



Humanitarian Situation and Response Plan in Kachin

13 December 2011

Basic Indicators in Myanmar and Kachin State

Indicator	Myanmar	Kachin
Population	25,089,976 (M), 26,458,432 (F), 51,548,408 (Total)	679,371 (M) 703,954 (F) 1,383,325 (Total)
Proportion of population with access to an improved drinking water source	82.33 69.45	89.30 89.40
Measles vaccination rate	90.7% 82.3%	88.0% 65.0%
Under-five severe malnutrition (weight for height)	9.4	9.0
Number of health workforce (medical doctor, nurse, midwife)	5.03 per 10,000 people	9.04 per 10,000 people
Total fertility rate	2.03 children per woman 1.9 children per woman	2.23 children per woman
Maternal mortality ratio	316/100,000 240/100,000	180/100,000
Under-five mortality rate	77/1000 (2007) 71/1000 46.1/1000 66/1000 (2003-4)	27.40/1000
Coverage of antenatal care	83.1	79.40
Skilled birth attendance rate	64.2 70.6	51.20
Post-natal care coverage (frequency)	5.4	5
Abortion	One-third of all deliveries	Equally high
Comprehensive correct knowledge of HIV/AIDS (among population aged 15-24 years)	92.1	90.6

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.

Introduction

Between June and November 2011, the resumption of the armed conflict in Kachin State resulted in the displacement of an estimated 30-40,000 across the state and in the northern portion of Shan state. Of these, some 10,000 Internally Displaced Persons (IDPs) are located in fully accessible towns of Myitkyina, Waingmaw, Bhamo, Mansi, Momauk and Shwegu. Some (mostly local) partners do have some degree of access to population in other locations, but insecurity, logistics and other concerns compound the ability to regularly assess needs and provide much needed assistance to a significant portion of the population reportedly affected.

Whilst the situation in Kachin and the northern portion of Shan State is already of concern, and whilst efforts are made to negotiate an end to the conflict, available information indicate that, unfortunately, insecurity continues to prevail, and that the number of IDPs continues to increase across the entire affected area. Partners have almost exhausted all resources available, and therefore decided to undertake a planning exercise which includes an analysis of assistance provided to date, gaps identified, and

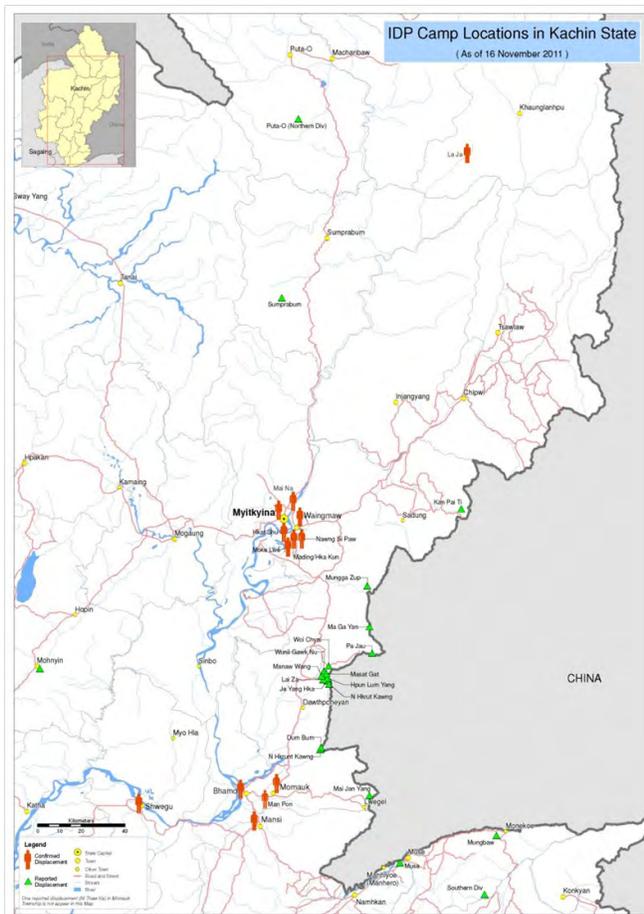


additional resources required for the provision of life-saving relief assistance to a projected caseload of 50,000 persons affected to some degree by the ongoing instability. Partners estimated that such assistance would be required even if the situation was to normalize in the coming weeks, as most of the IDPs lost their possessions and have lost their sources of livelihood, and social services would take some time to become again fully functional. This document concentrates on the immediate relief requirements, whilst additional discussion and planning is going to be required to look into longer-term recovery interventions.

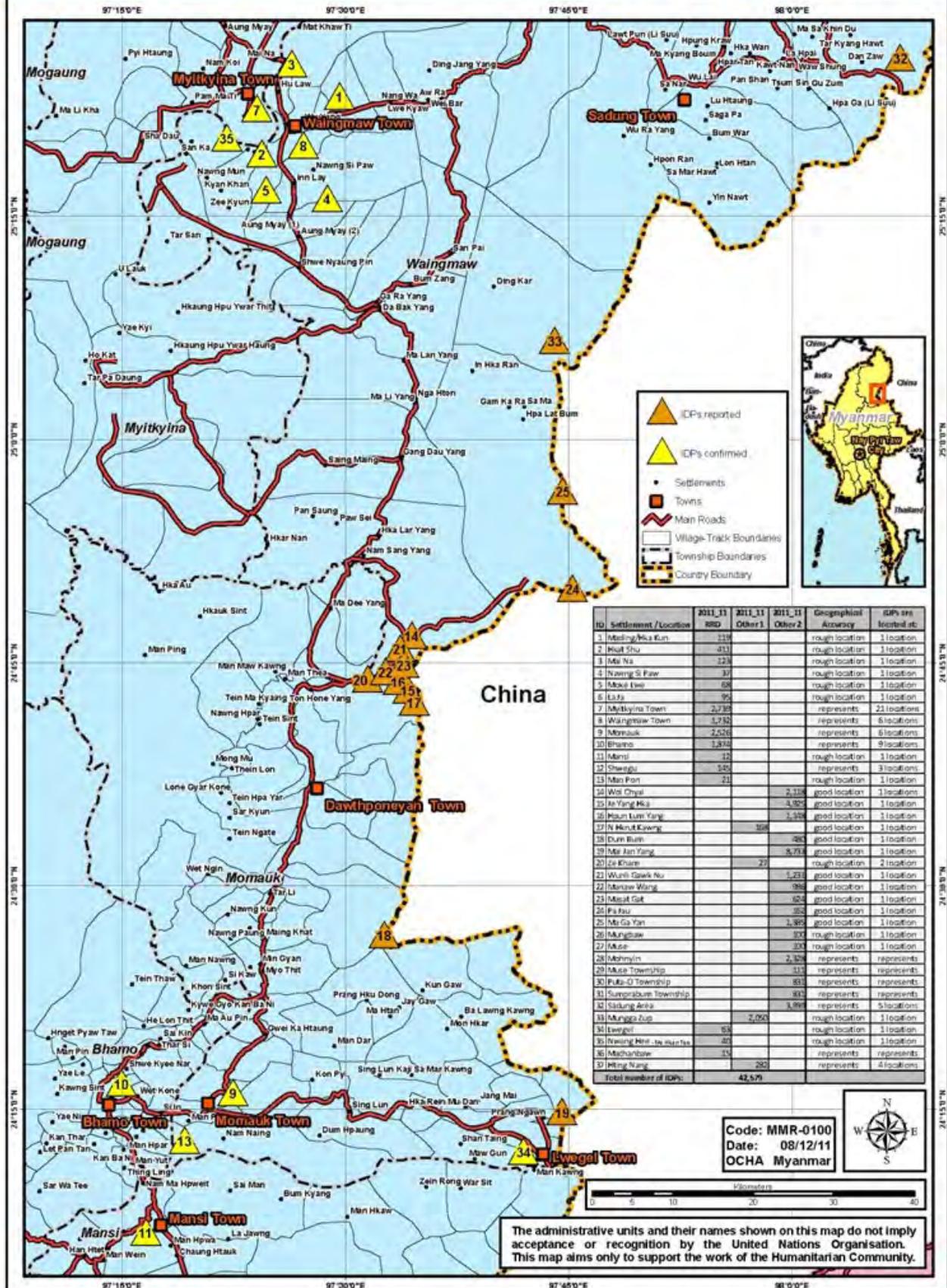
The UN Humanitarian Coordinator, on behalf of the humanitarian community, reiterated in several occasions the readiness of UN and NGOs in providing assistance to all those in need. This resulted in the Government's invitation, in September 2011, to all interested agencies to carry out a needs assessment in Myitkyina, Waingmaw, Bhamo, Mansi, Momauk and Shwegu. Advocacy for full access to all the displaced population requires further discussion with all parties. This is of particular concern as the conflict re-intensified in October 2011, the displacement situation is likely to be further protracted, and agencies have mobilized all existing stocks and funds available and have no more buffer resources to continue carrying out even basic assistance in accessible areas and for an extended period of time.

Current Situation

Instability in Kachin and Shan States restarted in early June 2011 and resulted in the displacement of populations, loss of lives and livelihoods and damages to infrastructure. Following a Government invitation, an inter-agency rapid needs assessment was conducted from 20-26 September in 39 locations in



Reported figures of IDPs, Southern Kachin (Nov 2011) OCHA



ID	Settlement / Location	2011_11 SPD	2011_11 Other1	2011_11 Other2	Geographical Accuracy	IDPs are located at:
1	Meikong/Mu Kun	119			rough location	1 location
2	Mu Shu	411			rough location	1 location
3	Ma Na	129			rough location	1 location
4	Nawang Si Paw	31			rough location	1 location
5	Masi Lee	58			rough location	1 location
6	Li Pa	95			rough location	1 location
7	Myitkyina Town	2,728			represents	21 locations
8	Waingmaw Town	1,752			represents	6 locations
9	Monsauk	2,526			represents	6 locations
10	Bhamo	1,819			represents	9 locations
11	Mansi	12			rough location	1 location
12	Shwebu	182			represents	3 locations
13	Man Pan	21			rough location	1 location
14	Wei Chyal		2,118		good location	1 location
15	Ye Yang Hla		3,382		good location	1 location
16	Huan Lum Yang		1,358		good location	1 location
17	N Manu Kwang		508		good location	1 location
18	Dun Bum		480		good location	1 location
19	Ma Lan Yang		8,778		good location	1 location
20	Zi Khare		27		rough location	1 location
21	Wunh Gawk Nu		1,233		good location	1 location
22	Manaw Wang		988		good location	1 location
23	Misat Gut		924		good location	1 location
24	Pi Pau		382		good location	1 location
25	Ma Ga Yan		1,389		good location	1 location
26	Mungbaw		377		rough location	1 location
27	Muse		339		rough location	1 location
28	Mohylin		2,328		represents	represents
29	Muse Township		113		represents	represents
30	Puka-O Township		813		represents	represents
31	Sungrabum Township		912		represents	represents
32	Sading Anka		3,989		represents	5 locations
33	Mungga Zup		2,900		rough location	1 location
34	Lwogel		63		rough location	1 location
35	Nawang Hui-ta-ya-ya		80		rough location	1 location
36	Mechanbaw		15		represents	represents
37	Ming Nang		280		represents	4 locations
Total number of IDPs:		42,579				

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The administrative units and their names shown on this map do not imply acceptance or recognition by the United Nations Organisation. This map aims only to support the work of the Humanitarian Community.

some IDPs sites (camps, host families, public buildings) of five townships (Bhamo, Momauk, Myitkyina, Khaunglanhpu and Waingmaw) targeting 5,925 IDPs. Two townships Mansi and Shwegu could not be assessed due to security concerns. Of the assessed beneficiaries, some 4% were vulnerable, besides there were 56% children under 18 years of age, 17% of children under 5 and 12.5% female or child headed IDP families.

Although figures of displaced population continue to fluctuate and are reportedly increasing on a daily basis, it is currently estimated that between 35,000 and 40,000 IDPs may have left their homes and sought refuge in camps, with friends and relatives or into the forest across the affected region. As an

indication of the rapidly increasing caseload, according to the Kachin State authorities, between September and the end of November 2011, the number of IDPs living in Myitkyina, Waingmaw, Bhamo, Mansi, Momauk and Shwegu has increased from 5,900 to 10,000 IDPs. Across all affected areas, available –albeit not independently verified - information indicate that, in the same period, the number of displaced passed from 20,000 to 35-40,000 persons.

Planning assumptions

Whilst the situation in Kachin and the northern portion of Shan State is already of concern, and whilst

Core Elements	Planning assumptions
<p>Security conditions are re-established, population progressively returns to villages of origin.</p>	<p>Displacement progressively decreases, even if vulnerable groups continue to remain in location of displacement until social services are fully re-established (especially students)</p> <p>Assistance requirements shift from life-saving, relief to recovery interventions, including replacing lost assets and livelihood and re-establishment of basic services. Concerns over presence of unexploded ordnances and landmines require attention.</p> <p>Transport, electricity progressively return to normal, interventions required to repair damages.</p> <p>Access to all affected areas possible, re-starting of long-term programming/ interventions, especially by local partners with well established presence, with international support.</p>
<p>Insecurity continues to prevail, including sporadic attacks in targeted locations of urban areas and on infrastructure, making access and transport of goods more difficult</p>	<p>Displacement increases and reaches up to 50,000 persons, including in some new locations either in camps/sites/host families in urban areas or in the jungle. Some IDPs – especially those with relatives in China - continue attempting crossing the border to seek refuge till the situation normalizes. Some IDPs face difficulties in reaching areas where assistance is provided. Number of IDPs continues to fluctuate as population will return back to their villages as soon as the situation de-escalates.</p> <p>IDPs suddenly fleeing their villages likely to experience loss of assets and livelihood. Separation of families likely to occur.</p> <p>In affected villages, basic services, including primary health care and education suffer disruptions. Health staff and teachers are displaced together with the rest of the village population. Possibility for damages and loss of assets in schools and health centers. Staff continues providing services in camps/ sites, and will return to villages once the situation normalizes.</p> <p>Transport, electricity likely to be disrupted. Air travel continues to be possible.</p> <p>Initially, partners continue to have access to IDPs in Myitkyina, Waingmaw, Bhamo, Mansi, Momauk and Shwegu, and limited access to other areas (mostly possible for local partners with well established presence). Progressive opening of access to all areas.</p>
<p>Insecurity escalates and affects wider areas, making transport more difficult, seriously hampering access to population in need</p>	<p>Number of affected population increases dramatically as disruption of basic services, supplies to markets, transport and electricity is recorded. Population will have extremely limited options to flee violence.</p> <p>Access to population in need decreases as some partners decide to relocate and operate remotely. Local organizations continue to carry out activities, albeit with higher risks. Possibility of cross-border operations from China.</p> <p>Progressive increase in mortality and malnutrition.</p>

efforts are made to negotiate an end to the current instability, available information indicate that, unfortunately, insecurity continues to prevail, and that the number of IDPs continues to increase across the entire affected area. As such, partners decided to undertake a planning exercise which includes the elaboration of scenarios for planning purposes. Three scenarios and related humanitarian consequences were identified (best, most likely and worst case)

Partners decided to use a planning figure of 50,000 persons which would need lifesaving relief assistance for a period of six months. Taking into consideration the results of the September rapid survey, the estimated number of persons with special needs and acutely vulnerable people could reach 2,017, besides 27,865 under 18 years of age, 8,422 children below 5 years and 6,258 female or child headed IDP families. Continuous monitoring of the situation, including information on displacement, identification of gaps in assistance, as well as nutritional and health surveillance, are warranted, to ensure appropriate response to emerging needs.

Assistance provision & 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 have been providing some assistance to the IDPs since June. In general, due to easier accessibility and the presence of a larger number of agencies, IDPs in Myitkyina

and Waingmaw have been receiving more assistance than those in Bhamo and Momauk, which in turn are reportedly better off than those in areas which are not fully accessible. Details of assistance provided and gaps are available in the sectoral analysis.

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

FOOD SECURITY & LIVELIHOOD (Facilitator: WFP)

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 either through direct implementation or through NGOs cooperating partners, including KMSS, Shalom and World Vision. Some other organizations have delivered fresh food items to complete the daily intake. Whilst some concerns exist over accessibility to complementary food (curry, chilies, vegetables, meat, etc), in the above-mentioned areas organizations involved in nutritional programmes do not indicate, thus far, any concerns with regards 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

Sector	Assistance Provided to assessed areas
Food Aid	200 metric tons (WFP)
Livelihoods	
NFI	Approximately 3.000 basic and complementary NFI kits
Shelter	265 HH housing spaces under construction to host 1,325 people
Camp Coordination and Camp Management (CCCM)	Trainings in Myitkyina and Waingmaw
Health	
WASH	Health assistance and distribution of bed nets to IDPs in towns
Education	Provision of water purification material, water containers and construction of latrines in confirmed IDP camps
Protection	Temporary learning spaces and school material to displaced primary students
	Child Protection Trainings and provision of 110 child friendly space kits

assistance and minimal availability of alternative copying mechanisms.

From an initial caseload of 3,600 in August, WFP-supported assistance to IDPs in Kachin gradually increased, and plans are in place to assist, for the month of December, a caseload of 9,120 beneficiaries in main urban areas. Close to 200 metric tons of food have been distributed so far. This response had been done so far diverting resources in the WFP pipeline to meet the needs triggered by the situation in Kachin, albeit at the expense of some other planned activities in the region and in other parts of the country.

According to the planning assumptions, whereby some 50,000 persons would be needing basic food assistance (full food basket: rice, pulses, oil and salt - blended food where and if required) for an additional six months, available resources would be insufficient to cater for these needs, and additional estimated US\$ 4.2 million would be required just for basic food provision. Close coordination with Health/Nutrition sector for a close surveillance of nutritional status of populations or any need for additional food aid and blended food is warranted.

WFP has taken steps to ensure that its warehouses in the region are always stocked at their maximum capacity in order to minimize possible pipeline disruptions of supply routes. In addition, alternative logistic arrangements for food and other supplies to reach affected areas (to and within Kachin State) are being reviewed, including an analysis of all transport methods (road, railway and river), and maximum capacity of "absorption" of different corridors - in terms of transport and storage - is also being assessed.

Between November and January farmers are usually involved in paddy harvesting and winter crops planting. However, as many villagers, farmers and farm labors have been displaced, it is likely that the harvesting and planting will be compromised. Whilst UNDP has been supporting farmers in villages which, in many instances, are now displaced, the agency and other partners will engage IDPs in alternative livelihood and income generating activities. Such interventions will depend on needs, interests and experience of IDPs and opportunity with regards to land and space in the camps, but in general it could include vegetable growing, small livestock breeding and small scale trading.

Once the situation normalizes, and IDPs return to their villages of origin, it will take time before they will be able to be self-sufficient again, and almost certain that their food security situation will be impacted, as the crop production for 2012 is likely to be reduced. More discussions are required to identify appropriate interventions in the medium and longer-term aimed at addressing communities' re-settlement in the post-emergency phase.

SHELTER, NFI & CAMP MANAGEMENT

(Facilitators: UNHCR and WV)

Non-Food Items (NFI)

Many of the displaced abandoned their villages empty handed, and, according to the September assessment results, distribution of non-food-items (NFIs) was prioritized since the onset of interventions. As the cold season has started, IDPs, especially children and elders, will need warm clothes to protect themselves from the winter. UNHCR, UNICEF and World Vision and other partners have been able to mobilize existing resources and distributed approximately 1,900 NFI household kits to date. UNHCR and UNICEF have additional 1,200 NFI kits in stock in affected locations for immediate distribution. Additionally, UNHCR mobilized emergency funds for the procurement of some 5,500 NFI kits, which are expected to arrive in January/February 2012.

As of beginning of December, UNCHR has approximately 800 kits available for distribution (kits from UNICEF and WV have already been distributed). This stock would cover up to 4,000 people. UNHCR is under procurement of additional 5,500 kit (estimated time of delivery February 2012) for up to 27,500 people. If the number of population increases to over 40,000, additional US\$ 135,000 will be needed for about 1,500 kits (local and international procurement takes 8-12 weeks).

Shelter & Camp Management

Most of the camps in Myitkyina, Bhamo, Waingmaw, Momauk and Bhamo townships located in monasteries, churches, schools are crowded with

NFI activities

Identification of IDP population in need of NFI;
Procurement of NFI kits (basic and complementary items);
Coordination with Government and local partners for permits, logistic arrangements, etc.;;
Complete distribution of NFI kits

new arrivals from rural areas and often without enough space/land to build a shelter for each family. For cooking purposes, community kitchens were built, including of limited availability of space. Same conditions apply to other camps in the State.

Following a request by the Kachin State government, UNHCR, with emergency funds, is building 270 temporary housing family units, and has conducted a three-day Camp Coordination and Camp Management (CCCM) training from 25 to 27 October targeting local authorities, NGOs, FBOs, and CBOs, volunteers and UN staff directly involved in camp management activities in Myitkyina and Waingmaw Townships.

Considering the current planning scenario, partners agreed that additional emergency shelters construction must be considered only on a case-by-case basis, and only for extreme circumstances in view of the availability of other housing alternatives, limited supply of timber/bamboo and other construction supplies. Current UNHCR resources will be finished by the end of the year after the completion of 270 housing spaces currently under construction. Nonetheless, in view of lack of privacy, overcrowding of camps and sites as well as protection concerns highlighted in the September assessment need attention, and additional funding amounting to US\$ 200,000 are urgently required for the improvement of some of the existing emergency shelters (i.e. division of family spaces in communal housing centers), as well as US\$ 50,000 for additional CCCM training in order to improve protection conditions of IDP population. Coordination with WASH sector to complement shelter construction and prevent possible emerging complications in term of sanitation, water provision, etc. and with Education sector in terms of access to schools for children in new / existing IDP settlements is warranted. Permanent coordination with the Protection sector to secure that shelter and camp management interventions are appropriately responding to existing concerns and for the implementation of CCCM training.

HEALTH/NUTRITION & WASH (Facilitators: **Oxfam and UNICEF)**

Health/Nutrition

The joint rapid needs assessment undertaken in September 2011 found few reports of disease outbreak and no case of mortality among the displaced population since the restarting of insecurity in June. The most commonly reported diseases at the time

Shelter & Camp management activities

Identification of shelter construction and/or improvement needs;
Procurement 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;
CCCM trainings for local NGOs, authorities and IDPs.

were acute respiratory tract infection, followed by skin disease, malaria, acute gastritis, diarrhea, dysentery, trauma and sexually transmitted diseases. Since the assessment, as the number of IDPs increased and sites become increasingly overcrowded, the hygienic conditions in camps/sites have worsened. Additionally, according to partners, the most recently established camps are of lower standard, with inadequate sanitary and hygiene conditions, and often located in remote areas with limited access to basic services.

As the winter season is approaching, exposure to seasonal flu will increasingly become of concern, particularly for the elderly and children. The prevalence of TBC is high in the area under normal circumstances, and overcrowding and protracted displacement will increase the risk of a further spreading of the disease. Furthermore, as the living conditions in camps are not improving, stepping up of surveillance in both urban and rural camps will become increasingly critical. Provision of NFI and of warm cloths and blankets in particular, will be critical to reduce the prevalence of respiratory illnesses. Provision of mosquito nets will be equally important to prevent the spread of malaria. Stepping up water and sanitary interventions will be required to mitigate the risk of further outbreaks of communicable diseases.

The September assessment raised concerns over immunization coverage of the displaced population, which is particularly alarming for measles and polio, and further compounded by the overcrowding of camps/sites. Following the assessment, health officials conducted a targeted (screening) measles campaign of IDPs children under five years of age in all IDP locations in Myitkyina and Waingmaw. As a part of the national immunization campaign schedules for March of 2012, all under five children in the affected townships should receive multi-antigen vaccination, including measles, supplemented with an

additional doses of vitamin A. The cost of such campaign for the affected areas of Kachin, excluding the actual cost of the vaccines, would amount to some US\$ 10,000. Health authorities have provided basic health assistance, with UN support, primarily in the urban and peri-urban IDPs camps/sites. Specialized medical NGOs have complemented this assistance in remote locations. Although some agencies may be able to scale up their existing assistance, additional resources for basic treatment and referral support will be required to complement and strengthen existing efforts. Medical supplies are in shortly supply and will need to be resupplied to cover the full population of 50,000 over a period of six months. In order to establish a basic primary health coverage (surveillance, diagnosis, treatment, referral and immunization) support would need to be channeled through the existing public health system, complemented and augmented by specialized medical organizations with technical capacity, as well as volunteers mobilized through local partners and camp management committees. The plan would need to be flexible, and any activity indicated tentative, given the fluctuating situation and the many uncertainties that pertain.

The current level of support can be maintained into 2012 with existing resources through government services (supported by UN) and through the medically specialized NGOs operating in the areas. Should the number of population assisted increase in the future, additional resources will be required. Activities in the health sector, including sensitization of volunteers, medical supplies and diagnostic as well as clean delivery kits procurement and distribution, IEC materials, transportation etc would cost some US\$ 130,000.

Furthermore, as per the recommendations of the September assessment, in view of the protracted food insecurity that many of the displaced families have faced since June, a nutrition assessment is should be carried out as a matter of priority, using the local networks to reach every location. Such exercise would cost approximately US\$ 15,000.

WASH

Safe water is one of the priority needs of displaced population, according to local agencies, despite the many rivers and creeks in the local ecosystem. Many of the makeshift camps have been established along the river that divides Myanmar from China, which provides sufficient water for daily domestic use. There are concerns, however, of the

HEALTH/NUTRITION activities

- Strengthening of surveillance of communicable diseases;
- Training of volunteers for syndromic reporting of events and distribution of IEC material to complement the capacity of midwives to regularly cover all IDP locations
- 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 50,000 people for six months
- Awareness raising and prevention;
- Provision of IEC material to educate communities on effective means to prevent communicable diseases
- Immunization of multi-antigens (measles, DPT, OPV, TT, BGC) of all under three children in the affected townships as a part of the national immunization campaign. Funding for vaccines is secured, while additional funding would be required for operational costs;
- Detailed health assessment;
- Nutrition assessment of all under children in the areas of displacement;
- Regular monitoring of the health situation by UN staff locally

water quality for drinking. The water availability differs between camps with the most recently established camps facing a dire situation. The access to safe water in urban camps (Myitkyina, Bhamo, and Waingmaw) is reportedly better, although the existing water supply systems (primarily wells) will need to be supplemented in time for the approaching dry season.

