

This report is produced by OCHA and UNHCR, in collaboration with the Inter Cluster Coordination Group (ICCG) and the Maungdaw Inter-Agency Group (MIAG).

**32K**

currently displaced people

**71K**

people in need

**71K**

people targeted for assistance

**\$12.5M**

funding required

**\$5.3M**

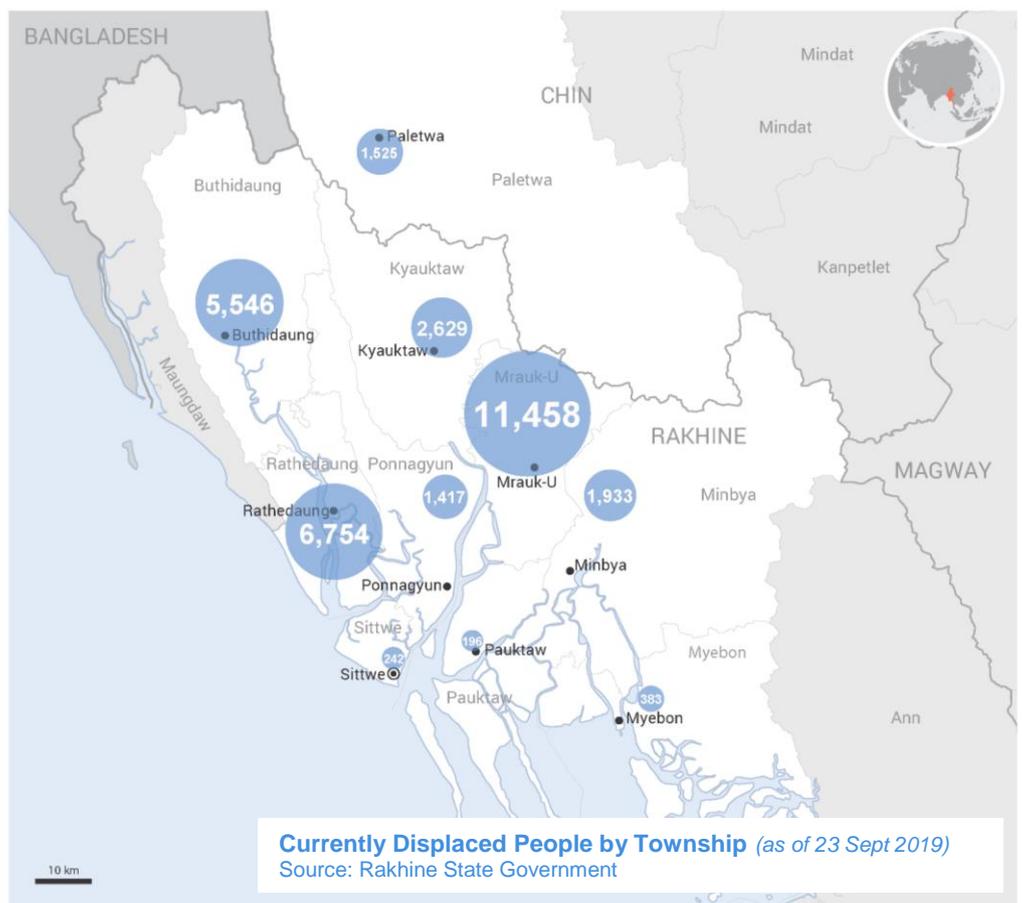
funding received

## SITUATION OVERVIEW

Since the end of 2018, there has been a significant upsurge in violence in Rakhine State after armed conflict broke out between the Arakan Army (AA) and the Myanmar Military. The violence escalated following attacks by the AA against military sites in January 2019 and subsequent counter-attacks by the Myanmar Military. The conflict has led to civilian casualties and the destruction of property that has spread to nine townships of Rakhine State (Buthidaung, Kyauktaw, Maungdaw, Minbya, Mrauk-U, Myebon, Pauktaw, Ponnagyun, Rathedaung) and Paletwa Township in neighboring Chin State. Ann and Kyaukphyu townships have been affected at certain points. The conflict has led to a significant displacement of people, some for extended amounts of time and some for short periods, with people fleeing violence subsequently returning to their homes within a few days or weeks. While fighting has occurred largely in rural areas and remote locations, key transport routes and urban and semi-urban areas have also been impacted. Tens of thousands of civilians living in villages have been caught in the middle of intense armed conflict.

