

## Annex A: OPERATIONAL RESPONSES BY SECTOR

### CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

**Lead Agency:** UNHCR

**Contact Information:** Richard Tracey ([tracey@unhcr.org](mailto:tracey@unhcr.org))

CCCM cluster partners will support the Rakhine State Government (RSG) to ensure IDPs receive equitable access to humanitarian assistance and protection. Partners can support the RSG to monitor IDP movements and, if required and as appropriate, support RSG-led pre-emptive evacuation plan. CCCM partners can support the RSG in information management of new IDPs, actively participating in multi-sector needs assessments and can support the RSG to establish systems to effectively manage IDP locations ensuring life-saving humanitarian assistance is received in a coordinated and timely manner.

<b>Goal:</b> To improve the wellbeing of vulnerable groups by alleviating their suffering and reducing morbidity and mortality		
<b>Overall target population in need:</b> 10,000 people		
<b>Strategic Objective:</b> Provide access to lifesaving services and protection for vulnerable groups		
<b>Objective 1 : IDP movements are effectively monitored</b>		
<u>Activity 1:</u> Monitor the effects of the situation in the north of Rakhine State on existing IDP camps/locations in central Rakhine State (cRS)		<i>US\$ xxx budget</i>
<u>Activity 2:</u> Support the RSG to monitor IDP movements into cRS.		
<u>Activity 3:</u> Support the RSG to implement a pre-emptive evacuation plan		
<b>Objective 2: IDPs receive life-saving humanitarian assistance in a timely manner to international standards</b>		
<u>Activity 1:</u> Support the RSG to manage new IDP locations in cRS.		
<u>Activity 2:</u> Actively participate in multi-sector needs assessments for newly arrived IDPs.		
<u>Activity 3:</u> Coordinate with other clusters/sectors to respond to identified needs		
<b>Sub-total</b>		<b>US\$</b>
<b>Operational Cost xx %</b>		<b>US\$</b>
<b>Total</b>		<b>US\$</b>

**FOOD SECURITY**

**Lead Agency:** WFP

**Contact information:** Frederic Verjus frederic.verjus@wfp.org , 09450030043

The objective of the Food Security Sector (FSS) is to plan and implement proportionate, appropriate and timely food security responses in humanitarian situations while looking at the integration of livelihood stabilisation and strengthening responses. The FSS in Rakhine will maintain its coordination on these standard protocols and align with the priorities and strategic objectives identified in the Humanitarian Response Plan. Moreover, the forum will encourage and provide a conducive environment for longer term development and structural food security issues to be raised and aligned with humanitarian response.

<b>Goal:</b> To provide life-saving relief food assistance to the affected population		
<b>Overall target population in need :</b> 10,000+		
<b>Strategic Objective:</b> Provide access to nutritious food for vulnerable groups		
<b>Objective: Provision of food to the affected population (10 000+ people) in Rakhine State</b>		
Activity 1: Emergency transportation and distribution of food to the affected population	<i>Food basket comprising rice, pulse, oil and salt</i>	<i>Approx. 108MT</i>
Activity 2: Blanket nutrition intervention for <5 and PLW (Note: SAM and MAM cases are taken care of by the Nutrition cluster)	<i>Distribution of WSB+ and WSB++</i>	
Activity 3: Monitoring and evaluation of the food assistance programme	<i># of people reached # of U5 and PLW Timeliness of intervention Suitability of modality</i>	
<b>Sub-total</b>		<b>US\$ 42,915.00</b>
<b>Operational Cost %</b>		<b>US\$ 1,972.80</b>
<b>Total</b>		<b>US\$ 44,887.80</b>

## EDUCATION IN EMERGENCIES (EiE)

**Lead Agency:** UNICEF and Save the Children

**Contact information:** Yukako Fujimori (yfujimori@unicef.org)

The overall goal of the Education in Emergencies Sector is to ensure that girls and boys affected by humanitarian crisis have equitable access to education in a safe and protective environment, and to critical information for their own well-being. Education as a holistic platform becomes even more critical at times of crisis, as it provides children with the life-saving and life-sustaining knowledge and skills to mitigate physical, psychosocial and cognitive harm and survive a crisis, and helps restore sense of normalcy, structure, and hope for future. The prioritized activities described below will be initiated in close consultation with education and other relevant authorities. These activities need to continue beyond the initial phase, with a focus on transition from preparatory and recreational activities to resumption of more structured informal and formal education.

The Education Sector will prioritize interventions for the most vulnerable girls and boys based on humanitarian principles, including conflict-sensitivity and a do-no-harm approach. It will also promote equitable participation of community stakeholders in the project analysis, design, implementation, and monitoring. The below contingency response plan has been developed on the assumption that all of the targeted children require a full package of EiE assistance. However some of the children in the affected area may have continued access to existing public or community learning facilities and may only require partial support. The Education Sector will participate in a cross-sectoral assessments and ensure collaboration with all other sectoral/cluster counterparts, especially child protection and WASH.

**Goal:** Girls and boys affected by humanitarian crisis have equitable access to education in a safe and protective environment, and to critical information for their own well-being.

**Overall target population in need:** 3,800 school-aged children and 100 education personnel (of 10,000 caseload)

**Strategic Objective:** Restore access to safe and protective learning opportunities for crisis-affected children to uphold education's role as a protective agent in emergencies

### **Objective 1 : Set up temporary learning spaces to minimise interruption and ensure continuity of education**

**Activity 1:** Liaise with education and other relevant authorities/actors to review the existing information and assess the situations to resume education activities in a safe and protective environment

**Activity 2:** Set-up of temporary learning spaces (TLS) with minimum infrastructure (including school tents) in consultation with communities

*# of girls and boys accessing TLS*

*US\$ 66 per child*

<b>Objective 2: Distribute essential teaching, learning and recreation supplies for affected children and education personnel</b>		
<u>Activity 1:</u> Provide an initial supply of pre-packaged school (teacher) and recreational kits	<i># of girls and boys/teachers receiving school and recreational kits</i>	<i>US\$ 16 per child</i>
<u>Activity 2:</u> Provide an initial supply of stationery and essential learning materials for students	<i># of girls and boys receiving stationery and essential learning materials</i>	
<b>Objective 3: Initiate emergency learning activities and training for children and education personnel which includes protection components such as psychosocial support</b>		
<u>Activity 1:</u> Reintegrate teachers and/or recruit volunteer teachers or facilitators	<i># female and male teachers or facilitators recruited</i>	<i>US\$ 130 per education personnel</i>
<u>Activity 2:</u> Provide initial training on EiE, including child protection components, to resume learning and recreational activities in a child-friendly and inclusive manner	<i># female and male teachers/facilitators received initial training in EiE</i>	
<b>Sub-total</b>		<b>US\$ XXXXXX</b>
<b>Operational Cost %</b>		<b>US\$ XXXXX</b>
<b>Total</b>		<b>US\$ XXXXXX</b>

## HEALTH

**Lead Agency: WHO**

**Contact information:** Allison Gocotano ([gocotanoa@who.int](mailto:gocotanoa@who.int))

The additional spill-over caseload of people in need shall require immediate access to lifesaving health services. To accomplish this, the Health cluster shall focus on three major strategies: coordination and assessment, service provision, and disease surveillance. Coordination between government and non-government health actors is key to ensuring that no affected population is left behind, as well as avoiding duplication of services thus maximizing efficiency of the limited resources. Existing coordination mechanisms shall be the primary vehicle for communication and collaboration.

Direct health service provision shall be provided through mobile teams except in sites where a functional government health facility is presently accessible. Under the leadership of State Health Department (SHD), teams shall be organized through either all government, all non-government, and/or combined teams as appropriate. Teams shall be designated with their respective catchment areas or sites. This mobile team strategy shall include an emergency medical and obstetric referral system. Further support for referrals shall be made available as needed.

An early warning and response system for disease surveillance shall be made available through reporting of the mobile teams.

**Goal:** Ensure affected populations have timely access to essential lifesaving, curative and preventive health services, including maternal, newborn/child, and reproductive health, in order to reduce avoidable mortality, morbidity, and disability.

**Overall target population in need :** 10,000 people

**Strategic Objective:** Provide access to lifesaving health services

**Objective 1 : Provide immediate treatment to the injured and those in need of medical support, including adequate supply of essential medicines and support for an emergency medical or obstetric referral system**

<p><u>Activity 1:</u> Provision of essential medicines supply (1 full IEHK without narc/psych/malaria/PEP)</p> <p><u>Activity 2:</u> Mobilization of support for MOHS Rapid Response Teams (RRT) and other operational cost for health response in a post-disaster setting to Rakhine</p> <p><u>Activity 3:</u> Support for an emergency medical and obstetric referral system (for patient transport and other related incidental costs, accounting for possible initial surge of trauma cases)</p> <p><u>Activity 4:</u> Support for multi-sectoral and/or health rapid assessment</p> <p><u>Activity 5:</u> Rapid deployment of a health sector coordinator</p>	<p><i># of consultations per week</i></p> <p><i>(Sphere standard of 2-4 consultation per person per year in a post disaster setting; for 10,000 pax x 4, divided by 12 months, divided by 4 weeks = 416 to 833 consultations per week)</i></p>	<p><i>US\$ 26,000</i></p>
--	--	---------------------------

<b>Objective 2: Support early warning and response system for disease surveillance</b>		
<p><u>Activity 1:</u> Rapid deployment of 1 epidemiologist and 1 information management officer for health sector support for 1 month – estimated cost ++</p> <p><u>Activity 2:</u> Logistics support for disease surveillance and investigation response</p>	<p><i>Timeliness and completeness of EWARS reporting with reference to the spill-over sites</i></p> <p><i>Completeness: numerator is the number of reports received, denominator is the number of new caseload sites</i></p> <p><i>Timeliness: out of all the reports received, this refers to the proportion of the reports received in a timely manner</i></p>	<p>US\$ 3,500</p>
<b>Objective 3: Ensure continuity of life-saving maternal, newborn/child, and reproductive health care services through the Minimum Initial Service Package (MISP)</b>		
<p><u>Activity 1:</u> Provision of reproductive health kits for pregnant women (4 per cent of the CBR of 10,000 population)</p>	<p><i>Number of kits distributed.</i></p>	<p>US\$ 4,000</p>
<b>Sub-total</b>		<b>US\$ 33,500</b>
<b>Operational Cost %</b>		<b>US\$</b>
<b>Total</b>		<b>US\$</b>

#### Available Stocks:

Functional direct health service providing teams (national + international):

- In MDW, BTM, and RTD = 8 plus Malteser International teams
- In other townships = 30

Estimated cumulative basic medicines and supplies in the respective partner warehouses:

- In MDW, BTM, and RTD = good for 3,000 patients
- In other townships, mainly in Sittwe = good for 9,000 patients

#### IEHKs and Diarrhea Disease Kits (DDKs)

- IEHKs in Sittwe :
  1. 2 basic unit c/o independent health partner
  2. Supplementary units from WHO; confirmed at SHD warehouse on 19 Oct (delivered May 2016)
  3. Partial components; unspecified boxes, at UNICEF warehouse
- IEHK in Maungdaw:
  1. 1 basic unit c/o independent health partner
- DDKs in Sittwe:
  1. 2 DDK basic module from WHO; confirmed at SHD warehouse on 19 Oct (delivered May 2016)
- IEHK in Yangon (WHO):
  1. 2 supplementary module, medicines only
  2. 2 complete DDK kits

Clean delivery kit: 600 units at MNMA Sittwe Office

## NUTRITION

**Lead Agency:** UNICEF

**Contact information:** Chouahibou Nchamoun ([nchouahibou@unicef.org](mailto:nchouahibou@unicef.org))

Nutrition sector partners are conducting nutrition interventions targeting IDP camps and the surrounding communities. Beneficiaries of these interventions are children under 5 and pregnant/lactating women.

