

# HCT MYANMAR – INTER-AGENCY EMERGENCY RESPONSE PREPAREDNESS (ERP) PLAN ANNEXES (JUNE 2017)

## ANNEX 1 – Sector Standard Operating Procedures (SOPs) for Disaster Response (June 2017)

### CAMP COORDINATION & CAMP MANAGEMENT (CCCM)

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilise camp management needs assessment team	Cluster lead	Cluster partners	5 days (maximum)
If population relocated, assess camp management needs	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, 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
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 groups. 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 with the government as necessary	Sector leads	Sector partners	4 weeks (+)

## 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) local 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, fertilisers and fishing gears stocks	Sector lead		Immediately
<b>Immediately after disaster</b>			
Participate in coordination meetings (UN/NGOs, govt)	OCHA	FS partners	24hrs
Develop initial assessment plans (including logistics arrangements)	OCHA	FS partners	24hrs
Deploy initial assessment team(s) (multi-sector/cluster)	OCHA, Sector lead	FS partners	48hrs
Confirm beneficiary numbers and location	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, govt)	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, fertiliser and fishing gears	Sector lead	FS partners	Day 12
Follow-up meetings for gap analysis in the response (partners, govt)	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

## 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	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 medicines and vaccines, hygiene and dignity kits, reproductive health kits and medication for treatment of trauma /acute /chronic diseases	Cluster lead	Cluster partners	24 hours after EW
<b>Immediately after disaster</b>			
Activate pre-identified assessment team	Cluster lead	Cluster partners	2 days
Organize the health cluster meeting and sharing update information from assessment team	Cluster lead	Cluster partners	3 days
Launch distribution of emergency supplies to the affected locations as per cluster stock-piling	Cluster lead	Cluster partners	4 days
Re-establish disrupted health services through the establishment of static and/or mobile clinic (PHC, SRH, Nutrition) and eventually the setup of secondary care emergency facilities	Cluster lead	Cluster partners, UNICEF	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)	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
Inter-cluster coordination with particular emphasis on Shelter, Wash, Nutrition and Protection (set up of an effective inter-sectoral information management system)	Cluster lead	Cluster partners, UNICEF, UNHCR	2 weeks
Provide measles vaccination to 9-months to 15-years old children relocated in the evacuation sites/IDP camps/host families	MoH, Cluster lead	Cluster partners, UNICEF	2 weeks
To provide psychological first aid to the affected population	Cluster lead	Cluster partners, UNDP	2 weeks
<b>Up to four weeks</b>			
Adjust health sector strategy and response plan based on results of joint assessment	Cluster lead	MoH, Cluster partners, UNICEF	3 weeks
Come up with a transition plan for the next 6-8 weeks	Cluster lead	MoH, Cluster partners, UNICEF	4 weeks

## 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	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	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



## NON FOOD ITEMS (NFI)

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilise NFI needs assessment team	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	Cluster lead	Cluster partners	5 days (maximum)
Mobilise NFI needs assessment support from national level (as required)	Cluster lead	Cluster partners	5 days (maximum)
	Cluster lead		
Mobilise assessment team, which includes evaluation of need for intersector assessment, led by OCHA	Cluster lead	Cluster partners	24 to 36hrs
Conduct rapid assessments of NFI needs for affected population, 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

## 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.	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, 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. Response should follow sector/cluster responsibility and national/global humanitarian standards/guidelines	Sector lead	NNC/MoH, MNTN	2 weeks
Consult with the affected communities 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

## PROTECTION

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilise assessment team / team members 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 to participate in the initial multi sector rapid assessment	Sector lead	UNICEF, UNFPA, DRC	Immediate
Activate response teams 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

## SHELTER

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilise emergency shelter needs assessment team	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)
Mobilise emergency shelter needs assessment support from national level (as required)	Cluster lead	Cluster partners	5 days (maximum)
Immediately after disaster	Cluster lead		
Mobilise 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, 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
Organisedaily 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

## WATER, SANITATION AND HYGIENE (WASH)

Activity	Lead	Other Organizations	Timeline
<b>Early Warning Phase</b>			
Mobilize WaSH Cluster team 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 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 cross-cutting issue as gender, children access, handicap,	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 2017)

### EDUCATION IN EMERGENCIES (EiE) SECTOR

**Sector Partners:** UNICEF and SCI (Co-lead), Plan, LWF, NRC, MRF, BAJ<sup>1</sup>

#### 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<sup>2</sup>, 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.

Student per teacher ratio in basic education schools is above 40 in Rathedaung (43.1), Pauktaw (42.4), Minbya (43.8), and Myebon (47.8), impacting quality of learning environment.

Gender parity index (GPI) in basic education schools is below 1 in most of the seven townships. At primary and middle school level, GPI is 0.84 in Sittwe and 0.88 in Rathedaung. GPI is 0.88 in Mrauk U at middle school level as well. At high school level, GPI in Mrauk U and Minbya is 0.82 and 0.88<sup>3</sup>.

Student per teacher ratio in basic education schools is above 40 in Rathedaung (43.1), Pauktaw (42.4), Minbya (43.8), and Myebon (47.8), impacting quality of learning environment<sup>4</sup>.

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 could bring 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<sup>5</sup>. Furthermore, the destruction of or damage to public infrastructure

Townships	# Primary Schools			# Middle School			# High School Teacher	# Primary School Students			# Middle School Students			# High School Students			Total
	#	#	#	#	#	#		#	#	#	#	#	#	#	#	#	
Sittwe	96	537	11	90	10	252	14,9	12,3	27,3	6,79	5,27	12,0	2,47	2,60	5,07	<b>44,4</b>	
Kyauktaw	216	955	10	62	6	264	15,6	15,0	30,7	7,50	7,20	14,7	2,36	2,35	4,72	<b>50,1</b>	
Pauktaw	152	709	7	33	5	106	13,4	12,8	26,2	4,49	4,06	8,56	99	95	1,94	<b>36,7</b>	
Myebon	151	743	13	37	6	146	10,6	10,2	20,9	5,06	5,14	10,2	1,26	1,42	2,68	<b>33,8</b>	
Minbya	180	887	10	47	5	130	14,8	14,2	29,0	6,45	6,08	12,5	1,63	1,55	3,18	<b>44,7</b>	
Mrayk U	217	923	12	60	6	121	15,9	14,6	30,6	6,92	6,27	13,2	1,49	1,22	2,71	<b>46,5</b>	
Rathedaun	177	803	6	43	7	125	12,7	11,5	24,2	5,53	4,71	10,2	1,45	1,38	2,83	<b>37,3</b>	
<b>Total</b>	<b>1,189</b>	<b>5,55</b>	<b>69</b>	<b>3,75</b>	<b>45</b>	<b>1,144</b>	<b>98,3</b>	<b>90,9</b>	<b>189,2</b>	<b>42,7</b>	<b>38,7</b>	<b>81,5</b>	<b>11,6</b>	<b>11,4</b>	<b>23,1</b>	<b>293,9</b>	

Township Education Office (TEO) Monthly Report submitted to State Education Department (SED),

<sup>1</sup> Bridge Asia Japan and Community and Family Services International (currently operating in the Child Protection sub-sector) EiE activities mainly focus on northern townships. There are also several other international and local NGOs supporting education related activities in Rakhine State.

<sup>2</sup> Pre-crisis primary and secondary net enrolment rates (71% and 32% compared to Union averages of 88% and 53%); primary completion rate (32% compared to 54%); gender parity indexes (GPIs, as the ratio of girls to boys) at primary and secondary levels (0.94 and 0.85 compared to Union averages of 1.01 for both) as cited in 2015 joint education sector needs assessment, Plan/REACH, Nov 2015

<sup>3</sup> GPI is estimated to be lowest in Maungdaw and Buthidaung: 0.25 and 0.43 both at middle and high school level

<sup>4</sup> MoE Rakhine State Education Data, 2013-2014: Student per teacher ratio is highest in Maungdaw (122.5) and Buthidaung (82.9)

<sup>5</sup> Education authorities, licensing bodies, policies, procedures, social organizations and school management entities (2015 post flood and landslide needs assessment, the government of myanmar)

and textbooks/teaching learning materials affects education access, quality, and learning achievements. Availability of teachers and other personnel services can also be reduced/lost due to turn-over due to prolonged school closure or any other reasons, loss or delay of teacher compensation payment<sup>6</sup>.

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.

#### **Cluster strategy:**

The EiE sector will provide the assistance through a minimum package of emergency education services during the initial phase<sup>7</sup>. 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 4 Weeks+) with focus on set-up of TLS 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 to protect children, protection component, with guidance of social welfare/protection sector(s), need to be mainstreamed, especially in the areas of psychosocial support and identification of children requiring special assistance such as children displaced, children without parents/guardians, and children with disabilities. Identification of children at protection risks and dropping-out of school also become critical to reduce longer-term protection risks of hazard-affected girls and boys such as a rise in trafficking, child labor, early marriage and domestic violence. Education assistance needs to be complemented with restoration/establishment of adequate WASH services, including hygiene education and awareness building as part of critical life- skills education.

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<sup>5</sup> Education authorities, licensing bodies, policies, procedures, social organizations and school management entities (2015 post flood and landslide needs assessment, the government of myanmar)

<sup>6</sup> Post Flood and Landslide Needs Assessment, 2015, the Government of Myanmar; Post Disaster Needs Assessment Guideline Volume B (Social Sector, Education), World Bank/UNDP

<sup>7</sup> The first 4 weeks – 8 weeks



## Immediate Emergency Response

Activities	By whom	Where
Set up safe Temporary (Alternative) Learning Spaces in consultation with communities <sup>8</sup>	<p>Coordination by UNICEF and SCI (Co-Leads): UNICEF (Office in Sittwe)</p> <p>SCI (Office in Sittwe/Pauktaw), Plan (Office in Sittwe/Mrauk U – for Minbya), LWF (Office in Sittwe)</p> <p>NRC (Office in Sittwe) <sup>9</sup>, MRF (Office in Sittwe)</p> <p><i>*BAJ based in Maungdaw has an office in Sittwe for school construction activities.</i></p>	<p>7 Townships (through TEO) Sittwe, Pauktaw</p> <p>Sittwe, Minbya Sittwe, Pauktaw, Mrauk U</p> <p>Sittwe, Rathedaung Sittwe</p>
Provide essential education and recreation supplies (kits and materials)	<p>Coordination by UNICEF and SCI (Co-Leads): UNICEF (Office in Sittwe)</p> <p>SCI (Office in Sittwe/Pauktaw), Plan (Office in Sittwe/Mrauk U – for Minbya), LWF (Office in Sittwe)</p> <p>NRC (Office in Sittwe), MRF (Office in Sittwe)</p>	<p>7 Townships (through TEO) Sittwe, Pauktaw</p> <p>Sittwe, Minbya Sittwe, Pauktaw, Mrauk U</p> <p>Sittwe, Rathedaung Sittwe</p>
Mobilize available psychosocial support for teachers and students, and provide context- relevant life-skills activities including basic health, hygiene, protection learning contents	<p>Coordination by UNICEF and SCI (Co-Leads): UNICEF (Office in Sittwe)</p> <p>SCI (Office in Sittwe/Pauktaw), Plan (Office in Sittwe/Mrauk U – for Minbya), LWF (Office in Sittwe)</p> <p>NRC (Office in Sittwe) MRF (Office in Sittwe)</p>	<p>7 Townships (through TEO) Sittwe, Pauktaw</p> <p>Sittwe, Minbya Sittwe, Pauktaw, Mrauk U</p> <p>Sittwe, Rathedaung Sittwe</p>

### Operational constraints/Logistics concerns

- EiE sector partners' operations are currently concentrated in 4 townships (Sittwe, Pauktaw, Minbya, Mrauk U) and they are currently not in operation in Kyawktaw and Myebon townships. UNICEF programme operates within the framework of development programme through TEO all 7 townships. 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 in all seven townships, however, the operation is mainly conducted through TEO and there is no physical office presence in each township.
- Current EiE stockpile items placed in Sittwe include Student Kits (7,418), school kits (3), recreational kits (285), and school tents (2). In Yangon, there are student kits (16,798), school kits (26), recreational kits (134), ECD kits (17), and temporary school tents (8). It will take at least 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.

<sup>8</sup> Initial EiE response framework is the first 4-8 weeks, timeframe depending on the scale and impact of hazards.

<sup>9</sup> NRC has an office in Maungdaw as well

## Preparedness and capacity-building activities

Activities	By whom	By when
Updating of EiE Sector Emergency Preparedness Plan <ul style="list-style-type: none"> <li>▪ Contact list</li> <li>▪ MPA/SOP</li> <li>▪ Operational areas</li> <li>▪ EiE assessment roster</li> <li>▪ Capacity mapping</li> <li>▪ Contingency stocks</li> <li>▪ Community messaging</li> </ul>	UNICEF with SCI (Co-lead)	Continuous (last updated in Apr 2017)
International Network for Education in Emergencies (INEE) Minimum Standards for Education Training	Plan	18 <sup>th</sup> July 2017
Basic Disaster Management Training at the DMTC for State Education Officials	DBE & RRD with UNICEF	Aug 2017
Workshop for State Education officials on DRR materials in emergencies with reinforced communication for development	DBE & RRD with UNICEF	Aug 2017
Disaster Risk Reduction (DRR) School Preparedness Training in Kyauktaw, Sittwe	NRC	Continuous (Aug-Nov 2017)
School Based DRR Training in Sittwe, Pauktaw, Mrauk U	LWF	Aug 2017

## Requirements – list

- Staff - Agency assessment focal persons have been assigned (UNICEF, SCI, Plan, LWF, NRC, MRC) and Education staff roster for the assessment/response has been developed and to be updated regularly: 31 staffs from 7 organizations (trained on EiE response/INEE standards). Depending on the scale of emergency, surge support will be required: 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:** WFP, CDN, MHDO, ICRC

### Overall Objective of the Sector

Affected people have access to safe and nutritious food that meets their daily dietary needs

### Sector context and risk analysis:

- The townships that are considered most disaster prone are the following: Min Bya, Mrauk U, Pauk Taw, Kyauk Taw, Rathedaung, Kyauk Phyu, Myebon and Ramree, as they are low lying chronically flooding areas.
- All populations are considered equally vulnerable, with the sector estimating to target 4,800<sup>10</sup> households (30,000 individuals).
- The state of resilience of these individuals is poor with regards to shocks and natural disasters, leaving them using severe coping mechanisms such as sharing of food, reliance on humanitarian aid, reliance on daily casual labour, consumption of cheap and un-preferred less nutritious food, borrowing, etc.

### 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 to provide unconditional cash in the case of market accessibility

### Operational Constraints / Logistic Concerns

- Transportation of in kind food to affected areas subject to physical accessibility
- 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 Plan International	Minbya
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 CDN	Mrauk U, Pauktaw and Kyauktaw
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 MHDO	Rathedaung, Kyauk Phyu, Myebon and Ramree
Provision of unconditional cash	ICRC	Minbya, Mrauk U, Pauktaw and Kyauktaw, Kyaukphyu, Myebon and Ramree

<sup>10</sup> Based on previous years

## Preparedness and capacity-building activities

Activities	By whom	By when
WFP engagement with its partners	WFP and its partners (Plan International, CDN and MHDO)	May 5, 2017
WFP agreement with its partners	WFP and stand by partners (Plan International, CDN and MHDO)	June, 2017
Readiness of partners	Plan International, CDN and MHDO	June, 2017
Mobilization of food to Sittwe warehouse	WFP	
Transport preparedness	WFP	

## 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.

## HEALTH CLUSTER

**Cluster Partners:** ACF, IOM, IRC, MI, MM, MHAA, MNMA, RI, SCI, UNICEF, UNFPA, WHO

*\*Does not include independent humanitarian partners and development partners who are recognized members of the wider Health Sector.*

### 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 referrals.
- To ensure continuity of life-saving new born/child health care and reproductive health care services.
- To prevent further spread of communicable diseases ensure that proper surveillance system is in place.
- To provide technical and coordination support for overall health sector response

### Cluster Context and Risk Analysis

- There are at least 20 non-government health agencies that provide humanitarian, development, or both, support to Rakhine State
- There are two direct communication lines: State Public Health Department (SPHD) to Partner and Township Medical Officers (TMOs) to Partner. WHO provides technical, coordination and information management support at SPHD 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 SPHD 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 SPHD 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)<sup>11</sup>
- State average for Measles 2 vaccination coverage is 48% when the national estimate is at 80%<sup>12,13</sup>
- Human Resources for Health – based on SPHD rapid assessment as of July 2016; excludes Sittwe General Hospital workforce count:

Township	Doctors, nurses, health assistants, and midwives
Ann	188
Buthidaung	125
Gwa	121
Kyauk Phyu	248
Kyauktaw	132
Manaung	161
Maungdaw	181
Minbya	147
Mrauk-Oo	189
Myaebon	140
Pauktaw	140
Ponnagyun	122
Ramree	169
Rathaedaung	107
Sittwe	122
Taunggyup	227
Thandwe	267
State	<b>2,786</b>

- Partners with mobile team capabilities are to submit disease early warning and response system (EWARS) report on a regular basis. Immediate notification protocol to SPHD and TMOs is to be strictly observed for disease investigation.

<sup>11</sup> Department of Population, Ministry of Labor, Immigration and Population. (2016). Thematic Report on Maternal Mortality. Census Report Volume 4-C, Page 20. Accessed in [http://www.dop.gov.mm/moip/index.php?route=product/product&product\\_id=185](http://www.dop.gov.mm/moip/index.php?route=product/product&product_id=185). Last accessed 09 December 2016

<sup>12</sup> State Health Department. (2015). Health Management Information System and other SHD records. Unpublished.

<sup>13</sup> WHO and UNICEF. (2015). Myanmar: WHO and UNICEF estimates of immunization coverage: 2015 revision. Accessed from: [http://www.who.int/immunization/monitoring\\_surveillance/data/mmr.pdf](http://www.who.int/immunization/monitoring_surveillance/data/mmr.pdf). Last accessed 09 December 2016.

## 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 SPHD.
- The Cluster Coordinator is to consult with SPHD 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 SPHD 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 SPHD 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.

## 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<sup>14</sup>, the short-term risk for epidemics following a geophysical disaster is very low<sup>15</sup>. 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<sup>16</sup>.

- 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, and Pauktaw. In addition, through the mobile teams of MHAA, townships of Kyaukphyu and Toungup are likewise supported. However, townships of Gwa, Ann, Munaung, 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.

## Immediate emergency response

Activities	By whom	By when
Consultation or recommendation for convening an ad hoc meeting in response to a specific event with SPHD	Cluster Coordinator	Sittwe
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, MHAA, RI	Sittwe, Rathedaung, Maungdaw, Buthidaung, Kyauktaw, Mrauk-U, Minbya, Myebon, Ponnagyun, and Pauktaw
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	IOM, UNICEF, UNFPA, WHO	Non-specific, Rakhine State
Operational support (e.g. transportation, medicine, patient referral, etc.) depending on meeting agreements or in response to a specific/bilateral government request	ACF, IOM, IRC, MI, MM, MHAA, MNMA, RI, SCI, UNICEF, UNFPA, WHO	Non-specific, Rakhine State

<sup>14</sup> Salazar, M. A., Law, R., Pesigan, A., & Winkler, V. (2017). Health Consequences of Typhoon Haiyan in the Eastern Visayas Region Using a Syndromic Surveillance Database. *PLoS currents*, 9.

<sup>15</sup> Floret, N., Viel, J. F., Mauny, F., Hoen, B., & Piarroux, R. (2006). Negligible risk for epidemics after geophysical disasters. *Emerging infectious diseases*, 12(4), 543.

<sup>16</sup> Watson, J. T., Gayer, M., & Connolly, M. A. (2007). Epidemics after natural disasters. *Emerging infectious diseases*, 13(1), 1.

## Preparedness and capacity-building activities

Activities	By whom	By when
Dissemination of cyclone and flooding IEC materials obtained from DRRWG in support of the pre-monsoon awareness campaign to health partners (hard and soft copies) c/o WHO. Onward dissemination of IECs to patients and posting of posters in clinic sites c/o health partners as enumerated in the next column.	ACF, IOM, IRC, MI, MM, MHAA, RI, MNMA, SCI	03 May 2017 during Sittwe Health Sector meeting.
		06 May 2017 during Maungdaw health partners' discussion
Regular update of contingency stocks/ resource mapping. Compilation c/o Cluster Coordinator but inputs are provided by health partners as enumerated in the next column	ACF, IOM, IRC, MI, MM, MHAA, MNMA, RI, SCI, UNICEF, UNFPA, WHO	Continuing (last updated 20 April 2017)
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, IOM, IRC, MI, MM, MHAA, MNMA, RI, SCI, UNICEF, UNFPA, WHO	Continuing (last updated 20 April 2017, this file)
Maintain active participation to monthly Health Sector meetings	ACF, IOM, IRC, MI, MM, MHAA, MNMA, RI, SCI, UNICEF, UNFPA, WHO	Continuing (last meeting held 03 May 2017)
Conduct of interagency emergency health kit orientation to healthcare workers	WHO (Training recipients: Mercy Malaysia, IRC, Thet Kel Pyin government health staff)	02 May 2017
		To other partners to be determined
Conduct of EWARS refresher/ basic orientation. Note that full EWARS training is provided mainly by MOHS	WHO (Training recipients: Mercy Malaysia, IRC, Thet Kel Pyin government health staff)	02 May 2017
		To other partners to be determined
Conduct of Rapid Health Assessment refresher orientation	WHO (Training recipients: Mercy Malaysia, IRC, Thet Kel Pyin government health staff)	02 May 2017
		To other partners to be determined

## NUTRITION CLUSTER

**Cluster Partners:** ACF, MHAA, SCI, MHDO, WFP, UNICEF, 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 eIYCF practices are supported

### Cluster 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 3803 SAM and 3794 MAM in the current nutrition programme (Maungdaw is 41% of total admission) and Buthidaung is 43% of total admission). Those children will be the most vulnerable population in the disaster.