Local partners have provided water purification material (5,000 WaterGuard bottles), constructed 77 latrines and promoted hygiene for over 6,100 IDPs in different locations. Oxfam with local NGOs partners have been supporting with the provision of hygiene kits for 6,000 IDPs (basic hygiene items in

line with Sphere), water purification items and water collection and storage capacity for 6,000 IDPs, constructed 450 temporary latrines, 10 washrooms and 5 additional water points, provided fuel to supply water for 3,000 IDPs and carried out rapid hygiene promotion focusing on key public health messages targeting over 9,000 IDPs in different locations. World Vision has a plan to construct 26 latrines with locally available resources in four camps/sites in Waingmaw, using their own resources.

As the number of displaced continues to fluctuate, temporary and mobile measures – including household water purification – are likely to be the most suitable and effective solution in the short term. As soon as the security situation improves, more long term water supply options would need to be considered.

The sanitary situation in the makeshift camp is of concern as only shallow open pit latrines have been constructed so far, intended for temporary use. As the displacement prolongs these pits have been filled, and more appropriate latrine construction is required. Camp management committees need to be supported in building additional and more appropriate latrines in the camps/sites.

The displaced families will require safe means of excreta disposal, constant supply of clean water and hygiene supplies to minimize the risk of water and sanitation related diseases, especially in overcrowded camps/sites, an environment which these people are not familiar with as they used to live in rural areas.

The water support provided by UNICEF and Oxfam, with water purification material and containers, to approximately 12,000 people will last until the end of December 2011. The same amount of people has received support with safe sanitation (latrines and hygiene promotion). World Vision is planning to



WASH activities

- Provision of an adequate number of latrines/toilets according to Sphere standards for safe disposal of human excreta;
- 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;
- Training for affected women, men and children of all ages to be aware of key public health risks;
- Contingency for water scarcity;
- Support to local NGOs from experienced hygiene promotion trainers (Oxfam) and experienced WASH technical advisors (UNICEF);
- Monitoring of implementation and WASH issues by two experienced WASH specialists (UNICEF).

support an additional 2,000 people in 4 camps in Waingmaw through the construction of latrines using existing resources. As of January 2012, additional US\$ 1,282,680 will be required to support all 50,000 people with safe water and safe sanitation.

EDUCATION & PROTECTION (Facilitators: UNHCR and UNICEF)

Education

According to September's multi-sector assessment and reports from partners operating in the IDP camps/sites, the majority of IDPs (56%) are children under the age of 18. In areas covered by government services, the displaced school children have continued education since June attending local schools, or by receiving primary education at temporary learning spaces setup by local faith-based organizations. The influx of the displaced children has put additional strain on basic education facilities, resulting in needs for additional space, as well as additional teaching and learning materials. Reportedly, in areas not covered by government services, schools have been closed down (in two out of five districts) since June/July, due to the prevailing instability. There are indications that some of the children affected by the closure have been accommodated in temporary learning facilities setup in some towns, including Laiza and MaijaYang.

UNICEF and Kachin based partners have or are in

the process of constructing additional temporary learning spaces in several locations, including Myitkyina, Waingmaw, Momauk and Bhamo. Available information indicate that, in the makeshift camps/sites setup close to the border with China, camp management committees have constructed basic temporary education facilities with the support of local partners, in which displaced teachers are providing children with primary education.

All displaced children are lacking essential learning material (exercise books, text books etc.) as families left their villages with only a few household possessions. UNICEF has supplied the displaced primary school children in areas where government services are available, while local organizations are supplying school material elsewhere, although some locations have not yet been reached due to the prevailing instability.

Faith-based organizations, community-based organizations and volunteers are providing assistance to pre-school aged IDPs children in camps/sites, with the support of NGOs and of UNICEF, including psychosocial support which is administered by volunteers in Child Friendly Spaces (see Protection).

As the current school year ends in February, agencies mobilized internal resources which will be sufficient to cater for current needs, including for the setup of temporary learning spaces. However, should the planning figure and of displacement (up to 50,000 IDPs for six additional months) become a reality, the projected number of primary school age children would amount to about 10,000, while the number of children between 3 and 5 would be approximately 4,000. With the school scheduled to reopen in June, by February education partners will need to re-examine the situation and eventually consider the option of restoring existing temporary learning spaces and building new ones to cover all primary students for the next year. Again, existing resources should cover this need, but more detailed needs assessment will need to be conducted to map out the potential need for additional TLSs.