Key nutrition interventions conducted by cluster partners are the following: active/passive screening, outpatient treatment of severe acute malnutrition (OTP activities), a targeted supplementary feeding programme for moderate acute malnutrition, Infant and Young Children Feeding (IYCF) promotion, and micronutrient supplementation.

The northern part of Rakhine State has the highest number of enrolled malnourished children which is in line with 2015 ACF survey (GAM=19.0% and SAM=3.9%) and Buthidaung' (GAM=15.1% and SAM=2.0%).

All these figures are in line with a possible worsening of the nutritional status of children under 5 and pregnant/lactating women as nutrition partners have suspended their interventions in the northern part of Rakhine State as a result of the new situation in Maungdaw. A total of 1,228 children were enrolled in nutrition therapeutic care before the new Maungdaw situation in the northern part of Rakhine State.

<p><b>Goal:</b> Children under 5 and pregnant/lactating women (PLW) receive preventive nutrition interventions and adequate treatment when acutely malnourished.</p> <p><b>Overall target population in need by Nutrition for a total of 10,000 IDPs (3 months assistance)</b></p> <ul style="list-style-type: none"> <li>• 1,750 children under 5 and 700 PLW for preventive services</li> <li>• 466 children aged 6-59 months for lifesaving services; treatment of acute malnutrition(MAM &amp; SAM)</li> </ul> <p><b>Strategic Objectives:</b> Provide lifesaving services to malnourished children aged 6-59 months and preventive nutrition services to children under 5 and pregnant/lactating women.</p>		
<p><b>Objective 1: Children aged 6 to 59 months and pregnant/lactating women with acute malnutrition are identified and adequately treated</b></p>		
<p><u>Activity 1:</u> Screen children 6-59 months and refer cases of acute malnutrition to nutrition therapeutic care (SAM treatment) and supplementary feeding programs (MAM treatment)</p>	<ul style="list-style-type: none"> <li>- # of children under 5 screened for acute malnutrition and number of detected cases referred to nutrition program</li> </ul>	<p>US\$ 50,000</p>
<p><u>Activity 2:</u> Provide nutrition therapeutic care to severely acute malnourished children</p>	<ul style="list-style-type: none"> <li>- # of SAM cases admitted for treatment (new admissions)</li> <li>- Cure rate, death rate,</li> </ul>	



<p><u>Activity 3:</u> Provide nutrition supplementary feeding to moderately acute malnourished children and PLW</p>	<p><i>defaulter rate for SAM admitted patients</i></p> <ul style="list-style-type: none"> <li>- # of MAM cases admitted for treatment (new admissions)</li> <li>- <i>Cure rate, death rate, defaulter rate for MAM admitted patients</i></li> </ul>	
<p><b>Objective 2: Nutritionally vulnerable groups have access to key preventive nutrition-specific services</b></p>		
<p><u>Activity 1:</u> Provide micronutrient powder (sprinkle) to children from 6-59 months</p> <p><u>Activity 2:</u> Provide micronutrient tablets to pregnant women</p> <p><u>Activity 3:</u> Provide IYCF counselling to PLW</p> <p>Activity 4: Provide blanket supplementary feeding to children under 5 and pregnant and lactating women</p>	<ul style="list-style-type: none"> <li>- <i># of children under 5 who receive sprinkle</i></li> <li>- <i># of pregnant women who receive micronutrient tablets</i></li> <li>- <i># of PLW who receive IYCF counselling</i></li> <li>- <i># of children U5 and PLW who received a blanket supplementary feeding ration</i></li> </ul>	<p><i>US\$ 180,000</i></p>
<p><b>Sub-total</b></p>		<p><b>US\$230,000</b></p>
<p><b>Operational Cost 25 %</b></p>		<p><b>US\$55,000</b></p>
<p><b>Total</b></p>		<p><b>US\$285,000</b></p>

Supplies available:Items	Units	Quantities
RUTF	Carton	40
Albendazole	Tablet	0
Amoxicillin	Tablet	0
Multiple Micronutrient (Tablet)	Tablet	0
Multiple Micronutrient PDR, Sachet	Sachet	0
ORS, Box-100 Sachet	Sachet	9,800
Resomal, 84 g	Carton	0
Zinc Tablet	Tablet	24,600
Emergency Food Ration BP-5 (HEB)	PAC	0
MUAC Tapes	PC	0
Salter Scale	PC	0
Height Board	PC	0

**PROTECTION (including Child Protection and Sexual Gender Base Violence)**

**Lead Agency: UNHCR**

**Sub-Sector leads:** UNICEF (Child Protection), UNFPA (GBV)

**Contact information:** Stefan Gherman ([gghermans@unhcr.org](mailto:gghermans@unhcr.org)), Leilani Elliott ([lelliott@unicef.org](mailto:lelliott@unicef.org)), Sarah Baird ([sbaird@unfpa.org](mailto:sbaird@unfpa.org))

An additional caseload of IDPs in central Rakhine would require immediate access to protection services, as well as protection-mainstreamed services from other clusters/sectors.

In order to ensure a proper protection delivery to this spill over, the Protection Sector, together with the Child Protection and SGBV Areas of Responsibility, will focus its activities on three pillars: coordination of timely protection service delivery including case management support; regular protection monitoring and protection by presence; and advocacy in favour of newly displaced and conflict-affected persons.

This plan considers that the situation in Maungdaw District could affect the protection needs of all communities in central Rakhine state – not only persons displaced as a result of a spill over from Maungdaw District, but also those who might be negatively impacted as a consequence of the conflict in Maungdaw District. For instance, Muslims already face severe restrictions on freedom of movement across Rakhine State. Should these restrictions increase or intensify, keeping pockets of communities “trapped” in IDP camps and villages, it will further decrease their access to livelihoods, healthcare, education and other social services. This, in turn, will result in increased reliance on negative coping mechanisms, with inherent protection risks, especially for children and women. Other communities, such as the Rakhines, should they become displaced, will also have short-term protection concerns such as SGBV and violence against children, and will be affected by decreased access to livelihoods and development. Currently, protection activities are predominantly concentrated in Sittwe and Pauktaw. Should new protection needs emerge in Kyauktaw, Minbya, Mrauk-U and Myebon, scaling up of protection actors in these locations will be particularly urgent.

**Goal:** To have a protection enabling environment for the population of concern.

**Overall target population in need:** 15,000\*

**Strategic Objective:** Ensure a protection enabling environment for all persons affected

(\*Please note that Child Protection works with the figure of an increase of 5,000 affected persons)

**Objective 1 : Provide regular protection monitoring and protection by presence in newly displaced and other affected communities, and advocate for adequate access to services**

Activity 1: Maintain a regular presence in IDP camps and affected villages.	<i># of monitoring missions conducted</i>	
Activity 2: Ensure regular or permanent presence of protection staff in locations/areas where people are	<i># of protection staff members present in locations of IDPs and</i>	

in need.	<i>other affected people</i>	
<u>Activity 3:</u> Engage in advocacy with both humanitarian actors and authorities in order to promote favourable protection outcomes for affected persons.	<i># of advocacy actions conducted in favour of affected persons</i>	
<b>Objective 2: Establish child friendly spaces and women safe spaces</b>		
<p><u>Activity 1:</u> Establish Child Friendly Spaces, including mobile if needed, with activities that strengthen children’s resilience and wellbeing. This would include activities specifically for adolescents, to engage them in developing life skills, and strengthening of pre-existing community networks to provide support to distressed children and families.</p> <p><u>Activity 2:</u> Create safe spaces for women and girls, including mobile if needed. Provide psychosocial support through encouragement of existing social groups among women and girls and through strengthening psychosocial support capacity of community members and authorities on site.</p>	<p><i># of child friendly spaces established</i></p> <p><i># of women and girls temporary safe spaces</i></p>	
<b>Objective 3: Prevent and respond to violence, exploitation, abuse and neglect</b>		
<p><u>Activity 1:</u> Raise awareness about the increased risks of child recruitment and use by armed forces and groups, physical and sexual violence, exploitation and abuse, including child trafficking, child labour and harmful traditional practices.</p> <p><u>Activity 2:</u> Ensure reporting mechanisms and referral pathways are in place to identify and provide timely, effective and appropriate support to child survivors, including via the establishment of community-based child protection groups and mainstreaming through other sectors.</p> <p><u>Activity 3:</u> Establish child protection monitoring and child protection case management systems, including mobile teams as needed.</p>	<p><i># of affected communities reached with awareness sessions</i></p> <p><i># of affected communities where reporting mechanisms and referral pathways in place</i></p> <p><i># of identified children provided with case management support</i></p>	
<b>Objective 4: Establish measures for prevention of sexual and economic abuse and exploitation of children and women</b>		
<u>Activity 1:</u> Ensure response mechanisms are in place for GBV survivors in terms of GBV case management and referral services including health services and safety needs, together with GBV sub	<i># of affected communities with referral pathways established</i>	

<p>sectors.</p> <p><u>Activity 2:</u> Mainstream gender into other sectors' services to minimise the risk of gender-based violence including sexual abuse and sexual exploitation of women and girls through collaboration with communities and humanitarian actors/ to minimize the safety risks of women and girls.</p>	<p><i># of meetings/ advocacy discussions with humanitarian actors</i></p> <p><i># of minimum standards checklists distributed to other sectors</i></p>	
<p><b>Objective 5: Prevent and respond to family separation</b></p>		
<p><u>Activity 1:</u> Minimise the risk of family separation, including via risky migration and trafficking, through awareness raising and engagement with children, caregivers, community leaders, and child protection groups.</p> <p><u>Activity 2:</u> Ensure mechanisms are in place for the timely identification and referral of separated or unaccompanied children</p> <p><u>Activity 3:</u> Begin family tracing within 72 hours of identification, and ensure appropriate interim care arrangements pending family reunification or other best interests determination.</p>		
<p><b>Objective 6: Distribute dignity kits and other protection kits as needed</b></p>		
<p><u>Activity 1:</u> Distribution of dignity kits to women and girls above 13 in need (25 per of the population)</p> <p>Provision of post rape kits for care of SGBV survivors (standard estimate of 2 per cent of women of reproductive age)</p>	<p><i>#of dignity kits distributed</i></p> <p><i># of post-rape kits distributed</i></p>	<p><i>US\$ 45,000</i></p> <p><i>US\$ 50,000</i></p>
<p><b>Sub-total</b></p>		<p><b>US\$</b></p>
<p><b>Operational Cost %</b></p>		<p><b>US\$</b></p>
<p><b>Total</b></p>		<p><b>US\$</b></p>

## SHELTER

**Lead Agency:** UNHCR

**Contact Information:** Wilfredo Jr. Tiangco ([tiangco@unhcr.org](mailto:tiangco@unhcr.org))

Shelter Cluster partners will support the Rakhine State Government (RSG) to ensure provision of immediate life-saving shelter including family tents, tarpaulins, basic tools and fixings, along with appropriate non-food items. Cluster partners will participate in multi-sector needs assessments and support the RSG to deliver an effective shelter response ensuring life-saving humanitarian assistance is received in a coordinated and timely manner.

**Goal:** To immediately support the government in ensuring adequate access to shelter as per humanitarian standards for 10,000 displaced people (2,000 tents) in central Rakhine State (cRS) affected by the armed conflict in the northern part of Rakhine State (nRS)

**Overall target population in need:** 10,000 people

**Strategic Objective: Provide** a shelter response that supports appropriate, flexible, progressive solutions to affected, vulnerable populations that leads to safer, more dignified/durable shelter, prioritizing homeowner led self-recovery for all.

**Objective 1 : New IDPs supported with family tents and/or tarpaulins in temporary settlement sites**

Activity 1: Upon receipt of access from RSG, join the inter-agency multi-sectoral team assesment of the IDP situation in temporary settlement sites

Activity 2: Coordinate the results of shelter assessments with the RSG and Cluster partners/members to determine the shelter needs/gap and plan for an effective and appropriate shelter response

Activity 3: Support the RSG with an appropriate shelter response (physical site planning, technical assistance on tent installation, distribution of family tents, etc.)

