

Periodic Monitoring Report

2014 Strategic Response Plan – Myanmar

Covering January to December
2014

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

FUNDING:

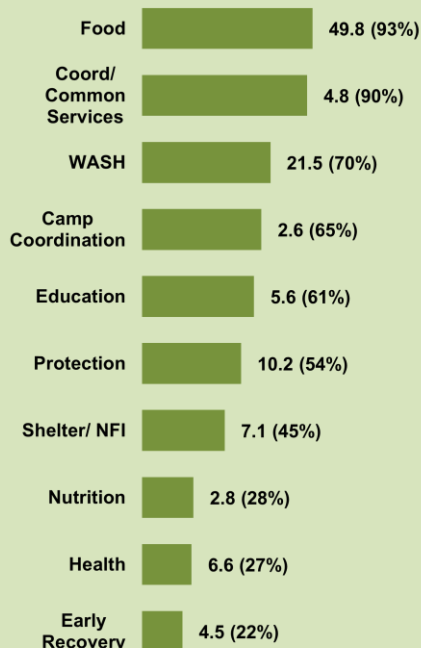
192 million (\$US)
Required

67% of total
requirement

129.2 million (\$US)
Received

Source: Financial Tracking Service (FTS)

FUNDING RECEIVED BY SECTOR



OVERVIEW

2014 has seen an increase in overall humanitarian needs in Rakhine, Kachin and northern Shan states. Many of the IDPs living in camps or camp-like situations are almost entirely dependent on humanitarian assistance to meet their basic needs. The protracted displacement also has an adverse effect on the host communities, straining already scarce resources.

In Rakhine State some 139,000 people remain displaced as a result of the violence that erupted in 2012. In Rakhine State, continued inter-communal tensions, and restrictions on freedom of movement and access to basic services continue to impact on progress towards achieving durable solutions for displaced people and make it extremely difficult for displaced and conflict-affected people to restore their previous livelihood activities or find ways to become self-reliant. In 2014, the Government announced that it is in the process of finalizing a Rakhine State Action Plan that addresses a number of issues including security, stability and rule of law, rehabilitation and reconstruction of temporary settlements for displaced people, permanent resettlement, citizenship assessment, socio-economic development and activities aimed at enhancing peaceful coexistence of communities. The Humanitarian Country Team will continue to engage with the Government on the humanitarian and human rights implications of the plan.

In Kachin and northern Shan states, the armed conflict that re-ignited in 2011 has not yet been resolved and negotiations aimed at achieving a nation-wide ceasefire continue. Approximately 5,000 people were newly displaced in 2014 following a series of armed clashes. In total, about 99,000 people remain displaced across Kachin and northern Shan states. The proximity of the conflict to the civilian population remains a major concern. Many people still have limited access to humanitarian assistance and essential services, particularly in the areas beyond Government control. From late 2013 until September 2014, the Government authorized more than 20 cross-line missions, which delivered assistance to tens of thousands of people and provided support for local NGOs. The Government has announced plans to provide durable solutions for the displaced and the UN and its partners are working to ensure that initiatives aimed at providing durable solutions are carried out in accordance with international standards.

Despite challenges, significant progress has been made by the Humanitarian Community in Myanmar in responding to the needs of the most vulnerable people through the 2014 Myanmar Strategic Response Plan (SRP). These efforts have been carried out in close collaboration with the Government, the affected communities and other key stakeholders to ensure full transparency and accountability of all humanitarian operations.

POPULATION TARGETED AND REACHED

SECTOR/ CLUSTER	TARGETED		REACHED (JUNE 2014)		REACHED (DECEMBER 2014)	
	KACHIN	RAKHINE	KACHIN	RAKHINE	KACHIN	RAKHINE
CCCM	87,000	111,000	85,000 (98%)	78,000 (70%)	85,000 (98%)	87,000 (78%)
EARLY RECOVERY	57,000	85,000	40,000 (70%)	9,562* (11.24%)	40,000 (70%)	95,000 (111%)
EDUCATION	39,000	76,000	12,000 (31%)	35,900 (47%)	13,000** (33%)	34,653*** (46%)
FOOD	91,000	218,000	77,000 (85%)	193,000 (89%)	88,500 97%	194,000 89%
HEALTH	111,000	310,000	63,962 (58%)	115,051 (37%)	63,962 (58%)	115,051 (37%)
NUTRITION	14,000	62,000	5,384 (38%)	29,555 (48%)	10,704 (76%)	55,328 (89%)
PROTECTION	111,000	250,000	60,000 (54%)	120,000 (48%)	60,000 (54%)	146,000 (58%)
SHELTER/NFIS	95,000	140,000	80,000 (84%)	140,000 (100%)	90,000 (95%)	105,000 (75%)
WASH	111,000	313,000	80,000 (72%)	230,000 (73%)	84,534 (76%)	236,918 (73%)

