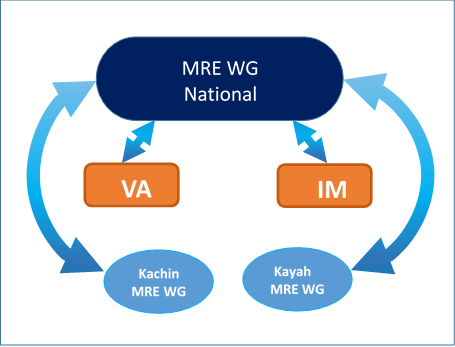
**2015-2016 STRATEGIC WORK-PLAN**

**Mine Risks Working Group (MRWG)**

At least, 7 out of 14 States and Regions in Myanmar are contaminated with mines and Explosive Remnants of War (ERW), and the country is experiencing high mine accident rates. In 2013 and 2014, a South East Knowledge, Attitude and Practice (KAP) Survey and a Kachin/Northern Shan Rapid Assessment have established that:

* 3 out of 4 children never received information on the dangers of mines/ERW;
* Many myths and wrong beliefs lead to un-safe behaviour towards mines/ERW (e.g. prodding, following animals or burning);
* Access to livelihoods remains a concern overriding mine risks, with broader conflict drivers and poverty reinforce risk taking behaviour.

**Coordination structures**

In 2012, a national Mine Risks Working Group was established under the leadership of the Ministry of Social Welfare, Relief and Resettlement with co-chair support from UNICEF. This inter-ministerial and inter-agency working group comprised 12 ministries and 28 international and Myanmar organizations. The MRWG aims at ensuring that interventions addressing mine risks are aligned with minimum standards and in accordance with lessons learned in Myanmar. In 2014, a decentralized effort was undertaken with the establishment of Kachin and Kaya State Mine Risks working groups. A dedicated Victim Assistance Technical Group and Information Management Technical Group were also formed.

**Key pillars of the 2015-2016 strategy**

The 2015-2016 strategy is articulated around 5 main pillars with short-term and longer term objectives.

* **Inter-agency/ inter-ministerial coordination** is critical to facilitate the intra-government collaboration and Union-State connectivity to address mine risks. It is also important to ensure that mine risks are known and taken into account across the different humanitarian and development sectors and that the capacity of frontline workers from CBOs and NGOs as well as decision-makers in various ministries at Union, State and Townships levels is strengthened through a shared understanding of common standards.
* **MRE/ Risk Mitigation -** The development, field test and roll-out of a common MRE tool-kit can save lives and is being prioritized for male and female children and adults in contaminated areas.At mid-term, it is foreseen to include a MRE module in school-curriculum. In addition, MRE activities should be completed by community-risk mitigation strategies, including those related to access to livelihoods. Survey activity to collect new and/or existing information about hazardous locations could also play an important role in better defining the contaminated areas.
* **Victim Assistance:** While mapping of services at local and States level should be made available and disseminated to communities, it is also critical to expand access to immediate life-saving services such as health and psych-social support as well as to longer-term social-economic reintegration options for both victims and survivors.
* **Information Management –** While the use of an Information Management System on Mine Action (IMSMA) has been officially endorsed, data collection tools are being further adapted and information sharing protocol agreed upon to facilitate the contribution of more member organizations and improve reporting and analysis. DSW focal points are also being trained on the use of IMSMA to ensure that consolidated report could be shared back to members of the MRWG and inform their programming. The mid-term objective is to move from survey to surveillance with a feasibility study on mine-injury surveillance system in collaboration with the Ministry of Health.
* **Advocacy** - Members of the MRWG are shaping and updating common messages for Government Officials and key decision makers at Union and State level as well as Embassies, donors and any relevant platform to ensure the issue of mine risks is put at the centre of discussions related to cease fire and peace process in Myanmar, and that the situation of mine contamination in Myanmar is understood and presented in national and global events in order to mobilize and sustain adequate resources and attention.

