

MYANMAR INTERIM EMERGENCY RESPONSE PLAN

OVERVIEW

JUNE-DECEMBER 2021

PEOPLE TARGETED (ESTIMATED)

2.0M

REQUIREMENTS (US\$)

\$109M

The Interim Emergency Response Plan has been developed under the leadership of the Humanitarian Country Team (HCT) as an operational planning framework to enable prioritized emergency humanitarian response activities beyond the scope of the 2021 Humanitarian Response Plan (HRP) that was launched in January 2021. The operational plan builds on efforts to date to respond to humanitarian needs arising since 1 February 2021, which have drawn on contingency stocks or reorientation of planned development assistance. The Interim Plan focuses on 1) urban and peri-urban townships in Yangon and Mandalay which have seen dramatic increases in humanitarian needs due to the impacts of the COVID-19 pandemic and the ongoing situation since 1 February; 2) scaling up of emergency response in Kayah State, Chin State, and other areas where clashes have driven large-scale displacement in previously stable areas; and 3) flexible inter-agency rapid response in other areas when new emergency needs related to violence, insecurity, and displacement are identified.

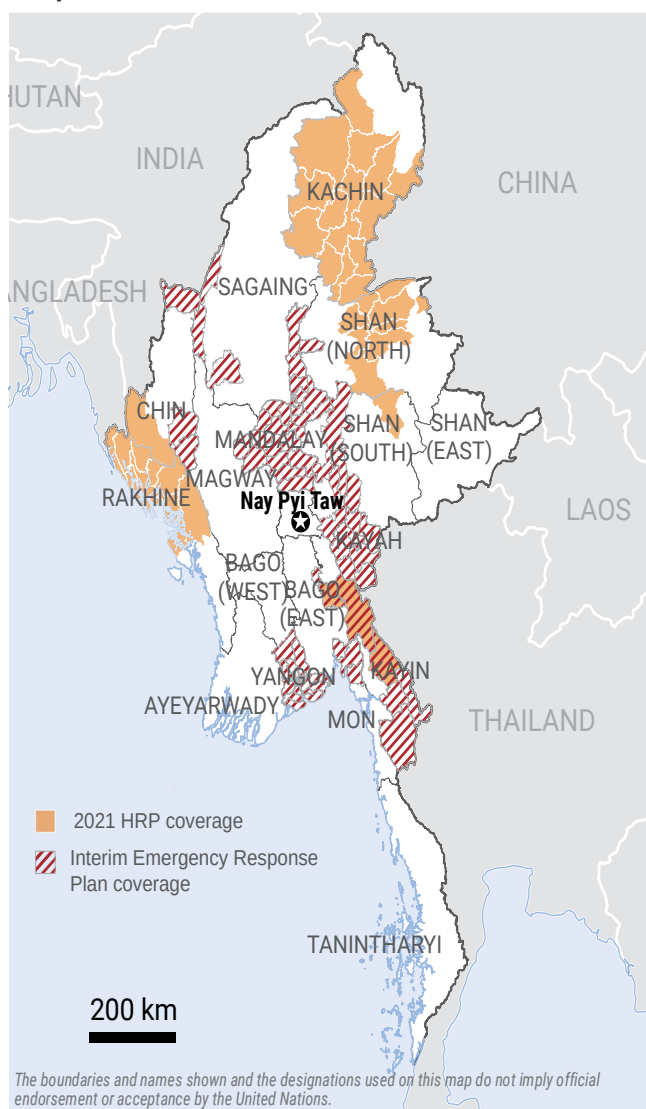
The operating environment across the country has become more challenging in a number of respects. In particular, the volatile security situation and communications and banking disruptions are complicating activities countrywide. Responding in areas with limited pre-existing humanitarian capacity, which are the primary focus of this plan, creates specific challenges and risks that partners are working to address. The Interim Plan, therefore, emphasizes the importance of a cautious and iterative approach, as efforts continue to define needs more

clearly, improve information collection and to optimize response approaches. As always, humanitarian response activities will be guided by the internationally recognized principles of neutrality, impartiality, independence, and humanity.

The Interim Plan emphasizes the importance of ensuring inclusive humanitarian response approaches tailored to the needs of particular groups, including women, girls, the elderly and persons with disabilities, who are being impacted by the current situation in different ways. It also highlights the centrality of protection and do-no-harm approaches as humanitarian operations extend into new areas.

The Interim Plan identifies \$109 million in emergency humanitarian programming to be implemented until the end of 2021. These requirements are in addition to the \$276.5 million requested through the 2021 HRP for ongoing humanitarian efforts in Kachin, northern Shan, Rakhine, southern Chin and Kayah states, and parts of eastern Bago Region. The HCT has emphasized that efforts to mobilize in new locations should not draw capacities or resources away from the conflict-affected settings targeted through the HRP and has noted that needs are growing in many of these locations. The HRP and the Interim Plan are therefore distinct but closely linked and will also be implemented in parallel with the development of complementary planning instruments providing, among other areas, for support for the continuity of Myanmar's health system. If required, life-saving activities in the areas covered by the Plan and other locations may need to be integrated into a more expansive 2022 Humanitarian Response Plan.

Geographical scope of Interim Emergency Response Plan



Strategic priorities

In terms of overarching sectoral priorities, the HCT will seek to address immediate food and nutritional needs and prevent excess morbidity and mortality through the continuity of essential services in these

locations. Protection considerations will be factored in throughout. Further details on sector-level priorities are outlined below.

