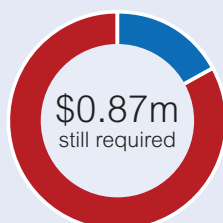


CLUSTER SNAPSHOT

PRIORITY

Maintenance of camp infrastructure and facilities, capacity building of Government officials and camp managers as well as distribution of NFI and shelter construction.

FUNDING



COORDINATION

	Cluster lead agency	UNHCR
	Government partner	Efforts ongoing to identify government counterpart
	Other agencies	DRC, Solidarites, CDN, LWF, MSF
	Contact information	Edward Benson, benson@unhcr.org

CURRENT SITUATION

Although some identified needs, notably adequate temporary shelter are now being met by the humanitarian community and the Government, there is now a major CCCM shortfall. There are an estimated 84,000 IDPs in Sittwe Township; 20,000 in Pauktaw and 4,000 in Myebon. Primarily based on a rationale of those camps that will have the largest population, the CCCM Cluster has prioritized 20 camps in these three townships, targeting the majority of the displaced population: 14 camps in Sittwe Township, five in Pauktaw and one in Myebon. With the rate of temporary shelter construction increasing significantly in recent months, the need to meet these CCCM needs is urgent.

The cluster would acknowledge that it has been slow to achieve CCCM momentum in the first half of 2013. However, while accepting that the CCCM Cluster was activated at the start of the year, the location and nature of the various camps across Rakhine State has only become clear in the last two to three months when temporary shelter construction began to achieve major momentum.³¹

Thus far, the response has included finding operational partners to be CCCM focal points in IDP sites. Four INGOs have been identified and agreed to act as Camp Managers in 12 out of the 20 prioritized and largest camps. Training in camp management activities was conducted for IDP leaders in these camps and Government-appointed camp committees with some modest material support.

Although in recent weeks certain INGOs have agreed to act as camp managers and take on camp management activities and responsibilities, more actors, including the State Government, are needed to strengthen camp administration and camp management structures in the IDP camps. As part of this need for additional support, far greater funding for CCCM activities is required than is currently available.

Funds will be utilized to support camp management teams and staff in providing coordination at the camp level, supplying humanitarian assistance and delivering protection programmes. Data will also be collected on population movements, camp conditions, families and people with special needs such as female- or child-headed households, as well as people with disabilities and specific needs in these locations. The CCCM Cluster is well-positioned to manage these and other activities, such as providing guidance for IDP committees, training camp management and Government staff, and conducting targeted and efficient needs assessments across the camps. CCCM activities are critical for supporting IDPs in their location of displacement.

Providing camp management facilities and services will not automatically guarantee a positive impact on individuals or the camp population. Only a gender- and age-sensitive, participatory approach can help ensure that an adequate and efficient response is provided. Therefore, CCCM is advocating for, and will support the equal involvement of IDP women, men, boys and girls in their daily life and activities in the camps.

Thus far registration of the IDP population has not been possible but remains a subject of on-going discussion. If achieved, it can facilitate and streamline the delivery of humanitarian assistance to the IDP camps. Critically, the displaced population must be consulted in the preparation of a registration exercise in order to ensure transparency, accountability and confidence in the process. It is important to stress that registration should not be construed as verification. The latter has a different objective.

The value of registration raises the wider need for protection mainstreaming with regards to the delivery of CCCM services. Particularly in the afore-mentioned priority camps this will be an important activity. While protection needs can be broad, the nature and location of some of the camps is such that gender-based violence is certainly viewed as a critical concern in the large camps. Prevention and response measures will be vital, which will include close collaboration with the Shelter Cluster and Protection Sector. The following major needs have been identified:

- Maintenance of camp infrastructure and facilities.
- Identification of and support for camp focal points in smaller IDP camps to promote coordination and self-governance.
- Capacity-building for Government officials, camp managers and sector focal points.
- Provision of equipment and furniture for camp management offices in camps.

³¹ See Shelter section of Rakhine Response Plan, p. 33

- Collection and strengthening of disaggregated data for planning of targeted assistance to extremely vulnerable individuals and people with specific needs.
- Installation of notice boards in support of mass communication and sensitization campaigns.
- Promotion of environmentally sound camp management approaches.

