

Meeting the Humanitarian Needs of Children in Myanmar 2016

Fundraising Technical Concept Notes



Prepared by Cliff Lonsdale

Layout Design: Khine Zar Mon

Cover Photo: ©UNICEF Myanmar/2015/Kyaw Kyaw Winn

©United Nation Children's Fund (UNICEF)

No. 23 (A), Inya Myaing Road, Shwe Taung Gyar Ward No. (2)

Bahan Township, Yangon, Myanmar

E mail: yangon@unicef.org

www.unicef.org/myanmar

1

Disaster Risk Reduction

Enhancing National and Sub-National Capacity to Prevent, Prepare for and Mitigate Negative Impacts of Disasters and Conflict on Children in Myanmar

Funding Gap ■
US\$ 1.3m (81%)



2

Child Protection

Protecting Children in Emergencies and in Conflict-Affected Areas or Rakhine, Kachin and Northern Shan States

Funding Gap ■
US\$ 5.25m (78%)



3

Health

Improving Humanitarian Health Access to Conflict Affected Communities in Rakhine, Kachin and Northern Shan States

Funding Gap ■
US\$ 4.16m (92.5%)

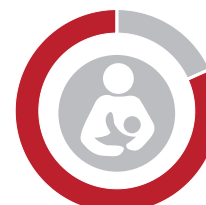


4

Nutrition

Improving Equitable Access to Essential Nutrition Interventions for Conflict-Affected Populations in Rakhine, Kachin and Northern Shan States

Funding Gap ■
US\$ 2.86m (82%)



5

WASH

Providing Equitable and Sustainable Water, Sanitation and Hygiene Services to Conflict-Affected Persons in Rakhine, Kachin and Northern Shan States

Funding Gap ■
US\$ 4m (80%)



6

Education

Ensuring Access to and Improving Quality/Relevance of Education for Children in Internally Displaced Persons (IDP) Camps, Host Communities, and Surrounding Communities in Rakhine, Kachin and Northern Shan States

Funding Gap ■
US\$ 4.51m (96%)



Introduction

While Myanmar undergoes a political transition, ongoing and unresolved conflict in Kachin and northern Shan and inter-communal violence in Rakhine affects hundreds of thousands of children, who continue to be reliant on humanitarian assistance to meet their essential needs.

Persistent conflicts and inter-communal tensions are preventing children from accessing basic services, and limited capacities continue to stand in the way of the delivery of services and results. On the one hand, in Kachin and northern Shan, on-going conflicts are forcing children and their families to be frequently on the move. Violence prevents them from regularly accessing services, and undermines efforts by international humanitarian actors to systematically improve quality and undertake direct monitoring. In Rakhine, on the other hand, restrictions on movement have impaired children's ability to access services and opportunities, and has made them vulnerable to risky migrations.

In addition, major flooding and landslides devastated large areas of Myanmar in August 2015, displacing 1.7 million people, including an estimated 572,000 children. Although most of those affected have now returned to their villages, children continue to experience limited access to basic education and heightened vulnerabilities to violence, trafficking, abuse and neglect.

Through the Humanitarian Appeal for Children (HAC) 2016, UNICEF calls for support to meet the immediate, life-saving needs resulting from communal tensions in Rakhine, and conflicts in Kachin and northern Shan. For the first time, it also includes clear components to reduce and mitigate risks due to natural disasters, to better protect children and save future emergency funding.

In Rakhine, the humanitarian focus of the HAC complements equally important interventions addressing long-term development needs and rights for children of all communities in education, health, nutrition and WASH, as well as initiatives supporting social cohesion, and evidence-based advocacy to lift restrictions of movements. This will build on results achieved under the 2015-2106 Rakhine Action Plan for Children.

Overall, the HAC 2016 reflects the needs of more than 240,000 children and women affected by protracted situations in Myanmar and calls for USD \$24.96 million to provide essential services.

Humanitarian needs will remain as long as no solution is found to violence and restrictions on movements, and it is important that partnerships remain as strong as ever, however UNICEF cannot do this work on its own. Partnerships with the government, CSOs, INGOs and donors have generated short-term and longer-term results for children. We hope the Fundraising Concept Notes will help us better plan needs, make funding more predictable and sustainable, and in turn help us avoid interruptions in services, allowing for incremental improvements in interventions and children's lives.

Without funding

UNICEF will not be able to provide:



Education opportunities for **41,000** primary school-aged children



Essential micronutrient support to prevent acute malnutrition for **23,000** children under five



Support and technical assistance to Government counterparts to prepare for and respond to negative impacts of disasters and conflict on children



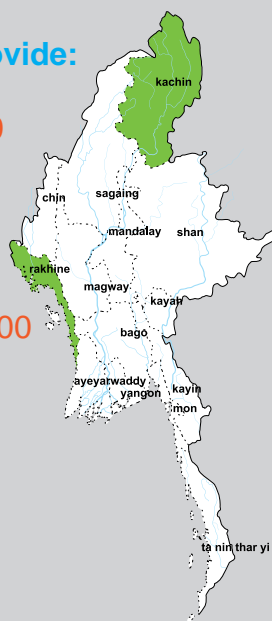
Child protection case management services for over **190,000** conflict-affected children



Immunisation against measles to **34,000** children



Safe sanitation services for **110,000** people



Enhancing National and Sub-National Capacity to Prevent, Prepare for and Mitigate Negative Impacts of Disasters, Climate Change and Conflict on Children in Myanmar

1





©UNICEF Myanmar/2015/Myo Thame

Mitigate Negative Impacts of Disasters, Climate Change and Conflict on Children in Myanmar

Amount	USD 1,687,500
Project Duration	1 Year
Focus Population	Children and communities living in hazard-prone areas of the country, and Government officials from the Relief and Resettlement Department at national and state/region level
Geographic Coverage	Country-wide (All 14 states and regions and the capital region)
Partners	Relief and Resettlement Department, Disaster Risk Reduction Working Group, Department of Social Welfare, Ministry of Education, Ministry of Health, Myanmar Red Cross Society, Ministry of Environmental Conservation and Forestry, Myanmar Climate Change Alliance
Country Programme Outcome	Outcome 108: The regular and humanitarian response is effectively supported through enhanced management, planning, M&E, advocacy & partnership, communication, supply and operational supports
Country Programme Output	Output 108.006: Increased capacity at National and sub National levels to incorporate child sensitive elements in DRR and resilience platforms and actions
Humanitarian Response Plan Objective	3. Enhance the resilience of communities to conflict and natural disasters and contribute to early recovery and durable solutions

1. Background

Myanmar is currently ranked 10th most at risk country in the world to be affected by high impact natural hazards. It is at risk of a cyclones, seasonal flooding, landslides, droughts, fires and earthquakes. In recent years, three category 4 cyclones (Nargis 2008, Giri 2010, and Komen) have hit the coastal parts of the country with devastating impact on children and women. Historical data shows that there have been medium

to large-scale natural disasters ever few years, and between 2002 and 2014 over 13 million people were effected by natural hazards.

Myanmar was hit by devastating floods and landslides in 2015, according to Government figures affecting over 9 million people across the country, and temporarily displacing 1.7 million people.

Natural hazards have been compounded by civil and communal conflicts across the country. These risks are further exacerbated by socioeconomic factors such as poverty, under-developed infrastructure, and vulnerable rural livelihoods. Climate change and variability will further add to these problems; and Myanmar is expected to suffer the highest economic losses from disaster amongst all Association of Southeast Asian Nations (ASEAN) member states.

This interplay of natural hazards and human-induced risks has drastically exacerbated existing vulnerabilities among women and children - both in terms of their socio-economic status, and their access to basic social services such as education and primary healthcare.

In recent years, significant steps have been undertaken by the Government to strengthen disaster risk management to reduce the losses to lives, livelihoods, and other humanitarian and development consequences of potential disasters. Myanmar endorsed the Hyogo Framework for Action in 2008 and more recently the Sendai Framework on Disaster Risk Reduction (DRR); the country is also a signatory of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER).

In order to meet these regional and international commitments, the Government endorsed the Myanmar Action Plan on Disaster Risk Reduction in 2012 with the goal 'To make Myanmar Safer and more Resilient against Natural Hazards, thus Protecting Lives, Livelihood and Developmental Gains'. The Government continued to demonstrate its commitment to disaster risk management by introducing a Disaster Management Law, in 2013 and assorted Rules in 2015. This year the Government inaugurated a National Disaster Management Training Centre (NDMTC), made headway in establishing a national Emergency Operations Centre to provide coordination and leadership to response operations, and took concrete steps to increase awareness among communities through a DRR youth volunteer programme managed by the Relief and Resettlement Department (RRD). The country's national social protection strategy, endorsed in December 2014,

is both comprehensive and innovative, in that it gives prominence to disaster risk reduction and climate change adaptation, in recognition to the impact natural and human-made disasters have on vulnerable populations, especially children. Finally, the Government has put in place mechanisms for enhancing cooperation with development partners through the establishment of the Social Protection and DRR Sector Working Group, led by the Ministry of Social Welfare, Relief and Resettlement and co-led by UNICEF, which guides the incorporation of disaster risk related issues into the Framework for Economic and Social Reforms.

2. Project Rationale

The effort made by the Government to enhance the nation's resilience to disaster, conflict and climate change has primarily focused on improving readiness to offer timely emergency assistance, while a systematic approach to reduce underlying vulnerabilities has received less attention. There have, however, been promising developments in the mainstreaming of DRR in key development policies, including the country's first social protection strategy. Progress has also been made in the area of comprehensive school safety with positive steps taken by the Ministry of Education to incorporate DRR in the Comprehensive Education Sector Review, and in particular in the National Education Sector Plan. Continuous support to the Government is required to ensure that these policy achievements are reflected in the implementation phase all the way down to the community level.

The third World Conference on DRR and the subsequent adoption of the Sendai Framework, the launching of the Sustainable Development Goals and the historical agreement on climate change at the Conference of the Parties in Paris (COP21) have renewed the momentum for ensuring that development gains are safeguarded in the face of disasters and climate change. This resonates strongly in Myanmar where the 2015 unprecedented floods and landslides caused damage and losses equivalent to 3% of the country's GDP. The Government of Myanmar, under the leadership of the Ministry of Social Welfare, Relief and Resettlement, has announced its willingness to review key disaster risk management (DRM) policy

frameworks accordingly, including the Myanmar Action Plan for DRR (MAPDRR) and the Standing Orders on Disaster Management (SO) in 2016; at the same time as accelerating efforts to strengthen the National Disaster Management Training Centre and Emergency Operations Centre. In parallel, the Ministry of Environmental Conservation and Forestry intends to build on the momentum provided by COP21 to strengthen its policy and legal communication and action on climate change adaptation and mitigation.

Although the capacity of the Government of Myanmar to respond to emergencies has increased substantially in the past few years, continuous support is required to ensure that such capacity is consistent at all levels of administrations; and to enable the Government to take advantage of and respond to changes in the national environment, such as rapid development of telecommunications infrastructure, the possibility to utilise social protection programmes for response purposes through cash transfers, expansion of the insurance sector, rapid urbanisation, etc.

With its focus on reaching the most vulnerable children in Myanmar since 1950, UNICEF is uniquely positioned to support the Government in strengthening the country's resilience to disasters, conflict and climate change. As co-chair of the DRR and Social Protection Sector Working Group and member of the DRR WG's Steering Committee, UNICEF has been leading efforts on mainstreaming DRR in social protection and education, as well as supporting the RRD's preparedness and response capacity. In October 2015, UNICEF and RRD signed a joint work plan to be implemented in 2016-17, which formalises the partnership and ongoing collaboration between the two agencies.

3. Project Implementation

Implemented under the umbrella of the joint UNICEF-RRD work plan, the proposed project aims to continue to support the RRD and other key Government counterparts' capacity to prevent, prepare for and mitigate the negative impacts of disasters, climate change and conflict on

children in Myanmar through enhanced disaster preparedness; support for the inclusion of child-sensitive elements in Disaster Risk Management and Climate Change Adaptation (DRM/CCA) policy and legal frameworks; technical and financial support to key DRR, CCA and resilience initiatives; increased coordination and technical collaboration with UNICEF-led humanitarian sectors and clusters; and increased engagement on DRR mainstreaming in sectorial policies and programmes related to UNICEF's core mandate, in particular education, social protection, WASH and health.

