

Periodic Monitoring Report

2014 Strategic Response Plan – Myanmar

Covering January to June 2014

Prepared by the *Inter-cluster Coordination Group for the Humanitarian Country Team*

FUNDING:

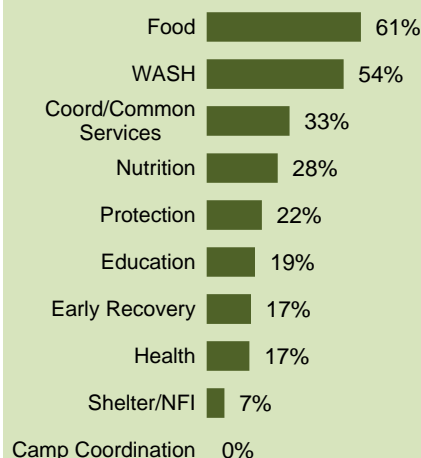
192 million (\$US)
Required

46% of total
requirement

89 million (\$US)
Received

Source: Financial Tracking Service (FTS)

FUNDING RECEIVED BY SECTOR



OVERVIEW

The first half of 2014 has seen an increase in overall humanitarian needs in Kachin and northern Shan states, where a series of renewed conflicts has resulted in additional displacement. Likewise, the disruption of aid operations in March negatively affected communities' resilience and increased the vulnerability of hundreds of thousands of people in Rakhine State. Despite challenges, significant progress has been made by the Humanitarian Community in Myanmar in responding to the needs of the most vulnerable people through the 2014 Myanmar Strategic Response Plan (SRP). These efforts have been carried out in close collaboration with the Government, the affected communities and other key stakeholders to ensure full transparency and accountability of all humanitarian operations.

During the remainder of 2014, the United Nations and its partners will focus on assisting the Government to ensure that all crisis-affected people in the country receive the assistance and protection they need, in accordance with humanitarian principles as well as conflict sensitive/do-no-harm approaches. Further efforts will also be made to support the Government in finding durable solutions for crisis-affected people and to support early recovery, to avoid creating long-term dependency on humanitarian aid.

POPULATION TARGETED AND REACHED

SECTOR/ CLUSTER	TARGETED		REACHED	
	KACHIN	RAKHINE	KACHIN	RAKHINE
CCCM	87,000	111,000	85,000 (98%)	78,000 (70%)
COMMON SERVICES	111,000	310,000	111,000 (100%)	310,000 (100%)
EARLY RECOVERY	57,000	85,000	40,000 (70%)	9,562 (11.24%)
EDUCATION	39,000	76,000	12,000 (31%)	35,900 (47%)
FOOD	91,000	218,000	77,000 (85%)	193,000 (89%)
HEALTH	111,000	310,000	63,962 (58%)	119,733 (39%)
NUTRITION	14,000	62,000	5,384 (38%)	29,555 (48%)
PROTECTION	111,000	250,000	60,000 (54%)	120,000 (48%)
SHELTER/NFIS	95,000	140,000	80,000 (84%)	140,000 (100%)
WASH	111,000	313,000	80,000 (72%)	230,000 (73%)

KEY ACHIEVEMENTS TOWARD STRATEGIC OBJECTIVES

Food

- Food assistance has reached approximately 264,000 vulnerable people (85 per cent of a total target caseload) in Kachin, northern Shan and Rakhine states.
- Of the total of 77,000 Internally Displaced persons (IDPs) reached in Kachin and northern Shan states, some 36,000 (46 per cent) in areas beyond Government control were provided with food assistance through cross-line mission from January to June 2014.
- In Rakhine State, over 134,000 IDPs and 59,000 vulnerable people have been provided with some 3,000 tons of food assistance on a monthly basis.

Health

- The health cluster partners provided treatment to 99,800 people and facilitated 207 health referrals in Rakhine State. The immunization programme in Sittwe and Kyauktaw Townships reached close to 3,000 children and 1,300 pregnant women. Forty auxiliary midwives have received training to provide community health care services and an additional ten midwives from other states/regions have been deployed to support the existing capacity.
- In Bhamo Township, Kachin State, some 4,700 people received medical treatment. The immunization coverage is recorded at 65 per cent for measles, 78 per cent for pentavalent and 78 per cent for polio vaccines. Data for other areas are not available.