ACTIVITIES

The overall objective of the CCCM Cluster is to ensure equitable access to services and protection for displaced persons living in camps and camp-like settings, to improve their quality of life and dignity during displacement, mitigate adverse impacts of the camps on the environment, and advocate for solutions while preparing them for life after displacement.

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

The following indicators will be employed to measure progress:

- 80 per cent of the camp population has access to basic services.
- 50 per cent of positive responses to reported gaps and duplications.
- Regular fortnightly CCCM Cluster meetings.
- 60 per cent of stakeholders involved in camp coordination and management mechanisms.
- 50 per cent of camp committees are made up of women.

The following actions will be implemented:

- With camp management agencies, establish and maintain camp coordination and camp management mechanisms which seek to factor in environmental concerns.
- Organise and chair fortnightly CCCM Cluster meetings.
- Organise regular meetings with camp committees.
- Prepare and disseminate minutes of meetings and other CCCM materials via email and the Shelter/NFI/CCCM Cluster website.

2 Representative and functioning leadership structures are established and the involvement and participation of IDPs is increased.

The following indicators will be employed to measure progress:

- 60 per cent attendance at committee meetings.
- Monthly camp meetings and sensitization campaigns organized.

- Cross-sector statistics in 20 priority camps updated and disseminated on a monthly basis.
- Updated overview of operational partners in 20 main camps on a monthly basis.
- Humanitarian gaps in camps identified and reported on a fortnightly basis.

The following actions will be implemented:

- Together with camp service providers, establish relevant sector committees.
- Terms of reference for camp committees and camp administrators developed.
- Evaluate the representativeness of the camp committees on a regular basis.
- Provide material support to camp committees.
- Organise CCCM training on the roles and responsibilities of camp management, camp administration and camp committees.

ADVOCACY MESSAGES

- The Government, humanitarian agencies, and IDP communities must engage more in CCCM.
- Donors need to address the critical funding gap of over \$870,000 in the sector. Without substantial funding within the next few weeks, the camps will deteriorate over the rainy season and conditions will become squalid and intolerable. Funding would also sustain considerable progress achieved in shelter provision and ensure that millions of dollars already spent will not be wasted.
- Temporary shelters are not a sustainable solution. The Government and humanitarian partners need to increase collaboration to develop durable solutions that focus on return, co-existence and livelihoods so that first concrete results can be expected by the end of the rainy season.

FINANCIAL REQUIREMENTS

The total requirements for the CCCM Cluster from July 2012 through December 2013 amount to \$1,050,000.

Current confirmed funding for the sector stands at \$180,000, less than 20 per cent of what is needed for the critical needs to cover a combined camp population of almost 95,000 IDPs across 20 camps. Unless addressed, this would mean on average less than \$2 can be spent on each IDP for the next six months to address all of the above needs and activities, approximately 1 US cent per day per IDP. Unless donations are substantially increased it is inevitable that camps containing thousands - in some cases tens of thousands - of IDPs, will deteriorate. Protection concerns will be rife and any scope for inhabitants to get back on their feet increasingly undermined. This will be despite major progress being made and funds spent in the provision of temporary shelter.

Outstanding requirements to cover critical CCCM needs for the remainder of year are marginally in excess of \$870,000.

NON-FOOD ITEMS

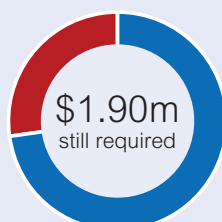
NFI

CLUSTER SNAPSHOT

PRIORITY

Maintenance of camp infrastructure and facilities, capacity building of Government officials and camp managers as well as distribution of NFI, and shelter construction.

FUNDING



COORDINATION

 Cluster lead agency	UNHCR
 Government partner	Efforts ongoing to identify government counterpart
 Other agencies	DRC, KOICAT, MA UK, UNICEF, UNFPA, ABCD, Solidarites, CDN
 Contact information	Edward Benson, benson@unhcr.org

CURRENT SITUATION

With the first wave of violence and displacement occurring in Sittwe Township only in June 2012, the initial NFI response was focused on this caseload. With the second wave of violence in October 2012 the total caseload almost doubled, spreading from beyond just Sittwe Township to include another eight townships. At this time Sittwe Township also received IDPs from two of these eight other townships, Kyaukphyu and Pauktaw. Though impossible to confirm 100 per cent coverage, the ambition of the cluster has been to ensure that all IDPs, over 24,000 families, have received core, sanitary and hygiene kits. Some ten different agencies have contributed to meeting these needs by providing either individual items that help to form core kits, sanitary kits, hygiene kits, or all combined, in the form of a family kit. Looking ahead and at a minimum, a second blanket distribution, for all IDP families, of core and hygiene items is required, and ongoing more frequent replenishment of sanitary kits, until the end of the year. This need is based on a rationale that either the item has been consumed or will have reached the end of its life-span.

