# KACHIN RESPONSE PLAN

March 2012 - February 2013

(June Revision)



# **Basic Indicators in Myanmar and Kachin State**

| Indicator                          | Myanmar                     | Kachin                  |
|------------------------------------|-----------------------------|-------------------------|
| Population                         | 25,089,976 (M),             | 679,371 (M)             |
|                                    | 26,458,432 (F),             | 703,954 (F)             |
|                                    | 51,548,408 (Total)          | 1,383,325 (Total)       |
| Proportion of population with ac-  | 82.33                       | 89.4                    |
| cess to an improved drinking water |                             |                         |
| source                             |                             |                         |
| Measles vaccination rate           | 82.3%                       | 88%                     |
| Under-five severe malnutrition     | 9.1%                        | 9.0%                    |
| (weight for height)                |                             |                         |
| Number of health workforce         | 24,048                      | 1,087                   |
| (medical doctor, nurse, midwife)   |                             |                         |
| Total fertility rate               | 2.03 children per woman     | 2.23 children per woman |
| Maternal mortality ratio           | 140/100,000                 | 180/100,000             |
| Under-five mortality rate          | 23.6/1,000                  | 27.4/1,000              |
| Coverage of antenatal care         | 83.3%                       | 79.4%                   |
| Skilled birth attendance rate      | 50.2%                       | 51.2%                   |
| Post-natal care coverage           | 6                           | 5                       |
| (frequency)                        |                             |                         |
| Abortion                           | One-third of all deliveries | Equally high            |
| Comprehensive correct knowledge    | 92.1                        | 90.6                    |
| of HIV/AIDS (among population      |                             |                         |
| aged 15-24 years)                  |                             |                         |

Sources: Health Management Information System (HMIS), MoH, 2009; Myanmar multiple indicator Cluster survey (MICS), 2009-10; Integrated Household Living condition Survey in Myanmar, 2009-10; Fertility and Reproductive Health Survey (FRHS), 2007; Nationwide Under 5 Mortality Survey, UNICEF/DoH, 2003-4; RH Needs Assessment, 1999.

The Kachin Response Plan is prepared under the leadership of the United Nations Humanitarian Coordinator, with the support of UNOCHA, and UN agencies and NGOs, providing assistance in Kachin State, including UNDP, UNHCR, UNICEF, WFP, FAO, HPA, KBC, KMSS, LDO, Metta, Oxfam, Save the Children, Shalom, Solidarites International, SVS, WPN, Trocaire and World Vision.

# **Executive Summary**

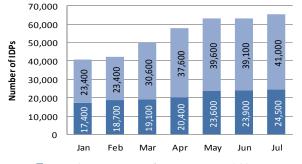
Instability that started in June 2011 across Kachin and northern Shan states has resulted in displacement, damage of infrastructure and loss of lives and livelihoods. Despite ongoing peace negotiations between parties to the conflict, incidents continue to be reported.

The number of Internally Displaced Persons (IDPs) has been steadily increasing since the beginning of the conflict to an estimated 65,000 IDPs in July 2012. These people sought refuge in camps, in public buildings, with host families or in the forest. In addition, an estimated 6,000 to 7,000 persons have reportedly sought refuge in China. The numbers of IDPs continue to fluctuate and in some locations, a small number of IDPs temporarily returned to their villages to attempt savaging some of their livelihood, leaving some of their family members in camps or with relatives. Available information indicates that these returns are not permanent or substantial in numbers, as IDPs continue to be concerned over ongoing tensions and instability as well as presence of landmines.

Whilst the Kachin State Government started a planning exercise encompassing return and recovery operations, the Union Government and the Kachin State Government have clearly stated that only those who wish to return should do so, and that assistance in camps must continue. The State Government indicated relief aid and recovery operations will require support from the aid community well into 2013.

Whilst partners continued providing a wide range of assistance to 24,000 Internally Displaced Persons (IDPs) in and around fully accessible towns of Myitkyina, Waingmaw, Bhamo, Mansi, Momauk, Puta-O and Shwegu, reaching all affected locations has been challengintsince the beginning of the conflict.

# Estimated number of IDPs in Kachin and northern Shan in 2012



Areas where Government's services are available

Areas where Government's services are not available



IDP children and elderly are among the most vulnerable groups.

This limited ability to reach all those in need resulted in further suffering, as gaps and inequality in assistance is a fact of life for a significant portion of the affected people, despite assistance provided regularly by some, mostly local, partners.

The UN Humanitarian Coordinator (HC), on behalf of the humanitarian community, reiterated, since June 2011, the readiness of UN and NGOs in providing assistance to all those in need. As a result, the Government, in September 2011, invited all interested agencies to assist those displaced in a number of locations and carry out an independent needs assessment in Myitkyina, Waingmaw, Bhamo, Mansi, Momauk and Shwegu. It further resulted in a UN mission and provision of assistance to some IDPs in hard-to-reach areas in December 2011.

Further efforts to access all affected areas in Kachin resulted in both parties allowing aid convoys to IDP locations in some hard-to-reach areas starting March 2012. Meanwhile, the security situation worsened and the convoys were put on hold at the end of April. The convoys, nevertheless, resumed in June and are ongoing. UN assistance has been directly provided to as many as 40,000 IDPs, including through ten UN supported convoys that have delivered food and household items to over 10,000 persons in 12 locations in areas affected by the conflict. However, sustained access for the provision of assistance for relief and eventually recovery operations is yet to be achieved. At present, up to 25,000 people have not been reached by UN assistance and they remain highly dependent on the dedicated efforts of the various communities and partners who are on the ground and who are not, however, able to cater for all needs. The UN and partners consistently continue to request full and unimpeded access to all the hard-toreach locations.

The monsoon season is also making access challenging, as road conditions deteriorate and certain

rivers become impassable due to destroyed bridges and raising level of water flow.

In an effort to improve the level of assistance and coordination, local and international partners undertook an analysis of the situation in November 2011 and identified scenarios for the coming six months, against which sectoral plans and priorities were identified. The plan was revised in February 2012, and again in June 2012 taking into account the rapidly changing situation, protracted displacement and ongoing discussions around return planning.

The revised planning document includes an analysis of the assistance provided to date, of the scenario in the coming year (March 2012-February 2013), and a review of sectoral requirements, including those to cater for existing gaps and expected need for additional resources for the provision of life-saving relief assistance as well as to support pockets of return for a total of up to 85,000 people affected by the ongoing instability. This follows the steady increase in the numbers of IDPs across Kachin and Northern Shan States, partly in response to ongoing incidents and insecurity in these areas. It also takes into consideration the additional needs caused by the monsoon rains.

Partners estimated that relief assistance would be required even if the situation was to normalize in the coming months, as most of the IDPs lost their possessions, their sources of livelihood, the planting season and social services would take some time to become fully functional again. In addition, the monsoon season has an adverse impact on the already challenging shelter and WASH conditions in the IDP locations, as well as on the logistical situation. Road conditions are continuously deteriorating due to the heavy rains, making the provision of assistance all the more important.

In line with the previous version of the document developed in March 2012, the plan concentrates on the immediate relief requirements for one year (March 2012-February 2013). The requirements articulated in

the plan include remaining needs of up to 85,000 people either currently displaced or likely be displaced in the months to come. Humanitarian partners predict that a total of US\$35.8 million are required to cover the humanitarian needs for the period of March 2012 to February 2013. Priorities for sectoral interventions include:

Food: food distribution, provision of cash grants;

<u>Livelihood</u>: implementation of camp-based livelihood/income generation programmes;

NFI: distribution of NFIs;

<u>Shelter/Camp Coordination:</u> shelter construction, provision of camp management training;

<u>Health/Nutrition</u>: replenishment of medical supplies, strengthening of surveillance of diseases,

<u>Water, Sanitation and Hygiene (WASH)</u>: provision of more durable WASH facilities;

<u>Education</u>: education materials, construction of temporary learning spaces;

<u>Protection:</u> identification of extremely vulnerable individuals and strengthening of child protection activities.

