

RAKHINE RESPONSE PLAN



July - December 2012

Basic Indicators in Myanmar and Rakhine State		
Indicator	Myanmar	Rakhine
Population	29.4 million (male), 29.73 million (female), 59.13 million (total)	1.63 million (male) 1.64 million (female) 3.27 million (total)
Proportion of population with access to an improved drinking water source	82.30%	57.70%
Measles vaccination rate	82.3%	68.2%
Under-five severe malnutrition	9.1%	16.3%
Number of health workforce (medical doctor, nurse, midwife)	24,048	1,036
Total fertility rate	2.03 children per woman	2.87 children per woman
Maternal mortality ratio	1.4 (Deaths per 1,000 live births)	1.7 (Deaths per 1,000 live births)
Under-five mortality rate	23.6/1000	26.9/1000
Coverage of antenatal care	70.6%	66.6%
Skilled birth attendance rate	50.2%	42.5%
Post-natal care coverage (frequency)	6	4
Comprehensive correct knowledge of HIV/AIDS	92.1	80.2
Comprehensive correct knowledge of HIV/AIDS (among population aged 15-24 years)	92.1	90.6

Sources: Ministry of National Planning and Economic Development Statistical yearbook 2010; Health Management Information System (2009); Myanmar Multiple Indicator Cluster Survey (2009-2010); Integrated Household Living Conditions Survey (2009-2010); Fertility and Reproductive Health Survey (2009), Reproductive Needs assessment (1999).

Executive Summary

Inter-community conflict in Rakhine State, which started in early June 2012, has resulted in displacement, loss of lives and livelihood. Of the over 100,000 people affected at the beginning of the crisis, many have already returned home, and as of 29 July, official Government statistics indicate that some 64,000 people remain displaced and are accommodated in 61 camps in Sittwe and Maungdaw townships. Population movement continues, and figures are being revised on a weekly basis. The Ministry of Information also indicated that 78 people were killed and 87 injured as a result of the violence and that over 4,800 buildings were destroyed.

Since the beginning of the unrest, the Government has been providing assistance such as food, shelter, non-food-items (NFIs) and medical supplies to Internally Displaced Persons (IDPs). In order to support the Government response, UN and NGO staff have been mobilized and relief supplies are being distributed.

An inter-agency multi-sectoral rapid needs assessment was conducted between 20 June and 10 July in 121 locations in four townships (109 in Sittwe, four in Rathedaung, seven in Maungdaw, one in Pauktaw), covering 107,886 IDPs (18,697 households). The assessment identified as major needs in food, shelter, NFI, WASH and health sectors, together with access to sanitation facilities and drinking water.

In an effort to enhance assistance and coordination, humanitarian partners undertook an analysis of the present situation and identified scenarios for the coming six months, against which sectoral plans and priorities were identified, taking into consideration the results of the inter-agency rapid assessment as well as the response priorities indicated by the Government and affected communities.

The plan concentrates on the immediate relief requirements until December 2012, and will be revised

IDPs are living in overcrowded camps



in September 2012. Priorities of sectoral interventions include:

Education: Construction of temporary learning spaces, provision of education materials and school furniture.

Food: Food distribution.

Health: Strengthening of health care services and disease surveillance as well as replenishment of medical supplies.

Livelihood: Income generation programmes both in camps and villages.

Nutrition: Implementation of therapeutic feeding, blanket supplementary feeding, micronutrient supplementation and Infant Feeding in Emergency activities.

Protection: Identification of extremely vulnerable individuals and strengthening of child protection activities.

Shelter, CCCM, NFIs: Distribution of NFIs, shelter construction and provision of camp management training;

WASH: Distribution of basic hygiene items, provision of latrines and bathing areas, operation of safe solid waste disposal and drainage system, construction of safe water supply.

Whilst partners are redoubling efforts and are employing all available resources to respond to the needs of the affected people, more support is required to continue providing critical life-saving interventions.

The plan now estimates that up to 80,000 people, including IDPs and the most vulnerable in host communities that have been directly impacted by the incidents and that are not included in previous interventions will require relief assistance.

Some US\$32.5 million will be required to ensure assistance to the full caseload until the end of 2012. Planning assumptions will be revised in September. Adjustments may be required in light of the dynamics of the situation and possible population movements.

Many of the displaced are children





Background

Rakhine State is one of the least developed parts of Myanmar and is characterized by high population density, malnutrition, low income poverty and weak infrastructure compounded by storms and flood. The population of Rakhine consists of a mixture of various ethnic and religious groups. The 2009-10 Integrated Household Living Condition Survey ranks Rakhine State in second position in terms of overall poverty, 43.5% compared to the national average of 25.6%. Regarding food poverty, the State ranks 10% against the national average of 4.8%. The State was affected in recent years by two major disasters: flood and mudslides in northern Rakhine in June 2010 and cyclone Giri in October 2010, affecting 29,000 and 260,000 people, respectively, and causing loss of lives and livelihoods.

Inter-community conflict across Rakhine State started in early June 2012, following the rape and murder of an ethnic Rakhine woman on 28 May in Ramree and the subsequent killing of 10 people by an unidentified mob on 3 June in Taungupp. This resulted in the displacement of populations, loss of lives and livelihoods as well as damage to religious and residential buildings. Violence dramatically intensified within a few days and prompted the Government to impose curfews from 6pm to 6 am on 8 June and subsequently to declare a state of emergency on 10 June in six townships across Rakhine State. This remains in effect at the current time and is not expected to be lifted in the foreseeable future.

Of the over 100,000 people affected at the beginning of the crisis, many have already returned home, and as of 29 July, official Government statistics indicate that some 64,000 people remain displaced and

List of houses burned and damaged as of 28 June.
Source: Government

Township	Building burned/damaged	
	Houses	Public buildings
Sittwe	3,635	17
Maungdaw	474	9
Rathedaung	367	1
Kyauttaw	171	1
Pauktaw	124	-
Ramree	35	3
Mrauk-U	15	-
Total	4,821	31

are accommodated in 61 camps in Sittwe and Maungdaw townships. Population movement continues, and figures are being revised on a weekly basis. The latest official figures released by the Ministry of Information on 28 June indicated that 78 people were killed and 87 injured with over 4,800 buildings being destroyed during the violence.

The situation in the six affected townships varies, with the Government reporting the most acute humanitarian needs existing in Sittwe, where the largest displaced population is reported to be and in Maungdaw.

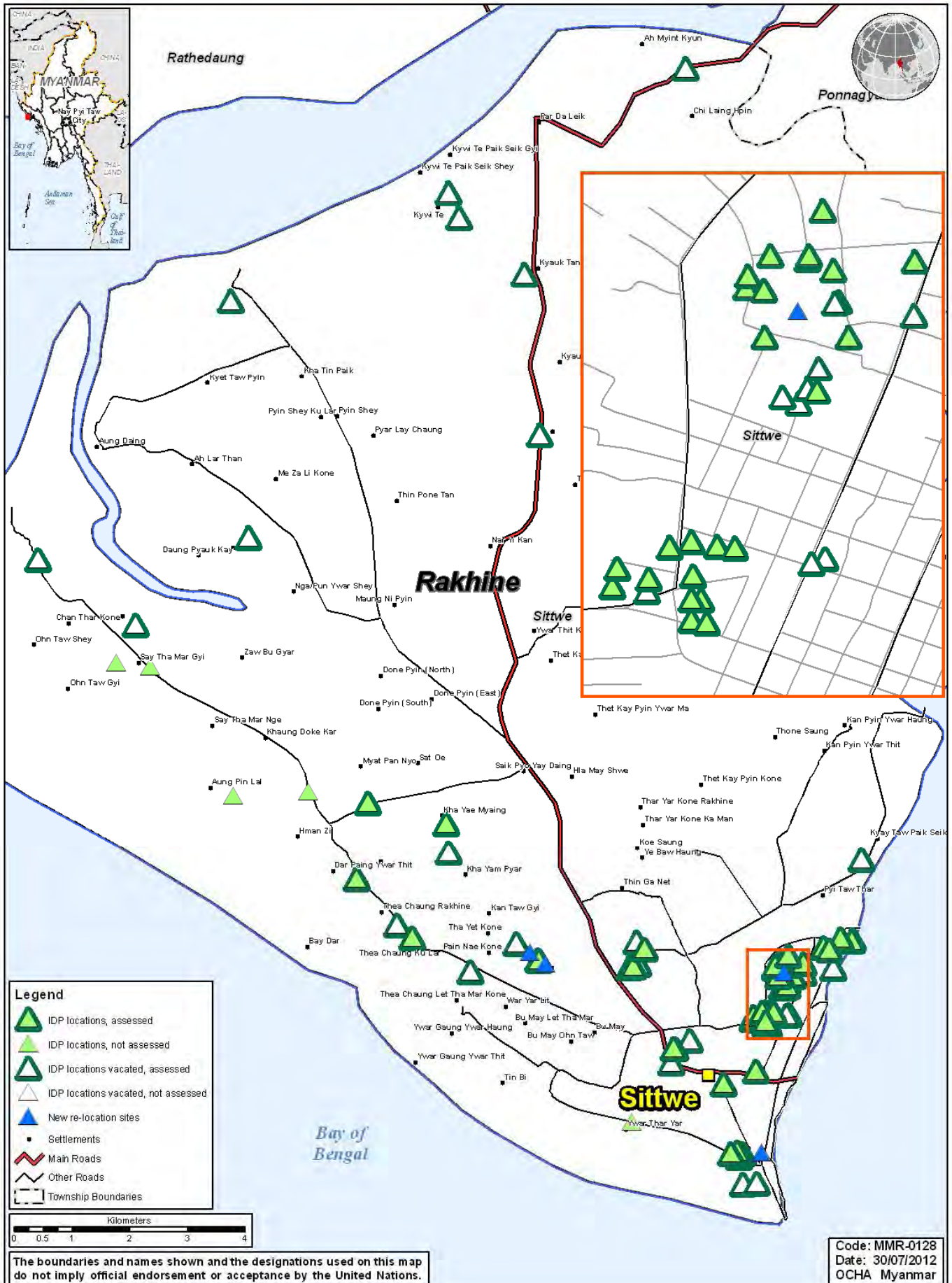
The IDPs are hosted in, – often overcrowded, - public buildings (schools, monasteries, mosques, etc), with host families and in tents pitched in between houses of pre-existing villages on the outskirts of Sittwe. In Sittwe, the Government is setting up several IDPs camps for each of the communities in barrack-style group structures to accommodate the displaced until a longer-term solution is found. The Government indicated that it will take longer to resolve the issue of displacement in Sittwe Township than in other parts of the State and is looking



Current situation

at a comprehensive township planning exercise.

Reports of incidents have substantially decreased although tensions continue to be recorded. In Sittwe, Government offices, banks, markets, basic education schools and the Government Technical College have reopened since early July. In Maungdaw, the situation remains tense with continued



presence of military patrols on the streets. Shops are usually open until midday in some quarters.

The Government has organized three high-level missions, led by the Union Minister of Defense and Minister of Border Affairs, with participation of the Minister and Deputy Minister of Social Welfare, Relief and Resettlement and the Deputy Minister of Immigration. Senior officials of the Rakhine State Government, led by the Chief Minister and other government officials from the Union and State levels administration have joined. Encouragingly, UN and NGOs were invited to participate, and join in the coordination of priorities and plans for intervention of the Government-led humanitarian response.

Since the beginning of the violence, the Government has been providing assistance such as food, shelter, non-food-items (NFIs) and medical supplies to IDPs, with the support of the international community. The UN Resident and Humanitarian Coordinator (RC/HC) expressed on several occasions the readiness of the UN and partners to assist the affected people, in line with the humanitarian principles of neutrality and impartiality, and provided that the safety and security of staff are assured. As the security situation improves across the region, additional UN/NGO staff are being redeployed, and relief supplies are being dispatched to respond to affected people's needs.

Several provocative statements have been made by organizations against communities and against UN and NGOs, and this has hampered assessments and delivery of relief support to the victim of the violence in the region. Steps taken by the Government in reducing misperceptions by elements who have accused humanitarian agencies of being partial to one of the groups affected.

An inter-agency multi-sectoral rapid needs assessment was conducted between 25 June and 10 July in 121 locations in four townships (109 in Sittwe, four

Number of IDPs as of 29 July 2012

	Male	Female	Children	Total
Sittwe	14,221	17,850	29,420	61,491
Maungdaw	813	856	660	2,329
Total	15,034	18,706	30,080	63,820

Source: Rakhine State Government

in Rathedaung, seven in Maungdaw, one in Pauktaw), covering 107,886 IDPs (18,697 households). Findings indicate that, at the time of the assessment, the majority of IDPs were located in Sittwe (17,878 households or 104,383 people) with some numbers of people displaced in Maungdaw (680 households and 2657 people), Rathedaung (118 households and 749 people) and Pauktaw (21 households and 97 people).

Although disaggregated data is available only for 97 out of 121 assessed locations, the findings indicate that 53.8% are female and 46.2% are male. The assessment with disaggregated data for age groups indicates that the percentage of children under eighteen cohort is 55.7%, under twelve is 42.9%, under five is 15.9% and the under two is 5.7%. Among individuals with special needs, the survey identified 17 unaccompanied minors (0.03%), 713 female- or child-headed households (1.07%), 60 chronically ill and 85 persons with disabilities (0.13%).

The assessment identified major needs in food, shelter, NFI, WASH and health sectors as the majority of the people relied on food assistance and were accommodated in living conditions with high population density. Access to sanitation facilities and drinking water was also a challenge. The need for continuing and strengthening of healthcare provision was also highlighted.

Since the assessment was carried out, a number of IDPs locations have closed down, as people whose properties were not destroyed gradually returned to their communities of origin. As of 29 July, the government indicate that some 64,000 people remain displaced and are accommodated in 58 camps in Sittwe and Maungdaw townships. Needs, however, continue unabated.

The Rakhine crisis response plan takes into consideration the results of the above mentioned inter-agency rapid assessment as well as the response priorities indicated by the Government and affected communities. Details of assistance provided, and gaps, are available in the sectoral analysis section.



Planning assumptions

- The Government has the primary responsibility for the immediate humanitarian response and will lead and implement direct assistance provision in all affected locations. Access to livelihoods and basic services is guaranteed to the entire population of Rakhine, irrespective of their status, to reduce aid dependency.
 - At this stage, this plan will focus only on life-saving interventions for a planned caseload of up to 80,000 persons, including IDPs and the most vulnerable in host communities that have been directly impacted by the incidents and that are not included in previous interventions. Partners will also be able to carry out activities ongoing prior to the crisis, across Rakhine State as failure to do so will result in a major humanitarian crisis in view of existing vulnerabilities. In addition, partners will be able to reach populations who may have been indirectly impacted by the crisis in terms of access to services and livelihoods, for assessment and appropriate intervention.
 - Partners will provide assistance to complement and support Government efforts and will operate in the full respect of the basic humanitarian principles of humanity, impartiality, neutrality and 'Do No Harm' principles as it has been the case in many emergencies that affected Rakhine State over the years, such as in the response to cyclone Giri. Interventions will aim to respect humanitarian SPHERE standards.
 - A conducive environment for humanitarian partners to operate is going to be guaranteed, and all affected people, including residents, are accessible across the entire State. UN/NGOs staff will be authorized to operate in all areas of Rakhine State under the protection of the Government and this will enable them to attend office and operations duties and to discharge their tasks in any area where any intervention takes place.
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- IDPs live in overcrowded conditions
- Steps taken by the Government in reducing misperceptions by elements who have accused humanitarian agencies of being partial to one of the groups affected will be stepped up, including through public statements in support of humanitarian partners. This will address security concerns for staff and reduce the reluctance of some community leaders to allow UN and NGOs to provide assistance to the affected population according to assessed needs.
 - Since the beginning of the crisis, the Government has declared that separation of communities was a temporary measure to bring the security situation under control. The humanitarian community stands ready to engage with the Government to support the identification of immediate, medium to long term interventions needed to ensure a rapid return to normalcy, including confidence, reconciliation and trust-building efforts aimed at reducing tensions and addressing long standing concerns.
 - The plan covers a period up to December 2012. Planning assumptions will be revised in September. Adjustments may be required in light of the dynamics of the situation and possible population movements.

Funding requirements: Jul-Dec 2012

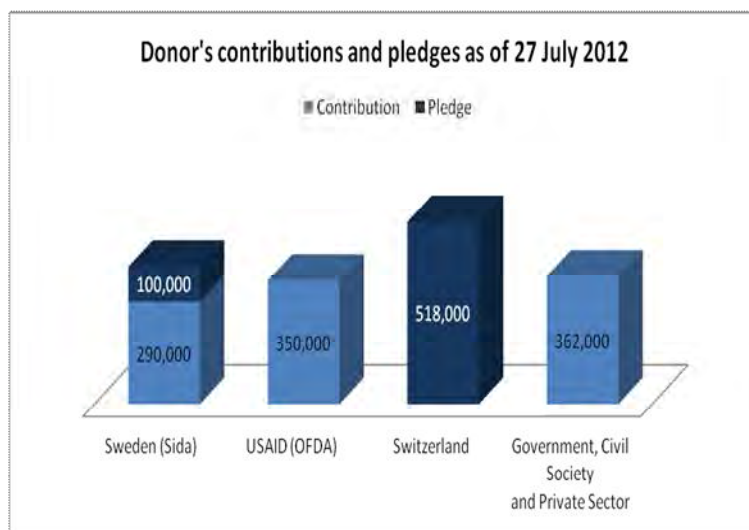
Sector	Requirements (US\$)
Education	500,000
Food	7,200,000
Livelihood	3,084,079
Health	418,468
NFI	2,194,664
Nutrition	1,300,000
WASH	3,900,000
Protection	1,380,818
Shelter/Camp Management	12,525,282
TOTAL	32,503,311

Whilst partners are redoubling their efforts and use all available resources to respond to the needs of the affected population, additional support, amounting to some US\$ 32.5 million is required to continue implementing critical life-saving interventions for the period July through December 2012.

Partners estimate that relief assistance will be required even if the situation was to normalize in the coming months, as most of the IDPs have lost their

possessions, their sources of livelihood and social services will also take some time to become fully functional again.

As of 10 July, Government sources indicated that donations from the Government, private companies, different religious groups and individuals amounted to over US\$360,000. International donors contributed/pledged US\$1.2 million to support relief operations in Rakhine State.



Sectoral overview of needs, priorities and strategies

Education

In Sittwe township, the total estimated displaced children population is approximately 6,000 for the 3-5 age group and 10,000 for the 5-10 age group¹. While some of the new relocation sites outside Sittwe town are located close to villages with a school building, those schools cannot accommodate the large number of additional IDPs children. A similar situation is recorded for IDPs sites within the town perimeter. Most camps reported insufficient school materials and poor availability of drinking water and sanitary facilities. Very few camps reported having child-friendly spaces. As some of the IDPs were hosted in six school buildings, once the displaced population returns, some repairs will be needed. Security concerns led to a serious shortage of teachers and early-childhood development (ECD) facilitators in the camps.

In the three northern Rakhine townships, most schools are still closed as teachers are unlikely to resume activities in the near future due to security concerns. Apart from four IDP camps for the displaced communities in Maungdaw, the availability of school buildings and education supplies is largely sufficient in Buthidaung and Rathedaung.

Ensuring access to education is the right of every child, which is also true during emergencies. But in particular in the absence of child-friendly spaces, schools also function as a place to protect children against exploitation and harm and enable

the delivery of other life-saving interventions such as water and sanitation services. In a post-conflict setting, schools are finally a place for peace education and psychological rehabilitation which potentially paves the way for longer-term reconciliation and conflict resolution.

Sectoral response priorities include:

- Construction of 64 temporary learning facilities² in IDP locations in Sittwe and in northern Rakhine, with water and sanitation facilities, to accommodate up to 10,000 IDP children³ (30% of 3-5 year-old and 80% of 5-10 year-old);
- Mobilization/training of 320 community teachers and 64 ECD facilitators;
- Provision of 300 blackboards for 64 learning spaces and damaged schools (5 blackboards for each learning space; 4' x 4' Plywood with paint);
- Provision of 5,000 plastic chairs and 1,250 tables for 10,000 students (4 students per table);
- School kits for 64 learning spaces and 113 schools in Sittwe (21 items in each school kit to facilitate the teaching process);
- Recreation kits for 64 learning spaces and 113 schools in Sittwe;
- Provision of essential learning packages to 20,000 and textbooks to 12,000 students.

The total requirement for the interventions identified above is US\$500,000. In the medium term, provisions for repair of schools that are currently hosting IDPs will be required. This intervention, however, is not encompassed in the current plan.

Food

Findings of the multi-sector rapid needs assessment within the displaced camps in Rakhine State indicated that:

- in 92% of the IDP camps food assistance is one of the top three food sources;



¹ These estimates for different age-groups are based on age-specific population data from HMIS (Health Information Management System, 2009) for Sittwe township and these percentages (8% for 3-5, 12% for 5-10 and 19% for 5-14) applied to the total number of IDPs identified as target group in the plan.

² 30' x 45' x 9' shelter with hard wood post, bamboo wall and CGI roofing sheet.

³ Each TLS caters for 160 students with a two-shift system.

⁴ Total of 10 teacher trainings and 10 ECD teacher trainings (20 days each).

- 97% of households are receiving some form of food assistance (from WFP, NGOs, or church/monastery);
- 55% of the camps have access to functioning markets and one third of camps report purchasing food as one of the top three means of acquiring sustenance;
- 93% of the households in camps have less than one month food stocks while 83% of households in Sittwe IDP locations reported having less than one week's supply of food;
- 84% of households are using mild coping mechanisms for the time being but more severe coping mechanisms are likely to ensue if additional food is not delivered.

This data indicates that although the majority of the population in camps is receiving life-saving food assistance, there is a need for continuing delivery of aid given the low stocks reported. However, it was noted that, despite most households reporting access to food assistance, a number of them are still reducing meal sizes. This could be a result of sharing food rations with their host population, especially since Sittwe is already a relatively high food insecure area, according to the last Food Security Information Network analysis.

WFP started to provide relief support to the affected population in Rakhine State since 12 June and, in the following days, expanded its intervention to cover the main displacement areas in Sittwe, Buthidaung, Rathedaung, Maungdaw and Pauktaw. As of 30 June, over 100,000 people were reached with some 884 MT of food. In addition, in view of the mounting concern over the high malnutrition rates among the displaced population, WFP started distributing fortified blended food to pregnant and lactating women and children under 5 years of age as a blanket nutritious complement. The supplementary feeding monthly ration consists of 3.6 kg of



Preparing for food distribution

fortified blended food per person. Furthermore, WFP plans to resume its annual lean season protracted relief to support to 80,000 beneficiaries in the three northern townships of Rakhine State as soon as conditions permit.