Non-food items are designed to meet the most immediate and basic needs of the affected population. Provision of these supplies help IDPs prepare and consume food, water, offer emergency shelter, provide clothing and meet personal hygiene needs. Core items include a tarpaulin, blankets, mosquito nets, kitchen sets, buckets, mats and clothing.

While the cluster can be reasonably confident that most first round needs of NFI have been met for the caseload of 140,000 IDPs, NFI support to isolated villages and host families is something that has yet to be addressed. Provisional figures suggest a further 36,000 IDPs, which would require an additional 6,000 kits. This is an obvious gap. A less obvious gap though not to be ignored is

that since the first wave of displacement there has not been total consistency in what has been distributed; commodities inevitably vary from one organization to another. This means that not all recipients have received the same kit. Additionally, with sanitation kits requiring replenishment every two months, gaps will have regrettably emerged, particularly for women and children, for clothing, sanitary napkins and underwear.

ACTIVITIES

The overall objective of the NFI Cluster is that the affected population has sufficient access to NFI to meet their most personal human needs for shelter from the climate and for the maintenance of health, dignity and well-being. The following indicators will be employed to measure progress:

- 100 per cent of households receive NFI core, hygiene and sanitation kits consistent with their expected life-span.
- NFI needs assessments conducted.
- Regular NFI Cluster meetings held.
- Separate clothing needs for men, women and children identified and needs met accordingly.

The various NFI needs and gaps of the affected population will be assessed and addressed to the extent possible, ensuring specific needs of women, men, children and those with special needs are addressed.

The output of this intervention will be that the NFI needs of the affected population have been adequately met, with kits distributed.

ADVOCACY MESSAGES

- Donors need to provide US\$ 1.9 million to meet the needs for replenishment of basic household items (NFI) that have been used up over the last months. This includes items such as soap or other hygiene items.

FINANCIAL REQUIREMENTS

Current funding indicates that there are enough NFI family kits to ensure a second blanket round of distribution for 140,000 IDPs. In the event that a first round of distribution of NFI kits would be made to isolated villages and host families, additional funding for 6,000 family kits would be required. These additional 6,000 kits, plus a further two rounds of sanitation kits both for the isolated and host families and the 140,000 core caseload, should be anticipated. Using a simple calculation in terms of unit cost per full family kit and sanitation kit, the sector currently faces an outstanding requirement of \$1.9 million.

WATER, SANITATION AND HYGIENE (WASH)

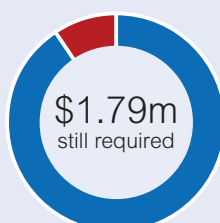


CLUSTER SNAPSHOT

PRIORITY

Provision of sufficient safe water, distribution of basic hygiene items, provision and maintenance of latrines and bathing areas, operation of safe solid waste disposal and drainage system and de-sludging to SPHERE standards.

FUNDING



COORDINATION

	Cluster lead agencies	UNICEF
	Government partner	Ministry of Development
	Other agencies	ABCD, CARE, CDN, DRC, ICRC, Malteser, MHAA, MRCS, MSF, Oxfam, RI, SC, SI
	Contact information	Dara Johnston, djohnston@unicef.org

CURRENT SITUATION

One year has passed since the initial violence erupted in Rakhine State in June 2012 with subsequent incidents in October 2012. A total of 140,000 people were displaced and continue to live in camps throughout various townships in poor conditions. In May 2013 cyclone Mahasen was predicted to impact Rakhine State, and the humanitarian community in support of the Government, initiated a relocation process to move people to more safe temporary shelters. Although the cyclone did not hit the State, the relocation process continued and as of early July around 80 per cent of the displaced population has now been relocated and WASH partners are working on providing adequate services in the new long houses.

Collection of data from WASH partners shows that around 7 per cent of IDPs in planned camps have insufficient access to water, 28 per cent are using treated water, 53 per cent are using water from improved sources and around 40 per cent are accessing water from ponds³². This percentage without access could increase significantly as water is abundant during the rainy season, but will greatly reduce during the dry season which starts in November.