Nutrition

- In Rakhine State, the coverage of the Government-led vitamin A supplementation and deworming programme stands at 82 per cent. This remains below the target of 90 per cent as it reflects the average coverage of interventions across all 17 townships in Rakhine State.
- In Kachin State, data on the provision of vitamin A and deworming is not available/received for all target areas. However, available data from 29 out of 39 camps in Myitkyina and Bhamo Townships show the coverage of 84 per cent for vitamin A and 92 per cent for deworming, which are well above the overall target of 60 per cent.

Protection

- 23 IDP locations in Kachin State (approximately 20,000 IDPs) and six locations in Rakhine State (approximately 42,000 IDPs) have protection services available at the 60 per cent level (a minimum service requirement considered by the Protection Sector). This has been achieved through the establishment of referral pathways, psychosocial services and safe spaces for women and children.
- In Kachin State, 61 child friendly spaces, eight women/girls centres and 11 community-based women's groups have been established. Similarly, 53 child friendly spaces, 11 women/girls centres and 19 community-based women's groups have been set up in Rakhine State. A total of 17 camps in Sittwe and Pauktaw Townships in Rakhine State have child protection case management services, covering approximately 40,000 children.

Shelter/Non-food-items (NFIs)

- In Rakhine State, over 95,000 IDPs in Sittwe Township have benefitted from the current shelter maintenance and repair programmes.
- In Pauktaw Township, 66 temporary eight-unit shelters have been constructed for some 3,000 IDPs in response to shelters destroyed by domestic fire. Efforts are ongoing to construct additional 170 individual housing for IDPs, awaiting an approval from the Rakhine State authorities. Partners' NFI distribution has reached some 95,000 IDPs across Rakhine State.
- 800 shelter units have been completed for over 4,000 IDPs in Kachin State. Of 100,000 targeted IDPs who are in need of NFIs, 90,000 are estimated to have received basic/core NFIs in Kachin State.

Water, Sanitation and Hygiene (WASH)

- In Rakhine State, the coverage for water and sanitation facilities stands at 75 per cent and 58 per cent, respectively, while 99 per cent of the camps have been covered by WASH focal agencies.

- WASH activities have also reached 26 directly affected villages (46,211 people), compared to the coverage of 21 villages (31,147 vulnerable people) in January 2014. An additional 38,500 people from surrounding villages have benefited from WASH expanded services.
- Desludging procedures were launched in 19 camps in Sittwe, Kyaukpyu, and Ramree Townships to reduce health risks for an estimated 86,000 people.
- In Kachin State, the coverage for water and sanitation facilities stands at 97 per cent and 75 per cent, respectively. 97 per cent of camps both within and beyond Government control areas have benefited from the presence/coverage of WASH cluster partners.
- Hygiene promotion and community mobilization programmes have reached close to 66,700 vulnerable people. WASH coverage in directly affected villages remains limited with only 16 per cent (1,940 people) covered as of June 2014. An additional 3,000 newly displaced people have been covered through expanded WASH services.

Education

- In Rakhine State, the coverage of education for primary-school-aged IDP children has increased from approximately 50 per cent in January 2014 to 72 per cent, with the current enrolment of 23,000 IDP children.
- More than 500 children aged 3-5 in Sittwe Township have benefited from new pre-school programmes. New non-formal education services also reached approximately 1,900 adolescents in IDP camps.
- Approximately 6,000 IDP children in hard-to-reach areas of Kachin State received pre-primary and primary education support through provision of temporary learning spaces, education supplies, and training of volunteer teachers. Some 1,850 essential learning packages were provided for primary school-aged IDP students.

Camp Coordination and Camp Management (CCCM)

- In Kachin State, the coverage of the Camp Management Agencies (CMA) and CCCM Focal Points (CCCM FP) has extended to over 130 camps (90 per cent of the overall camps) from around 80 in 2013.
- In Rakhine State, out of 24 priority camps, 13 have a dedicated CMA and another eight have CCCM FP.

