2024 REFUGEE PREPAREDNESS AND RESPONSE PLAN

Thai-Myanmar Border

THAILAND
Inter-Agency Sector Working Group

TABLE OF CONTENTS

Plan Overview 3

Context 4

Planning scenarios and assumptions 6

Needs Analysis 7

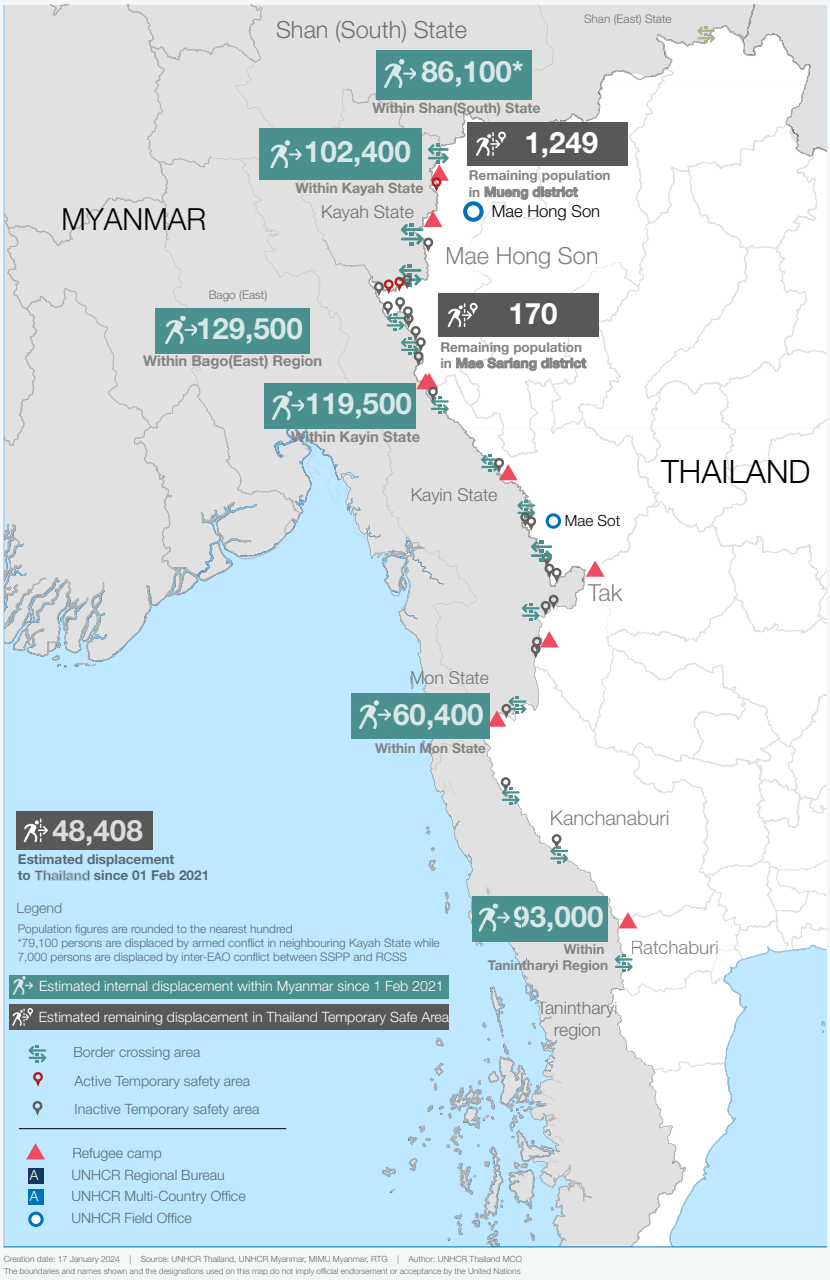
Response Strategy 9

Priorities by Sector 13

Partnership and Coordination 16

Financial Requirements by Sector and Organisation 17

Cover Photo:
Thai-Myanmar border,
©UNHCR



PLANNED RESPONSE

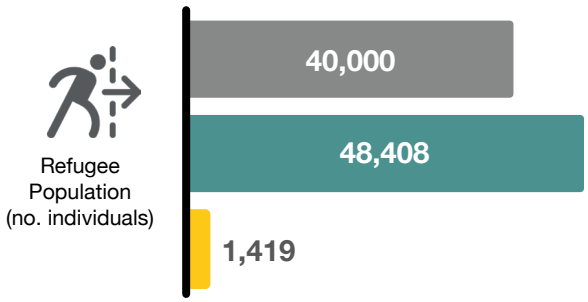
January — December 2024

40,000
refugee population planning figure

US$ 17,161,522
requirements

15
partners involved

REFUGEE POPULATION*



- Planning figure
- Number of refugees who crossed the border into Thailand since 1 Feb 2021
- Number of refugees remaining in TSAs as of 31 Dec 2023

