

CONTINGENCY RESPONSE PLAN FOR THE RAKHINE HUMANITARIAN COMMUNITY

1. INTRODUCTION

Coordinated attacks on three Border Guard Posts in Maungdaw and Rathedaung Townships in the north of Rakhine State on 9 October sparked a subsequent security operation which has displaced an estimated 13,000-18,000 people. While consequences of the violence have been felt in central Rakhine, to date, the violence has been confined to the north. This Contingency Response Plan has been developed to prepare to meet the humanitarian needs which might emerge if the current situation changes. The trigger for activation of Contingency Response Plan will be when it is not possible to continue with daily operations under normal arrangements.

2. OBJECTIVES AND SCOPE

GOAL

Meeting life-saving needs
Ensuring the wellbeing of vulnerable groups by alleviating their suffering in a complex security environment.

OVERALL OBJECTIVE

Provide lifesaving services to and protection of affected population

TIME FRAME

Initial duration of three (3) weeks.

The Contingency Response Plan comprises of three parts with a focus on a scenario where inter-communal conflict erupts and spreads into central Rakhine. The Plan is broken into two parts.

1. Overview including context, risk analysis, impacts and strategy
2. Detailed preparedness and Response priorities and sector strategies

3. CONTEXTUAL ANALYSIS

Thousands of people have been displaced since the border post attacks on 9 October near Maungdaw and Rathedaung and the security operations which have followed. Fearing a repeat of the inter-communal violence in 2012, residents of the State's north have fled from their homes, with Muslims going mostly to neighbouring villages and ethnic Rakhine people moving to town centres. The number of Muslim residents who have fled to neighbouring villages in the north of Maungdaw is now believed to range from 10,000 to 15,000, according to unverified information from several sources. A lack of access is preventing any humanitarian response in the northern part of the state, while movement restrictions mean Muslim people are unable to leave the operations zone or access essential services. In addition, approximately 3,000 ethnic Rakhine IDPs are staying in the town

centres of Maungdaw, Buthidaung and Sittwe. The Rakhine displaced people, who include mostly women, children and the elderly, remain accessible in all three locations and their needs are currently being met by the State Government, local NGOs and religious organizations, with some support from international humanitarian partners.

While some consequences of the situation in the north are currently being felt in central Rakhine, the violence remains confined to the northern part of the State where security forces have been coming into active conflict with armed actors. However, in such a tense and politically charged environment, where there is increasing use of social media for the purposes of hate speech, there is a risk of conflict spilling into the wider community. This Contingency Response Plan deals with this worst case scenario. It is designed as a planning tool for humanitarian partners in the event the situation exceeds normal operational capacity and requires a coordinated state-wide response.

4. SCENARIO / RISK ANALYSIS

Four possible scenarios were analyzed, taking into account the context and history of Rakhine state as well as current trends and conditions. In comparing these scenarios, partners looked at both the likelihood of each development and the subsequent level of humanitarian impact. Of the four options, scenario three was thought to be the most serious, with critical humanitarian impacts and a moderate likelihood (see Table 4.2 below). For this reason, the Contingency Response Plan deals with the likely response required if the conflict becomes more inter-communal and spreads to central Rakhine.

4.1 Scenario outlines

Scenario	Location	Level of Humanitarian Impact	Estimated people in need	Risk
1. Conflict primarily remains between armed actors and security forces but affects a wider area of the northern part of Rakhine State. The intensity of the fighting escalates and may develop into prolonged inter-communal violence, prompting the evacuation of UN/INGO staff.	Northern part of Rakhine State	Severe-Critical	≥ 10.000	Moderately likely
2. Conflict spreads into central Rakhine, the intensity of the conflict escalates but it remains between armed actors and security forces.	All of Rakhine State	Severe	≥ 10.000	Unlikely
3. The nature of the conflict changes to become more inter-communal and spreads into central Rakhine State.	All of Rakhine State	Critical	≥ 10.000	Moderately likely
4. UN/INGO staff or premises are actively attacked over perceived bias in the delivery of assistance. Non-essential international staff evacuated and national staff unwilling to work.	Central Rakhine State	Severe	All current caseload + ≥ 10.000	Moderately likely

4.2 Risk Analysis

Impact	5. Critical			Scenario 3		
	4. Severe		Scenario 2	Scenario 1** Scenario 4		
	3. Moderate					
	2. Minor					
	1. Negligible					
		1. Very unlikely	2. Unlikely	3. Moderately likely	4. Likely	5. Very likely
Likelihood						
Likelihood : 1= Very unlikely (up to 20% chance of the event happening) 2 = Unlikely (20-40%) 3 = Moderately likely (40-60%) 4 = Likely (60-80%) 5 = Very likely (over 80%)				Impact : 1 = Negligible (minimal impact on overall population) 2 = Minor (minor impact on overall population) 3 = Moderate (moderate impact on overall population) 4 = Severe (severe impact on overall population) 5 = Critical (major impact on overall population)		

**Please note, the impact for Scenario 1 may be considered critical for some sectors including health and nutrition.

5. SCENARIO THREE

#3 – The nature of the conflict changes to become more inter-communal and spreads into central Rakhine State.

A transition to this scenario could be triggered by a range of factors and close monitoring of early warning signs in the community is imperative (see table 5.1). In scenario three, both the nature and geographical reach of the conflict are changing. This scenario sees the general community becoming participants in the conflict, as it shifts into inter-communal violence. Such a development is likely to result in a scaled-up security response, bringing the civilian population into increased contact with armed actors with implications for protection. Such a scenario would cause significant disruption to livelihoods, as well as health, nutrition and education services. There would be increased humanitarian needs and the humanitarian community would face complex conditions for the delivery of aid.

5.1 POSSIBLE TRIGGERS AND EARLY WARNING SIGNS FOR AN ESCALATION/EXPANSION OF THE CONFLICT INTO CENTRAL RAKHINE

Primary Triggers	Secondary Triggers	Early Warning Signs
Reports (verified or rumoured) of physical assault, SGBV, and/or death in either community as a result of inter-communal conflict or clashes with security forces.	Attacks on humanitarian workers as a result of perceived bias in the humanitarian response.	IDPs continue to move into central Rakhine State from the north but in larger numbers.
An attack by one ethnic group on a village of the other.	Allegations surface of links between those behind the 9 October events and NGOs active in the response.	A scaled-up security presence is seen in central Rakhine State and/or increased reports of violations of human rights.
Large gatherings and demonstrations.	Evidence emerges of links between the armed actors and external organizations	Tightening of humanitarian access and increased movement restrictions.
Perceived cultural and/or religious insult by either group.		The formation of watch groups.
Policy change from the Government or by the security forces.		Evacuation of camps and/or villages.
		Escalation in hate messaging and incitement to violence.
		Rejection of international aid by either of the communities.

5.2 HUMANITARIAN IMPACTS

Increased needs: An escalation in conflict affecting central Rakhine is likely to result in significantly increased need in the general community. There may also be impacts on service delivery into the 26 IDP camps in central Rakhine which are home to approximately 115,000 people, the majority of whom are stateless Muslims. Suspension of humanitarian services, violence and increased movement restrictions will deepen existing vulnerabilities created by ongoing segregation, movement restrictions and general poverty. All sectors are likely to see an increase in people in need. The need for food assistance may increase among all affected communities if more people are displaced and people are unable to move to undertake livelihoods activities.

Increased displacement: There may be large movements of people from conflict areas into camps and major centres, including Sittwe in central Rakhine. These IDPs will have elevated need and will place an added burden on fragile host communities, increasing competition for limited resources. IDPs will have a range of needs, including shelter, which the Rakhine State Government may not be able to meet without assistance from the humanitarian community.

Tightened security environment and extended movement restrictions: Extended movement restrictions would be expected in most parts of the state, as well as possible night time curfews. These will impact on both the general community, as well as humanitarian organizations. Security

forces are likely to exert increased control, limiting the space for humanitarian action. Security forces may also play a role in the government response to displacement, in some cases possibly providing assistance.

Suspension of humanitarian services: Movement restrictions are likely to force the suspension of humanitarian services at a time of increased need. This situation would be exacerbated by international staff being relocated and local staff being unable or unwilling to come to work, reducing response capacity. In particular, access to vulnerable, aid-dependent IDPs in camps may be seriously constrained, preventing the delivery of food, nutrition and other relief items. Schools are likely to close, including those in camps. Health facilities may cease to operate. Both medical staff and patients may be unable to reach health facilities due to increased movement restrictions. Pregnant women may not be able to access obstetric services and the emergency medical referral system may cease to operate. Nutrition services may be unavailable and rates of acute and severe malnutrition may increase if the situation becomes protracted. There may be a breakdown in partnership arrangements with national counterparts, who may be unable or unwilling to continue service delivery on the ground. Relationships with national authorities may also become strained in this climate and they may no longer be willing or able to facilitate/support humanitarian interventions.

Protection concerns: In such a highly charged security environment, there is likely to be a need for increased protection services. Increased activity by armed actors is likely to generate public anxiety, especially among the Muslim community. Despite this elevated security setting, humanitarian organizations may not be able to provide protection by presence due to movement restrictions. A stronger presence of armed actors, tends to increase risks of sexual violence and violence against children. Protection services are likely to be severely constrained in terms of their response capacity, as are emergency services (such as health). As humanitarian needs increase, we should expect to see an increased incidence of negative coping mechanisms adopted within the community, such as domestic violence, child labour, early / forced marriage, and human trafficking, exploitation and abuse of women and children. Furthermore, individuals and/or groups with special needs might encounter heightened vulnerability.

Interruptions of livelihoods: There is the potential for significant livelihoods impacts as a result of movement restrictions which would impede trade and access to markets. Further food price hikes, particularly for rice, may increase the need for food assistance, particularly if people are unable to work for extended periods. Authorities may extend the current restrictions on critical livelihoods activities such as fishing on security grounds.

Communication breakdown: Normal avenues and procedures for negotiating access and other issues with the Government may break down. Information normally gained from national partners and local sources may not be available. Access to information may be constrained, allowing rumours to spread easily, especially via social media, perpetuating the tensions.

5.3 RESPONSE STRATEGY

This strategy is aligned with the principles established by the Humanitarian Country Team (HCT). The HCT places the protection of the crisis-affected population at the forefront of the response. For more details on the 'Centrality of Protection' approach endorsed by the IASC Principals, see Annex B. The HCT is committed to joint, solution orientated advocacy on humanitarian issues, active communications with and participation of affected people, conflict sensitivity, gender, durable solutions and Government engagement. The team recognizes the importance of strengthening linkages between relief, recovery and development, reducing long-term dependency on

humanitarian aid, and building national capacity to prepare for and respond to humanitarian needs. These fundamental humanitarian principles guide this response plan for Rakhine State.

5.4 RESPONSE PRIORITIES BY SECTOR/CLUSTER

(Detailed cluster response plans can be found in the Annex to this document)

Food Security

- Provide emergency relief food assistance to the affected population: rice, pulse, oil and salt.
- Provide nutrition blanket feeding for all <5 and PLW

WASH

- Provide emergency water supplies, water treatment tablets/sachets, clean and chlorinated water points.
- Provide emergency latrines in evacuation centers and in IDP camps.
- Distribute hygiene kits and disseminate emergency hygiene supplies.

Education

- Set up temporary learning spaces to minimize interruption and ensure continuity of education.
- Distribute essential teaching, learning and recreation supplies for affected children and education personnel.
- Initiate emergency learning activities and training for children and education personnel which includes protection components such as psychosocial support.

Health

- Give immediate treatment to the injured and those in need of medical support, ensure an adequate supply of essential medicines is available and provide support for emergency medical or obstetric referral systems.
- Support an early warning and response system for disease surveillance.
- Ensure continuity of life-saving maternal, newborn/child, and reproductive health care services through the Minimum Initial Service Package (MISP).

Protection

- Establish child friendly spaces and women's safe spaces, and deploy mobile case management teams where required.
- Provide psychosocial care and support to distressed children and adults.
- Ensure mechanisms are in place for the timely identification and referral of separated or unaccompanied children, conduct family tracing and reunification (FTR) for children who are unaccompanied and separated, and ensure appropriate interim care arrangements.
- Establish measures for prevention of sexual and economic abuse and exploitation of children and women.
- Distribute dignity kits and other protection kits as needed.
- Document/collect protection incidents regularly in order to analyse trends which can inform advocacy efforts. Advocate together with other actors for adequate access to livelihoods.