According to the Rakhine State Government, 30,235 people are currently displaced in temporary sites in Rakhine State. An estimated 1,500 people remain displaced in Paletwa Township in Chin State. These numbers have not been independently verified by the UN and some local organizations refer to higher numbers. Displacement has been characterized by movements that remain fluid, cyclical, dispersed geographically, and difficult to predict. There have been frequent reports of new arrivals at some displacement sites at the same time as returns, fluctuating with security conditions and developments on the ground. It therefore is difficult to estimate how many people have been cumulatively displaced or re-displaced.

The conflict between the AA and the Myanmar Military has caused a spike in needs for humanitarian assistance and protection services



for those who have fled their homes, people in communities hosting newly displaced people, and other civilians caught in the middle of a quickly shifting armed conflict. In conflict areas, fighting is hampering civilian movements and access to schools, livelihoods, services, markets and other public spaces. The fighting has exacerbated movement restrictions faced by Rohingya<sup>1</sup> communities. There have been frequent reports of weapons fired on or towards civilian areas, particularly in areas where active fighting continues such as Minbya, Mrauk-U, Buthidaung, and Rathedaung townships. There have also been reports of troops occupying schools and religious buildings. Civilians have been killed or injured in attacks and by explosive devices. Civilians have also reportedly been harassed, detained, and abused, as well as forcibly conscripted by both parties to the conflict.

At the same time, 128,000 displaced people, the majority of whom are stateless Rohingya, have remained confined in camps since 2012. They, as well as a large proportion of an additional estimated 470,000 non-displaced stateless Rohingya and other crisis-affected people in Rakhine State, continue to require humanitarian assistance. The deterioration of the security situation across much of Rakhine State due to the ongoing conflict further undermines the creation of conditions that would be conducive for the voluntary, safe, dignified, and sustainable repatriation of over 700,000 Rohingya refugees who fled to Bangladesh since August 2017.

In certain locations, humanitarian organizations have been allowed limited access to some new displacement sites for the delivery of emergency assistance. By August 2019, the ICRC and the Myanmar Red Cross Society (MRCS) have been able to reach 37,500 displaced people with emergency assistance in over 60 locations, as well as 12,500 people from hosting communities. For other humanitarian organizations, authorizations to travel to the affected areas remain unpredictable, subject to complex procedures, and are given for short windows of time that are often insufficient to adequately engage with affected people, assess needs, implement programmes, and monitor impact.

Meanwhile, the resumption of regular programmes to reach out more broadly to people in need, including in communities in rural areas, continues to be a challenge for most humanitarian organizations across the affected townships. Significant movement restrictions on humanitarian organizations, particularly in areas affected by the conflict, have been imposed by the Government since January 2019. As a result, an estimated 100,000 people who were previously directly or indirectly benefiting from humanitarian or development assistance in rural areas of central Rakhine are now receiving very limited services and support. In the three northern townships of Maungdaw, Buthidaung, and Rathedaung, the situation has exacerbated pre-existing access challenges and continues to largely limit the ability of humanitarian organizations to deliver multi-sectorial assistance to people in need, with the exception of monthly food assistance provided by WFP and the Red Cross Movement to around 200,000 people. This has a severe and direct impact on the lives of all communities in Rakhine State.

Humanitarian organizations continue their attempts to increase their responses despite significant access restrictions and operational challenges resulting from the Government's shutdown of mobile internet data services in several townships in Rakhine State (Ponnagyun, Mrauk-U, Kyauktaw and Minbya).



Father and son in War Taung displacement site in Kyauktaw Township.  
(Photo: OCHA)



Distribution of emergency relief items.  
(Photo: UNHCR)

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.

## SUPPLEMENTAL RESPONSE PLAN (SRP) FOR RAKHINE AND CHIN STATES

In March 2019, given the growing number of people affected by the conflict, the approaching rainy season, the likelihood that some displaced people would not return to their homes before the rainy season's end and that their number might increase, the humanitarian community in Myanmar developed a six-month Supplemental Response Plan (SRP) to provide for the needs of the newly displaced people to complement the ongoing efforts of the Rakhine State Government, the ICRC and MRCS, WFP, and local civil society organizations.