*The 2015-2016 Strategic Work plan was developed by the members of the MRWG in October 2014 and revised in October 2015*

**WORKPLAN**

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| 1. **INTER-AGENCY & INTER-MINISTERIAL COORDINATION AND CAPACITY BUILDING** | | | | |
| ***Objectives*** | ***Expected Results*** | ***Activities*** | ***Timeline*** | ***Lead Agencies*** |
| **1.1To establish inclusive and conflict sensitive leadership and coordination capacities on addressing mine risks** | **1.1.1.** Gaps and coverage of coordination at Union, State/Region levels are identified through needs assessment | Mapping and needs assessment of all stakeholders included in coordination at Union, State and Township levels | Ongoing | DSW (Union and States) |
| Outline work plan for improvement of coordination and capacity building of MR WG and its stakeholders | Jan.2015 - revised June 2016 | DSW/UNICEF |
| **1.1.2.** A capacity building training plan for stakeholders at State/Region Level (MR WG, GAD, development committees, EAG, CBO, etc.) is designed and implemented | Identity and form technical resource team | January 2016 | MRWG members |
| Sponsor participation of Government officials to global and regional events and capacity-building initiatives | ongoing | UNICEF –MOD- MOSWRR |
| Deliver coordination trainings to State/Region | 2016 | MRWG members |
| **1.1.3.** Streamlined and systematic reporting system established using agreed reporting formats | Identify and document existing MRE reports and make recommendations for streamlined reporting formats | Jan. 2016 | DSW / MIMU |
| **1.2 Establish and maintain Union and State level coordination mechanisms among MRWG members to ensure timely response and better liaison with other entities relevant to mine action** | **1.2.1.** Coordination meetings are held on a quarterly basis and key action points raised to State-level platforms | Quarterly meeting at Union / State Region Levels | Ongoing | DSW |
| Standing agenda item on mine action in State-Townships general meeting | Ongoing | DSW |
| Initiate and maintain up-to date State list serv, 6-month calendar of events, 4 Ws and referral pathway | Jan.2016 and ongoing | DSW State level |
| Facilitate discussion with MOH, Police, MOD, and other key actors for emergency referrals | ongoing |  |
| **1.2.2.** Produce guidelines plan for integrated inclusive MRE/VA development program | Drafting Guidelines / plan for Integrated Community Inclusive Development Plan (ICIDP) | March – July 2016  July 2016 | MRWG members |
| Deliver trainings to MRE actors | August-Dec 2016 | MRWG members |
| **1.2.3.** Ensure quality of MRE/VA through effective monitoring mechanism | Design and implement MR WG monitoring mechanism | Jan – June 2016 | DSW -UNICEF |
| Undertake joint monitoring trip to State-level | Jan – Dec 2015 | MRWG members |
| Undertake a study tour of various State/Regions to observe information sharing methods | 2016 | State Governments |
| Undertake a study tour in another country (e.g. Colombia) | June 2016 | MOSWRR/UNICEF |

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| 1. **MINE RISK EDUCATION/RISK MITIGATION** | | | | |
| ***Objectives*** | ***Expected Results*** | ***Activities*** | ***Timeline*** | ***Lead Agencies*** |
| ***2.*1 Provision of emergency MRE to high-risk communities in new disaster affected areas and in return locations** | **2.1.1.** Effective and contextualized emergency MRE is delivered | Deliver MRE key messages through mass media (radio, TV, phone app) in ethnic languages, where available | Ongoing | MRWG members |
| Deliver MRE to at-risk communities through group discussions/alert | Ongoing | MRWG members |
| **2.1.2** Emergency MRE stand-by teams are available for immediate deployment | ToT for CBO, local authorities, and teachers on emergency MRE | Nov. 2015 –June 2016 | MRWG members |
| Deliver MRE messages through public speaking venues, sports games, festivals, music, in affected communities | ongoing | MRWG members |
| **2.2 To standardize MRE in Myanmar as per minimum standards** | **2.2.1** A common MRE tool kit is made available for MRWG members | Collectively develop and field test messages and visuals based on KAP/Rapid assessment findings | March 2015 | DCA – MRWG members |
| MRE story board and associated posters/leaflets submitted for endorsement | July 2015 | DCA, UNICEF |
| Train CBOs focal points for massive roll-out of story board | Nov-2015 –June 2016 | DCA/UNICEF |
| Adolescent life-skills module developed as per EXCEL model and rolled-out | End of 2015 | DRC- UNICEF/MOE |
| Roll-out of story books to schools, CFS, women centres | Ongoing | DRC, PLAN, UNICEF |
| **2.2.2** An MRE module is integrated in to Myanmar school curriculum | Draft MRE module for school curriculum | Jan-June 2016 | MOE |
| TOT for teachers | Dec. 2016 | MOE |
| **2.3.Mitigate risks through alternative livelihood options and better mapping of hazards** | **2.3.**1 Increased alternative livelihood options | Identify alternative livelihood options | Ongoing | MRWG, Ministry of Agriculture |
| Document programme model |  | MRWG |
| 2.3.2Hazard areas are better known by community | Facilitate community mapping and survey | Ongoing | NPA, MAG, DRC-DDG |
| Disseminate and raise awareness on hazardous areas |  |  |