* The Early Recovery Sector reported that the number of people reached in Rakhine at mid-year is under-estimated.

** Estimated number based on available data. The data from areas beyond government control remains limited or unavailable. In government control areas, the majority of support for IDPs is provided by the Government, much of which is not closely monitored by the sector.

*** Despite increases in primary and pre-primary IDP children reached, the total beneficiary figure is slightly decreased compared to that reported at mid-year. This is due to a 4,400 person reduction in the number of beneficiaries in surrounding communities.

STRATEGIC OBJECTIVES: ACHIEVEMENTS TO DATE

Strategic Objective 1

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

Indicators: Targets vs. Results to date

Indicator	Baseline	Target	Result (June 2014)	Result (Jan-Dec 2014)	Cluster/ sector
Maternal Mortality Rate	No baseline established	Base rate	Not measurable at this stage	Not measurable at this stage	Health Cluster
Under 5 mortality rate	No baseline established	2Xbase rate or <2/10,000/	Not measurable at this stage	Not measurable at this stage	Health Cluster

		day			
# of cases and incidence of selected diseases (severe diarrhea, mild diarrhea, dysentery, viral hepatitis, common cold, malaria, DHF)	No baseline established	Measure trends	Rakhine: 5 severe diarrhoea cases, 3,345 mild diarrhoea cases, 795 dysentery cases, 1 hepatitis case and zero DHF case Kachin: 1,277 diarrhoea cases, 385 dysentery cases, zero hepatitis case and 523 pneumonia cases	Rakhine: 64 severe diarrhoea cases, 7,987 mild diarrhoea cases, 2,371 dysentery cases, 47 hepatitis case and 6 DHF cases Kachin: 2,668 diarrhoea cases, 845 dysentery cases and 934 pneumonia cases	Health Cluster
% of GAM prevalence in Sittwe, Pauktaw, Buthidaung, Maungdaw and in other gap townships (e.g. Rathedaung)	Sittwe(Urban) 10.7% Pauktaw (Rural)- 16.4% Sittwe (Rural)- 9.5% Buthidaung- 21.4% Maungdaw- 20.0%	Same as baseline (no deterioration of situation)	Not measurable at this stage	New GAM prevalence estimates have been collected in the following areas: Sittwe (urban): 8.5% Sittwe (rural): 8.8% Pauktaw (rural): 11.8% Rathedaung: 10.5%	Nutrition Sector
% of population with adequate water and sanitation access (Sphere) supported by appropriate social mobilization and hygienic behavior	Rakhine: Water- 76%, Sanitation- 62% Kachin: Water- 49%, Sanitation- 48%	100%	Rakhine: Water- 75%, Sanitation- 58% Kachin: Water- 97%, Sanitation- 75%	Rakhine: Water- 71%, Sanitation- 41% Kachin: Water- 97%, Sanitation- 80%	WASH Cluster
# of eligible and affected people whose most personal needs (for shelter from the climate and for the maintenance of health, dignity and well-being) are met	Through shelter: Kachin- 50,000 Rakhine- 140,000 Through NFI: Kachin - 75,000 Rakhine - 90,000	80,000 140,000 100,000 140,000	54,000 140,000 90,000 95,000	65,000 140,000 90,000 70,000	Shelter/NFIs Cluster
% children and adolescents receiving MRE who demonstrate understanding and knowledge of landmine risks in affected areas in Kachin	0	5,000	Not measurable at this stage	Not measurable at this stage	Education/ CP Sector
% of beneficiaries reached with food distributions in Kachin and Rakhine states	No baseline established	100% for both states	85% for Kachin, 89% for Rakhine	97% for Kachin 89% for Rakhine	Food Sector
% of targeted households with an acceptable food consumption score (FSC)	91% for Kachin 75% for Rakhin In 2013	>75% for Kachin and Rakhine	Not measurable at mid-year	91% for Kachin 78% for Rakhine	Food Sector
Coverage of camp management and coordination mechanisms across all camps to ensure timely and coordinated	Kachin: 50% Rakhine: 10 camps	100% 23 camps	95% 13 camps	75% 15 camps	CCCM Cluster

delivery of humanitarian assistance, including regular monitoring and evaluation of the humanitarian assistance in accordance with agreed standards, and the identification and reporting of gap					
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Progress toward Strategic Objective (1)

- According to the Health Cluster, the two strategic-level indicators could not be reported, as the cluster has not received required data from the Ministry of Health and continues to advocate for immediate data dissemination.
- The WASH strategy for Rakhine was adjusted at mid-year to cover more villages with affected populations. As a result of the increased target population and changes in how services were counted, the percentage of the total coverage has slightly decreased. However, the coverage for camp populations has improved throughout 2014 as follows.
 - Camps with IDPs – 92% water, 74% latrine
 - Surrounding Community – 51% water, 17% latrine
 - Village with affected household – 45 % water, 12% latrine
 - Village with IDPs – 56% water, 5% latrine

Total – 71% water, 41% latrine
- The percentage of children and adolescents receiving MRE in Kachin and northern Shan states is not measureable at this stage as activities began only towards the end of 2014. The delay in implementation is caused due to the sensitivity of the issue and the need for inclusive process. However, the Knowledge Attitude and Practice (KAP) survey on impact of landmines and other explosive remnants of war was finalized in June 2014 followed by a national stakeholders' consultation through validation meetings to contextualize the findings. The KAP was completed in 30 camps in Kachin.
- The Shelter Cluster reported that the low level of shelter constructions in Kachin State is recorded in 2014 due to some new emergencies leading to local partners to re-direct their human resources to these responses, delays in assessing needs/gaps and raising funds for immediate response, limited implementing capacity, shortage of land and materials, and access constraints. A large quantity of temporary shelter construction will be prioritised in the first quarter of 2015, to be completed by end of March 2015.
- In Rakhine State, NFI distributions was largely reduced since June 2014 due to the impact (including demands on equal distribution to communities), resulting from the attacks to UN/INGOs in March 2014, while the Cluster maintained need-based distribution approach. Negotiations and advocacy continued with little progress for the remainder of the year. In terms of CCCM coverage, the trend was generally positive in 2014, with 15 of the 23 target camps having a dedicated camp management agency (CMAs) by the end of the year. This was implemented through one of the two CMAs expanding their activities to cover two extremely challenging camps in Pauktaw Township. The remaining eight camps, 21 per cent of the target population, were covered by CCCM Cluster partners, supported by a dedicated international from Global CCCM Cluster partner, IOM.

Strategic Objective 2

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

Indicators: Targets vs. Results to date

Indicator	Baseline	Target	Result (June 2014)	Result (Jan-Dec 2014)	Cluster/ sector
% of targeted emergency-affected IDP children and adolescents (3-17 yrs old) regularly accessing learning opportunities (Rakhine State only)	ECCD: 0 Primary: 50% Adolescent Edu: 7%	ECCD: 9000 Primary: 80% Adolescent Edu: 50%	ECCD: 526 Primary: 72% Adolescent Edu: 8%	ECCD: 967 Primary: 70% Adolescent Edu: 8%	Education Sector
% of children aged 6-59 months provided with vitamin A supplementation and de-worming tablets	Kachin: Vit A: 72.8% (MICS 2009-10); Deworming: 94% (Coverage survey, August 2013, National Nutrition Centre, DoH) Rakhine: Vit A: 32.5% (MICS 2009-10) Deworming: 87% (Coverage survey, August 2013, National Nutrition Centre, DoH)	Kachin: At least 60% Rakhine: At least 90%	Kachin (29 out of 39 camps in Myitkyina and Bhamo: Vitamin A supplementation: 1,264 of 1,496 children reached (84%); Deworming: 877 of 951 children reached (92%) Rakhine: Vitamin A supplementation: 210,144 of 257,178 children reached (82%); Deworming: 117,942 of 144,244 children reached (82%)	Kachin: (77 out of 117 camps in eight townships in government control area): Vitamin A supplementation: 3,217 of 3,624 children reached (88.8%); Deworming: 2,587 of 2,260 children reached (87.4%) Rakhine: Vitamin A supplementation: 226,432 of 247,124 children reached (96.1%); Deworming: 127,306 of 136,595 children reached (93.2%)	Nutrition Sector
# of functional and inclusive early recovery dialogue platforms established to address the restoration of basic services.	0	2	Not measurable at this stage	2	Early Recovery Sector
# of additional beneficiaries from surrounding villages (communities) who benefit from expanded services	Kachin: 0 Rakhine: 0	Kachin: 20,000 Rakhine: 50,000	Kachin: 3,000 Rakhine: 38,500	Kachin: 9,534 Rakhine: 53,392	WASH Cluster
% of people living in IDP camps with community-driven temporary shelter care and maintenance programmes and suitable camp infrastructure (Rakhine only)	No baseline established	100%	68%	Not available	Shelter/NFIs /CCCM Cluster
Kachin: # of IDP camps that have	15	130	15	40	CCCM Cluster

elected and maintained functioning leadership structures, otherwise termed Camp (leadership) Committees, which are able to identify gaps, needs and responses within the camps Rakhine: # of priority camps that have elected and maintained functioning leadership structures, otherwise termed Camp (leadership) Committees, which are able to identify gaps, needs and responses within the camps	0	23	0	0	
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Progress toward Strategic Objective (2)

- The education sector's targets under this strategic objective could not be met due to delays in implementation as a result of the violence in Rakhine State in March 2014, which caused losses and damage of supplies and property and led to reduced international and national staff presence in Sittwe, as well as limited implementation capacity of education in emergencies sector in the State. However, progress has been made in 2014 to improve access to learning opportunities for children and adolescents (3-17 years old) displaced and affected by conflict in Rakhine State. Coverage of education for primary school-age IDP boys and girls has increased from 50% at the beginning of 2014, to approximately 70% (24,759 enrolled as of end Nov 2014). The total percentage reported at end-of-year is lower than that reported at mid-year (72%) due to an increase in the caseload from 23,475 at mid-year to 24,759 at the end of 2014.
- The provision of non-formal education support for adolescents began in the middle of 2014 and at end-year registers 1,895 adolescent boys and girls were reached, approximately 8% of the caseload. This figure will increase in the beginning of 2015, as the final results from projects begun in mid-2014 will be available for a total target of around 6,000 adolescents. ECCD services for children aged 3-5 have started in some camps and communities in Sittwe, Maungdaw and Rathedaung, benefitting approximately 967 young children. However, the full expansion of ECCD services in Rakhine in 2014 was put on hold due to the overwhelmingly low (5%) coverage of ECCD services in Rakhine State in general. From a conflict-sensitive perspective, the Education Sector has determined that ECCD expansion is better positioned as a development initiative for all children across the state, rather than as part of the humanitarian response.
- The WASH target for expanded services to 20,000 people in surrounding villages Kachin State was not a target in and of itself, but a maximum caseload expected in case of increased fighting and displacement, for which the Cluster was ready to respond. The end-of year result represents both the 3,000 estimated beneficiaries from small-scale emergencies, and an additional 6,534 individuals from expanded WASH operations in schools and villages. Therefore, while not reaching the total target population, the WASH Cluster did provide expanded services to newly displaced populations, as well as to individuals in villages and schools through broadened initiatives to non-displaced, but otherwise conflict-affected communities.
- CCCM Cluster reported that while some progress has been made in Kachin, with approximately 40 per cent of camps by year-end having elected leadership structures, progress in Rakhine was non-existent in terms of this indicator. Increasingly, there was recognition that any effort to change the composition of CMCs in such a volatile and politically sensitive context as Rakhine State, and through democratic means, was not viable. By year-end some measures were put in place to try a new contextually more relevant approach in 2015. This included a change of individuals leading the CCCM/NFI Cluster at the Rakhine State level.