Access to appropriate latrines also continues to be challenging: only just under a quarter of camps have latrines according to Sphere standards (at least 1 latrine for every 20 people), while nearly half have a ratio of between 1:20 and 1:50, nearly a quarter have less than 1 latrine per 50 people and 5 per cent still

do not have any latrines³³. Concerns for de-sludging of latrines and bamboo pit lining contribute to unsanitary environmental conditions in flood-prone areas. This is especially the case in camps, where international actors are providing services which are below Sphere standards. Due to the emergency situation, emergency latrines were erected in most camps to provide quick services to displaced people. However, now as the situation is more protracted and people move into long houses, activities will need to refocus on maintenance as well as provision of more semi-permanent latrines and other sanitation services. An increased focus on gender and protection issues is critical; particularly the number of bathing places for women and children. Additionally, the increased participation of women in planning processes and in the implementation of WASH activities, including hygiene promotion, will be essential. Many women have expressed fears of using latrines at night due to their location or due to a lack of door locks fitted on these facilities.

There is currently a lack of solid waste management systems outside of the Sittwe area (including collection systems, refuse containers or pits, incinerators and dumping sites), as well as limited capacity for proper drainage, especially during the rainy season.

Hygiene practices were already low prior to the displacement, with very high levels of open defecation across the State. Reforming these habits continues to be challenging, especially when access to latrines is hampered by distance, muddy path ways, a lack of maintenance as well as safety and privacy issues. Based on the results of hygiene promotion monitoring, 68 per cent of people in the Sittwe IDP camps have knowledge of safe hygiene practices, while less than 50 per cent of people living outside of the Sittwe area follow safe hygiene practices despite hygiene kits and education sessions being provided on a regular basis.³⁴ These activities need to be increased, especially to avoid disease outbreaks and diarrhoea. No hygiene kits have been distributed to IDPs in Kyauktaw and Rathedaung townships due to a lack of international actors operational there. As a result, displaced populations have not benefited from hygiene promotion activities. New actors with capacity to provide services to these camps need to be identified urgently.

Preparedness for a potential disease outbreak is currently low among WASH partners due to a lack of funding for stockpiling of critical supplies for events such as floods, epidemic outbreaks or new unrest. This is a gap that needs to be filled urgently.

To date, most humanitarian efforts have focused on the IDP camps. Many villages where conflict-affected populations continue to live in their place of origin are cut off from access to these basic services, including education and health. There is limited data available on their exact needs, but in order to avoid a slow-onset emergency in many of these isolated villages and host communities, a concerted effort needs to be made to support the Government in ensuring these 36,000 people have access to adequate services, including hygiene articles and safe drinking water to reduce mortality and morbidity.³⁵ Further needs

³² WASH 3W Matrix Data updated 25 June 2013. Based on WASH Cluster standard adapted from Sphere Standards. 1 latrine for 20 people; 1 water collection point for 250 people. See more in WASH Cluster Minimum Packages

³³ WASH 3W Matrix Data updated 25 June 2013

³⁴ The calculation is based on field observations and average coverage by WASH actors in camps

³⁵ See OCHA/CCCM definitions

assessments on the situation of host and isolated communities are required to learn more about their needs.

Coordination between the sectors needs to be improved, especially between the WASH, Camp Coordination and Camp Management and Health clusters to ensure that the best possible support is made available to all vulnerable populations. Specific information-sharing on health data, in order to measure the impact of WASH interventions and to inform programme design, is critical. Further assessments are also needed to establish the exact needs of host communities and isolated villages.

Since the conflict started in June 2012 WASH partners and the Department of Rural Development (DRD) have provided services to affected people in camps, except Kyauktaw and Rathedaung, due to a lack of actors. Based on regular monitoring, at least 821 water points and at least 3,659 latrines have been constructed. 20,558 hygiene kits have been distributed since January 2013.³⁶ Limited data is available on coverage in host communities, isolated villages and under-served areas like Maungtaw and Rathedaung. A total of 140,000 people in Sittwe, Pauktaw, Myebon, Kyaukphyu, Ramree, Minbya, and Mrauk-U have benefited from these interventions.

ACTIVITIES

The overall objective of the WASH Cluster is to facilitate people's right to water and sanitation and reduce excess cases of morbidity and mortality due to WASH-related diseases by providing safe access to water, sanitation and hygiene, and improved dignity, in collaboration with partners.

