

# ANNEX 1 – Sector Standard Operating Procedures (SOPs) for Disaster Response (June 2019)

## CAMP COORDINATION & CAMP MANAGEMENT (CCCM)

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilise camp management needs assessment team (ensuring gender balance)	Cluster lead	Cluster partners	5 days (maximum)
If population relocated, assess camp management needs, taking into account protection, gender, age and disability considerations	Cluster lead	Cluster partners	5 days (maximum)
Mobilise camp management needs assessment support at national level (as required)	Cluster lead	Cluster partners	5 days (maximum)
<b>Immediately after disaster</b>			
Mobilise camp management assessment team	Cluster lead	Cluster partners	24 to 36hrs
Conduct rapid assessments of camp management needs of affected population (using sex, age and diversity disaggregated data), which can include security threats/risks, access to affected areas and logistical needs	Cluster lead	Cluster partners	72hrs
Share information on results of rapid assessments with relevant stakeholders and decide on further actions	Cluster lead	Cluster partners	7 days
Organise daily coordination meeting in Yangon, which can include liaising with appropriate government counterpart at national level	Cluster lead	Cluster partners	24 to 36hrs
Attend ICCG meeting in Yangon	Cluster lead	OCHA	24 to 48hrs
<b>Within two weeks</b>			
Deploy additional staff from emergency rosters	Cluster lead	IOM	within 21 days
If appropriate, adjust plan/strategy	Cluster lead	Cluster partners	within 28 days
<b>Up to four weeks</b>			
Deploy additional staff from emergency rosters	Cluster lead	IOM	within 28 days
Re-enforce measures to address cross-cutting issues as protection, gender, protection, age and disability	Cluster lead	Cluster partners	Within 7 days and ongoing
If appropriate, adjust plan/strategy	Cluster lead	IOM	within 28 days

## EDUCATION IN EMERGENCIES (EiE)

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Update and share 3W and contact list with relevant partners	Sector leads	All relevant actors	Immediately
Initiate agreed emergency coordination mechanisms with the sector partners, including the Education Dept/Office, and other sector/cluster coordinators	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	Immediately
Review/verify with all partners that local EiE preparedness capacity is valid/updated – education stocks, education personnel, pre-identified NGO/CSO education partners	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	Immediately
<b>Immediately after disaster</b>			
Co-convene first EiE Sector emergency meeting with available partners, including the Education Dept/Office, and agree initiation of contingency plan (revising aspects if necessary). Agree regular meeting times, places and coordination responsibilities.	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	24hrs (Continuous)
Compile and share existing information on education services managed or supported by each organization - staff, structures, materials (Continue this throughout crisis, expanding it in line with information available and transitioning into the regular sector sitrep later on).	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	24 to 48hrs (Continuous)
Obtain initial information on potential damage to education personnel, structures and supplies through the Education Dept/Office and implementing partners, using their existing education staff network (including liaisons, PTAs and community teachers).	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	24 to 48hrs
Attend ICC meetings to share information on the EiE sector's initial needs and plans and priorities. Update OCHA 3Ws based on new reality and on an ongoing basis thereafter based on evolving EiE response plans.	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	24 to 48 hrs (Continuous)
Coordinate initial request for education supplies by partners from their respective in-country preparedness stocks, working with national EiE Sector Coordinator	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	48 to 72 hrs
Coordinate and support any request for rapid seed funding from pooled funding mechanisms through the best placed organization (or the one lacking funding from its own internal emergency sources).	Sector leads	OCHA	48 to 72 hrs (Continuous)
Mobilize EiE sector members able to participate in the Multi-sector Initial Rapid Assessment (MIRA) and (re-)train on education section of tool	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	48 to 72 hrs
<b>Within two weeks</b>			
Share information on progresses/results of initial rapid assessments with relevant stakeholders and decide on priority actions.	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	1 week
Update and finalize initial sector response plans and (re-)confirm partners' priorities and capacities	Sector leads	Education Dept/Office, LWF, Plan, MRCS, CFSI, other partners	1 to 2 weeks

Coordinate partner's needs for education response surge capacity. Identify/request additional information management/coordination support as necessary.	Sector leads	LWF, Plan, MRCS, CFSI, other partners	2 weeks (+)
Mobilize initial response activities with government and partners using available resources, based on needs identifies	SEO, sector leads	Sector partners	2 weeks (+) (Continuous)
Coordinate and support the preparation of an initial education sectoral needs and damage assessment in the affected communities as necessary, with the Education Dept/Office and through Head teachers and Parent Teacher Associations (PTA).	SED/TEO, UNICEF, SCI	Sector partners	1 to 2 weeks (+) (Continuous)
<b>Up to four weeks</b>			
Further update plans and develop new proposals based on needs identified (to build on initial response plans and concept notes and move toward early recovery phase).	SED/TEO, sector leads	Sector partners	2 to 4 weeks (+)
Consolidate EiE response team so that initial assistance continues to be provided to the most vulnerable groups/villages, with focus on the most vulnerable and marginalised groups including based on gender, age, disability, ethnicity/religion and other diversities. Deploy additional staff from emergency rosters to top up the response capacity.	SED/TEO, sector leads	Sector partners	2 to 4 weeks (+) (Continuous)
Identify and advocate for financial needs for the coming months and ensure that education is integrated in appeals, donor briefings, and other proposals in order to guarantee the adequate resources are mobilized to ensure the EiE response	Sector leads	Sector Partners	3 to 4 weeks (+)
Establish information sharing or dissemination system through websites, bulletin, reports etc. Facilitate the exchange of ideas, information, statistics and other data among new and existing sector partners as well as externally.	Sector leads	Sector partners	4 weeks (+)
Continue the conduct of initial sectoral assessments (using sex, age and diversity disaggregated data) with the government as necessary	Sector leads	Sector partners	4 weeks (+)
Re-enforce measures to address cross-cutting issues as protection, gender, protection, age and disability	Sector leads	Sector partners	Within 7 days and ongoing

## EMERGENCY TELECOMMUNICATIONS (ETC)

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
"Simplex" operation on pre-defined emergency channels. Pre-programming of radios to the correct frequency prior to departure is required.	Sector lead		1st day
Shared basic internet connectivity distributed from a single location (internet cafe). Access to corporate webmail only. This service is available for a selected list of users only.	Sector lead		Within 24 hours
Basic voice connectivity to the international phone network for the humanitarian community	Sector lead		Within 24 hours
All project related activities, including the definition and submission for approval of a project document with well-defined objectives and timeline, a clear budget, regular project report, final handover/closure.	Sector lead		Ongoing
<b>Within first weeks</b>			
Assessment of common security telecommunication infrastructure needs for humanitarian community	Sector lead	Government and Inter-Agencies	Week 1
Assessment of common ICT infrastructure needs for humanitarian community	Sector lead		Week 1
Act as the single focal point with government authorities on behalf of the humanitarian community for all radio, voice and data communications related matters including importation, frequency licensing and customs support. Frequency usage/control and allocation (VHF and HF)	Sector lead		Week 1
Coordinate with local authorities in the area of operation in order to deploy the equipment.	Sector lead		Week 1
Call sign management/allocation services are provided	Sector lead		Week 1
Collaboration with existing, regular ICT working group (inter-organization) meetings	Sector lead		Week 1
Advice and support in regards to importation, customs and logistics services	Sector lead		Week 1
Basic coverage around the main operational centre. This service may require re-programming of the equipment.	Sector lead		Week 1
Establish and maintain COMCEN(s) operating as per MOSS standards.	Sector lead		Week 1
Programming of radios or other equipment (as per standard) belonging to individual organizations to be provided on best effort basis.	Sector lead		Week 1
Shared internet connectivity distributed in an internet cafe as well as wider coverage within a common office area. Depending on available bandwidth, some services might be restricted. Access could be provided through a self-registration system or a secret password system.	Sector lead		From week 1
Voice connectivity to the international phone network through a number of dedicated channels depending on available lines or available/subscribed bandwidth. Voice connectivity between local users is provided.	Sector lead		Week 1
<b>Within two weeks</b>			
Dedicated NGO coordinator to ensure NGO needs are considered in planning ETC operations, Service to be deployed on a case-by-case basis.	Sector lead		Week 2
Install and maintain a local voice exchange between organizations and individuals independent from (but possibly connected to) global or local public services.	Sector lead		Within 2 weeks
(Optional) Establish a dedicated GSM/WCDMA/LTE mobile network to be used by the humanitarian workers in the operational area(s).	Sector lead		Within 2 weeks
<b>Within four weeks</b>			

Extended coverage within Common Operational Areas, including dedicated channels.	Sector lead	Week 3
Provide training of users and radio operators, through deployment of a radio trainer.	Sector lead	Week 3
Automated staff, vehicle and asset tracking based on VHF/UHF, GSM and/or satellite system with/without possibility of geo-fencing and alerting services.	Sector lead	Week 3
Alerting services to Sell-V VHF/UHF radios GSM and/or other portable devices (depending on available infrastructure). Specification of additional devices to be defined.	Sector lead	Week 3
Shared internet connectivity distributed to the offices of the individual organizations within the operational area.	Sector lead	4 weeks
(Optional) If requested by an organization; provide dedicated internet bandwidth on a cost recovery basis (i.e. VPN, leased-lines, dedicated VSAT capacity to corporate facilities).	Sector lead	1-4 weeks after request

## FOOD SECURITY

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Obtain weather forecast from various sources	OCHA	UNDSS	Daily
Identify areas and population at risk	Sector lead	OCHA	Immediately
Prepare emergency roster of staff	Sector lead		Immediately
Identify available emergency food stocks	Sector lead		Immediately
Identify emergency seeds, fertilizers and fishing gears stocks	Sector lead		Immediately
<b>Immediately after disaster</b>			
Participate in coordination meetings (UN/NGOs, government)	OCHA	FS partners	24hrs
Develop initial assessment plans (including logistics arrangements)	OCHA	FS partners	24hrs
Deploy initial assessment team(s) (multi-sector/cluster) ensuring gender-balance	OCHA, Sector lead	FS partners	48hrs
Confirm beneficiary numbers and location (disaggregated by sex, age and disability)	OCHA, Sector lead	FS partners	48 to 72hrs
Check existing stocks (and additional supplies)	Sector lead	FS partners	24hrs
Deliver HEBs	Sector lead	FS partners	72 hrs
Deploy food distribution team	Sector lead	FS partners	48 to 72hrs
Food distribution	Sector lead	FS partners	72hrs
Follow-up meetings (partners, government)	OCHA	FS partners	96hrs
<b>Within two weeks</b>			
Plan more detailed assessment (Food security assessment), if required	Sector lead	FS partners	Day 5
Deploy Food security assessment team	Sector lead	FS partners	Day 6
Check available food stocks	Sector lead	FS partners	Day 7
Deliver food or cash assistance	Sector lead, CWG	FS partners	Day 9
Food distribution	Sector lead	FS partners	Day 9
Distribution of available stocks of seeds, fertilizer and fishing gears	Sector lead	FS partners	Day 12
Follow-up meetings for gap analysis in the response (partners, government)	OCHA	FS partners	Day 12
<b>Up to four weeks</b>			
Development of FSS strategic response plan for winter season and following year rainy season	Sector lead	FS partners	Day 16 to 28
Rehabilitation of rice field embankments	Sector lead	FS partners	Day 10 to 28
Technical work session with fishery department to assess risk of overuse of resources	Sector lead	Gov, FAO, NGO	Day 20
Technical work session with livestock actors to clarify needs and standards for restocking	Sector lead	Gov, FAO, NGO	Day 21
Technical work session with forestry department to assess need for reforestation	Sector lead	Gov, FAO, NGO	Day 22
Release of FSS strategy for support until end of following year rainy season	Sector lead		Day 28
Re-enforce measures to address cross-cutting issues as protection, gender, protection, age and disability	Sector lead	FS partners	Within Day 7 and ongoing

## HEALTH

Activity	Lead	Other Organizations	Timeline
<b>Early Warning (EW) Phase</b>			
Update and share 3W and contact list with relevant partners	Cluster lead	Cluster partners	24 hours after EW
Initiate emergency coordination mechanisms	Cluster lead	Cluster partners	24 hours after EW
Identify staff available for assessments (ensuring gender balance)	Cluster lead	Cluster partners	24 hours after EW
Check with all partners on the pre-positioning and stock-piling of medical supplies and equipment including essential medicines and vaccines, hygiene and dignity kits, reproductive health kits and trauma care.	Cluster lead	Cluster partners	24 hours after EW
<b>Immediately after disaster</b>			
Activate pre-identified assessment team (ensuring gender balance)	Cluster lead	Cluster partners	2 days
Organize the health cluster meeting and share update information from assessment team	Cluster lead	Cluster partners	3 days
Distribute emergency supplies to the affected locations as per cluster stock-piling based on need.	Cluster lead	Cluster partners	4 days
Re-establish disrupted health services through static and/or mobile clinic (PHC, SRH, Nutrition services in collaboration with Nutrition Sector) and eventually the setup of secondary care emergency facilities. Ensure the availability of health care services for gender-based violence survivors including the availability of post rape treatment. Ensure mobile health teams are gender-balanced.	Cluster lead	Cluster partners,	7 days
Activate communication, coordination system between field staff and based health facilities	Cluster lead	Cluster partners	1 days
Implement Early Warning and Response System (EWARS) as per EWARS SOP as soon as possible	Cluster lead	Cluster partners	4 days
<b>Within two weeks</b>			
Follow up the progress on the initial assessment	Cluster lead	Cluster partners	2 weeks
Assist in the provision of measles vaccination to 9-months to 15-years old children relocated in the evacuation sites/IDP camps/host families as per MoHS guidance	MoHS, Cluster lead	Cluster partners,	2 weeks
To provide psychological first aid to the affected population with priority for the most vulnerable and marginalized	Cluster lead	Cluster partners,	2 weeks
<b>Up to four weeks</b>			
Adjust health sector strategy and response plan based on results of joint assessment	Cluster lead	MoHS Cluster partners, UNICEF	3 weeks
Come up with a transition plan for the next 6-8 weeks	Cluster lead	MoHS, Cluster partners,	4 weeks
Re-enforce measures to address cross-cutting issues as protection, gender, age and disability	Cluster lead	Cluster partners, ICCG	Within 7 days and ongoing

## LOGISTICS

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Update and share the Logistics capacity assessment (especially list of transporters, storage facilities...) with the Logistics cluster members	Cluster lead	UN/NGO	Immediately
Update and share with logistics cluster members' information on emergency response equipment available in Yangon and at regional level	Cluster lead	UN/NGO	Immediately
Identify staffs available for the emergency response from local, regional and international logistics rosters. Allocate female logisticians, where available, to perform their functions in situations in which cultural factors inhibit male staff from directly exploring and meeting women's needs.	Cluster lead		Immediately
Verify Emergency Response Kits (mobile offices, mobile storage, mobile hubs...)	Cluster lead		Immediately
<b>Immediately after disaster</b>			
Assess the disaster's impact on logistics infrastructure and assets (road, airport, port, storage, logistics service providers, custom clearance...) using decentralized resources, supported with centralized mobile teams (multi-sector/cluster)	Cluster members	UN/NGO	within 2 days
Evaluate staffing requirements to and organize support resources, particularly in the area of information management	Cluster lead		within 2 days
Liaise with the Emergency Operation Center in Naypyidaw and with appropriate governmental counterpart at national and state level	Cluster lead		within 2 days
Attend inter cluster coordination meetings in Yangon	Cluster lead	OCHA	within 2 days
Organize regular centralized coordination meeting in Yangon and if required, decentralized ones at regional level	Cluster lead	UN/NGO	within 3 days
Consolidate information on logistics gaps in the emergency response taking into account gender, protection and PSEA considerations	Cluster lead		within 4 days
Share relevant logistic information - setup and maintain information - sharing platform (Logistics Cluster website) and share standard Logistics Cluster situation reports, assessments, concept of operations and other coordination tools	Cluster lead	UN/NGO	within 4 days
Coordinate logistics assets / address capacity gaps using Log Cluster member resources (for transport, storage, custom clearance...)	Cluster lead	UN/NGO	within 4 days
If required, act as provider of last resort (transport in / to disaster hit area, setting up storage capacity...)	Cluster lead		within 4 days
Coordinate international supply of emergency assets from Global Humanitarian Depots (UNHRD), if needed	Cluster lead	UN/NGO	within 4 days
Develop concept of operation, supporting possible funding request to augment logistics response capacity for the humanitarian community	Cluster lead	UN/NGO	within 5 days
<b>Within two weeks</b>			
Setup a Relief Item Tracking Application to provide visibility on resource movements	Cluster lead	UN/NGO	within 7 days
Develop Standard Operating Procedures to define how to access to shared logistics capacity	Cluster lead	UN/NGO	within 7 days
<b>Up to four weeks</b>			
If required, review support staff requirements and adjust	Cluster lead	UN/NGO	within 30 days
Re-enforce measures to address cross-cutting issues as protection, gender, protection, age and disability	Cluster lead		Within 7 days and ongoing

## NON-FOOD ITEMS (NFI)

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilise NFI needs assessment team (ensuring gender balance)	Cluster lead	Cluster partners	5 days (maximum)
If population relocated, NFI distribution in advance of event	Cluster lead	Cluster partners	5 days (maximum)
Ensure 100% clarity across all partners/members on minimum NFI standards, including taking into account protection and gender, age and disability considerations.	Cluster lead	Cluster partners	5 days (maximum)
Mobilise NFI needs assessment support from national level (as required) (ensuring gender balance)	Cluster lead	Cluster partners	5 days (maximum)
Mobilise assessment team, which includes evaluation of need for intersector assessment, led by OCHA (ensuring gender balance)	Cluster lead	Cluster partners	24 to 36hrs
Conduct rapid assessments of NFI needs for affected population (across gender, age, disability and other diversities), which can include security threats/risks, access to affected areas and logistical needs	Cluster lead	Cluster partners	72hrs
Distribute NFI core kits from contingency stock and any additional relief items demanded due to weather conditions and/or emergency circumstances	Cluster lead	Cluster partners	72hrs
Share information on results of rapid assessments with relevant stakeholders and decide on further actions	Cluster lead	Cluster partners	7 days
Organise suitably coordination meeting in Yangon, which can include liaising with appropriate government counterpart at national level	Cluster lead	Cluster partners	24 to 36hrs
Attend ICCG meeting in Yangon	Cluster lead	OCHA	24 to 48hrs
<b>Within two weeks</b>			
Initiate procurement to supplement deliveries if initial distribution is inadequate	Cluster lead	Cluster partners	7 to 10 days
Deploy additional staff from emergency rosters	Cluster lead	IFRC	21 days
If appropriate, adjust plan/strategy	Cluster lead	-	28 days
<b>Up to four weeks</b>			
Deploy additional staff from emergency rosters	Cluster lead	IFRC	Within 28 days
If appropriate, adjust plan/strategy	Cluster lead	Cluster partners	Within 28 days
Re-enforce measures to address cross-cutting issues as protection, gender, protection, age and disability	Cluster lead	Cluster partners	Within 7 days and ongoing

## NUTRITION

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Verify existing stocks of essential supplies including RUTF, fortified nutritional products including blended food, and micronutrient supplements and identify resources for gaps	Sector lead	National Nutrition Centre (NNC/MoH), Myanmar Nutrition Technical Network (MNTN)	3 days
Strengthen/confirm existing coordination mechanisms or, if unavailable, create them in collaboration with national and local authorities to ensure that the humanitarian response is timely and coordinated, and that it conforms to humanitarian principles and agreed-upon standards and benchmarks including protection and gender considerations.	Sector lead	NNC/MoH, MNTN	5 days
<b>Immediately after disaster</b>			
Take part in inter-agency coordination at national level	Sector lead	NNC/MoH, MNTN	24hrs
Ensure and establish effective coordination mechanism among nutrition partners in Yangon	Sector lead	NNC/MoH, MNTN	24hrs
Undertake a multi-sectoral rapid assessment (ensuring gender balanced team), including key priority information for nutrition	Sector lead	MNTN	48 - 72hrs 1 to 2 weeks
Advocate for and mobilize initial funding for the Nutrition Sector response	Sector lead	MNTN	From day 2
Release a joint statement on Breast Milk Substitute (BMS)/ Code to the media and all sectors/clusters to prevent the influx of BMS	Sector lead	NNC/MoH, MNTN	7 days
<b>Within two weeks</b>			
Share information on results of rapid assessments with relevant stakeholders at national level and decide on further actions	Sector lead	NNC/MoH, MNTN	7 days
Organize coordination meeting, which can include liaising with appropriate government counterpart at national level	Sector lead	NNC/MoH, MNTN	7 days
Ensure appropriate emergency nutrition response based on the needs of affected population (across gender, age, disability and other diversities). Response should follow sector/cluster responsibility and national/global humanitarian standards/guidelines including protection and gender considerations.	Sector lead	NNC/MoH, MNTN	2 weeks
Consult with the affected communities (across gender, age, disability and other diversities) for development and implementation of programme communication, and include relevant and evidence-based nutrition messages in all programme communication activities.	Sector lead	NNC/MoH, MNTN	2 weeks
If necessary, deploy additional staff from emergency rosters to affected areas	Sector lead	NNC/MoH, MNTN	2 weeks
Nutrition sector/cluster identifies needs and financial resources required for activities among nutrition partners (including advocacy)	Sector lead	NNC/MoH, MNTN	2 weeks
Support the formulation of draft appeals involving all relevant partners	Sector lead	NNC/MoH, MNTN	2 weeks
<b>Up to four weeks</b>			
Establish and maintain Nutrition Information System	Sector lead		From week 1
Conduct joint monitoring	Sector lead	NNC/MoH, MNTN	From week 2
Routinely monitor all CMAM sites to prevent distribution of breast milk substitutes, bottles, teats, and other milk products	Sector lead	NNC/MoH, MNTN	From week 2
Monitor and report on key performance indicators	Sector lead	NNC/MoH, MNTN	Monthly
Re-enforce measures to address cross-cutting issues as protection, gender, protection, age and disability	Sector lead		From week 1

## PROTECTION

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilise assessment team / team members (ensuring gender balance) to participate in the initial multi sector rapid assessment	Sector lead	UNICEF, UNFPA, DRC	3 days
Update and share 3W and contact list with relevant partners	Sector lead	UNICEF, UNFPA	3 days
<b>Immediately after disaster</b>			
Mobilise assessment team / team members (ensuring gender balance) to participate in the initial multi sector rapid assessment	Sector lead	UNICEF, UNFPA, DRC	Immediate
Activate response teams (ensuring gender balance) from the Protection Sector national standby emergency list (GBV emergency response teams, family separation screening teams, etc.)	UNHCR, UNICEF, UNFPA	Protection WG, CP and GBV SWG	Immediate
Organise coordination meetings with relevant sector members and attend inter-sector coordination meetings	Sector lead	Protection WG, CP and GBV SWG	24 to 36hrs
Mobilise assessment team / team members to participate in the initial multi sector rapid assessment	Sector lead	UNICEF, UNFPA, DRC	Immediate
<b>Within two weeks</b>			
Conduct technical protection assessment and safety audits (to identify and mitigate additional risks across sectors)	UNHCR, UNICEF, UNFPA	Protection WG, CP and GBV SWG	1 week
Deploy response teams from the Protection WG (GBV emergency response teams, family separation screening teams, etc.)	UNHCR, UNICEF, UNFPA	Protection WG, CP and GBV SWG	1 week
Map main protection issues and provide and assist solutions, based on the available, functioning services.	UNHCR, UNICEF, UNFPA	Protection WG, CP and GBV SWG	1 week
Map main protection issues and provide for and assist solutions	UNHCR, UNICEF, UNFPA	Protection WG, CP and GBV SWG	1 to 2 weeks
Map available services for GBV response	UNFPA		
Conduct tracing and family reunification for Unaccompanied and Separated Children (UASC) & referral to interim care	UNICEF		1 week
Conduct tracing and family reunification for elderly and persons with disabilities	Sector lead	MRCS, ICRC	1 week
Reactivate the referral and management system (including GBV and CP)	UNHCR, UNICEF, UNFPA	Protection WG, CP and GBV SWG	1 week
Establish child friendly spaces and outreach in host communities and in locations of displacement/relocation	UNICEF	SAVE, DRC	1 week
Establish safe spaces and outreach for women, girls and survivors of GBV in locations of displacement/relocation	UNFPA	IRC	1 week
Distribute protection related items as needed	UNHCR, UNICEF, UNFPA	Protection WG, CP and GBV SWG	1 week
<b>Up to four weeks</b>			
Establish an emergency complaints mechanism and disseminate information about it through radio messaging	Sector lead	Protection WG, CP and GBV SWG	4 weeks
Report on initial protection monitoring findings and recommendations to ICCG and HCT to inform humanitarian response	Sector lead	Protection WG, CP and GBV SWG	4 weeks
Re-enforce measures to address cross-cutting issues as gender, protection, age and disability	Sector lead	Protection WG, CP and GBV SWG	4 weeks

## SHELTER

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilize emergency shelter needs assessment team (ensuring gender balance)	Cluster lead	Cluster partners	5 days (maximum)
If population relocated, emergency shelter distribution in advance of event	Cluster lead	Cluster partners	5 days (maximum)
Ensure 100% clarity across all partners/members on emergency shelter specifications & guidelines	Cluster lead	Cluster partners	5 days (maximum)
Mobilize emergency shelter needs assessment support from national level (as required)	Cluster lead	Cluster partners	5 days (maximum)
<b>Immediately after disaster</b>			
Mobilize assessment team, which includes evaluation of need for intersector assessment, led by OCHA	Cluster lead	Cluster partners	24 to 36hrs
Conduct rapid assessments of emergency shelter needs for affected population (across gender, age, disability and diversity), which can include security threats/risks, access to affected areas and logistical needs	Cluster lead	Cluster partners	72hrs
Distribute emergency shelter from contingency stock	Cluster lead	Cluster partners	72hrs
Share information on results of rapid assessments with relevant stakeholders and decide on further actions	Cluster lead	Cluster partners	7 days
Organize daily coordination meeting in Yangon, which can include liaising with appropriate government counterpart at national level	Cluster lead	Cluster partners	24 to 36hrs
Attend ICC meeting in Yangon	Cluster lead	OCHA	24 to 48hrs
<b>Within two weeks</b>			
Initiate procurement to supplement deliveries if initial distribution is inadequate	Cluster lead	Cluster partners	7 to 10 days
Deploy additional staff from emergency rosters	Cluster lead	IFRC	21 days
If appropriate, adjust plan/strategy	Cluster lead		28 days
<b>Up to four weeks</b>			
Deploy additional staff from emergency rosters	Cluster lead	IFRC	Within 28 days
If appropriate, adjust plan/strategy	Cluster lead	Cluster partners	Within 28 days
Re-enforce measures to address cross-cutting issues as protection, gender, protection, age and disability	Cluster lead	Cluster partners	Within 7 days and ongoing

## WATER, SANITATION AND HYGIENE (WASH)

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilize WASH Cluster team (ensuring gender balance) for field support	Cluster lead	Cluster partners	Immediately
Pre-distribution of water reagent for water purification	Cluster lead	Cluster partners	Immediately
Hygiene promotion team of partners re-enforced specific messages on good practices in such events	Cluster lead	Cluster partners	Immediately
If population relocated, Hygiene Kit distribution mechanism set up for reactive distribution for most vulnerable, in evacuation center straight after the events	Cluster lead	Cluster partners	Immediately
Immediately after disaster			
Mobilize assessment team (ensuring gender balance) set up to join MIRA teams	Cluster lead	Pre-listed	24hrs.
Organize a specific daily coordination meeting in Yangon and the affected area	Cluster lead	Cluster partners	Daily
Liaise with the appropriate governmental counterpart at national and state/region level	Cluster lead		
WASH Cluster keeps close liaison with OCHA for update information	Cluster lead	OCHA	Continuous
WASH Cluster share any relevant information with MIMU/OCHA	Cluster lead		
WASH Cluster share assessment findings with partners	Cluster lead		
Liaise with OCHA/MIMU for mapping of needs	Cluster lead	MIMU	
Production of regular Wash Situation report and minutes meeting	Cluster lead		Every 2nd day
Close link with either UNHCR or IOM on situation on evacuation sites	Cluster lead	UNHCR/IOM	
Mobilize stock available and define a supply process with UNICEF and other agencies from Yangon	Cluster lead	UNICEF	3 days
Identify partners to support distribution of Hygiene Kit and to deploy first WASH support	Cluster lead	Concerned organizations	3 days
Inform UNICEF and OCHA on resource mobilization for WASH needs	Cluster lead	UNICEF/OCHA	3 days
Communicate with Global cluster and UNICEF Bangkok regional office on preliminary analysis, needs and potential foreseen support needed	Cluster lead	RECA	3 days
Evaluate and deploy first water supply possibility for affected population and evaluate overall response cost in respect of technical standard pre-defined	Cluster lead	Cluster partners	5 days max
Supply emergency sanitation equipment and define first response possible and evaluate overall response cost in respect of technical standard pre-defined	Cluster lead	Cluster partners	5 days max.
Daily update of 3W, including capacity response	Cluster lead		Daily
Monitoring of NFI supply	Cluster lead	Implementing partners	Weekly
<b>Within two weeks</b>			
Informed WASH partners on mobilization of funds and donors support to the response	Cluster lead	Cluster partners	Continuous
Recruitment of additional Cluster staff to support the team in the affected area or coordination at national level	UNICEF	Cluster partners	1 week
Consolidate the geographical positioning of each WASH actors	Cluster lead		2 weeks
Consolidate supply chain for Hygiene Kits and any other equipment	Cluster lead	Cluster partners	2 weeks
Top-up the response capacity with concern of funding available/needed, HR needs, partners' coverage, systematization of the response, consolidation of information management and gap identification	Cluster lead	Cluster partners	3 weeks
Upgrade 3W tools to measure the response coverage versus Sphere guide lines	Cluster lead		3 weeks

<b>Within four weeks</b>			
Develop a proper briefing package for the arrival of new actors	Cluster lead		1 month
Top up the technical standard	Cluster lead		2 weeks
Re-enforce measures to address cross-cutting issues as protection, gender, protection, age and disability	Cluster lead	Cluster partners	1 month
Prepare early recovery phase in approach	Cluster lead	Cluster partners	1 month
Define a medium term (3 months) intervention strategy	Cluster lead	Cluster partners	1 month
Identify the most appropriate cluster coordination setting with government (co-leadership?)	Cluster lead		1 month
Support any logistic WASH challenges with relevant agency (WFP if defined logistic cluster)	Cluster lead	Cluster partners	
Conduct a wash base line survey	Cluster lead	Cluster partners	2 weeks
Organize external need assessment if not yet deployed	Cluster lead	RECA	2 weeks
Identify and advocate for financial needs for next 3 months	Cluster lead		3 weeks

# ANNEX 2 – Rakhine Cyclone Scenario

## Sector Response Plans (June 2019)

### EDUCATION IN EMERGENCIES (EiE) SECTOR

**Sector Partners:** UNICEF and Save the Children (Co-lead), Plan International, Lutheran World Federation, Norwegian Refugee Council, Myittar Resource Foundation, Bridge Asia Japan, MAUK

#### Objective of the Sector:

The affected school-aged children have access to safe and protective education and recreational opportunities.

*NB: EiE sector's focus during the first week is process-focused - to coordinate, gather the data, assess and analyse the situations as per national SOP to initiate immediate education response with longer-term vision and recovery planning, in cooperation with the State Education Department (SED)/Township Education Offices (TEO) and other relevant authorities.*

#### Sector context and risk analysis:

Basic education access and provision of quality education services in Rakhine State, which had chronically faced underdevelopment challenges, has been exacerbated by the 2012 inter-communal violence during which approximately 140,000 people were displaced. Insecurity, tensions, and systemic as well as other barriers have since then hindered access to essential education for children in Rakhine State.

In eight townships prioritized in this exercise, there are a total of 1,424 basic education primary schools 76 middle schools, and 59 high schools, with 167,099 primary, 53,312 middle, and 23,296 high school students as per the data compiled by TEOs. More than 21,000 students in Sittwe, Pauktaw, Myebon, and Kyaukpyu are estimated to remain reliant on education services in the Temporary Learning Classrooms (TLC) supported by education sector partners. Of a total of 134 TLC, 11 TLC in Sittwe (3), Myebon (4), and Kyaukpyu (4) are managed by SED/TEOs, while other TLCs' daily operation is supported by UN/INGO partners under the guidance and support of SED/TEOs. Of total students learning in TLC, it is estimated that 14,895 are in Sittwe, followed by 5,381 in Pauktaw, 957 in Myebon, and 267 in Kyaukpyu

Gender parity index (GPI) in basic education schools is reported to be below 1 in most of the eight townships according to the secondary data available. At primary school level, GPI is 0.84 in Sittwe. GPI is 0.84 in Sittwe and 0.88 in Mrauk U at middle school level, and 0.82 at high school level. It is estimated that the ratio of female students in TLC is 46% in Sittwe and 44% in Pauktaw. Student per teacher ratio in basic education schools is above 40 in Pauktaw (42.4) and Myebon (47.8).

The natural hazards pose additional risks to the already challenged education sector, hindering children's right to quality education, particularly the most vulnerable. The cyclone brings about total destruction of or partial damage to infrastructure and assets, or damage arising out of temporarily using the facilities as shelters, disruption to service delivery/production, and disruption of governance. Furthermore, the destruction of or damage to public infrastructure and textbooks/teaching learning materials affects education access, quality, and learning achievements. Availability of teachers and other personnel services can be reduced/lost due to turn-over due to prolonged school closure or any other reasons, loss or delay of teacher compensation payment.

The hazards also lead to emerging risks and vulnerabilities (social and political risks, child protection and security; threats to mental and physical health etc.). Reduction in household incomes could mean less resources to cover schooling costs and the need for children to seek income-generating activities, contributing to higher drop-out and reduced learning achievements. When children are out of school they are also at greater risk of trafficking, Sexual and Gender Based Violence and other dangers.

Teachers and children will also be at higher risk of disease outbreaks due to water contamination and may food shortages as families have lost food stocks and farms.

Township	# Primary School	# Primary School Teacher	# Middle School	# Middle School Teacher	# High School	# High School Teacher	# Primary School Students			# Middle School Students			# High School Students			Total
							M	F	Total	M	F	Total	M	F	Total	
Sittwe	96	537	11	907	10	252	14,931	12,387	27,318	6,791	5,276	12,067	2,473	2,600	5,073	44,458
Kyauktaw	216	955	10	621	6	264	15,654	15,055	30,709	7,500	7,208	14,708	2,364	2,359	4,723	50,140
Pauktaw	152	709	7	337	5	106	13,474	12,810	26,284	4,494	4,068	8,562	994	953	1,947	36,793
Myebon	151	743	13	377	6	146	10,672	10,262	20,934	5,069	5,149	10,218	1,261	1,423	2,684	33,836
Minbya	180	887	10	476	5	130	14,844	14,220	29,064	6,459	6,083	12,542	1,631	1,552	3,183	44,789
Mrauk U	217	923	12	606	6	121	15,985	14,684	30,669	6,927	6,276	13,203	1,492	1,223	2,715	46,587
Rathedaung	177	803	6	434	7	125	12,773	11,505	24,278	5,530	4,710	10,240	1,452	1,381	2,833	37,351
<b>Total</b>	<b>1,189</b>	<b>5,557</b>	<b>69</b>	<b>3,758</b>	<b>45</b>	<b>1,144</b>	<b>98,333</b>	<b>90,923</b>	<b>189,256</b>	<b>42,770</b>	<b>38,770</b>	<b>81,540</b>	<b>11,667</b>	<b>11,491</b>	<b>23,158</b>	<b>293,954</b>

Township Education Office (TEO) Monthly Report submitted to State Education

### Cluster strategy:

The EiE sector will provide the assistance through a minimum package of emergency education services during the initial phase. Emphasis will be put on semi-structured recreational and preparatory activities in safe and protective areas, with focus on the provision of psychosocial support and life-saving messages.

On the week 1, the focus will be on coordination with local education authorities and sectoral/inter-sectoral partners, secondary baseline data review, rapid assessments of the situations, and analysis of the results to prepare for the initiation of immediate education response with longer-term vision and recovery planning. An initial EiE response framework (the first four weeks +) with focus on set-up of TLC or alternative learning spaces and provision of preparatory/recreational activities will be reviewed based on the context and assessment findings, in coordination with SED/TEO.

Focus will then shift to non-formal education activities permitting more flexible inputs (time, space, materials), and support to SED/TEO to resume formal education wherever conditions necessary (incl. materials, infrastructure, equipment, safety and security) are met. Key activities in the recovery phase include emergency repair/rehabilitation of learning facilities, provision of teaching learning materials and supplies, integration of life-skills including disaster education in teacher education and trainings, and promotion of comprehensive school safety with participation of PTAs/school committees.

To ensure education in emergencies services meets its holistic role, child protection component, with guidance of social/child protection sub-sector(s), need to be mainstreamed, especially in the areas of psychosocial support and identification of children requiring assistance such as children displaced, children without parents/guardians, and children with disabilities. Identification of children at protection risks and dropping-out of school is critical to reduce vulnerabilities of hazard-affected girls and boys. Education assistance also needs to be implemented in coordination with WASH clusters to restore/re-establish adequate WASH services in learning facilities including hygiene education and awareness building as part of critical life-skills education.

## Immediate Emergency Response

Activities	By whom	Where
<ul style="list-style-type: none"> <li>Set up safe Temporary (Alternative) Learning Spaces in consultation with communities<sup>8</sup></li> </ul>	Coordination co-led by UNICEF and SCI: UNICEF (Office in Sittwe) SCI (Office in Sittwe/Pauktaw) Plan (Office in Sittwe/Mrauk U – for Minbya) LWF (Office in Sittwe) NRC (Office in Sittwe) MRF (Office in Sittwe) MAUK (Office in Sittwe) <i>*BAJ based in Maungdaw has an office in Sittwe for school construction activities.</i>	8 Townships through SED/TEO Sittwe, Pauktaw Sittwe, (Minbya) Sittwe, Pauktaw, Mrauk U Sittwe, (Rathedaung) Sittwe Sittwe
<ul style="list-style-type: none"> <li>Provide essential education and recreation supplies (kits and materials)</li> </ul>	Coordination by UNICEF and SCI (Co-Leads): UNICEF (Office in Sittwe) SCI (Office in Sittwe/Pauktaw) Plan (Office in Sittwe/Mrauk U – for Minbya) LWF (Office in Sittwe) NRC (Office in Sittwe) MRF (Office in Sittwe) MAUK (Office in Sittwe)	8 Townships (through TEO) Sittwe, Pauktaw Sittwe, Minbya Sittwe, Pauktaw, Mrauk U Sittwe, Rathedaung Sittwe Sittwe
<ul style="list-style-type: none"> <li>Mobilize available psychosocial support for teachers and students, and provide context-relevant life-skills activities including basic health, hygiene, protection learning contents</li> </ul>	Coordination by UNICEF and SCI (Co-Leads): UNICEF (Office in Sittwe) SCI (Office in Sittwe/Pauktaw) Plan (Office in Sittwe/Mrauk U – for Minbya) LWF (Office in Sittwe) NRC (Office in Sittwe) MRF (Office in Sittwe) MAUK (Office in Sittwe)	8 Townships (through TEO) Sittwe, Pauktaw Sittwe, Minbya Sittwe, Pauktaw, Mrauk U Sittwe, Rathedaung Sittwe

### Operational constraints/Logistics concerns

- EiE sector partners' operations are concentrated in 4 townships (Sittwe, Pauktaw, Mrauk U, and Minbya). EiE sector partners' offices are mostly located in Sittwe, while SCI and Plan have offices in Pauktaw and Mrauk U respectively. UNICEF education programme activities are implemented in all eight townships mainly through SED/TEO or the contractors (school construction) but there is no physical office presence at township level.
- Current EiE stockpile items placed in Sittwe are Student Kits (1,294), School Kits (21), and School Tents (2). In Yangon, there are national level pre-positioned stocks of Student Kits (6,626), School Kits (56), recreational kits (164), ECD kits (56), and temporary School Tents (8). It will take at least 1-2 weeks for transporting those EiE contingency stocks from Yangon to Rakhine State.
- Transport, logistics, and telecommunications impediments (road/river access blockage due to floods and landslides, damaged bridges, shortage of boats and trucks, cut-off of electricity and telephone/internet connections) will hinder effective and timely distribution of EiE supply items and other emergency response operations in the field.

## Preparedness and capacity-building activities

Activities	By whom	By when
EiE Emergency Preparedness Plan for Rakhine (sector stock list and supply chain, EiE staff) updated twice per year as per OCHA time-line	EiE Sector Co-Leads (UNICEF and SCI)/Sector Coordinators	April and November 2018, completed
Development of a Nation-wide EiE EPP and provide capacity building to EiE Sector partner staff	EiE National Sector Coordinator with Global Education Cluster (GEC) support	August and September 2018, ongoing
Review/update the joint EiE specific rapid assessment tools and provide capacity building to EiE Sector partner staff	EiE National Sector Coordinator with GEC support	August and September 2018, ongoing
EiE Minimum Expenditure Basket developed	EiE National Sector Coordinator with GEC and cash working group support	May and June 2018, ongoing
Disaster Management Course Training for 23 Education Officials in Rakhine State at Disaster Management Training Centre in Hinthada, Ayeyarwaddy	UNICEF with Ministry of Education (MoE)	March/April 2018, completed
Community Based DRR Training in Sittwe, Pauktaw, Mrauk U	LWF	Jul 2018, completed
School-based DRR training in Kyauktaw and Minbya	Plan	2018, no plan for 2019
TEO DRR Workshop for head teachers/ Teachers (pilot-Tentative)	UNICEF with MoE	TBC
School-based DRR Training (Refresher)	SCI	March 2019, completed
Facilitator's Training on Psychosocial Support and Art Therapy Tools and Methodologies	Plan	March 2019, ongoing
Training for EiE staff and volunteer Teachers on Psychological First Aid	Plan	March-Apr 2019, completed
Psychosocial First Aid Training for Volunteer KG Teachers and Parent Teacher Associations	LWF	September 2019, completed

### Requirements – list

- Staff - Agency assessment focal persons have been assigned (UNICEF, SCI, Plan, LWF, NRC). Education staff roster for the assessment/response has been updated (UNICEF, SCI, Plan, LWF, NRC, MRF, MAUK) and 47 staffs from 7 organizations are listed. Depending on the scale of emergency, additional surge support for EiE response will be required (ex. Dedicated EiE Sector Coordinator, EiE Sector Information Manager, EiE Sector Reporting Officer).
- Financial - Any EiE response beyond current level of preparedness needs to be funded. Continued advocacy based on needs to be made to ensure the inclusion of EiE as an integral and critical part of immediate emergency response and its adequate humanitarian financing.

## FOOD SECURITY SECTOR

### Sector Partners:

- World Food Programme (WFP)
- Food and Agriculture Organization (FAO)
- Plan International
- Consortium of Dutch NGOs (CDN)
- Myanmar Heart Development Organization (MHDO)
- International Committee of Red Cross (ICRC)
- Myanmar Red Cross Society (MRCS)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- Action Contra La Faim (ACF)
- Save the Children International (SCI)
- Lutheran World Federation (LWF)
- Myanmar Health Assistant Association (MHAA)

### Overall Objective of the Sector

- Affected population has availability and access to safe and nutritious food that meets their daily dietary needs.
- Affected population meets their short-term food needs and reduce the need for the affected population to adopt potentially damaging coping strategies and contribute to restoring longer-term food security.
- Resilience of affected population's livelihood and their vulnerability to food insecurity are improved through primary production, income generation, employment and access to markets, including goods and services.

### Sector context and risk analysis:

- Using food stocks as contingency measures in emergencies is challenging because all food products are perishable and has an expiry dates.
- Agencies and organization that does food distribution may have the possibility of diverting the currently available food for emergency lifesaving needs distribution provided their headquarters and donors agree.
- Food security interventions can be modified according to the needs and situation on the ground. If there are no cooking materials and fuels ready to eat food should be preferred, if there are functioning food markets, Cash and Voucher distribution maybe preferred to support the local economy and give dignity to the beneficiaries to choose food items of their chose and need.
- Contingency planning in the agriculture sector may include: contingency crop planning (changing of cropping patterns to match late/early rains, availability of seed of drought, flood, salinity tolerant crop varieties, famine reserve crops etc.), conservation of forage/fodder, moving of animals to safer grounds, plans for vaccination of livestock exposed to flooding, emergency seed procurement networks; safety at sea measures for fishers.

### Sector strategy:

At the request of the government through the Rakhine Coordination Group, the sector will activate its contingency plan which includes:

- WFP to distribute in-kind food assistance through its partners
- ICRC plans to provide Food and NFI for 1000 HHs / per month through its IP (Myanmar Red Cross Society).

### Operational Constraints / Logistic Concerns

- Transportation of in-kind food to affected areas subject to physical accessibility and no threats to staff members
- Markets are not accessible or not functional
- Access to affected areas by FSS partners due to travel authorization constraints

- Advocacy for access to safe areas by partners and for all affected populations regardless of their origin, religion and ethnicity to be reached

### Immediate Emergency Response

Activities	By whom	Where
Distribution of lifesaving in-kind food rations for a period of 15 days (including rice, pulses, vegetable oil and salt) + High Energy Biscuits (3 packs for 3 days), based on assessment	WFP in partnership with its IPs	Central Rakhine
Distribution of Food and NFIs	ICRC through its IP (MRCS)	Central Rakhine

### Preparedness and capacity-building activities

Activities	By whom	By when
WFP engagement with its partners	WFP and its partners	July 2019
Mobilization of food to Sittwe warehouse	WFP	July 2019
Transport preparedness	<b>WFP</b>	July 2019
4W Matrix finalizing making it consistent throughout the country	<b>WFP and FAO</b>	2019
Institutional analysis of DRR systems in agriculture at State level (Rakhine)	FAO	2019

### Requirements

Financial –Approximately USD 2 million is required on a monthly basis to meet the humanitarian assistance provided by the FSS. Food procurement takes minimum 2-3 months hence funding/contribution needs to be received in advance. Existing stocks will be used to initiate the emergency response, while funding appeals will be made to potential donors.

<sup>1</sup> As WFP Myanmar does not hold contingency stock as such, available stock in the Sittwe warehouse may be diverted as necessary for emergency response.

## HEALTH CLUSTER

### Cluster Partners:

- Action Contre la Faim (ACF)
- International Organization for Migration (IOM)
- IPAS
- International Rescue Committee (IRC)
- Mercy Malaysia (MM)
- Myanmar Health Assistant Association (MHAA)
- Myanmar Medical Association (MMA)
- Myanmar Resource Foundation (MRF)
- Relief International (RI)
- Save the Children International (SCI)
- United Nations Children Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- World Health Organization (WHO)
- Malteser International (Full activity resumption pending approval from government)

### Independent humanitarian health actors, and development partners who are recognized members of the wider Health Sector in Rakhine State:

- International Committee of the Red Cross (ICRC)
- International Federation of the Red Cross (IFRC)
- Myanmar Red Cross Society (MRCS)
- MSF-Holland (MSF-H)
- German Development Cooperation (GIZ)
- University Research co., LLC (URC)
- The United Nations Office for Project Services (UNOPS)

### Objectives within the first week post-impact:

- To complement government efforts ensuring immediate treatment of injured people as a result of the disaster and assist with emergency medical referrals.
- To ensure continuity of life-saving new born/child health care and sexual and reproductive health care services.
- To prevent spread of communicable diseases through Early Warning and Response System (EWARS).
- To provide technical and coordination support for overall health sector response.

### Cluster Context and Risk Analysis

- There are at least 22 non-government health agencies that provide humanitarian, development, or both, support to Rakhine State.
- There are two direct communication lines: State Health Department (SHD) to Partner and Township Medical Officers (TMOs) to Partner. WHO provides technical, coordination and information management support at SHD level within and outside of the Health Cluster.
- The default health response lead at township level is the TMO. Humanitarian Health partners who have existing operations in specific townships are to coordinate directly to the TMOs to provide support. Townships without will be discussed on an ad hoc basis after due consideration of SHD and partners at State level based on the best available information.
- There are vulnerable communities subject to movement restrictions causing difficulties or variations in referral mechanisms to higher health facilities. Close coordination with SHD and TMOs is necessary to facilitate patient referrals particularly when experiencing difficulties in passing through security check points. Partners can provide logistics support for patient transport within the limits of each organizational capacity.

- Maternal mortality ratio of the Rakhine State is 282 per 100,000 live births. compared to national figures (314 and 282 per 100,000 live births, respectively)
- State average for Measles 2 vaccination coverage is 48% when the national estimate is at 80%,
- Human Resources of health partners who are operating mobile clinic activities as of April 2018:
- Partners with mobile team capabilities are to submit disease early warning and response system (EWARS) report on a regular basis. Immediate notification protocol to SHD and TMOs is to be strictly observed for disease investigation.

#	Organization	Township	MO	HA	RN	MW	CA	RCV	Dispenser	Total	Teams
1	MSF - Holland	Sittwe and Pauktaw	4	3	6	4	0	0	2	19	3
2	MMA	Sittwe	4	1	0	3	3	0	0	11	2
3	MRCS	Sittwe, Buthidaung and Maungdaw	13	10	24	0	0	16	0	63	13
4	MHAA	Minbya, Kyaukphyu, Kyauktaw, Mrauk-U, Sittwe, Pauktaw, Myebon	0	62	0	0	0	0	0	62	7
5	Mercy Malaysia	Sittwe	11	5	5	1	0	0	0	21	5
6	MRF	Sittwe	4	0	4	0	0	0	0	8	1
7	RI	Myebon	2	1	2	3	3	1	3	15	2
8	IOM	Sittwe	2	0	2	0	0	0	0	4	2
	<b>Total</b>		34	74	25	11	6	1	5	156	25

### Cluster Strategy

- The cluster maintains a regularly updated contact list (emergency focal point) and basic medicine and medical supplies stock estimates of all partners. This is then provided to SHD.
- The Cluster Coordinator is to consult with SHD if there is a need to convene an ad hoc meeting with partners in response to a specific event.
- Partners with mobile team capabilities will support by default within their respective townships of operations. While direct communication with the TMOs is expected, the Cluster Coordinator and SHD are to be informed. EWARS reporting is expected.
- If the disaster affected townships do not have existing humanitarian partner presence, then support shall be discussed on an ad hoc basis after due consideration of SHD and partners at State level based on the best available information. Partner mobile team support, if deemed warranted, will be deployed jointly with representatives from the TMO who are familiar with the local area.

### Immediate emergency response:

Activities	By whom	Where
1. Consultation or recommendation for convening an ad hoc meeting in response to a specific event with SHD.	Cluster Coordinator	Sittwe

2. Mobilization of a mobile health team depending on meeting agreements or in response to a specific/bilateral government request. Such teams are to provide EWARS report following immediate notification protocol.	IRC MI, MM, MMA, MRCS, MRF, MHAA, MSF-H, RI	Buthidaung, Kyauk Phyu, Kyauk taw, Maungdaw, Mrauk-U, Minbya, Myebon, Ponnagyun, and Pauktaw, Rathedaung, Sittwe
3. Support for a health assessment team (technical assistance, human resource or logistics) depending on meeting agreements or in response to a specific/bilateral government request  If MIRA is activated, then Health Cluster will support accordingly	IOM, UNICEF, UNFPA, WHO  IRC, MI, MM, MMA, MRCS, MRF, MHAA, MSF-H, RI	Non-specific, Rakhine State  Buthidaung, Kyauk Phyu, Kyauk taw, Maungdaw, Mrauk-U, Minbya, Myebon, Ponnagyun, and Pauktaw, Rathedaung, Sittwe
4. Operational support (e.g. transportation, medicine, patient referral, etc.) depending on meeting agreements or in response to a specific/bilateral government request	ICRC, IOM, IRC, MI, MM, MHAA, MSF-H, RI, SCI, UNICEF, UNFPA, WHO	Non-specific, Rakhine State

### Operational constraints/Logistics concerns

- Returning mobile teams from deployment are to follow immediate notification protocols for disease EWARS. Following a typhoon, while the highest consultation rates are due to communicable diseases, the short-term risk for epidemics following a geophysical disaster is very low. Nevertheless, establishment of a surveillance system as early as possible is necessary particularly if the affected area has vulnerable populations subject to displacement or restrictions of movement. Risk for communicable disease transmission after disasters is associated with size and characteristics of displaced populations, safe water and functional latrines, nutritional status of displaced population, immunization coverage for vaccine-preventable diseases, and access to healthcare services.
- In terms of geographical concentration and access, partners with mobile team capabilities are able to support the townships of Sittwe, Rathedaung, Maungdaw, Buthidaung, Kyauktaw, Mrauk-U, Minbya, Myebon, Ponnagyun, Kyauk-phyu and Pauktaw. However, townships of Ann, Gwa, Munaung, Paletwa, Ramree, and Thandwe are not readily supported due to the absence of existing humanitarian partner presence. Mobilization of support shall depend on meeting agreements or in response to a specific/bilateral government request, assessed magnitude of disaster impact, organizational capacity limits, practical considerations (e.g. travel time or gas capacity for a speedboat travel) etc.

### Preparedness and capacity-building activities

Activities	By whom	By when
Re-dissemination of available cyclone and flooding IEC materials to all health partners	WHO	Completed on 26 June 2019
Regular update of contingency stocks/	ACF, GIZ, ICRC, IOM,	Completed for 2019 (last updated 12 May 2019)

resource mapping. Compilation c/o Cluster Coordinator but inputs are provided by health partners as enumerated in the next column.	MHAA, MI, MM, MMA, MRCS, MRF, MSF-H, RI, SCI, UNFPA, UNICEF, WHO	
Compilation of all emergency preparedness activities. Compilation c/o Cluster Coordinator but inputs are provided by health partners as enumerated in the next column.	ACF, GIZ, ICRC, IRC, IOM, MHAA, MI, MM, MMA, MRCS, IFRC, MRF, MSF-H, RI, SCI, UNFPA, UNICEF, WHO	Will finish in July 2019. WHO in collaboration with MoHS conducted training related with EWARS online submission in Buthidaung, Kyauktaw, Mrauk-U, Myebon, Maungdaw, Ponnagyun and Rathedaung during Feb 2019 to MoHS health staffs and health care partners.
Maintain active participation to monthly Health Sector meetings	ACF, GIZ, ICRC, IRC, IOM, MHAA, MI, MM, MMA, MRCS, IFRC MRF, MSF-H, RI, SCI, UNFPA, UNICEF, UNOPS, WHO	Continuing (last meeting held 24 June 2019)

## Requirements

- Deployment of mobile teams or assessment teams will be determined on an ad hoc basis with due consideration of ongoing program implementation (i.e. minimize disruption) and disaster impact.
- Information Management Officer support
- Financial – to be determined on an ad hoc basis. Mainly depends on the availability of contingency funds by each organization for the first week post impact.

## NUTRITION SECTOR

### Sector Partners:

- Action Contre la Faim (ACF)
- Myanmar Health Assistant Association (MHAA)
- Save the Children International (SCI)
- Myanmar Heart Development Organization (MHDO)
- United Nations Children's Fund (UNICEF)
- World Food Program (WFP)
- World Health Organization (WHO)

### Objective

Ensure that nutritional status of vulnerable groups including children under 5 (until 108 months in some areas), pregnant and lactating women (PLW) is protected through equitable access to key preventive nutrition-specific services and that life-saving services are adequately maintained for the acute malnourished children already enrolled in program.

- Prevent, to the extent possible, children under 5 and PLW who are identified with risk of malnutrition from developing severe acute malnutrition.
- Ensuring continuation of services for children aged 6 to 108 months and pregnant/lactating women with acute malnutrition who already identified and adequately treated through mobile fix/mobile services.
- Prevent children under 5 and PLW who are identified with risk of malnutrition by making sure IYCF practices are supported.

### Sector Context and Risk Analysis

UN Agencies (UNICEF and WFP) are conducting nutrition interventions targeting to IDP camps and the surrounding communities in 10 Townships. Target beneficiaries are children who are under 5, pregnant and lactating women. Nutrition sector support the township health department in each township. However, there is limited capacity for township coverage. Nutrition sectors have no partner working in Man Aung Township because of the remote access.

According to the SMART survey, northern part of Rakhine State (Maungdaw: GAM 19%, SAM 3.9%), and (Buthidaung: GAM 15.1% and SAM 2%).

There are ongoing 3227 SAM and 7120 MAM in the current nutrition programme. Those children will be the most vulnerable population in the disaster.

### Nutrition Sector Strategy

During the first week of the response, nutrition sector partners, jointly with the health sector, support the State Public health and Township Health Department. Integrated health and nutrition activities could be more efficient and save manpower during acute phase of emergency. There are key interventions currently conducting by cluster partners. It is noted that full interventions during the immediate phase could not be possible.

1. Provision and continuation of life-saving services to severe acute malnourished
2. children using therapeutic care through outpatient treatment (OTP) by ACF, MHAA, SCI in respective covered locations.
3. Provision and continuation of moderate acute malnutrition treatment to children and women using targeted supplementary feeding program by MHAA, ACF and WFP
4. Provision of malnutrition preventive services targeting most nutritionally vulnerable groups (children under 5 and pregnant/lactating women).
5. Integrated service provision with health sector partners and government

The Nutrition Sector will focus on people who are nutritionally insecure including children under the age of five, pregnant and lactating women (PLW), and caregivers of young children.

The nutrition sector will continue its advocacy efforts to ensure children with SAM and MAM have safe and timely access to treatment services.

### Immediate Emergency Response

Activities	By whom	Where
Consultation with SRNT/SPHD and organize ad hoc response meeting	Sector Coordinator	
Identification/calculation of SAM and MAM case load based in affected area based on prepared information	MHAA, ACF, SCI, MHDO	
OTP activities (fixed/mobile) for Therapeutic Feeding Program to support treatment for Severe Acute Malnutrition (existing beneficiaries)	ACF SCI MHAA	Sittwe, Buthidaung, Maungdaw, Pauk Taw and other 7 townships
Integrated nutrition services to emergency health response (eg. passive screening during clinic) in program implementing areas	MHAA	
Targeted Supplementary Feeding for people identified with Moderate Acute Malnutrition (MAM)	WFP (via NGO partners)	
Infant feeding in Emergency kits distribution	SCI	
Infant and Young Children Feeding support and sensitization for safe breast feeding and BMS code monitoring	All partners	
Micronutrient supplementation (Tablet for PLW) through clinic services	MHAA	
Micronutrient supplementation (Sprinkle for under-five children) for children identified in clinic	MHAA	
Distribute High Energy Biscuits	WFP	

### Operational constraints / Logistic concerns

- Limited geographic coverage due to inadequate number of partners mainly in Southern Townships (Gwa, Thandwe, Ramree, Ann, Manaung).
- Therapeutic feeding services do not cover all Townships and are mainly targeting IDPs
- Logistic issue to carry nutrition materials (big amount needed in nature) for integrated service provision.
- Difficult to support treatment services in non-project area during prompt emergency response as nutrition treatment need longer duration

### Preparedness and capacity-building activities

Activities	By whom	By when
Update and share contact list of sector participants	Cluster lead/UNICEF	August 2019

Identification of focal persons for joint assessment	Cluster lead/UNICEF, sector members	<b>August 2019</b>
Update number of SAM and MAM caseload per township regularly	UNICEF with support of ACF, MHAA, MHDO and SCI	<b>Quarterly</b>
Preposition of supplies for nutrition response in Rakhine State	Cluster lead/UNICEF, sector members	<b>August 2019</b>
Sector stockpiles available in country identified, updated at least twice per year and shared with partners, and supply chain identified for rapid procurement and delivery	Cluster lead/UNICEF	<b>August 2019</b>
Partner mapping and manpower enlisting	Cluster lead/UNICEF, Sector members	<b>Quarterly</b>

#### **Requirements – list**

- Staff/personnel- If necessary
- Contingency stocks – in necessary
- Financial – If necessary

## PROTECTION SECTOR

**Sector Partners:** UNHCR, UNICEF, UNFPA, DRC, IRC, RI, PLAN, IOM, SCI, NRC, MSF, PiN, ACF.

### Objectives

- Promote that affected people have access to emergency evacuation sites and freedom of movement to access emergency evacuation sites.
- Promote that emergency evacuation sites are secured for the affected people to be able to find safety with dignity, including that emergency evacuation sites have separate spaces and latrines for women, children, and breastfeeding mothers where possible.
- Promote that emergency evacuation sites are safe for reporting protection incidents (GBV, child protection, and other protection incidents), where protection actors are present
- Ensure to communicate to the community where and when protection services are available.
- Promote Family Tracing and Reunification services where possible so that separated children are identified and reunified with family members, and people who are detained have contact with family members.
- Ensure to the extent possible that communication with communities reaches women, the elderly, and people with disabilities, including emergency messaging.

### Sector Context and Risk Analysis

- Protection threats are restriction of freedom of movement, high risk of extortion at the checkpoints, and arbitrary arrest or detention, social segregation, increase risk of GBV and child protection incidents.
- Protection is mostly concerned about the children, persons with specific needs, GBV survivors, persons with disabilities, persons with temporary vulnerabilities, the elderly and the Muslim population at large.

### Sector Strategy

- Before the disaster, the protection sector will distribute key protection and emergency messages, including PSEA, and ensure referral pathways are updated in the affected areas.
- Protection sector will prioritize the locations based on the severity of the areas, and number of people concerned
- Protection sector will conduct field missions, including protection monitoring, and conduct case management on site as much as possible.
- Protection sector will look at the evacuation sites and evacuation routes before the disaster where possible in coordination with Government.
- Depending on humanitarian access, organisations' presence, and limited coverage, the protection sector will ask the protection agencies to respond to the affected areas. Where protection agencies cannot access, the protection sector may ask other actors to report on protection-related information and/or conduct protection assessments if there are qualified staff.
- Protection sector will focus on building protection mainstreaming capacity for other sectors to promote protection throughout the emergency response, including assessments.
- Protection sector will coordinate with actors to identify the children, to provide space for children for psychological support in the first week, to the extent possible.
- Protection sector will work with the shelter cluster to promote separate places for women and children.
- Protection sector will promote with the WASH Cluster that latrines and water taps are safe and accessible for women and children, the elderly and people with disabilities; and that separate latrines are provided for men and women.
- Protection sector will promote within the Health sector to provide GBV survivor friendly services in a safe and confidential way in line with GBV guiding principles.

## Immediate emergency response

Activities	By whom	Where
Emergency messaging as prepared	UNHCR	Response AoR
Protection monitoring, reporting, referrals, advocacy	UNHCR	Response AoR
Case management	IRC (GBV)	Response AoR
Establishment of temporary Safe Spaces for Women and Girls, as needed	UNFPA	Response AoR
Distribution of dignity kits to women and girls 13 and over	UNFPA	Response AoR
Family Tracing and Reunification	UNICEF	Response AoR

## Operational constraints / Logistic concerns

If protection agencies have no access to some affected areas, protection sector will disseminate the protection messages through the other clusters. The message will also include the hotline numbers for the people to report protection incidents safely.

Protection sector has no local actors present for the areas where the agencies have no access. The sector will advocate to the government to allow access for the protection actors if there are many reported protection incidents in those affected areas.

## Preparedness and capacity-building activities

Activities	By whom	By when			
Protection training and assessment training	PWG	ongoing	Training on Psychological First Aid	PWG	Ongoing
Emergency messages awareness sessions	PWG	- ongoing	Training on referral pathways for service providers, including non-GBV and CP actors, to respond	<b>PWG</b>	Ongoing
Protection training for non-protection actors	PWG	ongoing	Procurement and stocking of dignity kits	UNFPA, DRC	By August

## Requirements – list

- Staff – none at this point
- Financial – none at this point

## SHELTER CLUSTER

### Cluster Partners:

- UNHCR
- Danish Refugee Council (DRC)
- Lutheran World Federation (LWF)
- Norwegian Refugee Council (NRC)
- Myittar Resource Foundation (MRF)
- Al-Khair Foundation
- Muslim Aid-UK
- Building Better Society (BBS)
- Myanmar Red Cross Society (MRCS)
- IFRC
- Islamic Relief Worldwide (IRW)

### Objectives

People whose dwellings have been affected by the disaster are provided with temporary but adequate shelter assistance.

### Cluster Context and Risk Analysis

- The rapid shelter needs assessment conducted in Sittwe Township by the RSG and Shelter Cluster partners in 2019, identified 488 temporary shelters in need of reconstruction. During the first 6 months of 2019, Shelter Cluster partners managed to cover the needs of only 182 shelters with critical needs using the 2019 shelter design, which is designed to be stronger and to last longer than previous versions.
- Structures in all camps remain temporary in nature and are subsequently highly prone to damage in severe weather conditions, particularly those in coastal areas.
- Approximately 2,750 HH live in makeshift shelter in The Chaung (2,270 HH) and Da Paing (510 HH) IDP camps. These IDPs are highly prone to adverse weather conditions.
- An estimated 6,000 households have been displaced in 2019 due to conflict between AA and Tatmandaw in Central Rakhine only. These families often settle in informal settlements under makeshift shelters. These communities are highly vulnerable to natural disasters.
- Non-IDP camp areas, do not fall under the area of responsibility of the Shelter Cluster and subsequently a risk analysis has been conducted by the RSG with technical support from IOM and partners from the DRR working group.

### Cluster strategy

- The role of Cluster partners will vary depending on the severity of the disaster.
- Emergency shelter items (tarpaulins and rope) for 2,650 households held in a contingency stock in Sittwe (UNHCR & NRC). Additionally, stocks of emergency shelter items are also held by MRCS/IFRC/ICRC in different warehouses in Rakhine. In case of emergency, the immediate response strategy includes emergency shelter kits distribution and non-food items. Assistance shall be provided based on assessment and identified needs.
- UNHCR's Contingency stocks as provider of last resort are currently sufficient to cover 2000 households with non-food items. Frame agreements are in place to cover the local procurement and transportation of emergency shelter kits (bamboo, myaw posts, nails, wire, ropes). UNHCR has set up stocks in different locations of Rakhine to ensure rapid distribution of shelter and NFI items as needed through partners.
- The first response to seasonal flooding in would most likely be implemented by the RSG and the Red Cross Movement. Cluster partners remain on standby to help address any gaps that may be identified.

- Camp Management Agencies (CMAs) maintain camp-level emergency preparedness and response plans. Plans are updated annually before the onset of the rainy season and community-based staff, CMCs and key community groups are trained in how to respond effectively in the first stages of a natural disaster.
- Targeting will be conducted in accordance with findings from the MIRA needs assessment. Priority will be given to the greatest needs.

### Immediate emergency response

During the first week of a disaster, where the RSG and the Red Cross Movement (MRCS/ICRC/IFRC) are usually the first responders, the most likely response from Shelter Cluster partners will be in the form of in-kind contributions of emergency shelter items.

Activities	By whom	Where
Flash appeal / rallying donor support	National Shelter Cluster coordinator	Yangon
Provision of emergency shelter and NFI kits to affected areas.	UNHCR, DRC, LWF, NRC & MRCS, IFRC	As required: NB The Shelter Cluster is only active in IDP camps.
Distribution of emergency shelter materials and technical support for construction.	UNHCR, LWF, NRC, DRC, MA-UK, BBS, MRF, Al-Khair, IRW, MRCS, IFRC	As required

### Operational constraints/Logistics concerns

- RSG authorization to respond.
- Shelter Cluster partners work within an IDP camp context. Subsequently, technical expertise is not available for a non-IDP contexts.
- Minimal human resources supporting IDP camps. Any large-scale intervention will require surge capacity.
- Logistic constraints regarding access for the delivery of emergency shelter materials.
- 2-3 days required to deliver emergency shelter materials from Sittwe warehouses to field
- 7-10 days to replenish stocks from Yangon.

### Preparedness and capacity-building activities

Activities	By whom	By when
Rehabilitation of temporary shelters with critical needs in all IDP camps in Rakhine State. Targets are set by rapid shelter needs assessments conducted jointly with the RSG every 6 months.	UNHCR, DRC, LWF, MA-UK, MRF, BBS, Al-Khair, MRCS/QRC	June 2019
Rapid Shelter Needs Assessments (RSNA). Every 6 months, an RSNA is jointly conducted by the RSG and Shelter Cluster partners	UNHCR, DRC, LWF, NRC, MA-UK, MRF, BBS, Al Khair, MRCS/QRC	February 2019
Camp Management Agencies update camp-level emergency preparedness and response plans and train community based-staff, CMCs and key community groups on how to respond effectively in the first phase of a disaster.	LWF, NRC, DRC, RI	June 2019

## Requirements

### Staff

- Surge capacity will be required dependent on the scale of the disaster.

### Material (e.g. contingency stocks)

- Emergency shelter materials (tarpaulins and ropes) sufficient for 2,500 HH (UNHCR/NRC)
- Core relief NFI items sufficient for 2,000 HH (UNHCR)
- In case of emergency, the immediate response strategy includes emergency shelter kits distribution and non-food items. Assistance shall be provided based on assessment and identified needs.
- UNHCR's Contingency stocks as provider of last resort are currently sufficient to cover 2000 households with non-food items. Frame agreements are in place to cover the local procurement and transportation of emergency shelter kits (bamboo, myaw posts, nails, wire, ropes). UNHCR has set up stocks in different locations of Rakhine to ensure rapid distribution of shelter and NFI items as needed through partners.
- Replenishment time; 7-10 days (Yangon to Sittwe).

## WASH CLUSTER

### Cluster Partners:

In Rakhine State, there are six agencies working in IDP camps, namely Save the Children, Solidarites International, CDN, Oxfam, Relief International and the Danish Refugee Council. In addition to these partners, some WASH agencies are delivering assistance to cover non-camp areas with more orientation towards long-term development programmes instead of humanitarian and lifesaving interventions in rural area, namely International Rescue Committee, Plan International, and GIZ. The WASH sector working group is also activated in northern Rakhine State. At this moment, UNICEF, MRCS, IFRC, ICRC, MHDO. UNICEF works in northern Rakhine State and IDP camps and non-camp areas in central Rakhine, covering both humanitarian and development priorities. IFRC, ICRC and MRCS are working in the overall WASH sector with coverage in nearly all townships.

### Objectives of the Cluster:

- Affected population has equitable and sustainable access to sufficient quantity of safe drinking and domestic water as per sphere standard or WASH Cluster Minimum Standard.
- Affected population has equitable access to safe and sustainable sanitation and live in a non-contaminated environment.
- Affected population adopts basic personal and community hygiene practices.

### Cluster Context and Risk Analysis

- The WASH Cluster works to meet the water, sanitation and hygiene need of affected people in IDP camps, villages of origin, host communities, surrounding villages, and non-IDPs in crisis affected areas.

### Cluster Strategy

- Cost effectiveness and efficiency of service delivery
- Continue WASH provision
- Opportunities for national/state, local actors and private sector
- Integration of maintenance and monitoring of WASH services in camp with CCCM
- Conduct multi-sector needs assessment
- Promotion of hygiene and nutritional practices
- Strengthen the capacity of disease outbreak response
- Integrate market-based WASH approaches
- Support implementation of Government-led WASH related strategies
- Preventing and ending conflict (conflict-sensitive approach)
- Promoting respect for international and human rights law and humanitarian principles (access)
- People-centered & gender-inclusive (GBV, privacy, quality of risk assessments)
- Strengthening government capacity for emergency preparedness and response, CSO capacity, hum-dev, durable solutions
- Financing – cash transfers, investing in preparedness, private sector partnership, funding of local organization.

### Hazard review for different Locations

#	Type of Hazard	Specific location in Rakhine
1	Flood	Kyauktaw, Mrauk U, Minbya, Ann, Thandwe, Toungup, Ponnagyun

2	Storm	Mainly Coastal Area
3	AWD	Mainly Camps, but as well any village or town, where contamination could be spread easily
4	Cyclone	All townships

### Immediate Emergency Response

Activities	Sittwe	Pauktaw	Kyauk Phyu, Ramree, Ann	Rathedaung	Buthidaung, Maungdaw	Myebon
<b>Rapid WASH assessment</b>	DRC, OXFAM, SCI, CDN, SI, UNICEF, MRCS	SI, DRC, SCI, UNICEF, MRCS	OXFAM, UNICEF, MRCS	MHDO, SI, UNICEF, MRCS	MHDO, UNICEF, MRCS	RI, UNICEF, MRCS
<b>Emergency WASH response</b>	DRC, OXFAM, SCI, CDN, SI, UNICEF, MRCS	SI, DRC, SCI, UNICEF, MRCS	OXFAM, UNICEF, MRCS	MHDO, SI, UNICEF, MRCS	MHDO, UNICEF, MRCS	RI, UNICEF, MRCS
<b>Transition from lifesaving intervention into long term development</b>	DRC, OXFAM, SCI, CDN, SI, UNICEF, MRCS	SI, DRC, SCI, UNICEF, MRCS	OXFAM, UNICEF, MRCS	MHDO, SI, UNICEF, MRCS	MHDO, UNICEF, MRCS	RI, UNICEF, MRCS

• <b>Activities</b>	• <b>By whom</b>	• <b>Where</b>
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH Sector members for 4 Clean</li> <li>Provision of safe drinking water supply</li> <li>Provision of basic sanitation service</li> <li>Hygiene promotion</li> </ul>	<ul style="list-style-type: none"> <li>DRC, OXFAM, SCI, CDN, SI, MRCS</li> </ul>	<ul style="list-style-type: none"> <li><b>Sittwe</b></li> </ul>
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH Sector members for 4 Clean</li> <li>Provision of safe drinking water supply</li> <li>Provision of basic sanitation service</li> <li>Hygiene promotion</li> </ul>	<ul style="list-style-type: none"> <li>SI, DRC, SCI, MRCS</li> </ul>	<ul style="list-style-type: none"> <li><b>Pauktaw</b></li> </ul>
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH Sector members for 4 Clean</li> <li>Provision of safe drinking water supply</li> <li>Provision of basic sanitation service</li> <li>Hygiene promotion</li> </ul>	<ul style="list-style-type: none"> <li>OXFAM, MRCS</li> </ul>	<ul style="list-style-type: none"> <li><b>Kyauk Phyu, Ramree</b></li> </ul>
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH Sector members for 4 Clean</li> <li>Provision of safe drinking water supply</li> <li>Provision of basic sanitation service</li> <li>Hygiene promotion</li> </ul>	<ul style="list-style-type: none"> <li>MHDO, SI, MRCS</li> </ul>	<ul style="list-style-type: none"> <li><b>Rathedaung</b></li> </ul>
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH Sector members for 4 Clean</li> <li>Provision of safe drinking water supply</li> <li>Provision of basic sanitation service</li> </ul>	<ul style="list-style-type: none"> <li>MHDO, MRCS</li> </ul>	<ul style="list-style-type: none"> <li><b>Buthidaung, Maungdaw</b></li> </ul>

- Hygiene promotion
  - Emergency messaging as prepared by WASH Sector members for 4 Clean
  - Provision of safe drinking water supply
  - Provision of basic sanitation service
  - Hygiene promotion
- **RI, MRCS**
- **Myebon**

## Operational constraints / Logistic concerns

### Preparedness and capacity-building activities

Activities	By whom	By when
Study on QAAP (Quality Assurance and Accountabilities Project)	WASH Cluster	March 2019
Updated Contact list of sector participants at least quarterly	WASH Cluster/ UNICEF and all cluster members	Done and being regularly updated
Develop reporting mechanism and template for situation report	WASH Cluster/ UNICEF and all cluster members	June 2018
Define proper linkage with Government (Contact List, preliminary meeting, ...)	WASH Cluster/ UNICEF	Done and updated regularly
Cross- cutting issues identified, shared with partners and included in check-lists	WASH Cluster/ UNICEF	If necessary
WASH Stockpiles available, updated at least quarterly and shared with partners	WASH Cluster/ UNICEF and all cluster members	Done, and updated regularly
Focal points for joint assessments	WASH Cluster/ UNICEF and all cluster members	Twice per year
Agreed minimum package with associated technical standard	WASH Cluster/ UNICEF and all cluster members	February 2019
Capacity Building/ ToT training to partners	WASH Cluster/ UNICEF and all cluster members	

### Requirements – list

- Staff – WASH Emergency focal staff list
- Material (e.g. contingency stocks) – Emergency stock list
- Financial – none at this point/under development

# ANNEX 3 – Ayeyarwady Cyclone Scenario Planning Summary (February 2015)

## BACKGROUND INFORMATION

Ayeyawaddy is one of the regions in Myanmar, occupying the delta region of the Ayeyarwady River. Ayeyarwady Region is flanked by the Rakhine Yoma range in the west and large areas were cleared for paddy cultivation, the main rice producer in the country. There are 6,175,123 population in Ayeyarwady Region and it is composed of 26 Townships.

It also lies in the lowest expanse land and just 3 meters above from sea level and vast area is full of rivers and streams. Moreover, the Region is strongly and frequently affected by cyclones, storms and other climatic hazards according to the historical background. The major disaster is annual floods.

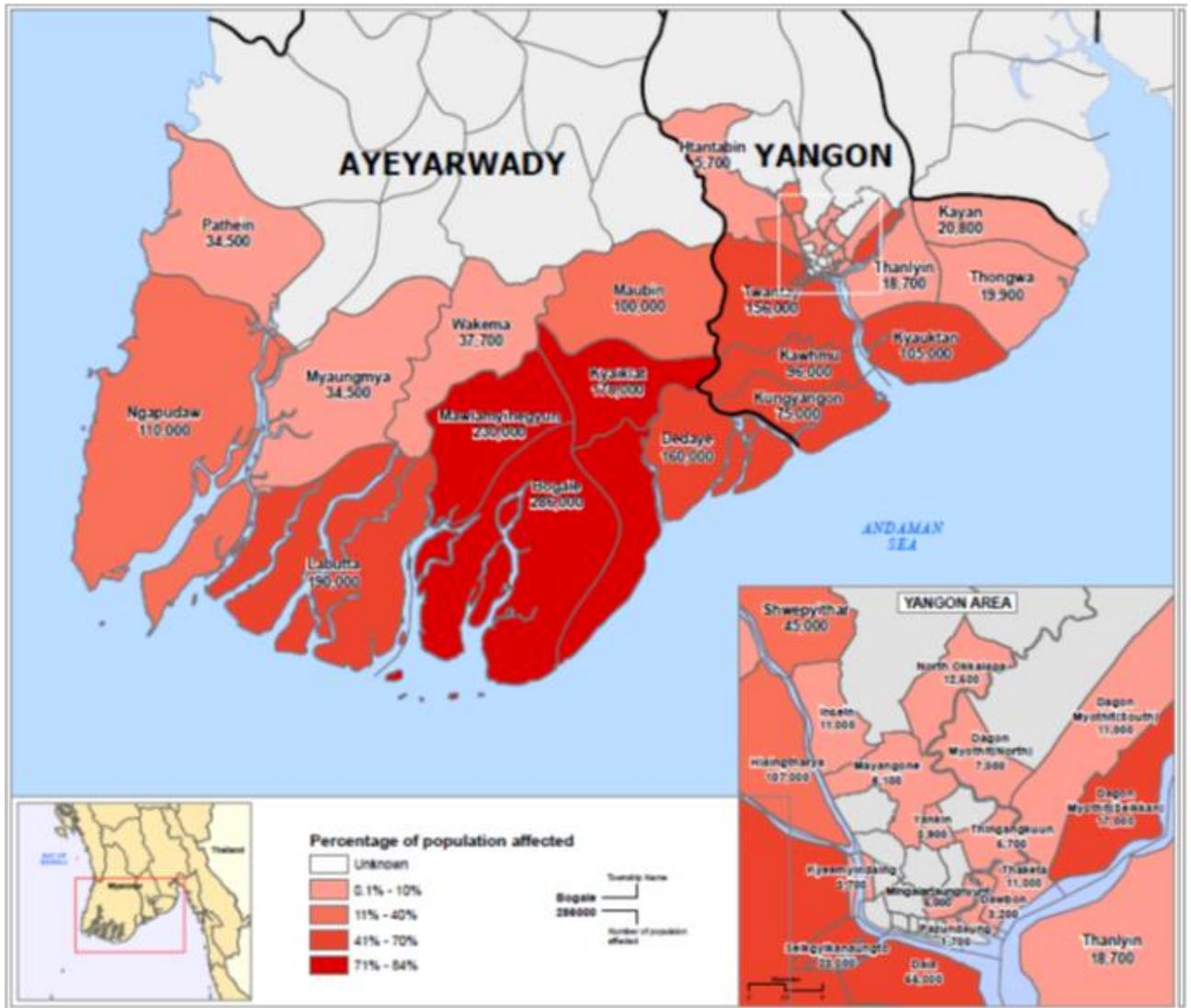
### Impact of Cyclone Nargis (Deaths and Missing people by Townships)

No.	Township	Dead	Missing
1	Labutta	33,344	48,464
2	Bogale	34,744	3,198
3	Mawlamyinegyun	5,250	2,127
4	Ngapudaw	4,178	10
5	Dedaye	4,111	19
6	Pyapon	1,258	10
7	Kyaiklat	12	-

### Cyclones in Ayeyawaddy Region (from 1975 to 2008)

No.	Type of Natural Hazards	Period	Place of Landfall	Loss of human lives and property
1	Cyclone	5 – 7 May 1975	Pathein	303 dead, 10,191 cattle lost, 246,700 houses destroyed, Est. loss 446.5 million kyat.
2	Cyclone Mala	25 - 29 April 2006	Near Gwa and northern part of Ayayarwaddy	37 people dead and damage cost 428.56 million kyats
3	Cyclone Nargis	2 – 3 May 2008	Ayayarwaddy and Yangon	138,373 people missing or dead, 300,000 cattle killed, houses & over 4,000 schools in more than 6,000 villages destroyed, damage cost 13 trillion kyat.

### Townships affected by Cyclone Nargis in 2008



## SCENARIO

The townships along the coastal line are at higher risk for the cyclone and the townships along the river are risky for storm surge. A total of up to 2.5 million people could be affected in case of severe cyclone in Ayeyawaddy Region. The nine townships in the table below are those at risk to be more severely affected. Population directly affected is estimated at 25% of total population in these nine townships, meaning about 630,000 people.

### Townships at high risk of Cyclone in Ayeyawaddy and their population

Township	Total population	Male	Female	Household
Pathein	378,774	184,071	194,703	85,627
Thabaung	154,355	75,674	78,681	37,211
Ngapudaw	323,806	163,044	160,762	76,665
Labutta	315,004	158,957	156,047	75,630
Mawlamyinegyun	310,886	153,198	157,688	74,840
Pyapon	314,059	155,719	158,340	69,497
Bogale	322,082	159,481	162,601	76,006
Kyaiklat	192,676	94,523	98,153	43,751
Dedaye	202,503	99,473	103,030	48,611
<b>Total</b>	<b>2,514,145</b>	<b>1,244,140</b>	<b>1,270,005</b>	<b>587,838</b>

### Planning Assumptions, Main Humanitarian Needs and Population Affected

Planning Assumptions	Key Humanitarian Needs
<ul style="list-style-type: none"> <li>- Storm surge</li> <li>- Destruction of basic infrastructure</li> <li>- Deaths, injuries and missing population</li> <li>- Destruction of livelihood in affected areas</li> <li>- Insufficient emergency stocks</li> <li>- Psychosocial trauma</li> <li>- Insufficient evacuation shelters for all possible affected population</li> <li>- Limited preparedness capacities</li> </ul>	<ul style="list-style-type: none"> <li>- Basic needs (food, water and sanitation, medicines, health care including first-aid and psychosocial support, nutrition, hygienic kit for women, non-food items)</li> <li>- Security,</li> <li>- Communications,</li> <li>- Education</li> <li>- Support for livelihood,</li> <li>- Reconstruction of buildings,</li> <li>- Coordination with aid agencies</li> <li>- Shelter (temporary)</li> <li>- Protection,</li> </ul>

#### Population affected – Disaggregated

Communities living in coastal and rural areas will be the most affected (15% of total caseload from urban area and remaining 85% from rural areas)

#### Most affected groups

Children, elder, disable, pregnant and lactating - 27.6% of total caseload

#### Government capacity

With the support from the national government and civil society in the region, the regional government can cope with up to 50% of total caseload.

### **Government Emergency Capacity**

- Regional Disaster Management and township level plans are in place
- Disaster Management Committees are formed at the different levels
- Department of Meteorology and Hydrology transmit early warning message
- Immediate distribution of basic needs (RRD has emergency stock at the regional level and Hninthada, Pyapon, Myaungmya and Latbutta Districts)
- Allocated Emergency fund 1.8 million MMK under the account tilted of 05/03 Relief and Resettlement
- Evacuation plan
- 54 shelters in the region and proposed to build 45 more;

Regarding awareness-raising, Relief and Resettlement Department, General Administration Department, and other relevant departments, in collaboration with NGO, INGO, UN, organized regional, district and township level disaster management capacity building training, community based disaster risk reduction training, awareness talks, simulation exercises for tsunami, cyclone and floods, awareness raising at schools. Moreover, pamphlet for 9 hazards and printing natural disaster information in exercise books were disseminated about 0.4 million dozen in 2014.

### **Existing capacity for health care**

- Patheingyi General Hospital
- District Hospitals
- Township hospitals
- Station hospitals
- Rural Health Centers
- Sub-rural Health Centers
- Private hospitals

### **Main bridges connecting Ayeyawaddy (which might be affected)**

- Bo Myat Tun Bridge (Nyaungdon)
- Daydalu Bridge (Pyapon)
- Dedaye Bridge (Kungyangon Township in Yangon Region and Dedaye Township in Ayeyawady Region)
- Kyauk Chaung Gyi Bridge (Patheingyi)
- Labutta Bridge
- Maung Bi Wa Bridge (Patheingyi)
- Natchaung Bridge (Bogalay)
- Seikma Bridge (Bogalay)

## Constraints and challenges and how to address them

Theme	Constraints/challenges	How to Address
<b>Immediate response</b>	Insufficient decentralization (delays related to Union Government decision)	<ul style="list-style-type: none"> <li>- Regional government will management the issues they can</li> <li>- Request assistance from national government if the regional government cannot manage</li> <li>- Advocate for more decentralization</li> <li>- Support for functioning of disaster working committee</li> </ul>
<b>Contingency plan for the region for immediate response</b>	Limited resources	<ul style="list-style-type: none"> <li>- Get support from the organizations to develop the contingency plan</li> </ul>
<b>Timely/immediate information sharing to the community</b>	Communication problems, insufficient resources	<ul style="list-style-type: none"> <li>- Identify in advance possible solution for solving communication break down</li> </ul>
<b>Search and rescue</b>	<ul style="list-style-type: none"> <li>- Not enough vehicles</li> <li>- Destruction of basic infrastructure</li> <li>- Weather condition during the disaster</li> </ul>	<ul style="list-style-type: none"> <li>- Identify in advance available vehicles which can be used for emergency and stock fuel</li> </ul>
<b>Relief activities</b>	<ul style="list-style-type: none"> <li>- Shortage of basic items including medicines</li> <li>- Limited contingency fund</li> </ul>	<ul style="list-style-type: none"> <li>- Increase stocks by regional government with the support of local NGOs and private sector</li> <li>- Form and train Rapid Response Teams at township levels\</li> <li>- Advocate to regional government for allocation contingency fund</li> </ul>
<b>Rapid Needs Assessment</b>	<ul style="list-style-type: none"> <li>- Limited transportation means</li> <li>- Resources for conducting assessment (human, technical,)</li> </ul>	<ul style="list-style-type: none"> <li>- Prepare for rapid assessment (form, methodology, training)</li> </ul>
<b>Coordination</b>	<ul style="list-style-type: none"> <li>- Communication gap between government departments and humanitarian communities</li> <li>- Limited coordination between regional government, CSOs and organizations</li> </ul>	<ul style="list-style-type: none"> <li>- Coordination fora, networking among humanitarian community (government departments, civil society, local NGOs and international organizations)</li> </ul>
<b>Community participation during all three phases</b>	<ul style="list-style-type: none"> <li>- Weak participation of local communities</li> <li>- No security for volunteers</li> </ul>	<ul style="list-style-type: none"> <li>- Community mobilization, allow community participation in all steps of the preparation</li> <li>- Train for community-based disaster preparedness and response</li> <li>- Life insurance for volunteers and aid workers</li> </ul>
<b>Awareness raising</b>	Limited public awareness for individual and household level preparedness	Awareness raising through schools, IEC materials and social media

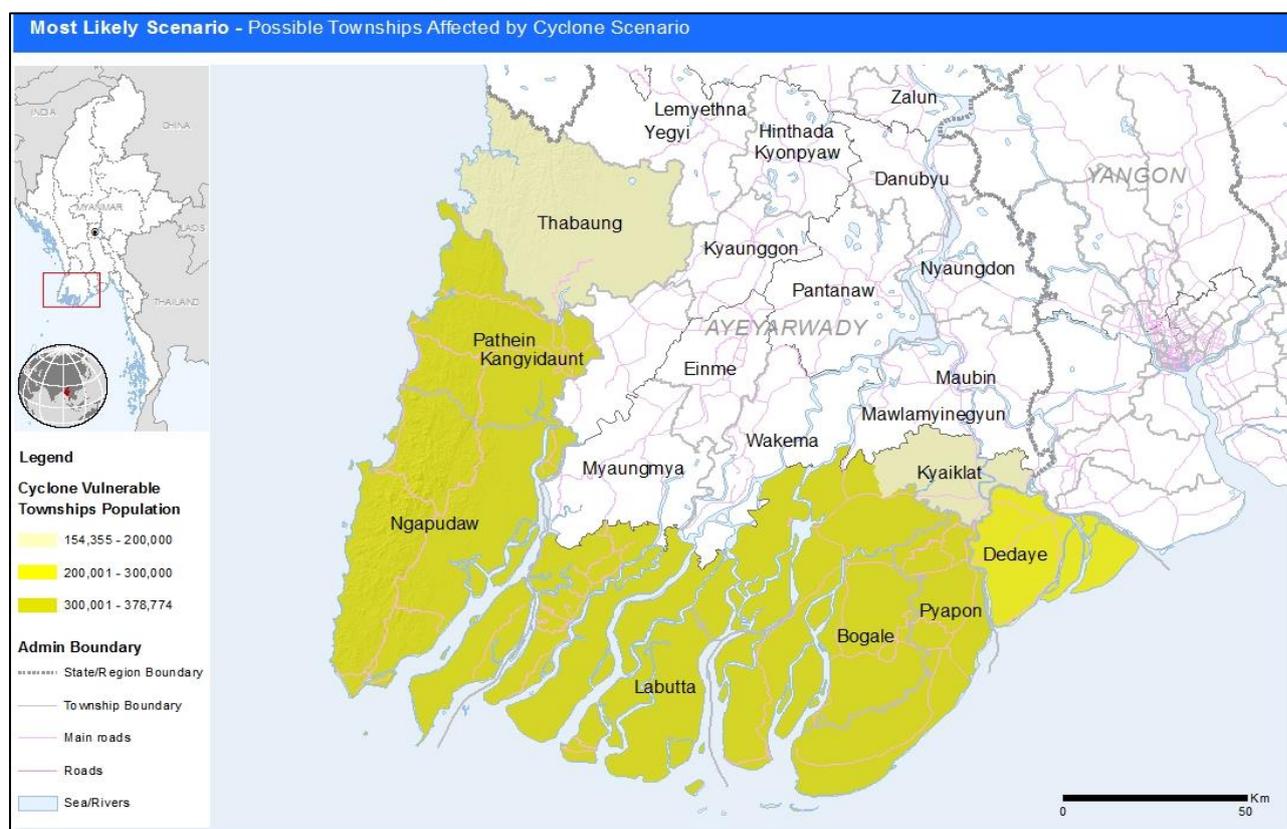
## Coordination Arrangements

No	Sub-committee	Contact	Cluster/Agencies	NGOs/CSOs
1	Emergency telecommunications sub-committee	Myanma Posts and Telecommunications 04224050	Emergency Telecommunications (WFP)	NGOs
2	Preparedness and Rehabilitation sub-committee	Regional Department of Development Affairs 04224340/ 04224952	Shelter (IFRC) WASH (UNICEF) Protection (UNHCR) Early Recovery (UNDP)	NGOs, MRCS
3	Search and Rescue sub-committee	Regional Fire Service Department 04225296		Regional Red Cross 04225257
4	Collection of Preliminary damages sub-committee	Regional Planning Department Regional Relief and Resettlement Department 0949000290/04221061	All clusters/sectors (OCHA)	Regional Red Cross 04225257
5	Transportation and route clearance sub-committee	Regional Transport Planning Department 04224485/04224694	Logistics (WFP)	
6	Health and Education sub-committee	Regional Health Department 04221173/04224931/ 04224938  Regional Basic Education Department 04225319/ 04224570	Health (WHO)  Education in Emergencies (UNICEF, SCI)	Regional Red Cross 04225257 Myittayeik Health Care Services
7	Dam restoring and repairing in emergency situation	Regional Irrigation Department 04229107/ 04229004	Early Recovery (UNDP)	NGOs
8	Re-substitute Agriculture sub-committee	Regional Agricultural Department 042 24114/ 04224516	Food Security (WFP)	
9	Repair road, bridge and infrastructure sub-committee	Regional Public Works 04224312/04225082		
10	Receipt of relief items and cash and distribution sub-committee	Internal Revenue Department 04224529/ 04224528		
11	Information sub-committee	Information and Public Relation Department 04225391		
12	Security sub-committee	Regional Police Force Office 04224652 04221280		

## Way forward

Proposed preparedness activities	Focal (leader)
Awareness raising	Relief and Resettlement Department, Information and Public Relation Department, Department of Meteorology and Hydrology
Emergency stockpiling	Relief and Resettlement Department
Developing regional response plan including identification of evacuation sites (cyclone resistance shelter) and route	Relief and Resettlement Department, regional government and township authorities
Training and simulation exercise for effective response	Relief and Resettlement Department and Ayeyawaddy Regional Government OCHA
Allocating contingency fund	Relief and Resettlement Department and Ayeyawaddy Regional Government
Formation of Disaster Management Committee at different levels in line with Regional committee and working together for disaster preparedness and response	Regional Disaster Management Working Committee
Preparation for Rapid Needs Assessment	Relief and Resettlement Department and OCHA
Improve coordination	Relief and Resettlement Department and OCHA

## Possible Townships Affected by Cyclone Scenario



# ANNEX 4 – Mandalay Earthquake Scenario Secondary Data Preparedness (June 2017)

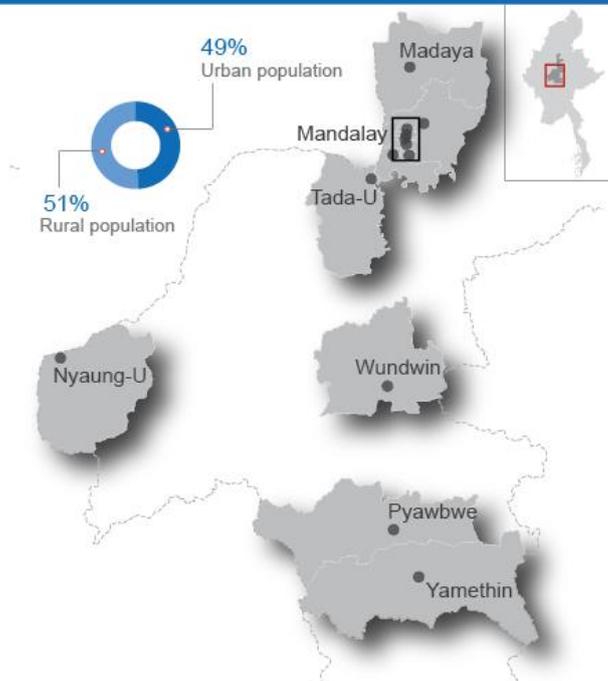
## MYANMAR: Emergency Response Preparedness Plan Mandalay earthquake scenario (13 townships)



### SCENARIO

Mandalay earthquake scenario covers 13 townships: Aungmyaytharzan, Chanayetharzan, Mahaaungmye, Chanmyatharzi, Pyigyitagon, Amarapura, Patheingyi, Singu, Mogoke, Thabeikkyin, Tada-U, Nyaung-U.

This document summarises key baseline data for these townships. The document is intended to inform decision making early in the onset of an emergency and to be used in conjunction with expert knowledge and the latest primary and secondary data sources.



**13** townships  
**525** village tracts  
**1,823** villages

### POPULATION\*

CENSUS POPULATION  
**3,069,836**

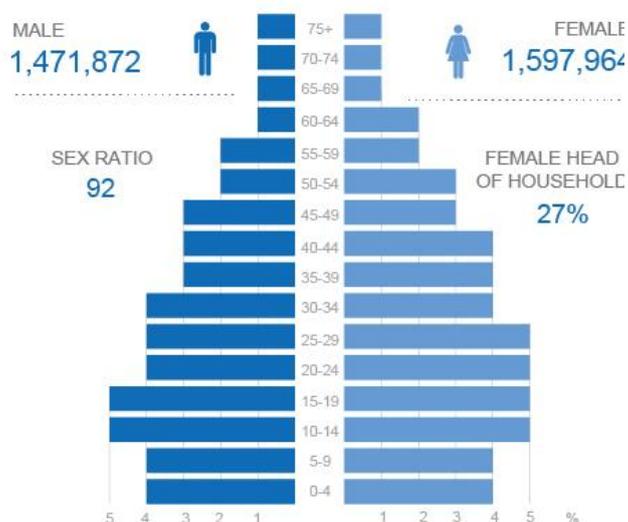
HOUSEHOLDS  
**630,102**

MALE  
**1,471,872**

FEMALE  
**1,597,964**

SEX RATIO  
**92**

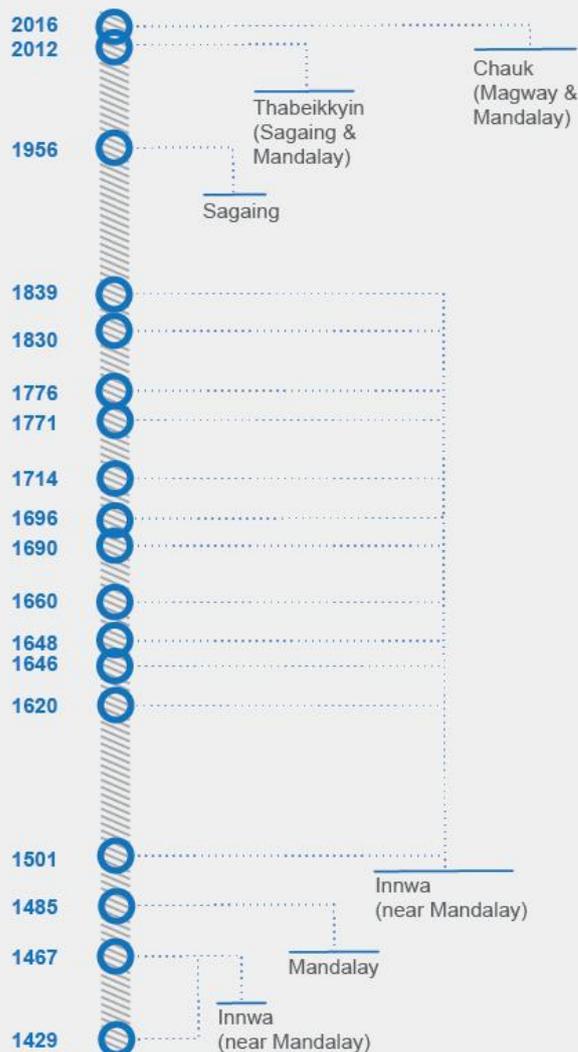
FEMALE HEAD OF HOUSEHOLD  
**27%**



Source: The 2014 Census.

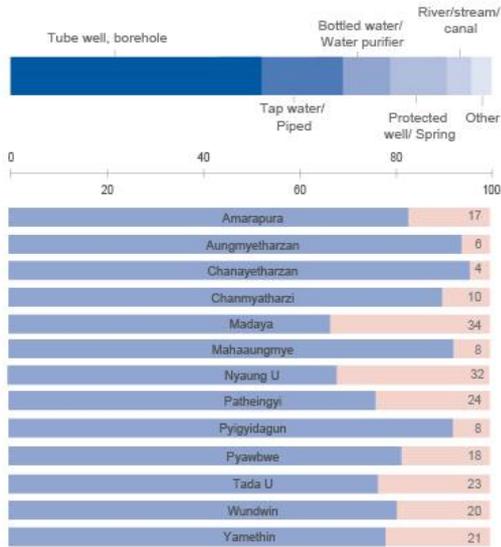
### PREVIOUS EVENTS

SEISMICITY OF MANDALAY REGION FROM 1429 TO 2012



## WATER & SANITATION

HOUSEHOLD SOURCE OF DRINKING WATER (%)



Household with safe sanitation vs unsafe sanitation (%)  
Source: Government of Myanmar Census 2014 (Table I3)

## EDUCATION



SCHOOL FACILITIES<sup>3</sup>



Source: DEPT Education Statistical Year Book 2013 - 2014

## HEALTH

FACILITIES	STAFF
1 General hospital	342 Midwives
2 District hospitals	378 Doctors/Physicians
8 Township hospitals	692 Nurses
13 Station hospitals	
38 Rural health centres	
216 Sub health centres	

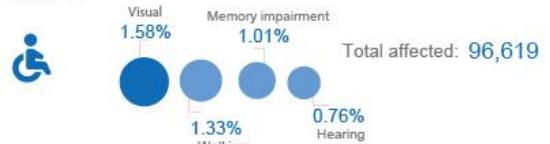
Source: Health Management Information System 2011

## VULNERABLE POPULATION



Source: UNDP Integrated Household Living Conditions Survey 2010

## IMPAIRMENT



Source: Government of Myanmar Census 2014 (Table H2)

## SHELTER

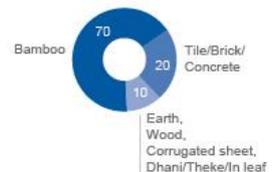
TYPE OF HOUSING UNIT<sup>2</sup> (%)



ROOF MATERIAL



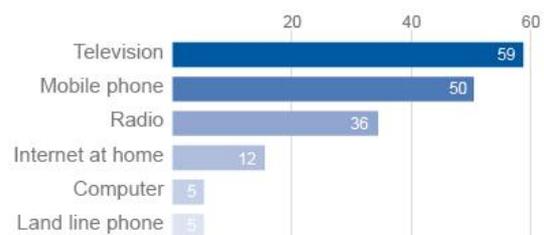
WALL MATERIAL



Source: Government of Myanmar Census 2014 (Table I1-14)

## COMMUNICATION

HOUSEHOLD COMMUNICATION DEVICES (%)



Source: Government of Myanmar Census 2014 (Table J5)

# ANNEX 5 – Myanmar Cash Tools in Emergencies

## June 2018

### CASH FEASIBILITY CHECKLIST FOR IMMEDIATE RESPONSE

Within 48 hours of a major emergency, the Myanmar Cash Working Group will provide recommendations to the HCT and other stakeholders on feasibility of cash transfer programming. This checklist will support this initial discussion, but should not preclude more detailed discussions during the following days/weeks of the emergency.

Criteria		Yes	No	Comments
<b>Needs to be met</b>	Can the identified needs of affected people be met by goods and services?			
<b>Government policy</b>	Is CTP acceptable within latest national and local government policies?			
<b>Markets</b>	Are markets accessible after the emergency?			
	Are needed items available in sufficient quantity and at acceptable prices in the local markets? If not, can regional/national markets provide needs?			
	Are traders able and willing to adapt to an increased demand? If not, can market support help ensure supply?			
	Is CTP a preferred option for the beneficiaries? (Consider issues incl empowerment, dignity, capacity to deal with/acceptance of technology, vulnerability and existing responsibilities of household heads) If not, can their concerns be addressed immediately, or for the next stage of the response?			
<b>Infrastructure and Financial Service Providers</b>	Is the infrastructure in place to deliver CTP (if cash in envelopes)?			
	Can financial service providers offer suitable delivery mechanisms (time, location, frequency, amount, etc.)?			
<b>Modalities</b>	Is there one preferred modality to be used in the area (cash in envelopes, mobile money, bank transfers, ...)? Which mobile companies are covered in the area? (The availability of mobile operators in the affected areas.) Is the connection strong? Average percentage of mobile phone ownership?			
<b>Organisational capacity</b>	Are there enough organizations who have sufficient experience and capacity (programmatic, financial, logistic) to provide CTP in this geographic area? Do these organizations have contingency plans/SOP for CTP?			
<b>Risks</b>	Are the protection risks associated with CTP acceptable and possible to mitigate? (Consider issues incl. potential impact on gender relations and division of labor, beneficiary and staff security, impact on markets, whether all vulnerable groups can access the system, risk of GBV, as well corruption issues.)			
<b>Timeliness</b>	Is it possible to set up and implement a CTP with the necessary speed and at the intended scale?			
<b>Cost-efficiency</b>	Are acceptable modalities & mechanisms cost-efficient?			
<b>Monitoring</b>	Is it possible to monitor the success of CTP (including potential protection impact)?			

If all questions have been answered positively, CTP should be considered for the immediate response. If one or more questions have been answered negatively, CTP should not be implemented immediately but be considered as an option after the initial response - depending on the result of assessments and response option analysis.

## EMERGENCY STANDARD OPERATION PROCEDURES (SOP)

This table describes some of the key actions the CWG will take in the case of a new emergency in Myanmar. It is not exhaustive but should serve as an initial checklist<sup>1</sup>:

Action	Reference Documents	Responsible
<b>Re-circulate common tools and guidance (including guidance on protection risk assessments and vulnerability criteria) and link to MIMU webpage</b>	Documents under 'General CT Guidelines & Tools' and 'CT on Gender & Protection' on MIMU Cash webpage <a href="http://www.themimu.info/emergencies/cash-based-programming-resources">http://www.themimu.info/emergencies/cash-based-programming-resources</a>	CWG chair
<b>Request organizations to share information on cash feasibility and market assessments as it is being collected</b>		CWG chair
<b>Call a meeting of the CWG to discuss available information and common approaches</b>		CWG chair
<b>Interaction with Government:</b> Establish contact with government to discuss cash feasibility and government policy in the context of the disaster		CWG chair
<b>Assessments:</b> <ul style="list-style-type: none"> <li>- Review secondary information available on cash feasibility following the disaster (markets, access, protection issues, government policy, etc.)</li> <li>- Confirm geographical coverage for market assessments</li> <li>- Compile market assessments information from affected regions</li> <li>- Provide recommendations to the HCT and other stakeholders on feasibility of cash transfer programming, based on information compiled from organizations, including risk mitigation measures</li> <li>- Review financial service providers mapping in light of disaster</li> </ul>	Documents under 'Other Related Documents' and 'Tools developed during the flood response' in 2015 on MIMU Cash webpage <a href="http://www.themimu.info/emergencies/cash-based-programming-resources">http://www.themimu.info/emergencies/cash-based-programming-resources</a>	CWG  CWG CWG chair  CWG
<b>Multi-purpose grants:</b> Update Minimum Expenditure Basket amount, taking into account impact of the emergency	Tool – Myanmar Expenditure Baskets for Multi-purpose Cash Grants	Cluster and Sector Leads, and CWG
<b>Surge support:</b> Review surge capacities for cash coordination and request CashCap deployment if necessary		CWG chair
<b>Information Management:</b> Ensure 4W information is collected on the response	Tool - 4W collection format – MIMU Cash webpage	CWG
<b>Call second meeting of CWG. Include a presentation from financial service providers about their present capacity</b>		CWG chair
<b>Targeting:</b> <ul style="list-style-type: none"> <li>- Facilitate coordination of geographic targeting</li> <li>- Discuss common vulnerability criteria</li> <li>- Review key messages for communicating with communities on cash and review complaints mechanisms</li> </ul>	Documents under 'General CT Guidelines & Tools' and 'CT on Gender & Protection' on MIMU Cash webpage <a href="http://www.themimu.info/emergencies/cash-based-programming-resources">http://www.themimu.info/emergencies/cash-based-programming-resources</a>	CWG
<b>Transfer modalities:</b> Share updated information on financial service providers and available transfer modalities, given impact of disaster		CWG
<b>Funding and Humanitarian Response Plan:</b> <ul style="list-style-type: none"> <li>- Ensure common messaging to HCT &amp; donors about cash feasibility</li> <li>- Ensure inclusion of cash-based responses in the HRP</li> </ul>	- CWG Key Messages - HRP 2015	CWG chair
<b>Information Management:</b> Ensure Post Distribution Monitoring information is shared	Post-distribution monitoring Core Questions <a href="http://www.themimu.info/sites/themimu.info/files/documents/Tool - CWG - Post Distribution Monitoring Core Questions.doc">http://www.themimu.info/sites/themimu.info/files/documents/Tool - CWG - Post Distribution Monitoring Core Questions.doc</a>	CWG

<sup>1</sup> Ensure taking into account the IASC Guidance on Gender Equality and Cash Transfer Programmes - [http://themimu.info/sites/themimu.info/files/documents/Guidance\\_on\\_Gender\\_Equality\\_Cash\\_Transfer\\_Programmes\\_in\\_Crisis\\_Apr2015.pdf](http://themimu.info/sites/themimu.info/files/documents/Guidance_on_Gender_Equality_Cash_Transfer_Programmes_in_Crisis_Apr2015.pdf)

## MINIMUM EXPENDITURE BASKET

Minimum Expenditure Basket (MEB) of Cash Working Group used in CBT feasibility Assessment

### 1. Monthly package per person

#### a) Food and Hygiene

Sr.	Item Description	Unit	Quantity
1	Palm Oil	Kg	0.9
2	Pulses	Kg	1.8
3	Rice	Kg	13.5
4	Salt	Kg	0.15
5	Sanitary pads Flood Emergency	Pac.	1
6	Soap	No.	2
7	Soap (Laundry)	No.	2
8	Toothpaste	No.	1

### 2) One off per Household

#### a) Shelter & WASH

Sr.	Item Description	Unit	Quantity
1	Bathing towel	No.	2
2	Blanket	No.	4
3	Mosquito net	No.	2
4	Plastic Mat	No.	4
5	Plastic tarpaulin	No.	2
6	Rope	No.	2
7	Candles	No.	2
8	Tooth brush	No.	5
9	Jerry Can	No.	1

#### b) Clothing

Sr.	Item Description	Unit	Quantity
1	Children clothing sets (bottom and top) (A)	No.	1
2	Children clothing sets (bottom and top) (B)	No.	1
3	Children clothing sets (bottom and top) (C)	No.	1
4	Longyi for adult (female)	No.	1
5	Longyi for adult (male)	No.	1
6	T Shirt for adult (A)	No.	1
7	T Shirt for adult (B)	No.	1
8	Slippers for adult	No.	2
9	Slippers for children	No.	3

c) Kitchen set

Sr.	Item Description	Unit	Quantity
1	Cooking pots	No.	2
2	Cups	No.	5
3	Kitchen knife	No.	2
4	Paddles/ serving-cooking spoon	No.	2
5	Plates	No.	5
6	Spoon (12 pcs/ 1 dozen)	No.	1
7	Basin (20L/30L)	No.	1
8	Water jug (1L-2L + lid)	No.	1

Minimum Expenditure Basket (MEB) Prices & Source-2019						
Region	Ayeyarwady	Bago	Magway	Mandalay	Rakhine	Sagaing
<b>Monthly Package per person</b>						
Food & Hygiene	14,000	17,000	14,500	15,000	14,500	16,000
<b>One off per HH</b>						
Shelter & Wash	78,000	83,000	78,500	80,500	65,500	69,500
Clothing	30,000	31,500	29,500	28,500	39,000	30,500
Kitchen Set	33,500	18,500	23,000	19,500	21,500	21,500
<b>Total one-off relief NFI</b>	<b>141,500</b>	<b>133,000</b>	<b>131,000</b>	<b>128,500</b>	<b>126,000</b>	<b>121,500</b>

# ANNEX 6 – Gender Mainstreaming and Preparedness Guidance

June 2018

This guidance<sup>2</sup> reminds all those involved in preparedness work of principles and good practices that are inclusive of women and girls, as well as men and boys of all ages and diversity to ensure their experiences, issues, capacities are reflected in all phases of planning and decision making.

## Overall

- Collect, analyze and use **disaggregated data and analysis on gender, age and diversity** and equally consult with women, girls, and the most vulnerable and marginalized groups, across all ages and diversities, including during assessments and in the overall preparedness, response and recovery monitoring.
- Use both gender mainstreaming and targeted action for **Gender Equality and Empowerment of Women and Girls (GEEWG) in preparedness, response, and recovery**. These should be rights-based and gender transformative, meet the specific needs and priorities of women, girls, and men and boys of all ages and diversities.
- Ensure the promotion of **leadership as well as meaningful, equal representation of women and marginalized groups** in the overall preparedness, response and recovery.
- Prevent, mitigate and respond to **gender based violence (GBV) and sexual exploitation and abuse (SEA)**, especially against women, and girls, including through systematic gender mainstreaming that addresses harmful societal and institutional gender norms in addition to ensuring that GBV prevention and response services are available and accessible to all.
- Collaborate, engage with and **strengthen capacities of local civil society organizations** promoting the rights of women, LGBTI and other marginalized groups.
- Ensure **gender balance** and adequate numbers of trained international and national female staff **in the overall preparedness, response and recovery action** and ensure they are provided with necessary safety and security measures.
- **Make financial provisions to fully resource GEEWG programming** for both mainstreaming and targeted action, creating specific budget lines for the purpose and applying the IASC Gender Marker/Gender and Age Marker.
- Bring **gender dimensions into preparedness activities**: stakeholder meetings, planning (contingency plans, national disaster management plans), government training, civil-military coordination, emergency simulations, communities of practice.

## Resident Coordinator/Humanitarian Coordinator (RC/HC)

- **Demonstrate leadership on GEEWG** in all aspects of preparedness, response and recovery, including in policy, planning, human and financial resourcing, monitoring and accountability.
- Continue to ensure the **provision of technical gender expertise** through Inter-Agency GENCAP Advisor, UN Women and sector gender focal points to support and enhance the capacity of HCT, ICCG and sectors, subsectors and inter-sector working groups. This will include ensuring the provision of locally-relevant training on gender dimensions of humanitarian action (preparedness, response and recovery) to humanitarian actors.
- **Advocate for a gender-balance** in HCT, ICCG and sectors, sub-sectors and inter-sector working groups and other operational teams.

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<sup>2</sup> In line with IASC Gender in Humanitarian Action Handbook (2017), IASC GEEWG Policy (2017), and drawing on experiences and guidance from other countries in the region including Nepal, Bangladesh, Vanuatu and Fiji.

- Ensure awareness and compliance by humanitarian actors to the *UN Secretary General's Bulletin: Special Measures for the Prevention of Sexual Exploitation and Sexual Abuse*<sup>3</sup>.

### Humanitarian Country Team (HCT)

- Require all assessments (risk, capacity and vulnerability, MIRA, harmonized, DALA-PDNA) **collect sex and age disaggregated data**, strive for a gender-balanced assessment team, and a representative number of information sources (gender, age, diversity).
- Ensure all **contingency, preparedness, response and recovery planning and action is grounded in gender analysis** and active, inclusive participation and ensure GEEWG considerations are integrated.
- Feature **gender related lessons learned** related to preparedness and response in ongoing discussion and reflection processes.
- **Engage with national and local women's rights organizations** for better coordination, mutual learning, and impact on GEEWG in humanitarian action.
- **Advocate with NDMC and relevant Government ministries** to routinely ground DRM in gender analysis and to set realistic targets toward achieving a gender-balance of men and women in government decision-making and leadership roles in DRM. These advocacy points may include that:
  - **disaster management structures** at the national and sub-national levels **commit to gender mainstreaming**, engage women as well as men as decision-makers, and integrate gender and social analysis routinely into assessments and information management systems.
  - **gender or women's ministries/offices**, including the Department of Social Welfare, **are actively engaged** in the development of NDMC plans and operations.
  - **early warning information systems give clear life-saving information to all groups in the community** equally reaching men and women, girls and boys, including all minority and vulnerable sub-groups.
  - **tools for collecting and analyzing sex and age disaggregated data (SADD)** is utilized and key gender issues and trends are highlighted

### Inter Cluster/Sector Coordination Group (ICCG) and Clusters/Sectors

- Require **each cluster to identify and fulfill minimum gender actions for preparedness**, including through gender technical support from active gender focal points, including UNFPA and UNWOMEN, as well as the GBV Working Group and the UN Gender Theme Group.
- Facilitate **gender, age and diversity issues being made visible in inter-cluster dialogue**, priority-setting, monitoring and reflection processes.
- Compile an inter-cluster **gender profile** to inform preparedness, response and recovery.
- Ensure **SADD and gender dimensions** are integrated robustly into baseline data collection, assessments, information systems, communications and advocacy.
- **Ensure capacity strengthening of cluster partners** in designing gender-responsive projects through use of IASC GiHA tools, including the IASC Gender Handbook, and the IASC GBV Guidelines, and the IASC Gender with Age Marker (GAM) in the effective implementation and monitoring of interventions.

### Local NGOs/Civil Society Organizations (CSO)

- Engage in relevant clusters to ensure **local knowledge and capacities are recognized, in particular bringing in the cultural and gender dimensions**.
- **Work with disaster management structures** at the national and sub-national levels **to ensure that they** engage women as well as men as decision-makers.

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<sup>3</sup> [http://www.un.org/en/pseataforce/tools\\_engage.shtml#Standards](http://www.un.org/en/pseataforce/tools_engage.shtml#Standards)

- **Collaborate with the Department of Social Welfare, to ensure that** gender and social analysis is reflected in assessments and information management systems, and in the development of NDMC plans and operations. and integrate
- **Advocate to humanitarians and government to include women and girls,** as well as men and boys, and marginalized groups in early warning information systems give clear life-saving information to all groups in the community.
- Ensure that **tools for collecting and analyzing sex and age disaggregated data (SADD)** are utilized and key gender issues and trends are highlighted in all communications within the organization, and also externally to stakeholders to inform preparedness planning.
- **Conduct regular consultations with women and girls as well as men boys,** to ensure their issues and perspectives are represented.
- **Ensure the organization has female as well as male staff at all levels** and that such staff are engaged in preparedness planning.