

## IM Network Meeting Minutes: 05 February 2014

	Issues discussed	Action	Follow-up
1.	<p><b>GIS Working Group update:</b> OCHA, MIMU recruiting new data posts. UNHCR has recruited 6 new data associates. MIMU 3W process for April 2014 starting end of February with support sessions for agencies to assist in filling the forms (last week of February and 1<sup>st</sup> week of March). New Pcode versions will be released around the same time. MIM has received Ward level datasets which may be useful for agencies working in urban areas.</p>	MIMU to convene next GISWG	
2.	<p><b>Updates on relevant sector, cluster, UNCT/HCT and agency activities:</b></p> <p><b>NPA:</b> Currently processing results of a pilot non-technical survey conducted in 8 villages in Mon and Kayin. Village locations were suggested by the various authorities. This will be extended to 19 further villages, mainly in Mon state or in areas of Kayin with Mon population. Draft standards are also being prepared for minimum requirements for accreditation of operators for a variety of activities (non-technical and technical surveys, mine clearance and MRE activities). These include minimum standards for Information Management.</p> <p><b>3MDG:</b> focusing on HIV, malaria, TB, health systems strengthening, comprehensive health planning and budgeting. Current focus is on 42 TS with MNCH project. Implementing partners reporting 6 monthly on caseload statistics. Trying to get malaria info at village level but issues in using the MIMU divisions (according to GAD administrative divisions and Village tracts) and those used by the MoH (health administrative areas which are quite different from the GAD divisions).</p> <p><b>WASH Cluster:</b> have completed the 4W analysis of Kachin and Rakhine, monthly snapshot, and the WASH Cluster strategy for 2014. WASH Cluster info will be shared through the MIMU website.</p> <p><b>OCHA:</b> continuing to work on the monitoring framework for the humanitarian strategic plan with a small group of agencies and inputs from cluster/sector leads.</p> <p><b>MIMU:</b> WHO is assisting MIMU with info to complete the health facility mapping. The forward plan for the MIMU has been submitted for funding, aiming for eventually embedding of key MIMU services in a Govt ministry. New elements include the establishment of a National Spatial Data Infrastructure / NSDI within a ministry (a repository of geospatial data based on standards which allow sharing of information), a photo archive to gather improved images for use by media and agencies in their work (this idea being developed with OCHA); a comprehensive data mapping tool which brings together information from a variety of sources to a village/VT/TS frame (nationwide surveys, agency surveys,</p>	<p>NPA will share relevant info through the MIMU once available</p> <p>MIMU/3MDG to consider mapping of health administrative divisions</p>	

	geospatial data, health and school mapping etc). A feasibility study will be conducted at the end of 2014 by an external consultant to examine the various options for sustainability of the MIMU capacities and expertise.		
3.	<p><b>Data disaggregation Task Group:</b></p> <p>OCHA/Luis has been leading the taskforce and presented steps so far: An assessment of current practices was completed by 10 Sectors/Clusters. Results indicated that sectors/clusters are using 15 different categories of affected populations (only 6 of which include sex disaggregation), 17 categories of vulnerabilities and 5 different age disaggregation systems.</p> <p>The Task Force (UNHCR, OCHA, WFO and MIMU) met on January 21<sup>st</sup> to look at options for harmonizing categories which may work across sectors/clusters. The main focus of the first meeting was the categories of affected populations, recommending streamlining to 6 main categories (Refugees, Returnee-Refugees, IDPs, Returnee-IDPs, Host Communities and Other Communities which would include particular groups commonly targeted in humanitarian interventions. It was agreed that sex-disaggregated data should be collected for all categories concerning individuals. The next step will be to finalize recommendations for age groups and vulnerabilities, and produce a report of the technical recommendations for consideration by the Inter-sector/inter-cluster coordination group.</p>	OCHA to call the next Task Group meeting to finalise recommendations	
4.	<p><b>Workplan:</b></p> <p>Examples of an IM workplan were disseminated, along with the IM Network ToR and a data sharing protocol developed by the IM Working Group in South Sudan as a model. It was felt that first steps may be better in small group which could then be shared with the wider IMN for comment. A few relevant points raised in the IMN meeting to be considered as this moves forward:</p> <ul style="list-style-type: none"> <li>- To decide whether it would be useful to map the Health admin divisions so as to better present the available health info.</li> <li>- Considering the progress of the WASH cluster, it would be useful to have an inventory of products prepared by each Sector/Cluster.</li> <li>- The IM Network could usefully play a role in supporting better Health and WASH IM exchange as a model for sectors/clusters (to discuss with the Health and WASH Cluster Coordinators)</li> </ul>	MIMU to convene a small group to take the first steps	
5.	<p><b>Next scheduled meeting</b> will be held at <b>3pm Wednesday March 5th</b> in the ground floor meeting room of MIMU, No.(5) Kanbawza Street, Bahan (opposite the Toyota Service Centre). Lyndy Worsham from TBC will provide a brief presentation on IM issues and the SE.</p>		

<b>Sr.</b>	<b>Participants</b>	<b>Designation</b>	<b>Agency/ Organization</b>
1	Serif Bajric		NPA
2	Thi Thi Lwin	WASH Cluster	UNICEF
3	Luis Sena Esteves	IMO	OCHA
4	Pyi Soe	IS Analyst	3MDGF(UNOPS)
5	Nway Aung	GIS Manager	MIMU
6	Shon	MIMU manager	MIMU