Specific objectives for the cluster include:

- Reduce the risk of WASH related diseases for women, men, boys and girls in IDP camps and host families in Rakhine State through the provision of safe drinking water and hygiene items, excreta disposal, and hygiene promotion.
- Increase the capacity of the WASH Cluster to respond to additional events that would worsen the situation, such as natural disasters, epidemic outbreaks or additional conflict.

These objectives will be achieved through the following activities:

- Surveying and assessment of gap areas which lack updated WASH status information.
- Consultation with users (especially women, girls and disabled people) on the location and design of water facilities.
- Rehabilitation, cleaning and or construction of water supply systems.
- Construction of new drainage or improvement of old drainage in all camps.
- Construction of toilets (including a de-sludging strategy), showers, washing slabs and hand-washing facilities according to WASH cluster standards.

- Proper decommissioning of full latrine pits which will not be re-used.
- Development of a hygiene promotion strategy, as well as gender- and protection-sensitive IEC campaign materials.
- Distribution of hygiene kits and water treatment products.
- Preparation of a comprehensive preparedness plan.
- Stockpiling of WASH items in preparation for an outbreak of WASH related diseases. These include oral rehydration salts, hygiene kits and other emergency items.

ADVOCACY MESSAGES

- Appropriate land must be provided for drainage construction, treatment of waste from latrines and dumping sites for solid waste.
- People need to be relocated to appropriate locations where WASH actors can construct appropriate water and sanitation facilities.
- The Government needs to maintain the water supply to IDPs through an appropriate urban water supply system.
- The Government and all WASH agencies should work closely to better ensure the prevention of acute watery diarrhoea.

FINANCIAL REQUIREMENTS

The total requirement to provide the abovementioned interventions is estimated at \$19,392,315. The amount received to date is \$17,602,485. The estimated funding gap for the WASH Cluster until the end of 2013 is \$1,789,830.

³⁶ Based on data provided by partners to the WASH cluster as of June 2013

COORDINATION ARRANGEMENTS

The overall response to the inter-communal violence in Rakhine continues to be led by the Government of Myanmar. Since the beginning of the crisis, the Government has established coordination mechanisms for the response at the Rakhine State level. While the overall coordination effort is led at the Union level by the Minister of Border Affairs, sector meetings with humanitarian organizations, chaired by relevant Rakhine State Ministers, take place on a regular basis in Sittwe Town. These meetings strengthen field-based coordination, analyze the situation and identify strategies to address issues of concern such as access and promotion of principled humanitarian operations, and ensure that assistance has reached all those in need.

In Sittwe Town the Government has designated Government Lead Ministers for the coordination of partners by sectors, as per the table on page 42.

At the Union level, the Government established the Central Committee for the Implementation of Stability and Development in Rakhine State on 23 April 2013, chaired by the Vice President No. 1, supported by seven working committees. The Working Committee for Coordination and Cooperation with UN Agencies and International Organizations has been charged with managing relations with the international community. The Ministry of Border Affairs currently performs a secretariat role in the functioning of the Central Committee. Sittwe plays host to ongoing ministerial, diplomatic and donor missions for monitoring or fact-finding purposes. Most recently in early July, the Vice-President No. 2 led a high-level mission of ministers and ambassadors to witness developments in the field first-hand, facilitate community consultations and follow up on progress indicators.

In Rakhine, the response is led by the Chief Minister, who has delegated several State Ministers for specific coordination tasks in different sectors (see table on page 42). Weekly coordination meetings are held with humanitarian actors and the Rakhine State Government to strengthen field-based coordination, analyze the current situation and identify strategies to address issues of concern such as access and promotion of principled humanitarian operations, and ensure that assistance reaches all those in need.

The international humanitarian community has established internal coordination structures at Yangon, Sittwe and Maungdaw levels in line with the Inter-Agency Standing Committee (IASC) global guidelines, to bring together humanitarian partners to jointly address the humanitarian needs of displaced communities and conflict-affected people of concern in Rakhine State. These arrangements lead to improved coordination, information sharing and an effective mechanism to address high-level issues related to the humanitarian response across the State that may require internal consensus and common messaging prior to communication, and follow-up through various mechanisms with key relevant actors.