Official figures as reported by the RTG

REQUIREMENTS BY SECTOR (IN USD)

SECTOR	REQUIREMENTS
Education	934,962
Food	1,130,000
Health	4,825,372
NFI	3,526,870
Protection	1,964,378
Shelter	600,000
WASH	4,179,940
ALL SECTORS	**17,161,522**

SECTION

1 CONTEXT

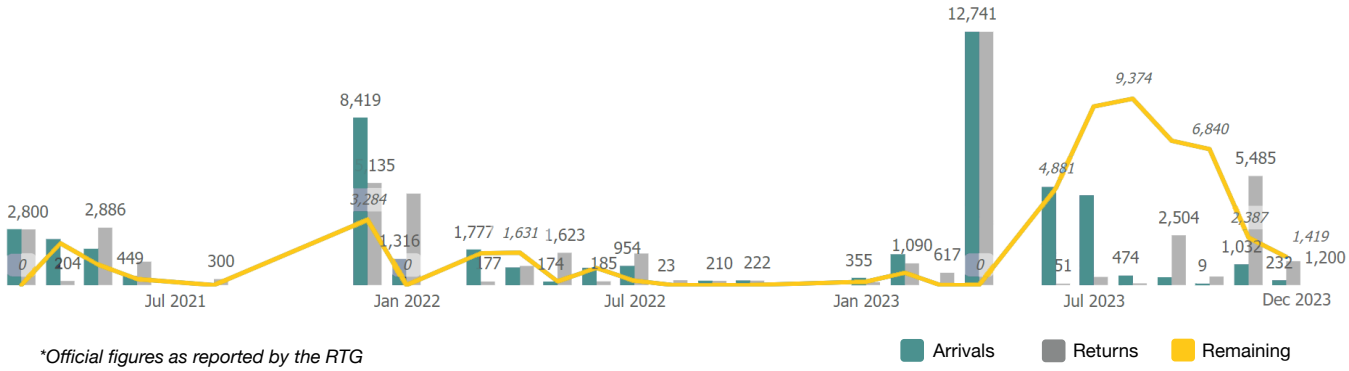
Three years since the military takeover on 1 February 2021, the conflict in Myanmar is escalating.

The last quarter of 2023 saw an upsurge in fighting between the Myanmar Military (Tatmadaw), ethnic armed groups (EAGs) and People's Defence Forces (PDF). By December, clashes had spread to two-thirds of the country, including Kayin, Mon, Bago, Kayah, Shan, Rakhine and Chin states, as well as the Sagaing and Magway regions. Some 700,000 people were newly displaced in Myanmar between October and December, bringing the total number of internally displaced people to over 2.6 million.

In Myanmar's south-eastern states bordering Thailand, people continue to flee from violence, military attacks and airstrikes. Civil unrest in urban areas and persecution of certain profiles of people have also caused displacement. Internally displaced numbers in Tanintharyi, Bago, Mon, Kayin, Kayah and southern Shan states swelled from 355,600 in January 2023 to 468,600 in June and 693,300 in December. As at 12 February 2024, there were 754,000 IDPs in these states and regions.

According to the Royal Thai Government (RTG), 48,408 refugees have crossed into Thailand to flee fighting and seek protection since February 2021. This includes two major waves of arrivals in 2023. In April, more than 12,000 people fled to the Mae Sot and Mae Ramat areas of Tak province when fighting broke out around Shwe Koko in Kayin state. They were hosted in 15 Temporary Safety Areas (TSAs) and returned home within a week. In June, clashes in Kayah state's Mese township forced thousands of people to flee into Mae Hong Son province's Khun Yuam, Mae Sariang and Mueng districts. In July, aerial bombing of Daw Noh Ku IDP camp drove another wave of arrivals to Mae Hong Son. At its peak, there were more than 9,000 people in five TSAs. The last TSA was closed on 21 January 2024.

While most refugees have returned to Myanmar, thousands of IDPs located close to the Thai-Myanmar border remain at high risk of harm, and along with others newly displaced, may seek to cross into Thailand to escape persecution and the situation of generalized violence.



*Official figures as reported by the RTG

As part of the on-going preparedness efforts, humanitarian agencies are planning for up to 40,000 people potentially seeking refuge in Thailand this year, from 1 January to the end of December 2024. Further, while it's too early to assess the impact of the recently re-activation of the mandatory conscription Law, it may result in further displacement, including a possible influx into Thailand. How the situation will evolve remains uncertain given the ongoing conflict in areas bordering Thailand.

The Refugee Preparedness and Response Plan is an inter-agency document jointly prepared based on agreed scenarios and contingency planning discussions to support the Thai authorities in its response.

Thailand has decades-long experience in receiving influxes of people seeking protection from neighbouring countries, including Myanmar. Since the 1980s, refugees fleeing fighting and persecution in South-east Myanmar have received protection and assistance in nine temporary shelters (camps) on the Thai border.

In more recent years leading up to 2021, the RTG, with the support of the Royal Thai Army (RTA), organized TSAs and led the response when refugees arrived from Myanmar. Complementary support was requested from humanitarian agencies only as needed. The Government's SOPs stipulate that any new influx of refugees will be treated separately from the existing camp population and will be led by the RTA.

To manage the 2023 influx in Tak and Mae Hong Son, humanitarian agencies were given limited access to some TSAs. The Inter-Sector Working Group coordinated the response with the RTG, RTA and district offices to provide food, shelter, relief supplies, WASH and health support. This Preparedness and Response Plan provides an update of the needs and responses once full access is granted to the new arrivals.

Since December 2023, the Royal Thai Government has reiterated its commitment to scale up humanitarian assistance to "more effectively address the needs of the affected population along the border" including through it's pledges at the Global Refugee Forum and statements made by the Prime Minister and Minister of Foreign Affairs.

SECTION

2 PLANNING SCENARIO & ASSUMPTIONS

The inter-agency plan is based on a scenario that the escalating conflict between the Tatmadaw and EAGs may compel more individuals to flee their homes in Myanmar. This could lead to increased internal displacement inside Myanmar but may also lead to refugees crossing the border into Thailand.

Preparedness planning has been conducted with the known assumption that the RTG will continue to take the lead in any response to address the initial needs of refugees, with humanitarian agencies providing complementary assistance and technical support as required. Capacity building of local responders is also envisioned. Humanitarian access to TSAs could remain limited, with new arrivals encouraged to return home once fighting subsides in Myanmar.

Considering the ongoing developments inside Myanmar, this joint inter-agency plan is based on a planning figure of 40,000 refugees seeking safety in Thailand until the end of 2024. In line with observed trends, population increases will be incremental over time. For planning purposes, humanitarian agencies use as one point of reference the demographic breakdown in the IDP camps in bordering states, while taking into consideration that refugees fleeing Myanmar after 1 February 2021 may be smaller family units or single adults coming from urban centres, as has been observed to date.

While most refugees have returned to Myanmar, some have remained in Thailand outside of the TSAs.

These refugees face a situation of extended displacement and continue to be in need of humanitarian assistance. Considering the ongoing developments inside Myanmar as well as the changing response in Thailand, the planning figure of up to 40,000 refugees includes those in need of assistance in 2024.

Given the highly volatile situation, there will also be a need to be prepared for a worst-case scenario of up to twice the planning figure. Humanitarian agencies have prepared for a border-wide response but are monitoring several areas with a potentially higher likelihood of receiving refugees. These include Mae Sariang district in Mae Hong Son province; Mae Sot, Tha Song Yang, Umphang and Phop Phra districts in Tak province; Sangkhlaburi and Sai Yok districts in Kanchanaburi province, and Chiang Rai province across from Shan State. Given the possible multiplicity of sites, additional investments in terms of field presence may be required to best support the RTG's efforts. This is particularly true given agencies' existing priorities in the nine established camps even as their operational presence has been reduced over the years. The need to continue to build partnerships with actors who are already on the ground and who may help fill the gaps, has also been factored into planning.

In carrying out this preparedness planning, humanitarian agencies took into consideration the SOPs of the RTG. In parallel to this, advocacy will continue for non-refoulement and for humanitarian access for all those seeking protection in Thailand.

SECTION

3 NEEDS ANALYSIS

This inter-agency Refugee Preparedness and Response Plan outlines the priority protection and assistance needs of Myanmar refugees arriving in Thailand across multiple sectors. In the absence of effective access and systematic needs assessments at the time the plan was updated, priority needs were identified based on ad hoc assessments, humanitarian agencies' experience of prior refugee influxes into Thailand, information on the humanitarian situation in border areas inside Myanmar, and information gathered through border monitoring activities.

Access to territory and asylum

People fleeing generalized violence and persecution in Myanmar should be able to access protection in Thailand. Safeguarding the principle of non-refoulement remains essential to ensure that people in need of international protection are not returned to a place where their lives are in danger. Furthermore, the RTA and RTG will play an important role to maintain the civilian character of asylum.

Humanitarian Access

Refugees should be able to access the humanitarian assistance that they need in a timely and effective manner. Humanitarian agencies stand ready to work with the RTG, to complement the provision of assistance and protection services by national agencies and ensure that needs are met in line with international standards.

Registration and documentation

Globally, States are primarily responsible for registration of people on its territory and as such, it is anticipated that the RTG will take the lead in registration activities. UNHCR has offered its technical expertise to complement any Government-led registration activities to ensure identification of specific needs and accurate family compositions, to provide a common data set from which all actors can plan programme interventions, and to mitigate risks of fraud. Documentation will be needed on a case-by-case basis for similar reasons, as well as birth registration for newborns.

People with specific needs

People with specific needs such as children, survivors of Gender-Based Violence (GBV), LGBTIQ+ people, people with disabilities and older people are disproportionally affected by violence and abuse. For instance, recent influxes saw people with urgent medical needs, older people, pregnant and lactating women, new-born babies, and people with disabilities seeking refuge in Thailand. These people often face specific barriers due to discrimination, their identity, or other factors that prevent them from fully enjoying their rights or accessing the assistance and the protection services they need. Their specific needs thus require tailored services and assistance to ensure that they enjoy their rights to the same extent as any other refugees. Separated children will also need family tracing services.

Essential needs

Refugees will require support to meet their essential needs, starting with food and water in order to survive. In the same vein, newly arrived refugees – many of whom arrive with little more than the clothes on their backs – will need a set of non-food items to address their basic needs. Given the anticipated conditions in areas hosting refugees, cash-based interventions are not deemed appropriate. Shelter and WASH support will be required, particularly in locations that lack established structures (e.g., repurposed buildings) and where water sources are often limited, including in non-TSAs. Support to the RTG in terms of site planning and development may be needed in this respect. Health-related needs could also be required, such as those related to communicable and mosquito-borne diseases, health needs of specific groups (e.g., children), as well as close coordination and support to existing health facilities.

With prolonged displacement, alternative host sites should be considered that are further inland from the volatile border, with adequate space to prevent overcrowding and allow for some privacy. Lighting at the sites could be improved to address concerns over gender-based violence. Space and materials for educational and recreational activities could be made available for children while trauma and mental health issues will need to be addressed. Livelihoods support should also be considered in the form of seeds for growing vegetables and land for cultivating livestock.

Communication with Communities

Effective communication with communities should ensure that refugees have access to timely, accurate, and relevant information in languages and formats that are culturally appropriate and accessible for all. Information on available services in areas of displacement should be prioritized.

Durable solutions for refugees

A comprehensive approach to solutions may be required for a number of refugees who are unable to return to Myanmar in the immediate future due to their particular protection needs. For those deciding to return to Myanmar voluntarily, the presence of landmines and unexploded ordnance along the Thai-Myanmar border makes cross-border movements dangerous. Furthermore, to make a free and informed decision to return, refugees require access to updated information on the conditions in areas of return in Myanmar.

Information Management

A solid information management base is important to facilitate an efficient multi-sectoral response, to help ensure that partners are working with the same data, to identify gaps, and avoid duplication. Information management also facilitates analysis of this data, which can be used for programming and advocacy purposes.

SECTION

4 RESPONSE STRATEGY

Based on the needs identified above, the humanitarian agencies participating in this plan have agreed on three strategic objectives:

STRATEGIC OBJECTIVE 1:
Access to territory is ensured for people in need of international protection;

STRATEGIC OBJECTIVE 2:
Essential humanitarian needs are urgently provided for; and

STRATEGIC OBJECTIVE 3:
Specific needs of the most vulnerable individuals are addressed.

The planning assumptions consider a gradual and incremental increase in the number of beneficiaries seeking refuge in Thailand. However, a number of sectors will need to continue investing in preparedness, to keep building and maintaining emergency capacity and adequate inter-agency operational procedures to ensure an effective response required throughout the planning period.

Considering the limited humanitarian access, particular attention will be paid to building the capacity of local responders with access to temporary safety areas and other locations of refugees, and who have provided immediate basic assistance in these locations in the past.

STRATEGIC OBJECTIVE 1:

Access to territory is ensured for people in need of international protection.

UNHCR will continue to engage with the RTG regarding access to territory and non-refoulement for people in need of protection. UNHCR will continue to share guidance related to maintaining the civilian character of asylum, including related to the establishment of systems by which combatants can be identified, disarmed, separated and interned, as well as on the treatment of people claiming to have given up combatant status in compliance with international standards, including the principle of non-refoulement. Should access be granted, UNHCR and IRC will implement joint border and protection monitoring in areas of displacement (including in TSAs) to identify protection concerns and inform timely responses to identified needs.

Should a request for UNHCR to support the RTG in registration be confirmed, UNHCR would support registration with the view of identifying from the outset any specific protection needs (GBV survivors, unaccompanied and separated children, people with disabilities, individuals with a higher risk profile) which may require specific protection services or solution interventions.

STRATEGIC OBJECTIVE 2:

Essential humanitarian needs are urgently provided for.

The overall approach will be to ensure food security for refugees and to use local partnerships and networks to maximize delivery. Should refugees arrive without much notice, pre-prepared food parcels can be provided by The Border Consortium (TBC) for the first few days. Thereafter, TBC will provide a nutritionally complete food basket in accordance with SPHERE standards (rice, pulses, oil, salt, tinned fish) as well as fuel-efficient cooking stoves and charcoal so that refugees can prepare meals preferably at household-level. Kitchen sets will be provided through the NFI sector. The special dietary needs of refugees referred by health agencies/men and women community leaders will also be taken into consideration. This includes supplementary and complementary food for pregnant and lactating women and children under five years of age. Arrangements will be made for temporary storage and distribution, and community representatives – women and men – will be identified to assist in distribution.

Overall, the types of Water, Sanitation, and Hygiene (WASH) support that could be provided by WASH sector actors – in collaboration with relevant local government agencies and offices, local CBOs and partners - include setting up a safe, child- and disability-accessible drinking water system and providing gender-separated bathing points, as well as a safe, accessible and communal solid waste management system and vector control services. If needed, WASH actors will provide technical support on community-based maintenance of water and sanitation facilities in safe locations. If required by the Thai authorities, sector actors will be available to provide technical and material support in the construction or improvement of child- and disability-accessible latrines (male/female) as well as in excreta and solid waste management with desludging support where feasible. To promote overall hygiene and health, efforts will also be undertaken with regards to hygiene promotion, as well as the provision of hygiene services and supplies jointly with sector partners and the RTG.

UNICEF and IOM are also positioned to provide complementary training and technical support as needed, including capacity strengthening for residents, staff, and volunteers.

The NFI sector will aim to provide newly arrived refugees with Household Non-Food Items through in-kind distributions of a contextual kit based on access, location and the season, on a one-off basis. The coordination structure include eight NFI sector partners positioned to deliver CRIs on needs basis, provided access is granted. Kit standardisation will be used for planning and procurement, whereas distribution modalities can be adjusted based on assessed needs. Should refugees express intentions to return, kits allow for distributed items, including tarpaulins, to be taken and personally transported. NFI kits will be prepositioned in strategic locations to allow for rapid deployment. In addition, the NFI sector will support the coordination of specialised kits in cooperation with other sectors, i.e., hygiene kits (WASH), dignity/GBV kits (Protection), children's kits (Education and Recreation), and tarpaulins (Shelter). Potential ongoing displacement resulting in a high turn-around of new arrivals and the mobile nature of the population may change/increase NFI needs, to which a needs-based approach would need to be coordinated.

Shelter facilities, e.g., warehouses/school buildings/temple buildings, are available in some TSAs, but in other instances the identified sites are open fields or of hilly terrain. Thus, where there are no existing shelter facilities, basic building materials will be supplied to construct shelters designed for weather resistance and privacy in accordance with SPHERE standards. Plastic sheeting, tarpaulins and fixtures will be procured by TBC. Construction of individual shelters for households averaging four to five people in size will be done by community-led action with TBC's support with the aim of delivering initial materials within 24 hours of the identified need.

Refugees will be engaged in the construction of their temporary shelters, where this is appropriate and, for protection, determine their own household members such as family units or friends. In areas with pre-existing structures which are determined safe for occupation, spaces can be modified with partitions to provide privacy for families, individuals and small groups. If refugees' stay in these areas exceeds two months, they will be supplied higher-grade and more durable building materials for enhanced protection and wellbeing.

The Health sector aims to support the RTG's health activities so that refugees will have sufficient basic health services in line with SPHERE standards. Health partners will focus on monitoring for communicable diseases, for which there will be screenings, testing, and referrals to local hospitals for treatment; COVID-19 vaccination; mop-up routine immunization for children, treatment of common infectious diseases in children, and malnutrition screening for children under five; basic maternal care, GBV screening and treatment, and provision of medication for survivors of GBV; screening for mental health issues, psycho-social support to survivors of GBV, and psycho-social first aid; emergency life-saving primary healthcare, minor surgical care, and limited referral services; screening for non-communicable diseases, provision of essential treatment, and referral services to Thai hospitals; screening for disabilities followed by provision of mobility and walking aid and physical rehabilitation services; capacity building of staff and volunteers.

The Education sector aims to support children's learning, wellbeing and development through support to home-based learning. This will require training and supporting volunteers, parents and caregivers, as well as the distribution of teaching and learning materials. Partners such as Save the Children (SCT), UNICEF and the Jesuit Refugee Service (JRS), together with local partners including Help without Frontiers (HWF), the Shanti Volunteer Association (SVA), and Play Onside, are among the organizations currently positioned to deliver home-based learning. Some children are attending migrant learning centres (MLCs), thus it is also important to equip teachers with knowledge and skills to support learners who may be distressed from experiencing the conflict in Myanmar. If necessary and feasible, temporary learning spaces (TLS) will be established. Within the TLS, learning sessions that address children's wellbeing and learning continuity will be facilitated by trained community volunteers. SCT, JRS, SVA, HWF, TF and UNICEF will also be able to lead these activities. The current coordination structure involves a wide range of sector partners with extensive experience in migrant and refugee education who will also be able to contribute to these sector priorities. The Education sector will work with other sectors such as Health, WASH, and Protection with a focus on, but not limited to, the topics of 1) Hygiene protocol, 2) Psychological First Aid GMHPSS, 3) Gender-based violence (GBV)/ sexual exploitation and abuse (SEA), 4) Mine risk education, and 5) WASH facilities and standards in TLS.

STRATEGIC OBJECTIVE 3:
Specific protection needs of the most vulnerable individuals are addressed.

The Catholic Office for Emergency Relief and Refugees (COERR) will facilitate case management and assistance of people with specific needs. In complement, Humanity and Inclusion (HI) will provide specialized services to people with disabilities. IRC and UNHCR will coordinate to facilitate legal assistance and access to justice for refugees with legal protection needs; IRC will also provide general protection case management to address any immediate protection concerns. Non-food items for people with specific needs will be procured through the NFI sector. The Sermpanya Foundation will provide outreach support to all protection partners in their communication with refugee communities on various protection issues.

IRC will work to facilitate case management for adult and child survivors of GBV including through referrals and direct provision of psychosocial first aid and other specialized services. It will facilitate protection case management and individual protection assistance to address immediate protection concerns at the individual or family level. To complement these services, IRC will procure dignity kits through the NFI sector. ACTED will provide similar specialized services, including dignity kit distribution in Mae Hong Son province to strengthen the GBV response capacity in remote locations. IOM will lead efforts to prevent human trafficking and exploitation through outreach activities and will contribute to efforts to strengthen referral pathways at the provincial level for victims of trafficking and other people with specific needs, including unaccompanied and separated children (UASC) and GBV survivors.

UNHCR will promote Protection from Sexual Exploitation and Abuse (PSEA), support the coordination of case management, as well as provide technical guidance and assistance to partners in complex individual cases.

COERR, SCT and UNICEF will closely collaborate to ensure quality specialized child protection services and community-based activities for children and their parents, including psychosocial support and PSEA. UNICEF will work with local partners to provide child protection support (case management, family tracing, PFA, etc.). Particular attention will be given to the identification and protection of UASC involving family tracing and alternative care arrangements as necessary. UNICEF and SCT will facilitate the set-up of child-friendly spaces in areas where access is allowed, organizing informal education, child protection and psychosocial first aid, while also focusing on building the capacity of child protection actors.

Implementation of protection activities has been severely hampered by lack of humanitarian access. Partnerships with local organizations will continue to be sought to ensure comprehensive coverage of protection needs in all key locations along the border.

Where appropriate, UNHCR will support the RTG in the search for solutions for refugees with specific legal and protection needs. In the event that refugees wish to return to Myanmar, Humanity and Inclusion (HI) will be ready to support communication with refugee communities about landmines and unexploded ordnance risks.

SECTION

5 PRIORITIES BY SECTOR

PROTECTION

Sector lead: UNHCR

- Advocacy for access to territory and asylum
- Advocacy for humanitarian access
- Regular border and protection monitoring where possible
- Registration and documentation support to the RTG
- Prevention of and response to Gender-Based Violence
- (case management, referrals and psychosocial support)
- Specialized child protection services (case management and referrals) and community-based child protection including psychosocial support
- Identification of and support to People with Specific Needs (including children)
- Supporting the safe search for solutions where appropriate
- Protection coordination for the prevention of Sexual Exploitation and Abuse (PSEA) and the promotion of protection mainstreaming across the response sectors
- Protection Case Management and Individual Protection Assistance
- Communication with Communities
- Landmines Awareness

FOOD

Sector lead: TBC

- Provision of nutritionally complete household food package (rice, pulses, oil, salt, tinned fish) or cash equivalent.
- Provision of supplementary feeding (pregnant/breastfeeding women, and children 6–36 months) and therapeutic feeding (malnourished children under 5 years)
- Provision of household cooking fuel and stoves
- Coordination for a community-led and inclusive approach to food program delivery

WASH

Sector lead: IRC

- Ensure safe and clean water supply by setting up and maintaining water distribution system with sufficient number of safe and accessible water points; establishing water treatment and water quality monitoring; and promotion of safe household water storage.
- Hygiene promotion by setting up and maintaining hygiene services (bathing, hand washing, disposal bins for menstrual hygiene); distributing hygiene kits; carrying out hygiene promotion; and capacity building.
- Sanitation by installing and maintaining accessible, safe and clean toilets with access to water for flushing, cleaning and water and soap for handwashing.
- Vector Control by assessment and surveillance of vector borne diseases and risks in target area; provision of relevant regular vector control activities; preparedness for outbreak response measures linked to vector borne diseases in coordination with RTG
- Solid Waste Management by setting up and maintenance of household and communal waste management system with the support of RTG.
- Capacity Building and Technical Support through training of WASH volunteers, RTG Authorities by partner agencies where needed.

Sector lead: IRC

HEALTH

- Prevention/treatment of communicable and non-communicable diseases
- Promotion of child health & vaccination for vulnerable children
- Promotion of sexual and reproductive health
- Promotion of mental health
- Injury and trauma care
- Rehabilitation
- Procurement and distribution of medicines and medical supplies
- Capacity building to local CBOs, CSOs and volunteers
- Support emergency/Life-Saving patient referrals to Thai hospitals
- Medical equipment
- Construction materials to build or rehabilitate health facilities

Sector lead: TBC

SHELTER

- Procurement and distribution of household shelter materials: houses to accommodate refugee-determined households (average 4 people, maximum 5), in accordance with SPHERE standards
- Construction of food storage facilities, which will also be used as distribution points
- Community-led and inclusive approach to shelter program delivery

Sector lead: UNHCR

NFI

- Provision of NFI kits containing plastic sheet/tarpaulin, blanket, synthetic sleeping mat, mosquito net, heavy duty plastic bucket, solar lamp and bag.
- Provision of kitchen sets
- Provision of dignity kits male/ female
- Provision of clothing
- Provision of Children Kits
- Coordination and distribution of specialized kits with other sectors, e.g., Hygiene Kits (WASH), Dignity/GBV kits (Protection),and Tarpaulin (Shelter), children & baby kits (Education), Kits and equipment for PWDs

Sector lead: Save the Children

EDUCATION

- Provision of home-based learning materials to promote children's learning, health, and well-being at home (school supplies, self -paced learning materials, play- based materials)
- Provision of parenting sessions with parents/caregivers (e.g., learning activities at home)
- Distance learning support for school-aged children to include home visits, and follow up with parents
- Training and compensation of community volunteers for Home-Based Learning (HBL)
- Training of teachers at existing Migrant Learning Centers (MLCs) on PFA/MHPSS and emotional resilience.
- Sector coordination and monitoring at the national and provincial levels including joint needs assessments
- Establishment of Temporary Learning Spaces (TLS) in TSAs and within communities near holding areas for school-aged children and provision of learning sessions in TLS to support children's well-being, learning and development (ex: hygiene promotion, social and emotional learning basic numeracy and literacy activities, recreation, MHPSS, PSEA)

SECTION

6 PARTNERSHIP & COORDINATION

In light of the developments in Myanmar since 1 February 2021, Thai authorities have held contingency planning discussions at the local level to prepare for the arrival of Myanmar refugees, evacuated Thai citizens, and nationals from other countries. At the central level, the RTG developed Standard Operating Procedures (SOPs) in preparation for the arrival of Myanmar refugees fleeing armed conflict, growing violence and unrest. According to these SOPs, Thailand will initially receive refugees at temporary safety areas (TSAs) managed by the RTA. Following this, individuals would be moved to holding areas designated and managed by provincial authorities, where they would be accommodated. Holding areas have yet to be set up.