Early Recovery (ER)

- In Rakhine State, ER partners have delivered a wide variety of services, including the provision of farm inputs, capital grants for farm/off-farm livelihoods and small scale businesses, and restoration of community infrastructure, benefitting over 95,000 vulnerable people in six townships.
- 49 community infrastructure projects have been implemented in eight townships across Rakhine State. More than 300 community based organizations (CBOs) have also been formed to better engage with the community in responding to their needs.
- In Kachin State, approximately 40,000 vulnerable individuals have benefitted from a variety of ER interventions, including vocational training, a cash for work/conditional cash grants programme and livestock breeding, among others. 89 community infrastructure projects were completed in six townships across Kachin, benefitting over 10,000 people.

Coordination and Common Services Sector (CCS)

- The Inter-Agency Emergency Response Preparedness Plan (ERPP), which identifies and explains preparedness actions of clusters/sectors, was developed.
- A contingency plan for a cyclone in Rakhine State has been developed.

CHALLENGES

- Ongoing instability and access constraints, in Kachin State particularly, hamper efforts to regularly provide assistance and promote longer-term sustainable solutions.
- Ongoing inter-communal tensions and misperceptions of the work of aid agencies remain the major challenges to resuming full operations in Rakhine State. A conducive and secure environment for all aid agencies is crucial to scaling up both humanitarian and development activities.
- The continual population movement from one camp to another within the affected states has caused difficulties in operational and response planning.
- A lack of adequate and suitable land in affected locations in Kachin and Rakhine states continues to be a major challenge for the establishment of protection services, construction/extension of shelters, temporary learning spaces and water sanitation and hygiene facilities, among others.
- Due to on-going inter-communal tensions in Rakhine State, the identification and retention of humanitarian personnel, including staff and voluntary teachers/workers/CCCM focal points, remains a significant challenge.
- Inadequate information management capacity and usage of multiple data processing/management approaches has resulted in a lack of reliable data for response planning and gaps mapping.
- While the overall funding for 2014 SRP stands at 46 per cent, limited funding has placed strains on meeting the targets, especially for the least funded sectors¹, including ER (17 per cent), Education (19.1 per cent) and Protection (21.8 per cent).

RECOMMENDATIONS

- Increased advocacy/engagement with the Government, the communities and other relevant stakeholders is crucial for unhindered access to all displaced people, ensuring safe and conducive environment for all humanitarian and development partners, protection of all vulnerable groups, planning for realization of durable solutions, enhancing development outcomes and increased support for aid operations, including land allocation for provision of shelters and basic services.
- Through conflict sensitive and do-no-harm approaches, increased efforts by the Humanitarian Community should be made to build strong linkages between relief, recovery and development activities to ensure a firm foundation for long-term development.
- Any return, resettlement or local integration of displaced people must be voluntary and based on an individual informed decision. Mine risk awareness is an essential component of any planning process in this regard. In Kachin State, for instance, the Government has already taken steps to resettle 113 households outside of Myitkyina. The international community should assist the Government and other parties in any future efforts, by providing support to ensure that the process is not only voluntary but also complies with international standards.
- Dedicated efforts should be made to develop the Government's own capacity to respond to the humanitarian and development needs of people in Kachin and Rakhine states. Increased engagement with the Government should be pursued to support those activities which can be covered by government counterpart line ministries when and where appropriate.
- The Humanitarian Country Team (HCT) in Myanmar, in close collaboration with humanitarian donors, needs to scale up its resource mobilization efforts to improve funding especially for the least funded sectors.

¹ The funding levels of the CCCM, shelter and NFIs sectors are currently being clarified.

CHANGES IN CONTEXT

Humanitarian context and response capacity

In Kachin and northern Shan states, approximately 99,000² people continue to be displaced both within and beyond Government controlled areas, staying in camps and with host families. Of these, over 50 per cent of the displaced are currently located in areas beyond Government control, within a small stretch of difficult terrain along the border with China. IDPs are spread over a total of more than 160 locations. The number of displaced people has steadily increased, particularly following the resumption of conflict in April-May in the southern part of Kachin and northern Shan states that led to the displacement of an additional 3,300 people. In addition to the regular instances of new (and repeated) displacement, the protracted nature of the displacement has also led to renewed humanitarian needs and increased vulnerability.