The Humanitarian Country Team (HCT), under the leadership of the Humanitarian Coordinator, is the highest-level humanitarian coordination structure in the country, and oversees the response across Myanmar. The ERC approved the HCT recommendation, in December 2012, to activate three clusters: WASH, Shelter/CCCM/NFI and Health, led respectively by UNICEF, UNHCR, and WHO and Merlin, for the humanitarian response in Rakhine and Kachin. Other sectors' coordination arrangements were not activated as clusters, but leaders and partners agreed to commit to function as clusters with regard to accountability and performance. These fora serve to regularly convene NGOs and UN agencies engaged in humanitarian operations in the State. In line with the recommendation of the IASC High-Level Mission which visited Myanmar in early 2013, a performance framework is currently being established to ensure steps are taken to ensure effectiveness of coordination.

Cluster/Sector	Lead/Co-Lead
Education	UNICEF, Save the Children
Food	WFP
Health*	WHO
Early Recovery	UNDP
Nutrition	UNICEF
Protection	UNHCR
Shelter, CCCM, NFI*	UNHCR
WASH*	UNICEF

*While other sectors continue to coordinate with strengthened capacity, clusters have been activated for Shelter/CCCM/NFI, Health and WASH

A Government-led Emergency Coordination Centre (ECC), headed by the State Minister of Planning, and managed by dedicated staff of NaTaLa (Ministry of Border Affairs), is in the process of being established in Sittwe Town to bridge an identified coordination gap in support of national- and local-level authorities. The ECC intends to offer a physical space within which operational coordination and information management are brought together during an emergency and where diverse actors are convened to address logistical and security constraints. The establishment of the ECC will be phased, starting with the 24/7 Operation Center (OpsCen) which will provide systematic coordination and operational capacity for relief efforts. The OpsCen will also address security issues and act as a point of entry for communities and partners to report issues for quick resolution. Other components, including analysis, monitoring and evaluation as well as information management and communication have been identified as major areas of responsibility of the ECC in subsequent phases of implementation. The Government is in the process of identifying staff from various departments to be seconded to the ECC. There are however current human and resource limitations in the establishment phases of this project. The international community, led by OCHA, is supporting the elaboration of the Terms of Reference of the Centre and is

Cluster/Sector	Government Lead Ministry	Partner Agencies
WASH	Ministry of Development	ABCD, CARE, CDN, DRC, ICRC, Malteser, MHAA, MRCS, MSF, Oxfam, UNICEF, RI, SC, SI.
Health, Nutrition	Ministry of Social Affairs/State Health Director	ABCD, ACF, CDN, ICRC, IRW, MA, MHAA, Malteser, Mercy Malaysia, MMA, MRCS, MRF, MSF*, UNFPA, UNHCR, UNICEF, SC, SI, WHO.
Shelter	Ministry of Development	MRF, ACT, DRC, CARE, MRCS, WFP, IRW, Service City, MA UK, ICRC.
Protection/CCCM/Non-Food Items	Efforts on going to identify government counterpart	ACF, ABCD, CARE, CDN, DRC, KOICAT, LWF, MA UK, Malteser, Mercy Malaysia, MRCS, MSF, RI, SC, SI, UNHCR, UNICEF, UNDP, OHCHR, UNFPA.
Early Recovery	Ministry of Agriculture	CDN, DRC, SI, SC, UNDP, CARE.
Food	Ministry of Planning and Commerce	CDN, SC, WFP, MRCS, IRW, MRF.
General Coordination	Ministry of Planning and Commerce	All humanitarian agencies and relevant government partners.

committed to provide expertise, training and support as needed. Additional dedicated capacities and resources will be required for the Centre.

It is important to point out that, at Union and RSG levels, different arrangements exist for the coordination of response in case of natural disasters and for the Rakhine crisis. Clarity on the interaction between these structures, lines of communication, and different responsibilities will bring about greater coherence and maximize efficiency of these capacities at the State level.

PREPAREDNESS

Due to the prevalence of natural disasters in the State, in particular cyclones, the Inter-Agency Preparedness/Contingency Plan for Rakhine State was developed in advance of the 2013 monsoon season. The plan aimed to develop a shared analysis of key hazards and risks across the State, identify preparedness and prepositioning activities that were needed, and propose likely sectoral responses. The budget of the Contingency Plan is \$18,200,000 for the full implementation of all sector activities. It should be noted that the Food and Nutrition sectors' preparedness planning financial requirements were included in the budget of the July 2012 to June 2013 Response Plan, and were therefore not included again in the total overall requirements. Thus, the new amount from this contingency plan reflected in the financial table on page 18 is \$12.5 million.