Humanitarian organizations estimated that more than 71,000 people might need humanitarian assistance over a period of six months, based on the assumption that displacement would continue at the same level and that in addition to the 33,000 people displaced at the time, another 11,000 people might be displaced before the onset of the monsoon rains and an additional 27,000 people in communities hosting the displaced people would require assistance.

The SRP was annexed to the 2019 Myanmar Humanitarian Response Plan (HRP), increasing the total requirements of the HRP from US\$202.2 million to \$214.4 million. Funding worth \$5 million was mobilized in June 2019 through the OCHA-managed Central Emergency Response Fund (CERF) and Myanmar Humanitarian Fund (MHF) with allocations of \$3.5m and \$1.5 million, respectively, to assist about 35,000 affected people through life-saving activities in Rakhine State. The allocations did not target Paletwa Township in Chin State, where an ongoing MHF-funded project had already allocated funds to assist newly displaced people. As a continuation of this project, a further allocation of \$300,000 for response activities in Paletwa was confirmed in August 2019.

The Government approved the SRP for Rakhine and Chin states, with conditions in relation to coordination and communications with relevant authorities, as well as limits to the number of humanitarian organizations in each location.

### SRP FUNDING REQUIREMENTS

Clusters	Total People Targeted	Internally displaced person (IDP)	Other vulnerable crisis-affected people	Funding Requirements (US\$)
Education	11,038	7K 4K		0.58M
Food Security	60,208	33K	27K	3.7M
Health	63,774	45K	19K	1.1M
Nutrition	16,077	10K 6K		0.68M
Protection	71,774	45K	27K	2M
Shelter/NFIs	51,000	38K	13K	1.3M
WASH	63,274	39K	24K	2.8M
<b>Grand Total</b>				<b>12.2M</b>

## HUMANITARIAN RESPONSE

The Government, local civil society organizations (CSOs) and the ICRC and MRCS have been at the forefront of the initial emergency response and have been providing food assistance, emergency shelter, and critical household items, as well as constructing latrines, ensuring access to potable water, and expanding health services.

According to the Rakhine State Government, the construction of shelters for conflict-affected IDPs in 9 relocation sites has been completed (2 in Ponnagyun, 2 in Mrauk-U, 1 in Minbya, 2 in Buthidaung, 2 in Rathedaung). The Rakhine State Government has committed to establish the sites in safe areas with access to education and health services. As of 24 October, no displaced people had yet been relocated to the newly-constructed relocation sites. The UN has called for consultations with displaced people and for the provision of information to ensure that any relocation is voluntary.

The ICRC and Myanmar Red Cross Society have assisted 50,000 people affected by the current fighting between the AA and the Myanmar Military, including over 44,800 with food, 40,300 with NFIs, and 31,500 with shelter, water and sanitation services. About 16,300 people have received healthcare through Red Cross-supported mobile clinics, in coordination with the Ministry of Health and Sports. In addition, the Red Cross Movement has continued monthly food distributions in the northern townships of Rakhine for 80,000 people affected by the crisis which began in 2017. Furthermore, the ICRC continues to monitor the situation of the civilian population, share its observations and recommendations with the relevant parties to the conflict in line with International Humanitarian Law, find ways to reduce the risks to which communities are exposed, and reconnect families that have been separated. WFP has assisted 4,600 people with 76 metric tonnes of food.

OCHA with cluster and sector leads continue to coordinate more than 15 partners to provide a multi-sectoral humanitarian response in approximately 60 sites located in central Rakhine State. In northern Rakhine State, UNHCR with MIAG partners also continue to work closely to maintain a coherent and coordinated response to the new displacement, complementing the Government response and the efforts of the Red Cross Movement. In Chin State, the MHF is funding Triangle Génération Humanitaire (TGH) and its partner, Global Family, to assist 5,000 people (displaced and host community) across Paletwa Township through a multi-sectoral approach, including response activities in education, food security, health, nutrition, shelter and NFIs, WASH, and protection.

However, access constraints have impeded the large-scale response required to meet the needs of all people in need of humanitarian assistance in Rakhine and Chin states. Restrictions on Government-issued travel authorizations for humanitarian staff, conflict-related security constraints including night-time curfews, logistical challenges due to long distances and heavy rains, and the dynamic displacement of people have presented significant challenges for the humanitarian response. Delays in the implementation of life-saving activities have exacerbated human suffering. Nevertheless, the people in need identified in the SRP and whom humanitarian organizations plan to assist, are being reached, thanks to some leeway included during the project design phase, in anticipation of blockages and challenges. In some cases, alternative delivery modalities have been used to reach people through partnerships and indirect implementation.