UNICEF and local partners have sufficient school supplies to cover the needs of the displaced primary school students as well as the basic need of teaching aids. The existing early childhood activities (for children 3 to 5) cover approximately 3,000 children. The additional displaced children envisaged could be covered with existing means (ECD kits etc.).

Once the situation normalizes, attention will need to be paid to the repair and re-equipment of

schools, including teaching equipment and supplies for students.

Protection

Findings of the September rapid needs assessment highlighted a number of protection concerns, particularly for IDP children and women, including family separation, children being left unsupervised, as well as landmines presence, among others. Of particular concern because of higher risk to possible abuses are categories such as separated and unaccompanied children and of female – or child-headed IDP families for which preventive, mitigating measures need to be put in place. The report also highlighted that IDP women were facing difficulties because of lack of separate sanitary facilities for men and women, poor lighting at night, and feeling insecure at night. During further observations and capacity building with several NGOs, FBOs and local authorities, it has been expressed that since the IDP population is made up primarily of women and children, and because of the lack of livelihood activities, women are especially at risk of sexual exploitation. A number of IDPs have also voiced concerns over landmines and the need for landmine risk awareness. It was also expressed that a number of IDPs do not possess family lists or Citizenship Scrutiny Cards (CSC).

To respond to some of the concerns, partners have mobilized resources immediate response. UNICEF supported the setup of 110 Child Friendly Space (CFS) kits to 40 IDP locations. 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



Protection	Activities
Civil Documentation	<p>Identification of IDP population in need of civil documentation in coordination with NGOs, local authorities and Immigration Department;</p> <p>Support, such as equipment and office supplies, for Immigration Department offices in the area</p>
Protection Referrals	<p>Identification of protection incident survivors:</p> <p>Mapping of existing referral system and identification of gaps;</p> <p>Strengthen capacities of NGOs and FBOs who are currently providing medical, psycho-social and legal assistance to survivors of protection incidents</p> <p>Strengthen reporting mechanisms</p>
Awareness Raising	<p>Coordination with partners to identify priorities for awareness raising;</p> <p>Training and workshop on Basic Protection, Camp Coordination Camp Management (CCCM), SGBV, for IDPs, FBOs, NGOs, and local authorities</p>
Child Protection	<p>Identify a person for acting as focal point for child protection 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</p> <p>Provide training, monitoring and follow-up of the work of these focal points</p> <p>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).</p> <p>Continue provision of supplies for CFS and training for staff and volunteers on how to run the CFS</p>
Extremely Vulnerable Pop	<p>Identification of Extremely Vulnerable Individuals (EVI), through camp / collective centers management partners, NGOs and FBOs;</p> <p>Provision of cash voucher assistance to identified EVIs;</p> <p>Coordination with government and local partners for appropriate other referrals if need be.</p>

Bhamo from 31 October to 3 November.

Additional resources, for a total of US\$418,000 are however required to address remaining concerns.

Coordination arrangements

Since the resumption of instability in June, partners in Yangon setup coordination arrangements to ensure the follow up of the situation and identify steps to assist the affected population. At present, meetings with humanitarian organizations are taking place to support field-based coordination, analyze the situation and identify strategies to address issues of concern, including access as well as promo-

tion of principled humanitarian operations, and identify avenues of dialogue with all parties to the conflict for full and unimpeded access for humanitarian organizations to reach all those in need.

Coordination efforts have been stepped up in Myitkyina, with inter-agency meetings taking place on a weekly basis, to which authorities are participating. 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. In Bhamo, coordination needs further strengthening and missions from My-

Sector	Facilitator(s)
Food security and livelihood	WFP
NFI, Shelter and Camp Management	UNHCR and WV
Health, Nutrition and WASH	Oxfam and UNICEF
Education and Protection	UNHCR and UNICEF

itkyina-based partners are taking place to support such efforts. Coordination arrangements for activities in other affected areas are of concern and require additional attention.

With the objective of defining this plan, and identify current and projected needs and gaps, organizations decided to identify facilitators for four main areas, including 1) food and livelihood, 2) NFI, shelter and camp coordination; 3) health, nutrition and WASH; and 4) education and protection.

Summary of requirements for 50,000IDPs for six months

Sector	Requirements (US\$)
Food Security	4,200,000
Livelihood	0
NFI	135,000
Shelter	200,000
Camp Management	50,000
Health/Nutrition	155,000
WASH	1,282,680
Education	0
Protection	418,000
TOTAL	6,440,680