Refugees require urgent life-saving support and their fundamental human rights must be protected. This calls for a holistic multi- sectoral approach to refugee emergency preparedness and response where the humanitarian agencies must be well-prepared and ready to extend support to the RTG's response efforts, in an effectively coordinated and timely manner.

To strengthen inter-agency preparedness and response, a multi-sector coordination mechanism was established and structured around the standard sectors in a humanitarian response: Food, Non-Food Items (NFI), Protection, Shelter, Health, Water, Sanitation and Hygiene (WASH) as well as Education. The sectors are led by NGOs and UNHCR, depending on the area of expertise. UNHCR chairs the Inter-Sector Working Group (ISWG) both in Bangkok and in the provinces to coordinate preparedness measures, including information management to serve all sectors, as well as advocacy.

Since the start of the emergency, the Inter-Sector Working Group has been working closely with both national and local authorities, CBOs and CSOs. Some of the key activities include developing guidance on the humanitarian principles for assistance in and outside TSAs for all sectors, accompanied by a protection checklist. The ISWG and the field-level ISWG continue to adapt the rapid needs assessment tool to the specific context. It has continuously reviewed the standard minimum NFI kit, harmonized distribution processes and developed a post-distribution mechanism tool.

Sustainable shelters have been re-designed in line with SPHERE standards and a toolkit developed for small groups to engage in shelter construction and repair. Hygiene kits and latrine construction materials have been distributed and WASH facilities provided in TSAs. A Mental Health Psycho-Social (MHPSS) toolbox has been developed; and Home Based Learning Kits distributed. Protection partners continue to identify persons with specific needs among the displaced population, as well as to provide protection support when access allows, often in close collaboration with local CBOs and CSOs. Training was also provided to sector members on WASH and MHPSS, the latter including a Mental Health Training of Trainers and Psychological First Aid (PFA), as well as on NFI processes, tools and accountability mechanisms in emergency and post-emergency settings. Finally, sectors leads and members at both national and provincial level participated in an online, comprehensive simulation exercise to test preparedness.

SECTION

7 PARTNERS IN THE RESPONSE

01 ACTED
02 Adventist Development and Relief Agency (ADRA)
03 COERR Foundation
04 Help Without Frontiers (HwF)
05 Humanity & Inclusion (HI)
06 International Organization for Migration (IOM)
07 International Rescue Committee (IRC)
08 Jesuit Refugee Service (JRS)
09 Malteser International (MI)
10 Save the Children Thailand Foundation (SCT)
11 Shanti Volunteer Association (SVA)
12 Sermpanya Foundation
13 The Border Consortium (TBC)
14 United Nations High Commissioner for Refugees (UNHCR)
15 United Nations Children's Fund (UNICEF)

8 SECTOR FINANCIAL REQUIREMENTS

ORGANIZATION	EDUCATION	FOOD	HEALTH	PROTECTION	NFI	SHELTER	WASH	REQUIREMENT
ACTED				25,000	25,000			50,000
ADRA					282,536			282,536
COERR				92,000	168,000			260,000
HI			330,000	215,000				545,000
Help Without Frontiers, Teacher Focus, Shanti Volunteer Association, local partners	50,000						827,000	877,000
IOM		280,000	111,600	300,000	1,487,300			2,178,900
IRC			3,255,683	400,000	150,000		2,525,237	6,330,920
JRS	272,500							272,500
Malteser International			517,464	80,000	417,043		478,585	1,413,092
Save the Children	224,080			98,343	49,274			353,354
Sermpanya Foundation			160,625					258,968
The Border Consortium		850,000				600,000		1,450,000
UNHCR				329,035	947,717			1,276,752
UNICEF	150,000		450,000	425,000			349,118	1,562,500
REQUIREMENTS	**934,962**	**1,130,000**	**4,825,372**	**1,964,378**	**3,526,870**	**600,000**	**4,179,940**	**17,161,522**

For more information please contact:

Morgane Roussel-Hemery, UNHCR Thailand Associate External Relations Officer
<rousselh@unhcr.org>