Access to the displaced population in areas beyond Government control remains restricted. Local NGOs continue to play a leading role in the response in hard-to-reach areas to ensure that life-saving needs of the most vulnerable people are covered. With over 20 cross-lines missions conducted between September 2013 and June 2014, a major improvement has been observed since September/November 2013. These missions have delivered assistance to tens of thousands of people, and have provided support for local NGOs. However, despite these dedicated efforts, the assistance has not been enough to meet all the needs of displaced communities and inter-agency needs assessments have shown that more assistance is needed. The UN and its partners continue to advocate with the Government on ways to further expand access, as many activities require more sustained support to ensure vulnerable people get the quality of care, services and assistance they need.

In addition to the humanitarian response, the Government has recently taken the initiative to resettle 113 households from camps outside Myitkyina to a newly-built village, prompting the need for the international community to be prepared for supporting durable solutions. As of June 2014, over 15 international NGOs and Red Cross partners and nine UN agencies have offices in Kachin State. Nevertheless, most organisations continue to rely on local NGOs for implementation of their activities, particularly in areas beyond Government control.

In Rakhine State, over 137,000³ people remain displaced in 68 IDP locations across ten townships. Most humanitarian activities carried out by the UN and international NGOs were suspended for four to six weeks after violent mobs attacked and ransacked 33 offices and premises on 26-27 March. The attacks caused over US\$ 1 million of damage and forced over 300 aid workers to be temporarily relocated. During this period, the Government put in place special interim measures to cover the most critical humanitarian activities with support from the Ministry of Health and other national institutions. While strong efforts were made to ensure continuity of vital services, these interventions fell far short of services provided prior to the attacks. The health sector remains the most affected. Access to health care and referral services remains limited and several gaps unfulfilled in the health sector, largely due to the suspension of MSF Holland's operations in February and the limited capacity of other humanitarian organizations to take over these activities.

With concerted support from the Union Government, close to 60 per cent of UN and INGO staff were able to return to Sittwe by the end of May. Many organizations, however, are still operating at a reduced capacity. The main constraint is the limited office and residential premises available for the UN and INGOs in the "Southern Quarter" of Sittwe, a designated area where the Government commits to provide additional security for UN and INGOs offices/premises. Since June, humanitarian operations have resumed in IDP camps and villages in all townships in the central part of Rakhine State in close coordination with the Emergency Coordination Centre and local authorities. Despite considerable efforts, some critical activities are still taking place at reduced levels and many people in isolated villages and remote IDP camps continue to live in dire conditions, coupled with severe restrictions on their freedom of movement and therefore limiting their access to livelihoods, health and education services.

² UNHCR CCCM Figure (May 2014)

³ UNHCR CCCM Figure (May 2014)

STRATEGIC OBJECTIVES: ACHIEVEMENTS TO DATE

Strategic Objective 1

Reduce mortality and morbidity amongst affected populations in Rakhine and Kachin as well as populations newly affected by conflict or disaster