Nutrition

- Provision of supplementary feeding for pregnant and lactating women (PLW) and children under five to prevent acute severe malnutrition.
- Establish and maintain facilities for treatment of children with acute malnutrition.
- Provision of micronutrients to children under five and pregnant women to prevent malnutrition.

Shelter

- To immediately support the government ensure adequate access to shelter as per humanitarian standards for 10,000 displaced people (2,000 tents).
- Support appropriate, flexible, progressive solutions to affected, vulnerable populations that leads to safer, more dignified/durable shelter, prioritizing homeowner led self-recovery for all.

NFI

- To immediately support the government with NFIs for 10,000 displaced people in central Rakhine State affected by the armed conflict in nRS within two to three weeks.

CCCM

- Support the Rakhine State Government in monitoring IDP movements into central Rakhine State using the displacement tracking matrix (DTM) tool.
- Monitor the effects of the northern Rakhine State situation on existing IDP camps/locations in central Rakhine.
- Support the State Government to manage new IDP locations in central Rakhine.
- Actively participate in multi-sector needs assessments for newly arrived IDPs.
- Coordinate with other Clusters/sectors to respond to identified needs.
- Support and monitor the return of IDPs back to northern Rakhine as and when appropriate.

Common Services

- The same common services are relief upon as those outlines in the HRP response (e.g Security – UNDSS)

5.5 COORDINATION STRUCTURE

Central Rakhine:

In the event scenario three develops, the humanitarian community will respond via the newly established Rakhine Coordination Group, chaired by the Resident Coordinator's Office, with humanitarian leadership from OCHA. A normal cluster/sector based approach, led by the Inter Cluster Coordination Group would be used to manage the response. CCCM, Shelter, NFI, Education, Nutrition, Health, Protection (also comprising Child Protection and GBV sub-sectors), WASH, and Food Security cluster/sectors are all in place and will provide a framework for coordination at the operational level. For the purposes of this plan, Rathedaung would be coordinated from Sittwe as part of central Rakhine.

The Rakhine State Government would remain the primary counterpart for humanitarian actors on the coordination of assistance. OCHA would coordinate directly with relevant State ministries. Clusters/sectors would also align their response activities with relevant line ministries at the State level.

Northern part of Rakhine State (Buthidaung and Maungdaw Townships):

UNHCR is currently coordinating humanitarian activities in Maungdaw District. As further information on the scale of the displacement and needs becomes available, especially if humanitarian access is granted, coordination arrangements for Maungdaw and Buthidaung may be reviewed on activation of the Contingency Response Plan.

5.6 CONSTRAINTS, CHALLENGES AND MITIGATION STRATEGIES

Constraints & challenges	Mitigation strategies
Expanded area of concern Lack of IASC sector-lead presence in area of response.	Agree on partner arrangements among INGOs with delegated authority from global cluster lead agencies in Sittwe/Yangon as appropriate.
No regular system in place for Accountability to Affected Populations (AAP) and Communicating with Communities (CwC).	Work closely with CSOs, CBOs and national NGOs which have direct contacts to enhance/strengthen communication with communities. Request surge deployment of a CwC specialist
People's capacity to cope with conflict.	UN and INGOs provide psychosocial support as part of their programming.
Travel restrictions for humanitarian workers and slow bureaucratic procedures to obtain TAs.	Advocacy at the Rakhine State Government level to relax restrictions and reduce bureaucracy.
Lack of access to operations areas	Advocacy on at the Rakhine State Government and Union level to secure access to operations areas, including assurances regarding the safety and security of UN/INGO staff
Limited telecommunications in affected areas (no phone signal)	Discuss ways of addressing the challenge with the Rakhine State Government and consult UNDSS on radio options
Limited availability of contingency stocks	Relocation of available contingency stocks from Yangon to Rakhine. Active fund raising/donor campaigning for additional resources.
Lack of cooperation from the Rakhine State Government in preparedness and humanitarian response.	Active advocacy with the RSG