### Education in Emergencies

**Partners:** UNICEF, Save the Children and Centre for Social Integrity (CSI), People in Need and Christian Aid (CA), Thazin Community Development Institute (TCDI), Phyu Sin Saydana Action Group (PSSAG), in Rakhine State, and Triangle Génération Humanitaire, Global Family and Christian Aid in Chin State.

**People targeted for assistance:** 11,038 (6,753 IDPs and 4,285 other vulnerable crisis-affected people)

#### **Response activities:**

- UNICEF, in collaboration with the State Education Department (SED) and Township Education Offices (TEOs), provided 10,120 children in 60 schools with Essential Learning Packages (ELPs) and provided 99 School Kits in 7 affected townships (Sittwe, Pauktaw, Ponnagyun, Mrauk-U, Kyauktaw, Buthidaung and Rathedaung).
- 30 education officers from 10 conflict-affected townships (3 from each township), 4 social welfare officers received Training of Trainers (ToT), and 600 teachers from 60 schools received Mine Risk Education training organized by TEOs with support from UNICEF.
- UNICEF provided State-level ToT to support 30 township education and social welfare officers to provide teacher training on psychosocial support, learning and well-being of children affected by conflict across the 10 affected townships was conducted on 18-20 September in collaboration with the child protection programme and with technical support of Save the Children.

- 100 Government teachers (25 male and 75 female) in Kyauktaw and Mrauk-U are receiving training on learning and wellbeing (Save the Children and CSI)
- 32 community volunteers (15 male and 17 female) have been recruited and trained on learning and wellbeing and child protection/psycho-social support. They will in turn train care-givers. (Save the Children and CSI)
- Other activities, including the distribution of books, psychosocial support, and care-givers trainings will be implemented by December 2019.

## Food Security

**Partners:** FAO, WFP, Myanmar Heart Development Organization (MHDO), Triangle Génération Humanitaire (TGH), Raiki Community Development Foundation (RCDF), People for People (PfP).

**People targeted for assistance:** 75,208

### Response activities:

- Emergency Food Assistance: 12,000 IDPs
- Supply of emergency planting material (vegetable seeds, small tools and bio fertilizers) to increase nutritious food production and diversification for 15,000 crisis-affected people in host communities.

WFP has been responding since March to the immediate food security and nutrition needs of IDPs in Buthidaung, Kyauktaw, Minbya, Mrauk-U and Pauktaw townships in Rakhine in close coordination with the State Government, the Department of Disaster Management of the Ministry of Social Welfare, Relief and Resettlement, township authorities, ICRC and cooperating partners. Activities include emergency food assistance. WFP has reached an average of 4,400 IDPs each month, amounting to approximately 11,700 individual IDPs including 230 pregnant and lactating mothers and 1,150 children under five, by the end of September. For newly displaced people in Paletwa, WFP continued to advocate the state governments of both Chin and Rakhine for travel approvals to assist all those in need. WFP's cooperating partner is Myanmar Heart Development Organization (MHDO) in Buthidaung, while WFP carries out direct distribution in other areas. About 88% of all food commodities are locally procured and the rice supply comes mostly from production in Rakhine.

FAO aims to improve household food security and nutrition of the affected host communities by increasing the production of nutritious food and dietary diversification. The interventions, implemented with the cooperating partners, Myanmar Heart Development Organization (MHDO) and People for People (PfP), benefited 3,000 vulnerable farming households or households engaged in food production in host communities located in the townships of Buthidaung, Rathedaung in northern Rakhine and Mrauk-U and Kyauktaw in central Rakhine. FAO is providing life-saving agricultural inputs, i.e. small kits of vegetable seeds of different varieties with bio fertilizers and small agricultural tools (such as hoes, hand shovels, etc.) to grow vegetables in small plots of land, and skills training benefiting vulnerable households (including children under-five and pregnant and breastfeeding women at risk of malnutrition) to increase nutritious food production for dietary diversity.

FAO maintains close coordination and knowledge sharing at state and township levels and works in close partnerships with other humanitarian actors working in the same area to ensure complementarity. FAO interventions for the newly displaced build on its other two ongoing emergency response programmes in Rakhine State focusing on rebuilding the agriculture-based livelihoods of small-scale farmers.