Key planned activities include:

Preparedness and response

- Support the establishment of the national Emergency Operations Centre and its linkages with the international humanitarian architecture
- Support DSW and RRD in developing and testing mechanisms to utilise social protection systems and instruments for response and recovery purposes
- Transfer supplies and provide technical accompaniment on supply management to RRD and relevant Government counterparts to meet the immediate needs of children
- Conduct regular information-sharing and coordination meetings between RRD and UNICEF-led sectors/clusters
- Organise technical discussions to define common minimum standards of response in UNICEF-led sectors/clusters

Policy level interventions

- Support post-Sendai DRM policy review (e.g. revision of MAPDRR and SO) and post COP21 climate change policy development processes, with an emphasis on child-centred elements.
- Provide technical and/or financial support to RRD for policy development (e.g. youth volunteer programme strategy, community disaster resilience framework, etc.)
- Support the mainstreaming of DRR/CCA in key sectoral policies and plans, especially education, social protection, WASH, health and nutrition.

RESULTS FRAMEWORK

Expected Project Outcome: Increased capacity at National and sub National levels to incorporate child sensitive elements in DRM and CCA actions

Expected Outputs

Output 1: Government counterparts have increased capacity to prepare for and respond to the negative impacts of disasters and conflict on children in Myanmar

Output 2: Post Sendai and post COP21 national and sub-national DRM and CCA policies and plans are child-sensitive

Output 3: Key resilience initiatives of the Government incorporate elements of child and youth-centred DRR

Output 4: The mainstreaming of DRR/CCA elements in education, health, nutrition, WASH, child protection and social protection is enhanced

Child and youth-sensitive DRM/CCA programmes

- Develop child and youth-focused training courses for NDMTC and support their roll out
- Provide support to other DRR/resilience initiatives and ensure they incorporate child-sensitive elements (e.g. DRR youth volunteer programme, climate change public awareness campaigns).

4. Geographic Coverage and Beneficiaries

The project will have a national coverage but pilot interventions may be required in specific states and regions, for instance to support the implementation of the national DRR youth volunteer programme or the utilisation of social protection programmes for response purposes. Pilot areas will be selected in coordination with Government counterparts based on risk and vulnerability criteria. The direct beneficiaries of project activities will be government officials and departments, while the implementation of new policies as a result of capacity development will impact all people in Myanmar, particularly the most vulnerable including women, children and the disabled.

5. Risk Assessment and Mitigation Mechanisms

Anticipated changes in Government leadership following the 2015 elections may delay the implementation of activities. UNICEF's long-

standing presence in Myanmar and relationship of trust with key stakeholders will be leveraged to ensure that delays are minimised.

So far, a major constraint to the successful implementation of DRR and resilience plans and policies has been the inadequate budget allocated to these initiatives at both national and sub-national level. However, the Government of Myanmar has shown a strong commitment, in particular during and after the Third World Conference on DRR, and during the recent flood and landslide response, which will be capitalised on through a combination of technical support and advocacy initiatives. Limited technical capacity within the Government will also be addressed through an emphasis on capacity development at different levels, including at the local level, through support to the NDMTC.

Finally, tensions between national preparedness and response systems and standards, and those of the international humanitarian community may arise, which will be mitigated through continuous engagement and technical discussions.

6. Partnerships and Coordination

The main partner for the project is the RRD under the Ministry of Social Welfare, Relief and Resettlement. However, other Government counterparts of UNICEF, in particular the Ministry of National Planning and Economic Development, the Ministry of Education, the Ministry of Health and

the Department of Social Welfare (DSW); as well as other relevant departments and ministries such as the Ministry of Environmental Conservation and Forestry will be consulted. Additionally, the project will be implemented in close coordination with the DRR Working Group, of which UNICEF is a Steering Committee member; and the DRR and Social Protection Sector Working Group, which UNICEF co-chairs.

7. Lessons Learnt

Unprecedented floods and landslides in July-October 2015, which displaced over 1.6 Million people and caused damage and losses equivalent to 3% of the country's GDP, were a sad reminder

of the country's vulnerability to climate change and extreme weather events. It also highlighted the decisive role played by the Government of Myanmar in coordinating and leading response and recovery operations. Several lessons learnt and priorities for action have been identified by the Government in relation to DRM and the environment as part of the Post Floods and Landslides Needs Assessment, which have all informed the proposed project, in particular the need to enhance public awareness and community engagement in DRM and the environment; and the necessity to strengthen DRM governance and mainstreaming, as well as continue investing in disaster preparedness.

8. Proposed Budget

Planned Activities for Outcomes	
Direct Programme Costs (all costs in USD)	
Output 1: Government counterparts have increased capacity to prepare for and respond to the negative impacts of disasters and conflict on children in Myanmar	750,000
Output 2: Post Sendai and Post COP21 national and sub-national DRM and CCA policies and plans are child-sensitive	150,000
Output 3: Key DRR/resilience initiatives of the Government incorporate elements of child and youth-centred DRR	250,000
Output 4: The mainstreaming of DRR/CCA elements in education, health, nutrition, WASH, child and social protection is enhanced	100,000
Sub-Total Programme Costs	1,250,000
Technical Assistance and Monitoring Costs	
Management, Operational, Monitoring and Technical Assistance costs	312,500
Total direct cost	1,562,500
Indirect Costs	125,000
Total planned budget (direct + indirect costs)	1,687,500

9. Contact Information

For more information please contact:		
Name	Designation	Email contact
Mr. Bertrand Bainvel	Representative	bbainvel@unicef.org
Ms. Shalini Bahuguna	Deputy Representative	sbahuguna@unicef.org
Mr. Michael Flachaire	Emergency Specialist	mflachaire@unicef.org

Protecting Children in Emergencies and in Conflict-Affected Areas or
Rakhine, Kachin and Northern Shan States

2





©UNICEF Myanmar/2010/Naing Oo Pho Cho

Protecting Children in Emergencies and in Conflict-Affected Areas or Rakhine, Kachin and Northern Shan States

Amount	USD 7,300,800
Project Duration	1 Year
Focus Population	IDPs living in camps or in villages, and conflict-affected persons in hosting communities and surrounding communities. More than half are female, and over eighty per cent are children.
Geographic Coverage	Conflict-affected Townships in Rakhine, Kachin and northern Shan states
Partners	Current partners include: Danish Refugee Council (DRC), Plan International, Save the Children (SCI), and Relief International (RI), Danish Church Aid (DCA), Myanmar Red Cross Society (MRSC), World Vision (WV), Community and Family Services International (CFSI), Handicap International
Country Programme Outcome	Outcome 106: Children in need of support, care and protection are identified by and have access to public social welfare systems
Country Programme Output	Output 106.005: National and international standards are implemented to prevent and respond to grave violations against children as per UNSC Resolutions 1612/1882 and to contribute to on-going peace building including responding to emergencies.
Humanitarian Response Plan Objectives	<ol style="list-style-type: none"> 1. Ensure that the life-saving protection and assistance needs of people affected by conflict and/or disasters are met; 2. Ensure that people affected by conflict and/or disasters have equitable access to basic services and livelihoods opportunities; and 3. Enhance the resilience of communities to conflict and natural disasters and contribute to early recovery and durable solutions.
Humanitarian Response Plan Sector Outcome	<ol style="list-style-type: none"> 1. Protection services are improved, expanded and more accessible 2. Protective environment is improved by mitigating threats to mental wellbeing, physical and legal safety.
CCC Strategic Result	Girls' and boy's rights to protection from violence, abuse and exploitation are sustained and promoted

1. Background

UNICEF and its partners are working together to prevent and respond to violence, abuse and exploitation of boys and girls living in emergency settings as a result of conflict and/or disasters. The country is currently affected by active armed conflict in Kachin and northern Shan states (K/nS), and the effects of the 2012 inter-communal violence in Rakhine State. In the northern Townships of Rakhine State in particular the humanitarian consequences have aggravated the pre-dating human rights crisis of affected populations. As the two emergencies have become protracted, family's financial assets as well as psycho-social wellbeing are becoming increasingly depleted and families can resort to negative coping mechanisms leading to family separation, domestic violence, child marriage, sexual exploitation, perilous migration and trafficking. At the same time, new displacement continues to occur in K/nS, where many families have been displaced multiple times since 2012. Displacement is increasingly occurring in Northern and even Central Shan State.

Myanmar is also prone to natural hazards such as earthquakes, cyclones, floods and fires, which put children at high risk of child protection issues in the aftermath of disasters, such as family separation, sexual exploitation and trafficking and impacts their psychosocial well-being. In July/August 2015, wide parts of Myanmar were affected by flooding and landslides, as well as the impact of nearby Cyclone Komen. Families continue to struggle to recover, raising high protection concerns such as increases in risky migration and trafficking, child marriage, child labour and exploitation.

Rakhine

In Rakhine State, inter-communal violence between Muslim and Rakhine communities has led to forced displacement and isolation of the two communities in camps and within villages with a likelihood of a longer-term segregation and urgent protection risks. As the fourth year of displacement has commenced, frustrations of families are growing and positive coping mechanisms are depleting. Throughout 2015, more and more families, but also unaccompanied children, have

been trying to escape the poor conditions in IDP camps and under-served parts of the state through irregular migration by boat, risking being trafficked. Other phenomena are also on the rise with the protracted nature of the crises, such as early marriage, sexual exploitation, and violence and abuse at home. Adolescents remain underserved in the humanitarian response, and with no formal education nor livelihood opportunities they are at acute risk of adopting negative coping mechanisms. In the northern Townships of Rakhine State, the lives of the stateless population are governed by local administrative orders and related restrictions specifically applied to this population which limits freedom of movement, freedom to marry, limitation on the number of children per family, and the freedom to practice a religion. The population faces abuses such as physical violence, Sexual and Gender Based Violence (SGBV), arbitrary arrest and detention, extortion as well as child and forced labour. Due to the high rate of detention and departure of the male population a high number of households are female-headed and are particularly vulnerable due to the very few livelihood opportunities for women. It can also be presumed that child-headed households, and households headed by elderly looking after children are increasing - raising particular protection concerns.

Kachin and northern Shan

With the ongoing conflict, children in K/nS are exposed to Grave Violations by armed forces and groups, including use and recruitment, sexual violence, occupation of schools, and killing and maiming. Since 2007, UNICEF, as co-chair and secretariat of the Country Task Force on Monitoring and Reporting (CTFMR) on the six Grave Violations against children is managing a Monitoring and Reporting Mechanism (MRM) as per UN Security Council Resolution 1612 to ensure proper referral of child survivors of Grave Violations as well as to document such cases for high-level advocacy, including with the parties to the conflict. This has led to the listing of 8 parties to the conflict including the Government, and to the signature of a Plan of Action in 2012 to end recruitment and use of children by Tatmadaw. Mine/UXO risks are a major protection concern in K/nS, as well as other mine/

UXO-affected areas of Myanmar while awareness remains low. A 2014 Rapid Assessment shows that 90% of children do not know how to protect themselves from explosive devices, while one out of two children reported having seen a real explosive device. As of 30 November 2015, UNICEF and partners documented more than 28 casualties from landmines and other explosive devices. Half of the casualties were from Kachin and Shan state. At the same time, displaced populations in K/nS are also facing protracted displacement, with impacts on positive coping mechanisms. Family separation, early marriage, domestic violence, risky migration and trafficking, as well as drug abuse are increasingly common incidents recorded.