Indicators: Targets vs. Results to date

Indicator	Baseline	Target	Result	Cluster/ sector
Maternal Mortality Rate	No baseline established	Base rate	Not measurable at this stage	Health Cluster
Under 5 mortality rate	No baseline established	2Xbase rate or <2/10,000/ day	Not measurable at this stage	Health Cluster
# of cases and incidence of selected diseases (severe diarrhoea, mild diarrhoea, dysentery, viral hepatitis, common cold, malaria, DHF)	No baseline established	Measure trends	Rakhine: 5 severe diarrhoea cases, 3,345 mild diarrhoea cases, 795 dysentery cases, 1 hepatitis case and zero DHF case Kachin: 1,277 diarrhoea cases, 385 dysentery cases, zero hepatitis case and 523 pneumonia cases	Health Cluster
% of GAM prevalence in Sittwe, Pauktaw, Buthidaung, Maungdaw and in other gap townships (e.g. Rathedaung)	Sittwe(Urban) 10.7% Pauktaw (Rural)- 16.4% Sittwe (Rural)-9.5% Buthidaung- 21.4% Maungdaw- 20.0%	Same as baseline (no deterioration of situation)	Not measurable at this stage	Nutrition Sector
% of population with adequate water and sanitation access (Sphere) supported by appropriate social mobilization and hygienic behavior	Rakhine: Water- 76%, Sanitation- 62% Kachin: Water- 49%, Sanitation- 48%	100%	Rakhine: Water- 75%, Sanitation- 58% Kachin: Water- 97%, Sanitation- 75%	WASH Cluster
# of eligible and affected people whose most personal needs (for shelter from the climate and for the maintenance of health, dignity and well-being) are met	Through shelter: Kachin- 50,000 Rakhine- 140,000 Through NFI: Kachin - 75,000 Rakhine - 90,000	80,000	54,000	Shelter/NIFs Cluster
		140,000	140,000	
		100,000	90,000	
		140,000	95,000	
% children and adolescents receiving MRE who demonstrate understanding and knowledge of landmine risks in affected areas in Kachin	0	5,000	Not measurable at this stage	Education/ CP Sector
% of beneficiaries reached in Kachin and Rakhine states	No baseline established	100% for both states	85% for Kachin, 89% for Rakhine	Food Sector

Coverage of camp management and coordination mechanisms across all camps to ensure timely and coordinated delivery of humanitarian assistance, including regular monitoring and evaluation of the humanitarian assistance in accordance with agreed standards, and the identification and reporting of gap	Kachin: 50% Rakhine: 10 camps	100% 24 camps	95% 13 camps	CCCM Cluster
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Progress toward Strategic Objective (1)

In addition to the results indicated in the table above and the achievements outlined on pages 2-3, the following points should be noted:

- The number children and adolescents receiving mine risk education (MRE) could not be reported at this stage as the implementation has not commenced. Some progress has been made in terms of planning and consultation about the roll-out of MRE initially in the boarding schools in areas beyond Government control in Kachin State before the end of 2014.
- The main indicator for the Food Sector under SO1 is the Food Consumption Score (FCS), which will be collected later in 2014. Therefore, the food sector has chosen an alternative indicator to provide an update on actual implementation to date. The current food coverage in Kachin and Rakhine states stands at 85 per cent and 89 per cent respectively.
- According to the Health Cluster, the two strategic-level indicators (Maternal Mortality and under 5 mortality rates) could not be reported at the mid-year review as these rates are usually calculated on an annual basis. The numbers of cases for other selected diseases in Kachin and Rakhine states are recorded in the table above.
- In the absence of the SMART surveys (Standardized Monitoring and Assessment of Relief and Transitions) in the first half of 2014, the nutrition sector cannot, at this stage, show the progress achieved in 2014 related to the Global Acute Malnutrition (GAM) prevalence in Sittwe, Pauktaw, Buthidaung, Maungdaw and other gap townships in Rakhine State. However, plans are underway to conduct the SMART survey in the second half of 2014.
- The overall WASH coverage in Kachin and northern Shan states has improved over the past six months. In Rakhine State, there has been a slight decrease in the coverage for water and sanitation facilities due to the fact that there was an increase in the target population from 310,000 to 313,000 to expand services to previously uncovered townships. Additionally, some WASH facilities provided earlier are no longer in a useable condition, and will be replaced or rehabilitated in the coming months, resulting in a decrease in current coverage from the baseline status.

Strategic Objective 2

Ensure adequate access to basic services and the restoration of livelihoods for all displaced and conflict-affected populations in Rakhine and Kachin, while linking up with recovery and development effort.

Indicators: Targets vs. Results to date

Indicator	Baseline	Target	Result	Cluster/ sector
% of targeted emergency-affected IDP children and adolescents (3-17 yrs old) regularly accessing learning opportunities (Rakhine State only)	ECCD: 0 Primary: 50% Adolescent Edu: 7%	ECCD: 9000 Primary: 80% Adolescent Edu: 50%	ECCD: 526 Primary: 72% Adolescent Edu: 8%	Education Sector

% of children aged 6-59 months provided with vitamin A supplementation and deworming tablets	<p>Kachin: Vit A: 72.8% (MICS 2009-10); Deworming: 94% (Coverage survey, August 2013, National Nutrition Centre, DoH)</p> <p>Rakhine: Vit A: 32.5% (MICS 2009-10) Deworming: 87% (Coverage survey, August 2013, National Nutrition Centre, DoH)</p>	<p>Kachin: At least 60%</p> <p>Rakhine: At least 90%</p>	<p>Kachin (29 out of 39 camps in Myitkyina and Bhamo): Vitamin A supplementation: 1,264 of 1,496 children reached (84%); Deworming: 877 of 951 children reached (92%)</p> <p>Rakhine: Vitamin A supplementation: 210,144 of 257,178 children reached (82%); Deworming: 117,942 of 144,244 children reached (82%)</p>	Nutrition Sector
# of functional and inclusive early recovery dialogue platforms established to address the restoration of basic services.	0	2	Not measurable at this stage	Early Recovery Sector
# of additional beneficiaries from surrounding villages (communities) who benefit from expanded services	Kachin: 0 Rakhine: 0	Kachin: 20,000 Rakhine: 50,000	Kachin: 3,000 Rakhine: 38,500	WASH Cluster
% of people living in IDP camps with community-driven temporary shelter care and maintenance programmes and suitable camp infrastructure (Rakhine only)	No baseline established	100%	68%	Shelter/NFIs /CCCM Cluster
<p>Kachin: # of IDP camps that have elected and maintained functioning leadership structures, otherwise termed Camp (leadership) Committees, which are able to identify gaps, needs and responses within the camps</p> <p>Rakhine: # of priority camps that have elected and maintained functioning leadership structures, otherwise termed Camp (leadership) Committees, which are able to identify gaps, needs and responses within the camps</p>	15 0	150 24	15 0	CCCM Cluster

Progress toward Strategic Objective (2)

In addition to the results indicated in the table above and the achievements outlined on pages 2-3, the following points should be noted:

- While only 10 per cent of the camps in Kachin State have camp management committees with elected members, no camp committee have been elected in Rakhine State as the existing structures were appointed by the Government. The community in Rakhine proposed additional community members to participate in these leadership structures, including women, however, these initiatives are considered as a "parallel structure".
- The implementation of Recovery and Development Dialogue Platforms requires a thorough contextual analysis in target townships as well as buy-in from the local authorities. In Kachin State, some progress has been made in terms of development of concept notes, consultations with key stakeholders, and endorsement from the Kachin State Government to establish dialogue platforms in target townships of

Waingmaw and Mansi. In Rakhine State, consultation with local authorities to mainstream ER in township development planning was disrupted and delayed due to the security incidents in March and a high turnover of key decision makers in the township administrations.

Strategic Objective 3

Ensure a protective environment for vulnerable people and individuals at risk among the displaced population in Rakhine and Kachin

Indicators: Targets vs. Results to date

Indicator	Baseline	Target	Result	Cluster/sector
# of locations where protection services are available by 60%	No baseline established	Kachin: 67 locations (39,000 individual) Rakhine: 34 locations (68,000 individuals)	Kachin: 23 locations (20,000 individuals) Rakhine: 6 locations (42,000 individuals)	Protection Sector
Protection Situation Analysis updated every six months	No baseline established	2	Not measurable at this stage	Protection Sector
% of targeted schools and education spaces which have established functioning child protection and monitoring mechanisms (in close collaboration with the Child Protection sector)	No baseline established	Kachin: 60% Rakhine: 70%	Not measurable at this stage	Education Sector

Progress toward Strategic Objective (3)

In addition to the results indicated in the table above and the achievements outlined on pages 2-3, the following points should be noted:

- In Rakhine State, a protection incident reporting mechanism has been established in all IDP locations in Sittwe with a total of 29 incidents reported from November 2013 to June 2014. Gender based violence (GBV) response and prevention has been strengthened through effective utilization of existing community structures and capacity building. A Women's Protection and Empowerment program for survivors of GBV has been initiated in six camps in Sittwe Township. Child Protection services, including basic psycho-social support through Child-Friendly Spaces, Children and Youth Groups structures, as well as child protection case management, are in place in the affected locations. In Kachin State, reporting system for protection incident monitoring has been established covering all IDPs camps, with 32 incidents reported from November 2013 to June 2014. However, the majority of services continue to be focused in and around Bhamo, Waingmaw and Myitkyina Townships due to limited access and inadequate resources to expand programmes. Five training sessions on MRE and a number of GBV health response training were also provided in Kachin and northern Shan states.
- The Protection Sector continues to carry out regular protection monitoring visits to IDP locations as well as conduct rapid protection assessments following new displacements and/or changes in the humanitarian context in the affected states. This has improved protection analysis and defined further responses. Building upon the existing initiatives, the progress on updating of the protection situation analysis will be reported in the second half of 2014.
- The key aspects of child protection, including psychosocial support and positive discipline, were incorporated into the teachers training targeting for teachers and caretakers in Kachin and Rakhine states. These trainings were also delivered in three boarding schools in areas beyond Government control in Kachin State, reaching approximately 68 teachers/caregivers. Dedicated child protection mechanisms linking education spaces and teachers will be pursued in the second half of 2014, building upon earlier consultation and planning.

Strategic Objective 4

Strengthen preparedness and ensure response capacity is adequate to meet the needs of people newly affected by conflict, inter-communal violence or natural disasters throughout Myanmar

Indicators: Targets vs. Results to date

Indicator	Baseline	Target	Result	Cluster/sector
% of interagency minimum preparedness actions labeled as "Done" within due date	No baseline established	70%	44%	CCS Sector
% of targeted school management committees/ PTAs in Rakhine State which have developed plans for reducing risk to disaster for their communities (e.g. cyclone, flood and conflict)	No baseline established	70%	Not measurable at this stage	Education Sector
Rapid assessment tools developed for the context of Myanmar	No baseline established	Yes	Yes	Protection Sector
# of affected townships which have improved baseline nutrition data	Indicator to be replaced/ revised			Nutrition Sector

Progress toward Strategic Objective (4)

In addition to the results indicated in the table above and the achievements outlined on pages 2-3, the following points should be noted:

- Progress has been made in establishment of Parent Teacher Associations (PTAs) with 30 PTAs set up so far in Rakhine State. However, initiatives to involve these groups in the development of community disaster risk reduction (DRR) plans/activities have not yet been started due to the prioritization of other core activities, and will be pursued in the second half of 2014.
- Nutrition sector could not report on the indicator selected as it turned out to be restrictive and is not linked to the sector objective. The sector will revise/replace the indicator. In order to strengthen the nutrition response in Rakhine State, an updated nutrition information management system has been developed and rolled out to improve the availability and use of nutrition data for emergency coordination, monitoring, and response. In Kachin State, a nutrition sector coordination mechanism has been established in collaboration with the local health authorities.
- The Rapid Protection Assessment tools (RPA) were developed for two scenarios namely armed conflict and natural disasters, and were designed to ensure that key protection concerns, including Child Protection and GBV are captured through the information collected and that the local context is considered to the extent possible. The RPA focuses on more in-depth protection information for operational planning and programming. Protection staff (including Child Protection and GBV) have been identified for the stand-by assessment roster, and training of Protection assessment team members is planned for the second half of the year.

MYANMAR: Humanitarian Funding Update (18/08/2014)



2014 STRATEGIC RESPONSE PLAN

\$192 M requested for 2014 Strategic Response Plan (SRP)

In 2014, the United Nations and partners are appealing for \$192 million to respond to the humanitarian needs in Myanmar. The 2014 Strategic Response Plan focuses primarily on Rakhine and Kachin States where humanitarian needs and vulnerability of people remains at critical levels. Funding is required to enable aid agencies to provide assistance to 421,000 people, including 310,000 people in Rakhine State and 111,000 in Kachin and northern Shan States. The 2014 plan aims to strengthen preparedness to respond to natural disasters and other emergencies.