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| **3. VICTIM ASSISTANCE** | | | | |
| ***Objectives*** | ***Expected Results*** | ***Activities*** | ***Timeline*** | ***Lead Agencies*** |
| **3.1. Strengthen information collection on survivors and victims and refine analysis on their needs** | **3.1.1** A dedicated Technical Group on Victim Assistance (VA TG) is established | Draft and seek endorsement of VA TG TORs | February 2015 | HI, UNICEF, DSW |
| Identify and seek active participation of new actors beyond traditional MRWG members ( e.g. primary health care providers, national Myanmar Disability forum, rehabilitation actors) | February 2015 | VATG |
| **3.1.2** Detailed Assessment of needs of survivors and victims available to VA actors | Release and present findings of 2012 VA needs assessment | March 2015 | DCA |
| Collect relevant reports from small scale needs assessment, including for State not covered in 2012 VA needs assessment ( Bago, Mon, Shan, Taninthary) | March –2015 | MRCS, ICRC, World Education Forum, DSW |
| Organize a workshop to validate and discuss analysis of needs for victims and survivors including with DSW and Heath actors. | May 2015 | HI, DCA, |
| Identify and conduct complementary sectoral needs assessments (e.g. physical rehabilitation; empowerment) | May-Dec. 2015 |  |
| Conduct quantitative assessment survey to facilitate prioritization of needs according to survivors/victims | Jan- June 2016 |  |
| **3.1.3**. IMSMA capture and centralize needs of survivors/victim on an ongoing basis | Check IMSMA forms to ensure needs of both survivors and of victims are captured | Jan. 2015 | NPA, HI |
| Existing data available is centralized and inputted into IMSMA as much as possible | Jan.-June 2015 | NPA |
| VA service providers are trained on the use of IMSMA in Kachin and Kayah | June-Dec. 2015 |  |
| VA service providers are trained on the use of IMSMA in additional 3 contaminated States | Jan. June 2016 |  |
| VA related data are compiled and disseminated on a quarterly basis | As of Jan. 2016 |  |
| **3.1.4.** VA is linked to the National Plan of Action for Disability | Appointment of a VA focal point within the National Disability Council | Jan. 2015 | MCPD |
| Provide inputs to the Disability Plan of Action | Jan. Feb 2015 |  |
| Ensure relevant linkage with the Education and Disability Technical group | ongoing | DAI |
|  |
| **3.2**. **Increase access and availability to immediate support, psycho-social services and physical rehabilitation for survivors** | **3.2.1.** Survivors and victim better know where to go and how to access services and their entitlements | Mapping of services for 3 contaminated States based on accessibility assessment | Jan- June 2015 | DRC-DDG, HI, ICRC for Sectoral mapping on physical rehabilitation |
| Directory of Services is published and disseminated at State level in 3 contaminated States | Sept. 2015 | East Bago (HI) |
| Mapping of services is updated in 3 States and expanded in other contaminated States | June 2016 |  |
| Updated Directory of Services is disseminated | September 2016 |  |
| Develop a standardize module on rights awareness based on Myanmar legal framework | March 2015 |  |
| Rights awareness module included in broader community awareness raising on MRE and protection | June 2015 |  |
| **3.2.2.** Child friendly VA services are available | Assess if existing VA services are age-appropriate and share lessons learned | March –July 2015 |  |
| Highlight VA services with specific expertise on working with children in directories of services | 2016 |  |
| **3.2.3.** Case management and psycho-social support specific expertise for mine survivors is available,and integrated within physical rehabilitation when possible and broader protection case management | Develop a specific psycho-social support module for victim/survivors of mines, including specific consideration for children and on gender | June 2015 |  |
| Training for protection case managers, DSW staffing and health personnel on psycho-social support for mine survivors/victims | July – Dec. 2015 |  |
| Develop peer support network standardized strategy based on existing models of survivors groups | June 2015 |  |
|  | **3.2.4**. Increased access to quality and sustainable physical rehabilitation services | Extension of Hpa An physical rehabilitation centre’s catchment area through the set-up pf mobile repairs workshop | Ongoing | ICRC |
| Establishment of new physical rehabilitation centre in Kachin | 2016 | ICRC |
| Development of localized pilot network of prosthetic devices repair capacity in 3 contaminated provinces | March 2015 and beyond | ICRC |
| Define P7O national standards | 2016 |  |
| **3.3.** Foster development of health, social and economic strengthening inclusive programming and promote empowerment of survivors/victims | **3.3.1.** Number of rehabilitation programme in line with minimum standards at community level increased | Document promising models and develop minimum standard for Myanmar | June 2015 |  |
| Present VA inclusive programme model to the wider humanitarian/development community ( including through the NGO coordination forum) and to Donors | Sept. 2015 |  |
| Identify a pilot area in each of the contaminated States for community-based rehabilitation programme and document learning for experience sharing with the wider MRE/VA membership | Sept. 2015 – Sept. 2016 |  |
| Foster collaboration and joint policy between DSW and Ministry of Health | ongoing |  |
| Disseminate programme model on inclusive programming | 2016 |  |
| **3.3.2.** Increased economic strengthening/livelihoods opportunities are available for survivors/victims of mines | Identify existing economic strengthening/ livelihoods programming and ensure selection criteria do not disqualify victims/survivors | March 2015 |  |
| Identify discriminatory laws and policies and advocate for unfair barriers. | March 2015 |  |
| **3.3.3.** Survivors and victims are empowered and able to represent their interest within broader civil society opportunities | Foster representation forum including through identifying strong advocates/resource person among survivors/victims | ongoing |  |
| Facilitate participation of survivors/ victims to key events (e.g. MRWG, advocacy campaign, national consultation forums) | ongoing |  |
| Promote the participation of survivors/victims in MRE sessions organized by MRWG members | ongoing |  |
| Support the set-up of survivors groups in contaminated areas |  | World Education (Kaya), DRC-DDG, HI |
| Support the inclusion of survivors in sport and learning/recreational activities |  | MRCS |