SAFETY AND SECURITY

Security coordination takes place in Rakhine State through an Area Security Management Team (ASMT), comprised of UN agencies and INGOs. This forum is an opportunity to share information on risks, threats, and security incidents. The ASMT also jointly develop strategies, advocacy interventions, and mitigation measures to enhance the security of actors in the

State to better enable them to engage in safe and principled humanitarian action.

A recent review identified areas that required further strengthening, particularly that of the preparation of key actors in the security system. This included deployment of Field Security Officers; collation, analysis and dissemination of security data; as well as the use of communication equipment (VHF and HF radios, satellite communication devices and systems) which is currently restricted. Training of humanitarian staff to enhance their situational awareness to ensure strengthened safety and preparedness was also recommended.

FUNDING

The Myanmar Humanitarian Multi-Stakeholder Fund (HMSF) is a country-based pooled fund which enables the Resident and Humanitarian Coordinator to provide humanitarian assistance in response to unforeseen crises or funding gaps. Founded in 2007 as a tool to provide humanitarian funding in conflict-affected, non-Government controlled areas and hard-to-reach areas, the Fund has grown in size and scope over the years. The HMSF now operates as an Emergency Response Fund and is able to provide funding for humanitarian response to human and natural disasters throughout the country. Since 2007, the HMSF has been funded by contributions from Sweden (SIDA), United Kingdom (DFID), and Australia (AusAID). During 2013, the HMSF has provided humanitarian assistance which reached 95,000 IDPs in conflicted affected communities in Rakhine State.

Since June 2012, the Central Emergency Response Fund (CERF) has allocated more than \$15 million, through UN agencies in Myanmar to help fund urgent humanitarian operations such as emergency food, emergency shelter, improved water and sanitation facilities, protection, nutrition and health care in Rakhine State following the inter-communal violence that erupted in June and October 2012.

ANNEX 1: ACRONYMS AND ABBREVIATIONS

ABCD	Association for Better Community Development
ACF	Action Contre la Faim
ASMT	Area Security Management Team
CCCM	camp coordination and camp management
CDN	Consortium of Dutch NGOs
CERF	Central Emergency Response Fund
CFS	child-friendly space
CSO	Civil Society Organization
DRC	Danish Refugee Council
DRD	Department of Rural Development
DSW	Department of Social Welfare of the Ministry of Social Welfare, Relief and Resettlement
ECC	Emergency Coordination Cell
ECD	early-childhood development
EVI	extremely vulnerable individuals
EWARS	Early Warning and Response System
GAM	global acute malnutrition
GBV	Gender Based Violence
GFD	General Food Distributions
HIV	human immunodeficiency virus
HMSF	Humanitarian Multi-Stakeholder Fund
HPWG	Humanitarian Protection Working Group
ICRC	International Committee of the Red Cross
IDPs	internally displaced people
IEHK	interagency emergency health kits
IHLCA	Integrated Household Living Condition Survey
IRW	Islamic Relief Worldwide
LA	Livelihood Assessment
LWF	Lutheran World Federation
MA	Muslim Aid
MCH	Maternal and Child Health
MHAA	Myanmar Health Assistant Association
MISP	minimum initial service package (for reproductive health in emergencies)
MMA	Myanmar Medical Association
MoH	Ministry of Health

ANNEX 1: ACRONYMS AND ABBREVIATIONS

MRCS	Myanmar Red Cross Society
MSF	Médecins Sans Frontières
MT	metric ton
MUAC	mid-upper-arm circumference
NFI	non-food items
NGO	non-governmental organization
NHL	National Health Laboratory
NNC	National Nutrition Centre
PFA	psychological first aid
PLW	pregnant and lactating women
RC/HC	Resident and Humanitarian Coordinator
RRD	Relief and Resettlement Department of the Ministry of Social Welfare, Relief and Resettlement
RUSF	ready-to-use supplementary food
SAM	severe acute malnutrition
SC	Save the Children
SDH	State Department of Health
SGBV	sexual and gender-based violence
SI	Solidarités International
TLS	Temporary Learning Space
U5	Under five years
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization