

HUMANITARIAN RESPONSE PLAN

MYANMAR

HUMANITARIAN
PROGRAMME CYCLE
2020

ISSUED DECEMBER 2019



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Children in the Kyein Ni Pyin camp in Pauktaw Township, Rakhine State. Photo: OCHA/Pierre Peron

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Foreword by the Humanitarian Coordinator

Myanmar continues to go through a period of rapid political, economic and social change, while at the same time grappling with deeply rooted humanitarian challenges. In 2020, close to 1 million people will require some form of humanitarian support in Chin, Kachin, Kayin, Rakhine and Shan states, due to armed conflict, protracted displacement, exposure to natural disasters and other factors. Inequality, marginalization and discrimination continue to aggravate vulnerability and suffering.

This Humanitarian Response Plan (HRP) has been developed on the basis of the most comprehensive inter-sectoral analysis of humanitarian needs in Myanmar undertaken to date, and through a broad consultative process. It represents a carefully prioritized strategy through which participating organizations aim to support the Government of Myanmar by meeting the assistance and protection needs of just under 850,000 people. It seeks to restore dignity and contribute to the realization of human rights, by placing protection at the centre of a response tailored to the needs of the most vulnerable men, women, boys and girls.

Local actors are at the forefront of humanitarian response efforts in Myanmar, and in 2020 international humanitarian organizations will work towards further improvements in how they collaborate with Myanmar counterparts, including national NGOs and civil society groups operating at the grassroots level. Enhanced engagement with affected communities themselves

will also be a key priority, including through a more integrated approach to linking community feedback to response, particularly for marginalized and vulnerable groups.

In 2020, humanitarian organizations will also seek to further enhance partnerships with the Government of Myanmar at all levels. The Government's adoption of a National Strategy on Resettlement of Internally Displaced People (IDPs) and Closure of IDP Camps in November 2019 is an important step and humanitarian organizations will be keen to explore the scope it provides for concerted engagement in pursuit of durable solutions for the growing number of people in situations of protracted displacement, in Rakhine, Kachin, Shan and Kayin states. The recommendations of the Advisory Commission on Rakhine State will continue to be an important reference point for engagement between humanitarian organizations and the Government of Myanmar.

Humanitarian access will also remain at the centre of our dialogue with the authorities, and improvements in the quality of access will be critical if the strategic objectives of this HRP are to be achieved in full.

The Humanitarian Country Team remains committed to working in accordance with the humanitarian principles of humanity, neutrality, impartiality and independence, and without any adverse distinction based on region, ethnicity, religion or citizenship status.

Effective implementation of this HRP will be impossible without the support of financial donors. Humanitarian operations in Myanmar have enjoyed relatively high levels of funding coverage in recent years. I would like to take this opportunity to express our sincere appreciation for the generosity of our donor partners, which we hope will be sustained in 2020, for which we are requesting a total of US\$216 million for an operation spanning five states.

Finally, it will also be critical for additional steps to be taken in 2020 to strengthen links between humanitarian action and development and peacebuilding efforts. Sustainably addressing the root causes and drivers of humanitarian needs in Myanmar's can only be achieved by drawing flexibly on a range of humanitarian and development tools and capacities. Engagement around durable solutions to internal displacement will provide an important opportunity to operationalize the humanitarian-development nexus and its links to peace in Myanmar over the coming year.

Ola Almgren

United Nations Resident and Humanitarian Coordinator

PAUKTAW, RAKHINE

A girl collects water from a well in the Sin Tet Maw camp in Pauktaw Township, Rakhine State.

Photo: UNICEF/Patrick Brown

Response Plan Overview

PEOPLE IN NEED

0.99_M

PEOPLE TARGETED

0.85_M

REQUIREMENTS (US\$)

216.3_M

OPERATIONAL PARTNERS

89

This Humanitarian Response Plan (HRP) provides a framework for coordinated, needs-based and prioritized humanitarian action in Myanmar in 2020. It has been developed by the Myanmar Humanitarian Country Team (HCT), under the leadership of the Resident and Humanitarian Coordinator (RC/HC), based on the 2020 Myanmar Humanitarian Needs Overview (HNO) and a comprehensive analysis of response capacities. It sets out the humanitarian component of a broader engagement by the United Nations (UN) and its partners in Myanmar which spans relief, recovery, peace-building and longer-term development activities.

This HRP recognizes the primary role of the Government of Myanmar in the initiation, organization, coordination, and implementation of humanitarian assistance within the country. The overarching goal of the HRP is to ensure that the physical and mental wellbeing of people affected by conflict or disasters in targeted locations is improved, minimum living standards are ensured, durable solutions in line with international standards are achieved wherever feasible, and respect for the rights of affected people is enhanced.

Geographically, the HRP focuses primarily on Kachin, Shan, Rakhine, Chin and Kayah states, where humanitarian needs are most acute and urgent. The HRP estimates that slightly more than US\$216 million

will be required to provide relief assistance and protection services to approximately 848,000 people until the end of 2020.

This HRP prioritizes the provision of life-saving assistance and protection for the most vulnerable crisis-affected women, men, boys and girls, and programmes to ensure equitable access to essential humanitarian services, without discrimination, on grounds of sex, gender, ethnicity, religion, abilities, age or other factors. It seeks to contribute to durable solutions to internal displacement in line with international protection standards. The HRP also seeks to strengthen the resilience of communities and contribute to efforts to address vulnerabilities and underlying structural issues, in partnership with development and peacebuilding partners. It also aims to increase communities' resilience to potential future shocks and to enable links between humanitarian action and longer-term development efforts. The HRP includes activities to build national and local capacities to prepare for and respond to natural hazards and other emergencies.

In all aspects of its work, the HCT is committed to ensuring that humanitarian action in Myanmar is carried out in accordance with the humanitarian principles of humanity, neutrality, impartiality and independence.



Response by Strategic Objective

S01: The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.

Humanitarian organizations will support efforts to ensure that displaced people and crisis-affected women, girls, boys and men are able to live in safety and with dignity; reduce their morbidity and mortality through adequate access to life-saving services; contribute to the protection of civilians from violence and abuse by reducing exposure to harm, mitigating its negative impact and responding to protection needs; advocate for full respect for the rights of individuals in accordance with international humanitarian and human rights law and support durable solutions in line with international standards wherever feasible.

S02: Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.

Humanitarian organizations will support efforts to ensure that crisis-affected women, girls, boys and men have equitable access to essential services and livelihoods opportunities; strengthen community resilience and national capacities to prepare for and respond to future emergencies.

#	STRATEGIC OBJECTIVE	PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (US\$)
S01	The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.	864 k	847 k 	\$216.3 M
S02	Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.	973 k	844 k 	

MRAUK-U, RAKHINE

Children in a village in Mrauk-U, Rakhine State.

Photo: OCHA/Pierre Peron

HRP Key Figures

Humanitarian Response by Targeted Group

More on pages 64-65

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
Internally displaced people (IDPs)	274 k	273 k
IDP returnees/ resettled/ locally integrated	10 k	10 k
Non-displaced stateless people in Rakhine	470 k	470 k
Other vulnerable crisis-affected people	232 k	95 k

Humanitarian Response by Gender

More on pages 64-65

GENDER	IN NEED	TARGETED	% TARGETED
Boys	183 k	157 k	19%
Girls	179 k	154 k	18%
Men	292 k	250 k	29%
Women	332 k	286 k	34%

Humanitarian Response for Persons with Disability

More on pages 64-65

GENDER	IN NEED	TARGETED	% TARGETED
Persons with disabilities	50 k	43 k	5%

Humanitarian Response by Age

More on pages 64-65

AGE	IN NEED	TARGETED	% TARGETED
Children (0 - 18)	362 k	312 k	37%
Adults (18 - 60)	544 k	467 k	55%
Elders (60+)	79 k	67 k	8%

Financial Requirements by Sector

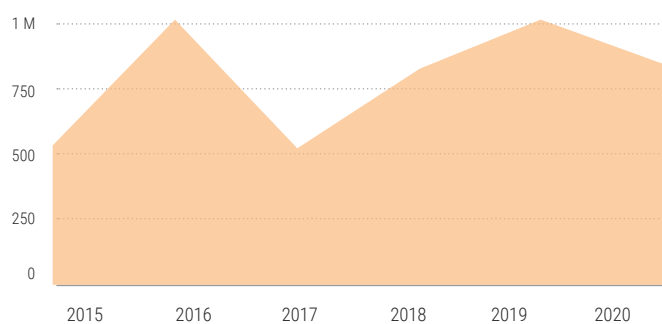
More on pages 62-63

SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS (US\$)	
Education	\$26.1 M	<div></div>
Food Security	\$61.4 M	<div></div>
Health	\$19.9 M	<div></div>
Nutrition	\$15.8 M	<div></div>
Protection	\$34.6 M	<div></div>
Shelter / NFIs / CCCM	\$21 M	<div></div>
Water, Sanitation & Hygiene	\$33.2 M	<div></div>
Coordination and Common Services	\$4.3 K	<div></div>

Historic Trends

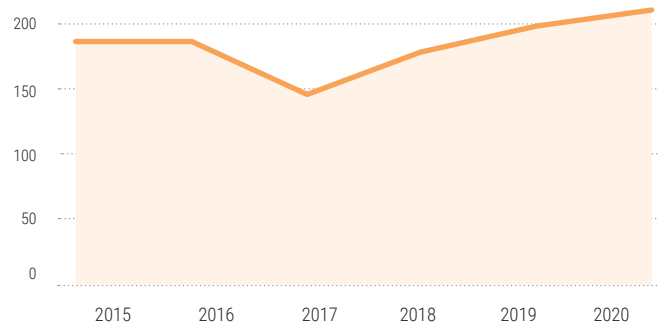
Humanitarian Response (2015 - 2020)

In thousands of people



Financial Requirements (2015 - 2020)

In millions of US\$



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2015	541 k	536 k	190 M	143.2 M	75%
2016	1,020 k	1,020 k	190 M	116 M	61%
2017	525 k	525 k	150 M	117 M	78%
2018	863 k	832 k	183.4 M	131.2 M	72%
2019	1,012 k	1,012 k	214.4 M	172.4 M	80%
2020	986 k	848 k	216.3 M	-	-

Needs and Planned Response

PEOPLE IN NEED

0.99M

PEOPLE TARGETED

0.85M

TREND (2015-2020)



WOMEN

52%

CHILDREN

37%

WITH DISABILITY

5%




Context of the Crisis

The humanitarian situation in several areas of Myanmar remains complex and challenging. Needs are driven by factors including armed conflict, inter-communal violence, and vulnerability to natural hazards. The situation is aggravated by chronic poverty, protracted displacement, food insecurity, limited social support networks, and underlying inequalities including statelessness, segregation, discrimination, and gender disparities.

The situation in Rakhine State has deteriorated significantly since August 2017, when security operations by the Myanmar Armed Forces following armed attacks by the Arakan Rohingya Salvation Army caused an exodus of more than 740,000 refugees – mostly stateless Rohingya¹ – to Bangladesh. A tripartite Memorandum of Understanding (MoU) initially signed in June 2018 between the Government, UNDP, and UNHCR was extended until 5 June 2020. The

MOU aims to support the Government's efforts in creating conditions for the voluntary, safe and dignified and sustainable repatriation of refugees from Bangladesh, and strengthening resilience and livelihoods for all communities living in Rakhine State. Today, an estimated 600,000 Rohingya remain in Rakhine State, of whom around 126,000 are internally displaced and effectively confined to camps established in the central part of the State following sectarian violence in 2012.² These camps also host around 2,000 internally displaced Kaman Muslims in rural Sittwe, Pauktaw and Kyaukpyu. Movement restrictions continue to limit the ability of internally displaced persons (IDPs) to access livelihoods and essential services such as education and healthcare, deepening vulnerability and increasing dependence on humanitarian aid. The other 470,000 non-displaced Rohingya also face discrimination and restrictions on

1. The term Rohingya Muslims is used in this document in recognition of the right of people to self-identify. Since there are both Rohingya and non-Rohingya Muslims in Rakhine, in some cases the more general term Muslims is used. The Government of the Republic of the Union of Myanmar strongly objects to the use of the term Rohingya.

2. Shelter/NFIs/CCCM Cluster, [Shelter/NFIs/CCCM Cluster Analysis Report, June 2019](#)

PAUKTAW, RAKHINE

A young woman in Ah Nauk Ywe camp in Pauktaw Township, Rakhine State. Photo: OCHA/Pierre Peron

freedom of movement, which similarly limit their access to livelihoods and services.

Humanitarian challenges in Rakhine State have grown following an upsurge in fighting between the Myanmar Armed Forces and the Arakan Army since December 2018 that has caused civilian casualties and the displacement of tens of thousands of people (in nine townships of Rakhine State and one township of Chin State). As of September 2019, more than 32,000 people remained displaced in 112 sites due to this conflict, according to government figures. This displacement has created significant additional needs, both for those who have fled their homes and among communities hosting newly displaced people.

Significant additional access restrictions imposed by the Government on humanitarian partners since January 2019 remain in place in seven townships affected by the new conflict, as a result of which more than 100,000 vulnerable people in Rakhine State have been left with limited access to humanitarian and development assistance. Some organizations have been able to continue providing food and some other assistance, but programming by most international NGOs and UN agencies has been severely curtailed. In the northern part of Rakhine State, these restrictions have exacerbated access challenges in place since earlier outbreaks of violence in October 2016 and August 2017.

Considering the expansion of the protection crisis across much of Rakhine State, significant humanitarian needs are expected to persist among all affected communities throughout 2020. Furthermore, significant outstanding challenges in relation to addressing the root causes of the crisis – in particular the lack of freedom of movement, pathway to citizenship and inter-communal relations – are likely to continue to limit prospects for sustainable solutions for stateless IDPs and voluntary and dignified return of Rohingya refugees.

The situation in the north and north-east of the country presents both serious challenges and potential opportunities. In Kachin State, while more than 97,000 IDPs remain in camps established in 2011³, there has been limited new armed conflict or displacement since August 2018. In northern Shan State, on the other hand, numerous outbreaks of violence have occurred in 2018 and 2019, involving fighting between the Myanmar Armed Forces and Ethnic Armed Organizations

(EAOs), as well as between EAOs, despite a unilateral ceasefire by the Myanmar Armed Forces between 21 December 2018 and 21 September 2019.

This has caused the temporary displacement of thousands of people and a wide range of human rights violations. While most of the displacement during this period was for relatively short periods, around 9,600 people in northern Shan State remain in situations of protracted displacement.⁴ In addition, even relatively short-term displacement can have a traumatic impact, particularly on communities who have had to flee from their homes and villages multiple times. As is the case in Rakhine State, increased militarization and high levels of population displacement increase risks of serious protection violations, including conflict-related sexual violence across northern Shan.⁵

In Kachin State, the relative improvement in the security situation has provided opportunities for increased dialogue around durable solutions. While significant obstacles to large-scale solutions remain, including the lack of long-term security guarantees, landmine and unexploded ordnance contamination, a lack of access to services and livelihood opportunities and complex housing, land and property (HLP) rights issues, small-scale return and resettlement have been possible for a few thousand IDPs in recent years and can potentially be built upon moving forward.

In both Kachin and northern Shan, humanitarian organizations continue to face significant operational constraints, with safe, timely and unhindered access by and to people in need having become increasingly challenging in many locations over the past year. Travel restrictions continue to have a serious impact on the ability of humanitarian organizations to assess needs, engage with affected people, provide assistance in a timely and efficient manner, and monitor impact.

Meanwhile large numbers of people across Myanmar remain vulnerable to natural hazards. Myanmar is among the most disaster-prone countries in the world, with exposure to hazards including cyclones, monsoon flooding, landslides, earthquakes, drought and forest fires. Historically, the country experiences medium-to-large-scale natural disasters every few years, with more than 13 million people affected since 2002.

3. Shelter/NFIs/CCCM Cluster, [CCCM Cluster Dashboard – Kachin and northern Shan, June 2019](#)

4. Ibid

5. Human Rights Council, [Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts, 22 August 2019](#)

Part 1

Strategic Response Priorities

PAUKTAW, RAKHINE

Ah Nauk Ywe camp in Pauktaw Township, Rakhine State.

Photo: OCHA/Pierre Peron



1.1

Humanitarian Consequences Prioritized for Response

The Myanmar HCT has agreed to prioritize the most critical needs relating to two fundamental and overlapping humanitarian consequences: physical and mental wellbeing, which focuses on death/injuries, human rights violations or other forms of irreversible harm; and living standards, which relates to access to essential goods and

services. The prioritization takes into account a number of factors, such as response capacities of entities and organizations that are not part of the HRP, including the Government, the Red Cross Movement and other international and national institutions, ongoing access constraints and outcomes of consultations with affected people.

Prioritized critical problems related to physical and mental well-being

PEOPLE IN NEED	TARGET	WOMEN	CHILDREN	WITH DISABILITY
864k	847k	52%	37%	5%

Approximately 864,000 crisis-affected people are experiencing critical problems relating to physical and mental wellbeing that have a direct impact on mental and physical integrity or dignity. Children make up at least 37 per cent of this population, while women and children together make up around 70 per cent. The figure includes some 637,700 people in Rakhine State (74 per cent of the total), 158,300 in Kachin State (18 percent), 53,000 in Shan State, 9,800 in Kayin State and 4,200 in Chin State. In terms of the population groups, non-displaced stateless people in Rakhine and IDPs (a large number of whom are also stateless) across the five most affected states represent the highest proportion of the caseload, accounting for 43 per cent and 31 per cent respectively of the total number of people identified as facing critical problems of physical and mental wellbeing.

In Rakhine State, non-displaced stateless people and IDPs who have been displaced since 2012 face the most severe physical and mental well-being consequences and will therefore be among the primary priorities for the response. These communities continue to be subjected to discrimination and denial of rights, including severe movement restrictions and a range of other abuses. Protracted displacement, segregation and resulting limited access to livelihood opportunities and basic services continue to put the broader affected population in Rakhine at heightened risk of gender-based violence, sexual exploitation and abuse, human trafficking, family separation and physical insecurity,

with women, children, the elderly, persons with disabilities, and lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning (LGBTIQ) persons often particularly vulnerable in this regard.

In Kachin and northern Shan states, IDPs and former IDPs who have returned, resettled or integrated locally will also be prioritized, as protracted displacement and a lack of sustained access to livelihoods and essential services continue to aggravate vulnerabilities among these groups, particularly for women, children, the elderly, persons with disabilities and LGBTIQ persons. Ongoing armed conflict in northern Shan results in recurrent displacement and the separation of families, and continues to be associated with human rights violations, including—but not limited to—arbitrary killings and arrests, gender-based violence and other serious abuses against women, children and the most marginalized and vulnerable groups. Landmine and unexploded ordnance related casualties remain considerably high.

In Chin and Kayin states, IDPs with specific needs relating to physical and mental wellbeing will be targeted for assistance by humanitarian organizations, as they remain in need of life-saving assistance and protection. Across affected states, approximately 40 per cent of other vulnerable crisis-affected people who are in need of humanitarian assistance will be targeted through the response, as their coping capacities continue to be strained.


PAUKTAW, RAKHINE

Boys carrying bamboo in Pauktaw Township, Rakhine State.
Photo: UNICEF/Patrick Brown

Prioritized critical problems related to living standards

PEOPLE IN NEED

973k

TARGET

844k

WOMEN

52%

CHILDREN

37%

WITH DISABILITY

5%

Around 973,000 crisis-affected people are experiencing critical problems related to living standards that have a direct effect on their ability to pursue regular productive activities and their capacity to meet their basic needs in an autonomous manner. Children make up at least 37 per cent of this population, while women and children together make up about 70 per cent. This includes some 739,100 people in Rakhine State (76 per cent of the total), 160,000 in Kachin State (16 percent), 58,400 in Shan State, 10,600 in Kayin State and 4,200 in Chin State. In terms of the population groups, non-displaced stateless people in Rakhine and IDPs across the five affected states represent the highest proportion, accounting for 48 per cent and 28 per cent respectively of the total number of people facing the most critical living standard challenges.

This HRP prioritizes the provision of life-saving assistance and services to the most affected communities, including IDPs in all five affected states, non-displaced stateless people in Rakhine State and former IDPs who have returned, resettled or locally integrated in Kachin and northern Shan states, to ensure equitable access to essential humanitarian services and livelihoods, without discrimination of any kind, including on grounds of sex, gender, ethnicity, religion, abilities, ages or other factors. The majority of IDPs remain dependent on humanitarian assistance in all affected states. For many, this is a direct result of restrictions on freedom of movement, which severely limit access to livelihoods opportunities and basic services such as education and health, while for others it relates to limited livelihood opportunities due to lack of access to land or security related constraints such as militarization

and landmines. In most camps, displaced people live in overcrowded conditions in temporary shelters with limited privacy.

In Kachin State, limited access to livelihoods, especially for food-insecure people in areas controlled by EAOs, has forced some people to cross the border into China to seek temporary job opportunities. Some of these people do not have official travel documents, putting them at further risk. In Rakhine State, IDPs and stateless people have limited access to essential services and livelihood opportunities due to continued movement restrictions. This also puts large numbers of people at risk, particularly the elderly, persons with disabilities, pregnant women, LGBTIQ persons and those in need of urgent life-saving medical attention. Women and girls face particular challenges due to heightened vulnerability to various forms of gender-based violence, and require specific sexual and reproductive health services which are often not readily available. Men and boys, particularly in detention settings, and the LGBTIQ community also face increased risks of conflict-related sexual violence particularly during times of heightened militarization.

In Chin and Kayin states, IDPs remain in need of life-saving assistance and will be targeted through the response in 2020. As is the case with the first set of humanitarian consequences, approximately 40 per cent of other vulnerable crisis-affected people who are in need of humanitarian assistance will also be targeted across affected states, as conflict and related displacement also continue to strain the coping capacities of host communities.

1.2

Strategic Objectives and Response Approaches

The overarching goal of this HRP is to ensure that the physical and mental wellbeing of people affected by conflict or disasters in targeted locations is improved, that minimum living standards are ensured, that durable solutions in line with international standards are achieved wherever feasible, and that respect for their rights of affected people is enhanced. The HRP fully recognizes and seeks to support the primary role of the Government of Myanmar in the initiation, organization, coordination, and implementation of humanitarian assistance within the territory of the country.

Strategic Objective 1

Rationale and intended outcome

The World Humanitarian Summit reaffirmed respect for international humanitarian and human rights law as the best way to save lives, reduce suffering and protect civilians in situations of conflict and insecurity. The Myanmar HCT recognizes the importance of promoting and protecting human rights, and of ensuring the accountability of perpetrators for violations. In relation to humanitarian action, this includes advocating for the protection of civilians from the effects of hostilities; supporting efforts by the Government and others to prevent, monitor, report on and respond to grave violations against children and gender-based violence, including conflict-related sexual violence; contributing to the provision of essential services to conflict-affected people; and assisting in identifying and addressing violations and abuses where they occur. While striving to prevent and respond to violations through engagement with key stakeholders, the HCT will seek to ensure that crisis-affected people have access to quality multi-sectoral services, including protection, food, health care including sexual and reproductive health services, nutrition, shelter, and water, sanitation and hygiene services.

The HCT remains fully committed to placing people at the centre of its work, with a focus on vulnerable and marginalized groups, including children, persons with disabilities, the elderly, female-headed households and LGBTIQ persons. This will be achieved through, inter alia, a continued commitment across sectors and clusters to mainstream protection, including gender, age and diversity throughout programmes. Strengthening engagement with and support for disability and LGBTI rights organizations will be key to ensuring an accountable, transformative and rights-based approach based on the priorities and

informed choices of affected communities, including women and girls.

The HCT Protection Strategy endorsed in January 2019 provides a foundation for ensuring that protection is at the centre of humanitarian action in Myanmar. The overarching protection vision for Myanmar is to ensure that stateless, displaced persons, and civilians in general are protected, able to enjoy their human rights—including the right to move freely and in safety—and can reestablish their lives and attain sustainable solutions without being discriminated against. While acknowledging the primary role of the Government of Myanmar in this regard, in 2020, the HCT will continue to fulfil its protection responsibilities, including in collaboration with development and peace building actors as appropriate.

The HCT is also committed to creating an operating environment in which there is zero tolerance for any form of sexual harassment, exploitation and abuse, of staff, and affected populations. In particular, the HCT commits to putting in place measures to prevent and respond to sexual exploitation and abuse of affected women, girls, boys and men by humanitarian personnel.

In all its work, the HCT will continue to prioritize the pursuit of durable solutions for IDPs that are in line with international standards. It will engage the Government at both Union and State levels, in close collaboration with other key stakeholders. Whenever and wherever feasible and appropriate, the HCT will support sustainable and dignified IDP returns to their places of origin, as well as local integration or resettlement opportunities provided they are based on individual and informed choices, and they are voluntary, dignified and safe.

Specific Objective 1.1: Morbidity and mortality of 626,700 people (256,800 displaced and 369,900 other crisis-affected people) in targeted locations is reduced through adequate access to food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.

Coordinated Response Approaches

In order to reduce the morbidity and mortality of crisis-affected people, coherent and complementary support is needed across all sectors. Given that malnutrition is one of the immediate causes of morbidity and mortality, the Nutrition Sector will focus on actively identifying cases



SITTWE, RAKHINE
A man drying fish in a camp in Sittwe Township, Rakhine State.
Photo: OCHA/Hkun Lat

Strategic Objective 1

The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
864k	847k	52%	37%	5%

of acutely malnourished children under age 5 and ensuring referrals for further assessments and treatments. Nutrition treatment services will be integrated with other health services through mobile clinics and emergency referral points and hospitals. The capacity of health clinics will be reviewed to ensure adequate capacity to provide treatment and management of acute malnutrition and inter-sector patient referral of health and nutrition services. In parallel, the Food Security Sector will explore a more refined targeting of food-insecure villages and vulnerable households for emergency food assistance to reduce a risk of negative coping mechanisms, morbidity and mortality.

The Health Cluster will work closely with all clusters and sectors to improve reporting from non-health to health actors on the Early Warning and Response System (EWARS) for communicable diseases. In line with updated Early Warning and Response System standard operating procedures, non-health actors will be oriented on a simplified and systematic way of reporting suspected communicable diseases among community members who are unable to seek health care services. In addition, the Health and Water, Sanitation and Hygiene (WASH) clusters will work jointly to integrate WASH support into health interventions in temporary health facilities. Standardized health messages from the Ministry of Health and Sports will be utilized to

promote integrated health, nutrition, and WASH messages tailored to different communities contexts in order to promote better health-seeking behavior. The Protection Sector will work closely with health actors for health service provision for gender-based violence survivors and other vulnerable groups in an inclusive manner in consonance with the goal of the Universal Health Coverage. Furthermore, the new shelter design, developed and endorsed by Shelter Cluster actors in 2019, will not only protect from the elements but also support dignity and security as well as to mitigate protection and health-risks associated with overcrowding.

Specific Objective 1.2: 833,100 people (267,000 displaced and 566,100 other crisis-affected people) in targeted locations are protected from further harm and the risks they face are mitigated and/or responded to through improved access to quality protection services, including mental health and psychosocial support, child protection, gender-based violence and mine action activities.

Coordinated Response Approaches

Protection actors will strengthen their efforts to ensure that IDPs, stateless and other crisis-affected people across Chin, Kachin, Kayin, northern Shan and Rakhine states have inclusive access to humanitarian protection services tailored to their needs. This will be achieved through

the strengthening of referral mechanisms; expanded provision of quality integrated protection services; robust protection mainstreaming; and the delivery of direct assistance to persons with specific needs. Building on work done in 2019, protection, child protection, gender-based violence and Mental Health and Psycho-Social Support actors, working closely with education, health and livelihood actors, will promote incremental access to inclusive, non-segregated government services for all communities in Rakhine State, as part of the operationalization of the HCT operating principles on engagement in IDP sites in central Rakhine that have been declared closed. This will be done through evidence-based advocacy on freedom of movement to access non-segregated education, health and livelihoods opportunities.

Child protection and gender-based violence actors will join forces to respond to child and adolescent survivors of violence and reduce risks of human trafficking and early marriages facing children and adolescents through the implementation of the Child and Adolescent Survivors Initiative. Protection, child protection, gender-based violence, health, Mental Health and Psycho-Social Support as well as mine risk actors will work together and support other sectors/clusters to enhance communities' capacities to prevent, mitigate and respond to risks through the strengthening of community-based protection mechanisms. The Child Protection Sub-Sector will partner with the Education in Emergencies Sector to promote schools as safe spaces for children. Prevention- and response-related activities will include the establishment of referrals for psycho-social support. All clusters and sectors will increase monitoring of discrimination and specific barriers in accessing services faced by persons with disabilities, to inform evidence-based advocacy towards securing the enjoyment of rights for these populations and design tailored response interventions.

Specific Objective 1.3: Respect for human rights and the protection of civilians is promoted for 833,100 people (267,000 displaced and 566,100 other crisis-affected people) in targeted locations, and durable solutions in line with international standards are supported wherever feasible and appropriate in all targeted locations.

Coordinated Response Approaches

The Protection Sector and its two sub-sectors, together with members

of the UN Country Task Force on Monitoring and Reporting (CTFMR) on Grave Violations against Children and other relevant stakeholders will work together towards the HCT Protection Strategy's key outcomes. These efforts will include the strengthening of protection monitoring wherever feasible to support analysis, design interventions and inform evidence-based advocacy on respect for international humanitarian and human rights law. Continued engagement with the government and non-government partners regarding UN Security Council Resolutions on children and armed conflict and on conflict-related sexual violence will be supported by strong information management systems and other monitoring mechanisms. The Education in Emergencies Sector will continue sensitizing partners and communities to report cases of grave violations that relate to education, including attacks and use of schools. Enhanced advocacy on humanitarian access will be supported by several clusters/sectors through a new HCT Access Group.

With the adoption of the Government of Myanmar's National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps and initiatives undertaken by the Government in 2019 for the return of IDPs in Kachin State, support for the realization of solutions to displacement in line with international principles will remain a key priority for the HCT, working jointly with UNDP and other key development actors. In Kachin and northern Shan states, opportunities for small-scale solutions have been identified for some IDPs. Protection actors will continue carrying out intention surveys while all clusters and sectors will contribute to inter-agency site-specific solutions assessments, in close consultation with IDPs and other affected communities to inform response strategies. Protection, and camp coordination and camp management (CCCM) actors will ensure all IDPs have access to information and feedback mechanisms, enabling them to make informed decisions. Advocacy will focus on the role that enhanced rule of law, a stronger housing, land and property framework, as well as access to citizenship and civil documentation can play in achieving durable solutions. In Rakhine State, continued advocacy for the implementation of the recommendations of the Advisory Commission on Rakhine State, including in relation to ensuring a do no harm approach in IDP sites declared closed in central Rakhine, will involve all clusters and sectors.

Specific Objectives: Targets and Response

#	SPECIFIC OBJECTIVES	SECTORS	NUMBER TARGETED
SO 1.1	Morbidity and mortality of 626,700 people (256,800 displaced and 369,900 other crisis-affected people) in targeted locations is reduced through adequate access to food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.	Food Security; Health; Nutrition; Shelter/NFIs; WASH	626,700
SO 1.2	833,100 people (267,000 displaced and 566,100 other crisis-affected people) in targeted locations are protected from further harm and the risks they face are mitigated and/or responded to through improved access to quality protection services, including mental health and psychosocial support, child protection, gender-based violence and mine action activities.	Protection	833,100
SO 1.3	Respect for human rights and the protection of civilians is promoted for 833,100 people (267,000 displaced and 566,100 other crisis-affected people) in targeted locations, and durable solutions in line with international standards are supported wherever feasible and appropriate in all targeted locations.	Protection	833,100



Strategic Objective 2

Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
973k	844k	52%	37%	5%

Strategic Objective 2

Rationale and intended outcome

The HCT will seek to improve all crisis-affected people’s access to quality humanitarian assistance, protection services and livelihood opportunities in targeted states, with particular attention to the vulnerability of women, children, people with disabilities, LGBTIQ persons and the elderly. The HCT will also reinforce its advocacy efforts to support increased access by humanitarian actors to all people in need. This will be done through continued close engagement with the authorities and other key stakeholders both within and beyond government-controlled areas. It will also include consistent engagement with community-based organizations (CBOs), local communities and affected people, to ensure transparency and accountability of humanitarian action.

In addition, in order to reduce dependency on international humanitarian assistance and to enhance the resilience of communities, the HCT will work closely with communities, national and local authorities, and development partners to increase access to livelihoods and basic services whenever possible. It is recognized that there is a need to strengthen capacities of communities and of community-based organizations, as they are typically the first responders in crisis and

best placed to quickly reach people in need. A risk-sensitive approach will be applied to reduce vulnerability by investing in sustainable self-sufficiency of households and communities and supporting stable income generation by increasing access to livelihood opportunities. Strengthening the resilience of communities is a long-term objective and will continue to require a comprehensive, multi-sectoral and coordinated approach, as well as engagement with development actors.

Specific Objective 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 549,100 people (265,700 displaced and 283,400 other crisis-affected people) in targeted locations depending on the severity of their needs.

Coordinated Response Approaches

The HCT is committed to supporting improved living standards and access to quality services of crisis-affected people, through integrated responses across sectors, to maximize the efficiency and effectiveness of interventions.

The Food Security and Nutrition sectors will harmonize their targeting and monitoring approaches wherever feasible and appropriate, to

PAUKTAW, RAKHINE

Two boys in the Kyein Ni Pyin camp in Pauktaw Township, Rakhine State. Photo: OCHA/Pierre Peron

ensure close linkages between food assistance and livelihoods support, and nutrition prevention services. Food security and livelihood delivery platforms will integrate social/behavior change communication for maternal, infant and young child nutrition care and support. Coordinated cash-based transfers will be considered in lieu of distributing hygiene kits, if appropriate and feasible.

The Protection Sector and the Shelter/NFIs/CCCM Cluster will support solutions to internal displacement in Kachin, northern Shan and wherever opportunities may arise. The Shelter/NFIs/CCCM Cluster will explore, in collaboration with the WASH Cluster as well as the Child Protection and Gender-Based Violence sub-sectors, opportunities for joint non-food-item distributions in affected states. The WASH Cluster will focus on prevention and mitigation of protection risks for women, girls and persons with disabilities across its interventions. Dignified access to WASH facilities in temporary education services will also be prioritized. The Education in Emergencies Sector will integrate child protection needs, with referrals and provision of psycho-social support and mine-risk education.

In an effort to improve preparedness, response and risk reduction of disease outbreaks, the Health and WASH clusters will integrate WASH support in temporary health facilities, in collaboration with the Ministry of Health and Sports. In collaboration with the Ministries of Health and Sports, Agriculture, Education and Social Welfare, Relief and Resettlement, the Nutrition Sector will focus on integration of nutrition in emergencies into the multi-sectoral national plan of action for nutrition. The Education in Emergencies Sector will work with the Ministry of Education to develop a joint Emergency Preparedness and Response Framework.

Sectors/clusters will also explore complementary modalities (in kind, cash, and mixed) that will optimize the response. Cash will be considered whenever feasible and appropriate. The Food Security Sector will lead on this modality and will work in synergy with other clusters for increased impact.

Specific Objective 2.2: Livelihoods opportunities, food security and nutritional status of 206,600 people (51,800 displaced and 154,800 other crisis-affected people) in targeted locations are secured and improved through direct provision of assistance and support for sustainable and resilient agriculture.

Coordinated Response Approaches

A layered approach will be used to deliver multi-sectoral food assistance, nutrition and livelihoods support to the most vulnerable crisis-affected people. Wherever possible, national NGOs will play a key implementing role, with international actors providing capacity building support as required.

Harmonized targeting and monitoring will be conducted by the Food

Security and Nutrition sectors wherever feasible and appropriate, through close linkages between food assistance and livelihoods support, and preventive nutrition services. Targeting criteria for food security and livelihoods will include nutritional vulnerability, and therefore prioritize households with children under age 5, and pregnant or lactating women (PLW). Although food security and livelihood assistance are targeted differently across targeted population groups, the nutrition support will aim to provide a minimum of preventative nutrition services to all children under age 5 and PLW.

Food assistance will be provided to directly increase access to food, and agriculture support to enable sustainable food production and productivity. Households with children under age 5 and PLW will also be targeted for blanket supplementary food and multiple micronutrient supplementation. IDPs living in camps in Rakhine, Kachin and Shan will be provided with blanket food and/or cash assistance. Non-displaced stateless people will be provided with in-kind food, prioritizing village tracts through vulnerability criteria such as land area under cultivation, access to markets, and impact of movement restrictions. Social and Behavior Change Communication (SBCC) will be integrated across all service delivery platforms for optimal maternal, infant and young child nutrition.

Cash-based transfers will be provided to the most vulnerable IDPs in Kachin and Shan states where feasible, depending on access to functioning markets, beneficiary preference, and the physical safety of beneficiaries and humanitarian workers. Building on lessons-learned from a joint cash pilot in 2019 (involving the WASH Cluster and the Food Security Sector), unconditional and unrestricted (multi-purpose) cash will be implemented in Kachin and a unified cash platform used to deliver "cash for hygiene." Nutrition sensitization and SBCC will be conducted for cash beneficiaries to ensure optimal nutrition practices at household level. A Joint Post Distribution Monitoring will be conducted. The experience and outcomes of the coordinated cash approach will be shared regularly with the Inter-Cluster Coordination Group (ICCG) and other stakeholders through the Cash Working Groups, to scale up efforts wherever possible and appropriate.

Provision of humanitarian assistance will be implemented in a joint and coordinated approach and in close complementarity with interventions by development partners where feasible, to improve household physical and economic access to food, enhance capacity to produce and utilize food for dietary diversity, and achieve optimal nutritional status among vulnerable households, women, infants and young children.

Specific Objective 2.3: The resilience of 835,100 people affected by conflict or disasters in targeted locations is further strengthened and national capacities reinforced to prepare for and respond to potential future emergencies.

Coordinated Response Approaches

The HCT is committed to strengthening crisis-affected communities' resilience by improving their access to basic services and livelihoods, contributing to enhanced community-based mechanisms. Interventions will as far as possible focus on early response to meet immediate needs while investing in achieving medium and longer-term solutions beyond life-saving interventions. Local networks of first-responders and other local safety nets will be supported to ensure that critical needs associated with short-term displacements in hard-to-access areas are addressed in a timely manner. The international community will support local actors and their coordination structures, and will work with local actors in developing people-centered accountability and engagement mechanisms. Coordination structures will take positive steps to ensure that local responses are led and owned by local first responders and the many local organizations implementing the HRP.

Diversifying delivery models will be a channel to enhance communities' long-term resilience, with cash transfer modalities promoted where feasible to increase access to food and agriculture inputs, promoting self-reliance and mitigating the effects of protracted crises, especially among the most vulnerable households. Cash interventions have the potential to contribute to the rehabilitation and enhancement of community productive assets, aiming at increasing communities' capacities to withstand the impacts of future conflict and/or disasters.

In addition, capacity building of the Government to further strengthen health, nutrition and education systems will seek to increase the quality of longer-term service provision to crisis-affected communities. The Education in Emergencies Sector will support the Ministry of Education to develop its 2020 emergency preparedness and response framework, to enhance the capacities of the Government and its partners to provide

equitable access to quality education in crisis-affected states. The Nutrition Sector will strengthen local capacities through increased support to individuals and communities to take up their essential role in nutrition care, and capacity building of local partners to ensure nutrition sensitivity to increase resilience and reduce the risk of malnutrition. The planned national SBCC strategy will enable development of a common community-based nutrition programme to be integrated with livelihood, agriculture and cash transfers interventions, to improve the ability of the vulnerable households to obtain food and increase access to and use of diverse diet as well as health and nutrition services. The Protection Sector will continue enhancing communities' capacities to prevent and mitigate protection risks through the strengthening of community-based child protection mechanisms, greater participation by women, adolescent girls and young people in public life, improved gender-based violence case management, sexual and reproductive health and rights programming, leadership and economic empowerment programming, increased programmes targeting adolescents to mitigate risks of negative coping mechanisms as well as the strengthening of mental health and psycho-social support services.

Some inter-sectoral/sectoral interventions will aim to build resilience both to short-term shocks related to disasters and long-term stresses linked to climate change. The Shelter and WASH clusters will promote and implement agreed standards and designs for shelter and WASH infrastructures that incorporate climate/disaster resilience while promoting low cost, sustainable and appropriate technologies that can be locally sourced with minimal maintenance requirements. The Education in Emergencies Sector and the WASH Cluster will implement an integrated response for children to access to fully functional learning spaces to better cope with the effects of crisis.

Specific Objectives: Targets and Response

#	SPECIFIC OBJECTIVES	SECTORS	NUMBER TARGETED
SO 2.1	Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 549,100 people (265,700 displaced and 283,400 other crisis-affected people) in targeted locations depending on the severity of their needs.	Education; Health; Shelter/NFIs/CCCM; WASH	549,100
SO 2.2	Livelihoods opportunities, food security and nutritional status of 206,600 people (51,800 displaced and 154,800 other crisis-affected people) in targeted locations are secured and improved through direct provision of assistance and support for sustainable and resilient agriculture.	Food Security; Nutrition	206,600
SO 2.3	The resilience of 835,100 people affected by conflict or disasters in targeted locations is further strengthened and national capacities reinforced to prepare for and respond to potential future emergencies.	Multi-Sector	835,100

1.3

Consolidated Overview: Use of Multi-Purpose Cash

In line with the Grand Bargain commitments, the HCT, the Government of Myanmar and other partners recognize the potential of cash-based initiatives as a response modality. In 2019, more than 300,000 crisis-affected people were targeted with humanitarian cash transfers valued at approximately \$10.5 million. In 2020, cash programming implemented as manual or digital payments will continue to increase the flexibility of the humanitarian response where feasible and appropriate, and in close consultations with affected communities, with due consideration for potential protection risks associated with cash distribution. Although key constraints related to freedom of movement restrictions affecting access to markets, security concerns and limited mobile network coverage remain and related risks must continue to be carefully managed when considering the feasibility

of cash, local contexts are evolving, and the continuing expansion of financial services will enable the further scaling up of e-cash programmes. Following feasibility assessments conducted in previous years, cash-based transfers were launched in parts of central Rakhine State from the beginning of 2019 and further expansion is planned in 2020, while recognizing that extensive restrictions on freedom of movement limit market access and therefore the scalability of cash programming. As part of broader efforts to promote inter-sectoral approaches, humanitarian partners in Myanmar also continue to explore the possibility of launching joint multi-purpose cash programmes, building on experience gained through previous pilot operations. Multi-purpose community cash grants used in northern Shan and cash transfers to local CBOs can potentially be scaled up in other

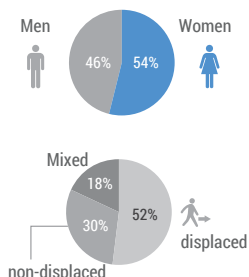
locations. Acknowledging the importance of local contexts, cash working groups in Yangon, Myitkyina and Sittwe will continue to help streamline operational standards, introduce mitigation measures for any protection concerns identified, provide technical guidelines for cash programming and facilitate information sharing among key actors, as well as more generally promote the use of cash. Another important priority in 2020 will be further leveraging cash-based transfers as a means of bridging between humanitarian and development work, including through the strengthening of linkages with the Government's work on a shock-responsive social protection system and social welfare programming in Myanmar, including through the Maternal and Child Cash Transfer programme and pension programmes.

Cash transfer programming activities in 2018 (as of June 2019)

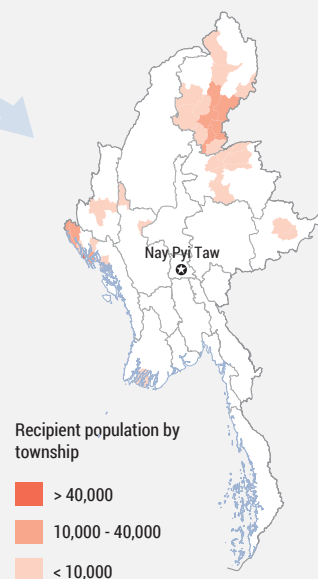
More than **612,000** people received cash assistance in 2018

201 projects
13 states/regions
66 townships
29 organizations and implementing partners

Population assisted



Planned Jan - Dec 2019



Over **600,000** people to receive
US\$ 20 million in cash assistance

1.4

Operational Capacity and Access

DEVELOPMENT AND HUMANITARIAN
OPERATIONAL PARTNERS

188

HUMANITARIAN PARTNERS
TOTAL

89

HUMANITARIAN PARTNERS*
UN / INTERNATIONAL NGOS / NATIONAL NGOS

9 / 34 / 46



Operational Capacity

National and local capacity

The Government is the primary duty bearer for the provision of protection and assistance to people in Myanmar. It has the capacity to assess and respond to a wide variety of humanitarian needs across the country through its ministries at both the Union and state and region levels, as well as through the General Administration Department. In line with the regulatory framework for international humanitarian action and humanitarian principles, humanitarian organizations will continue to support Government-led efforts to effectively address the needs of crisis-affected people.

For Rakhine State, there are three Government committees of particular relevance for humanitarian and development actors: the Central Committee for the Implementation of Peace, Stability and Development in Rakhine, chaired by the State Counsellor; the Implementation Committee on the recommendations of the Advisory Commission on Rakhine, chaired by the Union Minister for Social Welfare, Relief and Resettlement and co-chaired by the Chief Minister of Rakhine State; and the Union Enterprise for Humanitarian Assistance, Resettlement and Development in Rakhine, chaired by the State Counsellor. At the Rakhine State Government level, a Coordination Committee chaired by the State Security Minister coordinates with humanitarian and development partners operating in Rakhine State to better support the Government-led response.

In Kachin and Shan states, while the Government remains the primary duty

bearer, in areas affected by armed conflict, EAOs also have responsibilities under international law for ensuring the protection and well-being of civilians in areas under their effective control. National non-governmental organizations and local civil society entities also play a critical role, both in areas under government-control and in areas controlled by EAOs. The Joint Strategy Team (JST), comprised of 10 local NGOs, continues to account for a large proportion of the humanitarian response, particularly in conflict-affected areas in Kachin State. The JST is financially and technically supported by a number of UN and international humanitarian partners. Local women's organizations are also important actors in the humanitarian response in Kachin and Shan states, as are various faith-based civil society organizations or groups.

For Kachin State, a Working Committee on Resettlement of Internally Displaced Persons, chaired by the Deputy Minister for the Ministry of Social Welfare, Relief and Resettlement, has been established to coordinate with different stakeholders for resettlement of IDPs in Kachin State.

For natural hazards, the Government has established an Emergency Operations Centre under the Ministry of Social Welfare, Relief and Resettlement to support early warning and response in coordination with national and international partners. A private sector network for disaster preparedness and response has also been formed with the aim of strengthening private sector engagement before, during and after emergencies.

As of October 2019, 72 national NGOs involved in humanitarian or development work were recorded in the 3W (Who, What, Where) database managed by the Myanmar Information Management Unit (MIMU). National humanitarian organizations are represented in the HCT through the Myanmar Red Cross Society; the Local Resource Centre; Metta Development Foundation; and Karuna Myanmar Social Services.

International capacity and response

In 2019, nine UN agencies were involved in the humanitarian response while 113 international non-governmental organizations (INGOs) reported humanitarian or development activities through the MIMU 3W database.

Partners by Type

TYPE	NO. PARTNERS
Nat. NGOs	46
Int. NGOs	34
UN	9



For the latest operational updates, visit:

reliefweb.com/country/mmr

Humanitarian Access

Humanitarian partners have varying levels of access to crisis-affected people in the five target states due to security concerns or government restrictions. Access constraints, including due to delayed or non-issuance of travel authorizations, frequently result in difficulties and delays in assessing needs and implementing and monitoring response activities.⁶ The ability of many displaced and other vulnerable conflict-affected people to access humanitarian services is also further limited as a result of movement restrictions and insecurity.

In Rakhine State, additional access restrictions imposed by the Government in January 2019 remain in place in seven townships affected by the conflict between the Myanmar Armed Forces and the Arakan Army. These restrictions, combined with a curfew and widespread shut down of internet services, have seriously affected IDPs and other conflict-affected communities' access to humanitarian assistance. An estimated 100,000 people who were previously directly or indirectly benefiting from humanitarian and development support in rural areas of central Rakhine State are now receiving very limited assistance due to these additional restrictions. In the northern part of Rakhine State, humanitarian access also remains heavily constrained, with the vast majority of staff present in the Maungdaw area unable to access field sites. Restrictions continue to contribute to significant delays in programme implementation and challenges

in carrying out comprehensive assessments and post-distribution monitoring activities. Numerous critical life-saving programmes have been suspended or are subject to unpredictable interruptions.

Similarly, in Kachin State, national and international humanitarian partners have faced growing challenges in accessing affected people, particularly in areas controlled by EAOs, for which travel authorizations have not been received from the Government since 2016. Access to areas within government control has also significantly declined, with permissions for UN and INGO staff frequently only granted to main towns. Humanitarian access constraints continue to undermine the quality, predictability and sustainability of assistance and services provided to IDPs, host communities and other crisis-affected people, further exhausting coping mechanisms after eight years of displacement. Access constraints have a serious impact on the protection and welfare of vulnerable conflict-affected people, in Kachin and elsewhere. This includes women and girls, the elderly, persons with disabilities and LGBTIQ persons who are at increased risk of gender-based violence, trafficking and other protection concerns.

In northern Shan State, a further deterioration in access for humanitarian organizations was observed in 2019, with some locations which were previously accessible now off-limits for international personnel. Access challenges have resulted in a reduc-

tion in the quantity and quality of humanitarian support to displaced people and other vulnerable communities. Displaced people have found it difficult to restore their livelihoods and reduce their dependency on aid in an environment of continued militarization and with extensive landmine contamination. With reduced livelihood opportunities for displaced people, there is a risk of more people resorting to negative coping mechanisms, such as drug and alcohol abuse, or gender-based violence and trafficking in the region, with disproportionate impacts on women and girls.

6. In relation to access and challenges around issuance of travel authorizations, the Government has noted the following: "Both the Union and the State Government do not have any specific policy on restrictions but do have to take a cautious approach in issuing authorizations, considering the volatile security situation."

Part 2

Monitoring and Accountability

WAINGMAW, KACHIN

A child in the Maina RC camp in Waingmaw Township,
Kachin State. Photo: OCHA/Htet Htet Oo



2.1

Monitoring

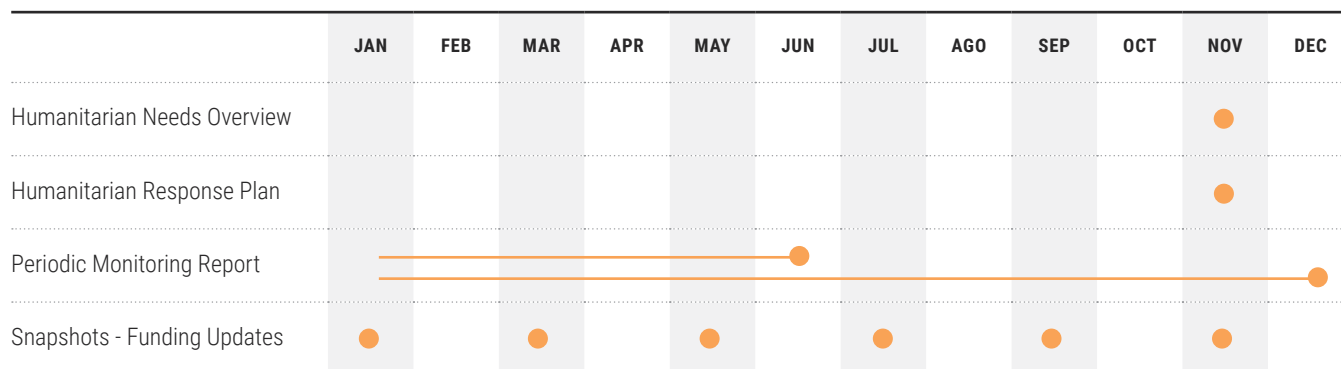
The HCT has agreed on targets and indicators for each of the sectors and clusters within the scope of this HRP. These will be used as a basis for overall monitoring of the humanitarian response, which is intended to contribute to further improvements in analysis, planning and decision-making. The ICCG takes the lead in ensuring regular monitoring and reporting of response implementation status and challenges. In 2020, the HCT will produce semi-annual monitoring reports, detailing each sector and cluster's achievements, challenges, and recommendations for follow-up action.

In addition to the HCT monitoring reports, individual sectors, clusters and agencies produce a range of monitoring reports throughout the year, and reports on multi-sector inter-agency assessment missions are shared with the HCT. Publicly available monitoring reports and various other information products are posted on the MIMU and OCHA/ReliefWeb websites.

The following actions will be prioritized for 2020:

- Advocacy for comprehensive multi-sector needs assessments in all areas with humanitarian emergencies
- Production of semi-annual monitoring reports
- Strengthening of analysis on the situation of persons with disabilities and barriers they face in accessing assistance and services to inform tailored interventions
- Collection and analysis of sex- and age-disaggregated data across all clusters/sectors with strengthened protection and gender analysis.

Humanitarian Reporting Timeline



2.2

Accountability to Affected Populations

The HCT will fulfill its commitments on Accountability to Affected Populations (AAP) as outlined by the Inter-Agency Standing Committee (IASC) and the "Participation Revolution" work stream of the [Grand Bargain](#). The HCT will also promote the use of relevant guidelines including the [Core Humanitarian Standard on Quality and Accountability](#) to strengthen system-wide humanitarian action in Myanmar, and uphold commitments to the [IASC Policy on the Centrality of Protection](#) as well as the [IASC Policy for Gender Equality and the Empowerment of Women and Girls](#) to enhance gender mainstreaming and targeted action for gender equality and empowerment of women across the humanitarian programming cycle. The HCT will promote women and youth leadership and meaningful participation in humanitarian planning and response.

While there are ongoing efforts carried over from 2019, there remain opportunities to further strengthen coordination around community engagement, both at national and sub-national levels; to enhance partners' capacities to regularly provide information to affected communities; to support the meaningful participation and leadership of affected people, including those of different sex, age, and diversity status in humanitarian decision-making; and to enable communities to assess and comment on humanitarian performance including on sensitive matters such as sexual exploitation and abuse. Standardizing and utilizing digital data collection tools to facilitate analysis will be prioritized to ensure a strong common approach. The HCT will also promote a people-centered approach through increased engagement

with local humanitarian networks.

In 2020, the most vulnerable crisis-affected people such as women, children, the elderly, child- and female-headed families, persons with disabilities and LGBTIQ persons will primarily be targeted for feedback, with adjustments made to humanitarian needs analysis, response planning and monitoring as necessary. Through the sector/cluster approach, communication with communities has guided the identification of the strategic objectives and response priorities in this HRP. Information on available assistance and services as well as complaints and feedback will be collected and disseminated using a range of channels, tools and methodologies to ensure all affected people's access to information and complaint response mechanisms. Information needs assessments carried out in 2019 will continue to inform communication strategies. There are ongoing initiatives to enhance collective accountability amongst humanitarian actors in Rakhine, Kachin and northern Shan states. A Communications with Communities Working Group in Rakhine, chaired by the Protection Sector Coordinator in Sittwe, facilitates a collective approach on community engagement by developing emergency messages for cyclones or floods, identifying best practices on feedback mechanisms or analyzing and responding to community complaints. Opportunities for joint efforts in this regard will be further explored in Kachin and Shan states.

The ICCG previously agreed to include two AAP indicators in the 2019 Humanitarian Response Plan, to assess if communities felt adequately informed about the services

provided and whether reliable feedback mechanisms were available, including for sexual exploitation and abuse. This collective monitoring will be expanded in 2020, ensuring a consistent and collective approach to the analysis of trends in communities' perceptions and ensure that feedback loops back to individuals is improved. ICCGs at sub-national level, in collaboration with respective cluster leads, will also collect sectoral feedback through monitoring exercises operated by respective sector partners. In addition, the HCT's strategy against sexual exploitation and abuse for 2020 is to establish a robust and sustainable system across humanitarian organizations to prevent, respond to and investigate incidents of sexual exploitation and abuse, including by ensuring an integrated community-based complaint system that is linked to agency-specific complaint and feedback mechanisms.

In order to coordinate and support implementation of international commitments on Protection from Sexual Exploitation and Abuse (PSEA), including the [UN Secretary-General's Bulletin \(2003\)](#), a PSEA network was established in Myanmar in 2018. The national PSEA Network will serve as the primary body responsible for implementation of PSEA activities, coordination and oversight to establish a robust and sustainable system to prevent, investigate and respond to incidents of SEA. By strengthening engagement with and support of local populations and promoting a coherent, harmonized and coordinated prevention and response systems, humanitarian actors in Myanmar will affirm its commitment towards collective accountability to affected populations.

2.3

Indicators and targets

Strategic Objective 1

The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.

INDICATORS	IN NEED	TARGETED	SECTOR
Number of people who received food and/or cash assistance	554,843 Chin: 1,305 Kachin: 95,883 Kayin: 5,461 Rakhine: 436,253 Shan: 15,941	421,016 Chin: 1,000 Kachin: 73,480 Kayin: N/A Rakhine: 334,320 Shan: 12,216	Food Security
Number of EWARS notifications that have been verified	Benchmark: 100% of notified EWARS cases are verified. Source: EWARS	Benchmark: 100% of notified EWARS cases are verified. Source: EWARS	Health
Number of boys and girls 6-59 months with SAM admitted for treatment	9,425 Chin: 8 Kachin: 265 Kayin: 67 Rakhine: 8,886 Shan: 199	8,279 Chin: 7 Kachin: 231 Kayin: 57 Rakhine: 7820 Shan: 164	Nutrition
Number of people in need with access to minimum protection services	921,703 Chin: 4,279 Kachin: 160,006 Kayin: 10,621 Rakhine: 689,687 Shan: 57,110	833,097 Chin: 4,279 Kachin: 117,598 Kayin: 4,886 Rakhine: 660,402 Shan: 45,932	Protection
Number of IDPs and other crisis-affected people with access to temporary/emergency shelter in accordance with minimum standards	173,022 Chin: 1,087 Kachin: 56,882 Rakhine: 109,195 Shan: 5,858	129,901 Chin: 1,087 Kachin: 23,436 Rakhine: 102,735 Shan: 2,643	Shelter / NFIs
Number of women, men, boys and girls benefitting from safe/ improved drinking water, meeting demand for domestic purposes, at minimum/agreed standards	869,154 Chin: 4,279 Kachin: 132,614 Kayin: 9,132 Rakhine: 665,869 Shan: 57,260	527,991 Chin: 1,000 Kachin: 85,938 Kayin: 9,132 Rakhine: 410,888 Shan: 21,033	WASH

Strategic Objective 2

Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.

INDICATORS	IN NEED	TARGETED	SECTOR
Number of targeted girls and boys (3-10) supported by partners to access quality and inclusive pre-primary/primary learning opportunities	116,369 Chin: 426 Kachin: 19,701 Kayin: 1,635 Rakhine: 88,845 Shan: 5,762	93,130 Chin: 341 Kachin: 15,760 Kayin: 1,308 Rakhine: 71,077 Shan: 4,644	Education
Number of people who received agriculture and other livelihood support, contributing to household food security	186,185 Chin: 2,088 Kachin: 11,996 Kayin: 1,365 Rakhine: 163,198 Shan: 7,538	141,627 Chin: 1,600 Kachin: 9,193 Kayin: N/A Rakhine: 125,057 Shan: 5,777	Food Security
Number of outpatient consultations per person, per year, by administrative unit	618,917 Chin: 1,797 Kachin: 98,200 Kayin: 10,621 Rakhine: 472,816 Shan: 35,483	523,583 Chin: 925 Kachin: 83,896 Kayin: 10,621 Rakhine: 414,485 Shan: 13,656	Health
Number of boys and girls aged 6-59 months at risk of acute malnutrition in priority locations who received blanket supplementary feeding programme	85,057 Chin: 677 Kachin: 14,029 Kayin: 905 Rakhine: 61,621 Shan: 7,825	68,593 Chin: 200 Kachin: 5,318 Kayin: 574 Rakhine: 60,537 Shan: 1,964	Nutrition
Number of IDPs in camp/camp-like settings that have equitable access to basic services	257,409 Chin: 1,087 Kachin: 97,806 Kayin: 4,744 Rakhine: 145,894 Shan: 7,878	239,878 Chin: N/A Kachin: 90,613 Kayin: N/A Rakhine: 141,651 Shan: 7,614	CCCM
Number of women, men, girls and boys accessing WASH services in temporary health facilities and learning spaces which received support from the WASH Cluster	193,028 Kachin: 32,812 Rakhine: 160,216	38,604 Kachin: 6,562 Rakhine: 32,042	WASH

Accountability to Affected People

INDICATORS
Percentage of affected people who feel informed about the different services available to them
Percentage of affected people who know how to and feel comfortable to make suggestions or complaints (including allegations of sexual exploitation, abuse, mistreatment or harassment) to aid providers

Part 3

Sectoral Objectives and Response

WAINGMAW, KACHIN

Children in a camp for displaced people in Waingmaw Township, Kachin State. Photo: UNICEF/Khine Zar Mon

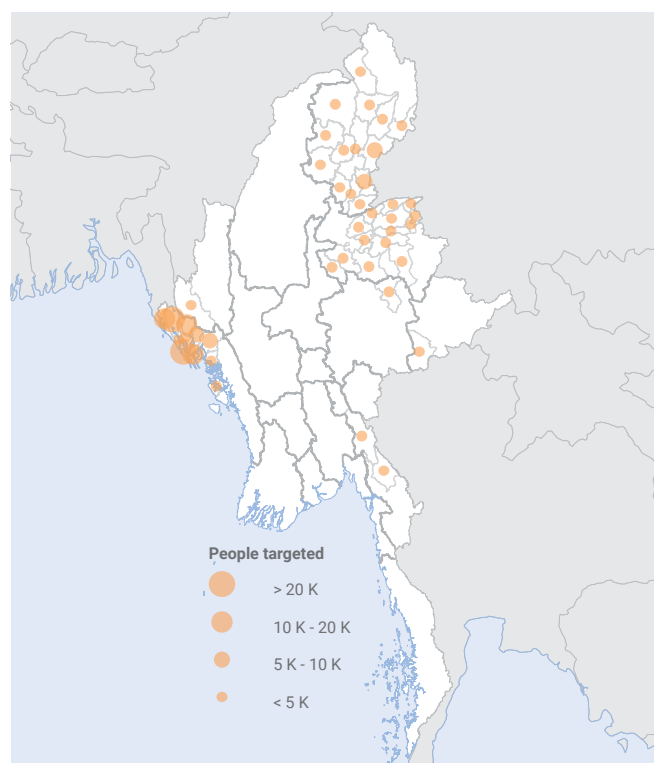


Overview of Sectoral Response

SECTOR	REQUIREMENTS (US\$)	OPER. PARTNERS	PEOPLE IN NEED	PEOPLE TARGETED
Education	\$26.1 M	18	256 k	205 k
Food Security	\$61.4 M	34	734 k	563 k
Health	\$19.9 M	60	619 k	524 k
Nutrition	\$15.8 M	19	175 k	143 k
Protection	\$34.6 M	42	922 k	833 k
Shelter / NFIs / CCCM	\$21 M	28	270 k	250 k
Water, Sanitation & Hygiene (WASH)	\$33.2 M	23	869 k	528 k
Coordination and Common Services	\$4.3 M	-	-	-

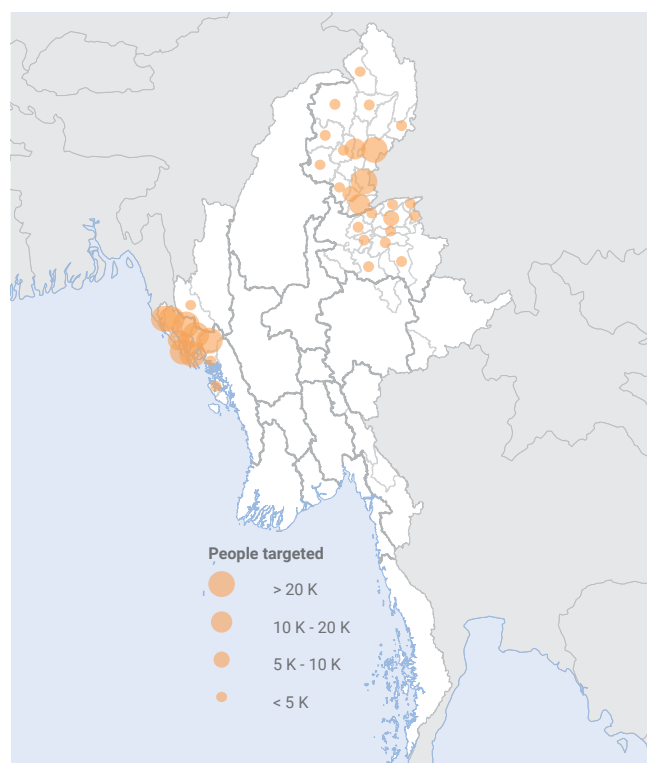
3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
256k	205k	\$26.1M



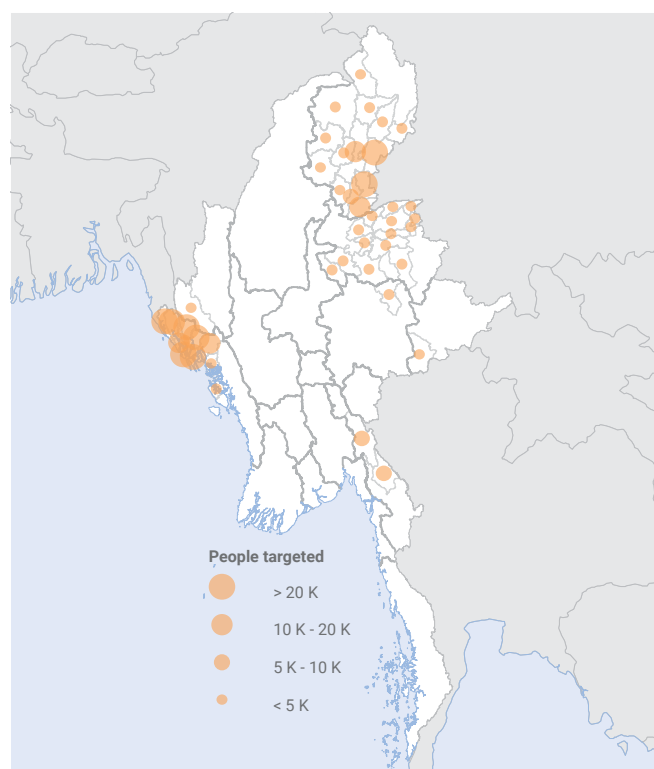
3.2 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
734k	563k	\$61.4M



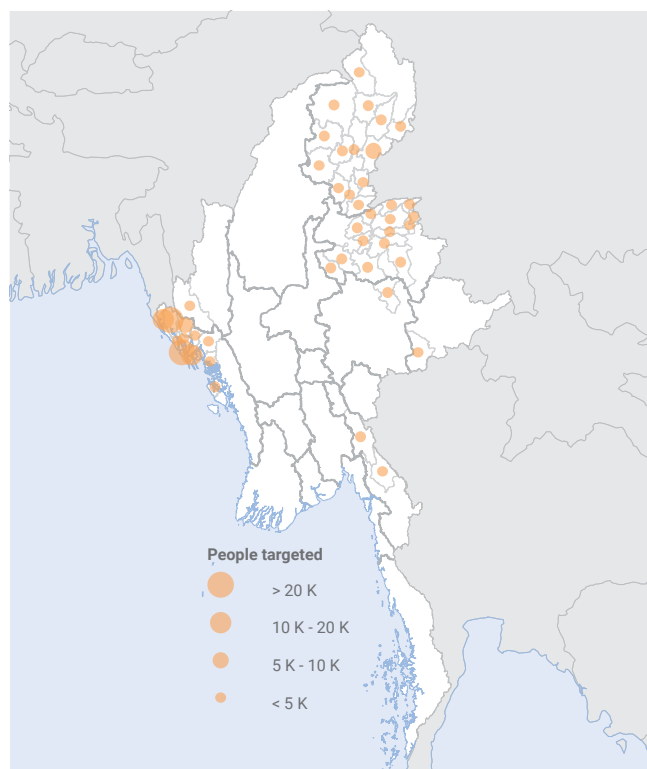
3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
619k	524k	\$19.9M



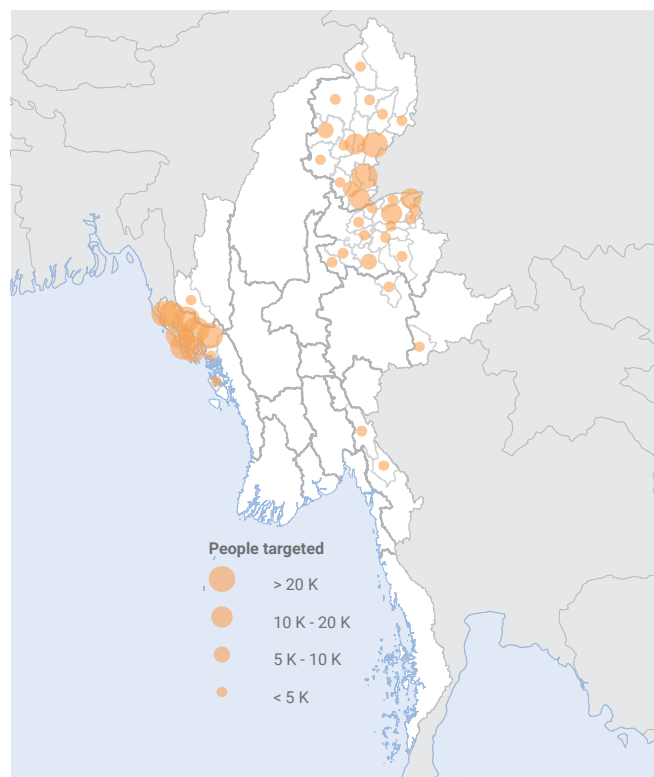
3.4 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
175k	143k	\$15.8M



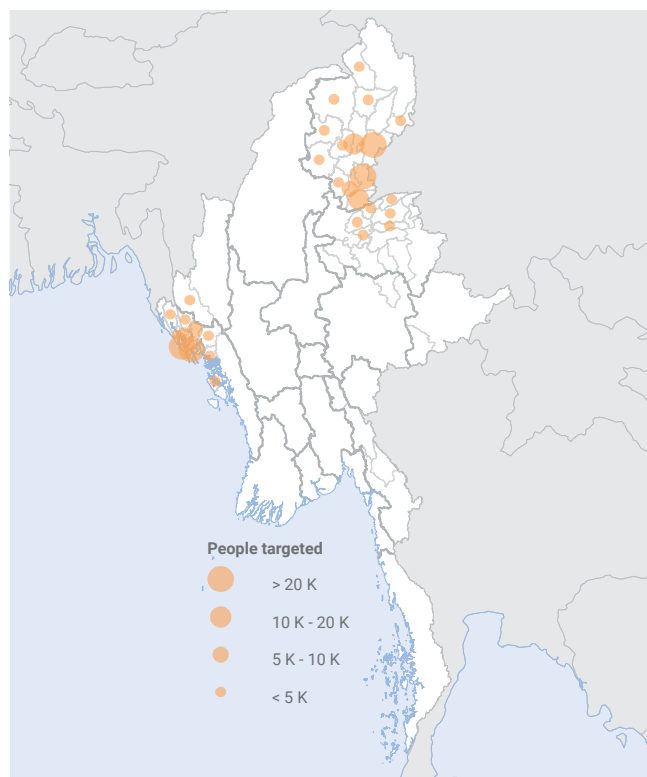
3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
922_k	833_k	\$34.6_M



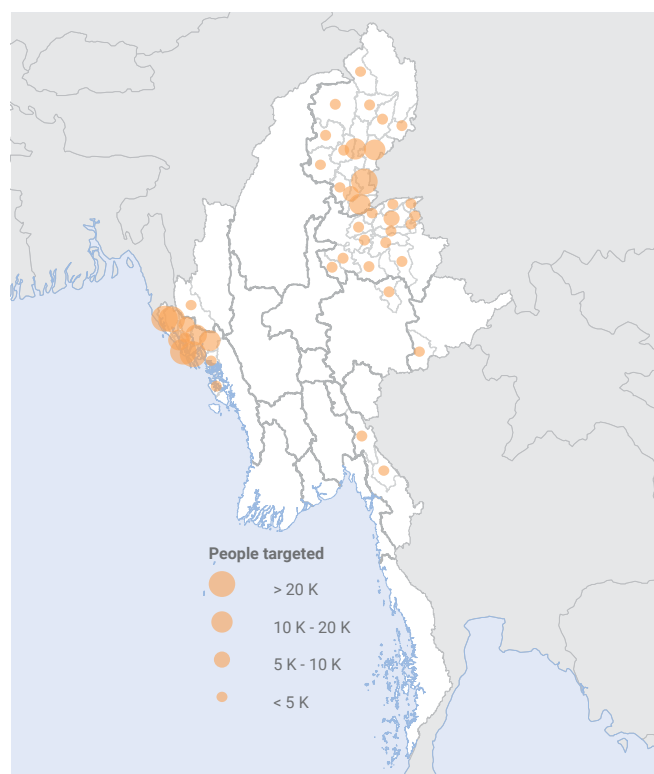
3.6 Shelter / NFIs / CCCM

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
270_k	250_k	\$21_M



3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
869_k	528_k	\$33.2_M



3.1 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
256k	205k	\$26.1M	18
Chin : 936 Kachin : 43,298 Kayin : 3,593 Rakhine : 195,264 Shan : 12,663	Chin : 749 Kachin : 34,637 Kayin : 2,874 Rakhine : 156,212 Shan : 10,128	Chin : 0.09 M Kachin : 3.19 M Kayin : 0.26 M Rakhine : 21.6 M Shan : 0.97 M	

Objectives

In the framework of the Education in Emergencies (EiE) Sector Strategy for 2018-2020, EiE Sector partners identified two main objectives in support of the Ministry of Education (MoE)'s efforts to provide education services to crisis-affected girls and boys in the five affected states.

Objective 1: Some 200,000 crisis-affected girls and boys (3-17) have access to protected, quality and inclusive learning opportunities that promote their protection and wellbeing.

Objective 2: Some 5,000 formal and non-formal teachers' capacity is enhanced to provide quality education to and cater for psycho-social and socio-emotional needs of crisis-affected learners (girls and boys aged 3-17).

Response

EiE Sector response, in alignment with the Humanitarian, Development and Peace Nexus

Overarching response framework: EiE Sector partners' response will be tailored to needs, recognizing that the primary responsibility to provide access to education services to all crisis-affected children in Myanmar lies with the Government. EiE Sector partners will endeavor to coordinate and support activities that contribute to MoE policy of no child left behind, no discrimination, and inclusiveness. In areas beyond Government control, increased engagement with ethnic education service providers will be sought.

EiE Sector priorities are framed in its strategy through a mid-term review process to ensure better alignment with the changes in the operating environment, including improved collaboration with MoE at all levels. For the first time, MoE has earmarked a specific budget line for EiE in the fiscal year 2019-2020.

Emergency Preparedness: The EiE Sector has established a collaboration with United Nations Educational, Scientific and Culture Organization's International Institute for Education Planning to support MoE to develop an Integrated MoE and EiE Sector Emergency Preparedness and Response Framework in 2020. The overall goal of

the program is to better equip MoE and education partners to provide equitable access to quality education for learners in crisis-affected states through improved response planning and coordination in emergencies.

Coordination with MoE and Education Development Partners: The established communication with EiE focal points at MoE at union and state/region level will be maintained through quarterly co-chaired coordination meetings at national and sub-national level as well as regular sharing of the EiE Sector dashboard information. The EiE Sector will also continue to maintain an open communication with the Education Development Partners Coordination Group, by engaging in their regular meetings and in bilateral donors' updates, to ensure that linkages across the Humanitarian, Development and Peace (HDP) Nexus are identified and supported by development partners. This may include advocating for multi-year funding opportunities to strengthen services/systems, and bridging the HDP divide.

Response activities: EiE Sector partners will continue to support displaced and other crisis-affected children to enroll in accessible and safe education services, primarily provided by MoE. (For areas beyond Government control, this support will target services provided by ethnic or community-based education systems).

Activities may include but are not limited to:

- Coordination with EiE focal points from State/Region Education Department to identify needs which are not covered by the Government, and to eliminate overlap/duplication;
- Advocacy with state education departments to ensure that regular placement tests are organized to enroll newly displaced or other crisis-affected children in the aftermath of a crisis, and prevent further drop-out;
- Provision of teaching/learning materials to affected schools and families/students as necessary, including through in kind or cash/ voucher assistance, if access to markets is not disrupted;
- Strengthening capacity of teachers (formal/non-formal) to provide child-centred, inclusive, and gender-responsive teaching practices,

and to cater for the psycho-social and socio-emotional needs of crisis-affected children. This may include mine risk education, if need arises.

In areas where crisis-affected children are unable to enroll in services run by MoE or other service providers, EiE Sector partners will continue supporting direct education service provision as an interim measure (including mainstreaming water, sanitation and hygiene activities, menstrual hygiene management, in temporary learning spaces). This includes access to early childhood care and development programs as well as primary (formal and non-formal), post-primary/vocational training opportunities. Focus will be devoted to advocate with MoE/ethnic education providers to take over direct service provision responsibilities.

Within the framework of the National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps, EiE Sector partners will continue to engage with the Humanitarian Country Team, the Ministry of Social Welfare, Relief and Resettlements and MoE to identify durable and sustainable solutions to ensure that all crisis-affected children in Myanmar have access to inclusive education.

Evidence Generation: As part of the mid-term review process of the EiE Strategy, partners prioritized the need to invest more resources (financial and time) in evidence generation to inform development of more effective EiE programmatic approaches. Areas of focus include: education needs assessments, jointly with the Child Protection Sub-sector including the role and potential protection risks of boarding schools as education providers (as applicable, considering ongoing access limitations); challenges experienced by crisis-affected girls and boys in re-enrolling/enrolling in formal schools including exposure to child marriage, limited access to schools for children with disabilities; constraints of host schools in accommodating new intakes of students, in a context of already constrained resources; identification of out-of-school crisis-affected girls and boys; psycho-social impact of crises on girls and boys. An increased focus on learning outcomes of displaced or crisis-affected children will be mainstreamed, potentially through the use of a rapid literacy and numeracy test in areas where there are no MoE's Early Grade Reading Assessments.

Localization and Partners' Capacity Strengthening: In Myanmar, national and civil society organizations are at the forefront of

the provision of education services, in particular in areas where international actors are unable to access due to restrictions, especially in the northern part of Rakhine State and areas beyond Government control in Kachin and Shan states. In 2020, the EiE Sector will strengthen its engagement with local partners by promoting a principled partnership aiming at supporting and enhancing their institutional capacity as well as their skills to design evidence-based EiE programming.

Protective Learning Environments (integration with child protection): The promotion of schools as safe spaces will continue to be supported by partners, in collaboration with the Child Protection Sub-sector. This includes support for prevention and response to all violence against children including gender-based violence, setting-up referrals to case management and the provision of psycho-social support. Mine Risk Education will also be prioritized. In 2019, reports of schools being used by armed forces and groups across Myanmar have increased. In 2020, the EiE Sector will continue sensitizing partners and communities to report cases of grave violations that relate to education, including attacks and use of schools, through the Monitoring and Reporting mechanism. The EiE Sector will also support the dialogue and engagement with MoE and the Government to endorse the Safe School Declaration, in collaboration with Education Development Partners, and advocate for safety measures (e.g. transportation) in conflict-affected areas for school children as a means of protecting girls from gender-based violence, sexual harassment, abuse and exploitation encountered as they travel to attend school.

Cost of Response

The cost of the EiE response varies depending on whether crisis-affected children are able to access services provided by the Government or ethnic service providers or whether partners are supporting direct service provision. An average cost per beneficiary is US\$127, with the highest unit cost in Rakhine at \$138.

Monitoring

The EiE Sector has been using the Education Sector Monitoring Tool since early 2018. The tool is being updated by partners on a quarterly basis and will continue to be used for monitoring of targets under this Humanitarian Response Plan. An increased focus on child engagement will be piloted, aiming at strengthening EiE Sector partners' accountability to children in their service provision.

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 2: Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.			
Specific Objective 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 549,100 people (265,700 displaced and 283,400 other crisis-affected people) in targeted locations depending on the severity of their needs.			
Sectoral Objective: Some 200,000 crisis-affected girls and boys (3-17) have access to protective, quality and inclusive learning opportunities that promote their protection and wellbeing.	Number of targeted girls and boys (3-10) supported by partners to access quality and inclusive pre-primary/primary learning opportunities.	116,369 Chin: 426 Kachin: 19,701 Kayin: 1,635 Rakhine: 88,845 Shan: 5,762	93,130 Chin: 341 Kachin: 15,760 Kayin: 1,308 Rakhine: 71,077 Shan: 4,644
	Number of targeted adolescent girls and boys (11-17) supported by partners to access quality and inclusive post-primary learning opportunities.	132,992 Chin: 487 Kachin: 22,515 Kayin: 1,868 Rakhine: 101,537 Shan: 6,585	106,433 Chin: 389 Kachin: 18,011 Kayin: 1,494 Rakhine: 81,230 Shan: 5,309
Sectoral Objective: Some 5,000 formal and non-formal teachers' capacity is enhanced to provide quality education to and cater for psycho-social and socio-emotional needs of crisis-affected learners (girls and boys aged 3-17).	Number of targeted teachers (formal/non-formal) who have received capacity building/training opportunities to increase their capacity to cater for psycho-social and learning needs of crisis-affected girls and boys (3-17).	6,394 Chin: 23 Kachin: 1,082 Kayin: 90 Rakhine: 4,882 Shan: 317	5,037 Chin: 19 Kachin: 866 Kayin: 72 Rakhine: 3,905 Shan: 175

3.2

Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
734_k	563_k	\$61.4_M	34
Chin : 4,279	Chin : 2,600	Chin : 0.3 M	
Kachin : 103,945	Kachin : 82,672	Kachin : 8.4 M	
Kayin : 6,826	Kayin : N/A	Kayin : N/A	
Rakhine : 582,864	Rakhine : 459,377	Rakhine : 51 M	
Shan : 36,288	Shan : 17,994	Shan : 1.7 M	

Ongoing conflict, inter-community tensions, restrictions on freedom of movement and recurrent climate-related shocks continue to undermine the availability of food supplies and agricultural productivity as well as physical and economic access to food markets and livelihoods opportunities. The Food Security Sector (FSS) response in 2020 will target over 562,000 people, addressing the needs of vulnerable women, girls, boys and men in Kachin, Shan, Rakhine and Chin states affected by conflict and/or disasters. Interventions will improve households' physical and economic access to food, enhance their capacity to produce and utilize diversified foods year-round and increase their resilience to shocks.

Objectives

1. Over 421,000 crisis-affected people have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance all year round.
2. Resilience of over 141,000 crisis-affected people is enhanced to restore, protect and improve their livelihood opportunities.
3. Improved timeliness, appropriateness and effectiveness of food security sector response through food security sector coordination, analysis and dissemination

Response

Restoring the livelihoods of affected populations and protecting those at risk are key actions to strengthen resilience and reduce food insecurity. Food security partners will provide life-saving food and/or cash assistance to displaced and vulnerable women, girls, boys, and men whose special needs have been identified through gender and protection assessments, including those living in camps or camp-like settings in Kachin, Shan, Rakhine and Chin states, given their protracted displacement and the ongoing movement restrictions that impede equal access to food, and/or income generation capacities to cover basic food needs. In areas controlled by ethnic armed organizations in Kachin and northern Shan, FSS will continue to assist the displaced and most vulnerable crisis-affected people with food assistance through local or community-based organizations. Returnees, resettled and relocated IDPs will also be supported with

a one-time return package followed by cash-for-work activities to rehabilitate and/or construct community assets, contributing to the filling of seasonal food gaps whenever feasible.

FSS will ensure that vulnerable crisis-affected people in northern Rakhine have access to safe and nutritious food through the provision of emergency food assistance. In collaboration with state and local authorities, FSS partners will continue to explore more refined targeting of food-insecure villages and vulnerable food-insecure households. Among targeted groups, female-headed households with a high number of dependents, households with disabled members and the elderly will be prioritized for assistance.

Interventions to improve economic access, increase the availability of quality and diversified food and reduce the use of negative coping mechanisms are of critical importance for FSS. Interventions should address immediate needs and contribute to long-term resilience where possible, promoting cash transfer modalities to increase access to food and agriculture inputs and promote self-reliance.

Small-scale farmers, livestock owners and fishing communities will receive agriculture inputs that can support crop, livestock, fishery and aquaculture production and productivity. Cash interventions will be considered as a means of contributing to the rehabilitation and enhancement of community productive assets, aiming at increasing communities' capacities to withstand the impacts of disasters. Agriculture and non-agriculture livelihoods programs will seek to promote social cohesion, strengthen the resilience of affected communities and mitigate the effects of protracted crisis. Targeting will focus not only on IDP and IDP returnees, but also on non-displaced communities living in areas affected by conflict and/or disasters, as well as on vulnerable host communities. Women, including female-headed households, will be specifically targeted for engagement in livelihoods opportunities by promoting gender-transformative and non-household-based activities through a consultative approach to advocate for women's economic empowerment, resilience and self-reliance.



WAINGMAW, KACHIN

A young boy outside his family's shelter in a camp for displaced people in Waingmaw Township, Kachin State.

Photo: UNICEF/Khine Zar Mon

Cost of Response

For agricultural and non-agricultural livelihoods support aiming to increase food production, assist local fishing communities and provide assistance to livestock owners, including through the use of cash and voucher programming and income generating activities, standard guidelines are not in place to harmonize the calculation of costing; costs will vary depending on the type of intervention (e.g. provision of seeds versus animal capitalization) and geographical location (e.g. due to local cost of animal purchase).

For food assistance, the standard ration for monthly in-kind assistance consists of 13.5 kg of rice, 1.8 kg of pulses, 0.9 kg of oil and 0.15 kg of salt in line with the Sphere Standard daily requirement of 2,100 kilocalories. Approximately 70 per cent of the projected total transfer value in 2020 will be cash, with this percentage increasing over time. Cash-based transfers will be considered wherever feasible, taking into account accessibility to functioning markets, security concerns, and beneficiary acceptance. Cash entitlements will be determined based on the local market price of the standard food basket, inflation rates and transportation costs. FSS is exploring

the expansion of mobile money transfers from Kachin to Shan and Rakhine in order to reduce the risks of distribution of hard cash, and to simplify delivery mechanisms. In-kind assistance will continue where conditions are not conducive for cash transfers. As food insecurity may exacerbate forms of gender-based violence (GBV) and food or cash distributions may also unintentionally contribute to GBV, distribution strategies will be based on assessment and analysis of protection and gender with appropriate mitigation measures to be in place.

Monitoring

A participatory monitoring approach will be implemented in close collaboration with local authorities and decentralized services. For an effective response, it is essential to have clear understanding of the magnitude and severity of food insecurity, combined with analysis of immediate and underlying causes. The connection between food security analysis and response will be enhanced through the expansion of existing food security monitoring and information management systems, and by strengthening links with response analysis at state and township levels in Kachin, Shan, Rakhine and Chin states. FSS also plans

to collect data from FSS partners using its 5W database, which will allow a close understanding of existing assistance and gaps to be filled.

Standard monitoring activities under the FSS include regular food distribution monitoring, onsite monitoring for Cash for Work and post distribution monitoring. FSS programme implementation is monitored through gender-disaggregated data collected regularly by FSS partners (where relevant). FSS monitoring ensures that the intended beneficiaries receive their full entitlements and support, and highlights issues of concern to be addressed. Monitoring also typically includes the gathering of data on utilization and satisfaction of the food among

beneficiaries. The FSS community feedback mechanism ensures participation of all sections of affected populations. It is used to receive and process beneficiary concerns, respond to them, and to ensure that FSS is accountable to its beneficiaries and responsive to community feedback and requests for greater and more routine transparency, two-way communication, and information provision for affected communities.

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.			
Specific Objective 1.1: Morbidity and mortality of 626,700 people (256,800 displaced and 369,900 other crisis-affected people) in targeted locations is reduced through adequate access to food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.			
Sectoral Objective: Over 421,000 crisis-affected people has equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance, all year round.	Number of people who received food and/or cash assistance.	554,843 Chin: 1,305 Kachin: 95,883 Kayin: 5,461 Rakhine: 436,253 Shan: 15,941	421,016 Chin: 1,000 Kachin: 73,480 Kayin: N/A Rakhine: 334,320 Shan: 12,216
Strategic Objective 2: Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.			
Specific Objective 2.2: Livelihoods opportunities, food security and nutritional status of 206,600 people (51,800 displaced and 154,800 other crisis-affected people) in targeted locations are secured and improved through direct provision of assistance and support for sustainable and resilient agriculture.			
Sectoral Objective: Resilience of over 141,000 crisis-affected people is enhanced to restore, protect and improve their livelihood opportunities.	Number of people who received agriculture and other livelihood support, contributing to household food security.	186,185 Chin: 2,088 Kachin: 11,996 Kayin: 1,365 Rakhine: 163,198 Shan: 7,538	141,627 Chin: 1,600 Kachin: 9,193 Kayin: N/A Rakhine: 125,057 Shan: 5,777

3.3 Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
619_k	524_k	\$19.9_M	60
Chin : 1,797	Chin : 925	Chin : 0.04 M	
Kachin : 98,200	Kachin : 83,896	Kachin : 3.2 M	
Kayin : 10,621	Kayin : 10,621	Kayin : 0.4 M	
Rakhine : 472,816	Rakhine : 414,485	Rakhine : 15.8 M	
Shan : 35,483	Shan : 13,656	Shan : 0.5 M	

Objectives

The Health Cluster collectively prepares for and responds to humanitarian emergencies with an aim to improve health outcomes of crisis-affected people through timely, predictable, appropriate and coordinated health actions. The Health Cluster, co-led by the Ministry of Health and Sports, aims to build upon current structures, making principled health actions as local as possible, to relieve suffering, save lives and prevent disabilities in humanitarian emergencies. The Health Cluster will enhance the well-being, safety, dignity and resilience of crisis-affected people through coherent, coordinated and integrated humanitarian health response.

Response

The Health Cluster will continue to facilitate the delivery of quality programmes and services, based on different health needs and capacities of women, girls, boys and men of all ages, people with disabilities, and other diversity characteristics. The Health Cluster's work plan establishes priorities aligned with the Ministry of Health and Sports strategic directions, and will address humanitarian and development challenges to promote the nexus approach where possible.

The Health Cluster is committed to strengthening its preparedness and response capacities in emergency-affected and underserved areas, including response to acute emergencies through improving equitable access to inclusive health care. Health Cluster partners will work in line with the Inter-Agency Standing Committee (IASC)'s six core functions and accountability to affected population (AAP), added as the seventh: (1) support service delivery; (2) inform strategic decision-making; (3) plan and develop strategies; (4) monitor and evaluate performance; (5) build national capacity in preparedness and response; (6) undertake advocacy; (7) promote a people-centered and gender-responsive approach in the Health Cluster response, including through AAP framework and the IASC gender accountability framework.

Priority health activities will vary with specific locations. Overall, the targeted activities will include:

1. Primary health care services aligned with the essential package of health services, including sexual and reproductive health with support for menstrual hygiene management, and the emergency health care for land mine victims wherever feasible;
2. Emergency referrals including specific services such as emergency trauma care, emergency obstetric care, gender-based violence (GBV) clinical care and referrals to other GBV specialized services;
3. Immunization activity support;
4. Disease surveillance and response;
5. Mental health and psychosocial support services;
6. Preparedness capacity for emergencies and disasters, including disaster risk reduction within the Health Cluster;
7. Advocacy to promote equitable access to inclusive healthcare;
8. Contingency medical supplies;
9. Health services through mobile clinics or revitalization of health facilities;
10. Ensure continuity of HIV and TB treatments as well as treatment for non-communicable diseases (e.g. diabetes, hypertension)
11. Improving availability of humanitarian health information for hard-to-reach areas⁷.

Primary health care, including life-saving maternal, newborn, child and sexual and reproductive health care services (the Minimum Initial Service Package) through mobile clinics and community outreach with support for menstrual hygiene management will ensure that women, adolescent girls and children will continue to receive the highest possible level of care. Primary health care clinic services will be in consonance with the essential package of health services as described in the National Health Plan. Immunization programs

7. Refers to locations where additional support is required for health service delivery as compared to non-emergency affected areas. This includes, but not limited to, displacement sites, host communities, geographically or socially hard to reach areas, and non-government controlled area.



KUTKAI, SHAN

A nurse providing antenatal care to a pregnant woman in a displacement site in Kutkai Township, Shan State.

Photo: IRC/Kaung Htet

will cover all population groups in hard-to-reach areas. Appropriate mental health and psychosocial support programs for different target groups, steered by the IASC Mental Health and Psychosocial Support guidelines, will be strengthened in collaboration with relevant stakeholders. Initiatives to ensure continuity of treatment/support to vulnerable groups such as the elderly, children, lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning (LGBTIQ), people with disabilities, survivors of GBV, pregnant and breastfeeding women, people living with HIV, people under TB treatment, and those with non-communicable, chronic diseases will be integrated into response efforts.

Referrals to a higher level of health care will be expanded, recognizing that all populations must be able to access emergency life-saving interventions from the nearest and most appropriate health-facility with required services. The cluster will support the Government with capacity-building on emergency preparedness and disaster risk reduction integrating gender mainstreaming strategies within the health sector context. The cluster will also ensure availability of contingency medical supplies and logistics support to respond to emergencies or disasters. Advocacy efforts to ensure equitable access to quality health services for all populations will be strengthened. The community, particularly women, girls and young

people, will be involved and informed in decision-making on accessibility to health services.

Improving availability of humanitarian health information especially from hard-to-reach areas is identified as a priority to improve a needs-responsive programming including providing community outreach to women to increase awareness on and access to sexual and reproductive health services. Partnerships with other actors who are not listed as Health Cluster partners such as civil society organizations, ethnic and community based health organizations, and others will be maximized where feasible and appropriate.

For Kachin State, priority areas will be harmonized to align with durable solutions where possible. For Rakhine State, priority areas will be harmonized with the implementation of the health-related recommendations of the Rakhine Advisory Commission. Sustained leadership and effective coordination will be ensured at national and sub-national levels. Where feasible, the cluster will integrate humanitarian and development goals, align with national health plan, promote inter-cluster approaches, and support the expansion of national healthcare service towards achieving the Universal Health Coverage by 2030.

Cost of Response

The unit-based costing has been consistently used to estimate the cost of the response over the past years. For the 2020 HRP, an average unit cost from the past five years (US\$38 per targeted beneficiary) is used.

It is important to note that health is a common good. A mobile clinic is expected to render health services within a specified location regardless of whether a specific patient theoretically qualifies as part of people targeted or not. Communicable disease outbreaks affect populations as a whole. Thus, costing of health activities which constitute direct service provision is anchored in the concept of catchment population.

Monitoring

The Health Cluster will monitor indicators as per sectoral objectives below, linked to its work plan and the 2020 HRP. Existing coordination platforms will be engaged to promote inter-sectoral monitoring and approach where feasible. Regular Health Cluster meetings held at national and state or regional-level will be utilized to ensure close monitoring. Sources of information will include, but not limited to, the early warning, alert and response system or EWARS reports, individual partner reports, and common reporting forms discussed at state level. Overall Health Cluster performance will be monitored through the annual Cluster Coordination Performance Monitoring Survey.

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.			
Specific Objective 1.1: Morbidity and mortality of 626,700 people (256,800 displaced and 369,900 other crisis-affected people) in targeted locations is reduced through adequate access to food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.			
Sectoral Objective: Communicable diseases are prevented, detected and rapidly responded for some 524,000 crisis-affected people through Early Warning and Response System (EWARS).	Number of EWARS notifications that have been verified.	Benchmark: 100% of notified EWARS cases are verified. Source: EWARS	Benchmark: 100% of notified EWARS cases are verified. Source: EWARS
Strategic Objective 2: Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.			
Specific Objective 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 549,100 people (265,700 displaced and 283,400 other crisis-affected people) in targeted locations depending on the severity of their needs.			
Sectoral Objective: Some 524,000 crisis-affected people receive essential health services, including life-saving maternal, newborn, child, sexual and reproductive health care services as well as treatments for non-communicable diseases and mental health.	Number of outpatient consultations per person, per year, by administrative unit.	618,917 Chin: 1,797 Kachin: 98,200 Kayin: 10,621 Rakhine: 472,816 Shan: 35,483	523,583 Chin: 925 Kachin: 83,896 Kayin: 10,621 Rakhine: 414,485 Shan: 13,656

3.4 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
175k	143k	\$15.8M	19
Chin : 903 Kachin : 21,443 Kayin : 1,513 Rakhine : 140,674 Shan : 10,479	Chin : 522 Kachin : 18,730 Kayin : 1,456 Rakhine : 114,500 Shan : 7,587	Chin : 0.04 M Kachin : 1.5 M Kayin : 0.2 M Rakhine : 13.6 M Shan : 0.5 M	

Objective

As part of an overall effort to support the Government-led response, including through the Myanmar Multi-sectoral National Plan of Action on Nutrition, the Nutrition Sector aims to contribute to physical and mental wellbeing as well as improve living standards of crisis-affected people through improved access to timely, predictable, appropriate and effective life-saving treatment of acute malnutrition and promotion of optimal nutrition practices to reduce the risk of mortality and morbidity among the most vulnerable groups namely, children under-five, pregnant and lactating women (PLW).

In addition, the Nutrition Sector will support building knowledge, skills and confidence to adopt optimal nutrition through behavior change activities as part of resilience building among crisis-affected people in targeted locations in Rakhine, Kachin and northern Shan states.

Response

The Nutrition Sector response is aligned with the overarching HRP strategic/specific objectives. The response priorities will include direct provision of services, integration of nutrition services into mobile clinics and referrals to public health facilities as appropriate. While the modalities of service delivery will vary by specific location, community-based platforms will be used to engage with crisis-affected people. The primary target for nutrition services is children under-five and PLW, as they are considered as the most vulnerable group. The specific activities will include:

Sector Objective 1

More than 32,000 targeted vulnerable children (boys and girls) with acute malnutrition, access equitable and inclusive life-saving treatment and management services.

- Screening of children under-five for acute malnutrition, referral and follow up.
- Treatment and management of children with severe and moderate acute malnutrition.

Sector Objective 2

More than 4,000 targeted pregnant and lactating women with acute malnutrition access equitable and inclusive life-saving treatment and management services.

- Screening of PLW for acute malnutrition, referral and follow up.
- Treatment and management of PLW with acute malnutrition.

Sector Objective 3

Nutritional status of more than 68,000 vulnerable children boys and girls 0-69 months is improved through equitable and inclusive access to preventative nutrition services.

- Blanket supplementary feeding programme (BSFP) to prevent nutritional deterioration among vulnerable children.
- Infant and young child feeding (IYCF) care and support.
- Multiple micronutrient powder for home fortification of complementary foods.
- Vitamin A supplementation and deworming supported by the Government.

Sector Objective 4

Nutritional status of more than 38,000 vulnerable pregnant and lactating women is improved through equitable and inclusive access to preventative nutrition services.

- BSFP to prevent nutritional deterioration among PLW.
- Maternal nutrition care and support.
- Multiple micronutrient supplementation for PLW.

Nutrition sector partners will apply common standards and guidelines adapted from national guidelines and international best practices, contextualized as appropriate, including on implementation modalities and capacity building. The Nutrition Sector will also support emergency preparedness and response planning and building capacities of the Government and partners to respond through the delivery of quality nutrition services at scale.

Monitoring, assessment and observation of IYCF practices, and promotion of appropriate practices, will be reinforced through community engagement and behavior change communication including awareness on gender-equal and inclusive intra-household food distribution and nutrition practices in relation to utilization of nutrition services. Where there are major gender and power dynamics, community dialogue will be used for finding collective solutions.

Sector Objective 5

More than 99,000 crisis-affected people have access to opportunities to build knowledge, skills and confidence to adopt optimal nutrition behavior at multiple relevant touch points.

The Nutrition Sector will seek to integrate nutrition considerations into resilience and disaster risk reduction planning and capacity building, working closely with food security, WASH and health partners and contributing to sustainability of relief efforts.

The Nutrition Sector will also focus on early response to meet immediate needs of crisis-affected people while investing in achieving medium to long-term nutrition solutions beyond life-saving interventions. Nutrition partners will work with the Government to build the capacity of basic health workers to increase quality and coverage of the national nutrition programme within the multi-sectoral national plan of action for nutrition framework.

In Kachin, northern Shan and Rakhine states, a national social and behavior change communication strategy (SBCC) will be adopted to develop a common approach to community-based nutrition activities to expand coverage to multiple community touch points through CSOs and local NGOs. This will ensure that crisis-affected people are supported and have opportunities to adopt optimal nutrition behaviors to improve resilience against shocks and volatility. The SBCC for nutrition will be integrated with livelihood, agriculture and mother and child cash transfers interventions to improve the ability of vulnerable households to obtain food, and increase the use of diverse diet and health and nutrition services.

The Nutrition Sector will also use the community touch points to engage with crisis-affected people about their needs, their participation in decision-making and providing their feedback, as part of the accountability to affected people, to ensure increased effectiveness and sustainability of response outcomes.

Cost of Response

The main cost drivers for nutrition services such as life-saving therapeutic and supplementary food and supply costs for treatment of acute malnutrition were reviewed by sector partners. Costs in 2019 for each of the six main sector interventions were used as a benchmark and adjusted for 2020. Where the existing health services delivery platforms (e.g. mobile clinics) are used, only additional costs such as supplies have been considered to avoid duplication. Cost per beneficiary per intervention was used as unit-of-measure cost required for nutrition service across all population groups, and was developed on this basis.

Monitoring

The Nutrition Sector has put in place a comprehensive monitoring system, built on a regular monthly reports from all nutrition service sites. The Sector's reporting tool was upgraded to an online platform from paper-based in 2019. Additional training to partners has been rolled out and site-level monitoring forms have been further standardized. The Nutrition Sector will coordinate two rounds of surveillance through Mid-Upper Arm Circumference screening in Kachin, Rakhine and northern Shan also as a means of monitoring and addressing the lack of regular nutrition surveys. Regular sector and sub-sector meetings include analysis of data to identify issues in the coverage and quality of the services, and to decide on corrective action as needed. Existing coordination platforms will be used to promote inter-sectoral monitoring approaches as appropriate. Other sources of information for Nutrition Sector monitoring include Health Cluster data and individual partner reports. Since commodities and supplies are one of the main cost drivers, monitoring will be expanded to include end-use monitoring of essential nutrition supplies. The nutrition sector will also conduct the annual Cluster Coordination Performance Monitoring and develop plans for corrective actions. To ensure accountability to affected women, girls and boys, persons with disability and other vulnerable groups throughout the nutrition programming, the Nutrition Sector will ensure two-way feedback mechanisms on nutrition services.

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.			
Specific Objective 1.1: Morbidity and mortality of 626,700 people (256,800 displaced and 369,900 other crisis-affected people) in targeted locations is reduced through adequate access to food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.			
Sectoral Objective: More than 32,000 targeted vulnerable children (boys and girls) with acute malnutrition, access equitable and inclusive life-saving treatment and management.	Number of boys and girls 6-59 months with SAM admitted for treatment.	9,425 Chin: 8 Kachin: 265 Kayin: 67 Rakhine: 8,886 Shan: 199	8,279 Chin: 7 Kachin: 231 Kayin: 57 Rakhine: 7,820 Shan: 164
	Number of boys and girls 6-59 months with MAM newly admitted for treatment.	27,462 Chin: 46 Kachin: 1,500 Kayin: 163 Rakhine: 25,289 Shan: 464	23,921 Chin: 39 Kachin: 1,290 Kayin: 141 Rakhine: 22,064 Shan: 387
Sectoral Objective: More than 4,000 targeted pregnant and lactating women with acute malnutrition access equitable and inclusive life-saving treatment and management services.	Number of under nourished pregnant and lactating women admitted to therapeutic supplementary feeding programme.	4,762 Chin: 13 Kachin: 721 Kayin: 76 Rakhine: 37,97 Shan: 155	4,238 Chin: 12 Kachin: 615 Kayin: 65 Rakhine: 3,420 Shan: 126
Strategic Objective 2: Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.			
Specific Objective 2.2: Livelihoods opportunities, food security and nutritional status of 206,600 people (51,800 displaced and 154,800 other crisis-affected people) in targeted locations are secured and improved through direct provision of assistance and support for sustainable and resilient agriculture.			
Sectoral Objective: Nutritional status of more than 68,000 vulnerable children boys and girls 0-69 months is improved through equitable and inclusive access to preventative nutrition services.	Number of boys and girls aged 6-59 months at risk of acute malnutrition in priority locations who received blanket supplementary feeding programme.	85,057 Chin: 677 Kachin: 14,029 Kayin: 905 Rakhine: 61,621 Shan: 7,825	68,593 Chin: 200 Kachin: 5,318 Kayin: 574 Rakhine: 60,537 Shan: 1,964
	Number of boys and girls 6-59 months who received micronutrient supplementation.		
Sectoral Objective: Nutritional status of more than 38,000 vulnerable pregnant and lactating women is improved through equitable and inclusive access to preventative nutrition services.	Proportion of pregnant and lactating women receiving IYCF counselling.	48,306 Chin: 159 Kachin: 4,928 Kayin: 302 Rakhine: 41,081 Shan: 1,836	38,298 Chin: 88 Kachin: 4,284 Kayin: 292 Rakhine: 32,298 Shan: 1,336
Specific Objective 2.3: The resilience of 835,100 people affected by conflict or disasters in targeted locations is further strengthened and national capacities reinforced to prepare for and respond to potential future emergencies.			
Sectoral Objective: More than 99,000 crisis-affected people have access to opportunities to build knowledge, skills and confidence to adopt optimal nutrition behavior at multiple relevant touch points.	Number of households with children, under-five (boys and girls) who are benefitting from behavior change activities.	120,763 Kachin: 15,280 Rakhine: 98,558 Shan: 6,925	99,416 Kachin: 11,640 Rakhine: 82,948 Shan: 4,828

3.5 Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
922k	833k	\$34.6M	42
Chin : 4,279 Kachin : 160,006 Kayin : 10,621 Rakhine : 689,687 Shan : 57,110	Chin : 4,279 Kachin : 117,598 Kayin : 4,886 Rakhine : 660,402 Shan : 45,932	Chin : \$ 0.16 M Kachin : \$ 6.25 M Kayin : \$ 0.23 M Rakhine : \$ 25.1 M Shan : \$ 2.9 M	

As per its strategy and revised priority response plan, the Protection Sector's overarching goal in 2020 will be to improve the protection of rights in humanitarian crises across Myanmar. Advocacy will continue with the Government and non-state actors for increased humanitarian access and respect for international humanitarian and human rights law. Wherever feasible, a transition to durable solutions for IDPs and from emergency programming to early recovery and development will be sought. Efforts will continue to operationalize the Centrality of Protection in the humanitarian response through strengthening of protection mainstreaming and integration.

Objective 1

More than 833,000 crisis-affected people have improved access to inclusive protection services.

Response

A key priority of the Protection Sector will be to ensure that all IDPs - both those in a protracted situation and those displaced more recently as a result of the conflict between the Arakan Army and the Myanmar Armed Forces - stateless and other crisis-affected people across Chin, Kachin, Kayin, northern Shan and Rakhine states have inclusive access to humanitarian protection services tailored to their needs. This will be achieved through the strengthening of referral mechanisms; expanded provision of quality integrated protection services; robust protection mainstreaming; and the delivery of direct assistance to persons with specific needs. Efforts will continue to increase government, local and community-based capacities to deliver quality protection services. Building on the work done in 2019, another key priority of the Protection Sector will be to promote incremental access to inclusive, non-segregated Government services for all communities in Rakhine State, as part of the operationalization of the HCT operating principles on engagement in IDP sites in central Rakhine that have been declared closed. This will be done through evidence-based advocacy on freedom of movement to access non-segregated education, health and livelihoods opportunities. The Protection Sector and its two sub-sectors will ensure the integration

of an age, gender and diversity approach throughout its interventions and will support all clusters to mainstream protection in their response.

The Mine Risk Working Group will expand its network of mine risk education trainers and equip them with context specific tools to support increased delivery of tailored interventions to IDPs and to other conflict affected communities. The mine action sector aims to reach some 215,000 most affected people.

Objective 2

Protection environment for more than 833,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety.

Response

The Protection Sector and its two sub-sectors will continue to strengthen protection monitoring wherever feasible to support analysis, design interventions and inform evidence-based advocacy on respect for international humanitarian and human rights law to enhance the protection of affected people. Enhancing communities' capacities to prevent, mitigate and respond to protection risks will also remain a key priority. This will require further strengthening of community-based protection mechanisms; women, elderly, LGBTIQ, persons with disabilities and young people's greater participation in public life, as well as socio-economic empowerment and leadership programming in close collaboration with relevant experts and other sectors. Building on the efforts made in 2019 to increase mental health and psycho-social support (MHPSS), including through the establishment of an MHPSS informal working group, the Protection Sector will dedicate expertise and resources to the strengthening of MHPSS capacity - of front line workers in particular - to enhance psycho-social support for crisis-affected populations and identification of people in need for provision or referral to mental health services.

Advocacy with the Government on the importance to take measures

to address the root causes of the Rakhine crisis including introducing an accessible pathway to citizenship through necessary legal reforms, as per recommendations from the Advisory Commission on Rakhine State, will also remain a key priority. Access to citizenship and civil documentations is vital for freedom of movement. In Myanmar, political rights, access to livelihoods and education is often reliant on the possession of valid citizenship and legal documentations. Housing, land and property (HLP) rights programs will be strengthened, including activities aimed at protecting HLP rights of the displaced and preventing the arrest and arbitrary detention of IDPs, stateless and other crisis-affected people arising from HLP disputes linked to unchecked acquisition (i.e. land grabbing). Particular attention will be paid to the impact on IDPs, stateless and other crisis-affected people of relevant developments in the law and corresponding implementation. The impact of gender norms on women and girls' access to civil documents and HLP documentation, and corresponding rights, will also be monitored and will inform evidence-based advocacy with the Government.

Societal discrimination against persons living with disabilities and gaps in Myanmar's legal and policy framework hinder the protection of these persons, and others, including orphans, adopted children and children-headed households. Monitoring will take into account these dynamics, with specific consideration to the experiences of IDPs, stateless and other crisis-affected populations and will inform evidence-based advocacy towards securing the enjoyment of rights for these populations.

Objective 3

Durable solutions for more than 9,500 IDPs are realized in line with international protection standards.

Response

With the adoption of the National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps and initiatives undertaken by the Government and the Military in 2019 for the return of IDPs in Kachin state, support to the realization of solutions to displacement in line with international principles will remain a key priority of the Protection Sector in 2020. With active armed conflict ongoing in northern Shan and an absence of long-term security guarantees in both Shan and Kachin, the situation in both states does not appear conducive to large-scale solutions. However, opportunities for potential small-scale solutions have been identified for some 6,500 IDPs in these areas. The statewide household intention survey and site-specific solutions assessments undertaken in 2019 in Kachin will continue to inform response strategies in close consultation with IDPs and other affected communities. All protection actors will ensure that women, children and adolescents have access to information in their local languages and feedback mechanism, enabling them to make informed decision regarding durable solutions.

In view of the protection concerns raised by some of the solutions initiatives implemented in the past, the Protection Sector will provide guidance, in the form of "Operating Principles", to all key actors to support the realization of return, resettlement and local integration initiatives that are in line with principles of voluntariness, safety and

dignity. Besides protection monitoring, a key operational priority for protection actors will be to support displaced people to register land use rights in areas of return/ local integration/ resettlement. Increased involvement of development actors will also be critical to promote access to livelihoods and Government services to ensure solutions are sustainable. In Rakhine State, the Protection Sector will continue advocating for the implementation of the Rakhine Advisory Commission recommendations. In this spirit and in line with the Inter Agency Standing Committee Policy on the Centrality of Protection and the Human Rights Up Front Initiative, the Protection Sector will pursue the operationalization of the HCT operating principles on engagement in IDP sites in central Rakhine that have been declared closed. This will be achieved through evidence-based advocacy on freedom of movement for the Rohingya and Kaman communities, to support ongoing dialogue with the Government and, in the absence of incremental progress, will lead to the phasing out of some non-life-saving activities in the camps declared closed.

Evidence-based advocacy in support of durable solutions, will also focus on the role that a strengthened rule of law, a stronger HLP framework and access to citizenship and civil documentation can play in achieving durable solutions and preventing secondary displacement.

To ensure that IDPs have access to solutions that are voluntary and safe, mine action organizations will work with local partners to conduct surveys to assess levels of contamination and share information with IDPs and other relevant stakeholders.

Cost of Response

The main component of the cost of protection response is related to human resources as protection interventions are labor-intensive, requiring staff to organize different types of activities and services, including technical support, continuous capacity building, supervision, quality assurance and monitoring, all of which are key to the provision of quality protection, including child protection and gender-based violence (GBV) prevention and response interventions. The extension of protection services to new locations also requires additional resources for operational set-up to ensure a safe and conducive environment to provide protection interventions, including assessments, establishment of women and girls center/safe spaces, child friendly spaces, etc. Finally, the Protection Sector's financial requirements reflect budgetary needs for effective inter-agency coordination to ensure standard-setting, harmonization of tools, prioritization, capacity building and technical support.

Monitoring

The provision of quality protection services to affected populations is monitored by all protection actors in all areas of operations on a bi-annual basis through the Protection Sector's 4W, which informs the Sector's performance against its indicator. The 4W data informs the HRP monitoring reports and is available online. More detailed information is collected on child protection activities through the Child Protection sub-sector's 5W and on GBV interventions through the GBV Information Management System (GBVIMS). Additional information is also collected through protection risks analyses, protection

Sub-Sector Child Protection

CHILDREN IN NEED

380k

CHILDREN TARGETED

240k

REQUIREMENTS (US\$)

\$8.3M

PARTNERS

20

Objective 1: Some 240,000 crisis-affected people have improved access to inclusive protection services.

The Child Protection sub-sector will increase access to quality integrated support services for children and adolescents, tailored to their needs (gender, age and disability), with special focus on survivors of child abuse and exploitation, conflict affected children, and unaccompanied and separated children.

Child protection and GBV actors will collaborate in implementing the child and adolescent survivors initiative and reducing risks of children affected by armed conflict, sexual abuse, early marriages and human trafficking. This will include high quality case management services provided by the Government and NGO caseworkers as well as trained community workforce.

Objective 2: Protection environment for 240,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety.

Child protection actors will strive to strengthen community-led child protection mechanisms. Partners will focus on empowering children and adolescents, the local community, schools and alternative care providers as part of measures to prevent and respond to child abuse and child rights violations. Partners will also focus on organizing quality group activities for well-being of children, adolescents, and parents and caregivers. Building on the increased scope of the Country Task Force Monitoring and Reporting mechanism, these efforts will be combined with enhanced prevention, response, and advocacy on the six grave violations against children. This will be done through sustained engagement with all listed parties to the conflict on how to end and prevent under age recruitment and other grave violations. Support services to children at risk and survivors of abuse will be expanded through increased inter-agency collaboration on standard operating procedures, services mapping, referral pathways and enhanced capacity of child protection workforce.

Objective 3: Durable solutions for 4,400 IDPs are promoted and realized in line with international protection standards.

The Child Protection sub-sector will invest in a robust well-coordinated localization strategy; equipping and engaging local actors wherever feasible to achieve sustainable impact of the child protection in emergencies programming.

Sub-Sector Gender-based Violence

PEOPLE IN NEED

520k

PEOPLE TARGETED

250k

REQUIREMENTS (US\$)

\$7.5M

PARTNERS

18

Objective 1: Some 250,000 crisis-affected people have improved access to inclusive protection services.

The Gender-based Violence (GBV) sub-sector and its partners will focus on sustained provision of quality multi-sectoral services, including case management, mental health and psychosocial support, health, and legal assistance. Wherever feasible, GBV partners will further expand availability of and accessibility to GBV services through women and girls' centers and/or mobile services for GBV survivors and those at risks. A particular attention will be paid to ensure inclusiveness and consider special needs and vulnerabilities of people with disabilities, the elderly, adolescents, female-headed households, ethnic minorities and transgender people. Efforts will also continue to establish and strengthen functional localized referral pathways and capacity-building and coaching of service providers with context and language-appropriate tools.

Objective 2: Protection environment for 250,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety.

GBV mitigation and prevention strategies will focus on community engagement (especially with men and boys), promotion of women and girls' empowerment and safety, including through psychosocial activities, and GBV mainstreaming. Regular GBV safety audits/assessments will be conducted to enhance safe environment for women and girls while dignity kit distribution will be complemented by awareness-raising sessions on GBV risks mitigation and available services. The strengthening of collaboration with community based organizations on GBV emergency preparedness and response will also be a key priority in 2020, as well as increased awareness-raising of sexual exploitation and abuse by aid workers as a subset of GBV. Continued engagement with government and non-government partners regarding UN Security Council Resolutions on conflict-related sexual violence and the [Joint Communiqué](#) signed between the Government of Myanmar and the Office of the Special Representative of the Secretary-General on Conflict related Sexual Violence in December 2018 will be supported. Monitoring, Analysis, and Reporting, Arrangements (MARA) will be established and informed by trends from various protection partners and monitoring systems.

Objective 3: Durable solutions for more than 2,300 IDPs are promoted and realized in line with international protection standards.

To the extent possible, the GBV sub-sector and its partners will also ensure continuum of care, especially for GBV survivors, in the process of return, resettlement, or local integration, including through the establishment of localized referral pathways.

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.			
Specific Objective 1.2: 833,100 people (267,000 displaced and 566,100 other crisis-affected people) in targeted locations are protected from further harm and the risks they face are mitigated and/or responded to through improved access to quality protection services, including mental health and psychosocial support, child protection, gender-based violence and mine action activities.			
Sectoral Objective: More than 833,000 crisis-affected people have improved access to inclusive protection services.	Number of people in need with access to minimum protection services.	921,703	833,097
		Chin: 4,279 Kachin: 160,006 Kayin: 10,621 Rakhine: 689,687 Shan: 57,110	Chin: 4,279 Kachin: 117,598 Kayin: 4,886 Rakhine: 660,402 Shan: 45,932
Sectoral Objective: The protection environment for more than 833,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety.			
Specific Objective 1.3: Respect for human rights and the protection of civilians is promoted for 833,100 people (267,000 displaced and 566,100 other crisis-affected people) in targeted locations, and durable solutions in line with international standards are supported wherever feasible and appropriate in all targeted locations.			
Sectoral Objective: Durable solutions for more than 9,500 IDPs are realized in line with international protection standards.	Number of IDPs pursuing solutions who were able to return, resettle or locally integrate in line with international standards.	9,563	9,563
		Kachin: 6,446 Shan: 3,117	Kachin: 6,446 Shan: 3,117
Strategic Objective 2: Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.			
Specific Objective 2.3: The resilience of 835,100 people affected by conflict or disasters in targeted locations is further strengthened and national capacities reinforced to prepare for and respond to potential future emergencies.			
Sectoral Objective: More than 833,000 crisis-affected people have improved access to inclusive protection services.	Number of people in need with access to minimum protection services.	921,703	833,097
		Chin: 4,279 Kachin: 160,006 Kayin: 10,621 Rakhine: 689,687 Shan: 57,110	Chin: 4,279 Kachin: 117,598 Kayin: 4,886 Rakhine: 660,402 Shan: 45,932

3.6

Shelter/NFIs/CCCM



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
270k	250k	\$21M	28
Chin : 1,087 Kachin : 100,032 Kayin : 4,744 Rakhine : 154,760 Shan : 9,302	Chin : 1,087 Kachin : 92,839 Kayin : N/A Rakhine : 148,302 Shan : 7,868	Chin : \$ 0.07 M Kachin : \$ 5.7 M Kayin : N/A Rakhine : \$ 14.6 M Shan : \$ 0.6 M	

Shelter/NFI Objective:

Some 130,000 IDPs receive protection from the elements to support their dignity, security and privacy through provision of non-food-items (NFIs) and emergency, temporary or semi-permanent shelter where appropriate.

Response

In Kachin and northern Shan states, a priority of the Shelter Cluster will be to replace sub-standard/no longer habitable temporary shelters to ensure minimum standards are met, and protection risks associated with overcrowding and lack of privacy are prevented. Under these objectives, subject to availability of land and funding, the new shelter design, developed and endorsed by shelter cluster actors in 2019, will be implemented wherever feasible. In 2020, the cluster plans to provide/rehabilitate approximately 4,700 shelter units for some 23,500 IDPs in 100 camps. In addition, building on political developments and initiatives undertaken in 2019, including the creation of a Government-led Committee on the Resettlement of IDPs in Kachin, a statewide intention survey carried out in Kachin State and a number of inter-agency site-specific assessments, shelter partners will support the return, resettlement and local integration of some 2,480 IDPs, in line with international standards. These efforts will be pursued in close consultation with displaced and other affected communities, including women and marginalized/vulnerable groups and those with special needs, and will be coordinated closely with the Protection Sector and other key actors. Shelter cluster partners will also provide emergency assistance to newly displaced people through shelter and NFI interventions. In view of the number of blanket distributions carried out in previous years, in 2020, NFI distributions will only target newly displaced and persons with specific needs.

In Rakhine State, subject to humanitarian access, cluster partners will provide assistance to some 23,500 IDPs who have been displaced in Sittwe, Kyauktaw, Minbya, Mrauk-U, Pauktaw, and Ponnagyun townships as a result of the conflict between the Arakan Army and the Myanmar Armed Forces. Assistance will be delivered mainly

through NFI distribution and emergency shelter support where feasible to complement the current response by the Government and the Red Cross Movement. Any request for support to relocation sites established by the Government will be guided by international protection principles. Meanwhile, essential care and maintenance of temporary shelters in IDP camps established in 2012 will continue, resulting in the reconstruction of 600 shelters for 24,000 IDPs in Sittwe, Pauktaw, Kyauphyu and Myebon townships in central Rakhine. Reconstruction will be carried out using the improved shelter design adopted in 2019 which aims to reduce even further protection risks and improve shelters' resilience to harsh weather conditions. Another key priority for the cluster will be the continuation of the solar lighting project as part of efforts to improve IDPs' living conditions and mitigate protection risks, especially gender-based violence in the camps. Wherever feasible, the project will be implemented in villages to benefit both Rakhine and Rohingya and/or Kaman communities as part of social cohesion efforts. In view of the number of NFI blanket distributions carried out in 2019 for 13,700 IDP families living in 11 camps, NFI distributions in 2020 will only target newly displaced, persons with specific needs as well as IDP families living in eight camps who did not receive NFI in 2019. In 2020, unless there is a progress on freedom of movement for the stateless IDPs in Rakhine, the cluster will not carry out interventions and will phase out non-life saving activities in sites declared closed by the Government, as per the Humanitarian Country Team's position adopted in March 2019.

Camp Coordination and Camp Management (CCCM) Objective:

Quality of life for some 240,000 IDPs is improved through support management and service provision in IDP camps.

Response

Across Rakhine, Kachin and northern Shan states, CCCM actors will build on the significant improvements made by CCCM partners in 2019 to strengthen site monitoring to ensure that IDPs and their host communities have inclusive access to basic services and that persons with specific needs receive assistance tailored to their needs

and capacities. These efforts will be supported by monthly monitoring and the production of sites profiles highlighting sectoral gaps to facilitate response interventions by all clusters/sectors. Efforts to address barriers that persons with specific needs, especially women, children, the elderly, LGBTIQ people, and persons with disabilities face in accessing assistance and services will continue. They will include in-shelter food and NFI distributions, as well as, regular visits by camp management staff to people with specific needs and their caretakers to evaluate needs and facilitate access to complaint and response mechanisms.

In Rakhine State, building on the progress made by all camp management agencies in 2019, beneficiaries' access to information and to meaningful complaint and response mechanisms will also remain a key priority of the CCCM cluster in 2020. In all locations, special emphasis will be placed on addressing remaining gaps and exploring possible synergies between existing customer relationship management mechanisms. In 2020, capacity-building of community groups and state/township/local CCCM authorities, with particular focus on government camp focal points and appointed Camp Management Committees (CMC), will remain a key priority. Efforts will aim to improve the representative nature, gender balance and effectiveness of camp committees and community groups, and ensure that community-based development approaches are integrated into planning and implementation. In central Rakhine, building on the progress made in 2019 on the implementation of the CMC reform, the cluster will continue its efforts to engage CMCs on a regular basis to raise awareness and increase their accountability to persons of concern. Additionally, in view of the operationalization of the HCT operating principles on engagement in IDP sites in central Rakhine that have been declared closed, CCCM actors will engage community groups in self-reliance activities aimed at establishing community systems that can solve issues in addition to identifying them.

For the newly displaced in Rakhine State, CCCM partners will initiate activities of mobile camp management in new displacement sites, which aim to 1) collect regular information on sites, needs, response; 2) facilitate and support the establishment of self-management structures in all sites, through provision of training, tutoring and specialized support; 3) establish a complaint response mechanism integrated as a two-ways communication channel with IDPs and facilitate referral to other specialized actors; 4) liaise with all actors to ensure that services are provided adequately in all displacement sites; 5) intervene through site improvement and minor infrastructural interventions as needed, 6) act as a point of contact also for potential support activities to host community, 7) conduct training and liaise with specialized partners to conduct relevant training on mine risk education, disaster risk reduction and collective centre management;

8) conduct communication with communities activities. CCCM support to relocations sites established by the Government will be guided by international protection principles.

In Kachin and northern Shan states, wherever durable solutions are pursued, CCCM partners in collaboration with protection actors, will strengthen efforts to raise awareness on international principles, ensure IDPs are provided with necessary information to make informed decisions and facilitate coordination between displaced communities, local authorities and host families at solutions sites to support sustainable solutions.

Cost of Response

In view of the ethical dilemmas faced by humanitarian actors in Rakhine State, cluster partners will continue supporting the rehabilitation/reconstruction of temporary shelters in protracted IDP camps. Availability of land and housing, land and property rights related issues, as well as Government authorizations will remain key challenges. The shelter/NFI/CCCM Cluster's interventions will also be guided by the operationalization of the HCT operating principles on engagement in IDP sites in central Rakhine that have been declared closed. In Kachin and northern Shan states, priority will be given to the reconstruction of shelters that have reached the end of their lifespan and to support small-scale solutions through shelter and NFI interventions wherever feasible and appropriate. In Rakhine, Kachin and northern Shan, the adoption of new shelter design aiming to reduce protection risks and improve resilience to weather conditions will increase the costs of shelter interventions. Newly displaced in Rakhine, Kachin, northern Shan and Chin states will be provided with emergency shelters, mainly through NFI distributions. In Kachin and northern Shan, the CCCM Cluster will pursue its strategy to rationalize camp running costs, wherever feasible and appropriate.

Monitoring

In central Rakhine, shelter construction in IDP camps is monitored by cluster partners through a shelter-by-shelter assessment and reconstruction plan. In all locations in Rakhine, Kachin and northern Shan states, the level and impact of cluster's interventions will be monitored on a quarterly basis through sites monitoring reports. These regular monitoring exercises allow for the identification of gaps at site/camp level. Additional information to inform the monitoring and evaluation of the cluster include ad hoc shelter needs assessments, NFI needs assessments and post distribution monitoring reports, as well as quarterly (more detailed) sites profiles in central Rakhine and annual camp profiling exercises in Kachin and northern Shan states. Gender-based violence partners conduct regular safety audits of camps and sites where IDPs shelter which highlight protection concerns particularly for women and girls related to GBV and relevant points are raised to the shelter/NFI/CCCM coordinators.

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.			
Specific Objective 1.1: Morbidity and mortality of 626,700 people (256,800 displaced and 369,900 other crisis-affected people) in targeted locations is reduced through adequate access to food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services.			
Sectoral Objective: Some 130,000 IDPs receive protection from the elements to support their dignity, security and privacy through provision of non-food-items (NFIs) and emergency, temporary or semi-permanent shelter where appropriate.	Number of IDPs and other crisis-affected people with access to temporary/emergency shelter in accordance with minimum standards.	173,022 Chin: 1,087 Kachin: 56,882 Rakhine: 109,195 Shan: 5,858	129,901 Chin: 1,087 Kachin: 23,436 Rakhine: 102,735 Shan: 2,643
Strategic Objective 2: Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.			
Specific Objective 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 549,100 people (265,700 displaced and 283,400 other crisis-affected people) in targeted locations depending on the severity of their needs.			
Sectoral Objective: Some 130,000 IDPs receive protection from the elements to support their dignity, security and privacy through provision of non-food-items (NFIs) and emergency, temporary or semi-permanent shelter where appropriate.	Number of IDPs and other crisis-affected people with access to temporary shelter in accordance with minimum standards.	173,022 Chin: 1,087 Kachin: 56,882 Rakhine: 109,195 Shan: 5,858	129,901 Chin: 1,087 Kachin: 23,436 Rakhine: 102,735 Shan: 2,643
Sectoral Objective: Quality of life for some 240,000 IDPs is improved through support management and service provision in IDP camps.	Number of IDPs in camp/camp-like settings that have equitable access to basic services.	257,409 Chin: 1,087 Kachin: 97,806 Kayin: 4,744 Rakhine: 145,894 Shan: 7,878	239,878 Chin: N/A Kachin: 90,613 Kayin: N/A Rakhine: 141,651 Shan: 7,614

3.7

Water, Sanitation and Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
869k	528k	\$33.2M	23
Chin : 4,279 Kachin : 132,614 Kayin : 9,132 Rakhine : 665,869 Shan : 57,260	Chin : 1,000 Kachin : 85,938 Kayin : 9,132 Rakhine : 410,888 Shan : 21,033	Chin : 0.05 M Kachin : 7.5 M Kayin : 0.4 M Rakhine : 23.5 M Shan : 1.8 M	

Objective

Targeted population has timely, equitable and inclusive access to safe water, sanitation and hygiene, and integrated/mainstreamed WASH response is provided for the most vulnerable.

The protracted humanitarian situations in Rakhine, Kachin and Shan states continue to require new approaches to deliver WASH services for crisis-affected populations. An effective response to WASH needs in Chin and Kayin states will also be priority in 2020.

The WASH Cluster strategy focuses on the provision of timely, equitable and inclusive access to WASH services for the most vulnerable population: non-displaced stateless, new and former IDPs, and some host communities whose coping capacities are strained. Access to safe WASH services is essential to the physical and mental wellbeing of any population, and is closely linked to morbidity and mortality rates. Access to WASH services is also a core component of adequate living standards.

In light of the numerous protection dimensions of the humanitarian situation in targeted areas, prevention and mitigation of protection risks to the most vulnerable and marginalized (including women, girls, the elderly, persons with disabilities and LGBTIQ persons) will be a priority for the WASH sector.

Dignified access to emergency temporary education will be supporting by providing WASH services in temporary education spaces. This also takes into account that children typically better cope with the effects of the crisis by having safe access to fully functional and non-segregated learning spaces.

The WASH Cluster will also enhance disease outbreak preparedness, response and risk reduction by integrating WASH support with health interventions in temporary health facilities, in collaboration with the Health Cluster, as needed. This includes supporting the early warning, alert and response system (EWARS) by information sharing as per the EWARS protocol of reporting from non-health to health partners.

Working through an integrated approach to address these vulnerabilities enhances the contribution of the WASH response to alleviate the two overarching humanitarian consequences targeted by this HRP.

The WASH Cluster will continue to closely engage on the HCT operating principles on engagement in IDP sites in central Rakhine that have been declared closed, including through dialogue with the authorities. Interventions will be decided on a case-by-case basis and will be result of broader consultations.

Response

In order to fulfill the above objectives, The WASH Cluster response will prioritize:

- Water supply, sanitation and good hygiene practices. These will remain mostly temporary in design in view of cost-effectiveness considerations and projected return and relocation of IDPs, but also in order to not further entrench the situation of populations living in camps for several years already.
- Operation and maintenance of these temporary facilities will also remain a priority in 2020 to ensure facilities meet agreed cluster standards.
- Targeted hygiene supplies (or where feasible and appropriate, cash alternatives), based on needs and vulnerability, and hygiene promotion, including menstrual hygiene, to all will continue to be provided.

In addition to the above, the cluster strategy in 2020 seeks to further enhance integration and mainstreaming of services across sectors and the response will therefore also prioritize:

- Specific WASH interventions for prevention and mitigation of protection risks, including GBV: This will be done in close collaboration with protection actors, built on careful risk analysis and inclusivity measures (e.g. tailored design of infrastructure).



BHAMO, KACHIN

A boy drinks water from a water point in a camp in Bhamo Township, Kachin State. Photo: Solidarites/Thomas Gruel

The WASH Cluster will continue to provide a tailored safe infrastructure, based on risk analysis and consultation with communities, for 20 per cent of the most vulnerable people in the five affected states.

- WASH in temporary learning spaces: WASH and the Education in Emergencies Sector will work closely together to achieve this. In 2020, the WASH Cluster will support 20 per cent of the temporary learning spaces in Rakhine and Kachin states.
- Support for WASH infrastructure in temporary health facilities, where needed. In 2020, the WASH Cluster, in collaboration with the Health Cluster, will support 20 per cent of the temporary health facilities in Rakhine and Kachin states.

In terms of response modalities, where feasible, the WASH Cluster will continue to adopt approaches which optimize cost-effectiveness and efficiency of principle-based service delivery, as well as integration with local market systems and government/private sector-managed service provision. Improved Accountability to Affected Populations (AAP) through more robust and inclusive complaints and feedback mechanisms will be ensured, as well as continuous consultation, involvement and engagement of affected communities in the provision of WASH services. The WASH Cluster is currently leading an initiative to promote human-centered design to develop context-specific solutions to persistent sanitation challenges. This type of approach, which puts beneficiaries at the center of WASH interventions and provides them with opportunities for meaningful

participation, will be carried forward into 2020, to strengthen the quality of programming and contribute to broader AAP goals.

The WASH Cluster response will greatly benefit from increased cooperation with development partners and the Government, especially in areas of preparedness and disaster risk reduction. Improved urban/peri urban WASH services will contribute to social protection and reducing the effect of system shocks.

Moreover, ongoing expansion of the private sector is expected to have a positive impact on cost reduction and sustainability of WASH interventions. Efforts in policy development to support government bodies will also contribute to an increased efficiency of the response.

Cost of Response

The cost of mobilizing this WASH response to the targeted population is US\$33.2 million. Targeting takes into account WASH needs and the presence/capacity of current partners, and assumes sufficient levels of access and funding.

The cost of the response is based on a compilation, at state level, of the average cost per person per year based on categories of people in need established in the HNO/HRP. Estimates draw on the operational experience of partners and levels of support needed to meet cluster standards.

Timely and flexible funding with longer term grants suitable for protracted contexts will achieve the greatest impact.

Monitoring

The WASH Cluster has put in place strong reporting mechanisms to follow the implementation of the response:

- A 4W document is updated on a quarterly basis. Compilation of 4W data is followed by information analysis and gap identification. Corrective measures are put in place as needed. In parallel, the WASH Cluster has an independent mechanism of spot field visits, to support triangulation of information received through the 4W. Furthermore, cluster members collect specific information to WASH responses and AAP, in line with the cluster core functions.
- AAP-related information collected directly in the field, will be analyzed and fed back to state level. Again, corrective measures will be taken where needed, and information will be fed back to the communities, by the field teams. The WASH Cluster will play an oversight role.
- 4W data collection and analysis is complemented by quarterly snapshots/dashboards that visualize the progress in the response and its analysis.
- An emergency capacity matrix is also in place, to map levels of preparedness in case of unforeseen events.
- Finally, WASH partners report on financial perspectives on a quarterly basis. Like the above, this is essential to the WASH Cluster for potential gap identification and relocation of capacities/advocacy issues.

Objectives, Indicators and Targets

OBJECTIVE	INDICATOR	IN NEED	TARGETED
Strategic Objective 1: The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020.			
Specific Objective 1.1: Morbidity and mortality of 626,700 people (256,800 displaced and 369,900 other crisis-affected people) in targeted locations is reduced through adequate access to food, health care, nutrition, shelter/non-food items and water sanitation and hygiene services			
Sectoral Objective: Close to 528,000 crisis-affected people have equitable, inclusive and safe access to safe/improved drinking water meeting demand for domestic purposes, at minimum/agreed standards.	Number of women, men, boys and girls benefitting from safe/ improved drinking water, meeting demand for domestic purposes, at minimum/ agreed standards.	869,154 Chin: 4,279 Kachin: 132,614 Kayin: 9,132 Rakhine: 665,869 Shan: 57,260	527,991 Chin: 1,000 Kachin: 85,938 Kayin: 9,132 Rakhine: 410,888 Shan: 21,033
Sectoral Objective: Close to 528,000 crisis-affected people have equitable, inclusive and safe access to functional excreta disposal systems.	Number of women, men, boys and girls benefitting from functional excreta disposal system, reducing safety/ public health/environmental risks.	869,154 Chin: 4,279 Kachin: 132,614 Kayin: 9,132 Rakhine: 665,869 Shan: 57,260	527,991 Chin: 1,000 Kachin: 85,938 Kayin: 9,132 Rakhine: 410,888 Shan: 21,033
Sectoral Objective: Close to 528,000 crisis-affected people have equitable, inclusive and safe access to hygiene items and community -tailored messages, enabling health seeking behavior.	Number of women, men, boys and girls benefitting from timely/adequate/tailored personal hygiene items and receiving appropriate/ community tailored messages that enable health seeking behaviour.	869,154 Chin: 4,279 Kachin: 132,614 Kayin: 9,132 Rakhine: 665,869 Shan: 57,260	527,991 Chin: 1,000 Kachin: 85,938 Kayin: 9,132 Rakhine: 410,888 Shan: 21,033
Strategic Objective 2: Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020.			
Specific Objective 2.1: Living standards and access to quality humanitarian services in the areas of education, food, health, nutrition, shelter and non-food items, camp coordination and camp management and water, sanitation and hygiene, are improved for 549,100 people (265,700 displaced and 283,400 other crisis-affected people) in targeted locations depending on the severity of their needs.			
Sectoral Objective: Close to 69,000 crisis-affected people have access to integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities.	Number of vulnerable people that are consulted, and their concerns are addressed, through dignified and inclusive WASH services.	344,037 Chin: 651 Kachin: 55,997 Kayin: 5,950 Rakhine: 267,734 Shan: 13,705	68,806 Chin: 130 Kachin: 11,199 Kayin: 1,190 Rakhine: 53,546 Shan: 2,741
Sectoral Objective: Some 38,600 crisis-affected people in temporary health facilities and temporary learning spaces have access to integrated/mainstreamed WASH services.	Number of women, men, girls and boys accessing WASH services in temporary health facilities and learning spaces which received support from the WASH Cluster.	193,028 Kachin: 32,812 Rakhine: 160,216	38,604 Kachin: 6,562 Rakhine: 32,042

3.8

Coordination and Common Services



REQUIREMENTS (US\$)

\$4.3M

Coordination

The Office for the Coordination of Humanitarian Affairs (OCHA) will continue to provide dedicated support to the Humanitarian Coordinator and the Humanitarian Country Team with a focus on the following activities: (1) maintaining inclusive coordination mechanisms at national and sub-national levels to ensure principled, timely and effective humanitarian response; (2) facilitating joint situational awareness and joint analysis of humanitarian needs, gaps and response to support decision making and coherence planning; (3) facilitating joint strategic planning for humanitarian response, as well as joint monitoring and reporting; (4) mobilizing flexible and predictable humanitarian funding and ensure effective use of Central Emergency Response Fund and the Myanmar Humanitarian Fund; (5) advocating for the protection of civilians and sustained humanitarian access to all women, men, girls and boys in need; and (6) supporting efforts to strengthen national capacities to prepare for and respond to natural disasters and other emergencies. OCHA will continue to liaise with the Government, relevant line ministries, State authorities and non-State actors on humanitarian issues. OCHA will facilitate the updating of the Humanitarian Needs Overview and the Humanitarian Response Plan. OCHA will coordinate the Humanitarian Country Team Contingency Planning Process, including the updating of the Emergency Response Preparedness Plan and joint simulation exercises. OCHA will support information management and will provide regular updates and analysis to inform partners and the international community on key humanitarian developments. OCHA will also support the Humanitarian Country Team and the Inter-Cluster Coordination Group in integrating key cross-cutting issues into relevant planning processes and response.

For the Rakhine Coordination Mechanisms, please see the annex 4.2.