Additional discussion and planning will be required to prepare for longer-term recovery interventions.

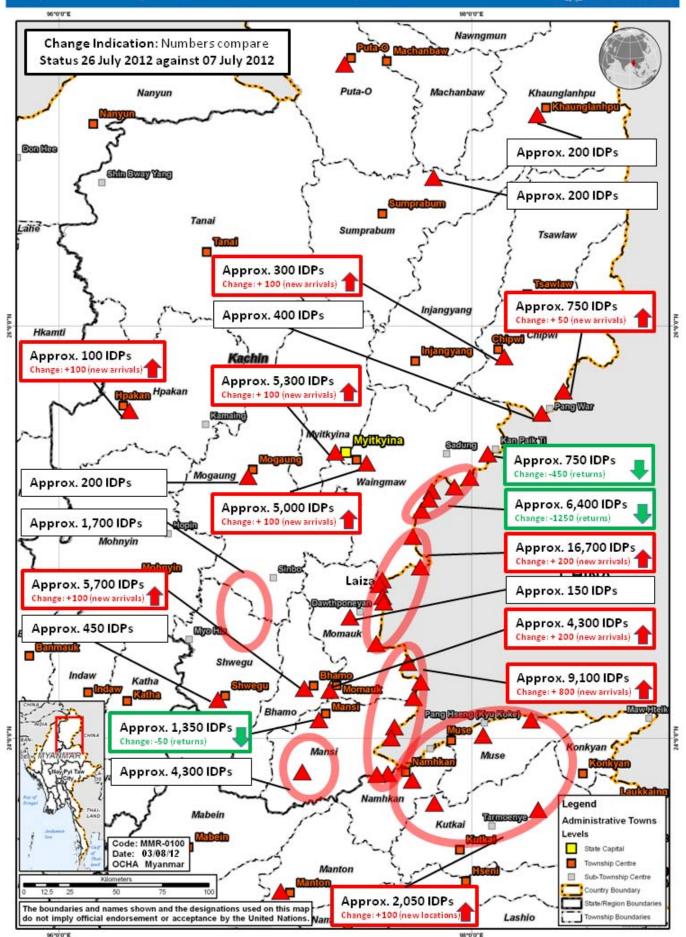
Since October 2011 up to 10 August 2012, a total of \$21 million of funding had been received for humanitarian programmes from various sources, including the Central Emergency Response Fund (CERF) (\$6.5 million), ECHO (\$6.3 million), US (\$4.5 million), UK (\$1.8 million), Australia (\$200,000), Germany (\$197,000), France (\$197,000), Denmark (\$90,000) and others (\$1.2 million). It should be noted that a certain portion of the \$21 million was spent for activities undertaken prior to the elaboration of the Response Plan in March 2012.

#### Summary of requirements for 85,000 IDPs for one year (Mar 2012-Feb 2013)

| Sector               | Revised Requirement as of June 2012 |
|----------------------|-------------------------------------|
| Camp Coordination    | 787,050                             |
| Education            | 1,064,000                           |
| Food                 | 14,360,000                          |
| Health and Nutrition | 725,101                             |
| Livelihoods          | 3,046,400                           |
| NFI                  | 2,128,109                           |
| Protection           | 3,548,282                           |
| Shelter              | 5,950,176                           |
| WASH                 | 4,217,000                           |
| TOTAL                | 35,826,118                          |

# Reported IDP figures, Kachin, Status 26 July 2012, various sources





# **Current Situation**

Instability in Kachin and northern Shan States restarted in early June 2011 and resulted in displacement of populations, loss of lives and livelihoods and damages to infrastructure.

The number of displaced steadily increased since the beginning of the conflict. Although figures of displaced population continue to fluctuate and are reportedly increasing, it is estimated as of early July that at least 65,000 people have left their homes and sought refuge in camps, with host families or in the forest across the affected region. Additionally, there are indications that some 6-7,000 people fled across the Myanmar-China border and are living with relatives or in temporary makeshift camps.

Following the Government's invitation, a first independent inter-agency rapid needs assessment was conducted in September 2011 in 39 IDP locations (camps, host families, public buildings) of five townships (Bhamo, Momauk, Myitkyina, Khaunglanhpu and Waingmaw) targeting 5,900 IDPs. The assessment indicated that some 57% of the IDPs were women, 56% were children under 18 years of age, 17% children under 5, 12.5% female or child-headed IDP families and 0.96% unaccompanied elderly. Of the assessed IDPs, some 4% were identified as extremely vulnerable individuals (EVI). Although no report of child abuse/exploitation and missing children was recorded during the assessment, the relatively high number of separated and unaccompanied children and of female or child-headed IDP families highlighted the need to take preventive measures to mitigate potential risk factors.

The findings of the September assessment indicated that 20 of the 39 locations were in urgent need of additional shelter, water and sanitation. Most of the assessed IDPs required additional NFI support, while over half of the assessed IDPs living in temporary camps/shelters and community buildings were facing food access issues. While access to water for domestic and hygiene uses was sufficient in the assessed locations, less than half of the assessed IDPs had access to sufficient quantities of safe drinking water. Over half of the locations had access to health care services provided by basic health staff. Primary school children in all assessed locations had access to schooling support, to varying degrees. However, education materials were in short supply.

Relief Action Network for IDP and Refugee (RANIR) conducted needs assessments in 21 IDPs camps (19,700 IDPs) in hard-to-reach areas in January 2012, using a similar data collection format em-



Living conditions of IDPs remain challenging.

ployed in the September assessment. Findings indicated that, of the total assessed caseload, some 54.4 % were women, 50% were children under 18 years of age, 15.2% under five and 7.2% elderly. Approximately 12% of IDPs were staying with host families. The assessment also indicated that urgent needs remained in several sectors, including education, food, health, NFIs, protection, shelter and water and sanitation. The findings showed that 18 out of 21 assessed locations had inadequate food supplies. Although IDPs had received some levels of NFIs support, additional items were needed. Although most of the IDPs camps had various degrees of access to health care services, additional medical supplies and health professionals were needed in view of the protracted displacement. The RANIR assessment indicated that a number of sexual and gender based violence (SGBV) cases has been observed in some camps. Out of 21 assessed locations, nine camps reported to have no access to education/school and eight needed additional school materials.

The latest comprehensive assessment by RANIR was conducted in May-June 2012 and covered 22 camps (34,190 IDPs) in hard-to-reach areas. Preliminary analysis of the assessment results identifies significant needs in terms of food, health and WASH, shelter, education and protection assistance. Although the shelter situation has improved in some locations, most camps still require additional shelter and NFI assistance. Even though WFP and partners have been providing food assistance in some of the assessed locations, there is a need for continued and repeated food distribution in the camps along the border. Findings also indicate that many camps do not have a sufficient number of latrines. In eight of the camps assessed, there are on average 75-100 people per latrine. Although the amount of drinking water is satisfactory in most camps, a lack of sufficient drinking water is still reported in four of the 22 camps assessed. The

survey also showed that water for bathing was insufficient in over 50% of the camps. Health concerns include shortage of medicines, insufficient intervention for patients with chronic diseases and lack of mosquito nets among many IDP households. Diseases reported most frequently include diarrhea and skin infections as well as respiratory infections. Malaria cases were reported in 7 of the 22 camps assessed. Teachers are supported and trained by local partners. However, there are not enough teachers, while there is an urgent need for school supplies and furniture.

In addition to the above-mentioned assessments, humanitarian organizations providing assistance to IDPs also continued to collect information and conducted monitoring in parallel to implementation of activities. This information indicates that a small number of IDPs, particularly from Myitkyina and Bhamo area, temporarily return to their villages for a few days or during daytime. These returns occur as IDPs attempt salvaging some of their livelihoods, whilst leaving some of the family members (mostly elderly, children) in camps or with relatives in view of concerns over existing tensions, possible resurgence of violence and presence of landmines, as well as in order to ensure sustained access to much needed relief aid, as they lost their source of income and assets during displacement. Available information indicates that these returns are not substantial in numbers and are not permanent in nature.

Although most of the IDPs would like to return as soon as feasible, they continue to express concerns over ongoing tensions and insecurity as well as presence of landmines as major factors preventing return. The under-served IDPs — and those in host families in particular - may be willing to take a



Conflict-affected people will continue to require assistance well into 2013.

higher level of risk and attempt returning to engage in some limited agricultural activities to complement the relief package they have access to. Unless the situation stabilizes, untimely return may trigger additional protection concerns over the coming months. Some of the host families also have only limited access to agricultural activities due to instability and the need is likely to increase as the monsoon season has created more challenges. Possible further exposure to traumatic events is also likely to require additional attention to longer-term psycho-social support and trust building measures, possibly further impacting the sustainability of returns.

The Kachin State Government continues to develop a framework for return and recovery for IDPs in Kachin State, including resources needed and available to establish an enabling environment for a safe return of IDPs. The Union Government and the Kachin State Government have clearly stated that only those who wish to return should do so. The State Government indicated that assistance to the people affected by instability continues to be needed, in form of relief assistance or recovery operations, well into 2013.

Rains have made access to various camps increasingly difficult since the onset of the monsoon season in May 2012. Localised floods have been observed in various parts of Kachin State, such as in the outskirts of Myitkyina in June. Road conditions continue to deteriorate and the limited availability of good quality trucks in Kachin State make transportation to a number of camps increasingly difficult. Given the fact that a number of bridges have been destroyed and river levels continue to increase, certain areas may not be reachable until the end of the rainy season.

# **Planning assumptions**

Through a consultative process with local and international partners operating across the entire affected areas, partners elaborated three scenarios, analyzed their likelihood and related humanitarian consequences during the March revision. These scenarios were subsequently revised in June, according to the latest information available at that time.

The situation in Kachin and northern portion of Shan State continues to be of concern, and whilst efforts are made to negotiate an end to the current instability, available information indicates that tensions continue to prevail, and that displace-

#### **Core Elements**

#### **Planning assumptions**

# **BEST CASE**

Peace agreement signed, security conditions are reestablished, population progressively returns to villages of origin

- <u>Displacement progressively decreases</u>, even if vulnerable groups continue to remain in location of displacement until social services are fully re-established (especially students)
- <u>Urbanization of IDPs</u> in current locations likely for a percentage of them even once return conditions are in place.
- Assistance requirements shift from life-saving, relief to <u>recovery interventions</u>, including replacing lost assets and livelihood and re-establishment of basic services.
   Concerns over presence of unexploded ordnances and landmines require attention.
- <u>Transport, electricity progressively return to pre-conflict situation, interventions required to repair damages.</u>
- Access to all affected areas possible, re-starting of long-term programming/ interventions, especially by local partners with well established presence, with international support.

#### **MOST LIKELY**

Discussions between parties continue, fluctuating level of tensions

- <u>Displacement increases and reaches up to 85,000 persons</u>, (including 8,000 in northern Shan and Hpakhan, Injayang/Suprabum, Tsawlaw), likely to continue for at least one year. Number of IDPs continues to fluctuate. IDPs in host families will attempt joining those in camps or be the first to go back as host families' coping capacities have been exhausted.
- People will continue <u>crossing into China and back to Myanmar</u>, depending on availability of assistance and on escalation/reduction of tension.
- <u>Situation in camps continues to deteriorate during the rainy season (June-September)</u>, leading to increasing shelter and WASH needs and difficulties in physical access (bad road conditions and damaged bridges).
- Urbanization of IDPs in current locations likely for a percentage of them.
- Some <u>IDPs</u> scattered in the forests face difficulties in reaching areas where assistance <u>is provided</u>. In some cases, these IDPs in the forest are 'temporarily displaced', depending on security around their villages.
- <u>Pockets of temporary return</u> need specific intervention. Vulnerable groups belonging
  to returning IDP families continue to stay in camps in view of concerns over security,
  landmines. The scale of temporary returns increases as the agricultural season has
  already started (land preparation for the main season April/May) and in areas
  where tensions are lessening.
- <u>Primary health care and education staff</u>, displaced together with the rest of the village population, continue <u>providing services in camps/sites</u>, and will return to villages once the situation normalizes
- Further displacement of people who accompany their children who go to school in other locations. IDPs will stay in camps until school year finishes in 2013.
- Sporadic <u>transport</u>, <u>electricity disruption possible</u>. Air travel continues to be possible.
- <u>Progressive opening of access</u>, albeit with difficulties, and depending on advocacy to promote independence of humanitarian aid from political discussions. Security, rains and logistics concerns compounding access to IDP locations.
- Other population affected due to security constraints in accessing their land. Besides, host families with IDPs not registered and/or receiving assistance are also affected.

#### **WORST CASE**

Discussion between parties breaks down, insecurity escalates

- Widespread insecurity. <u>IDP caseload is expected to reach over 120,000 people</u>. Chipwi, Hpakan, areas between May Kha and Malikha rivers, and northern Shan State are possible flashpoints.
- People who moved to China may be forced to return.
- Sporadic <u>transport</u>, <u>electricity disruption possible</u>. Air travel continues to be possible.
- <u>Progressive opening of access</u>, albeit with difficulties, and depending on advocacy to promote independence of humanitarian aid from political discussions. Security, rains and logistical concerns compounding access to IDP locations.
- Other population affected due to security constraints in accessing their land. Host families with IDPs not registered and/or receiving assistance are also affected.



Access to sufficient clean water remains limited.

ment is likely to be protracted.

The March revision used a planning figure of up to 60,000 IDPs who would require assistance for at least one year. However, the number of IDPs surpassed the 60,000 mark as early as May 2012, following increased insecurity.

Partners in June anticipated that for the remainder of the period covered by the plan, the number of IDPs may reach up to 85,000 persons. This estimate anticipates potential additional displacement of more than 8,000 in northern Shan State, Hpakan, Injayang/Suprabum and Tsawlaw areas. An important issue highlighted by humanitarian partners was that most of the IDPs staying with host families

were not registered and therefore not receiving proper assistance. It was anticipated that these IDPs may move to the camps in quest of more assistance. In addition to these movements, the situation in camps continues to deteriorate during the rainy season (June-September), leading to increasing shelter and WASH needs and difficulties in physical access (bad road conditions and damaged bridges). Some IDPs scattered in the forests face difficulties in reaching areas where assistance can be delivered.

Interventions in pockets of return, even if temporary, will also need to be contemplated in projects. To do so, programmes must have a degree of flexibility for interventions which — whilst taking into account protection concerns — will enable humanitarian partners to seize opportunities and support voluntary returns as they occur.

#### **Assistance provision and priorities**

The Kachin State Government, local Non-Governmental Organizations (NGOs), community-based organizations (CBOs), Faith-Based Organizations (FBOs), with the support of United Nations (UN) agencies and international NGOs, private donors, and other organizations have been providing assistance to the IDPs since June 2011. Overall, partners report that due to easier access and the presence of a larger number of agencies, IDPs in areas covered by the Government's services have

|                      | Assistance provided since March 2012                                                                                                                                                                                                    |  |  |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Camp Coordination    | Provision of stipends to camp management volunteers and coordination support. Training materials are being translated.                                                                                                                  |  |  |
| Education            | Provision of learning materials to about 1,300 IDP primary students, construction of one temporary learning space in Waingmaw and provision of psychosocial support to 11,000 children under five.                                      |  |  |
| Food                 | 1,032 metric tons of food aid (WFP) for almost 20,000 IDPs in Kachin and northern Shan.<br>Limited scale distribution of unconditional household cash grant and complementary food.                                                     |  |  |
| Health and Nutrition | Distribution of 130,000 sachets of multi-micronutrient sprinkles and 85,000 tablets of multi-micronutrient tablets, covering 1,100 under five children and 500 pregnant and lactating women.                                            |  |  |
| Livelihood           | Provision of training and small-scale livelihood activities in IDP camps in Myitkyina, Waingmaw, Momauk, Bhamo, Shwegu and Mansi.                                                                                                       |  |  |
| NFI                  | Distribution of 7,380 basic and complementary NFI kits to cover more than 15,000 IDPs.                                                                                                                                                  |  |  |
| Protection           | Protection monitoring, establishment of Extremely Vulnerable Individuals (EVI) referral system and guidelines; Assistance in civil documentation of IDPs; Child protection activities in 47 IDP locations, covering 7,370 IDP children. |  |  |
| Shelter              | Construction of 5,000 shelter units are underway.                                                                                                                                                                                       |  |  |
| WASH                 | Provision of water purification materials, water containers, establishment of water supply system and construction of latrines in camps.                                                                                                |  |  |



Logistical conditions remain challenging for aid convoys to IDP locations in some hard-to-reach areas

received more assistance than those in hard-toreach areas. Coping mechanisms are being exhausted. Details of assistance provided and gaps are available in the sectoral analysis below.

Partners continue to provide assistance to some 24,000 IDPs in fully accessible areas on a regular basis and across all sectors. In hard-to-reach areas, the assistance provided by some partners is supplemented, in some locations by UN convoys. UN assistance has been directly provided, including through ten UN supported convoys that have delivered food and household items to over 10,000 persons in 12 locations in areas affected by the conflict. The UN and partners consistently continue to request for access to all the IDPs, including those in hard-toreach locations. However, sustained full access for the provision of assistance for relief and eventually recovery operations is yet to be achieved. The monsoon season is also making access challenging, as road conditions deteriorate and certain rivers become impassable due to destroyed bridges. At present, up to 25,000 people have not been reached by UN convoys and they remain highly dependent on the dedicated efforts of the various communities and partners who are on the ground, who are not, however, able to cater for all needs.

Whilst partners are doubling efforts and use all available resources to respond to the needs of the affected people, more support is required to continue carrying out basic interventions, including in support of local partners which have been the primary respondents in terms of staff, materials and funding.

# **EDUCATION**

Since the beginning of the conflict, the Kachin State government has instructed all government schools to accommodate IDP students. Also early on in this crisis in 2011, even though some schools were shut

down in remote areas, some limited measure of support was provided to support the IDP students to continue schooling. For example, UNICEF supported about 1,300 primary school children in IDP camps in Myitkyina and Waingmaw townships with text books and Essential Learning Packages (ELP) through the respective township education offices. It has also supported the construction of one temporary learning space in Waingmaw township, benefitting about 540 displaced school children. Some 11,000 children under five years of age and their parents in affected villages in the 36 locations across Kachin State received psychosocial support through NGO partners with required expertise. As a whole, some children living in IDP camps managed to complete a year of schooling in February when the schools closed, especially those who had access to schools.

However, considerable gaps remained. Particularly, the opening of the schools in June 2012 brought new challenges as IDP populations continued to rise, putting additional pressures on the host schools. In the months leading up to June, many families in IDP camps indicated that they would not be able to send their children to school when schools opens without some support to cover the financial cost of buying learning materials and uniforms. To address this, UNICEF supported all children, including IDPs, in the accessible areas of Waingmaw and Mansi townships with school supplies, utilizing its on-going support to Child Friendly School programme. Some 50 additional schools in Myitkyina, Bhamo, Momauk which are hosting IDP students also benefitted from school supplies provided by UNICEF.

The situation of the IDP students in hard-to-reach areas remains far worse two months into the new school year, as the UNICEF-supported government

#### **EDUCATION** activities

- Provision of learning materials to 13,800 IDP primary students;
- Provision of ECD kits to 5,000 under-5 children;
- Establishment of at least 30 temporary safe learning spaces with latrine facilities;
- Establishment of additional classrooms from IDP students in State schools;
- Training of at least 200 volunteer teachers;
- Psychosocial support for primary students;
- Monitoring of implementation and education issues by Emergency Focal Person, Resident Programme Officer, Education Officer and Education Field Monitor (UNICEF).

programme of Child Friendly Schools cannot reach these children. Some 9,000 primary school students are estimated to be displaced in these areas and are in urgent need of support to continue their learning. According to several sources, consolidated needs include supplies for some 13,800 IDP primary students and Early Childhood Development (ECD) services for 5,000 under five children. In areas where schools have been completely damaged due to the conflict or in camps where additional learning space is needed, at least 30 temporary safe learning spaces (tents or temporary structures with water and sanitation facilities), are planned to be established by UNICEF and partners. Additional classrooms for IDP students need to be added at host State schools. Schools and teachers need to be supported to facilitate the teaching and learning process, and training for at least 200 volunteer teachers in IDP camps is required, as currently identified by partners. Psychosocial support for primary students in Kachin IDP camps should be made available.

Proposed interventions in the education sector will be undertaken in all affected areas in Kachin, through township education authorities and local partners. About US\$1 million is estimated to be required for education support in Kachin State and Northern Shan State.

# **FOOD**

Since August 2011, in view of concerns over the capacity of IDPs' self-sustenance over food provision, WFP started distributing basic food items (Kcal 2,100/person/day - including rice, pulses, oil and salt) to population in camps/sites in Myitkyina, Waingmaw, Bhamo, Mansi, Momauk and Shwegu in Kachin either through direct implementation or through NGO cooperating partners, including KMSS, Shalom and World Vision. Moreover, WFP provided food to more than 3,000 IDPs in temporary camps in Nam Khan, Man Waing Gyi, Mone Baw, Kut Khai, and Man Tone in northern Shan State. In addition to four basic commodities, pregnant and lactating mothers and children under five years of age received fortified blended food (Rice Soya Blend - RSB) as nutritional supplement.

From an initial caseload of 3,600 in August 2011, WFP-supported assistance to IDPs in Kachin gradually increased, and a caseload of 30,000 accessible beneficiaries are being assisted as of May 2012 both in Kachin and northern Shan. The convoys have also enhanced accessibility to IDPs in hard-to-reach areas. A total of 2,283 metric tons of food have been



Food assistance continues to be required.

distributed, through financial contributions from the CERF (US\$ 3 million) and from AusAid (US\$ 200,000). So far additional US\$ 3 million have been committed from USAID.

Oxfam, Trocaire, Metta, KBC and WPN have been delivering fresh food items to complement WFP food basket. Organizations involved in nutritional programmes have not witnessed, thus far, any severe concern with regard to the nutritional status of the population. Food security in camps/sites assisted by WFP and partners is stable but precarious, due to the heavy reliance on food assistance and minimal availability of alternative coping mechanisms. It should also be noted that food provided by few local NGOs that have access to most hard-to-reach IDP locations, even if essential so far, is irregular and insufficient. In addition, from June up to October, weather conditions will hamper access, as road conditions are already challenging due to heavy rains. Multiple negative coping mechanisms (such as skipping meals, decreasing diet diversity, depletion of asset and eating "out of the bush resources") are adopted by the displaced population in the most isolated areas in order to maintain minimum food intake.

A large-scale return is not expected before the next planting season (May-2013), as IDPs are reportedly concerned over ongoing instability as well as presence of landmines. Therefore it is estimated that food assistance will be needed at least until February 2013. The number of IDPs is nonetheless estimated to grow, despite pockets of temporary return, while crossing into China and back to Myanmar will continue. Food security of the host families is also considered exhausted at this time and will likely push people into the IDP camps.

Agencies involved in the food sector now plan to reach 85,000 people, who are estimated to be displaced by the ongoing conflict until at least Febru-

ary 2013, with food assistance. Based on the standard food basket, a total of 11,273 MT of mixed food commodities, which will amount to US\$ 11.5 million, will be required. The requirements also cover the need of pregnant and lactating mothers, children under 3 and elderly who will continue to need fortified blended food in addition to the food basket.

In the March 2012 version of the Response Plan, US\$ 8.6 million were required for the food sector to respond to the needs of 60,000 IDPs for the period of one year (March 2012 - February 2013). Out of the initial amount requested, US\$ 3.2 million (to WFP from CERF and AusAid) have been received as of June 2012 which covered all the food distributed by WFP since August 2011. Considering the additional needs in the food sector and taking into consideration the revised planning figure of 85,000 IDPs starting in July 2012, partners put the requirement at US\$ 11.5 to cover the needs of the food sector from July 2012 until February 2013. To cover this requirement, in July WFP received US\$ 3 million from the United States. In addition, WFP and Oxfam requested US\$ 622,000 (500,000 Euro) and US\$ 1.6 million respectively from ECHO which have not been confirmed yet. The unmet requirement for the food sector stands at US\$ 6.9 million as of today.

It is worth noting that the lead time from the confirmation of a grant to the delivery of food at distribution points is on average three months. WFP has taken steps to ensure that its warehouses in the region are always stocked at their maximum capacity in order to minimize possible disruptions of supply routes.

In addition, alternative logistical arrangements for food and other supplies to reach affected areas (to and within Kachin State) are being continuously reviewed in order to use the most appropriate means of transport (road, railway and river), taking into account the seasonability and absorption capacity of the different alternatives.

#### **HEALTH/NUTRITION**

Despite partners' interventions, health issues remain a major concern in many areas, particularly around Waingmaw, Momauk and Mansi, where there are no functioning health facilities. According to RANIR assessment of 22 camps in May and June 2012, major health concerns include lack of access to functioning health facilities, and lack of medicines and health professionals. The most commonly reported diseases remain to be seasonal flu, diarrhea, tuberculosis, skin diseases and malaria; with addi-

tional reported cases of depression, psychological trauma and hypertension. The RANIR assessment in May and June 2012 also confirmed the findings of the September assessment indicating hat the limited immunization coverage of the displaced population remains a major concern. This is particularly alarming for measles and polio, and is further compounded by the overcrowding of camps/ sites.

The Government, with UN and NGOs' support, provides health care services including provision of essential drugs, antenatal care, HIV prevention/ treatment and malaria control, among others, for IDPs primarily in the urban and peri-urban IDPs camps/sites of Myitkyina, Waingmaw, Momauk, Bhamo, and Mansi. Specialized medical NGOs have complemented this assistance in remote locations. UNICEF, through the aid convoys and local partners, has distributed 60 Interagency Emergency Health Kits (IEHK), 2 IEHK supplementary kits, 35 child survival kits, 20,000 oral rehydration sachets and 50,000 zinc tablets.

# **HEALTH/NUTRITION** activities

- Strengthening of surveillance of communicable diseases;
- Training of volunteers for syndromic reporting of events and distribution of IEC materials;
- Distribution of rapid diagnostic kits for frontline health workers to diagnose communicable diseases (dengue, cholera, malaria, STI, and typhoid);
- Provision of specimen collection kits and transportation cost for collection of specimen for analysis;
- Treatment and referral;
- Provision of clean delivery kits to cover all women of child bearing age. Dignity kits would be covered through the shelter & NFI sector (distribution);
- Referral cost support for emergency care and delivery;
- Supply of essential medicine (IEHK) to cover 85,000 people for one year;
- Awareness raising and prevention;
- Routine immunization of multi-antigens (measles, DPT, OPV, TT, BGC) of all under three children in the affected townships;
- Detailed health assessment;
- Nutrition assessment of all under-five children in the areas of displacement; provision of multimicronutrient sprinkles and multimicronutrient tablets to under five children and, pregnant and lactating women with brief orientation/training about use of them.
- Regular monitoring of the health situation.



Shortage of medicines in camps is one of the major challenges.

Given the fact that the affected townships are among the high malaria endemic areas, prevention measures, including rapid diagnostic tests (RDT) and distribution of about 3,000 mosquito nets, have been undertaken, covering over 3,000 IDP families. Further distribution of mosquito nets will be needed to ensure all IDPs receive adequate protection. Stepping up of water and sanitary interventions will also be required to mitigate the risk of outbreaks of communicable diseases.

Although some agencies have scaled up their existing health assistance to a certain degree, additional resources for basic treatment and referral support continue to be required to complement and strengthen existing efforts. Since June, the UN has provided sufficient essential drugs and other medical supplies to cover the needs of some 35,000 people till the end of April 2012. However, the current stock needs to be replenished and additional supplies are required, including to cover newly displaced people.

As per the recommendations of the September 2011 assessment, a nutrition rapid assessment was to be conducted by National Nutrition Center in collaboration with the UN. Training for the survey staff was completed in April 2012. Yet, field data collection is delayed due to security concerns. This study will provide more comprehensive data on the nutrition status of IDPs and guide appropriate nutrition interventions.

UNICEF provided 130,000 sachets of multimicronutrient sprinkles and 85,000 tablets of multimicronutrient tablets to IDP camps in Myitkyina and Bhamo in April, to assist 1,100 under five children and 500 pregnant and lactating women. Brief orientation/training on the use of micronutrient sprinkles and tablets to local health staff in hard-to-reach areas has been conducted. The local health staff are administering multi-micronutrient sprinkles for under five children and multi-micronutrient tablets for pregnant and lactating women. Outstanding needs include continued nutrition surveillance and distribution of multi-micronutrient sprinkle supplementation. Based on these, nutrition interventions will also include selective awareness raising campaigns and other basic health interventions including treatment of common illnesses and provision of regular vaccines.

In the March 2012 version of the Response Plan, US\$ 180,000 were required for the health and nutrition sector to respond to the needs of 60,000 IDPs for one year (March 2012 - February 2012). Out of the total amount requested in March, US\$ 150,000 have been received as of June 2012. Considering the additional needs, and taking into consideration the revised planning figure of 85,000 IDPs starting July 2012, partners require a total of US\$ 725,101 to cover the needs for the 12-month period from March 2012 to February 2013. The total requirements to implement health and nutrition activities during the implementation period of June 2012 to March 2013 are estimated at US\$ 545,000.

# **LIVELIHOOD**

Displacement in Kachin State since June 2011 has resulted in major disruption of social and livelihood activities. It has also led to the considerable yield losses of rice during the main 2011 planting season (June to December 2011), maize (September 2011-January 2012) and of the winter season crops such as groundnut, mustard, potato and vegetables (November 2011-February 2012). In addition, displacement also caused loss of assets, including tools and farming animals.

Though a number of humanitarian organizations have been providing life-saving relief assistance to the IDP camps, increasing needs for livelihood as-

#### **LIVELIHOOD** activities

- Provision of capacity-building services including skill-based training, livelihood awareness training and training on vegetable gardening, animal husbandry and food preservation/processing;
- Provision of support in small-scale production of vegetables in 10 camps;
- Implementation of income-generation activities;
- Provision of vegetable seeds, fertilizers, hand tools and small livestock;
- Monitoring of implementation.

sistance at the IDP camps have been identified. This mainly includes provision of income generation opportunities to the IDPs to cater for daily needs that are not being met by relief interventions. Furthermore, IDPs' engagement in livelihood activities would reduce dependency, enhance dignity and build capacities that could be further expanded and made at good use when return occurs. Such interventions can also complement psycho-social support activities aimed at addressing traumatic experience resulting from displacement. Whilst until now IDPs in camps and with host families have had limited opportunities to engage in productive activities, some of the humanitarian organizations are engaged in assessing opportunities and implementing livelihood interventions in view of protracted displacement.

In December 2011, UNDP launched a livelihood and income generation needs assessment in 53 IDP locations/camps in Myitkyina, Waingmaw Bamaw, Momauk and Shwegu townships, targeting 2,815 households in camps (8,941 IDPs). Findings indicated that some 45% of IDPs (1,266 families, or approximately about 4,020 IDPs) in assessed locations expressed interest in engaging in livelihood activities such as home gardens, small livestock breeding and small scale trading. Constraints for carrying out such activities include availability of space within camps, limited water source for some livelihood activities such as home gardens, interest and experience of IDPs and limited opportunities for specific vulnerable groups such as pregnant women and the elderly.

Based on the findings of the assessment, UNDP planned and implemented livelihoods interventions such as skill based training, seasonal vegetable growing, small livestock raising and other several micro and small enterprises in 41 camps (i.e. 18 camps in Myitkyina, 11 camps in Waingmaw, four camps in Momauk, six camps in Bahmaw and one camp in Shwegu and one camp in Mansi) covering 1,466 IDP families (7,472 IDPs) between April 2012 and June 2012. Implementation in Myitkyina and Waingmaw townships (28 camps) was done by Social Vision Service (SVC) and in Momauk, Bhamo, Mansi and Shwegu Townships by Kachin Baptist Convention (KBC) as Implementing Partners of UNDP. While UNDP will continue following up and providing additional supports to those 41 camps, further assessment will be done and livelihoods interventions will be implemented in additional camps both in the easily accessible and hard-to-reachareas, based on the accessibility to the areas and resource availability.

Other local and international organizations are also gearing up for livelihood activities in camps and in locations where temporary return is taking place. Among these, Metta Foundation has provided cash grants of Ks. 20,000 to 200,000 per households for income generation activities (small scale trading of vegetables and fruits) to 53 households in 16 camps in Bhamo, Momauk and Shwegu townships. KMSS has provided support to a total of 1,528 displaced families at 15 camps in Lashio, Myitkyina and Bhamo townships for livelihoods activities including small livestock rising, gardening, micro enterprise development activities and skill-based trainings. Solidarites International (SI) has initiated livelihood awareness training in partnership with Local Development Organization (LDO) in nine camps in Bhamo, Momauk, Mansi and Shwegu. The main objective of the training is to know the camp group profiles and background and to design the trainings according to the need and request of each IDP group. SI has also started conducting a comprehensive assessment of the livelihoods needs at 66 locations (six camps and 60 villages) in Momauk, Mansi, Bhamo and Shwegu Townships. SI will plan its livelihoods interventions based on the findings of this assessment. Similarly, Save the Children has planned to support small-scale production of vegetables at 10 camps in Momauk, Mansi and Namhkan townships. Additionally, FAO has also planned to support 5,000 IDP families based in camps and living with host families in Myitkyina, Waingmaw, Bhamo, and Momauk Townships by providing vegetable seeds, fertilizers, hand tools and small livestock and provision of training on vegetable gardening, animal husbandry and food preservation/processing.

Although at present there are only a few humani-



Increasing needs for livelihood assistance are identified in camps

tarian organizations engaged in livelihood activities in camps, it is expected that more will be enrolling for similar interventions as they will observe the results of ongoing projects and once they receive the resources. Livelihood/income generating projects will be administered in form of cash grants (on average US\$ 80 per family every six months) against planned activities. Additional costs will be required for capacity building and monitoring. As such, it is estimated that implementation of livelihood programmes for an estimated 85,000 IDPs (17,000 households) in camps until February 2013 will require US\$ 3 million. Livelihood interventions in camps will also take into consideration the possibility of support to voluntary return, as they occur. Projects will need to allow sufficient flexibility for expansion of activities in such areas whilst taking into account protection and sustainability concerns. Self-sufficiency of IDPs will remain a concern for some time even after return occurs as long-term impact on the food security situation is to be expected. A large scale, multi-sectoral resettlement program will have to be put in place to cater for such interventions.

The Livelihood Sector Plan presented in March estimated a total of US\$ 2.15 million for 60,000 IDPs (12,000 families) from March 2012 to February 2013. Based on consultation with all the concerned organizations, the Livelihood Sector partners have received very limited funding so far. As of July, the sector proposes to provide over the remaining eight months support of US\$ 80/family twice, each time to 17,000 IDP families (85,000 IDPs). Therefore, the total amount estimated is USD 3,046,400. If funding is delayed beyond Aug 2012, the total amount will be reduced by almost half, as the sector will only be able to provide support once to the families.

# **NON-FOOD ITEMS (NFI)**

Many of the displaced abandoned their villages empty-handed due to urgency. UNHCR, UNICEF, Solidarités International, World Vision and other partners have already distributed approximately 12,000 NFI basic household and complementary kits to date. These kits include basic items (kitchen set, mosquito nets, blankets and plastic tarpaulins) as well as complementary kits (warm clothes for children, dignity kit / sanitary cloth for women, towels, soap, detergent, floor mat, purification tablets, and plastic bucket). UNHCR has additional 8,000 kits in stock, to be distributed to the most remote and less assisted areas. The aid convoys started since March have enabled distribution in hard-to-reach areas but



Many IDPs are still in need of household items.

heavy rains and security restrictions have hampered the operation to reach some areas especially along the border.

Available information indicates that NFI kits are still needed in many camps. RANIR assessment findings report additional items such as blankets, cooking utensils, plastic sheeting and clothing are required.

A total of 5,000 basic kits and 6,000 complementary kits are still needed to assist up to 85,000 IDPs. In addition, replacement of older kits, used on a daily basis by those who arrived at the beginning of the conflict, has to be considered. In order to meet the total requirement, partners estimated that US\$ 793,137 will be needed.

In the March 2012 version of the Response Plan, US\$ 1,117,628 were required for the NFI sector to respond to the needs of 60,000 IDPs for one year (March 2012 - February 2012). Considering the additional needs in the NFI sector, procurement and distribution of additional 5,000 basic NFI kits and 6,000 complementary NFI kits is needed according to the revised planning figure of up to 85,000 IDPs starting July 2012. This implies that partners now require a total of US\$ 2,128,109 to cover the remaining needs of the NFI sector for the 12-month period from March 2012 to February 2013. Out of the total amount requested in March, US\$ 469,757 had been received by UNHCR as of June 2012. It is to be noted that local and interna-

## **NFI** activities

- Identification of the IDPs in need of NFI;
- Procurement, transportation and assembly of NFI kits (basic and complementary items);
- Coordination with the Government and local partners for permits and logistical arrangements, etc;
- Distribution of NFI kits.

tional procurement of additional NFI kits will take 8-12 weeks (including transportation to Kachin State).

# **PROTECTION**

A number of protection concerns continue to exist, particularly for IDP children and women who made up the majority of the total IDP population. IDPs have expressed serious concerns about the presence of landmines in their villages of origin, and in areas where livelihood activities are still being carried out (agricultural land, forest) as there have been reports of landmine-related incidents causing victims. Few cases of family separation and children being left unsupervised are reported by local partners.

The vast majority of the population in camps is constituted of women, children and/or elderly (60-

70%). Due to the protracted encampment situation, there has been an increasing vulnerability for IDPs who can no longer rely on their traditional coping mechanisms. UNHCR has finalized guidelines to support Extremely Vulnerable Individuals (EVI), and works in partnership with national partners on the immediate response to protection issues. Focal points have been identified in 66 camps and are in process to be trained in order to identify, provide specific assistance, and refer some cases to Government and non-Government partners providing assistance and services as and when needed. Trauma counseling is also provided by partners on a needs basis. EVI support needs to be extended to additional camps.

About 15% of the IDPs currently need civil documentation. Raising awareness for the need of civil

| Protection                  | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Civil Documentation         | <ul> <li>Identification of IDP population in need of civil documentation in coordination with NGOs, local authorities and Immigration Department;</li> <li>Support, such as equipment and office supplies, for Immigration Department offices in the area.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Protection Referrals        | <ul> <li>Identification of protection incident survivors;</li> <li>Mapping of existing referral system and identification of gaps;</li> <li>Strengthen capacities of NGOs and FBOs who are currently providing medical, psychosocial and legal assistance to survivors of protection incidents;</li> <li>Strengthen reporting mechanisms.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Awareness Raising           | <ul> <li>Coordination with partners to identify priorities for awareness raising;</li> <li>Training and workshop on basic protection training including Guiding Principles, landmine issues, HIV-AIDS, SGBV, etc. for the Government and partners.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Child Protection            | <ul> <li>Continue to support the focal points for child protection in the camps responsible for the following: i) Setting up a protection referral mechanism for children; ii) registering unaccompanied/separated children and ensuring that they are prioritized for receipt assistance; iii) maintaining family links between the unaccompanied/separated children and child headed households and their families; iv) Managing the process of reunification with families at the relevant time to ensure that these children are protected from risk of recruitment, trafficking or labor exploitation.</li> <li>Provide training, monitoring and follow-up of the work of these focal points;</li> <li>Provide focal persons with a fund to enable referrals and for reunification for unaccompanied children, separated children, child headed households, then female headed households (e.g. travel for medical, legal assistance, travel for reunification);</li> <li>Continue training of child protection volunteers in each camp location to support the work of the child protection focal points;</li> <li>Continue provision of supplies for Child Friendly Spaces and refresher training for staf and volunteers on how to run the spaces, and how to deliver age-appropriate protection messages within the spaces.</li> </ul> |
| Extremely Vulnerable People | <ul> <li>Identification of camp protection focal points;</li> <li>Provision of cash voucher assistance to identify EVIs;</li> <li>Coordination with government and local partners for other appropriate referrals if need be.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

documentation is ongoing with partners on the ground and camp management committees. The Immigration and Registration National Department at the State level has been supporting the issuance of family lists and Citizenship Scrutiny Cards for IDPs living in camps, who had lost or otherwise did not have civil documentation.

Partners (local staff from NGOs and Government officials) have been trained on protection of IDPs. More capacity building efforts to support national partners and authorities are needed as protection remains a new concept for many.

To respond to some of the concerns, partners have mobilized resources for immediate response. UNI-CEF supported the setup of 110 Child Friendly Spaces (CFS) in 40 IDP locations, addressing the needs of 3,020 children under 18 years of age. This was supported through child protection training provided to 40 staff and volunteer care givers, who run the spaces to provide a safe environment for children, deliver important messages on protection including mine risk awareness – and use the spaces for provision of psychosocial support and counseling. These training were held in Myitkyina from 24-27 October and in Bhamo from 31 October to 3 November. Since February 2012, child protection activities have been expanded to cover a total of 47 IDP locations in five townships (Myitkyina, Waingmaw, Bhamo, Moemauk and Shwegu), with the establishment of Child Friendly Spaces in all target camps, benefitting 7,370 IDP children. An additional 85 Child Friendly Kits are being delivered to these locations. Some 152 community members (Child Protection Volunteers and Child Friendly Space Volunteers) were trained, and 723 of the most vulnerable children received support for referrals and follow-up and family contact and/or reunifi-

UNICEF, in collaboration with the Department of Social Welfare (DSW), of the Ministry of Social Welfare, Relief and Resettlement, Danish Church Aid, conducted mine risk education workshops in Mandalay (27 February until 2 March 2012) for both Government officials and NGOs working in mineaffected townships in Kachin. The objectives of the training were to develop the capacity of relevant Government departments and non-governmental and UN organizations to educate communities in the identification of mines and how to avoid mine risks. Further mine risk education sessions are planned in August and September 2012 in conjunction with UNHCR for IDPs in Myitkyina and Bhamo.



Children and women make up the majority of the total IDP populations.

The priorities in the protection sector include documentation, capacity-building for IDPs (see also livelihoods), establishment of referral pathways, provision of psychosocial support, trauma healing and addressing the need of EVI, as well as mine-action related issues. Children in particular need to be where possible reunified with parents, and receive extended special protection to ensure that they receive a fair share of resources, and are protected from the child protection risks identified above.

In the March 2012 version of the Response Plan, US\$ 1,167,835 were required for the protection sector to respond to the needs of 60,000 IDPs for one year (March 2012 - February 2012). Taking into consideration the revised planning figure of 85,000 IDPs starting July 2012 and additional needs mentioned above, partners now require a total of US\$ 3,548,282 to cover the remaining needs of the Protection sector for the 12-month period from March 2012 to February 2013. Out of the total amount requested in March, US\$ 483,684 have been received by UNHCR as of June 2012, while UNICEF had received US\$128,533. To cover the protection needs, the additional funding requirement is estimated at a total of \$2.7 million (out of which \$1 million is needed for child protection).

# **SHELTER & CAMP MANAGEMENT**

Shelter remains a major concern, particularly as the monsoon season has already started and more people are estimated to be displaced. Most of the camps in Myitkyina, Bhamo, Waingmaw, Momauk and Kaunglanhpu townships, located in monasteries and churches, are crowded, with insufficient resources to provide proper emergency shelter units for each family.

According to RANIR's latest assessment in May and June 2012, shelter assistance to hard-to-reach areas remains limited. In many camps, especially at the Myanmar-Chinese border, shelters are overcrowded and cannot cater for new arrivals. Shelter remains a particular concern for those who are staying in the forest. The current rainy season is challenging for both the construction of new shelters as well as for the renovation of older ones.

Out of additional 8,000 shelters estimated to be needed in March, partners have secured funding for about 5,000 units, for which construction works are underway. UNHCR and other agencies have built about 500 units as of May 2012 and construction for additional 4,500 shelters have started despite heavy rains. In view of the likely increase in the number of IDPs to reach a caseload of 85,000 individuals, partners estimated that a total of 14,500 shelters will be required. This brings the total number of outstanding shelter needs to 9,500 units. In addition, a total of 280 toolkits (2 per camps) need to be distributed to renovate and repair 3,000 shelters in hard-to-reach areas.

In the March 2012 version of the Response Plan, US\$ 4,802,351 were required for the Shelter sector partners to respond to the needs of 60,000 IDPs for the period of one year (March 2012 - February 2012). Considering the additional needs in the shelter sector because of the limited number of shelters built up to now, existing need to build 9,500 new shelters, renovate shelters, build additional communal spaces, and taking into consideration the revised planning figure of 85,000 IDPs starting July 2012, partners now require a total of US\$ 5,950,176 to cover the remaining needs of the shelter sector for the 12-month period from March 2012 to February 2013. Out of the total amount requested in March,

# **Shelter & Camp management activities**

- Identification of shelter construction and/or improvement needs;
- Procurement and distribution of shelter construction/improvement materials and arrangement of labor/technical needs;
- Coordination with government and local partners for permits, logistic arrangements, etc.;
- Construction/renovation of emergency shelters;
- Identification of CCCM focal points;
- Reinforcement of CCCM coordination mechanisms and continued support to camp coordination volunteers;
- CCCM trainings for local NGOs, authorities and IDPs.



Shelter needs increase as the monsoon season started

US\$ 1,801,214 have been received by UNHCR as of June 2012.

The level of Camp Coordination and Camp Management (CCCM) needs remains high, not only in terms of training, but also in implementation and strengthening of coordination mechanisms. Until now, camps are running with the support of religious organizations and volunteers, and the level of inter-camp coordination remains very limited.

UNHCR continues to provide CCCM trainings to all implementing partners. Training materials are being translated. Focal Points in 66 camps have been identified to be trained, along with staff from partner agencies. Coordination support is ongoing but more capacity building activities are needed to improve the current practices, especially in areas including the border areas of Waingmaw and Chipwe Townships, that have not been targeted.

There is a need to provide camp coordination members with an honorarium and clearer terms of reference in order to perform their tasks with more professionalism. Out of 300 camp managers needed (at least 2 per camp), funding for 160 volunteers until the end of 2012 have been secured. The outstanding need remains for 140 volunteers, which is estimated to cost \$52,500, calculated based on a monthly support of \$63 (approximately Kyat 50,000) for six months. Together with other CCCM support, total budget required is estimated at \$277,500.

