RAKHINE RESPONSE PLAN

JULY 2012 - JUNE 2013

(Revised in November 2012)

TABLE OF CONTENTS

Summary 1

Background 4

Overview of the response to date and outstanding needs 6

Scenarios and planning assumptions 8

Funding requirement 11

Summary of requirements for the period July 2012 – June 2013 12

Sectoral response plans 13

Education 13

Food 14

Health 15

Livelihoods 19

Nutrition 21

Shelter, Camp Coordination and Camp Management (CCCM), and Non-Food Items (NFI) 23

Shelter 23

Non-Food Items (NFIs) 25

Camp Management and Camp Coordination (CCCM) 25

Protection (including Child Protection) 26

Child Protection 29

Water, Sanitation and Hygiene (WASH) 30

Coordination arrangements 33

Annex 1: Donor response to the Plan to date 35

Total funding per donor (to projects coordinated in the Plan) 35

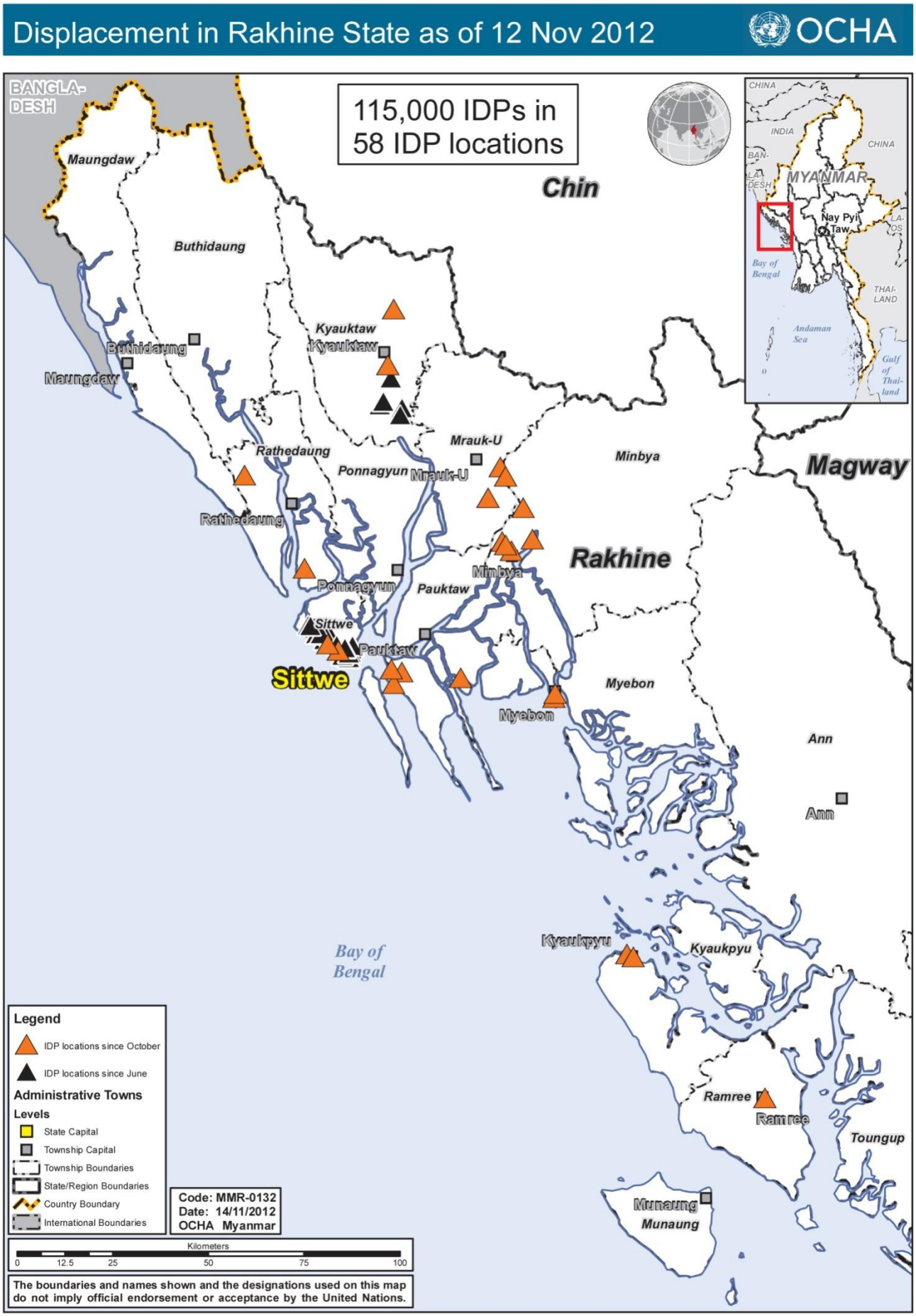
Total humanitarian funding per donor for Myanmar in 2012 36

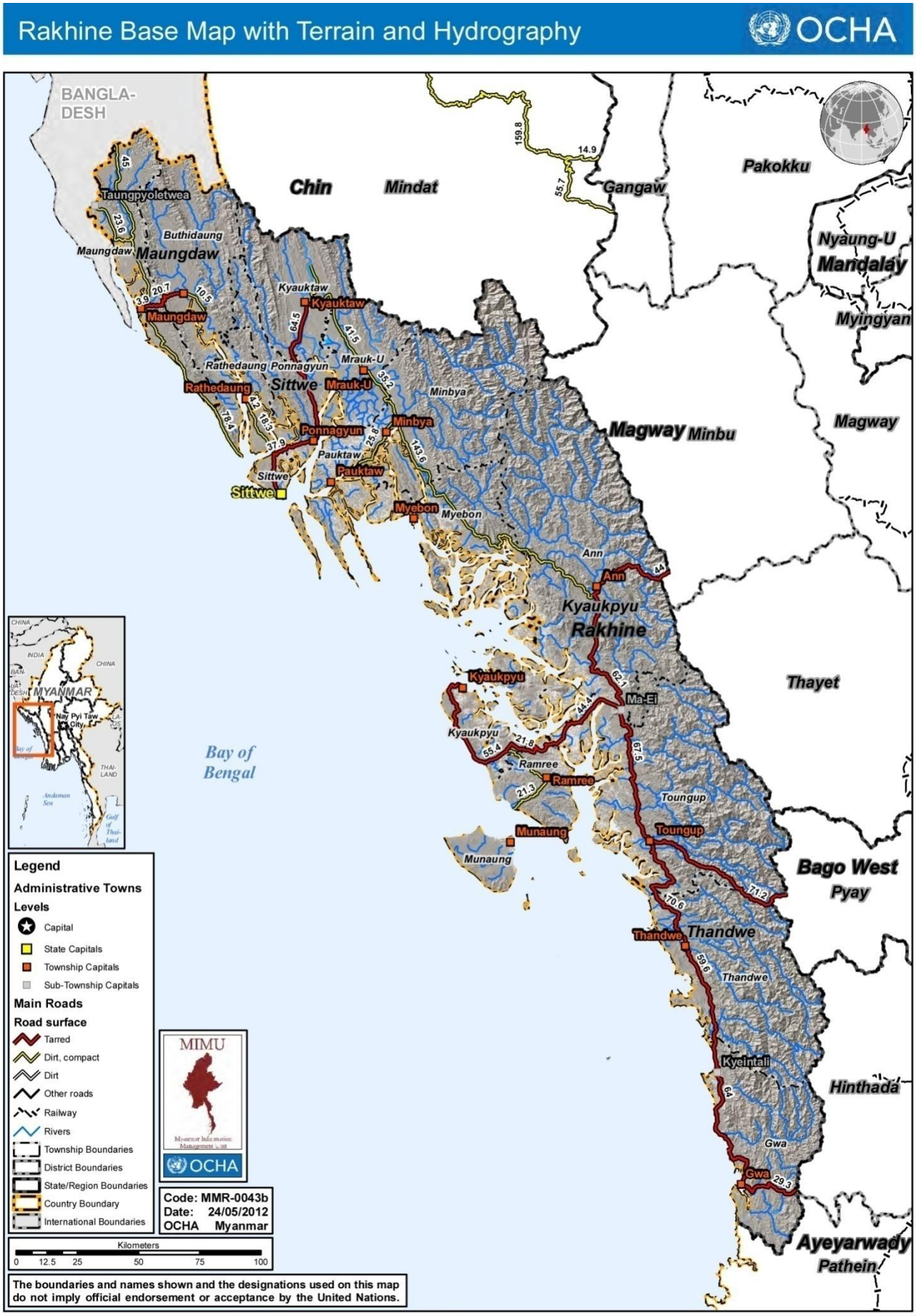
List of funded projects counted towards the Plan 37

Annex 2: Acronyms and abbreviations 40

The revised Rakhine Response Plan is a joint document agreed by humanitarian partners working in Rakhine State.

Cover images - Set Yone Su Camp, Thea Chaung Camp and Ma Gyi Myang Camp, Sittwe, Rakhine.


Displacement in Rakhine State as of 12 Nov 2012
OCHA
115,000 IDPs in
58 IDP locations
BANGLA-
DESH
Maungdaw
Buthidaung
Kyauktaw
Rathedaung
Ponnagyun
Mrauk-U
Minbya
Pauktaw
Sittwe
Myebon
Ann
Kyaukpyu
Ramree
Toungup
Munaung
Chin
Magway
Rakhine
Bay of
Bengal
CHINA
INDIA
BAN-
LA-
DESH
MYANMAR
Nay Pyi
Taw
LA-
OS
THAI-
LAND
Andaman
Sea
Gulf
of
Thai-
land
Legend
IDP locations since October
IDP locations since June
Administrative Towns
Levels
State Capital
Township Capital
Township Boundaries
State/Region Boundaries
Country Boundary
International Boundaries
Code: MMR-0132
Date: 14/11/2012
OCHA Myanmar
Kilometers
0
12.5
25
50
75
100
The boundaries and names shown and the designations used on this map
do not imply official endorsement or acceptance by the United Nations.


Rakhine Base Map with Terrain and Hydrography
OCHA
BANGLA-
DESH
Chin
Mindat
Gangaw
Pakokku
Nyaung-U
Mandalay
Myingyan
Magway
Minbu
Thayet
Bago West
Pyay
Hinthada
Ayeyarwady
Pathein
Taungpyoletwea
Buthidaung
Maungdaw
Kyauktaw
Rathedaung
Ponnagyun
Sittwe
Mrauk-U
Minbya
Pauktaw
Myebon
Ann
Kyaukpyu
Ramree
Munaung
Toungup
Thandwe
Kyeintali
Gwa
Bay of
Bengal
MYANMAR
Legend
Administrative Towns
Levels
Capital
State Capitals
Township Capitals
Sub-Township Capitals
Main Roads
Road surface
Tarred
Dirt, compact
Dirt
Other roads
Railway
Rivers
Township Boundaries
District Boundaries
State/Region Boundaries
Country Boundary
International Boundaries
MIMU
Code: MMR-0043b
Date: 24/05/2012
OCHA Myanmar
Kilometers
0 12.5 25 50 75 100
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

SUMMARY

The inter-community conflict in Rakhine State, which started in early June 2012 and resurged in October 2012, has resulted in displacement and loss of lives and livelihoods. As of early November, the number of people displaced in Rakhine State has surpassed 115,000, of whom about 75,000 individuals have remained displaced since June and over 36,000 people were displaced following a resurgence of violence in late October 2012. Others continue living in tents close to their places of origin while their houses are being rebuilt, or with host families. Life-saving assistance for this caseload is urgently needed.Notwithstanding these 115,000 people, there are also many others who out of fear are unable to move and have had restricted access to livelihood, food, and medical services, which has in the past attracted them to the IDPs camps with potential for further displacement.

Government sources indicate that 167 people were killed (78 in June and 89 in October); 223 injured (87 in June and 136 in October); and 10,100 private, public and religious buildings were burned or destroyed (4,800 in June and 5,300 in October).Curfews have been imposed since June in seven locations and in two additional ones in October. Additional military personnel have been dispatched to the area to control the situation.

Since June, the Government has been providing assistance such as food, shelter, non-fooditems (NFIs) and medical supplies to internally displaced people (IDPs), and requested the Resident and Humanitarian Coordinator to mobilize humanitarian partners' support to the response. As a result, UN and NGO personnel have been mobilized and supplies distributed. In-country stocks were dangerously low before the second violent episode in October, and only a few items (mostly food and tarpaulins) were available for immediate distribution when the situation deteriorated.

After each of the two violent episodes, inter-agency multi-sectoral rapid needs assessment were immediately deployed to identify needs and urgently respond with resources available. These assessments allowed partners tolay a more comprehensive response.

The first multi-sectoralassessment was conducted between 20 June and 10 July in 121 locations in four townships (109 in Sittwe, four in Rathedaung, seven in Maungdaw, one in Pauktaw), covering 107,886 IDPs. The assessment identified major needs in the sectors of food, shelter, NFIs, water, sanitation and hygiene (WASH), and health, including access to sanitation facilities and drinking water. Of this initial caseload assessed, many returned to their homes as the tensions somewhat subsided; by mid-October an estimated 75,000 people were in camps in Sittwe and Kyaukpyu, and others still in tents close to their houses which are being rebuilt.

Authorities' authorizations for assessing and responding to the more recent caseload were obtained on 28 October, and the assessment teams left to affected locations the following day. The exercise was completed on 7 November. Missions visited 18 locations in nine townships, covering over 36,374 IDPs (1,762 households) and carried out, where possible, distributions at the same time. While some of the results are still being analyzed in detail, the findings overall confirm that food, shelter, WASH, health and nutrition are the most immediate priorities. Health and nutrition are a major concern as IDPs do not have access to health facilities in the locations of displacement. Poor sanitation, shelter, and water availability compound health issues. Shelter

and WASH conditions of the newly displaced are challenging. Although some tents have been distributed, many IDPs remain in open areas close to their burned villages, and some others are hosted by family and friends. Although no major disease outbreaks have been recorded so far, there are reports of an increasing number of diarrhoea cases in IDP camps as the water, sanitation and hygiene situation is critical.

The situation is more challenging in some areas, including Kyaukphyu, Mrauk-U, Minbya and Myebon, where humanitarian agencies' presence is limited.

By 8 November, some 36,000 IDPs received a one-month food ration and 3,600 tarpaulins from humanitarian partners. In collaboration with the authorities, medical assistance in form of mobile clinics is also being provided. Whilst partners are redoubling efforts and are employing all available – and very limited – resources to respond to the needs of the affected people, more support is required to continue providing critical life-saving interventions.

Safety and security of humanitarian workers continues to be a concern following arrests and convictions of several staff after the June events. Several provocative statements had been made against UN and non-governmental organizations (NGOs), fuelling tensions and hampering assessments and delivery of relief support to the victims of the violence. Such statements continue to be disseminated through various channels including on social media websites. Some elements in the communities, accusing the UN and NGOs of being partial to one of the groups affected, continue to threaten the aid workers. This has also led to challenges in human resources, humanitarian access and logistics, with some staff feeling unsafe to continue their service, and some of the private transporters and manual laborers unwilling to rent their assets and services to the humanitarian partners. Therefore Myanmar authorities must be in a position to guarantee unhindered humanitarian access for humanitarian actors and engage with the community leaders to ensure a favorable environment for relief operations.

In an effort to enhance assistance and coordination, humanitarian partners analysed the situation in June and identified scenarios for the following six months to develop a response plan. The Plan requestedUS$32.5 million[1]and concentrated on the immediate relief requirements until December 2012. In view of the resurgence of violence that caused further displacement and loss of lives and livelihoods, the Plan is now revised, also taking into consideration the still-unmet needs of the existing 75,000 IDPs. Partners assumed that immediate relief assistance is required until the end of 2013 as the situation is unpredictable and will take time to normalize.

The lack of access to basic services by the IDPs and some communities, whose freedom of movement is now even more limited than before the violence erupted in June, is also of serious concern. However, although it is understood that many cannot access schools, clinics or markets nor some of their original sources of income, partners decided that further assessments and information-gathering were required to identify their needs and plan for an adequate response, of humanitarian, recovery or development nature.

The plan now estimates that up to 115,000 people, including people displaced by both the June and October incidents need urgent humanitarian aid.

[1]All dollar signs in this document denote United States dollars. Funding for this plan should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the 2012 page.

A total of $67.6 million iscurrently neededto continue implementing critical life-saving interventions for 115,000 people for one year (July 2012 through June 2013). To date, only $19.8 million (29%) has been donated or pledged for the response. Considering the contribution to date, a further$47.8 million is urgently requiredto address the funding gap.

While the above estimate covers the one year period to June 2013, it is difficult to foresee how long the humanitarian effort will be needed. One of the structural root causes of the inter-communal conflict is connected with the longstanding problem of the lack of any citizenship of around 800,000 people (UNHCR estimate, 2011) in Rakhine State. Actions to address this underlying cause of the crisis contemporaneously with the immediate humanitarian response have included: discussion as well as consequent recommendation during the Rakhine Workshop held in September in Nay Pyi Taw on addressing the right to citizenship and human rights more generally, and the promotion of reform of the Myanmar citizenship law. The other structural root cause is the lack of economic and social development to Rakhine State which has the country's second-highest rate of poverty. There is an acute need for large-scale investments in health, education, infrastructure, connectivity by road from the north of the State to Sittwe and other parts, and for jobcreation. 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.

Basic indicators in Rakhine State and Myanmar overall

Indicator	Myanmar overall	Rakhine State
Population	29.4 million (male), 29.73 million (female), 59.13 million (total)	1.63 million (male) 1.64 million (female) 3.27 million (total)
Proportion of population with access to an improved drinking water source	82.30%	57.70%
Measles vaccination rate	82.3%	68.2%
Under-five severe malnutrition	9.1%	16.3%
Number of health workforce (medical doctor, nurse, midwife)	24,048	1,036
Total fertility rate	2.03 children per woman	2.87 children per woman
Maternal mortality ratio (deaths per 1,000 live births)	1.4	1.7
Under-five mortality rate	23.6/1000	26.9/1000
Coverage of antenatal care	70.6%	66.6%
Skilled birth attendance rate	50.2%	42.5%
Post-natal care coverage (frequency)	6	4
Comprehensive correct knowledge of HIV/AIDS	92.1	80.2
Comprehensive correct knowledge of HIV/AIDS (among population aged 15-24 years)	92.1	90.6

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

BACKGROUND

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 natural hazards (mostly storms and floods) that are recurrent in the area. The population of Rakhine consists of a mixture of various ethnic and religious groups. The 2009-10 Integrated Household Living Condition Survey ranks Rakhine State in second worst position in terms of overall poverty, 43.5% compared to the national average of 25.6%. Regarding food poverty, the State ranks 10% against the national average of 4.8%. 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 reported that over 800,000 most vulnerable people 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 movements. Of this group, some 200,000 (25%) are being assisted with life-saving interventions.

Inter-communal conflict across Rakhine State started in early June 2012 and resurfaced again in October 2012. As of early November, the number of people displaced in Rakhine State has reached over 115,000 people, out of whom about 75,000 individuals remain displaced since June and over 36,000 people since late October. 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).

Following the June violence, which dramatically intensified within a few days, the Government imposed curfews and, on 10 June, declared a state of emergency for six townships[2]. After a relatively quiet period, the violence resurfaced again in October 2012, in eight townships,[3] with curfew imposed in two additional townships, Minbya and Mrauk-U. Military personnel reinforcements have been dispatched to the area to control the situation.

Since early November, reports of violence had substantially decreased although smaller-scale incidents and tensions continue to be recorded. The Government stated that it will continue to take action against individuals and organizations that are associated with the conflict to prevent further violence and requested the international community's assistance for all those affected by the unrest. At the same time, a registration process has started in some Muslim areas, with a government team visiting villages to collect data in PauktawTownshipduring 5-7 November.

While life-saving assistance is urgently required, humanitarian partners have also expressed their concern over the long-term separation of the communities and reiterated the need to consider mainstreaming of reconciliation efforts to ensure the smooth recovery and sustainable development.

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[2]Buthidaung, Kyauktaw, Maungdaw, Ramree, Rathedaung and Sittwe. Curfew in Tandwe was imposed on 8 June and revoked on 10 October.

[3]Minbya and Mrauk-U in addition to the previous townships. As of early November, the curfew is in place from 19h00 to 05h00 in Minbya, Myebon and Mrauk-U and from 22h00 to 04h00 in Buthidaung, Kyaukpyu, Kyauktaw, Maungdaw, Rathedaung, Sittwe, Pauktaw and Ramree.

It is also important to note that the inter-communal conflict in June and again in October comes in addition to long-standing humanitarian needs and the corresponding response, largely concentrated in the three northern-most townships of Rakhine State. Most of these operations have been suspended since June 2012. While some partners, including WFP, UNHCR and some NGOs have been able to resume some of their regular activities since the end of September, many other have not yet been able to – due to bureaucratic, safety and fear-related constraints. Such developments triggered several staff to resign, thereby hampering delivery of assistance. Given the humanitarian nature of these interventions, increased needs have to be expected in these areas.

Immediately after the two violent episodes of June and October, the Government has organized several high-level missions to Rakhine State; most of them led by the Union Minister for Border Affairs, with participation of other key Ministers and deputy Ministers. The missions were also joined by senior officials of the Rakhine State Government, including the Chief Minister and his cabinet. Encouragingly, UN and NGOs were invited to participate, and join in the coordination of priorities and plans for intervention of the Government-led humanitarian response.

Most recently, a UN team led by the Resident/Humanitarian Coordinator accompanied the Union Minister for Border Affairs in a visit to affected areas (26-28 October) to assess the situation. The delegation observed large displacements and destruction to physical property. Deteriorating conditions in existing overcrowded and poorly serviced IDP camps in Sittwe were also noted, and concerns expressed over the likely worsening situation in camps faced with the challenge to accommodate an influx of newly displaced people. From 1 to 3 November, a high-level delegation led by the Union Minister of Border Affairs, with the participation of the United States, British and Australian Ambassadors to Myanmar visited 10 affected townships and noted the urgency of a quick response to the needs of the newly-displaced.

Safety and security of humanitarian workers continue to be concern, as several provocative statements had been made against UN and NGOs, fuelling tensions and hampering assessments and delivery of relief support to the victims of violence. Such statements continue to be disseminated through various channels including on social media websites. Despite the efforts by the Government and the humanitarian community to address those issues including through joint visits to both affected communities and dialogue with community leaders, some elements in the communities, accusing the UN and NGOs of being partial to one of the groups affected, continue to threaten the aid workers. This has also led to challenges in human resources and humanitarian access, with some staff feeling unsafe to continue their service, and some of the private transporters and manual laborers unwilling to rent their assets and services to the humanitarian partners. There is an urgent need to put serious measures in place as well as to engage with the community leaders in order to ensure a favorable environment for relief operations.

A significant proportion of the people inRakhine State, around 800,000 individuals, are without any citizenship. The operation of the 1982 Myanmar Citizenship Law, combined with the absence of protection to provide for acquisition of citizenship for children born in Myanmarwho would otherwise be without any citizenship has left a population of hundreds of thousands of persons in RakhineState without any citizenship. As highlighted by the Special Rapporteur on the situation of human rights in Myanmar, in order to provide an environment conducive to peaceful co-existence and sustainable development in RakhineState and to prevent future displacement, the

root causes that have contributed to the current situation need to be identified and addressed. The New Light of Myanmar has reported that the Deputy Speaker of PyithuHluttaw, who attended the 127th International Parliamentarian Union Assembly in Quebec, Canada in late October said in his speech that “As the citizenship plays an important role in ensuring peace and stability in a country, the task of recognizing citizenship is important. The citizenship would help not just for recognition and peaceful coexistence but also for economic matters and political processes. Therefore, statelessness situation can cause unsafety threatening the peace and stability of a country”.[4]

A related structural cause is the lack of economic and social development of theRakhine State which has the second highest rate of poverty. There is an acute need for large scale investments in health, education, infrastructure, connectivity by road from the north of the State to Sittwe and other parts, and for job-creation. Key to addressing these root causes is political commitment, security, ensuring that rule of law prevails and human rights of all people of Rakhine State.

In an effort to look at the issue in a holistic manner, and to discuss immediate, medium- and long-term solutions, as well as reconciliation, on 22-23 September, the Ministry of Border Affairs and the United Nations in Myanmar, in collaboration with the Myanmar Development Resources Institute, organized a two-day workshop on “the Process of Relief, Rehabilitation, Rule of Law and Sustainable Development in Rakhine State” to develop a road map to address the situation in Rakhine State, with participation of over 370 people, including senior government officials, members of parliament, representatives from both communities, UN/NGO and diplomatic missions, and technical experts. Through presentations and group discussions, the workshop generated recommendations for various themes, including public safety and security, rule of law, national level interventions, communications, provision of assistance in accordance with humanitarian principles, temporary settlement and rehabilitation, reconciliation and social harmony as well as sustainable socio-economic development.

OVERVIEW OF THE RESPONSE TO DATE AND OUTSTANDING NEEDS

Since the beginning of the violence in June, the Government has been providing assistance such as food, shelter, non-food-items (NFIs) and medical supplies to IDPs, and requested the Resident and Humanitarian Coordinator to mobilize humanitarian partners’ support to the response. As a result, UN and NGO staff and supplies have been mobilized and distributed. In-country stocks were dangerously low before the second violent episode in October, and only few items (mostly food and tarpaulins) were available for immediate distribution when the situation deteriorated again.

[4]PyithuHluttaw Deputy Speaker attends 127th IPU Assembly, in the New Light of Myanmar, 1 November 2012.

Despite several challenges including logistic constraints, inter-agency multi-sectoral rapid needs assessment teams were deployed, immediately after the two violent episodes, to identify needs, immediately react with resources available, and plan for a more comprehensive response.

The first assessment was conducted between 20 June and 10 July 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). Although disaggregated data was available only for 97 out of 121 assessed locations, the findings indicate that 53.8% were female and 46.2% male. The assessment with disaggregated data for age groups indicated that the percentage of children under eighteen cohort was 55.7%, under twelve 42.9%, under five 15.9% and under two 5.7%. Among individuals with special needs, the survey identified 17 unaccompanied minors (0.03%), 713 female- or child-headed households (1.07%), 60 chronically ill and 85 people with disabilities (0.13%). 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. There is also a need for continuing and strengthening of healthcare provision.

The second joint inter-agency needs assessments has been undertaken between 29 October and 9 November to identify the immediate humanitarian needs of the people displaced by the October unrest. Authorization for assessing and respond to the more recent caseload was obtained on 28 October. Teams visited 18 IDP locations in seven townships, covering 36,374 IDPs (1,762 households) and carried out, where possible distributions at the same time. Preliminary findings overall confirm that food, shelter, WASH, health and nutrition are the most immediate priorities. About 85% or over 29,300 IDPs are relying on food aid while almost all the assessed IDPs (98% or 34,000) do not have access to market. Health assistance and nutrition are a major concern as close to 23,500 IDPs do not have access to health facilities in the locations of displacement. Poor sanitation, shelter, water availability compound health issues. Shelter and WASH conditions of the newly displaced are challenging. Although some 1,400 tents have been distributed, about 26% or about 9,000 of the assessed IDPs were in the open areas close-by their burned villages at the time of the visit, and about 47% or over 16,000 IDPs were hosted by family and friends. Approximately 60% or over 20,000 IDPs did not have access to sufficient drinking water and 70% or about 24,000 IDPs did not have access to functioning latrines. Although no major disease outbreaks have been recorded so far, there are reports of an increasing number of diarrhea cases in IDP camps as the water, sanitation and hygiene situation is critical.

At present, while the humanitarian response to the June caseload is ongoing, situation in the camps in Sittwe continues to be of serious concern. Although these locations have not been directly affected by the October violence, some of the new IDPs have been arriving in the already over-crowded and poorly serviced Sittwe camps. As of late October, close to 4,000 people had already arrived near ThaeChaung and Bu May villages/camps near Sittwe by boat. Many of them initially had to stay in boats, while options for temporary accommodation near the camps are being identified. Many of these IDPs will be unable to return to their villages of origin in the foreseeable future, due to fear and restrictions on their movements. Unless the needs of the recently-arrived IDPs and of the pre-existing caseload are quickly addressed, the situation in the camps is likely to further worsen rapidly.

Assistance to some of the new caseload of 36,000 IDPs started immediately after a request for assistance was received, as soon as 29 October. Distribution of items is complicated by the fact that these locations are spread over a large area, in most cases where no humanitarian partners had presence, and where access is only by waterway. In support of the Government's relief efforts, partners are stepping up operations with available – albeit very limited - resources, distributing existing stocks and dispatching additional supplies to the affected areas. To date, WFP and partners have distributed nearly 5,400 metric tons (MT) of food to the displaced people in Rakhine State, including 550 MT of food for the newly displaced caseload of 36,000 people. In addition to the ongoing shelter assistance in Sittwe and Maungdaw, UNHCR and UNICEF provided 1,400 tents and 3,600 tarpaulin sheets in Minbya, Mrauk-U, Myebon, Pauktaw, Kyauktaw and Kyaukpyu. The Government has distributed over 500 tents in Pauktaw and Mrauk-U Townships. Other types of assistance, including, health, NFI distribution and water and sanitation, are ongoing while humanitarian partners are analyzing the latest assessments which will be followed by a comprehensive response.

Meanwhile, unhindered, timely and sustained access - through streamlining of bureaucratic procedures, as well as decisive action to address the causes of the tensions, will minimize fearand work towards progressive normalization of the situation. Emergency relief supplies should be provided to all those in need. Whilst partners are redoubling efforts and are employing all available resources to respond to the needs of the affected people, more support is required to continue providing critical life-saving interventions.

SCENARIOS AND PLANNING ASSUMPTIONS

Through a consultative process with local and international partners operating across the entire affected areas, partners elaborated working scenarios to ensure that humanitarian activities can adequately respond to the situation, which remains difficult to predict at this stage.

Current situation: The government has stepped up security in an effort to quickly normalize the situation. Nonetheless, tensions and mistrust within and among communitiespersist and this has a negative impact on capacity of humanitarian operations, and makes it difficult to engage in longer-term programming. Staff continues to be subject to threats and intimidations, and this resulted in several resignations of key staff discharging vital services including health provision for both communities. The deployment of additional international staff is key to ensure adequate support to Government priorities for humanitarian assistance and this is being discussed with the authorities. It is expected that movement constraints will progressively be eased as the situation normalizes, and that humanitarian and recovery actors will be able to progressively reach all those in need.

It is understood that separation of communities will continue for an unspecified period of time, but the government is committed to find a long-term solution, which is yet to be communicated in full. Although reconciliation efforts are slow to progress, as a first step, dialogue within communities is being fostered. In the coming months, some people will be able to go back to certain areas of

origin and they may need livelihood, shelter and other types of assistance. More resources progressively become available but 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.

The planning assumptions listed below 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, partners will also need to plan for contingencies should violence reoccur.

- The Government has the primary responsibility for the immediate humanitarian response and will lead and implement direct assistance provision in all affected locations. Access to livelihoods and basic services, including education, will need to be guaranteed to the entire population of Rakhine, irrespective of their status, to reduce aid dependency.

- Partners will be able to reach populations who may have been directly or indirectly affected by the crisis but whose conditions are yet to be assessed in full. Partners will also be able to carry out activities ongoing prior to the crisis, across Rakhine State as failure to do so will result in a major humanitarian crisis in view of existing vulnerabilities.

- Partners will provide assistance to complement and support Government efforts and will operate in the full respect of the basic humanitarian principles of humanity, impartiality, neutrality and 'Do No Harm' principles as it has been the case in many emergencies that affected Rakhine State over the years, such as in the response to cyclone Giri. Interventions will aim to respect humanitarian SPHERE standards.

- A conducive environment for humanitarian partners to operate is going to be guaranteed, and all affected people, including residents, are accessible across the entire State. UN/NGOs staff will be authorized to operate in all areas of Rakhine State under the protection of the Government and this will enable them to attend office and operations duties and to discharge their tasks in any area where any intervention takes place. The Government will also support partners to overcome access challenges such as bureaucratic procedures.

- Steps taken by the Government in reducing misperceptions by elements who have accused humanitarian agencies of being partial to one of the groups affected will be stepped up, including through public statements in support of humanitarian partners. This will address security concerns for staff and reduce the reluctance of some community leaders to allow UN and NGOs to provide assistance to the affected population according to assessed needs.

- It is the assumption of the humanitarian partners that the displaced populations should be able to return to their places of origin as soon as conditions are met to include discussion on property recovery and rebuilding of homes. The humanitarian community stands ready to engage with the Government to support the identification of immediate, medium to long term interventions needed to ensure return in safety and dignity, including confidence, reconciliation and trust-building efforts aimed at reducing tensions and addressing long standing concerns.

At this stage, the response plan will focus only on life-saving interventions for a caseload of some 115,000 IDPs for one year (July 2012-June 2013). Whereas the current Plan largely covers the IDP population with humanitarian assistance, partners understand that there are different levels and types of assistance needed by the people who are affected but not necessarily displaced. Given the pre-existing needs mixed with the conditions such as lack of freedom of movement brought about by the violence, different parts across Rakhine State are in need of varying types of assistance including humanitarian, recovery and development.

The most vulnerable in host communities that have been directly impacted by the incidents and are not included in previous interventions also require assistance but more information on their needs is required to ensure appropriate response. Others, who have been impacted by the crisis in terms of access to services and livelihoods, will also need to be considered for assessment and appropriate intervention. The Government indicated that this caseload could amount to up to 50,000 individuals. None of these two caseloads are covered by the revised plan but will be considered in upcoming revisions in early 2013. When feasible, immediate interventions to cater for the need of these caseloads will take place.

Basic functions and services, such as livelihood activities, education and health care, have been disrupted by the violence in the region which is largely underdeveloped. Proper programming of recovery and development activities, ranging between community livelihood programmes, health care services, back to school campaigns and psycho-social support for teachers and students, and infrastructure development projects, should be carried out, which will also encourage reconciliation efforts in the longer run.

It is crucial for humanitarian, recovery and development organizations to expand their outreach to all the people of Rakhine and that adequate funding is provided for the response. Mobilization of resources from different parts of the country to Rakhine State will be carried out as necessary until a longer term solution is found. It is critical that the regular activities that have been suspended since June are resumed as soon as possible. Some will require strengthened capacities.

It should be noted that the presence of partners is limited in most of the newly affected areas, including Kyaukphyu, Kyauktaw, Minbya, Mrauk-U andRamree, even before the violence occurred. There is a need to increase the number of agencies' present as well as the staffing levels, which has become a challenge due to communities' threats to the aid workers. Collaboration with local partners, including the Myanmar Red Cross Society (MRCS) teams on the ground, will be further strengthened and 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.

At the same time, communities' respect and tolerance are key to ensure a favorable environment whereby partners can deliver assistance to save lives in line with the humanitarian principles. To this end, it is fundamental that the partners work together with the Government throughout the different phases of assistance as the Government holds the primary responsibility for the response.

The response to the immediate humanitarian situation must also be undertaken in a manner which is cognizant of the underlying strategy to address the lack of citizenship of approximately

800,000 persons in Rakhine State. This includes the promotion of community reconciliation through advocacy for protection standards for the affected population, involvement in citizenship verification exercises undertaken by the Government, work with authorities to restore personal documentation lost by individuals in the context of the recent displacement and appropriate interventions and advocacy at the Government level to support initiatives to adopt citizenship legislation which promotes rights to citizenship and prevents and reduces situations where individuals do not have any citizenship.

FUNDING REQUIREMENT

Taking into consideration the results of the above-mentioned inter-agency rapid assessment as well as the response priorities indicated by the Government and affected communities a 6-month Rakhine Response Plan was developed in July, requesting $32.5 million to deliver assistance to some 85,000 people for a period from July through December 2012. As the situation further deteriorated, the plan has been revised to provide life-saving assistance to up to 115,000 IDPs for a 12-month period (July 2012-end of June 2013), amounting to some $67.6 million. To date, only over $18 million (27%) has been donated or pledged for the response as of 16 November 2012. Considering the contribution to date, additional $49.6 million are still urgently required to urgently address the funding gap.

Partners estimate that relief assistance will be required even if the situation was to normalize in the coming months, as most of the IDPs have lost their possessions, their sources of livelihood and social services including education will also take some time to become fully functional again. Whilst partners are redoubling their efforts and use all available resources to respond to the identified needs, additional support is urgently required to continue implementing critical life-saving interventions. Some of the priorities for sectoral interventions include:

Education: Construction of temporary learning spaces, provision of education materials and school furniture, teacher training and psycho-social support for teachers and students.

Food: Food distribution.

Health: Strengthening of health care services including mobile clinics, disease surveillance and replenishment of medical supplies.

Livelihood: Income generation programmes both in camps and villages.

Nutrition: Implementation of therapeutic feeding, blanket supplementary feeding, micronutrient supplementation and Infant Feeding in emergency activities.

Protection: Identification of extremely vulnerable individuals, strengthening of child protection activities and addressing gender-based violence issues.

Shelter, CCCM, NFIs: Distribution of NFIs, shelter construction and enhancing camp management through training;

WASH: Distribution of basic hygiene items, provision of latrines and bathing areas, operation of safe solid waste disposal and drainage system, construction of safe water supply.

For more details on interventions and prioritization, please refer to sectoral priorities.

Summary of requirements for the period July 2012 – June 2013

Sector	Original requirements Jul-Dec 2012	Revised requirements Jul 2012-Jun 2013 ($)	Contributions + commitments to date	% covered	Funding gap ($)	*Uncommit-ted pledges*
Education	500,000	800,000	0	0%	800,000	
Food	7,200,000	19,300,000	4,097,043	21%	15,202,957	*1,295,337*
Health	418,468	5,800,000	292,406	5%	5,507,594	
Livelihood	3,084,079	5,530,253	0	0%	5,530,253	
Nutrition	1,300,000	1,280,000	1,280,000	100%	0	
Protection	1,380,818	4,145,324	2,368,237	57%	1,777,087	
Shelter/NFI/ Camp Coordination and Camp Management	14,719,946	21,187,158	5,826,594	28%	15,360,564	
Water, Sanitation & Hygiene (WASH)	3,900,000	9,600,000	3,954,832	41%	5,645,168	
Sector not specified[5]	*0*	*0*	*723,533*	*n/a*	*-723,533*	
TOTAL	**32,503,311**	**67,642,735**	**18,542,645**	**27%**	**49,100,090**	*1,295,337*

[5] These funds were broadly earmarked without specifying the breakdown per sector.

SECTORAL RESPONSE PLANS

Education

Since the beginning of the conflict in Rakhine State, all school-age children have been severely affected across the State, particularly in Sittwe Township, with varying degrees of impact on education services. The school aged (5-10 years old) child population displaced by the violence in June and again in October is estimated to be approximately 16,000[6]. The major challenges for resumption of education facilities include protraction of displacement, schools being used as camps in some areas, lack of adequate teachers and resources as well as fears for safety and security.

In northern Rakhine State, the majority of schools have now reopened but attendance rates are reportedly lower than prior to the emergency. Although structures and supplies are in place in three northern townships, security concerns remain the major obstacle to resumption of activities. Many teachers have not returned to work despite requests from the Ministry of Education. In some areas, community teachers are working to sustain educational activities in the absence of formal teachers. However, these activities are likely to cease unless arrangementsare made to provide financial and technical support to these community teachers. On the other hand, parents are still reluctant to send their children to school, a factor which is beyond the support of education activities and requires broader advocacy, peace-building and recovery programmes alongside.

In Sittwe, a lack of education facilities in camps and restrictions on movements continue to hamper child access to education. With a lack of access to education for over five months, most IDP children are likely to lose the entire school year, which will end in February. Some school buildings in the vicinity are still being used by IDPs for shelter and other buildings or spaces that currently exist are not suitable for educational activities. Lack of transportation also hampers the children's ability to attend schools.

Early indications show that many children have been exposed to violent scenes and traumatized with consistent fear of threats. Education is the first step to ensure a return to normality and a routine for children along with the provision of psycho-social support for their immediate well-being as well as for their longer term development. Education is considered as both life-saving and life-enhancing, for students and for teachers.

Regular advocacy was carried out with the Ministry of Education for the re-opening of schools in Rakhine. With a lack of education partners on the ground and no funding to date, it has not been possible to conduct a comprehensive assessment for the education sector and to formulate an appropriate intervention. In the three northern townships, 16,000 essential learning packages have been distributed as part of UNICEF regular programming. Teacher trainings (including community teachers) were also completed before the June unrest.

[6] The calculation is based on assumption that 45% of 115,000 are children aged 0-18 and 30% of those are school aged children.

While the reconciliation process needs to be stepped up, the response has been designed to provide a basis for future education activities. An in-depth assessment needs to be carried out to capture the extent of needs and plan a more appropriate response. The response design will capitalize upon the existing capacity of the communities, including teachers' availability as well as the efforts of volunteers to continue education in the absence of formal arrangements. In an effort to increase the current capacity, provision of training and income generation programs for teachers and volunteers are required to ensure the continuation of education programming. However, sustainability of funding is required not only for immediate/interim provision but also for a longer-term intervention.

Sectoral response priorities include:

- Construction of 70 temporary learning facilities in IDP locations, to accommodate up to 16,000 school aged children in a shift system;
- Mobilization/training of 350 male/female community teachers identified in the camps;
- Provision of honorarium for male/female volunteer teachers for six months;
- Provision of 16,000 essential learning packages (includes text books, exercise books, pencils, etc);
- Provision of plastic chairs and tables, provision of school kits, recreation kits for 70 temporary schools and (21 items in each school kit to facilitate the teaching process);
- Provision of psycho-social support training for teachers.

The total requirement for the interventions identified above is **$800,000** to ensure education assistance until June 2013.

Food

Food distribution to the affected populations across Rakhine State started immediately after the eruption of violence in mid-June and progressively expanded to cover all affected locations, including Sittwe, Buthidaung, Rathedaung, Maungdaw and Pauktaw. In the first three weeks of emergency, WFP reached over 100,000 people with some 884 MT of food. In Sittwe, WFP and its partners (Save the Children and the Consortium of Dutch NGOs) continue to carry out food distributions to IDP camps, in accordance with the July Response Plan, assisting a monthly average of 65,000 IDPs with a total of 5,400 MT of food between July and October. During this period, distributions were concentrated mostly in and around Sittwe where the majority of the caseload is recorded while other locations were covered through WFP direct implementation. In addition to the regular food basket (rice, pulses, oil and salt), fortified blended food was also distributed to pregnant and lactating women and children under five as a blanket nutritional complement, in view of concerns over high malnutrition rates among the displaced population.

In late September, WFP was able to resume its regular activities which annually assist some 80,000 people in Maungdaw, Buthidaung and Rathedaung in northern Rakhine State. Between September and October, some 50,000 extremely vulnerable individuals received food assistance under this programme.

In late October, inter-communal violence re-emerged and caused displacement of over 36,000 people. As the situation is unlikely to return to normalcy in the coming months due to the

magnitude of the damage and disruption of almost all livelihood activities, food assistance is expected to be needed at least until November 2013.

As of 10 November 2012, WFP dispatched 550 MT of food commodities, which have been distributed to over 35,000 people in all affected townships except Ramree where the Government has informed that they will carry out direct food distribution. In an effort to ensure food distribution to all IDP locations, WFP redirected food commodities from other operational areas, including stocks in Sittwe which were aimed for normal programming in northern Rakhine State.

The ongoing rapid assessments and a more comprehensive analysis should provide a clear understanding of the actual needs across Rakhine State. The plan should be revised to reflect the situation of people who were not directly affected but are in acute need of assistance.

WFP and its cooperating partners (Save the Children and the Consortium of Dutch NGOs) will continue to support IDPs in Sittwe and will extend its coverage to all newly affected areas. WFP will also carry out direct distribution in the areas not covered by other partners. A total of 115,000 people will be provided with monthly food distribution during the coming months. Moreover, pregnant and lactating women and children under 5 will continue to receive fortified blended food to address nutrition concerns. Myanmar Red Cross Society (MRCS) will be distributing about 1,000 MT of rice donated by the Turkish Red Crescent.

WFP will reinforce its presence in Sittwe and expand its office with additional national and international staff. At the same time, WFP will strengthen its logistical capacity to cover additional operational needs and to assist partners and other agencies in light of its role of logistical sector lead.

The overall funding requirement for the period June 2012 – June 2013 is **$19.3 million**. As of 16 November 2012, $5.4 million has been received as contributions and pledges from various donors (Australia, Central Emergency Response Fund, ECHO, and Switzerland), equivalent to 2,100 MT of food. To address the needs of the total caseload of 115,000 IDPs until June 2013, some additional 15,200 MT of food will be required, for a value of **$13.9 million**.

Health

Health needs are enormous: the increasing number of affected population due to violence in June and in October has limited access to basic health services. The general population of Rakhine state has also suffered because of the total disruption of services since the conflict erupted.

Health partners active in Rakhine State have reported widespread gaps in access to preventative and curative health services since the June violence. Ongoing disease surveillance through data reported by the State Health Department has not identified disease outbreaks. However, gaps in service provision as well as disease surveillance, especially amongst newly displaced populations, mean that a complete understanding of communicable disease control is not available. The renewed violence in Rakhine has further exacerbatedthe pre-existing access constraints to health services (basic and hospital) for the generic population and for those displaced. A significant number of health personnel have left their positions since October 2012, creating additional gaps. The Ministry of Health (MoH) has dispatched to the newly-affected area

a rapid response team composed of health professionals from different parts of the country to provide health services and treatment to newly displaced population in camps.

The findings of the inter-agency needs assessment conducted in newly affected areas in late October-early November indicates that the main health concerns of the affected community are mainly diarrhea and malaria. Other reported health concerns include the common cold and gastritis. As the October/November needs assessment data has only provided limited information regarding availability, access and utilization of quality health service provision, a more substantial and in-depth assessment of health needs is urgently required. This needs to include analysis of secondary data and additional health rapid assessment to gauge key health indicators.

Although no major disease outbreaks have been recorded to date, the risk will intensifyin the short and medium term in view of contributing factors such as poor water and sanitation conditions; constraints on the functioning of an effective health system as access to affected and displaced populations is hampered by insecurity; the fact that the referral system for severely ill has been affected; immunization activities[7]and tuberculosis prevention and treatment interventions have been suspended and malaria and cholera are endemic in the region. The conditions brought about by the violence represent a serious danger to public health. The risk of communicable diseases, tuberculosis, diarrheal and other water borne diseases, skin diseases, measles and vector-borne diseases such as dengue and malaria is especially high. In addition, the onset of the dry season is likely to have a substantial, deleterious effect on the health of affected populations. Lack of access to reproductive health, obstetric and child health service provision adds additional complexity and poses further challenges.

In an effort to reduce avoidable morbidity and mortality of the affected populations, the ongoing health care provision through mobile and static clinics as well as disease surveillance and outbreak preparedness and response activities for 75,000 IDPs needs to be further strengthened. For the 36,000 recently displaced people subject to the October violence, there is an urgent need to ensure provision of emergency health care (emergency obstetric care, treatment of major and minor injuries due to recent conflicts) for those affected by violence. Also for disease now resulting from any a lack of clean drinking water, sanitary facilities and overcrowding in camps and poor access to shelter. General public health activities are required to target the needs of pregnant women, lactating mothers and young children. Specific interventions focused upon other vulnerable groups including the disabled and elderly will need to be initiated.

In addition, pre-existing programmes delivered by UN agencies, the Ministry of Health (MoH) and international NGOs which focused upon a range of health interventions (including expanded programme of immunization, primary health care, HIV, tuberculosis and substantial nutrition programmes) are not able to function at the same level of outputs as in May 2012. These interventions will be coordinated with other sectors particularly Nutriton and WASH but not exclusively to provide a comprehensive package.

[7] Prior to the disturbances, the area was a priority area for intense immunization campaigns.

In response to the crisis, partners engaged in the following activities:

Health	UNICEF	**90 Integrated Emergency Health kits**, 20 cartons and 5,000 packets of ORS, 200 eye drops, 34 drums of bleaching powder		Sittwe, Maungdaw
	WHO	**1,322 patients received medical treatment** in camps, including disease surveillance activities	**10** Interagency Emergency Health Kits and **12** diarrheal kits	Sittwe, Ponagyun, Buthidaung, Maungdaw and Rathetaung
	UNFPA	• **2,000 UNFPA dignity kits** dispatched • Supported MMA with supplies and equipment for 3 months for 5 mobile clinics • **6 Emergency Reproductive Health kits** for 400 pregnant women and **contraceptives for 1,500 women** • maternal and reproductive healthcare services to 1,083 patients		Sittwe, Rathedaung
	Malteser	• **Psycho-social support to 342 children** during NFI distribution in 8 camps • Essential drugs distributed to district hospital in Sittwe and township hospital in Maungdaw.	• **1 doctor seconded to Ministry of health to support medical assistance in IDP camps** • Continue Psycho-social support in IDP camps	Sittwe, Maungdaw
	MRCS	• **45 regular Red Cross Volunteers** assisting with basic health care and family links service • **Emergency medical evacuation to 56 patients** with daily logistic support one regular patient • **Psycho-social support to 1,610 IDPs** and health education to 5,863 IDPs, dressing to 10,036 patients, referral of 40 patients to Sittwe Hospital • **ORS 12,400 (pcs)** distributed	ORS 19,450 (pcs) and soap 980 (bar) are planned to distribute	Sittwe
	MSF	• As of 18 July, **7,888 consultations** have been provided by 5 Medical Doctors to IDPs of both communities in collaboration with the MoH • **MUAC 503 children** that visit to the clinic • **Donation of medicines** to MoH, MRCS and National TB Program • **Resupply ART to 306** out of 335 patients • **Transportation support** to medical staffs	Donation of medical supplies, ART support, primary health care, malaria programme	Maungdaw, Buthidaung, Rathedaung, Sittwe

The overall strategy for responding to needs the 115,000 people displaced across Rakhine State needs to take into account the complexity of the operating environment. Specifically: overcoming access constraints, addressing protection issues as they relate to health care planning and delivery, overcoming perceptions of partiality amongst UN and international NGOs; filling substantial gaps in health coverage.

The ongoing response will require overall enhanced coordination and linkages with the Ministry of Health at all levels as well as with other relevant line Ministries in order to ensure:

- Enhanced provision of emergency health care, strengthening of access to and quality of health services;
- Improved prevention and control of communicable diseases; strengthened disease surveillance to ensure timely detection of outbreaks; enhanced outbreak response capability;
- Improved coordination at national and sub-national level to ensure adequate assessment and response to health needs, monitoring of health coverage and quality, increase in synergies between partner agencies and to scale up interventions through existing or new partners as well as through the MoH.

In each of the nine affected townships, there is a need to deploy additional health staff in order to guarantee provision of emergency health care, including reproductive health, disease surveillance and outbreak response as well as to support the existing township health staff in terms of delivery of reproductive health care activities to pregnant women mothers and young

children. There is a critical gap in terms of numbers of doctors and other health professionals willing or able to work across the geographical area. Renewed efforts need to be made to identify and make available doctors and other health professionals across all locations. Enhanced health sector coordination efforts and improved linkages with the MoH will be used in order to identify solutions to these challenges.

A mechanism and funds to support referral of high risk mothers and critical patients needs to be established. Medical supplies, including essential medicines, reproductive health[8] and hygiene (dignity) kits, diagnostic reagents, LLINs-long lasting insecticide treated nets for malaria prevention need to be procured and made readily available across each Township.

In delivering healthcare services, partners will need to also take into consideration and address challenges resulting from ongoing tensions within and between communities. Health agencies will need to deliver interventions in such way that principles of neutrality and impartiality are respected and that the safety of health professionals is assured. Further and more in-depth health needs assessments need to be urgently undertaken in order to plan the response and address gaps in coverage. Health partners will further refine the strategy of intervention once more comprehensive information regarding health needs is available, and ensuring linkages to other sectors, including protection.

A preliminary costing of additional interventions to cover activities including coordination, commodities and service delivery has identified an initial additional gap at least **$5.8 million**from June 2012to May 2013. This sum is likely to be revised upwards should access improve or further gaps be identified – in which case additional capacity amongst existing and new partners be required to be deployed. The Rakhine Response Plan for health does not take into account funds already committed by partners from their own respective organizational budgets.

Activities

1. Provision of emergency health care and strengthening of health services;

- Provide Supplementary interagency emergency health kits for emergency and trauma care.
- Support mobile teams for outreach health services and coordinate with Nutrition for malnutrition screening among others activities.
- Support mobility of health staff through provision of transportation services..
- Support referral services for acutely ill patients and high risk pregnant women.
- Provide essential medicines for the treatment of diarrhea, acute respiratory infection/pneumonia, malaria andcommon illnesses for children and womenincluding maternal health drugs and contraceptives.
- Provide emergency obstetric care and maternal health care including access to contraceptives.
- Provision of reproductive health services through static and mobile clinics.
- Emergency life-saving referral mechanism for pregnant women at risk.

[8]The emergency Reproductive Health Kits have been designed to facilitate the provision of reproductive health services during crisis. The Kits have been developed and agreed by the Inter-Agency Working Group on Reproductive Health in Crisis Situation. *Link*: http://www.rhrc.org/resources/rhrkit.pdf

- Procurement and distribution of emergency reproductive health kits (with UNFPA fund).
- Procurement and distribution of dignity kits for vulnerable women and girls.
- Ensuring implementation of minimum initial service package through coordination with other partners, including support to RH and GBV interventions in emergencies.

2. Prevention and control of communicable diseases and disease surveillance to detect and respond rapidly to outbreaks include:

- Strengthening integrated disease surveillance, outbreak detection and rapid response
- Support State Health Department for the set-up of Early Warning and Response System (EWARS); addressing life-threatening conditions related to communicable diseases
- Facilitate mobility of key health personnel and MOH's Rapid Response Team for active surveillance, prompt investigation of cases, active search of cases and verification of reported outbreak events;
- Collection, compilation and analysis of surveillance data to direct actions, monitor disease trends, generate maps, reports and communicate to all partners;
- Provide funds for sample collection and delivery to National Health Laboratory in Yangon in case of disease outbreaks.
- Support dissemination of health education on early and correct treatment seeking behavior of common illnesses.
- Support resumption of immunization services and control of malaria and other mosquito borne diseases
- Provide technical assistance for capacity development for minimum initial service package for reproductive health in emergency for humanitarian actors and to address gender-based violence assessment.

Livelihoods

The findings of the initial rapid needs assessments, conducted in June 2012, indicated that the livelihoods of all the affected households were partially or fully impacted by the communal conflict in Rakhine. In Maungdaw, 85% of households reported no access to their fields while nearly 60% of planting and harvesting activities were interrupted. An impact on immediate income generating opportunities was also reported by a significant percentage of households in Maungdaw Township. In contrast, the majority of households (65-70%) in Sittwe Township reported an impact on employment opportunities, 70% indicating that finding work was one of the main challenges. These findings suggest possible longer term impact on livelihoods in Maungdaw that should be considered during any future resettlement. Some 22.9% of the affected households lost their crops in part or in full, and 39.1% lost their harvested stock. Similarly, 21% of affected households lost their boats and 21.9% lost their fishing nets. A total of 28.6% lost buffaloes, 30.4% cows, 42.8% pigs, 25.7% goats, 55.2% chickens, 31.4% ducks and 5.9% lost other livestock (sheep, donkey or horse).

The communal violence in late October displaced an additional 36,000 people in Rakhine. This brings a total of approximately 115,000 IDPs across Rakhine who are in need of livelihood support. The findings of the inter-agency rapid needs assessments conducted in late October to early November in 18 newly affected villages in seven townships (Myebon, Pauktaw, Minbya, Rathedaung, Mrauk-U, Kyauktaw and Kyaukphyu) indicate that the livelihoods of all the affected households have been affected partially or fully. Findings show that 73% of households do not

have any job opportunities and that 23% have no access or limited access to their fields. While some 56% lost their crops to various degrees, 62% lost their harvested stocks. Similarly, 67% of affected households lost their boats and 68% lost their fishing nets. A total of 33% lost buffaloes, 77% cows, 72% goats, 23% sheep, 11% pigs and 37.5% chickens and 17% households lost duck.

The Interagency Rapid Needs Assessment was complemented by a more specific UNDP livelihood assessment (LA) in June 2012 covering 61 camps in Sittwe and four in Rathedaung Township. The LA also managed to gather information from IDPs on the situation in eight villages in Maungdaw out of nine villages completely burnt. The LA for eight villages in Maungdaw indicated that the entire population of 2,466 people (644 households) was displaced as all their houses were burnt and their entire livelihood lost. Before the crisis, 42.5% were engaged in agricultural production, 1.6% in fishery activities, 18% had livestock, 7.3% had micro and small enterprise, 30.6% was working as casual labor. Those engaged in casual labor were landless, engaging in the agriculture and fisheries sectors, especially the larger fish and shrimp ponds. Out of 792 acres of land planted with agricultural crops, 617 acres (78%) have been partially or completely damaged. Similarly, a considerable loss of livestock (99.4%) was recorded, including 627 cows (74%), 8 buffaloes (100%), 92 pigs (86%), 6475 chickens (100%), 511 goats/sheep (99%) and 35 others small livestock (100%). There was no loss of fishing boats and nets reported from any affected village.

Findings of LA in 61 IDPs camps of Sittwe and of four camps in Rathedaung indicate that IDPs need access to livelihoods. Some 78.6% of them indicated interested in livelihood and income generation activities such as vegetable growing (9.3%), livestock raising (13.6%), fishery (9.2%), trishaw transportation (10.6%) as well as micro and small enterprises (57.3%) based on the availability of resources in the camps, their own experiences and skills and access to market. In Rathedaung Township, out of a total of 132 displaced households, 85.7% indicated their interested in livelihood and income generation activities such as growing betel (3.8%), fishery (12.9%), trishaw transportation (3.8%) and micro and small enterprises (79.9%).

The conflicts in Rakhine both in June and October caused substantial damage to and loss of productive assets (e.g. farming tools, crop fields, livestock, fish and shrimp farms, orchards, as well as livelihoods-supportive infrastructure). Immediate support for restoration of the livelihoods of the IDPs is crucial to fulfill their essential needs and avoid aid-dependency. Due to ongoing tension, movement restrictions, lack of dialogue/interaction between two communities, limited access to the affected locations and lack of resources, no substantial livelihood intervention has so far been implemented both in the camps and the affected villages.

To date, UNDP distributed some 6,970 fuel-efficient stoves in Sittwe and Maungdaw. In September, UNDP has started camp-based livelihoods activities to cover 500 IDP households in Sittwe. Cash-for-work programme was also implemented in 10 camps in Sittwe, benefitting some 215 IDP households. In an effort to resume agricultural activities, CARE distributed 850 baskets of rice seeds (300 in Maungdaw, 200 in Buthidaung, 200 in Sittwe and 150 in Rathedaung) and 1,200 bags of fertilizers (500 bags in Maungdaw, 400 in Buthidaung, 150 in Rathedaung and 150 in Sittwe). Similarly, the Consortium of Dutch NGOs (CDN) provided paddy seeds and fertilizers to 2,200 households in Maungdaw and Buthidaung.

The strategy of livelihood intervention will aim to empower local communities through establishment of stable livelihoods programmes, which generate employment opportunities and enhance social cohesion as well as to support local economic recovery, peace building and conflict prevention.

The village-based livelihoods support should be provided to some 2,777 people (725 households) in Maungdaw. The support package for the affected villages for a period of one year should include the following activities.

- Job creation through cash-for-work for villages' debris cleaning; cleaning of houses and shelter construction; cleaning of agricultural land and repairing/renovation of road, water supply systems and other village infrastructure[9];
- Cash grant or in-kind support for immediate livelihood assets replacement and livelihoods recovery through agriculture, livestock, fishery and micro-small-medium enterprises based activities[10];
- Strengthen social cohesion and increased confidence building at local level[11]; and
- Technical assistance and monitoring support[12];

Camp-based livelihood support will target about 112,223 people, including over 36,000 newly displaced people in October. Additionally, some cash for work opportunities will also be provided to all households to ensure availability of cash. Activities include:

- Job creation through cash-for-work for the essential activities agreed by the respective camp management committee[13];
- Support for daily income generations through necessary skill based training and feasible service based and skill based activities including establishing micro and small scale enterprises;[14]
- Strengthen social cohesion and increased confidence building at local level[15]; and
- Technical assistance and monitoring support.[16]

In total, village and camp-based emergency and early recovery livelihood activities amount to **$5,530,253** until June 2013. No resettlement and construction works are covered by this cost.

Nutrition

Considering the prevalent chronic malnutrition among children in Rakhine State before the crisis, the nutrition status is of a major concern.

A joint rapid nutrition assessment, carried out in Sittwe in early July, indicated a 23.4% prevalence of global acute malnutrition(of which 7.5%severe acute malnutrition)in the IDP locations assessed. Findings indicated that some 2,000 acutely malnourished children were

[9] 725 families x 3 months x 25 days per month x Ks. 2000 per day = Ks. 108.75 M or $128,698.
[10] 725 families x $300 = $217,500.
[11] Social cohesion and confidence building: $100,000.
[12] 20% of the cash-for-work and grant money, i.e. $89,240, including administrative costs.
[13] 18,704 families x 1 month x 25 days per month x Ks. 2000 per day = Ks. 935.20 M or $1,106,746.
[14] 18,704 families x US$ 150 for one year = $2,805,600.
[15] Social cohesion and confidence building: $250,000.
[16] 20% of the cash-for-work and grant money i.e. $976,331.

facing high risk of mortality. This figure included 650 children in severe condition in need of therapeutic feeding and nearly 9,000 children in need of supplementary feeding. The study also indicated an urgent need of blanket supplementary feeding and therapeutic feeding interventions. It also revealed that an estimated additional 2,500 children were in a marginal state, and likely to develop acute malnutrition if adequate food, healthcare and water and sanitation were not provided. Continued examination of nutritional status among children in Sittwe confirmed the severity of the situation. Out of 4,066 children examined by mid-upper-arm circumference (MUAC0 screening method until late October, 413 were found to be severely acute malnourished and 649 moderately malnourished.

Partners indicate that the situation is of particular concern, requiring emergency intervention in view of aggravating factors such as the deterioration of the nutritional situation and absence of acute malnutrition treatment. The high prevalence of respiratory and diarrheal diseases in screened children is also a concern.

In response to the situation, UNICEF, through the State Health Department, provided 300 cartoons of "Ready-to-Use Supplementary Food" (RUSF) for 6-59 months old children. WFP has also started supplementary feeding for pregnant and lactating women and children under five. The nutrition activities are however hampered by bureaucratic access constraints and challenges in recruitment of national staff on the ground, with 29% of IDP population still unreachable by partners as of October.

Response by the partners to date include therapeutic feeding and community mobilization (communication) programmes, covering 650 severely malnourished children among previously affected population in both the camps and host communities in Sittwe. *Action Contre la Faim* (ACF) resumed its therapeutic feeding activities (OTPs and SCs) in Maungdaw. Save the Children is carrying out infant and young-child feeding activities in seven camps in Sittwe, covering 1,129 pregnant and lactating women, and 1,993 children under five. ACF will complement this activity in November. Mother's groups and breastfeeding spaces are planned to be established in Sittwe to encourage breast feeding practices. Micronutrient supplementation programmeby the partners has covered 3,700 children and 1,650 pregnant and lactating women.

As the new conflict emerged in Rakhine on 21 October, around 2,900 acutely malnourished children are estimated to be facing high risk of mortality. Among them, 930 children in severe condition are expected to be in need of therapeutic feeding and nearly 2,000[17] children with moderate acute malnutrition are in need of supplementary feeding. Meanwhile, 12,000 children of 6-59 months old and 5,400 pregnant and lactating women are estimated to be in need of micronutrient supplementation.

Priority activities for the sector response include:

- Nutrition assessments followed by case-finding, referral and monitoring/surveillance;

[17]WFP is supporting blended fortified food for all under-five children and pregnant/lactating women together with general food ration. Thus nutrition response targets only the moderately malnourished children for supplementary feeding.

- Assessment and design of new activities for host communities and communities stranded or currently prevented from moving and facing risks of malnutrition. This would also decrease the current pull factor.
- Therapeutic feeding to prevent 930 severely acute malnourished children from elevated risk of mortality; Supplementary feeding for some 2,000 moderately malnourished children to prevent severe acute malnutrition;
- Micronutrient supplementation for 5,400 pregnant and lactating women and 12,400under-five children from micronutrient deficiencies and consequent mortality;
- Infant Feeding in Emergency; protecting/ promoting breast feeding and preventing Breast Milk Substitute to save infant and children from high risk of dying by contamination, disease and malnutrition.

The nutrition sector's partners estimate that to respond to the need of a total of 115,000 IDPs for one year, the total funding requirement will amount to **$1.28 million**.

Shelter, Camp Coordination and Camp Management (CCCM), and Non-Food Items (NFI)

Despite constant fluctuations in the number of displaced people in RakhineState, there are clear indications of the urgency of needs for shelter and basic relief items. IDPs are currently accommodated in schools, churches, monasteries, community centers and temporary camps in the eleven of the twelve townships affected by the June and October violence: Maungdaw, Buthidaung, Rathedaung, Sittwe, Mrauk-U, Myebon, Pauktaw, KyaukPhyu, Kyauktaw, Minbya, and Ramree. A number of IDPs who were displaced immediately after the June violence across the state have returned home, but the number is extremely small and approximately 115,000 people are currently displaced including both the June and the October displacements. Assessments have found that the living conditions are challenging, particularly in larger camps and public buildings where the population density is high, and vulnerable populations especially women, children and elders are specifically affected. In Sittwe, the IDP locations host people in extremely overcrowded and poor conditions, with limited access to health, water and sanitation facilities.

Shelter

Shelter continues to be one of the main priorities for the displaced populations. The requirement for shelter includes a number of people in Sittwe who have been without adequate shelter since June; there is still a need to complete the 474 houses in Maungdaw which were burnt during the June violence; and the recent displacement of over 36,000 people since 21 October in need of temporary emergency tents and a mid-term shelter solution which is already a challenge due to the limited stock currently available in country and the need to undertake immediate procurement.

Eventhough a rapid return of the majority of the displaced population seems unlikely in a near future, the emergency response is a temporary solution, pending the eventual return of the displaced populations to the places of origin. In Sittwe, the Government estimates that a return may be obstructed due to the continued tension between communities, as well as

because of a government-led town planning exercise which envisages the extension of the urban area towards the north-west.

While the humanitarian community is seeking clarity from the Government on its medium to long term planning for return, it is imperative to relocate the displaced families from the overcrowded and unsuitable public buildings, monasteries and tent villages to more appropriate temporary shelters in order to ensure physical safety and access to basic services until their return to their places of origin is feasible. The humanitarian situation for the new IDPs, an estimated 36,000, is still uncertain as the population affected by the violence includes different ethnic groups with different legal status in the country. Discussions are going on with the Government regarding the immediate, short and long term response options.

In Sittwe, the shelter response until now has focused on measures to decongest the existing IDP sites and provide more suitable temporary shelters for the displaced communities until a longer-term solution is found. The Government has identified different locations for construction of temporary long-house shelters for eight to ten households each and construction of these kind of structures have taken place by the Government (2,100 household units), and by international organizations such as UNHCR (1,320 household units) and WFP (600 household units) as part of the humanitarian emergency response. For the residual population displaced following the June incidents, and in the remaining townships where the October displacement took place, the immediate response has included distribution of plastic sheeting by UNHCR and UNICEF (for approx. 3,600 families) as an initial action while more permanent solutions are discussed with the Government. At present, up to 25,000 families (including 15,000 displaced since June) require urgent shelter interventions and the gap is still largely unmet mainly due to financial limitations.

Because of this, the shelter emergency response plan at this stage has been revised and the plan has been modified to include the actual needs of the people displaced in Sittwe and Maungdaw following the June violence and the people recently displaced as a consequence of the October violence. UNHCR and other organizations have and will continue to advise the Government on the minimum international SPHERE standards (such as the indicator of 3.5 m two per person in shelter interventions). The site planning process will be guided by safety, privacy and health considerations and highest priorities will be given to vulnerable populations as per an age-gender-diversity-mainstreaming perspective. As a part of the overall strategy to stabilize the population and prevent further displacement, efforts will be made to encourage harmonious relationships between the local population and the displaced populations also through a careful selection of sites. Compliance with these standards will be contingent on the Government's ability to identify sufficient and appropriate land and its willingness to fulfill these minimum requirements. Site planners and engineers deployed in the field, as it is the case of UNHCR, will continue to conduct regular technical meetings with the authorities to ensure that adequate awareness about SPHERE requirements guide in the implementation process.

The shelter needs in the different locations reflect different circumstances and will require different responses. While in Maungdaw the focus is to be on shelter reconstruction to support a permanent return of IDPs, Sittwe and the remaining townships require a shelter response in terms of emergency tents and temporary shelters. Additionally, host families supporting IDPs will need support to maintain their premises in terms of shelter material and tools because

overcrowding is already a major issue. Furthermore, there is an indispensable need to support camp settlements with communal needs including communal areas, construction and secure placement of water and sanitation facilities, adequate lighting, child friendly spaces, health facilities, garbage disposal areas, and other minimum requirements.

The total requirement for emergency interventions in the shelter sector for activities in Rakhine for one year till the end of June 2013 is estimated at **$15,505,986.** This will allow agencies involved in shelter response to continue to provide humanitarian support including, as per the need and with overall objective to reach a long term solution instead of a temporary one, actions to support the reconstruction of permanent shelters, the provision of emergency tents, the support with camp-site planning, the construction of temporary shelters (long-houses), and/or the distribution of shelter toolkits and shelter materials, all of which need to be done according to internationally accepted standards.

Non-Food Items (NFIs)

The findings of the initial inter-agency assessment in June indicate that most of the IDPs have less than 25% of basic subsistence supplies such as clothing and undergarments. It means that 67% of the total IDPs has less than 25% sufficient items including plastic sheets (90%), blankets (85%), mosquito nets (90%), cooking utensils and cooking fuel (70%), and hygiene materials (96%). These figures remain valid as per the increasing number of people who have been recently displaced and the need to replenish non-food items kits now that we are heading to an already 6 months displacement and as winter is rapidly approaching.

Humanitarian organizations have already carried out NFI distributions. UNHCR has supplied displaced families with more than 10,000 standard and complementary NFI kits and other partners such as UNICEF, Save the Children and Malteser International have also supplied family kits and tarpaulin sheets in less accessible locations directly and through local authorities.

Even if an important number of NFIs have been distributed, the commodities in the different kits vary from one organization to another since many organizations have used existing stocks and the content differs from one humanitarian partner to another. This means in effect that a number of household has received incomplete or insufficient NFIs. Furthermore, complementary and/or hygiene-sanitary kits need to be replenished on a regular basis.

As such, an additional 25,000 NFI basic kits (plastic tarpaulin, blankets, mosquito nets, kitchen sets, plastic buckets, floor mats and jerry cans) and 25,000 complementary family kits (adult and children clothes, hygiene products and sanitary items for women) are needed to cover the gap in NFI assistance and to cover replenishment needs, including, in view of the high percentage of women among the IDPs (55%), distribution of sanitary materials is a priority for which additional funds are urgently required. In total, the budgetary requirements for non-food item supplies until June 2013 amount to **$5,116,465.**

Camp Management and Camp Coordination (CCCM)

The Government, through the Department of Relief and Resettlement (RRD) of the Ministry of Social Welfare, Relief and Resettlement, has started to establish camp coordination mechanisms and has appointed camp managers in different locations. CCCM support for the establishment and maintenance of camp structures is urgently needed to coordinate services provided to the

displaced populations, monitoring, and to ensure that assistance and relief goods are distributed equitably, and guaranteeing basic safety and security for camp residents. This support includes the need to strengthen the actions on information management and population tracking (including disaggregated data), as key issues to support a comprehensive coordination, planning and decision making process. The displaced populations should participate and be consulted in the design of the distribution systems in order to ensure that the commodities are distributed fairly and taking into account the size of the household, age and gender and special needs.

Humanitarian partners will engage with CCCM activities by providing technical support for camp service provision and ensuring compliance with minimum humanitarian standards, all in accordance with protection principles. Because of the increase in the number of camps, it is important to provide guidance to all camp managers, in Sittwe and the other camps, which could be identify to house the latest wave of IDPs.

To date the response has included a CCCM Training of Trainers (ToT) course, as well as a CCCM induction training, attended by Government, NGO and UNHCR participants. Additional funds are needed to increase the existing CCCM capacity in the area; such as, strengthening inter-agency coordination and to support the camp management and self-governance structures. Funding will support the identification of CCCM focal points to promote proper coordination, and cover CCCM Cluster running and staff costs which ensure that regular communication is maintained between relevant state authorities.

Identified priorities include:

- Capacity building and training for Government officials, camp managers and sector focal points;
- Identification and engagement with traditional leadership structures, while ensuring active, free and meaningful participation by women, men, girls and boys;
- Planning, coordination, monitoring and harmonization of assistance, taking into consideration the ongoing needs of displaced families and host communities;
- Establishment and maintenance of information management and population tracking, including the identification of those with specific needs, such as separated and unaccompanied children, people with disabilities, single mothers, the elderly, single headed households and others;
- Ongoing situation analyses through participatory assessment methods to identify priority needs and existing capacities, resources and coping mechanisms within the displaced communities, and information sharing;
- Maintenance of camp infrastructure and facilities.

The financial requirements for CCCM activities are estimated at **$564,707.**

Protection (including Child Protection)

As of early November 2012, approximately 115,000 people remain displaced in Rakhine State, and in need of urgent humanitarian assistance. However, the total affected population is significantly larger and refers not only internally displaced individuals but also those who have returned to their homes, host communities and individuals at risk of displacement (including the

legal status of the population throughout Rakhine State). Protection partners have deployed additional protection staff and strengthened field monitoring presence, especially in Sittwe.

This increase in protection capacity has permitted the initial mapping of community and leadership structures at camp level but also in communities affected by displacement, as well as the mapping of authority's capacities in several locations. This networking has increased the overall capacity to undertake protection monitoring as well as advocacy for humanitarian principles, security issues and appropriate response with authorities, communities and international actors.

The underlying strategy to address the current crisis has been to ensure that the structural root causes, including the longstanding problem of lack of anycitizenship of around 800,000 people in Rakhine State, continue to be addressed contemporaneously with the immediate humanitarian response have included: discussion as well as recommendation during the Rakhine Workshop held in September in Nay Pyi Taw on addressing the right to a citizenship and human rights more generally; efforts to review the Myanmar citizenship law; and the promotion of law reform.

Findings of protection monitoring to date indicate the following:

Freedom of movement: Following the June violence, many villagers' freedom of movement,, including IDPs, have been significantly reduced in terms of movement between villages and to other places. In some villages, this has resulted in lack of livelihood activities, and as such food security (not being able to fish or to go the market for trading, etc.), as well as restriction in accessing health, educational, and civil documentation services. All of these factors, if not addressed could, and have already, resulted in further displacement. The location of a number of the camps are very close to departure points, which could give rise to external displacement/ trafficking concerns given the imminence of the sailing season.

Departures from Myanmar by sea: There have been reports of some displaced persons trying to leave Myanmar by boat. In late October and beginning of November, there were reports of two smuggler's boats sinking in the Bay of Bengal with an estimated 240 people, among some originating from western Myanmar's Rakhine State.

Sexual and gender-based violence (SGBV): SGBV cases affecting girls and women who were allegedly raped by different actors in mid-June were reported in September. It is believed that SGBV cases are under reported and that extremely limited psycho social, medical and legal assistance is currently available to the survivors who are both in villages and in IDP camps.

Shelter and overcrowding (see also shelter section of the document): SittweIDPs locations are overcrowded. This heightens the risk of abuse and exploitation, especially among vulnerable individuals such as people with disabilities and children. Overcrowded conditions can also generate conflict and violence, including gender-based violence. Some camp residents have mentioned being intimidated by some actors within the community. In addition, movement between camps makes it difficult to monitor individual protection cases.

Land and property issues: IDP families indicated that allocation of land to temporary IDP camps and the settlement of property titles for the displaced are issues of concern. Discussions among the shelter sector partners and the Government is ongoing, including on the provision of

adequate land size for shelter construction in camps settings to address possible protection concerns and ensure timely detection, response and prevention actions, as appropriate.

Citizenship: The Government needs to address the root causes of the current crisis, which would in turn complement and foster community reconciliation and provide a foundation upon which further international development assistance may be invested in Myanmar. In particular, this includes ensuring recognition of the lack of any citizenship of a high percentage of the Muslim population of Rakhine State as an underlying problem and adoption of an appropriate nationality law framework for the prevention and reduction of lack of nationality. Such reforms need to be supported by effective implementation.

In early November 2012, community members living in Pauk Taw Township informed that Government officials had commenced a nationality verification exercise. Lack of clear communication to the community on the overall objective of the verification exercise, coupled with reports of intimidation faced by the communities, might increase tensions within the community, and trigger further inter-communal violence and displacement.

Civil documentation: Due to the circumstances in which the affected families left their homes, there are indications that many may have lost personal and property documentation as they were fleeing, something that is likely to heighten concerns over the lack of citizenship status of some individuals. Any re-documentation exercises must be undertaken with the willing participation of the community concerned and with the objective of protecting the rights of all residents, and with clear regulations in place that are consistently carried out.

Forced labor, extortion and arbitrary arrest and detention: in northern Rakhine State, incidents of forced labor (including sentry duties, village road repair and camp related tasks) have been reported. Extortions and arbitrary detention, including of children below the age of 16, have been reported by community members both in Sittwe and in Maungdaw. Reports of missing individuals and incidents of ill-treatment in detention have also been recorded.

The two-pronged response strategy includes responding to the protection needs created by the current humanitarian situation in a manner that is sensitive to its root causes and implementation of the underlying strategy to address the lack of citizenship and discrimination against religious and ethnic minorities through interventions at the community and institutional levels.

In order to support the Government-led efforts in protection-related aspects, protection partners have identified the following actions for priority engagement with the authorities for immediate humanitarian assistance

- Distribute protection packages (NFIs) in a manner that diminishes tensions between communities and facilitates privacy, in particular for women and children in camps (plastic sheeting);
- Identify appropriate protection measures (Sexual and Gender-based Violence (SGBV) and protection of civilians) for the IDPs and host communities;
- Map community and leadership structures; identify resources, coping mechanisms and opportunities available within the displaced and host communities during displacement and return. This includes identification of leaders and community structures willing and

able to engage in community reconciliation, and reinforcement of their initiatives in this sense;

- Carry out capacity building/awareness activities for local and national authorities, affected communities and camp management staff, including sensitization and prevention of SGBV; advocate for mobile health, freedom of movement, legal advice to affected families and food security to mitigate against further displacement;
- Support the establishment, advocate for, and/or strengthen – in the limited areas where mechanisms are already in place – the management of individual protection cases, including SGBV and child protection, with relevant response mechanisms such as legal counseling and assistance, safety and security measures, including monitoring of detention facilities,psycho-social support and referral to appropriate sectoral services;
- Ensure an adequate health response to survivors of Gender Based Violence, including provision of dignity kits to vulnerable women and young girls through awareness sessions on women's health and protection issues;
- In coordination with the above, identify extremely vulnerable individuals and provide special assistance determined on a case-by-case basis through standard extremely-vulnerable-individuals criteria;
- Establish a protection baseline through the implementation of a rapid protection assessment; establish a population tracking system to identify and measure new displacement movements; establish a protection monitoring system doubling as a protection-by-presence initiative, targeting in particular areas with high risk of renewed communal violence.
- Ensure the effective coordination of relevant protection actors, including a common protection strategy and protection reporting mechanisms; facilitate the adequate incorporation of a protection lens in the strategies, programmes and projects under other sectors.

While ensuring an effective humanitarian response, working towards finding durable solutions to the structural root causes of the crises, namely, lack of citizenship of around 800,000 people in Rakhine State, remains equally important. Possible options for collaboration with the government include participation in citizenship verification processes that are being undertaken by the authorities through the provision of UN expertise, the right to a citizenship and the framework required for the protection of people without any citizenship, as well as support for reform of the Myanmar citizenship law.

To implement the humanitarian priorities indicated above, agencies will have to deploy additional staff and strengthen their field monitoring presence in the townships affected by the June and October violence, to be able to start examining the specific protection situation of the displaced to ensure effective transition to a durable solution to the current crisis is achieved.

The total budget requirement for protection (excluding child protection) from June 2012 until June 2013 is estimated to be **$3,171,624.**

Child Protection

In October, a team composed of staff from UNICEF, Save the Children, the Department of Social Welfare, and Myanmar Red Cross Society, conducted a Child Protection Rapid Assessment in

nine camps in and around Sittwe. The findings will be used to guide and strengthen child protection responses. UNICEF has deployed a Child Protection Officer to Sittwe and strengthened its field monitoring and coordination presence there.

According to the rapid assessment findings, some 55.7% of the displaced are children under 18 years of age. Although disaggregated data collected were not complete, we can assume that approximately 66,700 individuals of the total caseload of 115,000 considered for the plan are children. While data is being analyzed and will be compiled into a report with recommendations, initial findings suggest there are serious child protection concerns in all locations, most notably related to children being severely distressed, depressed and frightened, indicating the need for psycho-social support. There are no activities targeting children in the IDP camps, and the camp child population is unable to access formal education, though some are accessing informal religious education in some of the locations. Overcrowding of IDPs locations is also a concern.

Partners are engaging in child protection interventions aimed at ensuring that children regain some sense of normalcy, with particular attention to interventions related to children's protection from abuse, violence and exploitation, their psycho-social well-being, and creating a conducive environment for the care and protection of children. Priority activities include:

- Training for Department of Social Welfaremale/female staff and community members on psycho-social support;
- Carry out child protection assessment in all IDP locations, utilizing the Inter-Agency Child Protection Rapid Assessment Toolkit. Findings will be used to refine the child protection response and ensure response to the most vulnerable children;
- Mobilise and train child protection groups around the protection and well-being of all children, including highly vulnerable ones to ensure prevention, detection, reporting and referrals to Department of Social Welfare and local service providers;
- Provide psycho-social support to the affected child population, on the basis of contextualized international guidelines;
- Facilitate the establishment of 100 child-friendly spaces (CFS). The CFS will support the resilience and well-being of children through community organized, structured activities conducted in a safe and stimulating environment. CFSs will operate on a shift-system to cater to as many children as possible, providing recreation, life skills and psycho-social support activities, as well as provide a forum for raising awareness of child protection. Should schools resume, CFS will only open after school hours and on weekends.

Funding requirements for child protection activities until June 2013 total**$973,700**.

Water, Sanitation and Hygiene (WASH)

The June inter-agency rapid assessment findings indicate that while access to water for domestic and hygiene uses was sufficient, availability of safe drinking water was limited (accessible for 31% of IDPs). Due to lack of firewood and knowledge, over 70% of the assessed IDPs did not boil water before drinking. Only one third of the assessed locations reported to be using different purification methods. At least 63% of the IDPs did not have adequate water storage capacities, such as jerry cans or other suitable containers. Over 50% of the assessed locations needed additional latrines, with some camps having only one latrine per 100 people. Latrine use continued to be limited, with over 35% of the IDPs practicing open defecation. Only less than

half of the camps reported to have separate latrines for men and women. Considering the lack of proper facilities, such as regular lighting in 15% of the IDPs sites, safe use of latrines for women at night was also a concern.

Given the fact that the knowledge of hygiene practices was very limited in the areas prior to the displacement, the need for hygiene promotion activities, provision of hygiene kits (soap, sanitary napkins, etc.) was critical. The situation was further compounded by the monsoon rains which resulted in stagnant water, and thereby worsened the already poor sanitary conditions in the camps. Most camps (over 55%) did not have waste disposal locations; half of the IDPs dumped their waste outside the camp and over 43% dispose of waste anywhere inside the camp.

The renewed violence in late October caused additional displacement over a large area of Rakhine State. The initial rapid assessments in eighteen villages in seven townships showed that 58% of the IDPs in the assessed locations need water for drinking, cooking and other domestic uses including bathing. No stagnant water in the immediate environment of the villages was observed, probably because the rainy season has come to an end. Findings indicate that 88% of displaced families do not have water storage containers and materials for water treatment before use. Almost all (98.3%) of the families do not boil water before drinking due to lack of knowledge. There were no bathing facilities for the IDPs (95%) in fifteen out of eighteen locations. The assessment indicates that 30% of the IDPs have access to functioning latrines. The practice of open defecation was recorded in all the villages with no hand washing practice after defecation.

Relevant assistance is immediately required because water-related diseases are among the health problems most commonly reported with reports of malnutrition in 40% of the families.

As part of the initial response, UNICEF supported the State Department of Health with 15 drums of bleaching powder, 12,000 bottles of drinking water purification solution, 1,534 sets of latrine pipes and pans and 2,200 buckets for water. With support from UNICEF, a local NGO completed the construction of over 150 temporary latrines in 37 camps and distributed 1,000 bars of soaps and 100 buckets. The State Department of Health also built almost 150 temporary latrines together with the Myanmar Red Cross Society (MRCS). MRCS has also installed two emergency water treatment units in The Chaung village in Sittwe, covering eight IDP camps. With the funding received from CERF ($702,075) and OFDA ($350,000), WASH partners are implementing activities to improve WASH situation in camps of both communities in Sittwe and Maungdaw through construction and installation of 80 tube wells, 602 water storage tanks, 530 sanitary toilets, 43 bathing spaces for women and girls and hand washing facilities, that will benefit around 30,000 IDPs. Hygiene promotion sessions along with distribution of hygiene kits/items were carried out, benefitting over 30,000 IDPsin Sittwe and Maungdaw townships.

WASH partners, under the leadership of the State Minister for Social Affairs, with support from UNICEF, are engaged in activities aimed at reaching minimum SPHERE standards, including:

- Distribution of basic hygiene items such as soap, sanitary napkins, toothpaste, etc., which will be required on a regular basis to ensure personal hygiene needs can be met;
- Construction of sanitary latrines and bathing areas. Safe excreta disposal is essential, especially when the IDP populations are in overcrowded camp conditions. Areas for

bathing must also be provided to contain wash water run-off. Bathing areas and latrines must be separated for women and men, to ensure privacy and dignity;

- Construction, provision and maintenance of safe water supplies. Each location will provide different opportunities for water supply. Currently rainwater harvesting, springs and groundwater wells are the most common in Rakhine State. Water transportation, storage and purification needs must also be met;
- Operation of safe solid waste disposal and drainage systems: depending upon the location solid waste will either be removed from the camp on a regular basis or disposed of on-site. Camp drainage will have to be maintained by the residents, especially during the rainy season. The IDP community will have to be motivated and involved in securing a safe living environment within their camps;
- WASH facilities for temporary learning spaces: temporary learning spaces will be required for the children in each camp. These centers will require functioning and maintained WASH facilities, including latrines, hand-washing stations and water supply. Depending upon the location existing amenities can be renovated or temporary new WASH structures established.
- Promotion of proper hygiene behavior. The above facilities and supplies will not be properly utilized unless the IDPs have the knowledge and motivation to practice good hygiene. Behavioral change activities focusing on clean water, basic sanitation and good hygiene will be essential.
- Technical assistance and monitoring to address capacity issues, including for local NGO partners to ensure quality provision of supplies and services, will be necessary.