Based on the results of the multi-sector rapid needs assessment and upon request by the Government, WFP, together with its cooperating partners (Save the Children, CDN), plans to continue assisting the displaced population as well as households that have lost their houses and livelihoods in Sittwe and Maungdaw between July and September 2012, with possible extension through December 2012. The estimated caseload for the period of July-September of 80,000 people was not previously included in any food distribution activity by WFP. This group will receive a total 3,553 MT of mixed food commodities (rice, pulses, oil and salt) according to the standard monthly food basket.

According to projections, the same caseload will require assistance between October and December, for an additional 3,533 MT of food. These planning assumptions will be revised in September; adjustments may be required in light of the dynamics of the situation and possible population movements. A food security assessment of isolated communities/villages is foreseen in order to analyze their potential requirements for temporary food assistance, until there is full resumption of market activity and unimpeded access to food.

The total cost of the emergency relief operation in support of the affected population in Rakhine for six months (July-December) is estimated at US\$ 7.2 million, equivalent to over 7,000 MT of food. During the first month of the emergency response WFP utilized its own existing in-country resources. In the meantime US\$ 505,000 has been pledged by Switzerland and WFP submitted a proposal to



Existing food stocks are being distributed

ECHO in support of its relief operations in Rakhine State for a total of US\$ 619,000.

Health

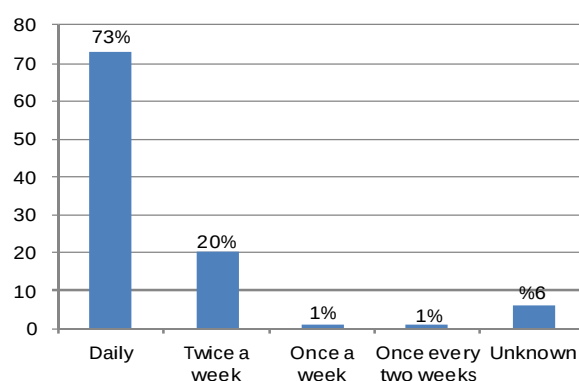
Since the beginning of the crisis, the Ministry of Health (MoH) had dispatched to the affected area a rapid assessment and response team composed of health professionals from different parts of the country to provide health services and treatment to the displaced population in camps.

The conditions brought about by the incidents represented a serious danger to public health. This includes the risk for communicable diseases, diarrhoeal and other water borne diseases, skin diseases, measles and vector-borne diseases such as dengue and malaria

Although no major outbreaks have been recorded thus far, such risk is likely to increase in the short and medium term in view of contributing factors such as poor water and sanitation conditions; constraints for the proper functioning of the health system as access to IDP camps is affected by insecurity; the fact that the referral system for severely ill has been affected; immunization activities⁵ have been temporarily suspended and malaria and cholera are endemic in the region.

The inter-agency rapid assessment findings indicate that over 60% of assessed camps were covered by basic health care services, with 40% of IDPs receiving medical services on a daily or twice weekly basis. Nevertheless, 53% of the sites visited reported to have inadequate medical supplies. No major disease outbreak was found, although some cases of diarrhea (25% of all consultations), respiratory tract infection (24%), skin infections (9%), trauma (9%) and dysentery (8%) were recorded. Although the number of malaria cases was low at the time of the assessment, the risk of malaria outbreak maybe considered high as the rains have started and as 98% of IDPs have reported at the time of the assessment to have inadequate or insufficient mosquito nets. Given the fact that most of the sites are located in overcrowded public places with limited access to hygiene facilities, environmental health conditions are likely to deteriorate. Since 55% of the displaced are female, special health care services including reproductive health interventions need to be strengthened. Life saving skilled delivery and reproductive health care, including family planning, postpartum and newborn care services need to be in-

Percentage of IDPs receiving basic health care services on site



tensified.

Since there are some reported cases of trauma, mental health and psycho-social care/support are also urgently required. Special support and continued treatment for elderly, physically disabled and chronically ill persons (with special reference to TB/HIV) appear to be needed. Additional resources, including medicines for chronic diseases such as TB and HIV, and additional health professionals are required to sustain the level of services provided. Given the security situation, referral services remain a challenge and there is a need to strengthen effective referral services for severely ill cases.

WHO, UNICEF and UNFPA have provided 40 Inter-agency Emergency Health Kits (IEHK), six Diarrhoeal Kits and 400 clean delivery kits and 2,000 dignity kits and contraceptive as well as other essential medicines.

Health partners, under MoH leadership, will coordinate activities in order to reduce avoidable additional deaths and suffering by addressing the major health risk factors, prioritizing the below interventions that arise in the aftermath of the disturbances in Sittwe, and by providing health care services to affected populations in which the strategic directions will be as follows:

1. Provision of emergency health care and strengthening of health services;
2. Prevention and control of communicable diseases and disease surveillance to detect and respond rapidly to outbreaks;
3. Coordination with health partners.

Provision of emergency health care and strengthening of health services includes:

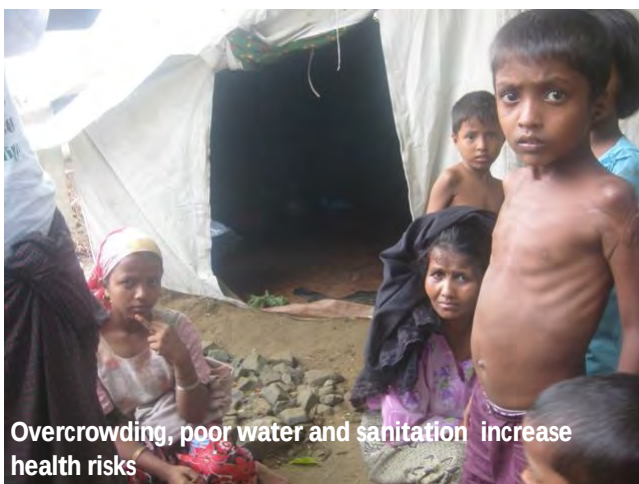
- Provide Supplementary IEHK kits for emer-

⁵ Prior to the disturbances, the area was prioritized for intense immunization campaigns

- gency and trauma care;
- Support mobile teams for outreach health services;
- Support mobility of health staff through provision of transportation services;
- Support referral services for acutely ill patients and high risk pregnant women;
- Provide mental health and psychosocial support to affected community;
- Ensure continuity of health services for chronic diseases such as TB, HIV and other diseases;
- Provide essential medicines for the treatment of diarrhoea, ARI/Pneumonia, malaria and common illnesses for children and women;
- Provide Emergency Obstetric care and maternal health care including access to contraceptives.

Prevention and control of communicable diseases and disease surveillance to detect and respond rapidly to outbreaks include:

- Strengthening integrated disease surveillance, outbreak detection and rapid response;
- Support State Health Department for the set-up of Early Warning and Response System (EWARS);
- Train and support local NGO volunteers on surveillance of diseases and events and on prevention of common communicable diseases;
- Facilitate mobility of key health personnel and MOH's Rapid Response Team for active surveillance, prompt investigation of cases, active search of cases and verification of rumors on outbreaks;
- Collection, compilation and analysis of surveillance data to direct actions, monitor disease trends, generate maps, reports and communicate to all partners;
- Provide funds for sample collection and delivery to National Health Laboratory (NHL) in Yangon in case of disease outbreaks;



- Support dissemination of health education on prevention of common illnesses and correct treatment seeking behavior;
- Support resumption of immunization services and control of malaria and other mosquito borne diseases;
- Provide technical assistance for capacity development for minimal initial service package (MISP) for Reproductive Health in emergency for humanitarian actors and to address gender-based violence.

Coordination with the health partners at both national and state levels includes:

- Collect data from health partners, analyze and provide updates, and manage and distribute health-related information to strengthen decision making;
- Health Sector partners will have the overall responsibility for project monitoring, evaluation and reporting.

From the above strategic Interventions the expected results are:

- Improved access to emergency care and basic health services at health facilities and mobile outreach health teams;
- Strengthened disease surveillance and dissemination of health information for action;
- Effective outbreak response and disease control interventions;
- Strong coordination at central level (Yangon) and State/ township level (Rakhine) .

Under the overall leadership of the Ministry of Health / State Health Department, the plan will be executed by health sector partners.

An evaluation may be conducted in December 2012 subject on the availability of funds to review achievements/constraints/challenges. This will serve as a basis to further plan for recovery/ rehabilitation activities.

The total requirement for implementation of above mentioned activities is estimated at US\$418,468.

Livelihoods

The Interagency Rapid Needs Assessment provided some indications of the livelihood conditions of IDPs and was complemented by a more specific UNDP livelihood assessment (LA) covering 61 camps in Sittwe and four in Rathedaung Township. The LA also managed to gather information from

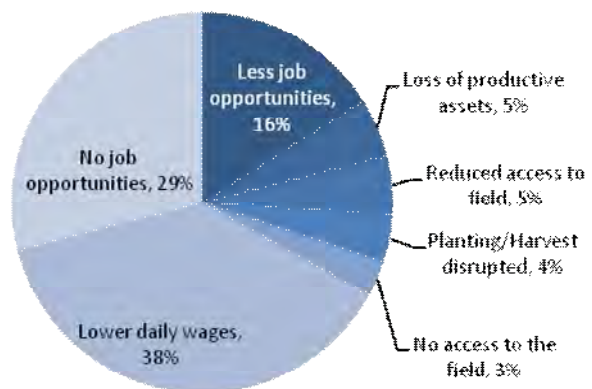
IDPs on the situation in six villages in Maungdaw⁶. Information for an additional three affected villages in Maungdaw has been requested from the Ministry of Border Affairs in view of the reluctance of IDPs and the Camp Management Committee. Data for these three locations is expected to be available by the end of July.

Rapid needs assessment findings indicate that the livelihoods of all the affected households have been partially or fully impacted by these events. Assessment data indicates important differences between Maungdaw and Sittwe townships in terms of how the current shock has impacted livelihood opportunities. In Maungdaw, 85% of households reported no access to their fields while nearly 60% of planting and harvesting activities were interrupted. An impact on immediate income generating opportunities was also reported by a significant percentage of households in Maungdaw Township. In contrast, the majority of households (65-70%) in Sittwe Township reported an impact on employment opportunities, 70% indicating that finding work was one of the main challenges. These findings suggest possible longer term impact on livelihoods in Maungdaw that should be considered during any future resettlement.

Some 22.9% of the affected households have lost their crops in part or in full, and 39.1% lost their harvested stock. Similarly, 21% of affected households lost their boats and 21.9% lost their fishing nets. A total of 28.6% lost buffaloes, 30.4% cows, 42.8% pigs, 25.7% goats, 55.2% chicken, 31.4% ducks and 5.9% lost other livestock (sheep, donkey or horse).

The LA for six villages in Maungdaw indicated that the entire population (361HH, 1,591 people) was displaced as all their houses were burnt and their entire livelihood lost. Before the crisis, 43.3% were engaged in agricultural production, 4% in fishery activities, 22.5% had livestock, 8.8% had micro and small enterprise, 19% was working as casual labor. Those engaged in casual labor were landless, engaging in the agriculture and fisheries sectors, especially the larger fish and shrimp ponds. In these villages, 683 acres under agricultural crops have been completely damaged (paddy 101 acres, orchard/perennial tree 365 acres, betel vine 7 acres, banana 27 acres and other crops 183 acres). Some 99.4% of the livestock was lost, including 610 cows (96.8%), 8 buffaloes (100%), 72 pigs (100%), 3,301 chickens

Loss of livelihoods—inter-agency rapid assessment



(100%), 259 goats (98%) and 35 others small animals (100%). There was no loss of fishing boats and nets reported.

Findings of LA in 61 IDPs camps of Sittwe and of four camps in Rathedaung indicate that IDPs need access to livelihoods. Some 78.6% of them indicated interested in livelihood and income generation activities such as vegetable growing (9.3%), livestock raising (13.6%), fishery (9.2%), trishaw transportation (10.6%) as well as micro and small enterprises (57.3%) based on the availability of resources in the camps, their own experiences and skills and access to market. In Rathedaung Township, out of a total of 132 displaced households, 85.7% indicated their interested in livelihood and income generation activities such as growing betel (3.8%), fishery (12.9%), trishaw transportation (3.8%) and micro and small enterprises (79.9%). Results are indicated in the table below.

The recent conflict has caused substantial damage and loss to productive assets e.g. farming tools, crop fields, livestock, fish and shrimp farms, orchards, as well as livelihoods-supportive infrastructure. The Government has stressed the need to provide livelihoods support to the victims in Maungdaw once they return to their place of origin. Livelihood support for those in Sittwe camps is of concern, as this group is likely to remain displaced for a longer period of time. Immediate support for restoring the livelihoods of the IDPs, and the assets to achieve this, is crucial to ensure that these people regain a sense of normalcy and avoid becoming aid-dependent.

⁶ Baw Di gone; Kan Thar Yar, Kine Gyi; Sin Ma Kyat, Swe Yin Aye and Tha Re Kone Baung villages.

⁷ Some 701 families x 3 months x 25 days per month x Ks. 2000 per day = Ks. 105 M or US\$ 123,271.

Priorities for camp-based livelihood support identified by IDPs

Activities	Sittwe			Rathedaung		
	# camps interested in livelihood activities	# Interested HH	% of the Total HH	# camps interested in livelihood activities	# Interested HH	% of the Total HH
Small Scale trading	57	748	6.8	1	50	37.9
Grocery	27	1,082	9.9	2	4	3.0
Snack making	25	229	2.1	1	23	17.4
Montee Selling	5	61	0.6	2	21	15.9
Sewing	15	361	3.3	1	1	0.8
Knitting	10	10	0.1	2	5	3.8
Carpentry	12	414	3.8	1	1	0.8
Mason	10	224	2.1	-	-	-
Trishaw Transport	57	1,153	10.6	1	5	3.8
Fishing	26	1,010	9.2	2	17	12.9
Vendor	24	3,129	28.7	-	-	-
Vegetable growing	8	1,020	9.3	-	-	-
Livestock breeding	8	1,480	13.6	-	-	-
Growing Betel		-	-	1	5	3.8
Total		10,921	100.0		132	100

For the 680 displaced households assessed in Maungdaw and 21 in Pauktaw included in the rapid assessment and LA, the livelihood sector identified a support package at village level as follows:

- Job creation through cash-for-work for villages' debris cleaning; cleaning of houses and shelter construction; cleaning of agricultural land and repairing/renovation of road, water supply systems and other village infrastructure⁷;
- Cash grants or in-kind support, for the replacement of immediate livelihood assets and livelihoods recovery through agriculture, livestock, fishery and micro-small-medium enterprise based activities⁸; and
- Technical assistance and monitoring support⁹.

Camp-based livelihoods support will target about 14,000 households, as per priorities identified by IDPs (see table above). Additionally, some cash for work opportunities will also be provided to all households to ensure availability of cash. Activities include:

- Job creation through cash-for-work for the essential activities agreed by respective camp management committees¹⁰;
- Support for feasible/identified livelihoods activities and necessary skills based training¹¹; and
- Technical assistance and monitoring support¹².

In total, village and camp-based emergency and early recovery livelihood activities amount to a total of US\$ 3,084,079 until December 2012. No resettlement and construction works are covered by this cost.

Nutrition

Nutrition sector partners carried out a joint rapid nutrition assessment, based on MUAC measurements and or the presence of oedema, in Sittwe in early July. Results indicate a 23.4% prevalence of Global and 7.5% of Severe Acute Malnutrition in the IDP locations assessed. Partners indicate that the situation is of particular concern, requiring emergency intervention in view of aggravating factors such as the deterioration of the nutritional situation and absence of acute malnutrition treatment. The high prevalence of respiratory and diarrheal diseases in screened children and the fact that the rainy season is well under way is also a concern.

Findings indicate that some 2,000 acutely malnourished children are facing high risk of mortality. This figure includes 650 children in severe condition in need of therapeutic feeding and nearly 9,000 children in need of supplementary feeding. The study also indicates an urgent need of blanket supple-

⁸ Some 701 families x US\$ 300 = US\$ 210,300.

⁹ Some 20% of the cash-for-work and grant money, i.e. US\$ 66,714, including administrative costs.

¹⁰ 14,100 families x 1 month x 25 days per month x Myanmar Kyats (Ks) 2,000 per day = Ks.705 million or US\$ 826,495.

¹¹ 14,100 families x US\$ 100 for six months = US\$ 1,410,000.

¹² 20% of the cash-for-work and grant money i.e. US\$ 447,299.

mentary feeding and therapeutic feeding interventions. It also reveals that an estimated additional 2,500 children in a marginal state, and likely to develop acute malnutrition if adequate food, health-care and water and sanitation are not provided.

The National Nutrition NNC/MOH, together with ACF, SCF, UNICEF and WFP are coordinating activities. UNICEF has provided the State Health Department with 300 cartoons of “Ready-to-Use Supplementary Food” (RUSF) for 6-59 months old children. WFP has also started supplementary feeding for pregnant and lactating women and children under 5 years of age.

Priority activities for the sector include:

- Nutrition assessments (SMART) followed by case-finding, referral as well as monitoring and surveillance activities;
- Therapeutic feeding to prevent 650 severely acute malnourished children from elevated risk of mortality¹³;
- Supplementary feeding for 9,000 children to prevent severe acute malnutrition;
- Micronutrient supplementation to save 12,500 pregnant and lactating women and under-five children from micronutrient deficiencies and consequent mortality;
- Infant Feeding in Emergency, protecting and promoting breast feeding and preventing Breast Milk Substitute to save some 10,000 infant and children from high risk of dying by contamination, disease and malnutrition;

The nutrition partners estimated a total fund requirement of US\$1.3 million for an estimated 80,000 people targeted by this plan. This cost does not include interventions already carried out by partners nor the WFP supplementary food distribution costs.

Shelter, Camp Coordination/Camp Management (CCCM) and Non-Food Items (NFI)

Shelter

Despite constant fluctuations in the number of displaced people in Rakhine State, there are clear indications of the urgency of needs for shelter and basic relief items. IDPs are currently accommodated in schools, churches, monasteries, community centers and temporary camps in Sittwe and Maungdaw. A number of IDPs who were displaced immediately

after the conflict across the state did return home.

Living conditions are challenging, particularly in larger camps and public buildings where the population density is high. In Sittwe, the three largest IDP locations host people in extremely overcrowded and unsafe conditions, with limited access to health, water and sanitation facilities.

Although the displacement situation in the remaining townships appears to be less challenging, shelter needs continue to be a priority, particularly in Maungdaw where, according to the Government, some 474 houses were destroyed during the incidents.

The shelter needs in the two locations underscore two different circumstances and will require two different interventions. While in Maungdaw the focus is to be on shelter reconstruction aimed at offering a permanent return solution for IDPs, the situation in Sittwe requires a temporary shelter response. To decongest current IDP sites and provide more suitable temporary shelters for displaced communities until a longer term solution is found, the Government has identified, so far, 13 locations for construction of at least 820 temporary ten-unit shelters. Return of the large portion of this group is unlikely to take place immediately, and the Government has indicated a timeframe of up to 2-3 years. This is due to ongoing tensions, which are still running high, and depends as well on a government-led town planning exercise which envisages the extension of the urban area towards the north-west. While the humanitarian community is seeking clarity from the Government on its medium to long term planning for return it is imperative is to move the displaced families from the overcrowded and unsuitable public buildings, monasteries and tent villages to more appropriate shelters so as to provide them with a safe location

Temporary shelters for IDPs in one of the Sittwe camps. Photo by the Government



¹³ Pregnant women (PW) 2.7%, Lactating Women (LW) 2%, U5 children 12%, 6-59 months children 10.8% (children 14,000; PW/LW 6,000 (rounded figures) of the total population covered by the plan of 80,000 individuals) on basis of Myanmar pop proportion guided by NNC-MOH.

and access to basic services until their return home becomes feasible.

Considering the information available, the shelter emergency response plan at this stage includes the current needs in Sittwe and relies on current population estimates for the 13 camps.

In Sittwe area it is estimated 15,000 temporary family unit shelter spaces (or 1,500 ten-unit shelter as per Government terminology) will need to be established to temporarily house IDPs until the Government finds a permanent housing solution. UNHCR has advised the Government on the minimum international SPHERE standards (3.5 m² per person), which is being used in other displaced situations in the country (timber/bamboo pillars, bamboo/plywood floors and walls and CGI roofing¹⁴). The site planning process will be guided by safety, privacy and health considerations. Compliance with these standards, however, will be contingent on the Government's ability to identify sufficient land and its willingness to fulfill these minimum requirements. Site planners and engineers deployed by UNHCR and partners will conduct regular technical meetings with the Government authorities to ensure that adequate awareness about SPHERE requirements guide the implementation process.

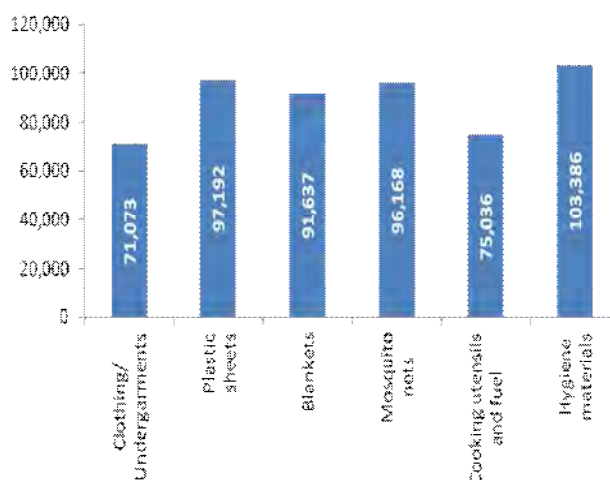
The total requirement for emergency interventions in the shelter sector for activities in Sittwe is estimated at US\$12,137,254 to allow agencies involved in shelter response to provide camp-site planning and shelter building according to internationally accepted standards.

NFIs

Inter-agency assessment findings indicate that most of the IDPs, have less than 25% of basic subsistence supplies such as clothing and undergarments (67% of the total IDPs with less than 25% sufficient items), plastic sheets (90%), blankets (85%), mosquito nets (90%), cooking utensils and cooking fuel (70%), and hygiene materials (96%).

Humanitarian organizations have already commenced NFI distributions. UNHCR has supplied displaced families with more than 6,000 standard and

Number of assessed IDPs without access to NFI



complementary NFI kits in Sittwe, Maungdaw and Buthidaung townships and is dispatching an additional 2,000 NFI sets. UNICEF and Malteser International have also supplied family kits and tarpaulin sheets in less accessible locations directly and through local authorities.

Even if an important number of NFI has been distributed, the actual content of the NFI is different among NFI from different organizations (i.e. organizations use existing stocks and content differs from one organization to another). This actually means that the number of household has received something but not always everything they need (i.e. sanitary material, clothing, etc.). Also, important to point out that many items in each NFI (i.e. complementary kits) need to be replenished eventually.

An additional 10,000 NFI basic and 20,000 complementary family kits are required to cover the gap in NFI assistance, including tarpaulin, blankets, mosquito nets, kitchen sets, hygiene products, clothes and water containers. In view of the high percentage of women among the IDPs (55%), distribution of sanitary materials is a priority for which additional funds are urgently required.

In total, the budgetary requirements for non-food item supplies amount to US\$2,194,664.

¹⁴ All temporary shelters have been calculated based on a family unit of five members. This calculation was done per family unit as the final layout of each camp (i.e. large 10-family unit shelters) and will depend on land available, slope of the terrain, drainage constraints, etc. The calculation respects the minimum SPHERE Standards which states the need to have a minimum space of 3.5 m² (37.67 ft²) per person or 17.5 m² (188.37 ft²) for a family of 5 members. Based on the standards, the size of a family unit emergency shelter has been calculated as 18 x 11 feet. The building will be done with timber/bamboo pillars, bamboo/plywood floors and walls and CGI roofing depending on the availability of the products in the markets. It is important to point out that the same standards are currently in use in the Kachin IDPs humanitarian response.

CCCM

The Government, through the Department of Relief and Resettlement (RRD) of the Ministry of Social Welfare, Relief and Resettlement has started establishing camp coordination mechanisms and appointed camp managers in each of the newly established locations. CCCM systems are urgently required to coordinate services provided to IDPs, monitoring and ensuring that assistance and relief goods are distributed equitably and guaranteeing basic safety and security for camp residents. Humanitarian partners will engage with CCCM activities and will provide technical support for camp service provision and compliance with minimum humanitarian standards.

Additional funds are needed to cover the costs of staff to ensure that regular communication is maintained between relevant state authorities, IDPs and international agencies and to carry out training, awareness sessions and support coordination efforts related to CCCM. Priorities identified include:

- Capacity building and training for Government officials, camp managers and sector focal persons;
- Communication with camp population and mobilization of people of concern in all aspects of camp life and governance, with particular emphasis on inclusion of women and young people;
- Planning, coordination, monitoring and harmonization of assistance, taking into consideration the ongoing needs of displaced families and host communities;
- Establishment and maintenance of population records, including the identification of those with specific needs such as separated and unaccompanied children, people with disabilities, single mothers, the elderly, single headed households and others;
- Ongoing situation analyses through participatory assessment methods to identify priority needs and existing capacities, resources and coping mechanisms within the displaced communities, and information sharing;
- Maintenance of camp infrastructure and facilities.

The financial requirements for CCCM activities are estimated at US\$ 388,028.

Protection (including Child Protection)

The temporary public centers where IDPs are currently

housed are overcrowded and offer no private space to families. This may heighten the risk of abuse and exploitation, especially among vulnerable individuals such as people with disabilities and children. Overcrowded conditions can also generate conflict and violence, including gender-based violence. It is imperative therefore that new temporary shelters are built quickly and respecting appropriate standards to ensure that such protection risks are prevented. Fears exist that many families will not be able to return to their villages and may possibly face restrictions on their freedom of movement, or suffer discrimination and harassment, and this could further fuel tensions if not adequately addressed.

IDP families indicated that allocation of land to temporary IDP camps and the settlement of property titles for the displaced are issues of concern. Discussions among the shelter sector partners and the Government is ongoing, including on the provision of adequate land size for shelter construction in camps settings to address possible protection concerns and ensure timely detection, response and prevention actions, as appropriate.

Although there is some information about the circumstances in which the affected families left their homes, there are indications that many may have lost their personal and property documentations as they were fleeing, something that is likely to heighten concerns over the lack of status of some individuals.

In order to support the Government-led efforts in protection-related aspects, protection partners identified the following actions for priority engagement with the authorities:

- Identify appropriate protection measures to address the IDPs' and host population's concerns, including security and freedom of movement;
- Management of individual protection cases, including Sexual and Gender Based Violence (SGBV) and child protection, with relevant response mechanisms such as legal counseling and assistance, safety and security measures, psychosocial support and referral to appropriate sectoral services;
- Identification of extremely vulnerable individuals and provision of special assistance determined on a case-by-case basis through standard Extremely Vulnerable (EVI) Individuals criteria;
- Mapping of community and leadership struc-

tures; identification of resources, coping mechanisms and opportunities available within the displaced and host communities during displacement and return;

- Carry out capacity building/awareness activities for local authorities, IDPs and camp management staff.

To achieve these protection activities, agencies will have to deploy additional staff and strengthen their field presence in Sittwe and Maungdaw to be able to start examining the specific protection situation of the displaced. The total budget requirements for protection for the remaining five months of the year total US\$717,513.

Child Protection

According to the rapid assessment findings, some 55.7% of the displaced are children under 18 years of age. Although disaggregated data collected were not complete, we can assume that approximately 44,000 individuals of the total caseload of 80,000 considered for the plan are children. The Initial Rapid Assessment identified small numbers of separated, unaccompanied, and missing children. However, a thorough child protection assessment needs to be conducted to better understand specific child protection issues.

Visits to IDP camps have shown that currently there are no activities targeting children, and that many are still out of school. Overcrowding of IDPs locations is also a concern. Many children appeared depressed and frightened, and the need for psychosocial support, particularly to children, is being prioritized for intervention by the Government, under the leadership of the Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement.

Under the overall leadership of DSW, partners will engage in child protection interventions aimed at ensuring that children regain some sense of nor-

malcy, with particular attention to interventions related to children's rights, their psychosocial well-being, and a conducive environment for the care and protection of children. Priority activities include:

- Training for DSW staff and community members on psychological first aid according to the WHO Psychological First Aid (PFA) guidelines;
- Carry out child protection assessment in all IDP locations, utilizing the Inter-Agency Child Protection Emergency Assessment Toolkit. Findings will be used to refine the child protection response and ensure response to the most vulnerable children;
- Mobilise and train Child Protection Groups around the protection and well-being of all children, including highly vulnerable ones to ensure detection, reporting and referrals to DSW;
- Provide psychosocial support to the affected population, on the basis of contextualised international guidelines;
- Facilitate the establishment of 54 Child Friendly Spaces (CFS) in Early Childhood Development (ECD) Centres and Temporary Learning Spaces. The CFS will support the resilience and well-being of children through community organized, structured activities conducted in a safe and stimulating environment. They will cater for out-of-school children and children aged 10-years and above, who are not attending early childhood or formal education. CFSs will operate after school-hours and at weekends, and provide recreation, life skills and psychosocial support activities, as well as provide a forum for raising awareness of child protection and conducting Psychological First Aid (PFA) training.

Funding requirements for child protection activities until December 2012 totals US\$663,305.

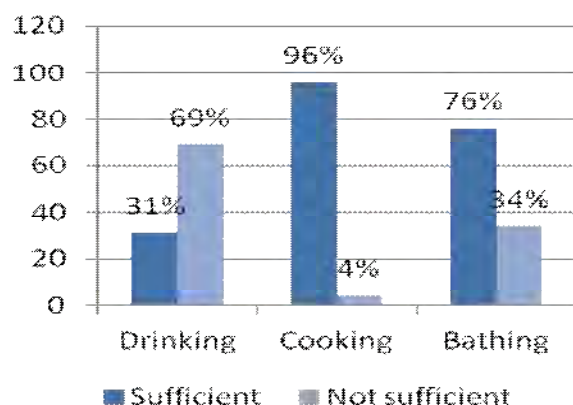
Water, Sanitation and Hygiene (WASH)

Inter-agency rapid assessment findings indicate that while access to water for domestic and hygiene uses is sufficient, availability of safe drinking water is limited (accessible for 31% of IDPs). Due to lack of fire wood and knowledge, over 70% of the assessed IDPs do not boil water before drinking. Only one third of the assessed locations reported to be using different purification methods. At least 63% of the IDPs did not have adequate water storage capacities, such as jerry cans or other types of suitable containers. Over 50% of the



Collecting rain water

Percentage of IDP with access to water



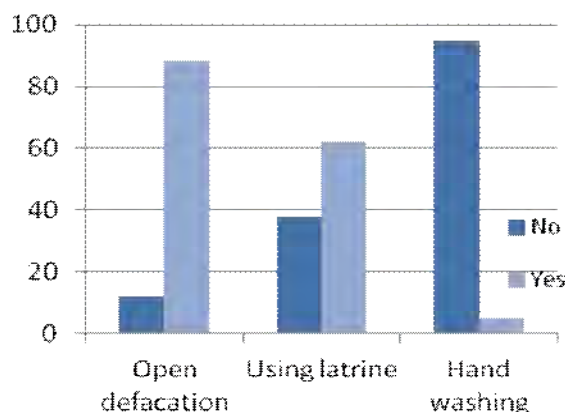
assessed locations need additional latrines, with some camps having only one latrine per 100 people. However, latrine use continues to be limited, with over 35% of the IDPs practicing open defecation. Only less than half of the camps reported to have separate latrines for men and women. Considering the lack of proper facilities, such as regular lighting in 15% of the IDPs sites, safe use of latrines for women at night is also a concern.

Given the fact that the knowledge of hygiene practices was very limited in the areas prior to the displacement, the need for hygiene promotion activities, provision of hygiene kits (soap, sanitary napkins, etc.) is critical. The situation is further compounded by the monsoon rains which can result in stagnant water, and thereby worsen the already poor sanitary conditions in the camps. Most camps (over 55%) do not have waste disposal locations; half of the IDPs dump their waste outside the camp and over 43% dispose of waste anywhere inside the camp. Relevant assistance is immediately required because water-related diseases are among the health problems most commonly reported.

Response activities started at the onset of the crisis. Thus far, UNICEF supported the State Department of Health (SDH) with 15 drums of bleaching



Hygiene practice before the violence



powder, 12,000 bottles of Water Guard, 1,534 sets of pipes and pans and 2,200 water buckets. With support from UNICEF, a local NGO completed the construction of over 150 temporary latrines in 37 camps and distributed 1,000 bars of soaps and 100 buckets. SDH have also built almost 150 temporary latrines together with the Myanmar Red Cross Society (MRCS). MRCS has also installed two emergency water treatment units in The Chaung village in Sittwe, covering eight IDP camps.

WASH partners, under the leadership of the State Minister for Social Affairs, will engage in activities aimed at reaching minimum SPHERE standards, including:

- Distribution of basic hygiene items such as soap, sanitary napkins, toothpaste, etc., which will be required on a regular basis to ensure personal hygiene needs can be met;
- Provision of sanitary latrines and bathing areas. Safe excreta disposal is essential, especially when the IDP populations are in overcrowded camp conditions. Areas for bathing must also be provided to contain wash water run-off. Bathing areas and latrines must be separated for women and men, to ensure privacy and dignity.
- Construction, provision and maintenance of safe water supplies. Each location will provide different opportunities for water supply. Currently rainwater harvesting, springs and groundwater wells are the most common in Rakhine State. Water transportation, storage and purification needs must also be met;
- Operation of safe solid waste disposal and drainage systems: depending upon the location solid waste will either be removed from the camp on a regular basis or disposed of on-site. Camp drainage will have to be maintained by the residents, especially during the rainy

season. The IDP community will have to be motivated and involved in securing a safe living environment within their camps;

- WASH facilities for temporary learning spaces: temporary learning spaces will be required for the children in each camp. These centres will require functioning and maintained WASH facilities, including latrines, hand-washing stations and water supply. Depending upon the location existing amenities can be renovated or temporary new WASH structures established.
- Promotion of proper hygiene behavior. The above facilities and supplies will not be properly utilized unless the IDPs have the knowledge and motivation to practice good hygiene. Behavioral change activities focusing on clean water, basic sanitation and good hygiene will be essential.
- Technical assistance and monitoring to address capacity issues, including for local NGO partners

Water drainage is critical, especially during the monsoon season



to ensure quality provision of supplies and services, will be necessary.

Funding requirements for the next six months are estimated to be US\$3.9 million for a population of 80,000 people in Sittwe and Maungdaw townships.

Coordination arrangements

Government-led coordination in Rakhine State

Sector	Government Lead Ministry	Partners Agencies
Health, Nutrition & Water and Sanitation	Minister of Social Affairs	ACF, CDN, Malteser, MRCS, MSF*, SC, UNICEF, UNFPA, WHO
Shelter	Minister of Forestry	DRC, SC, SI, UNHCR
Non-Food Items	Minister of Planning	ACF, ABCD, DRC, Malteser, MRCS, SC, SI, UNHCR, UNICEF
Livelihoods, Agriculture & Early Recovery	Minister of Agriculture	CDN, DRC, SI, SC, UNDP
Food	Ministry of Planning	CDN, SC, WFP

*Observer status

Since the resumption of instability in June, partners in Yangon and in Rakhine State established coordination arrangements in support of Government efforts to ensure the follow up of the situation and identify steps to assist the affected population.

While the overall coordination of effort is led at the Union level by the Minister of Border Affairs, sector meetings with humanitarian organizations chaired by relevant Rakhine State Ministers are taking place in Sittwe Town. These meetings strengthen field-based coordination, analyze the situation and identify strategies to address issues of concern such as access, promotion of principled humanitarian operations, and ensure that assistance has reached all those in need.

In Sittwe Town, the capital of Rakhine State, the Government has designated focal Ministers for the

coordination of partners by sectors, as per the table above.

With the objective of defining this plan, and to identify current and projected needs and gaps, local and international organizations identified sector facilitators as follows:

Sector	Facilitator(s)
Education	UNICEF, Save the Children
Food security	WFP
Health	WHO
Livelihood	UNDP
Nutrition	UNICEF
Protection	UNHCR
Shelter, CCCM, NFI	UNHCR
WASH	UNICEF

List of Acronyms

ABCD	Association for Better Community Development	MT	Metric Ton
ACF	Action Contre la Faim	MUAC	Mid-Upper Arm Circumference
CCCM	Camp Coordination and Camp Management	MRCS	Myanmar Red Cross Society
CDN	Consortium of Dutch NGOs	NNC	National Nutrition Centre
CGI	Corrugated Iron	NFI	Non-Food Items
CFS	Child Friendly Spaces	NGO	Non-Governmental Organization
RRD	Relief and Resettlement Department of the Ministry of Social Welfare, Relief and Resettlement	NHL	National Health Laboratory
DSW	Department of Social Welfare of the Ministry of Social Welfare, Relief and Resettlement.	PLW	Pregnant and Lactating Women
DRC	Danish Refugee Council	PFA	Psychological First Aid
ECD	Early-Childhood Development	RUSF	Ready-to-Use Supplementary Food
EWARS	Early Warning and Response System	SC	Save the Children
EVI	Extremely Vulnerable Individuals	SGBV	Sexual and Gender Based Violence
HIV	Human Immunodeficiency Virus	SI	Solidarites International
IDPs	Internally Displaced Persons	SDH	State Department of Health
IEHK	Interagency Emergency Health Kits	TB	Tuberculosis
IHLCA	Integrated Household Living Condition Survey	RC/HC	Resident and Humanitarian Coordinator
LA	Livelihood Assessment	UN	United Nations
MISP	Minimum Initial Service Package for Reproductive Health in emergencies	UNDP	United Nations Development Programme
MMA	Myanmar Medical Association	UNFPA	United Nations Population Fund
MoH	Ministry of Health	UNHCR	United Nations High Commissioner for Refugees
MSF	Medecins Sans Frontieres	UNICEF	United Nations Children's Fund
		WASH	Water, Sanitation and Hygiene
		WFP	World Food Programme
		WHO	World Health Organization