2. Project Rationale

UNICEF is working both with IDP and host communities in order to ensure that programming does not unintentionally exacerbate conflicts, and is linking emergency interventions with longer-term development initiatives to support durable solutions to displacement. Community-based child protection mechanisms play a key role in identifying children at risk of abuse, exploitation, and neglect. These children are provided with life-saving case management interventions by trained case workers including care for survivors of abuse, exploitation and neglect and preventing future violations. UNICEF provides increased access to psycho-social support to conflict-affected children by establishing Safe Spaces in both IDP camps and host communities. Especially for children who are prevented to move freely outside camp, these are often the only safe spaces where they can access free and structured recreational and learning activities to restore a sense of normality and continuity in their life. Since 2014, increasing focus was put on including adolescents in psycho-social support activities. This group has been identified as having increased protection risks, and has been underserved by the response to-date. UNICEF has successfully assisted the Child Protection Sub-Sector in rolling out life-skills programming, with about 5,000 reached in 2015. As of December 2015, UNICEF is supporting partners in the roll out of the 'Adolescent Toolkit for Innovation and Expression', which provides further

guidance for adolescent groups and adolescent projects.

In addition, UNICEF works closely with the Government as well as non-state actors to roll-out mine risk education (MRE) in Government- and non-Government controlled areas. MRE provides children and their families in mine-contaminated areas with vital awareness and knowledge on how to minimize mine risks. In 2015, a Common Toolkit on Mine Risk was adopted by 28 organisations.

UNICEF plays a strong role in inter-agency coordination and collaboration amongst CBOs, international and national NGOs, UN agencies, and Government counterparts, and through regular and sustained interaction with these actors is able to mobilize joint action and set minimum standards to prevent and respond to child protection concerns. Specifically, UNICEF is co-chairing the National Mine Risk Working Group along with Department of Social Welfare, the UN Country Task Force on Monitoring and Reporting on grave violations against children (CTFMR) along with the UN Resident Coordinator, and is also leading the Child Protection in Emergencies Sub-Sector under the UNHCR-led Protection Sector at national and sub-national level (Kachin and Rakhine) which includes specific inter-agency work on family tracing and reunification, as well as on reintegration.

UNICEF, as co-chair of the CTFMR, is supporting the Government to implement the Plan of Action to end recruitment and use of children. As of December 2015, this included monitoring 61 Tatmadaw military facilities including Border Guards Forces, as well as to support the release and reintegration of 699 children and young people, and the continuous operation of a free-of charge reporting phone line to report cases of recruitment and use.. In addition, UNICEF has been building on increased opportunities to engage the seven Ethnic Armed Groups which are known to recruit and use children.

3. Project Implementation

UNICEF has established community-based child protection mechanisms (CBCPM), consisting of male and female community members who are

trained in the identification of child protection concerns and conduct prevention activities in the community. These will continued to be supported and their capacity built.

Currently, the provision of child protection case management by trained case workers is limited to Sittwe, Pauktaw and Myebon Township. To close this gap and to enable more humanitarian actors to provide this life-saving support to child survivors of violence, where there is opportunity, UNICEF will link these efforts up to the nascent national child protection system, which UNICEF supports through DSW.

Psycho-social support provided through access to safe spaces, including adolescents, will remain crucial for conflict-affected populations. UNICEF will continue to support and set standards for safe spaces, so that they are not only a space for psycho-social support but a key space to identify child protection concerns. UNICEF will continue to lead child protection agencies in increasing the engagement with adolescents, through life-skills training and youth clubs.

Due to funding limitations, as of December 2015, there is no child protection programme in the northern Townships of Rakhine State, despite urgent child protection needs. However, UNICEF has secured some funding and is using internal sources to establish a comprehensive child protection programme in 2016. In a phased

approach, UNICEF will establish child protection coordination including service mapping and establishing the vital relations to local authorities, will gradually build the capacity of the local partner to establish of community-based child protection mechanisms, child protection monitoring and life-saving case management interventions, as well as adolescent engagement.

For Mine Risks, UNICEF has supported key scoping studies in 2014 to understand perceptions and knowledge of mine-affected populations. Building this evidence-base, UNICEF has developed a common Mine Risk Education toolkit which was endorsed in 2015 by 28 organisations. Ensuring the use of quality, locally adapted, and field-tested common messaging by all MRE organisations is key for successful MRE interventions. This toolkit will be rolled out across mine-affected areas in 2016, providing affected populations with key knowledge to protect themselves. UNICEF has also successfully negotiated the provision of MRE in areas controlled by the Kachin Independence Army (KIA). UNICEF, in partnership with the Myanmar Red Cross, is also providing emergency mine-victim assistance, including medical transport and assistance with socio-economic reintegration.

For Children and Armed Conflict, UNICEF will continue the co-chair of the CTFMR, cooperate with the Government of Myanmar and the Armed Forces to end the recruitment and use of children, monitor military installations for compliance with



the 2012 Joint Action Plan, monitor and respond to grave violations of children nation-wide. Children discharged from military service will be provided with socio-economic reintegration support through individual case management.

RESULTS FRAMEWORK			
Expected Project Outcome: 190,000 conflict-affected children in Rakhine, Kachin and northern Shan states have improved access to a protective environment			
Expected Outputs	K/nS	Rakhine	Total
Output 1: Children have access to psychosocial support and life-saving case management services, through safe spaces and individual counselling	40,000	150,000	190,000
Output 2: Children, families and communities living in landmines and other explosive devices contaminated areas receive MRE lesson(s) from the trained human resources.	50,000		50,000
Output 3: Children associated with armed forces and armed groups are reintegrated nationwide*	National Target		400
TOTAL	40,000	140,000	190,400

**The target for children released from armed forces and armed groups and reintegrated nationwide is an estimate. The final result will be based on the identification and release of these children.*

4. Geographic Coverage and Beneficiaries

The project targets 190,400 children, in emergency-affected townships of Rakhine and K/nS states. For the work on Children and Armed Conflict, UNICEF's operates nation-wide to identify, release and reintegrate children used and recruited by the Myanmar Armed Forces and Ethnic Armed Groups and to monitor other grave violations against children during armed conflict.

The total indirect beneficiaries will be far greater as a result of improved capacity and systems-building of child protection mechanisms for CBO and government staff. Projects will be conducted in both GCAs and NGCAs of K/nS, as well as expand to underserved areas of northern Townships of Rakhine State.

5. Risk Assessment and Mitigation Mechanisms

Access to some implementation areas can be disrupted due to renewed conflicts (K/nS), or community tensions (Myebon). Community-based child protection mechanism (CBCPM) have proven vital as they have allowed the continuation of life-saving programming in times of limited access. During the April 2014 evacuations of humanitarian

organisations from Sittwe, UNICEF was able to continue programming through CBCPMs, which not only provided vital assistance to children in the camps, but also enabled UNICEF to continue monitoring the situation in the camps.

For further engagement on Children and Armed Conflict, existing ceasefire agreements could not be sustained and or outstanding ceasefire negotiations could not be signed, potentially resulting in less interest of the Armed Forces and Ethnic Armed Groups to end recruitment and use of children. For monitoring and reporting on grave violations during armed conflict, intensified hostilities could prevent CTFMR access to affected communities. UNICEF will continue working with and further strengthen the engagement with local CBOs to encourage reporting and response to violations. As of May 2015, despite many uncertainties, engagement with the Armed Forces and Ethnic Armed Groups remains encouraging.

6. Partnerships and Coordination

As lead of the Child Protection Sub-Sector in Myanmar, UNICEF will ensure that the activities will be implemented in close coordination with other

Sub-Sector members at the national and state level, and will be implemented in collaboration with state and national authorities, including the Department of Social Welfare (DSW), the Myanmar Police Force, including the Anti-Trafficking Unit (ATU), and the Ministry of Defence. Coordination of the CP Sub-Sector at Kachin, Rakhine and at national level, will remain key to ensure consistency of approach, review of challenges and constraints, and implement strategies to address technical and contextual issues that arise.

In Rakhine, the sub-sector played a key role in establishing relations between the humanitarian actors and local authorities and security forces. Established relations were non-existent or sporadic, having an impact on programming such as the reunification of children with parents/caretakers who have been displaced into different camps. Through persistent engagement by the Child Protection coordinator, the Department of Social Welfare (DSW) is now co-chairing the Child Protection Sub-Sector meetings, allowing for the establishment of a more direct link between the authorities and UN and INGOs. In addition, UNICEF organised a training with the Rakhine State Police and the Anti-Trafficking Unit on child-friendly procedures, which served as a crucial entry point for relations with the Police. This opened channels for the CP Coordinator to relate directly to the Rakhine Chief of Police to advocate or intervene for specific child protection cases, including the prevention of individual cases of trafficking or children held for immigration offences. A similar training is planned for January 2016 with the Border Guard police Force in Maungdaw, Northern Rakhine State. In this manner, the Child Protection sub-sector serves as an entry point for wider Protection issues under the mandate of other UN agencies or humanitarian actors.

UNICEF will continue to foster the momentum on Mine Risk through its co-chairing role of the National Mine Risk Working Group along with Department of Social Welfare. UNICEF will continue its role

as secretariat and co-lead of the UN Country Task Force on Monitoring and Reporting on grave violations against children along with the UN Resident Coordinator, through which it works with the Government of Myanmar, notably the Ministry of Defense, the National Armed Forces as well as listed Non-State Armed Groups.

7. Lessons Learnt

Identified as a major gap in mid-2014, UNICEF led the Child Protection sub-sector to expand adolescent programming through the participation of 17 organisations in an inter-agency initiative. Adolescents showed high levels of satisfaction with the programme, and intensified outreach in 2016 will increase inclusiveness. A review in Rakhine revealed that adolescent girls are less likely to be allowed to participate due to conservative community and gender norms. Adolescent boys on the other are hesitant to commit to regular, time consuming activities provided by partners in order to remain available for any work opportunities, even if these do almost never materialise. Thus, programme adaptations had to be made to reach both genders, which includes a more flexible programmatic approach, girls-only home lessons, as well as more individual outreach to adolescents and their families.

As for reintegration of children formerly associated with the Armed Forces and Armed Groups and Monitoring and Reporting Mechanisms (MRM) efforts, UNICEF found that implementing partners needed strengthening technical capacity building and close guidance. In response to this need, three child protection and reintegration trainings for all reintegration implementing partners and the Department of Social Welfare (DSW) were conducted in 2014, providing guidance and training on best practices and minimum standards. In 2015, these efforts are reinforced with a dedicated national staff member providing on-the-job training and close follow-up for quality reintegration programming.

8. Proposed Budget

Planned Activities for Outputs	K/nS	Rakhine	Total
Direct Programme Costs (all costs in USD)			
Output 1: Children are covered by child protection case management services	1,300,000	1,580,000	2,880,000
Output 2: Children, families and communities living in landmines and other explosive devices contaminated areas receive MRE lesson(s) from the trained human resources.	1480,000	0	1480,000
Output 3: Children associated with armed forces and armed groups are reintegrated nationwide*	National Target		1,750,000
Sub-Total Programme Costs	1,780,000	1,580,000	6,110,000
Technical Assistance and Monitoring Costs			
Management, Operational, Monitoring and Technical Assistance costs			650,000
Total direct cost			6,760,000
Indirect Costs			504,800
Total planned budget (direct + indirect costs)			7,300,800

*The budget for Output 5 (release and reintegration of children associated with armed forces) is a national target. It does include children who may be identified and released in both K/nS and Rakhine, but cannot be allocated to individual states.

9. Contact Information

For more information please contact:		
Name	Designation	Email contact
Mr. Bertrand Bainvel	Representative	bbainvel@unicef.org
Ms. Shalini Bahuguna	Deputy Representative	sbahuguna@unicef.org
Mr. Aaron Greenberg	Chief, Child Protection Section	agreenberg@unicef.org



Improving Humanitarian Health Access to Conflict Affected Communities in
Rakhine, Kachin and Northern Shan States

3





©UNICEF Myanmar/2015/Thiha Tun

Improving Humanitarian Health Access to Conflict Affected Communities in Rakhine, Kachin and Northern Shan States

Amount	USD 4,503,256
Project Duration	1 year
Focus Population	A total of 112,000 IDPs, conflict-affected and host communities, including more than 42,000 children under five years of age
Geographic Coverage	Target population located in IDP camps, isolated villages and host communities in conflict affected townships in Rakhine, Kachin and northern Shan states, including government and non-government controlled areas
Partners	Current partners include: Department of Health (DOH), Myanmar Health Assistant Association (MHAA), Myanmar Nurse and Midwife Association (MNMA), Health Poverty Action (HPA), and Kachin Baptist Convention (KBC).
Country Programme Outcome	Outcome 102: Increased national and subnational capacity to provide equitable access to quality, high-impact maternal, newborn and child health (MNCH) services
Country Programme Output	Output 102.004: Preparedness and response for maternal and child health meet the core commitments for children in humanitarian action
Humanitarian Response Plan Objectives	<ol style="list-style-type: none"> 1. Ensure that the life-saving protection and assistance needs of people affected by conflict and/or disasters are met; 2. Ensure that people affected by conflict and/or disasters have equitable access to basic services and livelihoods opportunities; 3. Enhance the resilience of communities to conflict and natural disasters and contribute to early recovery and durable solutions.
Humanitarian Response Plan Sector Outcome	To improve affected people's access to health care services in Rakhine and Kachin/ Shan including those newly affected by disasters and other emergencies
CCC Strategic Result	Excess mortality among girls, boys and women in humanitarian crisis is prevented

1. Background

Myanmar as a whole has some of the lowest health indicators in Asia, with child mortality rates the highest among ASEAN member states². Access to health facilities and skilled health workers is lowest in difficult-to-reach border areas, and the conflicts in Rakhine, Kachin, northern Shan have only exacerbated the difficulty these populations face in accessing basic health services, including routine immunisations, prevention and treatment of communicable diseases, and patient referral to hospitals for severe illnesses. The World Health Organisation (WHO)-led Health Cluster is active in both conflict-affected regions, with strong support from UNICEF to ensure strong attention to the health needs of children and their mothers.

Rakhine

In Rakhine, Myanmar's second poorest state, people across all communities have had difficulty gaining access to consistent and adequate quality health care, which has only been exacerbated by the current conflict. Immunisation rates against preventable diseases including measles, rubella, polio and typhus are extremely low, most conflict-affected populations rely on essential healthcare services provided by Health Cluster partners, due to limited access to government-run healthcare facilities. Restrictions on movement have a detrimental impact on the ability to refer severely ill patients to adequate facilities for treatment, particularly in the northern townships of the state. Only two hospitals currently accept emergency referrals from IDP camps. The Health Cluster estimates that 421,177 people across the state are in need of humanitarian health support.

Kachin and northern Shan

Local partners, with support from UNICEF, are key service providers in areas beyond Government control. The majority of displaced persons in these areas have limited access to health services and referral systems remain a major concern as they continue to rely on facilities in China, creating additional financial constraints. Challenges in areas

beyond Government control include a separate health authority with a different approach and availability of resources (both human and material) for the provision of Primary Health Care (PHC) services. An estimated 115,595 people across both affected states require continued humanitarian health support.

2. Project Rationale

The low-levels of adequate healthcare services to conflict-affected persons in both regions have a major impact on children's potential for development in the future. As a result of compact living conditions and disruptions in regular health services, diseases including malaria, diarrhoea, pneumonia and measles can spread rapidly and lead to increased morbidity and mortality, especially among children. In order to counteract this risk, UNICEF and other health actors, in collaboration with the Ministry of Health (MoH), pursue both reactive and preventive measures, including the treatment of illness, provision of essential medicines, referral to hospitals for severe cases, and distribution of key health-related messages. The recruitment and training of skilled staff to support health operations is an essential component to ensure adequate coverage of health services, particularly in hard-to-reach areas.

In collaboration with the MoH and health authorities in Non Government Controlled Areas (NGCAs), UNICEF and partners continue to support the implementation of health programmes in conflict-affected areas. In both Rakhine and Kachin and Northern Shan (K/nS), local partners have been instrumental in gaining access to hard-to-reach areas with little health support. Women and children make up the majority of people in humanitarian need in Myanmar, making the administration of maternal and child health (MNCH) a top priority, including support for child delivery, reproductive health and basic obstetric care.

In Rakhine, Rapid Response Teams (RRTs) currently provide the majority of health services, but full coverage of daily access needs to be improved, as does the ability to refer severely ill patients to hospitals. There have been no confirmed outbreaks of disease in affected areas, and continued support for treatment and prevention

² United Nations Inter-agency Group for Child Mortality Estimation, *Levels and Trends in Child Mortality 2011*, New York, 2011.

of disease, will help ensure that future outbreaks do not occur. In K/nS, while most camps have primary health care services, assessments have generally found a low level of satisfaction among patients due to low availability of skilled workers, and difficulty in obtaining essential medicines. There are suspected HIV and TB cases in camps as well as many defaulters due to lack of access and high costs for travel.

3. Project Implementation

The proposed project is directly linked to the 2016 Humanitarian Response Plan (HRP)'s Health Cluster objective to improve affected people's access to health care services in Rakhine and K/nS, including those affected by disasters and other emergencies. In coordination with Rakhine and Kachin State Health Departments (SHD) and health actors in NGCAs, UNICEF and partners aim to improve access to MNCH services, including the treatment and prevention of disease, patient referral services, outreach activities to promote good health practices and treatment seeking behaviours.

The key planned activities needed to support maternal and child health services in conflict-affected areas include:

- Provide quality basic primary health care (PHC) services to conflict and disaster-affected people including host communities
- Strengthen maternal, newborn and child

health (MNCH) services with increased attention to children with disabilities

- Improve the referral system to hospitals including inpatient services, weekend operations and boat referrals
- Train qualified displaced persons in auxiliary health care to address critical shortages of trained healthcare workers
- Strengthen health education in particular for the prevention of communicable diseases
- Coordinate the promotion of IYCF and hygiene practices in collaboration with the Nutrition Sector and WASH Cluster.

UNICEF works with partners such as Myanmar Health Assistant Association (MHAA), and Health Poverty Action (HPA) in close coordination with SHDs from both Rakhine and Kachin to implement these activities. These partners were identified because of their reach and acceptability by communities, government and non-government actors (where applicable) as well as their capacity. Community health volunteers and auxiliary midwives (AMW) will also be recruited and trained for case management of common childhood illnesses in Kachin and for assisting in community mobilisation and health education sessions in both states. Finally, should any communicable disease outbreaks (e.g. dengue, cholera, measles) occur, relevant mitigation measures will be swiftly supported to control and eliminate spread of the disease to a wider population.

RESULTS FRAMEWORK				
Expected Project Outcome: 112,000 IDPs and conflict-affected persons, including 42,000 children under age five have improved access to high impact maternal new-born and child health interventions				
Expected Outputs		K/nS	Rakhine	Total
Output 1: IDPs, conflict-affected and host communities have access to maternal, new-born and child health services including treatment of communicable diseases such as diarrhoea, pneumonia and malaria	Adult	10,000	60,000	70,000
	Children <5	6,000	36,000	42,000
Output 2: Children aged 9 to 18 months old and pregnant women receive routine immunisation*	Children	1,650	32,000	33,650
	PLW	2,200	8,000	10,200
Output 3: Patients who are severely ill or have complicated health conditions receive referral support to adequate hospital or healthcare facility		100	300	400
Output 4: People are protected from potential disease outbreaks (e.g. measles, dengue) through various outbreak mitigation measures (e.g. measles supplementary immunisation, larvicide activities)		3,000	20,000	23,500
TOTAL		16,500	96,000	112,000

* This indicator is included in the 2016 Humanitarian Action for Children report

4. Geographic Coverage and Beneficiaries

The project targets a total of 112,000 (96,000 in Rakhine and 16,000 in K/nS), IDPs, conflict-affected and host communities including more than 42,000 (36,000 in Rakhine and 6,000 in K/nS) children under five years old. Intervention will take place in townships and camps based on need across conflict-affected regions of Rakhine, Kachin and northern Shan states, including both GCAs and NGCAs.

5. Risk Assessment and Mitigation Mechanisms

In Rakhine, the greatest risk that may hinder the Health project is the frequent upsurge of community resistance to humanitarian assistance. Community perceptions of biased support have led to protests and violent riots in the past. In March 2014, all international health service providers had to leave the state after threats to their security, leaving a six week gap in hospital referrals and a reliance on mobile health clinics as the only health service option during that time. In K/nS continued fighting between government forces and non-state armed groups disrupt health service provision and monitoring of programme implementation. Furthermore, this fighting continues to create new displacements, increasing the number of people in need of humanitarian health support. In both regions, insufficient capacity of partners, and low availability of qualified health care professionals willing to work in these areas also continue to impact the ability to implement health projects.

In order to mitigate these risks, UNICEF will continue to:

- Support peace building and social cohesion between the affected communities, and between government and non-state actors
- Advocate with the local and central government for sustained humanitarian access,
- Support capacity building of partners through training and technical support to improve

qualifications to administer MNCH services and immunisation.

6. Partnerships and Coordination

The proposed activities are guided by the 2016 Myanmar HRP and will contribute to achieve the Health Cluster's key objective to improve affected people's access to health care services in Rakhine and K/nS, including those affected by disasters and other emergencies. Activities are also directly linked to UNICEF's 2016-2017 Health Sector Work Plan programme output 102.004: Preparedness and response for maternal and child health meet the core commitments for children in humanitarian action.

The Health Cluster is led by WHO, but UNICEF is an integral contributing member, focused on ensuring that health activities under the cluster are child-centred and reflect the specific needs and vulnerabilities of conflict-affected children and mothers through close coordination with other Cluster members at the state and national level. Project activities will be implemented in collaboration with the Rakhine and Kachin SHDs, and the national MoH, as well as health authorities in NGCAs and implemented with UNICEF's support to local and international NGO partners.

Day-to-day coordination and monitoring of programme activities is supported by UNICEF's national and field health teams. In addition to regular coordination meetings at state level, joint field monitoring is conducted and quarterly progress review reports are submitted by implementing partners. Technical guidance is also provided by UNICEF's health staff. Current health partners continue to be supported through capacity building initiatives such as trainings on integrated MNCH service provision, including EPI and nutrition

7. Lessons Learnt

Weak partner capacity for provision of quality health service including ineffective supervision and monitoring with low quality reporting and

lack of analytical data analysis were some of the major challenges. These can be improved through frequent and close supportive supervision and monitoring through UNICEF's technical assistance capacity. Progress has already been made to improve partner capacity, and will continue in 2016.

In K/nS referral costs for patients are high, due to elevated transportation costs and difficulties in treatment seeking support in NGCAs. The training of basic health staff to facilitate early case management and reduce the number of severe cases who need to be referred to higher level health facilities can reduce these high referral costs. This capacity improvement can also reduce the need to refer severely ill patients to other facilities if basic

health staff at township level are able to provide the required support.

The project will be implemented in a conflict-sensitive manner and ensure a do no harm approach by taking into consideration the dividers and sources of tension within communities as well as connectors and local capacity for peace. Further, especially in Rakhine, partners will ensure 'universal health coverage' regardless of ethnic or religious status when implementing health interventions with flexibility and impartiality and neutrality. Experience has demonstrated that this has resulted in positive community acceptance of implementing health partners.

8. Proposed Budget

Planned Activities for Outputs	K/nS	Rakhine	Total
Direct Programme Costs (all costs in USD)			
Output 1: IDPs, conflict-affected and host communities have access to maternal, new-born and child health services	720,000	2,198,400	2,918,400
Output 2: Children aged 9 to 18 months old and pregnant women receive immunisation under routine immunization programme	96,250	360,000	456,250
Output 3: Patients who are severely ill or have complicated health conditions receive referral support to adequate hospital or healthcare facility	40,000	45,000	85,000
Output 4: People are protected from potential disease outbreaks through various outbreak mitigation measures	9,000	40,000	49,000
Sub-Total Programme Costs	865,250	2,643,400	3,508,650
Technical Assistance and Monitoring Costs			
Management, Operational, Monitoring and Technical Assistance costs			700,000
Total direct cost			4,208,650
Indirect Costs			294,606
Total planned budget (direct + indirect costs)			4,503,256*

* This figure is aligned with the 2016 Humanitarian Action for Children report

9. Contact Information

For more information please contact:		
Name	Designation	Email contact
Mr. Bertrand Bainvel	Representative	bbainvel@unicef.org
Ms. Shalini Bahuguna	Deputy Representative	sbahuguna@unicef.org
Ms. Penelope Campbell	Chief, YCSD Section	pcampbell@unicef.org

Improving Equitable Access to Essential Nutrition Interventions for
Conflict-Affected Populations in Rakhine, Kachin and Northern Shan States

4





©UNICEF Myanmar/2013/Jim Holmes

Improving Equitable Access to Essential Nutrition Interventions for Conflict-Affected Populations in Rakhine, Kachin and Northern Shan States

Amount	USD 3,510,00
Project Duration	1 year
Focus Population	29,500 conflict-affected children under 5 years of age*, approximately half of whom are female, and 17,000 conflict-affected pregnant and lactating women
Geographic Coverage	Targeted IDP camps, host communities and surrounding communities in conflict-affected townships or Rakhine, Kachin and Northern Shan States
Partners	Current Partners: Rakhine State Health Department, Kachin State Health Department, Save the Children (SCI), Action Contre la Faim (ACF), Myanmar Health Assistant Association (MHAA), Myanmar Nurse and Midwife Association (MNMA), Plan International, Health Poverty Action (HPA), Malteser,
Country Programme Outcome	Outcome 101: Malnutrition is prevented and treated among women of reproductive age and children under 5 through policy, capacity development and increased access to evidence-based nutrition interventions.
Country Programme Output	Output 101.004: Preparedness and response for nutrition meet the core commitments for children in humanitarian action.
Humanitarian Response Plan Objectives	<ol style="list-style-type: none"> 1. Ensure that the life-saving protection and assistance needs of people affected by conflict and/or disasters are met; 2. Ensure that people affected by conflict and/or disasters have equitable access to basic services and livelihoods opportunities; 3. Enhance the resilience of communities to conflict and natural disasters and contribute to early recovery and durable solutions.
Humanitarian Response Plan Sector Outcomes	<ol style="list-style-type: none"> 1. People with acute malnutrition are identified and adequately treated 2. Nutritionally vulnerable groups access key preventive nutrition-specific services 3. Timely situation monitoring
CCC Strategic Result	The nutritional status of girls, boys and women is protected from the effects of humanitarian crises

* Included in this figure is an estimated 1,500 children with severe acute malnutrition (SAM) between 5-9 years

1. Background

Under-nutrition remains high and persistent in conflict affected regions of Myanmar. Populations in conflict-affected areas have limited access to quality essential health and nutrition services, inadequate water, food and sanitation, as well limited access to sustainable livelihoods – all of which contribute to and perpetuate the cycle of malnutrition.

The humanitarian Nutrition Sector in Myanmar responds to the displacement crises in Rakhine, Kachin and northern Shan (K/nS) states. Led by UNICEF, the Nutrition Sector has continued to provide and expand humanitarian assistance to displaced and conflict-affected persons in both regions by ensuring identification and treatment of acute malnutrition as well as by providing key preventive nutrition-specific services to vulnerable groups. Despite improvements, more resources are needed to maintain and scale up life-saving and preventive activities in IDP camps, host and surrounding communities. In line with the 2016 Myanmar Humanitarian Response Plan (HRP), the Nutrition Sector, under UNICEF's leadership, aims to provide nutrition services for 83, 400 people (12,650 in K/nS and 70,750 in Rakhine).

Rakhine

Nutrition surveys conducted in late 2015 in the northern part of Rakhine showed alarming rates of global acute malnutrition (GAM). In Buthidaung and Maungdaw townships, the GAM prevalence is 15.1 per cent and 19.0 per cent respectively. Likewise, SAM prevalence was recorded at 2.0 per cent and 3.9 per cent respectively. This is well above the WHO emergency threshold of 15 per cent for GAM and 2 per cent for SAM. Despite recent improvements in Sittwe and Pauktaw, the severity of acute malnutrition remains poor to serious in these areas. In 2016 alone, the Nutrition Sector estimates that 18,900 children (12,200 under five and 6,700 over five) will require treatment for severe acute malnutrition across affected townships in Rakhine.

Kachin and northern Shan

In Kachin and northern Shan, pregnant and lactating women, as well as children under five, have faced a serious deterioration in their nutrition status, in particular due to irregular access to markets and low diversity of nutritional food products. Survey results from 2014 and 2015 indicate low rates of acute malnutrition among children aged 6-59 months in IDP camps both within and beyond Government control (GAM 2.9 per cent). However, the prevalence of chronic malnutrition (stunting) is very high among children aged 6-59 months and found to be as high as 37 per cent in Kachin and 47.6 per cent northern Shan. This is above the WHO emergency threshold (40 per cent).

2. Project Rationale

Considering the persistent high levels of acute and chronic malnutrition, UNICEF, in partnership with local authorities, communities and implementing partners, will support the scale-up of critical nutrition interventions. In both acute and protracted humanitarian situations, all women and children require a set of essential nutrition interventions to protect their health and well-being, and to ensure every child reaches their full growth potential. These critical interventions include support for Infant and Young Child Feeding (IYCF) through counselling, micronutrient supplementation, community-based nutrition promotion and the management of acute malnutrition.

This project links to nutrition specific objectives defined by the humanitarian nutrition sector in Myanmar – which is led and coordinated by UNICEF – while overall supporting the priorities and strategic objectives set out in the Humanitarian Response Plan for 2016. The over arching objective of this project is that malnutrition is prevented and treated among women of reproductive age and children under five through policy, capacity development and increased access to evidence-based nutrition interventions. Specifically, the project seeks to protect and improve the nutritional status of 28,000 children under five years of age, 1,500 children with SAM between 5 - 9 years and 17,000 pregnant and lactating women.

3. Project Implementation

This project will increase effective coverage of essential nutrition interventions by continuing to work with local partners, while building capacity of Government and non-state actors to play a more prominent role in planning, delivering, coordinating and monitoring nutrition interventions – including identifying and addressing bottlenecks effectively. These interventions will include IYCF counselling and Integrated Management of Acute Malnutrition (IMAM), for which newly updated national protocols and job aids will be available in 2016, in addition to accompanied training, supportive supervision and supplies. IMAM is an approach which consists of four main components: community outreach, outpatient care for the management of SAM without medical complications, inpatient care for the management of SAM with medical complications, and the management of MAM. In addition to this, community sensitization and mobilization are key components. IMAM brings treatment close to where people live and makes it less costly to access by having many decentralized sites and regular (weekly or biweekly) outpatient services. Strong community outreach allows for

early detection of acute malnutrition, ensuring that children are found, referred and treated on a timely basis.

Implementing partners, such as local and international NGOs, will support Government service delivery of these interventions through building capacity of local health staff, community screening/referral and community mobilization for service uptake. It is expected that while a package of essential nutrition interventions are scaled-up through Government services and systems, NGOs will increasingly focus on supporting community-based nutrition promotion and integrated, multi-sectorial approaches to address other underlying and persistent causes of malnutrition. Acknowledging that local and international NGOs continue to play a key role in providing life-saving nutrition interventions, the capacity of these actors will be supported in terms of community-based outreach, screening and referral, nutrition promotion and delivery of essential nutrition services where capacity of health facilities is limited.

Nutrition information management and data sharing among partners will also be strengthened through joint analysis and use of standard indicators and harmonised data monitoring tools. Lastly, the project

RESULTS FRAMEWORK			
Expected Project Outcome: The nutritional status of 29,500 children under five years of age* ¹ and 17,000 pregnant and lactating women is protected and improved through identification and treatment of acute malnutrition as well as by accessing preventive nutrition-specific services.			
Expected Outputs	K/nS	Rakhine	Total
Output 1: Children aged 6-59 months with severe acute malnutrition are treated according to national protocol	n/a* ²	5,500	5,500
Output 2: Children aged 5 - 9 years with severe acute malnutrition are treated according to national protocol	n/a* ²	1,500	1,500
Output 3: Pregnant and lactating women receive infant and young child feeding (IYCF) counselling	2,000	5,000	7,000
Output 4: Children aged 6-59 months benefit from micronutrient supplementation (sprinkles/powder)	2,500	20,000	22,500
Output 5: Pregnant and lactating women benefit from micronutrient supplementation (tablets)	2,500	7,500	10,000
Output 6: Nutrition surveys or assessments are conducted for timely situation monitoring and tracking progress in coverage and results	2	2	4
TOTAL	7,000	39,500	46,500

*¹ Included in this figure is an estimated 1,500 children with severe acute malnutrition (SAM) between 5-9 years

*² Very low prevalence of severe acute malnutrition in Kachin State

will identify effective communication strategies for social behaviour change communication, through participatory community dialogue and interpersonal communication, to improve IYCF and care practices.

4. Geographic Coverage and Beneficiaries

This projects will benefit children and women in vulnerable areas of Rakhine and Kachin/ northern Shan State, who have specific nutrition and growth needs. Interventions will reach Internally Displaced Persons (IDPs) living in camps, villages of origin, or in host families. Other crisis affected, non-displaced persons including people living in host/surrounding communities will also be reached. In Rakhine State, the following townships are targeted: Sittwe, Pauktaw, Minbya, Myebon, Kyauktaw, Mrauk U, Buthidaung, Maungdaw and Rathedaung. In Kachin State, the following townships are targeted: Momauk, Hpakan, Mohnyin, Chipwi, Khaunglanhpu, Tsawlaw, and Waingmaw, including both Government Controlled Areas (GCAs) and Non Government Controlled Areas (NGCAs), with expansion to select townships of northern Shan State possible.

The project will be implemented in a conflict-sensitive manner and ensure a do no harm approach by taking into consideration the dividers and sources of tension within communities as well as connectors and local capacity for peace.

5. Risk Assessment and Mitigation Mechanisms

In Rakhine, the greatest risks that may hinder implementation of activities are the frequent upsurges of community resistance to humanitarian assistance as well as environmental and climatic conditions, in particular during the rainy season. Community perceptions of biased support have led to protests and violent riots in the past. The state is at high risk to natural hazards such as cyclones, floods and storm surges which can impact project sites, especially in camps located in low-lying areas. In K/nS, fighting between government forces and non-state armed groups may disrupt implementation of nutrition interventions and monitoring of activities. Furthermore, continued fighting may create new

displacements, increasing the number of people in need of humanitarian nutrition support. In both regions, insufficient capacity of partners, and low availability of qualified health and nutrition staff willing to work in this area also continue to impact the ability to provide key nutrition interventions.

In order to mitigate these risks, UNICEF will:

- Support peace building and social cohesion between the affected communities, and between government and non-state actors;
- Advocate with the local and central government for sustained humanitarian access;
- Build strategic partnerships with local and non-state actors;
- Build capacity of existing local health facilities in nutrition service delivery;
- Foster community dialogue to address perceptions and attitudes.

6. Partnerships and Coordination

As lead of the Nutrition Sector in Myanmar, UNICEF will ensure that the activities are implemented in close coordination with other Sector members at the national and state level, and will be implemented in collaboration with state and national authorities, including the State Health Department, State Nutrition Team, and Township Medical Officers. The coordination mechanism of the Nutrition Sector, which is already in place at the national and state level, will be further strengthened to ensure consistency of approach, review of challenges and constraints, and implement strategies to address technical and contextual issues that arise.

Day-to-day coordination and monitoring of project activities is supported by UNICEF's national and field nutrition teams. Joint field monitoring is conducted and progress review reports are submitted by implementing partners. Technical guidance will be provided by UNICEF and the National Nutrition Centre of the Department of Public Health, under the Ministry of Health.

UNICEF will strengthen the linkage between Nutrition Sector coordination and routine development-oriented coordination groups at national level, such the Myanmar Nutrition Technical Network (MNTN) and the Scaling Up

Nutrition (SUN) country network. UNICEF will further build capacity of State Nutrition Teams to play a stronger role in nutrition coordination, including mainstreaming nutrition into routine health coordination meetings and agenda at local levels and facilitating multi-sectorial dialogue on nutrition at sub-national levels.

Periodic, joint review and monitoring of key nutrition indicators will be facilitated with stakeholders at national and sub-national levels to track progress on standard nutrition indicators, identify and address bottlenecks in implementation.

7. Lessons Learnt

Given that both affected areas remain protracted humanitarian and displacement contexts, there are concerns about longer-term sustainability and ownership of interventions and services. UNICEF and the Nutrition Sector's strategy has begun a shift and transition from humanitarian nutrition interventions delivered largely by local and international NGOs to more development-oriented, sustainable service delivery mechanisms driven

by Government. Furthermore, linkages between state and national level actors are critical in order for decisions to be made and implemented at the local level. Therefore sub-national engagement and capacity building of local authorities in nutrition needs to be strengthened and more effective.

Sustained improvement of key nutrition behaviours and practices is not evident. There is a need for more effective communication strategies with participatory, community dialogue approaches to address persistent taboos, attitudes and perceptions related to dietary practices and child care.

As the causes of malnutrition are multi-sectorial, there is a need to strengthen inter-sector collaboration to identify nutrition sensitive strategies that can be scaled-up in the key sectors of Agriculture, Water, Sanitation and Hygiene, Education and Social Protection. Integrated, multi-sectorial approaches for nutrition are required if reduction of malnutrition in these vulnerable areas are to be accelerated and sustained.

8. Proposed Budget

Planned Activities for Outputs	K/nS	Rakhine	Total
Direct Programme Costs (all costs in USD)			
Output 1: Children aged 6-59 months with severe acute malnutrition are treated according to national protocol	0	1,200,00	1,200,000
Output 2: Children aged 5-9 years with severe acute malnutrition are treated according to national protocol	0	300,000	300,000
Output 2: Pregnant and lactating women receive infant and young child feeding (IYCF) counselling	150,000	250,000	400,000
Output 3: Children aged 6-59 months benefit from micronutrient supplementation (sprinkles/powder)	100,000	350,000	450,000
Output 4: Pregnant and lactating women benefit from micronutrient supplementation (tablets)	150,000	250,000	400,000
Output 5: Nutrition surveys or assessments are conducted for timely situation monitoring and tracking progress in coverage and results	50,000	50,000	100,000
Sub-Total Programme Costs	450,000	2,400,000	2,850,000
Technical Assistance and Monitoring Costs			
Management, Operational, Monitoring and Technical Assistance costs			400,000
Total direct cost			3,250,000
Indirect Costs			260,000
Total planned budget (direct + indirect costs)			3,510,000

9. Contact Information

For more information please contact:

Name	Designation	Email contact
Mr. Bertrand Bainvel	Representative	bbainvel@unicef.org
Ms. Shalini Bahuguna	Deputy Representative	sbahuguna@unicef.org
Ms. Penelope Campbell	Chief, YCSD Section	pcampbell@unicef.org





Providing Equitable and Sustainable Water, Sanitation and Hygiene
Services to Conflict-Affected Persons in Rakhine, Kachin and Northern
Shan States

5





Providing Equitable and Sustainable Water, Sanitation and Hygiene Services to Conflict-Affected Persons in Rakhine, Kachin and Northern Shan States

Amount	USD 5,00,000
Project Duration	1 Year
Focus Population	105,800 IDPs in camps or villages, and conflict-affected persons in host communities and surrounding communities. Approximately half female, and 45 per cent children.
Geographic Coverage	Conflict-affected townships in Rakhine, Kachin and northern Shan states
Partners	Current Implementation Partners include: Department for Rural Development (DRD), Ministry of Health (MOH), Ministry of Education (MOE) International and national NGOs.
Country Programme Outcome	Outcome 103: Water and excreta related diseases in under-5 children are equitably reduced
Country Programme Output	Output 103.004: Preparedness and response for sufficient safe water, sanitation facilities and improved hygiene practices meet the core commitments of children and women in humanitarian situations
Humanitarian Response Plan Objectives	<ol style="list-style-type: none"> 1. Ensure that the life-saving protection and assistance needs of people affected by conflict and/or disasters are met; 2. Ensure that people affected by conflict and/or disasters have equitable access to basic services and livelihoods opportunities; and 3. Enhance the resilience of communities to conflict and natural disasters and contribute to early recovery and durable solutions.
Humanitarian Response Plan Sector Outcome	<ol style="list-style-type: none"> 1. People have equitable and sustainable access to sufficient quantity of safe drinking and domestic water 2. People have equitable access to safe and sustainable sanitation and live in a non-contaminated environment 3. People adopt basic personal and community hygiene practices
CCC Strategic Result	Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities

1. Background

The Water, Sanitation and Hygiene (WASH) Cluster was activated in Myanmar in September 2013 to respond to the displacement crises in Rakhine, Kachin and northern Shan (K/nS) states. Led by UNICEF, the WASH Cluster has continued to provide and expand humanitarian assistance to displaced and conflict-affected persons in both regions through the provision and rehabilitation of water and sanitation facilities, and through the provision of hygiene materials and training of hygiene promoters to encourage healthy practices. Despite improvements in access, more resources are needed to maintain and expand WASH services in IDP camps, host and surrounding communities, particularly since many facilities provided over the past few years have degraded and need rehabilitation or replacement. In line with the 2016 Myanmar Humanitarian Response Plan (HRP), the WASH Cluster, under UNICEF's leadership, aims to provide WASH services for 442,146 people (122,728 in K/nS, 308,418 in Rakhine and 11,000 still affected by the 2015 floods).

Rakhine

Rakhine State is the second poorest state in Myanmar and was already characterised by high population density, high levels of malnutrition, low income, extreme poverty and weak infrastructure before the current protracted conflict. 75 per cent of conflict-affected people (94 per cent of IDPs in camps) have access to water, but seasonal shortages remain an issue in some locations, and water quality testing is needed to monitor the safety of available water. 46% per cent of the affected population has access to emergency or semi-permanent latrines, with expansion of services required particularly in targeted villages and the northern part of Rakhine State (nRS).

In August 2015 Cyclone Komen affected large parts of Rakhine state with heavy flooding and wind damage. Resilience of water supplies for both IDPs and Rakhine communities has been significantly impacted which is expected to exacerbate the impact of already predicted drought in the first half of 2016 related to El Niño.

Kachin and northern Shan

In K/nS, ongoing armed conflict has continued to limit people's ability to access WASH services. More than 42% per cent of IDPs live in non-government controlled areas (NGCAs), and despite difficulties in access, service provision and humanitarian need are roughly equal between government controlled areas (GCAs) and NGCAs. Vast improvements have been made in the past year, but water quality and facility use need consistent monitoring. Seasonal shortages are also an issue in some locations. 74 per cent of the affected population has access to latrines, though only 44 per cent use semi-permanent facilities, which are required to ensure a sanitary environment in the protracted context.

2. Project Rationale

The protracted emergency situation requires a change of approach from the initial emergency response to continue adhering to the principle of 'do no harm,' meaning that interventions should prevent and decrease aid dependency.

In Rakhine, this principal is also required to address community misperceptions in how aid is delivered, which has fuelled anti-humanitarian sentiments in some locations.

Increased focus will be placed on empowering households and communities to be able to manage and maintain their own WASH facilities in 2016. Costs of operation and maintenance for water and sanitation facilities will be monitored to benchmark operational costs and seek to reduce monthly overheads.

Through the securing of adequate funding UNICEF will work to increase linkages to community and government WASH management structures as part of a concerted effort to move towards more sustainable solutions. Acute humanitarian needs will remain within existing IDP camps, as a result of on-going displacements and proposed future relocations. In 2016 increase focus will go into targeted capacity building activities for both local government bodies and local civil society organisations.

The provision of safe water supply to IDP camps and affected communities remains a challenge in Rakhine, especially in the dry season. Many aquifers are contaminated by salinity and/or high iron content which means that in many areas ponds, which are at high risk of contamination, are the main source of drinking water. WASH partners have been working to mitigate these problems through the promotion of household level water treatment interventions and hydrogeological studies to identify deeper sources of fresh water.

Environmental sanitation within most camps continues to be a serious challenge as many are located in low-lying areas leading to major drainage problems, and extensive flooding during the rainy season. Camps were significantly impacted by flood events of August 2015. Increased population density has a detrimental environmental impact for host communities, too. In particular pressure on scarce water supplies during the dry season is a source of tension between IDPs, host and surrounding communities. The displacement of people in Rakhine State has become protracted.

In 2015 some progress was made in returning some IDPs to their original homes nevertheless remaining camps are more sensitive. Without clear longer term solutions available for the time being costs remain high and WASH agencies struggle to put in place appropriate technologies. Acute humanitarian needs continue to persist alongside longer-term development needs. Emergency WASH facilities in camps were constructed with a two-year lifetime and throughout 2014 WASH actors have seen steadily increasing repair and maintenance costs. Most of these facilities are already beyond their design life and need major repairs or replacement with more durable solutions. As latrine pits have filled, the necessity of safely desludging them is becoming a major additional challenge for WASH organizations in remote townships.

In K/nS, with more than 42% of IDPs living in NGCAs, humanitarian actors face significant difficulties in delivering positive WASH outcomes and monitoring interventions. Host populations are also increasingly being impacted by the protracted crisis as their own resilience mechanisms are

stretched with an estimated 10,000 people currently hosting IDPs within their communities, straining social and economic burdens. Many IDP camps are now more than three years old and emergency WASH infrastructures are in a dilapidated condition. Prolonged heavy use of these facilities has led to deterioration in quality and coverage of these services. As a result, the maintenance and rehabilitation of existing structures is necessary, with a view toward building more sustainable structures as the protracted conflict is likely to continue.

The Government continues to advocate for durable solutions for the affected people in K/nS,. Some resettlement activities have taken place during 2015 nevertheless this has been offset by new displacements. WASH actors continue to follow these changes closely to ensure that WASH services are appropriate to evolving needs of displaced and otherwise affected populations.

3. Project Implementation

UNICEF will focus on reaching both displaced and conflict affected populations by providing cluster leadership, improving WASH facilities and promoting community-based and owned approaches. Each programme strongly considers the varying needs of the affected population depending on specific vulnerabilities, particularly in reference to gender and age. The approaches taken are committed to the principle of 'do no harm' to ensure that the interventions not only do not exacerbate conflict dynamics, but actually mitigate existing conflicts, particularly in relation to the provision of assistance to displaced and non-displaced communities that are both affected by the conflicts in both regions.

UNICEF will work to increase linkages to IDPs, as well as community and government WASH management structures as part of a concerted effort to move towards more sustainable solutions, however, acute humanitarian needs remain for those existing and on-going displacements. More resources will also be committed to supporting host communities at high risk through village level approaches. UNICEF will continue to collaborate with local, international and government partners,

with attention to gender, community acceptance and participation will be pursued, to strengthen UNICEF's relationship with communities and dispel misconceptions about humanitarian assistance that have previously impacted assistance in this area. UNICEF will provide technical assistance to implementing partners to ensure effective humanitarian assistance and accountability.

Key priorities under this funding are likely to be the following:

Within IDP camps:

1. Maintenance/upgrade of IDP camp WASH infrastructure to extend life of facilities, reduce risks associated with flooding and easy maintenance by the community
2. Latrine desludging and the safe treatment of sludge
3. Strengthening of community-based water point and latrine management structures in conjunction with hygiene promotion activities.
4. Targeted hygiene kit distribution or replenishment for high risk families (e.g. children with severe acute malnutrition).
5. Closer monitoring of operation and maintenance costs and promotion of self-management by households and communities

as appropriate.

Within host communities:

6. Household and community-based hygiene and sanitation promotion.
7. Construction and/or upgrade/repair of water points and strengthening of associated community management structures.
8. Promotion of low-cost household level water treatment solutions.
9. Construction and/or repair/upgrade of WASH facilities for schools & community health centres.

At Township level:

10. Support to conflict affected townships to develop and strengthen township level WASH related emergency preparedness and response plans
11. Reinforcement of WASH data management structures (through relevant government partners such as DRD)

At State & National levels:

12. Strengthening of UNICEF-led monitoring, technical support systems and government engagement

RESULTS FRAMEWORK			
Expected Project Outcome: 105,800 emergency-affected people in Rakhine and K/nS have improved access to water and sanitation infrastructure, with accompanying improvements to hygienic behaviours and practices			
Expected Outputs	K/nS	Rakhine	Total
Output 1: Emergency-affected persons have equitable access to sufficient and sustainable quantity of water for drinking and domestic use	20,000	40,000	60,000
Output 2: Emergency-affected persons have equitable access to safe and sustainable sanitation facilities	20,000	40,000	60,000
Output 3: Emergency-affected persons have basic knowledge of diarrheal disease transmission and prevention	25,000	35,000	60,000
Output 4: Local community-based organisations (CBOs) and government staff receive capacity building and system strengthening support (direct beneficiaries)	400	400	800
TOTAL	65,400	115,400	105,800*

*This is a composite indicator that represents the number of unique people that will have improved access to one or more of Water, Sanitation or

Hygiene promotion interventions.

4. Geographic Coverage and Beneficiaries

The project targets a total of 95,400 persons, in emergency-affected townships of Rakhine and K/nS states. The total indirect beneficiaries will be far greater as a result of improved capacity and systems-building for 400 CBO and government staff. WASH projects will be conducted in both GCAs and NGCAs of K/nS, and will push to expand to underserved areas of nRS.

5. Risk Assessment and Mitigation Mechanisms

The measures taken by the Government since March 2015 in assisting some IDP's to return to their places of origin is a positive step. The Rakhine State Government has a plan to assist several thousand more IDP families in 2016

The yearly cyclone season (April to June and October to December) presents an environmental risk to the success of WASH projects in Rakhine. Several IDP locations have been located in flood-prone areas, which are at further risk due to tidal surges if a cyclone strikes. UNICEF has worked with state and township authorities to provide drainage systems where possible, which continue to need upkeep, and to work toward long-term durable solutions to relocate people in these camps to more suitable locations if they are not able to return to their places of origin.

In K/nS, sporadic fighting, creates difficulties for the implementation of WASH projects, particularly in NGCAs. The fighting not only prevents humanitarian partners from accessing certain areas, but also creates further or displacement (sometimes multiple displacements for the same populations) which curtails gains made toward individual and community resilience, and the long-term effectiveness of WASH facilities that are affected or abandoned by new movements as a result of the fighting. UNICEF has invested staff and resources in K/nS to continue improving the response capacity (technical and institutional) of local NGOs and CBOs who have greater access

to these areas, to mitigate the risks associated with upsurges in violence. Ultimately, these investments will also contribute to long-term sustainability of WASH interventions in both humanitarian and development scenarios, particularly when conflict subsidies and durable solutions are enabled.

6. Partnerships and Coordination

The proposed activities are guided by the 2016 Myanmar HRP and will contribute to achieving the WASH Cluster's key objectives to ensure equitable access to safe and sufficient water and sanitation facilities, as well as the adoption of basic hygiene practices. The activities proposed are also directly linked to UNICEF's 2016-2017 WASH Work Plan programme Outcome 103: Water and excreta related diseases in children under-5 are equitably reduced.

As lead of the WASH Cluster in Myanmar, UNICEF will ensure that the activities will be implemented in close coordination with other Cluster members at the national and state level, and will be implemented in collaboration with state and national authorities, including the Department of Rural Development (DRD), the Emergency Coordination Committee (ECC), and Township General Administrations, Education Offices and Medical Offices, among others. Coordination bodies of the WASH Cluster, which are already in place at the national and state level, will be further strengthened to ensure consistency of approach, review of challenges and constraints, and implement strategies to address technical and contextual issues that arise.

Furthermore, the project will build upon work previously funded by DFID in terms of emergency preparedness and disaster risk reduction.

7. Lessons Learnt

As the crises in both Rakhine and K/nS continue to develop into protracted displacement situations, UNICEF and the WASH Cluster's strategy has begun to move toward a focus on the durable construction of semi-permanent facilities rather than the emergency facilities established as a first

response. This process already started in 2014 and will continue in 2016. While semi-permanent latrines, for example, are increasingly required due to the longevity of the displacement, other issues arise as a result of their permanence, including the need to provide equipment and management structures for the removal and disposal of sludge to ensure the continued functionality of these latrines. The approach to move toward more durable structures is applicable in both regions, while emergency facilities will also be implemented for new displacements when necessary.

The WASH Cluster has also made strong headway to ensure gender-sensitive approaches to new construction, including addressing protection concerns for women and children in locations where latrines have been constructed along the edges of camps and construction of

additional bathing facilities for women. All new construction, and rehabilitation, takes these and other protection concerns into consideration to enable a protective environment for all people to have safe and adequate access to the established facilities. The approach to bathing spaces is also being redeveloped, with a move away from communal bathing facilities in some locations to individual household accommodations where possible in response to community preferences. All interventions are supported and implemented through a 'do no harm' approach to mitigate inter-community tensions and work toward a reduction of reliance on humanitarian assistance, which will strengthen community resilience and the sustainability of interventions

Planned Activities for Outputs	K/nS	Rakhine	Total
Direct Programme Costs (all costs in USD)			
Output 1: Emergency-affected persons have equitable access to sufficient and sustainable quantity of water for drinking and domestic use	700,000	950,000	1,650,000
Output 2: Emergency-affected persons have equitable access to safe and sustainable sanitation facilities	400,000	600,000	1,000,000
Output 3: Emergency-affected persons have basic knowledge of diarrheal disease transmission and prevention	200,000	200,000	400,000
Output 4: Local community-based organisations (CBOs) and government staff receive capacity building and system strengthening support	350,000	350,000	700,000
Sub-Total Programme Costs	1,650,000	2,100,000	3,750,000
Technical Assistance and Monitoring Costs			
Management, Operational, Monitoring and Technical Assistance costs			937,500
Total direct cost			4,687,500
Indirect Costs			375,000
Total planned budget (direct + indirect costs)			5,062,500

9. Contact Information

For more information please contact:		
Name	Designation	Email contact
Mr. Bertrand Bainvel	Representative	bbainvel@unicef.org
Ms. Shalini Bahuguna	Deputy Representative	sbahuguna@unicef.org
Ms. Penelope Campbell	Chief, YCSD Section	pcampbell@unicef.org



Ensuring Access to and Improving Quality/Relevance of Education for Children in Internally Displaced Persons (IDP) Camps, Host Communities, and Surrounding Communities in Rakhine, Kachin and Northern Shan States

6





©UNICEF Myanmar/2013/Jim Holmes

Ensuring Access to and Improving Quality/Relevance of Education for Children in Internally Displaced Persons (IDP) Camps, Host Communities, and Surrounding Communities in Rakhine, Kachin and Northern Shan States

Amount	USD 4,700,000
Project Duration	1 Year
Focus Population	48,100 emergency-affected children, including: 41,000 primary and pre-primary school-age children ^{*1} and 8,100 post-primary school-age children ^{*2} , as well as teachers, volunteer teachers and parents of students in targeted IDP camps and host/surrounding communities (female participation strongly encouraged)
Geographic Coverage	IDP camps and host/surrounding communities in selected townships in conflict-affected areas of Rakhine, Kachin and northern Shan states
Partners	Current/past Implementation Partners include: Lutheran World Federation (LWF), Plan International, Save the Children (SCI), Kachin Baptist Convention (KBC), and Karuna Mission Social Solidarity (KMSS)
Country Programme Outcome	Increased number and proportion of children accessing and completing quality basic education in targeted townships.
Country Programme Output	Output 4: Humanitarian (EiE/PBE/DRR) - Enhanced emergency preparedness and response, including improved EiE sector coordination and social cohesion programs
Humanitarian Response Plan Objectives	Improve access to and quality and relevance of education (formal and non-formal) for all conflict-affected children, including adolescents, aiming at gender parity, which increases access to positive contextual opportunities and promotes durable solutions
Humanitarian Response Plan Sector Outcome	Emergency-affected children (3-17 years) accessing education which integrates initiatives to mitigate contextual protection risks
CCC Strategic Result	Girls and boys access safe and secure education and critical information for their own well-being

^{*1} In Kachin, UNICEF with Education in Emergencies (EiE) partners has supported Early Childhood Care and Development (ECCD) centres in camps, reaching approximately 600. The main focus of UNICEF EiE support in Rakhine continues to be primary school-age children. However, pre-primary level support for children in Rakhine continues to be minimal and there is a need to strengthen UNICEF support in this area in a conflict-sensitive manner, targeting both IDP and conflict-affected children, in line with the planned national roll-out of kindergarten (KG).

^{*2} EiE support to middle schools and non-formal Temporary Learning Spaces (TLS) for adolescents

1. Background

To date, UNICEF and partners' Education in Emergencies (EiE) support in Rakhine, Kachin and northern Shan (K/nS) states has focused on primary-level education for children in IDP camps and host/surrounding communities in conflict-affected townships. Despite improvements in access, more resources are needed to maintain and expand safe learning spaces, and improve the quality of education in both regions. The quality and experience of volunteer teachers remains a significant challenge, and teacher capacity development opportunities need to be expanded. EiE support to middle schools and non-formal Temporary Learning Spaces (TLS) for adolescents in IDP camps and host/surrounding communities is still limited. In the 2016 Humanitarian Response Plan (HRP), the EiE sector aims to provide education support for 93,805 emergency-affected children (3-17 years: 56,340 in Rakhine and 37,465 in K/nS), including 51,087 (34,724 in Rakhine and 16,363 in K/nS) primary school-age children and 30,359 (17,737 in Rakhine and 12,622 in K/nS) post-primary school-age children.

Rakhine

Rakhine State has some of the lowest education indicators in Myanmar. Prior to the conflict, the net enrolment rate for primary school-age children (6-10 years) was 71.4 per cent, while the secondary school enrolment stood at 32 per cent, compared to 87.7 and 52.5 per cent respectively country-wide. These low rates of enrolment and attendance are due to a range of inter-connected factors, including endemic poverty, shortages of schools and teachers, inadequate education infrastructure and facilities, shortages of materials and the low quality of the education delivered. The protracted conflict since 2012 has further decreased education access for affected children, though support by the EiE sector has brought the enrolment rate for primary-school aged children in IDP camps to about 70 per cent through the provision of and support to TLS. The enrolment rate of post-primary school-age children in IDP camps is only about 12 per cent. The EiE sector estimates that 124,000 displaced and conflict-affected school-aged (3-17 years) children remain in need of education support.

Kachin and northern Shan

Since 2011, the Government schools have accommodated IDP students) and access to primary education has been relatively high due to a combination of existing and new temporary structures. However, the high number of displaced children requiring education has put pressure on the existing facilities in conflict-affected areas, despite the establishment of additional temporary learning spaces (TLS) and schools in IDP camps/communities. The additional costs of education are prohibitive for many IDPs. Limited resources mean that space, facilities and materials are insufficient to accommodate all children to ensure minimum standards. Adequate provision and retention of qualified and trained teachers continues to be a challenge, especially in remote areas. The EiE sector estimates that 66,000 school-aged children in K/nS (3-17 years) are in need of education assistance.

Local Civil Society Organisations (CSOs), supported by international organisations, have played a major role in providing basic education support to IDP children in the region. However, resources are limited and access for monitoring and capacity support is constrained for reasons of security, and during the heavy monsoon rains when camps can be inaccessible. An acute shortage of formally-trained teachers means more volunteer teachers are needed, and training and capacity building for those volunteer teachers is key to ensure a reasonable standard of quality education. In addition, post-primary opportunities for education or training remain scarce for adolescents, exacerbating risks of unrest and conflict in the region.