Strategic Objective 3

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

Indicators: Targets vs. Results to date

Indicator	Baseline	Target	Result (June 2014)	Result (Jan-Dec 2014)	Cluster/ sector
# of locations where protection services are available by 60%	No baseline established	Kachin: 39,000 Rakhine: 68,000	Kachin: 20,000 Rakhine: 42,000	Kachin: 42,724 Rakhine: 105,200	Protection Sector
Protection Situation Analysis updated every six months	No baseline established	2	Not measurable at this stage	On-going (See note below)	Protection Sector
% of targeted schools and education spaces which have established functioning child protection and monitoring mechanisms (in close collaboration with the Child Protection sector)	No baseline established	Kachin: 60% Rakhine: 70%	Not measurable at this stage	Not measurable at this stage	Education Sector

Progress toward Strategic Objective (3)

- Development of a comprehensive Protection Analysis was on-going throughout 2014. Initially, the protection analysis was planned as a document drafted at central level with updates issued every six months. However, in order to support the understanding of protection risks, underlying vulnerabilities and the capacities of the communities assisted across the humanitarian response, it was decided to carry out an inclusive and broader protection analysis, including field consultations and risk analysis with a large number of partners. Subsequently, only partial analysis was completed in 2014.
- The key aspects of child protection (including life-skills, psychosocial support and positive discipline) have been incorporated into volunteer teacher training delivered in Kachin and Rakhine states in 2014, and delivered directly to teachers and caretakers in some of the boarding houses in areas beyond government control in Kachin. However, no dedicated mechanisms linking education spaces and teachers to established referral pathways have yet been formally established. Efforts to do so, in close collaboration with Protection Sector and CP sub-Sector, will continue in 2015.

Strategic Objective 4

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

Indicators: Targets vs. Results to date

Indicator	Baseline	Target	Result (June 2014)	Result (Jan-Dec 2014)	Cluster/ sector
% of interagency minimum preparedness actions labeled as "Done" within due date	No baseline established	70%	44%	70%	CCS Sector
% of targeted school management committees/ PTAs in Rakhine State which have developed plans for reducing risk to disaster for their communities (e.g. cyclone, flood and conflict)	No baseline established	70%	Not measurable at this stage	Not measurable at this stage	Education Sector
Rapid assessment tools developed for the context of Myanmar	No baseline established	Yes	Yes	Yes	Protection Sector
Preparedness and response capacity strengthened through coordination, information, capacity building and supply	No baseline established	Fully achieved	Not reported	Fully achieved	Nutrition Sector

Progress toward Strategic Objective (4)

- Progress has been made in the establishment of school committees/Parent Teacher Associations (PTAs) in the IDP camps of Rakhine (35 school committees/PTAs comprising 416 parents, have been set up and trained so far to play as an important role in the management of the education facilities in their current communities). However, initiatives to involve these groups in the development of community disaster risk reduction (DRR) plans have not yet been pursued due to the prioritization of other core activities. Attempts to do so (or similar initiatives involving parents and students in DRR activities) will be supported by some education partners in 2015.
- The Nutrition indicator for number of emergency-affected townships with improved baseline nutrition data proved to be impossible to calculate accurately, due to 1) lack of authorisation to open new facilities in certain locations, 2) inadequate funding to engage with new implementing partners to scale up response, and 3) limited access to beneficiaries and communities in some locations. However, the nutrition sector aimed to increase preparedness and response capacity through strengthened coordination, information management, capacity building, and supply pre-positioning. This objective was fully achieved at the end of 2014 through the following initiatives:
 - A functioning national and sub-national nutrition response coordination mechanism was in place in Yangon, Rakhine and Kachin states.
 - An information management system was developed and is implemented in Rakhine and Kachin states.
 - Capacity building initiatives were conducted in both affected regions, including: 1) SMART Survey Manager training (Yangon); 2) Facility-based treatment of acute malnutrition training (Sittwe, Rakhine); 3) Introductory training on Nutrition in Emergencies for health staff and NGO staff working in areas beyond government control in Kachin State.
 - Emergency nutrition supplies are in place for a potential caseload of 20,000 people in the case of a new acute emergency