## Health

**Partners:** WHO, Ministry of Health and Sports (MoHS), Mercy Malaysia, Myanmar Health Assistant Association, Relief International, and UNFPA, and Christian Aid (for Chin State)

**People targeted for assistance:** 63,774 (44,566 IDPs and 19,208 other vulnerable crisis-affected people)

### Response activities:

- Emergency primary health care services through mobile clinics
- Emergency patient referral support

- Sexual and reproductive health and rights (SRHR) activities
- Provision of interagency emergency health kits
- Disease Surveillance

Mercy Malaysia provides primary health care services via mobile clinics in Mrauk-U and Kyauktaw townships for 13,000 targeted beneficiaries. This includes the provision of emergency referral support for 20 patients monthly in both townships. This is MHF supported.

WHO supports operational costs for the MoHS mobile clinics to provide primary health care services to affected people in Mrauk-U, Minbya, Kyauktaw, Ponnagyun, Rathedaung, and Buthidaung townships. These health teams also conduct communicable disease surveillance through the Early Warning, Alert and Response System (EWARS). WHO also provided Interagency Emergency Health Kits to the township health departments. Additional medical supplies are available if needed. This is supported by CERF.

UNFPA supports Relief International mobile teams in delivering SRHR activities in Mrauk-U township, partly with CERF support. UNFPA partners are carrying out awareness-raising activities on key SRHR issues and are providing information on available health services during community outreach opportunities, including during the distribution of dignity kits and clean delivery kits. Inter-agency emergency reproductive health kits, including clean delivery kits, post-rape treatment kits, and clinical delivery assistance kits have been distributed to partners and to township hospitals in affected townships in Rakhine State. UNFPA has also supported referrals for women and girls in need of emergency health care. As service mappings and referral pathways are developed, UNFPA and partners are conducting regular safety audits at displacement sites to ensure that Gender-Based Violence risks are identified and mitigated, and that services available for survivors are known and accessible to ensure a timely response. The Myanmar Health Assistant Association is also providing health and nutrition services to the affected population in Buthidaung and Rathedaung townships jointly with MoHS with funding that is not from the CERF or MHF.

## Nutrition

**Partners:** WFP in partnership with Myanmar Heart Development Organization (MHDO), People In Need (in coordination with People for People (PFP) for Minbya and Mrauk-U and with Christian Aid for Buthidaung and Kyauktaw), and Triangle Génération Humanitaire (TGH) and Global Family in Chin State.

**People targeted for assistance:** 16,077 (9,973 IDPs and 6,104 other vulnerable crisis-affected people)

### **Response activities:**

- Volunteer training: 80 (20 male, 60 female)
- Mother support groups: 1,200 Pregnant and Lactating Women and 2,400 children under five
- Infant and Young Child Feeding awareness raising: 2,000 male and 6,000 female caretakers
- Community-based detection and referral of children with acute malnutrition: 3,000 boys and 3,000 girls under five
- Provision of referral support: 600 children under five
- Follow up visits and counselling: 600 children under five
- Blanket Supplementary Feeding Program (BSFP) is mainly provided by WFP and has reached 1,352 Pregnant and Lactating Mothers and 3,052 children from 6 to 59 months.

WFP has been responding since March 2019 to the immediate nutrition needs of children 6-23 months and pregnant and lactating women in Buthidaung, Kyauktaw, Minbya, Mrauk-U, Pauktaw, Ponnagyun and Rathedaung townships in close coordination with the Rakhine State Government, the Department of Disaster Management of the Ministry of Social Welfare, Relief and Resettlement, township authorities, and cooperating partners. Activities included Blanket Supplementary Feeding Programme (BSFP) and health and nutrition education to promote IYCF for pregnant and lactating mothers and children from 6-59 months. WFP has reached 233 pregnant and lactating mothers and 1,150 children under five. The nutrition assistance has been crucial to cushion against the further deterioration of the nutrition status of children 6-59 months and pregnant and lactating women, triggered by changes in eating patterns due to the conflict as well as already existing factors. WFP's cooperating partners are the MHDO in Buthidaung, while WFP carries out direct distribution in other areas. Fortified blended food has been sourced through international procurement as the products are not locally available.