*US\$ 1,000,000*

**Objective 2: New IDPs assisted with shelter kits/materials in place of origin or suitable relocation site**

Activity 1: Upon receipt of access from the RSG, join the inter-agency multi-sectoral team assesment of the IDP situation in places of origin and/or relocation sites

Activity 2: Coordinate the results of shelter assessments with the RSG and Cluster partners/members to determine the shelter needs/gap and plan for an effective and appropriate shelter response

*US\$ 500,000*

Activity 3: Support the RSG with an appropriate shelter response (distribution of shelter kits/materials, physical site planning at new relocation site, etc.)		
<b>Sub-total</b>		<i>US\$ 1,500,000</i>
<b>Operational Cost %</b>		<i>US\$ 180,000</i>
<b>Total</b>		<i>US\$ 1,680,000</i>

**Note: Estimated cost of 1 family tent is at USD 500 each**

## WASH

**Lead Agency: UNICEF**

**Contact information:** Basilius Kris Cahyanto ([bkcahyanto@unicef.org](mailto:bkcahyanto@unicef.org))

WASH Cluster partners will support the Rakhine State Government to provide equitable humanitarian water, sanitation and hygiene promotion to affected populations. The priority focus will be to ensure minimum WASH standards for displaced communities and at institutional facilities (schools & health centres) serving crisis affected populations. The Cluster is equipped with WASH contingency supplies that are available in Sittwe, Mrauk-U, Maungdaw, Kyaktaw, and Minbya for immediate deployment to cover 10,000 people. Additional staff from other parts of Myanmar are standing-by to be deployed, if required, to support multi-sectorial needs assessments.

<b>Goal:</b> Ensure equitable access to safe water and sanitation facilities with good hygiene practices		
<b>Overall target population in need :</b> 10,000 people		
<b>Strategic Objective:</b> Provide minimum standards of WASH services for crisis affected population		
<b>Objective 1: Provision of safe drinking water for affected population in Rakhine State</b>		
<p><u>Activity 0: Needs Assessment</u></p> <p><u>Activity 1:</u> Provide emergency water supply at institutions (health centres/schools) and temporary displacement camps.</p> <p><u>Activity 2:</u> Distribution of water purification tablets and water containers to high risk populations.</p>	<p><i>% displaced population receiving at least 5l clean water p/p/day. % crisis affected institutions with sufficient safe water available</i></p> <p><i>% crisis affected institutions with sufficient safe water available</i></p>	<p><i>USD 40,000</i></p>
<b>Objective 2: Improve access to basic sanitation facilities and excreta disposal</b>		
<p><u>Activity 0: Needs Assessment</u></p> <p><u>Activity 1:</u> Provision of emergency block latrines at institutions (health centres/schools) and temporary displacement camps.</p> <p><u>Activity 2:</u> Provision of emergency waste management at institutions (health centres/schools) and temporary displacement camps.</p>	<p><i># block latrines constructed</i></p> <p><i># Solid Waste collection points constructed</i></p> <p><i>% crisis affected institutions with adequate functioning sanitation facilities</i></p>	<p><i>US\$ 40,000</i></p>
<b>Objective 3: People adopt basic personal and community hygiene practices</b>		
<p><u>Activity 0: Needs Assessment</u></p> <p><u>Activity 1:</u> Transmission of key hygiene messages through various communication channels</p> <p><u>Activity 2:</u> Intensive hygiene promotion at institutions (health centres/schools) and IDP camps as necessary.</p>	<ul style="list-style-type: none"> <li><i>- # Hygiene kits distributed</i></li> <li><i>- # Hygiene promotion session conducted</i></li> <li><i>- # Trained hygiene promoters</i></li> </ul>	<p><i>US\$ 40,000</i></p>

<u>Activity 3: Selective hygiene kit distribution to high risk populations</u>	<i>operational</i>	
<b><i>Sub-total</i></b>		<b><i>US\$ 120,000</i></b>
<b><i>Operational Cost 25 %</i></b>		<b><i>US\$ 30,000</i></b>
<b><i>Total</i></b>		<b><i>US\$ 150,000</i></b>