Information Management

The Myanmar Information Management Unit (MIMU) is a service offered through the Office of the UN Resident Coordinator which provides a range of information management support (IM) to organizations and government departments engaged in emergency preparedness, humanitarian, development and peace-focused activities across Myanmar. MIMU will continue to focus on the following activities: (1) safeguarding the common data and information repository and operational datasets countrywide; (2) producing relevant information products to strengthen preparedness, response and recovery, including updated base/hazard maps and

vulnerability analyses; (3) maintaining updated 3W information (who is doing what, where), contact lists, assessment tracking, and meeting schedules; (4) providing technical support to development of national standards and systems for more efficient analysis, planning and targeting; (5) leading the Information Management Network bringing together IM focal points from across agencies, clusters and sectors to promote coordinated and standardized approaches to information management across all actors; and (6) providing technical support and training to agencies and Government departments to strengthen IM capacity. MIMU makes its information and analytical products as well as those of UN agencies and other partners accessible to the wider groups of stakeholders through the MIMU website. MIMU works in coordination with WFP, UNHCR, clusters/sectors, OCHA and other partners providing information management capacity in support of humanitarian action in Myanmar.

Staff Safety and Security

The United Nations Department of Safety and Security (UNDSS) will continue to focus on enabling humanitarian activities while ensuring the safety and security of humanitarian workers as a high priority. This will be achieved through improved information gathering and analysis for evidence-based assessments and decision-making. Common inter-agency missions to areas with challenging security situations will continue to enhance access and operational impact. Safety and security-related incidents that impact staff safety, continuity of activities, or affect access, will be tracked to determine trends and appropriate courses of action. Safety and security-related information, assessments and reports will continue to be shared with implementing and operational humanitarian partners to ensure situational awareness. On behalf of the United Nations Security Management System, UNDSS will continue to function as the focal point for regular security cooperation with implementing and operational humanitarian partners. The establishment of an Inter-Agency Security Communications System (SCS) will enhance disaster preparedness, crisis management, and coordinated response plans. The proposed SCS will use landline and Global System for Mobile communications (voice, short message service and data), backed up by satellite communications and will endeavor to cover the whole country with priority implementation in Rakhine, Kachin and Shan states.

Contact Details of Focal Points

National-level Cluster/Sector coordinators

SECTOR / CLUSTER	NAME	EMAIL
Education in Emergencies Sector	Jane Strachan Krishna Palanisamy	jstrachan@unicef.org krishna.palanisamy@savethechildren.org
Food Security Sector	Reda Lebtahi Soi Lang Seng	reda.lebtahi@fao.org soilang.seng@wfp.org
Health Cluster	Allison Gocotano	gocotanoa@who.int
Nutrition Sector	Jecinter Oketch	jaoketch@unicef.org
Protection Sector	Jolanda Van Dijk	vandijkj@unhcr.org
Shelter/Non-food-items/Camp Coordination and Camp Management Cluster	Shaun Robert Roy Scales	scales@unhcr.org
Water, Sanitation and Hygiene Cluster	Cristina Mena-Lander Sunny Guidotti	cmena-lander@unicef.org sguidotti@unicef.org
Multi-sectoral response for northern Rakhine (MIAG)	Ephraim Wee Thiam Tan	tane@unhcr.org

Area-based coordination mechanism

SECTOR / CLUSTER	MECHANISM	NAME	EMAIL
Rakhine State	Rakhine Coordination Group (RCG)	Duncan Keith Wilson	duncan.wilson@one.un.org
Rakhine State (Northern Rakhine)	Maungdaw Inter-Agency Group (MIAG)	Fumiko Kashiwa	kashiwaf@unhcr.org
Central Rakhine	Sittwe-based Inter-Cluster Coordination Group (Sittwe ICCG)	Kyoko Ono	onok@un.org
Kachin State – AHCT Northern Shan – GCM	Area Humanitarian Country Team (AHCT), Kachin State & Lashio-based General Coordination Meeting (GCM)	Shelley Cheatham Kyaw Kyaw Soe	cheatham@un.org kyaw.soe@un.org

Part 4

Annexes

BHAMO, KACHIN

A class for displaced children in Phan Khar Kone camp in Bhamo Township, Kachin State. Photo: UNICEF/Patrick Brown



4.1

Response Analysis

Humanitarian partners have undertaken a rigorous process of response prioritization, built on the most comprehensive analysis of needs carried out in Myanmar to date. Sectoral and inter-sectoral needs severity data have informed geographical response priorities, which have been further refined on the basis of an analysis of vulnerability as applicable to specific population groups. By way of example, and as noted above, this process has identified IDPs and the stateless (in Rakhine) as among those facing most critical needs for whom response has been prioritized in this humanitarian response plan, at both inter-sectoral and sector-specific levels.

Reflections on response analysis and design have also factored in geographic specificities and related considerations around access. In all response areas, national and local organizations and personnel are at the forefront of efforts to reach people in need. However, localized approaches have been particularly important in Kachin and northern Shan states, where insecurity, restrictions on the movement of UN and INGO personnel, and ethnic dynamics demand a high level of reliance on a diverse network of civil society

organizations, including women and youth organizations. Capacity building of local partners will remain critical as will careful management of security, protection and other risks pertaining to these partners.

The evolving role of cash as a response modality in Myanmar is noted above. The Cash Working Group will seek to further strengthen its links with the ICCG and its role as an enabler for increased cash programming across the country and across sectors in 2020, wherever feasible and appropriate. The role and potential of cash is particularly important in view of continuing, and in some places increasing, constraints on physical access in conflict-affected areas. With access likely to remain highly challenging, it will be critical to ensure that the system is ready to quickly and efficiently capitalize on emerging opportunities to further expand and enhance cash programming, including in relation to the use of e-cash and multi-purpose cash approaches. Nonetheless, adequate analysis and assessment of gender and protection concerns, including through systematic post-distribution monitoring reports, will be prioritized and appropriate

mitigation measures will be put into place in coordination with protection actors to reduce potential protection risks including exploitation and gender-based violence.

In addition, efforts are being made to enhance accountability to affected people and, as part of this, improved systems for collective feedback from affected people. This will build on a variety of existing tools for community engagement, maintained by numerous organizations and sectors/clusters. Ensuring that more robust and coherent systems for feedback inform real adjustments to response approaches, including at the inter-sectoral level, will be an important priority in 2020.

4.2

Rakhine Coordination Mechanism

In terms of overall coordination in Rakhine, the Rakhine Coordination Group (chaired by the UN Senior Advisor) serves as an all-of-Rakhine forum, providing coordination and information-sharing pertaining to all areas of the state, and aims to be an integrated coordination forum, across the humanitarian, human rights, development, and peacebuilding efforts in Rakhine State, allowing UN agencies, INGOs and other development partners to follow individual mandates while strengthening inter-group coordination for a ‘whole of Rakhine’ approach. The coordination of humanitarian action in Rakhine State includes area-based coordination bodies, i.e. the Maungdaw Inter Agency Group (MIAG) and the Sittwe-based Inter-Cluster Coordination Group (ICCG) supported by other technical working groups, under the strategic leadership of the Humanitarian Country Team and the Rakhine Coordination Group. These area-based coordination bodies will operate in full respect of the mandated roles and responsibilities of all partners, including UNHCR’s responsibility in relation to States’ compliance with their international obligations toward refugees and stateless persons, enabling complementarity and collaborative actions based on operational capacity and resources.

4.3

Planning Figures by Cluster

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IDPS	IDP RETURNÉES/ RESETTLED/ LOCALLY INTEGRATED	NON-DISPLACED STATELESS PEOPLE IN RAKHINE
Education	255,754	204,600	74,121	1,453	98,663
Food Security	734,202	562,643	233,460	3,446	279,601
Health	618,917	523,583	249,417	3,932	246,400
Nutrition	175,012	142,795	51,660	624	66,938
Protection	921,703	833,097	267,031	9,563	470,000
Shelter / NFIs / CCCM	269,925	250,096	247,616	2,480	-
Water, Sanitation and Hygiene (WASH)	869,154	527,991	238,159	9,098	243,568
Coordination and Common Services	-	-	-	-	-
Total	985,658	847,769	273,133	9,602	470,000

OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)	OPER. PARTNERS	REQUIREMENTS
30,363	52 / 48	37 / 55 / 8	5%	18	26.1 M
46,136	52 / 48	37 / 55 / 8	5%	34	61.4 M
23,834	52 / 48	37 / 55 / 8	5%	60	19.9 M
23,573	52 / 48	37 / 55 / 8	5%	19	15.8 M
86,503	52 / 48	37 / 55 / 8	5%	42	34.6 M
-	50 / 50	37 / 55 / 8	5%	28	21.0 M
37,166	50 / 50	37 / 55 / 8	5%	23	33.2 M
-	-	-	-	-	4.3 M
95,034	52 / 48	37 / 55 / 8	5%	-	216.3 M

4.4

Planning Figures by Township

People targeted in CHIN

TOWNSHIPS	IDPS	IDP RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	2020 PIN	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Paletwa	1,087	-	-	3,192	4,279	4,279	52 / 48	46 / 47 / 7	7%
Total	1,087	-	-	3,192	4,279	4,279	52 / 48	46 / 47 / 7	7%

People targeted in KACHIN

TOWNSHIPS	IDPS	IDP RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	2020 PIN	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Bhamo	7,106	239	-	994	8,338	12,108	48 / 52	36 / 58 / 6	4%
Chipwi	3,066	55	-	267	3,388	4,191	48 / 52	36 / 58 / 6	4%
Hpakant	4,056	-	-	1,436	5,492	9,801	48 / 52	36 / 58 / 6	4%
Injyangyang	-	1,129	-	-	1,129	1,129	48 / 52	36 / 58 / 6	4%
Mansi	13,922	967	-	1,527	16,416	18,961	48 / 52	36 / 58 / 6	4%
Mogaung	1,489	105	-	1,997	3,591	9,582	48 / 52	36 / 58 / 6	4%
Mohnyin	384	-	-	1,059	1,443	4,620	48 / 52	36 / 58 / 6	4%
Momauk	25,205	745	-	1,220	27,170	28,389	48 / 52	36 / 58 / 6	4%
Myitkyina	11,308	1,962	-	2,831	16,101	24,593	48 / 52	36 / 58 / 6	4%
Putao	441	-	-	379	820	1,958	48 / 52	36 / 58 / 6	4%
Shwegu	1,874	15	-	-	1,889	1,889	48 / 52	36 / 58 / 6	4%
Sumprabum	1,046	-	-	-	1,046	1,046	48 / 52	36 / 58 / 6	4%
Tanai	1,191	260	-	-	1,451	1,451	48 / 52	36 / 58 / 6	4%
Waingmaw	25,929	1,008	-	3,545	30,482	41,116	48 / 52	36 / 58 / 6	4%
Total	97,017	6,485	-	15,255	118,757	160,834	48 / 52	36 / 58 / 6	4%

People targeted in KAYIN

TOWNSHIPS	IDPS	IDP RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	2020 PIN	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Hlaingbwe	5,271	-	-	-	5,271	5,271	51 / 49	41 / 52 / 7	7%
Hpapun	5,350	-	-	-	5,350	5,350	51 / 49	41 / 52 / 7	7%
Total	10,621	-	-	-	10,621	10,621	51 / 49	41 / 52 / 7	7%

People targeted in RAKHINE

TOWNSHIPS	IDPS	IDP RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	2020 PIN	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Kyaukpyu	1,050	-	-	350	1,400	2,799	53 / 47	37 / 54 / 9	5%
Kyauktaw	2,629	-	63,000	3,108	68,737	78,062	53 / 47	37 / 54 / 9	5%
Minbya	1,638	-	32,000	3,492	37,130	47,607	53 / 47	37 / 54 / 9	5%
Mrauk-U	11,289	-	27,000	2,293	40,582	47,463	53 / 47	37 / 54 / 9	5%
Myebon	2,920	-	-	176	3,096	3,801	53 / 47	37 / 54 / 9	5%
Pauktaw	22,892	-	16,000	1,366	40,258	45,721	53 / 47	37 / 54 / 9	5%
Ponnagyun	1,417	-	2,000	868	4,285	6,888	53 / 47	37 / 54 / 9	5%
Sittwe	102,059	-	90,000	1,320	193,379	198,001	53 / 47	37 / 54 / 9	5%
Buthidaung	3,716	-	154,000	12,880	170,596	194,516	53 / 47	37 / 54 / 9	5%
Maungdaw	-	-	76,000	5,600	81,600	98,400	53 / 47	37 / 54 / 9	5%
Rathedaung	5,150	-	10,000	11,600	26,750	26,750	53 / 47	37 / 54 / 9	5%
Total	154,760	-	470,000	43,054	667,814	750,007	53 / 47	37 / 54 / 9	5%

People targeted in SHAN

TOWNSHIPS	IDPS	IDP RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	2020 PIN	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)
Hseni	183	-	-	1,528	1,711	2,474	50 / 50	38 / 56 / 6	4%
Hsipaw	120	-	-	4,925	5,045	8,329	50 / 50	38 / 56 / 6	4%
Kong Kyan	-	-	-	10,200	10,200	13,600	50 / 50	38 / 56 / 6	4%
Kunlong	-	-	-	424	424	636	50 / 50	38 / 56 / 6	4%
Kutkai	4,777	375	-	6,062	11,214	13,235	50 / 50	38 / 56 / 6	4%
Kyaukme	-	-	-	671	671	1,007	50 / 50	38 / 56 / 6	4%
Kyethi	-	-	-	279	279	434	50 / 50	38 / 56 / 6	4%
Lashio	-	-	-	3,451	3,451	4,602	50 / 50	38 / 56 / 6	4%
Laukaing	600	2,400	-	720	3,720	3,960	50 / 50	38 / 56 / 6	4%
Manton	306	5	-	982	1,293	1,620	50 / 50	38 / 56 / 6	4%
Mongton	-	-	-	139	139	216	50 / 50	38 / 56 / 6	4%
Muse	1,050	182	-	412	1,644	1,782	50 / 50	38 / 56 / 6	4%
Namhkan	1,992	90	-	1,599	3,681	4,214	50 / 50	38 / 56 / 6	4%
Namtu	620	65	-	1,671	2,356	2,913	50 / 50	38 / 56 / 6	4%
Nawngkhio	-	-	-	268	268	494	50 / 50	38 / 56 / 6	4%
Tangyan	-	-	-	201	201	401	50 / 50	38 / 56 / 6	4%
Total	9,648	3,117	-	33,533	46,298	59,917	50 / 50	38 / 56 / 6	4%
Grand Total	273,133	9,602	470,000	90,034	847,769	985,658	52 / 48	37 / 55 / 8	5%

4.5

What if We Fail to Respond?

Protection

CRISIS-AFFECTED PEOPLE WILL BE FURTHER EXPOSED TO SERIOUS PROTECTION RISKS

In Kachin and northern Shan, armed conflict, displacement, landmine contamination and non-respect of international humanitarian law cause serious protection incidents, including gender-based violence and grave violations against children, women, marginalized and vulnerable groups. In Rakhine, prolonged displacement, discriminatory policies and practices, restrictions on freedom of movement that impedes access to livelihoods and basic services result in rights violations compounded by high levels of psychological distress and negative coping mechanisms. Increased support to protection activities is vital to prevent, mitigate and respond to protection violations.

Food

INCREASED RISK OF FOOD INSECURITY FOR VULNERABLE PEOPLE

The food security status of over 562,000 people in Kachin, Shan, Rakhine and Chin states will further degrade without well-coordinated and evidence-based food assistance and livelihood support. Reduced access to safe and nutritious food may result in increased malnutrition, intensified use of negative coping strategies and overall deterioration of food security. In addition, the current inequalities in access to food may exacerbate the growing tensions between vulnerable groups.

Health

LACK OF ADEQUATE HEALTH SERVICES CAN LEAD TO LOSS OF LIVES

Without continued life-saving support from humanitarian organizations in the health sector, over 523,000 people in Myanmar will be at serious risk, with consequences for communities at every level. Without primary health care, children will be at risk of contracting vaccine preventable diseases. Common ailments left untreated may progress to morbidity and mortality. Women with no access to sexual and reproductive health care are at far greater risk of further complications.

Water, Sanitation and Hygiene

UNSAFE WATER, HYGIENE AND SANITATION WILL EXPOSE THOUSANDS TO DISEASES

Without continued support from humanitarian organizations, over 527,000 people will not have adequate access to safe water, hygiene and basic sanitation. Outbreaks of preventable communicable and water-borne diseases could occur. Young children are the first to get sick and die from waterborne and sanitation-related illnesses. Poor living conditions of the displaced in overcrowded camps and collective shelters could further exacerbate the risk of illness and death from diseases.

Shelter

INADEQUATE SHELTER EXPOSES FAMILIES TO MULTIPLE RISKS

Without adequate support from shelter actors, displaced people, including children, elderly and persons with disabilities will be exposed to undignified living conditions and serious protection risks. Many temporary shelters have reached the end of their lifespan with many more deteriorating due to lack of funding for reconstruction, leaving people in sub-standard shelter. Increased support is critical to respond to new needs and reduce displaced communities' exposure to health and protection risks.

Education

MORE CHILDREN WILL MISS OUT ON QUALITY EDUCATION

Education remains a priority component of the humanitarian response plan in Myanmar. Without funding allocated to education, over 200,000 children and adolescents will be at greater risk of being exposed to trafficking, risky migration or exploitation. In a context like Myanmar, Education is one of the sectors with the highest potential to contribute to supporting the long-term processes of rebuilding and peace-building. This is why an increased investment in Education has the potential to be ground breaking for longer term solutions to the crisis affecting Myanmar.

4.6

How to Contribute

Contribute to the Humanitarian Response Plan

Myanmar's humanitarian response plan provides sector-specific descriptions of the activities required to address the needs of the affected people, and the estimated funding requirements to address these needs. The plan contains contact information for each of the sectors. To learn more about the outstanding gaps, needs, and response priorities, download the plan from:

www.unocha.org/myanmar

Donating through the Central Emergency Response Fund

The CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund, to be used for crises anywhere in the world. Between 2006 and 2019, CERF has provided Myanmar with over \$121 million to address priority life-saving needs. Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/our-donors/how-donate

Contribute through Myanmar Humanitarian Fund

The Myanmar Humanitarian Fund (MHF) is a multi-donor pooled fund that provides humanitarian organizations with rapid and flexible in-country funding to address critical funding gaps in the core humanitarian response, and to respond quickly to urgent emergency needs. Further information on country-based pooled funds can be found here:

www.unocha.org/myanmar/about-mhf

To learn more about the MHF, please send an email to: mhf-myanmar@un.org

Acronyms

AAP	Accountability to Affected People	MAM	Moderate Acute Malnutrition
AHCT	Area Humanitarian Country Team	MARA	Monitoring, Analysis, and Reporting Arrangements
BSF	Blanket Supplementary Feeding Programme	MHF	Myanmar Humanitarian Fund
CBOs	Community-Based Organizations	MHPSS	Mental Health and Psycho-Social Support
CCCM	Camp Coordination and Camp Management	MIAG	Maungdaw Inter-Agency Group
CERF	Central Emergency Response Fund	MIMU	Myanmar Information Management Unit
CMC	Camp Management Committees	MoE	Ministry of Education
CTFMR	Country Task Force on Monitoring and Reporting	MOU	Memorandum of Understanding
EAOs	Ethnic Armed Organizations	NGOs	Non-Governmental Organizations
EIE	Education in Emergency	NFIs	Non-Food Items
EWARS	Early Warning and Response System	OCHA	Office for the Coordination of Humanitarian Affairs
FSS	Food Security Sector	PIN	People in Need
GBV	Gender-Based Violence	PLW	Pregnant and Lactating Women
GBVIMS	GBV Information Management System	PSEA	Protection from Sexual Exploitation and Abuse
HCT	Humanitarian Country Team	SAM	Severe Acute Malnutrition
HDP	Humanitarian, Development and Peace	SBCC	Social and Behavior Change Communication
HIV	Human Immunodeficiency Virus	SCS	Security Communications System
HLP	Housing, Land and Property	TB	Tuberculosis
HNO	Humanitarian Needs Overview	UN	United Nations
HRP	Humanitarian Response Plan	UNDP	United Nations Development Programme
IASC	Inter-Agency Standing Committee	UNDSS	United Nations Department of Safety and Security
ICCG	Inter-Cluster Coordination Group	UNHCR	United Nations High Commissioner for Refugees
IDP	Internally Displaced Person	WASH	Water, Sanitation and Hygiene
IM	Information Management	WFP	World Food Programme
INGOs	International Non-Governmental Organizations		
IYCF	Infant and Young Child Feeding		
JST	Joint Strategy Team		
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex or Queer/ Questioning		