In the March 2012 version of the Response Plan, US\$ 333,797 were required for CCCM to respond to the needs of 60,000 IDPs for one year (March 2012 - February 2012). Considering the additional needs the need to strengthen and expand CCCM training, increase the number of focal points and enhance CCCM coordination mechanisms, and taking into consideration the revised planning figure of 85,000 IDPs starting July 2012, partners now

require a total of US\$ 787,050 to cover CCCM remaining needs for the 12-month period from March 2012 to February 2013. Out of the total amount requested in March, US\$ 277,684 have been received by UNHCR as of June 2012.

Coordination with the WASH sector is in place, to complement shelter construction and prevent possible overlaps in term of sanitation and water provision. Coordination with the education sector in terms of access to schools for children in new/existing IDP settlements is under discussion. Permanent coordination with the protection sector is ongoing to secure that shelter and camp management interventions appropriately respond to existing concerns.

# **WASH**

Water, sanitation and hygiene issues continue to be a major concern in view of the monsoon rains (May-October), which poses dangers of flooding and unsanitary conditions. The dry season (January-March) is also expected to cause water scarcity issues in the IDP camps and among affected communities.

Since the instability started in June 2011, the UN, INGOs and local partners have started to provide essential water and sanitation services in IDP camps/locations in the areas where the Government's services were not available. Through national NGOs and Faith Based Organizations (FBOs), a certain level of WASH assistance has also been delivered to other affected areas, where additional WASH facilities were urgently needed. WASH partners include UNICEF, OXFAM, Solidarités International, IRC, KBC, Shalom, among others. With the available funds including the CERF contribution, WASH partners would only be able to support humanitarian response related to WASH for about 35,000 IDPs for six months.



Many camps are in need of robust and clean water supply sys-

#### **WASH** activities

- Provision of an adequate number of durable latrines/toilets and bathing areas according to
   Sphere standards for safe disposal of human excreta;
- Upgrade of existing latrines and bathing areas to be more durable;
- Provision of safe and equitable access to a sufficient quantity of water for drinking, cooking as well as personal and domestic hygiene;
- Provision of water of sufficient quality to be drunk and used for cooking and personal and domestic hygiene;
- Provision of adequate facilities to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene;
- Provision and resupply of hygiene kits for families, including soap, sanitary napkins, etc.;
- Training for affected women, men and children of all ages to be aware of key public health risks;
- Contingency for water scarcity including trucking as a last resort;
- Support to local NGOs from experienced hygiene promotion trainers and experienced WASH technical advisors;
- Monitoring of implementation and WASH issues by two experienced WASH specialists.

While noting the accomplishments to date, the WASH sector analysis, done in May based on the information collected in 70 camps, showed substantial needs remain, with lack of drinking water, risk of contamination of water, inadequate sanitation and poor hygienic knowledge and practice. The findings indicate that the level of needs for WASH assistance varies across the camps. The majority of the camps in remote areas do not have adequate access to safe water for drinking and bathing. IDP families in 39% of the assessed camps still need water containers for transport and storage and 13% of the camps need additional water containers. A significant level of needs for hygiene items as well as ORS and water guard is still required. The latrine coverage remains very low in respect of the Sphere minimum standards. In 31% of the camps IDPs share one latrine for more than 50 people. Stagnant waters are also found in some camps (35% of the assessed camps), presenting major risks of diseases such as malaria, diarrhea and dengue fever. About half of the camps do not have a specific site to dispose of general waste.

Water quality testing and hygiene promotion

should also be undertaken in all camps/locations. With support from partners, the Department of Development Affairs continues to support WASH related activities in areas where Government's services are available, including emptying of tanks and garbage collection but similar support is needed in other affected areas.

Urgent additional support is needed for WASH interventions to prevent water and sanitation related diseases from occurring. Diarrhea is already reported to be affecting some IDP camps and, considering the reported living conditions, the risks continue to increase further as the rainy season continues.

In the March 2012 version of the Response Plan,

US\$3.3 million were required for the WASH sector to respond to the needs of 60,000 IDPs for one year (March 2012 - February 2012). Out of the total amount requested in March, US\$ 1,360,000 have been received as of June 2012. Considering the additional needs in the WASH sector and taking into consideration the revised planning figure of 85,000 IDPs starting July 2012, partners now require a total of US\$ 4,217,000 to cover the needs of the WASH sector for the 12-month period from March 2012 to February 2013. The remaining funding needs for the WASH sector therefore amount to approximately US\$2.9 million.

# **Coordination arrangements**

Since the resumption of instability in June, partners in Yangon and in Kachin set up coordination arrangements to ensure the follow-up of the situation and identify steps to assist the affected population.

Coordination efforts have been stepped up in Myitkyina and Bhamo, with inter-agency meetings taking place on a weekly basis, with the participation of local authorities. These coordination arrangements at field level are critical to ensure information sharing, coordinate response efforts, identify needs and gaps, promote principled humanitarian action and table issues of concern, including access to all those in need. The exercise is

also deemed crucial to build the capacities of local authorities on coordination of assistance in disaster situations. Coordination arrangements for activities in other affected areas are of concern and require additional attention.

Meetings with humanitarian organizations are regularly organized in Yangon to support field-based coordination, analyze the situation and identify strategies to address issues of concern, including access as well as promotion of principled humanitarian operations, and identify avenues of dialogue with all parties to the conflict to ensure that assistance reach all those in need.

# **List of Acronyms**

| СССМ         | Camp Coordination and Camp Management           | NGO    | Non-Governmental Organization                    |
|--------------|-------------------------------------------------|--------|--------------------------------------------------|
| CFS          | Child Friendly Spaces                           | OPV    | Oral Polio Vaccine                               |
| DPT          | Vaccines against three infectious diseases in   | PLW    | Pregnant and Lactating Women                     |
|              | humans: diphtheria, pertussis (whooping         | PFA    | Psychological First Aid                          |
|              | cough) and tetanus                              | RANIR  | Relief Action Network for IDP and Refugee        |
| DSW          | Department of Social Welfare of the Ministry of | RC/HC  | Resident and Humanitarian Coordinator            |
|              | Social Welfare, Relief and Resettlement.        | RDT    | Rapid Diagnostic Test                            |
| DRC          | Danish Refugee Council                          | RRD    | Relief and Resettlement Department of the        |
| ECD          | Early-Childhood Development                     |        | Ministry of Social Welfare, Relief and Resettle- |
| <b>EWARS</b> | •                                               |        | ment                                             |
| EVI          | Extremely Vulnerable Individuals                | SC     | Save the Children                                |
| FAO          | Food and Agricultural Organization              | SGBV   | Sexual and Gender Based Violence                 |
| HIV          | Human Immunodeficiency Virus                    | SI     | Solidarites International                        |
| HPA          | Health Poverty Action                           | STI    | Sexually transmitted infections                  |
| IDPs         | Internally Displaced Persons                    | SGBV   | Sexual and Gender-Based Violence                 |
| IEHK         | Interagency Emergency Health Kits               | SVS    | Social Vision Services                           |
| IRC          | International Rescue Committee                  | TB     | Tubercolosis                                     |
| KBC          | Kachin Baptist Convention                       | TT     | Tetanus toxoid                                   |
| KMSS         | Karuna Myitkyina Social Services                | UN     | United Nations                                   |
| LDO          | Local Development Organization                  | UNDP   | United Nations Development Programme             |
| MoH          | Ministry of Health                              | UNFPA  | United Nations Population Fund                   |
| MSF          | Medecins Sans Frontieres                        | UNHCR  | United Nations High Commissioner for Refgees     |
| MT           | Metric Ton                                      | UNICEF | United Nations Children's Fund                   |
| MRCS         | Myanmar Red Cross Society                       | WASH   | Water, Sanitation and Hygiene                    |
| NNC          | National Nutrition Centre                       | WFP    | World Food Programme                             |
| NFI          | Non-Food Items                                  | WPN    | Wunpawng Ninghtoi                                |
|              |                                                 |        |                                                  |