## ANNEX B: CENTRALITY OF PROTECTION

**The Centrality of Protection in Humanitarian Action**  
**Statement by the Inter-Agency Standing Committee (IASC) Principals**  
**Endorsed by the IASC Principals on 17 December 2013**

This statement affirms the commitment of the IASC Principals to ensuring the centrality of protection in humanitarian action and the role of Humanitarian Coordinators, Humanitarian Country Teams and Clusters to implement this commitment in all aspects of humanitarian action. It is part of a number of measures that will be adopted by IASC to ensure more effective protection of people in humanitarian crises.

When natural disasters strike, or violence and conflict erupt, people are often subject to threats to their lives, safety and security, discrimination, loss of access to basic services and other risks. Violations of international human rights and humanitarian law, and pre-existing threats and vulnerabilities, may be amongst the principal causes and consequences of humanitarian crises.

People look to their national and local authorities, the United Nations and the broader humanitarian community to support and strengthen their protection: to save their lives, ensure their safety and security, alleviate their suffering and restore their dignity – in accordance with international human rights law and international humanitarian law as well as internationally recognized protection standards, such as the UN Guiding Principles on Internal Displacement.

The primary responsibility to protect people in such situations lies with States. In addition, in situations of armed conflict, non-State parties to conflict are obliged to protect persons affected and at risk in accordance with international humanitarian law. The humanitarian community has an essential role to engage with these actors to protect and assist people in need.

The United Nations “Rights Up Front” Plan of Action emphasises the imperative for the United Nations to protect people, wherever they may be, in accordance with their human rights and in a manner that prevents and responds to violations of international human rights and humanitarian law. This same imperative to protect people lies also at the heart of humanitarian action.

Protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. It must be central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond.

In practical terms, this means identifying who is at risk, how and why at the very outset of a crisis and thereafter, taking into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and groups such as internally displaced persons, older persons, persons with disabilities, and persons belonging to sexual and other minorities.

It means that HCs, HCTs and Clusters need to develop and implement a comprehensive protection strategy to address these risks and to prevent and stop the recurrence of violations of international human rights and humanitarian law – a strategy that clearly articulates and identifies the complementary roles and responsibilities among humanitarian actors to contribute to protection outcomes; that identifies and makes use of all available tools to effectively protect those affected by humanitarian crises; that takes into account the role and contribution of other relevant actors, such as peacekeeping and political missions and development actors, to achieve protection goals and develop durable solutions. These strategies must be regularly revised to reflect changing circumstances, priorities and needs. Resources commensurate to the realisation of these efforts must be mobilised.

It also means that HCs, HCTs and Clusters need to strengthen the collection, management and analysis of information to inform and adjust early warning, preparedness, response, recovery and policy efforts, and support strategic and coordinated advocacy, dialogue and humanitarian negotiations on behalf of persons affected and at risk, and in a manner that addresses the risks they face in conflict, violence and natural disasters. In this regard, the complementary roles, mandates and means of action of all relevant actors need to be recognized and reinforced.

In all undertakings, primary consideration will be given to our accountability to affected populations, to identify, understand and support their own protection measures. Different segments of affected populations need to be meaningfully engaged in all decisions and actions that have a direct impact on their well-being. A commitment to support national and local civil society in their important role to enhance the protection of persons affected and at risk is central to this endeavour.

At the field level, the responsibility for placing protection at the centre of international humanitarian action rests with Humanitarian Coordinators, Humanitarian Country Teams, and all Cluster Coordinators. Protection Clusters play a crucial role in supporting humanitarian actors to develop protection strategies, including to mainstream protection throughout all sectors and to coordinate specialised protection services for affected populations.

But the responsibility is not theirs alone. We, the IASC Principals, recognize our leadership in supporting their efforts in a consistent, principled and impartial manner, including through policy development, dialogue, advocacy, and engagement with States. We commit to provide the necessary support and to work with them and all IASC members to ensure the centrality of protection in humanitarian action.