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| 1. **DATA COLLECTION & INFORMATION MANAGEMENT** | | | | |
| ***Objectives*** | ***Expected Results*** | ***Activities*** | ***Timeline*** | ***Lead Agencies*** |
| **4.1 Roll-out and expand the use of a common information management system (IMSA) for better trend analysis on accident and victims data** | **4.1.1** IMSMA is adapted and used by increased number of MRWG members | Assign dedicated MRE focal point at Union and state level | June 2015 | DSW |
| Develop Information sharing protocol ensuring confidentiality and safety |  | UNICEF |
| Provide training to MRE focal point |  | NPA-UNICEF |
| **4.1.2**.Programming and advocacy is informed by trend analysis | Workgroup members share consolidate data and non-identifying information on a quarterly basis as per agreed intake form |  |  |
| Quarterly report and trend analysis is shared back with MRWG members |  | DSW-UNICEF-NPA |
| Train WG members and relevant CBOs on standards and data collection forms |  | UNICEF-DCA |
| **4.2 Establish long-term surveillance system** | **4.2.1**. Assess inclusion of mine accidents into current health system | Map current health system and brief MOH/WHO on mines |  | DSW-MOH |
| Design feasibility study on mine-risks injury surveillance system |  | MOH-DSW-UNICEF |
| **4.2.2.** Pilot mine injury surveillance system | Identify pilot areas |  |  |