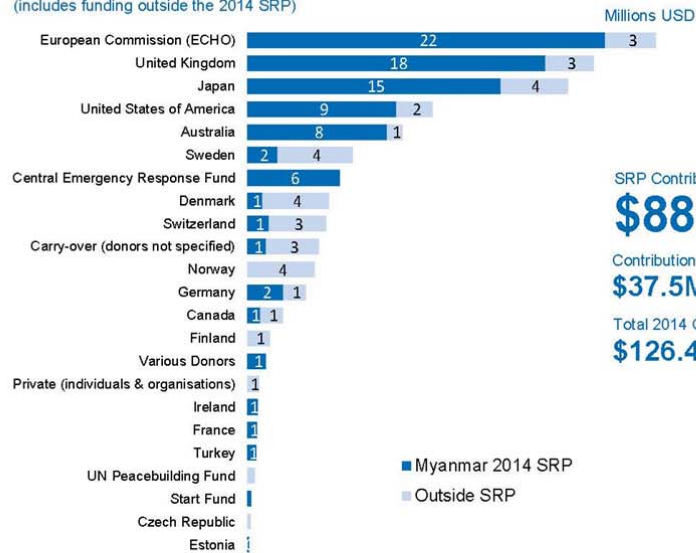
\$192M
requested

\$88.8M
funded

46%
funded

2014 Contributions by Donors

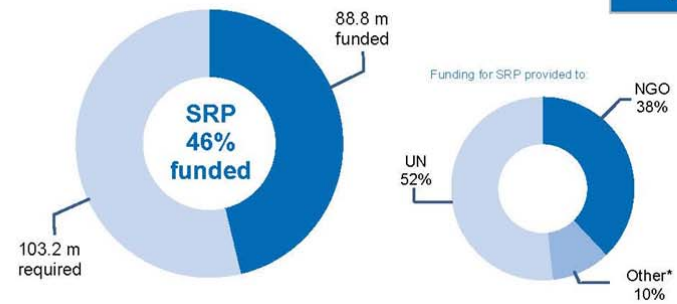
(includes funding outside the 2014 SRP)



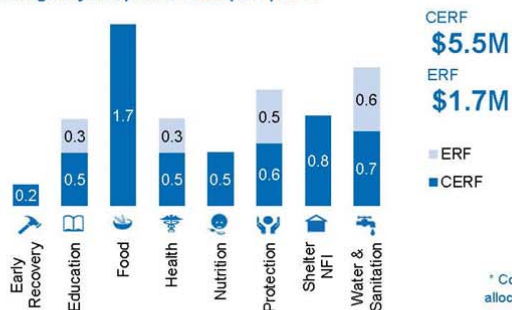
SRP Contributions
\$88.8M

Contributions outside SRP*
\$37.5M

Total 2014 Contributions
\$126.4M



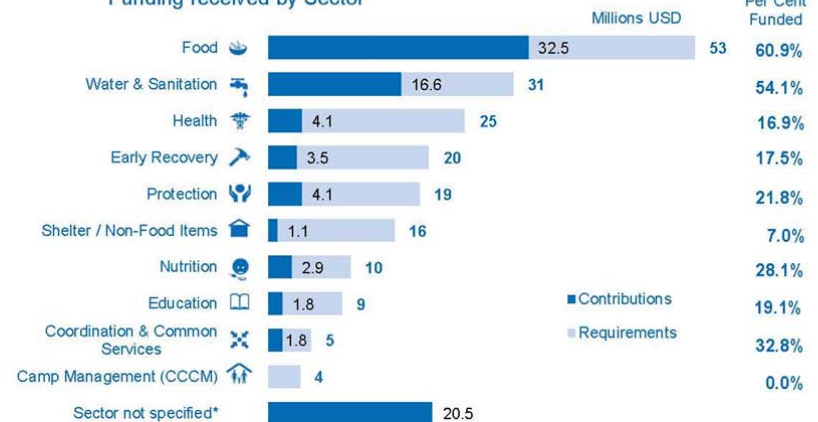
Central Emergency Response Fund (CERF) and Emergency Response Fund (ERF) 2014



CERF
\$5.5M

ERF
\$1.7M

2014 SRP Requirements per Sector



* Contributions outside the SRP include \$19.1 million provided to national programmes of UNHCR and WFP, some of which may be allocated to needs described in the SRP.
 'Other' refers to the unallocated balances of the 2014 ECHO HIP and the Emergency Response Fund.
 'Sector not specified' includes 'Other' above and multi-sector projects.