Iterative, flexible planning approach

The HCT recognizes that significant gaps in information on needs and local dynamics remain. General population data is available, including for

informal settlements, and new displacement is being continuously tracked, but this alone will not be

sufficient for estimation of people in need (PIN) at an inter-sectoral level or relative severity of need in line with the methodology used for the existing HNO and HRP. Targeting criteria will need to be refined in parallel with initial mobilization of assistance. Organizations submitting projects as part of this Addendum commit to prioritize assessment of needs as part of scale up efforts, and to share information and analysis in this regard with key stakeholders. Response approaches will also need to be analyzed on a continuous basis through the Cash Working Group, clusters/sectors and other forums, including the feasibility of different cash and voucher assistance (CVA) modalities, given the significant challenges currently faced by financial service providers and broader volatility in the banking sector.

Overarching principles of assistance

Building on the points above, it has been agreed that projects submitted under this Interim Plan will adhere to the following principles:

- 1. Humanitarian principles:** Participating organizations will ensure adherence to humanitarian principles of humanity, neutrality, impartiality and operational independence, and commit to pursuing collective acceptance of a concerted emergency response on this basis.
- 2. Do no harm and centrality of protection:** Participating organizations recognize that response in urban and peri-urban locations in the current security and political environment will require adaptations of approaches. All projects will explicitly analyze and mitigate risks to affected people and partners on the ground and centralize protection, inclusion of and accountability to affected people, including vulnerable groups, throughout all phases of the project cycle.
- 3. Localized and community-driven response:** All projects will explicitly prioritize engagement with communities and local networks and seek to reinforce existing coping mechanisms and

inclusion of women and girls and persons with diverse characteristics and vulnerabilities.

- 4. Collaboration:** Participating organizations commit to pursuing harmonized approaches, including in relation to assessment of needs and provision of assistance.

- 5. Exit strategies:** All projects will address exit and transition plans tailored to local contexts.

PRIORITY ACTIVITIES BY SECTOR (INDICATIVE)

SECTOR/CLUSTER	ACTIVITIES
Food security	<ul style="list-style-type: none"> • Food assistance (through CVA/in kind modalities). • Emergency agriculture/small breeding assistance where feasible (through CVA/in kind modalities). • Emergency livelihoods support linked to immediate needs (through cash/voucher/in kind modalities).
Nutrition	<ul style="list-style-type: none"> • Rapid nutrition assessments to define needs and shape response. • Admission and treatment of children with severe acute malnutrition and moderate acute malnutrition; admission and treatment of pregnant and breastfeeding women with acute malnutrition. • Blanket supplementary feeding and micro-nutrient supplementation for children aged between 6 and 59 months and pregnant and breastfeeding women. • Maternal, infant and young child feeding (MIYCF) counselling.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> • Distribution of safe/purified drinking water to vulnerable populations living in informal settlements in Hlaing Thar Yar. • Renovation and upgrading of water wells including provision of spare parts and alternative backup generates. • Distribution of critical WASH supplies. • Installation of emergency latrines with safe disposal of wastewater. • Mainstreaming of protection, gender and disability inclusion considerations throughout the response.
Protection	<ul style="list-style-type: none"> • Technical support for mainstreaming protection, gender, disability across sectoral responses, including through safe identification of persons with specific needs or facing elevated risks. • Targeted mental health and psychosocial support (MHPSS) services. • GBV response services, including case management, psychosocial support, clinical care, safe house, hotline/helpline, legal support, and referrals including child survivors of GBV and children at risk of GBV. • Distribution of dignity kits and information on available services. • Emergency referral support/cash transfer for vulnerable women, girls, older persons, persons with disabilities, and other vulnerable households/individuals who are extremely vulnerable and at-risk situation in order support them for accessing required protection services.

SECTOR/CLUSTER	ACTIVITIES
Child Protection	<ul style="list-style-type: none"> • Mental health and psychosocial support (MHPSS) for the most vulnerable children and caregivers, including, child-friendly spaces, parenting orientations and self-care support for frontline responders (both remotely and in person). • Case management and referral support for children in need of care including cases of GBV. • Legal aid and post-release management support for children and young people in detention. • Explosive ordinance risk education (EORE). • Victim assistance for children affected by violence. • Expanded monitoring and reporting of grave violations against children and related victim assistance and support.
Education in Emergencies	<ul style="list-style-type: none"> • Emergency provision of learning materials enabling immediate formal or non-formal educational opportunities. • Non-specialized psychosocial support for children and caregivers and facilitation of referrals for specialized services (including through the Child Protection Sub-Sector). • Integration of life skills and tools for COVID-19 prevention in education opportunities for children and youth.
Health	<ul style="list-style-type: none"> • Emergency transport services for emergency cases (trauma; reproductive, maternal, newborn, child and adolescent health; non-communicable diseases; nutrition, COVID-19). • Provision of primary health care services provision and medical supplies. • Continuity of treatment for non-communicable diseases and chronic diseases. • Continuity of critical COVID-19 response activities. • COVID-19 vaccination in accordance with the National Deployment and Vaccination Plan (WHO, UNICEF, GAVI, COVAX). • Early warning alert and response (EWARS).
Shelter and non-food items (NFIs)	<ul style="list-style-type: none"> • Provision of essential household supplies and other non-food items in prioritized locations and provision of multi-purpose cash grants to persons with specific needs.

HUMANITARIAN RESPONSE BY SECTOR/CLUSTER

SECTOR/CLUSTER	PEOPLE TARGETED	NUMBER OF PROJECTS	FINANCIAL REQUIREMENTS (US\$)
Education in Emergencies	56K	5	1.4M
Food Security	2.1M	8	73.2M
Health	80K	5	4.7M
Nutrition	312K	3	4.5M
Protection	248K	9	9.3M
Shelter/NFIs	79K	3	8.7M
WASH	683K	9	7.0M
Coordination and Support Services		1	0.3M