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| 1. **ADVOCACY** | | | | |
| ***Objectives*** | ***Expected Results*** | ***Activities*** | ***Timeline*** | ***Lead Agencies*** |
| **5.1. Transmit clear and compelling information to key decision makers on the impact of mines on people living in conflict affected areas.** | **5.1.1** MRE/VA is integrated into the yearly workplan of government departments and durable-solution frameworks for IDPs/refugees and returnees | Identify relevant government departments for MRE integration. | Jan – Mar 2015 | Government members of WG and DSW |
| Identify relevant non-member WG organizations who provide technical support to government departments | Jan-Mar 2015 | WG members |
| DSW to communicate with selected departments (DG to DG) and facilitate training sessions with MRE implementers. | Jan – Mar 2015 | DSW/UNICEF |
| Working group members to provide training for trainers for focal people at union and state level government departments. | Apr – Dec 2015 | WG members/UNICEF |
| Develop MRE integration action sheet relevant for each targeted sector/department. | Jan – May 2015 | WG members |
| To develop key advocacy talking points for WG heads |  |  |
| **5.1.2** Government of Myanmar acknowledges the added value of accession to treaties | WG orientation around mine action and weapons treaties | Jan – Mar 2015 | UNICEF |
| Briefings on treaties for relevant government individuals | Jan – Mar 2015 | WG Members |
| Prioritise most relevant treaty to target (MBT, CCW, CCM) through consultation with relevant decision makers | Jan – Mar 2015 | WG Members |
| Translate treaties into Burmese. | Apr – May 2015 |  |
|  | **5.1.3.** Compelling information on mine risk is provided to all actors involved in the peace process. | Providing separate forums on mine risk with actors involved in the peace process. | Apr – May 2015 | UNICEF |
| Specific briefing is provided to signatory of NCA and NCA monitoring entity | Ja. 2016 | MRWG |
| **5.2 Increase financial and technical resources available to the mine action sector and Government** | **5.2.1** MRE programmes grow in scope and capacity. | Consultation meeting with donor | Jun – Aug 2015 | WG |
| MRE technical meeting with implementing organisations | May – Jun 2015 | WG |
| **5.2.2** MRE actor’s funding requirements are consolidated. | Mine action portfolio is available for Myanmar and updated on a yearly basis to established format | Jan – Mar 2015 |  |
| Launch of MA portfolio and ensure overall funding needs of Myanmar are reflected in Global events/ documentation | 2015 |  |
| **5.3 Public opinion on landmine/ERW is influenced through media and Government declaration** | **5.3.1**. Dissemination of key messages to Govt | Key Messages developed, approved and endorsed by Government / Advocacy note |  |  |
| **5.3.2** Relation with media are improved | Identify most appropriate media outlet 2015 | Jan – Mar |  |
| Promote MRE using media (Project span )/ media briefing |  |  |

Participating Government entities: MOSWRR-DSW (Chair), Ministry of Education, Ministry of Agriculture and Irrigation, Ministry of Home Affairs-GAD/ Police Forces, Ministry of Border Affairs, Ministry of Defense-Tatmadaw, Ministry of Health, Ministry of Labour, Ministry of Information

Participating Agencies: UNICEF (Co-Chair), AAR-Japan, Apopo, Community development Association, Clear Path International, DAI, Danish Church Aid (DCA) Danish Refugee Council – Danish Demining Group (DRC-DDG), FSD, HALO trust, Handicap International, International Red Cross Society (ICRC), Johanniter, KBC, KDN, KMSS, MAG, MCPD, Mercy Corps, MIMU, Myanmar Maternal and Child Welfare Association (MMCWA), MRTV, Myanmar Red Cross Society (MRCS), Myanmar Women Affairs Federation, Norwegian People Aid (NPA), Peace Myanmar Aid, Plan International, Social development Initiative, Swiss Development Cooperation (SDC), TLMI, UNHCR, UNOCHA, UNDPA, World Education Forum