Funding requirements for twelve months for WASH activities are estimated to amount to **$9.6 million**, including the additional caseload for a population of 115,000 IDPs in Rakhine. With funding received for to date ($3.9 million),$5.6 million would still be required for implementation of these WASH relief responses in Rakhine.

COORDINATION ARRANGEMENTS

Since the resumption of instability in June, the Government setup coordination mechanisms for the response at 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 are taking place in Sittwe. These meetings strengthen field-based coordination, analyze the situation and identify strategies to address issues of concern such as access, promotion of principled humanitarian operations, and ensure that assistance has reached all those in need.

In Sittwe Town, the capital of Rakhine State, the Government has designated Government-lead Ministers for the coordination of partners by sectors, as per the table below.

Sector	Government Lead Ministry	Partners Agencies
Health, Nutrition & Water and Sanitation	Minister of Social Affairs/State Health Director	ABCD, ACF, CDN, IRW, MA, MHAA, Malteser, Merlin, Mercy Malaysia, MMA, MRCS, MRF, MSF*, UNFPA, UNHCR, UNICEF, SC, SI, WHO,
Shelter	Minister of Forestry	CARE, DRC, IRW, MRF, SC, SI, UNHCR
Non-Food Items	Minister of Electricity and Industry	ACF, ABCD, DRC, Malteser, Mercy Malaysia, MRCS, SC, SI, UNHCR, UNICEF, UNDP, MRCS, CARE, ABCD
Livelihoods, Agriculture & Early Recovery	Minister of Agriculture	CDN, DRC, SI, SC, UNDP, CARE
Food	Minister of Planning and Commerce	CDN, SC, WFP, MRCS, IRW, MRF
General Coordination	Minister of Planning and Commerce	All humanitarian agencies

In an effort to further strengthen operational coordination at field level, in view of the increased number of displaced people and humanitarian assistance requirements discussion is ongoing to quickly establish a humanitarian assistance coordination centre in Sittwe, to manage and coordinate relief efforts. Such a centre will provide for the systematic coordination and facilitation of international relief efforts in Rakhine State and produce accurate up-to-date information on the needs of affected communities; prioritize relief efforts, and bring together the diverse actors necessary to address logistical and security constraints with respect to the provision of assistance. It would also serve as a platform for increased cooperation, coordination and

information management among Government of Myanmar, Rakhine State Government and international humanitarian agencies.

In addition, following discussion in the Humanitarian Country Team (HCT), with the objective of defining this plan, and to identify current and projected needs and gaps, local and international organizations identified sector/cluster leads as follows:

Sector/cluster	Lead/co-lead
Education	UNICEF, Save the Children
Food security	WFP
Health*	WHO, Merlin
Livelihood	UNDP
Nutrition	UNICEF, ACF
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.*

ANNEX 1: DONOR RESPONSE TO THE PLAN TO DATE

Total funding per donor (to projects coordinated in the Plan)

Myanmar –Revised Rakhine Response Plan 2012
as of 16 November 2012
http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	**Funding** **($)**	**% of Grand Total**	***Uncommitted pledges*** ***($)***
Central Emergency Response Fund (CERF)	4,858,026	27%	-
United Kingdom	3,162,878	18%	-
Australia	3,124,923	17%	-
United States	3,083,272	17%	-
European Commission	1,849,172	7%	*1,295,337*
Allocation of unearmarked funds by UN agencies	823,000	5%	-
Switzerland	717,598	4%	-
Germany	480,315	3%	-
Sweden	290,000	2%	-
Brazil	120,000	1%	-
Denmark	33,461	0%	-
Grand Total	**18,542,645**	**100%**	***1,295,337***

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

* Zeros in both the funding and uncommitted pledges columns indicate that no value has been reported for in-kind contributions.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 16 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Total humanitarian funding per donor for Myanmar in 2012

as of 16 November 2012
http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	**Funding**** **($)**	**% of Grand Total**	***Uncommitted pledges*** ***($)***
European Commission	24,538,241	26%	*1,295,337*
Norway	11,817,844	12%	-
Central Emergency Response Fund (CERF)	11,389,505	12%	-
United States	10,238,726	11%	-
Australia	6,945,379	7%	-
United Kingdom	6,371,526	7%	-
Canada	3,610,834	4%	-
Denmark	3,227,846	3%	-
Japan	3,000,000	3%	*10,135,563*
Switzerland	2,512,107	3%	-
Carry-over (donors not specified)	2,350,144	2%	-
Germany	2,185,903	2%	*125,471*
Sweden	2,139,114	2%	*100,000*
Allocation of unearmarked funds by UN agencies	1,687,110	2%	-
United Arab Emirates	1,443,799	2%	-
France	1,266,497	1%	-
Ireland	524,246	1%	-
Various (details not yet provided)	379,808	0%	-
Czech Republic	212,185	0%	-
Brazil	120,000	0%	-
Private (individuals & organisations)	109,696	0%	-
Grand Total	**96,070,510**	**100%**	***11,656,371***

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

Zeros in both the funding and uncommitted pledges columns indicate that no value has been reported for in-kind contributions.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 16 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

List of funded projects counted towards the Plan

Myanmar –Revised Rakhine Response Plan 2012-2013
as of 16 November 2012
http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered	Uncommitted Pledges
EDUCATION								
MM-12/E/56978/R/5826	Education Sector Response Plan	Not specified in advance	500,000	800,000	-	800,000	0%	-
Sub total for EDUCATION			**500,000**	**800,000**	**-**	**800,000**	**0%**	**-**
FOOD								
MM-12/F/56961/R/561	Emergency food assistance to the affected population in Rakhine State	WFP	-	-	3,600,404	n/a	n/a	*1,295,337*
MM-12/F/56963/R/5150	Mitigation of extreme food insecurity in Northern Rakhine State	ZOA Refugee Care	-	-	496,639	n/a	n/a	-
MM-12/F/56980/R/5826	Emergency Food Response Plan	Not specified in advance	7,200,000	19,300,000	-	n/a	n/a	-
Sub total for FOOD			**7,200,000**	**19,300,000**	**4,097,043**	**15,202,957**	**21%**	***1,295,337***
HEALTH								
MM-12/H/56946/R/122	Rakhine health response	WHO	-	-	112,827	n/a	n/a	-
MM-12/H/56954/R/124	Addressing priority health needs of the IDP population in Sittwe	UNICEF	-	-	19,474	n/a	n/a	-
MM-12/H/56972/R/7560	Health assistance in Rakhine State	Malteser International	-	-	160,105	n/a	n/a	-
MM-12/H/56985/R/5826	Health Sector Response Plan	Not specified in advance	418,468	5,800,000	-	n/a	n/a	-
Sub total for HEALTH			**418,468**	**5,800,000**	**292,406**	**5,507,594**	**5%**	**-**
LIVELIHOODS								
MM-12/A/56983/R/5826	Livelihood Sector Response Plan	Not specified in advance	3,084,079	5,530,253	-	5,530,253	0%	-
Sub total for LIVELIHOODS			**3,084,079**	**5,530,253**	**-**	**5,530,253**	**0%**	**-**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered	Uncommitted Pledges
NUTRITION								
MM-12/H/56953/R/124	Treatment of severe and acute malnutrition and prevention of micronutrient deficiencies among children and pregnant women	UNICEF	-	-	491,502	n/a	n/a	-
MM-12/H/56984/R/5826	Nutrition Sector Response Plan	Not specified in advance	1,300,000	1,280,000	-	n/a	n/a	-
MM-12/H/56996/R/6079	Nutrition	SC	-	-	788,498	n/a	n/a	-
Sub total for NUTRITION			**1,300,000**	**1,280,000**	**1,280,000**	**-**	**100%**	**-**
PROTECTION								
MM-12/P-HR-RL/56955/R/124	Protection of IDP Children in Rakhine State	UNICEF	-	-	89,940	n/a	n/a	-
MM-12/P-HR-RL/56959/R/120	Emergency Protection Response in Rakhine State	UNHCR	-	-	1,724,545	n/a	n/a	-
MM-12/P-HR-RL/56962/R/5181	Protection Support to the IDPs and returnees residing in newly established camps	DRC	-	-	-	-	0%	-
MM-12/P-HR-RL/56968/R/6079	Protection in Rakhine State	SC	-	-	553,752	n/a	n/a	-
MM-12/P-HR-RL/56982/R/5826	Protection Sector Response Plan	Not specified in advance	1,380,818	4,145,324	-	n/a	n/a	-
Sub total for PROTECTION			**1,380,818**	**4,145,324**	**2,368,237**	**1,777,087**	**57%**	**-**
SHELTER/NFI/CAMP COORDINATION AND CAMP MANAGEMENT								
MM-12/S-NF/56948/R/5645	Emergency shelter and NFI assistance to Rakhine State	CARE International	-	-	650,826	n/a	n/a	-
MM-12/S-NF/56949/R/5181	IDPs and returnees shelter and NFI support in newly established camps	DRC	-	-	290,000	n/a	n/a	-
MM-12/S-NF/56960/R/120	Emergency shelter and NFI assistance in Rakhine State	UNHCR	-	-	4,525,663	n/a	n/a	-
MM-12/S-NF/56970/R/7560	NFI emergency assistance Rakhine State	Malteser International	-	-	160,105	n/a	n/a	-
MM-12/S-NF/56979/R/5826	Shelter, NFI and Camp Coordination and Camp Management Sector Response Plan	Not specified in advance	14,719,946	21,187,158	-	n/a	n/a	-
MM-12/S-NF/56989/R/6079	NFI assistance	SC	-	-	200,000	n/a	n/a	-
Sub total for SHELTER/NFI/CAMP COORDINATION AND CAMP MANAGEMENT			**14,719,946**	**21,187,158**	**5,826,594**	**15,360,564**	**28%**	**-**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered	Uncommitted Pledges
WATER, SANITATION, HYGIENE								
MM-12/WS/56957/R/124	Emergency water and sanitation response in Rakhine State	UNICEF	-	-	1,420,347	n/a	n/a	-
MM-12/WS/56973/R/7560	Water and Sanitation assistance	Malteser International	-	-	160,105	n/a	n/a	-
MM-12/WS/56981/R/5826	Water, Sanitation and Hygiene Sector Response Plan	Not specified in advance	3,900,000	9,600,000	-	n/a	n/a	-
MM-12/WS/56997/R/6079	Water Sanitation and Hygiene	SC	-	-	2,374,380	n/a	n/a	-
Sub total for WATER, SANITATION, HYGIENE			**3,900,000**	**9,600,000**	**3,954,832**	**5,645,168**	**41%**	**-**
SECTOR NOT YET SPECIFIED								
MM-12/SNYS/56956/R/6079	Emergency response to people affected by communal violence in Rakhine State	SC	-	-	723,533	n/a	n/a	-
MM-12/SNYS/56964/R/7183	Immediate life-saving needs in sectors of Health, Nutrition and WASH	Various Recipients	-	-	-	-	n/a	-
Sub total for SECTOR NOT YET SPECIFIED			**-**	**-**	**723,533**	**n/a**	**n/a**	**-**

Grand Total	**32,503,311**	**67,642,735**	**18,542,645**	**49,100,090**	**27%**	***1,295,337***

NOTE: "Funding" means Contributions + Commitments + Carry-over

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ANNEX 2: ACRONYMS AND ABBREVIATIONS

ABCD	Association for Better Community Development
ACF	*Action Contre la Faim*
CCCM	camp coordination and camp management
CDN	Consortium of Dutch NGOs
CFS	child-friendly space
DRC	Danish Refugee Council
DSW	Department of Social Welfare of the Ministry of Social Welfare, Relief and Resettlement
ECD	early-childhood development
EVI	extremely vulnerable individuals
EWARS	Early Warning and Response System
HIV	human immunodeficiency virus
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
MHAA	Myanmar Health Assistant Association
MISP	minimum initial service package (for reproductive health in emergencies)
MMA	Myanmar Medical Association
MoH	Ministry of Health
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
SC	Save the Children
SDH	State Department of Health
SGBV	sexual and gender-based violence
SI	*Solidarités International*
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