2. Project Rationale

Education is an important component of UNICEF's core commitments for children affected by emergencies. Education helps children and communities gain a sense of stability, structure and routine, which can help them to cope with loss, fear, stress and violence during a time of crisis. Child-friendly education provided in safe and inclusive learning spaces can keep children secure and

protected from context-specific risks including gender-based violence, recruitment into armed groups, child labour and early marriage. Education also contributes to empowering girls and children from disadvantaged groups, giving them greater awareness of their rights and enabling them to make and influence decisions that affect their lives. The EiE sector in Myanmar is co-led by UNICEF and Save the Children (SCI), which together promote coordination between stakeholders and actors to enhance effective advocacy, provide technical guidance and harmonised planning, implementation and monitoring of EiE interventions. The main focus of the EiE sector in Myanmar for the year 2016 is to support access to and improve the quality/relevance of education to children living in IDP camps and host/surrounding communities affected by emergencies. The sector also aims to maximise education's role as a platform for life-saving, protective and resilience-building interventions to mitigate risks.

In collaboration with the Ministry of Education (MoE) and non-state education actors, and in partnership with international and local NGOs, UNICEF supports the programmatic and humanitarian aims of the sector. In K/nS, local NGOs continue to be key partners in hard-to-reach areas both within and outside areas of government control. Key activities supported by UNICEF and partners cover establishment or improvement of education infrastructure, provision of essential education supplies, recruitment and training of volunteer teachers, and establishment and capacity building of school committees and parents.

Providing support to EiE in conflict settings is particularly relevant for adolescents of 11-17 years, as it is this age group that is most vulnerable to both radicalisation and exploitation. Access to education opportunities that build skills such as communication, open up opportunities for the future, and enable adolescents to participate as members of their communities and society is critical to mitigating these risks.

Strengthened support to post-primary-age adolescents in IDP camps and host/surrounding communities is urgently needed in Rakhine State. Only a small percentage of adolescents in

IDP camps are currently accessing post-primary education in Rakhine, which is primary delivered through non-formal mechanisms. Increasing access to education for adolescents continues to be a key EiE sector priority for UNICEF and partners in 2016.

Both in Rakhine and Kachin/northern Shan states, the EiE sector partners will need to ensure that education activities provided support longer-term and conflict-sensitive solutions. Links between emergency and development activities are strengthened so that equitable access to quality education can be promoted for all children.

3. Project Implementation

The proposed project is directly linked to the 2016 Myanmar Humanitarian Response Plan's (HRP) EiE objective to ensure people affected by conflict and/or disasters have equitable access to basic services and livelihood opportunities. Specifically, the project aims at improving access to and quality and relevance of education for all conflict-affected children, including adolescents. This will increase access to positive opportunities and help to promote longer-term solutions to protracted conflicts/inter-communal tensions.

The key planned activities in locations targeted by this project include:

Access

- Support the operation of kindergarten (KG) classes in camps in line with the planned national KG roll-out
- Maintain or expand the operation of TLS/NFE centres/ECCD centres or support schools to ensure children's safe and secure access to education, with focus on adolescents
- Provide essential teaching and learning supplies and EiE kits for students and volunteer teachers in TLS/NFE centres/ECCD centres/schools to support their teaching and learning
- Recruit and/or provide incentives for volunteer teachers/NFE facilitators/ECCD caregivers to support TLS/NFE facilities to meet the adequate pupil teacher ratio (40:1 for primary)

Quality

- Continue capacity development support for the State Education Department and Township Education Office staff to include Disaster Risk Reduction (DRR) in their programming and support school/TLS based DRR plans
- Support and conduct refresher training of trainers for volunteer teachers/NFE facilitators/ECCD caregivers that covers topics such as core subjects, inclusive education, positive discipline, life-skills, psychosocial support, hygiene promotion, child-centred teaching and learning, and classroom/school management, using formal trainers whenever possible
- Mobilize and keep supporting school committees/PTAs and provide capacity building training on child rights, inclusion and gender equality as well as context-specific protection needs Promote child participation and extra-curricular activities in TLS/ECCD centres/NFE centres
- Support the Government to organize practice exams and end of year exams in TLS and schools hosting IDP children in Rakhine. Prepare and support the progressive handover of TLS operation to the Ministry of Education.
- Help develop capacity of local CSO partners to work with education authorities/stakeholders in NGCAs to ensure effective monitoring of volunteer teacher performance and provision of support in K/nS

In addition to the EiE activities to support primary, middle school, and NFE students, support to KG classes will be considered in IDP camps and host/surrounding communities in Rakhine, in line with the planned KG national roll-out. The project will be implemented based on consultation with and participation of concerned communities to ensure it fits within local contexts and mitigates the likelihood of conflict among different groups targeted by the project. In 2014 and 2015, International Network for Education in Emergencies (INEE) trainings including conflict-sensitivity in education were organized by the EiE sector partners in order to raise conflict-sensitivity awareness among key international NGO members and education stakeholders.

The project will ensure a gender-sensitive approach at all stages and continuous efforts will be made to build relationships with concerned female

and male community members and to sensitise them on the importance of basic education and empowerment of both girls and boys. Training on gender-sensitivity will be provided for project implementers to ensure establishment of an enabling learning environment for all children. The project will promote equal representation of girls and boys and data disaggregated by sex and age will be collated and analysed to monitor and promote gender balance in project teams and amongst beneficiaries. Special attention will be paid to promote female participation in school committees as well as in teaching.

Improving coordination among national, regional and local education authorities, and international and local EiE partners, especially in terms of information sharing and capacity development, will be an essential part of project implementation, given the key role that education can play in the move towards longer-term solutions to protracted conflicts. For this purpose, it is critical that a State level EiE coordination mechanism continues to be strengthened in Rakhine, and established in K/nS.

It is equally important to coordinate and establish links between EiE interventions and education development programmes supporting formal systems. Although EiE support components are usually basic and temporary in their initial phases, as the response moves towards recovery, activities should become increasingly aligned with the formal education system.

In Rakhine, since 2015, the education provided in TLS teach the full curriculum and mirror government timetables. In 2014, displaced children were offered the possibility to sit for the government exams, and the two practice exams were duplicated in camps in 2015 as in government schools. Facilitating greater engagement of government and education authorities with IDP education services and schools hosting IDP students will continue to be a key focus of the EiE sector throughout 2016.

RESULTS FRAMEWORK			
Expected Project Outcome: 49,100 emergency-affected children in Rakhine, Kachin and northern Shan states access pre-primary, primary, middle school and non-formal education opportunities			
Expected Outputs	K/nS	Rakhine	Total
Output 1: IDP and emergency-affected children access primary or pre-primary education in safe learning spaces	10,000	31,000	41,000
Output 2: IDP and emergency-affected adolescents access middle school or non-formal post-primary education in safe learning spaces	3,100	5,000	8,100
TOTAL	13,100	36,000	49,100

4. Geographic Coverage and Beneficiaries

The project targets a total of 49,100 children (24,550 girls) in IDP camps and host/surrounding communities in conflict-affected townships of Rakhine, and K/nS. The support in K/nS will focus on remote areas, where there is the greatest need for assistance. The project will also benefit volunteer teachers (aiming at gender parity) and parents who participate in committees in targeted TLS, schools and ECCD centres.

In K/nS states, outbreaks of fighting and pressure on the education system in conflict-affected areas continue. Humanitarian staff face restrictions in implementing projects in areas of insecurity, especially those beyond government control. The provision of humanitarian support to IDP children is mainly reliant on local CSOs and UNICEF will continue strengthening partnerships with those organisations as well as continue to provide capacity building support.

5. Risk Assessment and Mitigation Mechanisms

Inter-communal tensions remain high in Rakhine State and the perception that the international community is biased and mostly support Muslim IDPs persists.

Continuing with the conflict-sensitive approach is critical for any kind of education intervention in Rakhine to ensure that programmes do not provoke further community resentment and violence, centred on perceptions of the way that aid is delivered.

Better understanding and responding to the education needs of all children is key. In 2015, UNICEF with EiE sector partners supported an education needs assessment in 9 conflict-affected townships.

UNICEF, which has a dual humanitarian and development mandate, has a comparative advantage in this regard, based on very positive relations with State and Township authorities that have been built in past years.

Lack of reliable basic education data and weak coordination mechanisms have also negatively impacted the EiE sector's effective strategy development and functioning. To tackle this challenge, UNICEF and partners will continue to support the establishment of a state-level EiE sector coordination group in K/nS so that EiE partners can collectively identify and address the needs of IDP children in hard-to-reach areas and advocate for investments of more human and financial resources to support the provision of basic education services for those children.

Furthermore, the involvement of affected communities in project design, planning, management, implementation, and monitoring will be promoted in both states. Recognising that affected communities are in the best position to understand their own needs and vulnerabilities, the project will focus on ensuring community-focused assistance.

6. Partnerships and Coordination

The proposed activities are guided by the 2016 Myanmar HRP and will contribute to achieving the EiE sector's key objective to improve access to and quality and relevance of education for all

children affected by conflict, including adolescents. Activities are also directly linked to UNICEF's 2016-2017 Education Sector Work Plan.

UNICEF as a co-lead of the EiE sector in Myanmar will ensure that the activities will be implemented in close coordination with other EiE sector group members at national and state level. Project activities will be implemented in collaboration with government and education authorities, including non-state education actors, and local and international NGO partners and UN agencies. Day to day coordination and monitoring of EiE activities will be supported by UNICEF field/Yangon office education team.

In addition to regular coordination meetings at state level, joint field monitoring will be conducted (as security permits in Kachin/northern Shan) and progress will be reviewed monthly/quarterly by UNICEF and implementation partners. Technical guidance will also be provided by EiE sector group at state and national level, as well as by other (sub-) sector groups/clusters, especially Child Protection. In all targeted areas, better collaboration with the WASH cluster will be pursued to ensure that WASH facilities and hygiene messaging help include and protect all children.

7. Lessons Learnt

In the current emergency situation in Rakhine, K/nS states, education remains one of the most critical interventions needed to support conflict-affected children. Past EiE projects supported by UNICEF and partners have enhanced education at the primary level, although with limitation in its provision. However, there is still a strong need in IDP camps and conflict-affected communities for strengthened support to education opportunities for adolescents and this will also be a key focus of this project. This is especially the case in NGCAs where the provision of post-primary education is limited.

In addition, ensuring the quality of education support provided is a key challenge for the EiE

sector to tackle. Providing committed and trained volunteer teachers and adequate teaching and learning resources is critical to improving their learning achievement.

While there is no quick fix to solve this issue considering the uncertainty of the future situation in conflict-affected areas, a focus on capacity building of volunteer teachers in TLS needs to further increase.

Strengthening or establishing of state-level education coordination mechanisms that include local government and education authorities will also help EiE partners to effectively tackle this challenge.

Enhancing the links between emergency and development is key to support equity. The floods and cyclone that hit Rakhine State and other States/Regions last August had a consequent impact on access and quality of education, both in camp and villages.

UNICEF will keep supporting emergency preparedness for disaster-prone states and regions to ensure that children receive a timely, efficient and equitable education response in case of strong natural hazard in the future.

8. Proposed Budget

Planned Activities for Outputs	K/nS	Rakhine	Total
Direct Programme Costs (all costs in USD)			
Output 1: IDP and emergency-affected children access primary (or pre-primary) education in safe learning spaces	525,285	1,639,185	2,164,370
Output 2: IDP and emergency-affected adolescents access post-primary education* in safe learning spaces	125,185	351,185	476,370
Sub-Total Programme Costs			2,640,740
Technical Assistance and Monitoring Costs			
Management, Operational, Monitoring and Technical Assistance costs			600,000
Total direct cost			3,240,740
Indirect Costs			259,260
Total planned budget (direct + indirect costs)			3,500,000

*EiE support to middle schools and non-formal TLS

9. Contact Information

For more information please contact:		
Name	Designation	Email contact
Mr. Bertrand Bainvel	Representative	bbainvel@unicef.org
Ms. Shalini Bahuguna	Deputy Representative	sbahuguna@unicef.org
Mr. Cliff Meyers	Chief, Education Section	cmeyers@unicef.org



©United Nation Children's Fund (UNICEF)
No. 23 (A), Inya Myaing Road
Shwe Taung Gyar Ward No. (2)
Bahan Township, Yangon, Myanmar
E mail: yangon@unicef.org
www.unicef.org/myanmar