## Protection

**Partners:** Save the Children, UNHCR, UNICEF, UNFPA, DRC, CFSI, PIN, Relief International in Rakhine State and Triangle Génération Humanitaire (TGH), Global Family and Raiki Community Development Foundation (RCDF) in Chin State.

**People targeted for assistance:** 71,774 people (44,566 displaced people and 27,208 other vulnerable crisis-affected people in host communities)

**Response activities:** In terms of general protection, priorities include community consultations to identify and mitigate protection risks of vulnerable people and the provision of targeted assistance to persons with specific needs, including the elderly, persons with disabilities, women headed-households, children at risk, etc.

Gender-Based Violence (GBV) priorities are psychosocial and referral support for women and girls, conducting safety audits and distributing dignity kits (6 townships). Community engagement activities and safety audits and distributions of dignity kits have taken place in five monasteries in Mrauk-U.

Child Protection priorities for Mental Health and Psychosocial Support (MHPSS) through recreational activities with community-based animators are ongoing and include distribution of Child Friendly Space (CFS) kits, prevention activities to identify and mitigate risks and psychosocial and referral support for vulnerable children – including those unaccompanied and separated amongst others at risk.

Scaling up Mine risk education activities is also a key priority due to the dramatic increase in the number of reported incidents since the beginning of the year in Rakhine State (23 incidents resulting in 11 people killed and 18 seriously injured).

Protection response activities include:

- Conducting community consultations to assess needs and identify and mitigate protection risks. This includes conducting gender-based violence safety audits to identify and mitigate risks.
- Providing tailored assistance to persons with specific needs.
- Providing psychosocial and referral support, including through mobile outreach teams in displacement areas, to identify and refer vulnerable women, girls, unaccompanied and separated children, the elderly and persons with disabilities to life-saving services.
- Distributing dignity kits to women and girls.
- Conducting recreational activities through support for community-based animators and distribution of child-friendly space kits together with child protection awareness raising activities.

## Camp Coordination and Camp Management and Shelter/NFIs

**Partners:** UNHCR, LWF, IOM, PIN, RI, and WVI in Rakhine State and Triangle Génération Humanitaire (TGH) and Global Family in Chin State.

**People targeted for assistance:** 51,000 (38,000 displaced people and 13,000 other vulnerable crisis-affected people in host communities)

**Response activities:** The response being provided is complementary to the response provided by the Government and the Red Cross Movement and includes:

- Provision of complementary non-food-items (NFIs) assistance (mosquito nets, sleeping mats, blankets, clothing, buckets, jerry cans, and kitchen sets, etc.) for displaced and host population in need.
- Provision of complementary emergency shelter reinforcement support (tarpaulins, ropes, bamboo poles and basic tool kits) to displaced people in preparation for the rainy season.
- Compilation and dissemination of information on population figures, site conditions to identify needs/gaps to help inform the operational response.
- Utilization of existing community-based management structures for the benefit of the emergency response

## Water, Sanitation and Hygiene

**Partners:** CFSI, DRC, PIN, Cristian Aid, CDN (ZOA), CSOs, MRCS, PLAN, RI, UNICEF, ACF, WVI, SCI, CDA, ARC, Triangle Génération Humanitaire (TGH) and Global Family.

**People targeted for assistance:** 31,629 IDPs (14,209 male and 17,420 female; data updated on 15 October 2019)

### Response activities:

- Providing emergency water supply through rainwater harvesting
- Water quality testing and distributing water treatment tablets/sachets and water filter
- Providing disability friendly emergency latrines
- Distributing hygiene kits and disseminating emergency hygiene messages
- Conducting post distribution monitoring
- Construction of emergency latrines
- Hygiene awareness sessions
- Demolishing of existing poor latrines and desludging

The MHF WASH Consortium partners (CDA, CDN, Christian Aid, and People in Need) are currently undertaking needs assessments and planning for latrine construction in Kyauktaw, Mrauk-U, Minbya, Ponnagyun townships with MHF funds. UNICEF has directly distributed over 3,500 hygiene kits for about 12,800 people in IDP camps in Kyauktaw, Mrauk-U, Minbya, Ponnagyun, Rathedaung, and Buthidaung townships with the Department of Rural Development, and an estimated 3,000 additional Hygiene kits will be distributed through the UNICEF WASH partners (through CERF funding and UNICEF handover), once access it approved.