### Nutrition Cluster 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 children using therapeutic care through outpatient treatment (OTP) by ACF, MHAA, SCI in respective covered locations.
2. Provision and continuation of moderate acute malnutrition treatment to children and women using targeted supplementary feeding program by MHAA, ACF and WFP
3. Provision of malnutrition preventive services targeting most nutritionally vulnerable groups (children under 5 and pregnant/lactating women).
4. 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	
OTP activities (fixed/mobile) for Therapeutic Feeding Program to support treatment for Severe Acute Malnutrition (existing beneficiaries)	ACF, SCI, MHAA	Sittwe, Buthidaung, Maungdaw, Pauktaw 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	March 2017
Identification of focal persons for joint assessment	Cluster lead/UNICEF, sector members	April 2017
Update number of SAM and MAM caseload per township regularly	UNICEF with support of ACF, MHAA and SCI	At the end of each month
Preposition of supplies for nutrition response in Rakhine State	Cluster lead/UNICEF, sector members	1st April 2017
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	April 2017
Partner mapping and manpower enlisting	Cluster lead/UNICEF, Sector members	April 2017

## PROTECTION SECTOR

**Sector Partners:** UNHCR, UNICEF, UNFPA, DRC, IRC, RI, PLAN International, IOM, SCI

### Objectives

- Ensure that affected people have access to safe shelter, safe pathways to access, freedom of Movement
- Ensure that shelters are secured for the affected people to be able to live with dignity, shelters have separate spaces for women, children, and breastfeeding mothers.
- Ensure that shelters have the registration capacity, and safe for reporting protection incidents (GBV, child protection, and other protection incidents).
- Ensure to communicate to the community that protection services are available.
- Ensure separated children are identified and access to Family Tracing and Reunification services

### Sector Context and Risk Analysis

- Protection patterns 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, person with temporary vulnerabilities, elderly and Muslim population at large

### Sector Strategy

- Before the disaster, protection sector will distribute key protection messages, and the referral pathway to the affected areas.
- Protection sector will prioritize the locations based on the severity of the areas, number of people concerns
- Protection sector will conduct Field missions, conduct case management on site as much as possible.
- Protection sector will look at the evacuation centres before the disaster.
- Depending on access, organizations' presence, and limited coverage, protection

sector will ask the protection agencies to respond to the affected areas.

- Protection sector will require Education sector to identify the children, to provide space for the children for the psychological support in the first week.
- Protection sector will require shelter cluster to have separate places for women and children.
- Protection sector will require wash cluster to have separate latrines and bathing areas for women and children

### 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	PWG	
Emergency messages drafting	PWG	
Protection training for non-protection actors		

## SHELTER CLUSTER

**Cluster Partners:** UNHCR, IOM, LWF, NRC, DRC, Myittar Resource Foundation (MRF), MAUK, Medair, Building Better Society (BBS)

### Objectives

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

### Cluster Context and Risk Analysis

- During the 2016-2017 dry season, Shelter Cluster partners implemented a large scale program to rehabilitate temporary shelters in all IDP camps of Rakhine State. By the beginning of the 2017 rainy season, Shelter Cluster partners will have surpassed the targets set against the joint shelter needs assessment of March 2016. However, in the past year additional shelter needs have arisen from natural deterioration and wear and tear. Following completion of the current reconstruction, Shelter Cluster partners will conduct a comprehensive shelter needs assessment across all IDP camps of Rakhine State to determine current rehabilitation needs (June 2017).
- Whilst the shelter rehabilitation program has improved shelter conditions, structures remain temporary in nature and are subsequently highly prone to damage in severe weather conditions, particularly those in coastal areas.
- 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 3,500 households held in a contingency stock in Sittwe (UNHCR & NRC).

Additionally, stocks of emergency shelter items are also held by MRCS/IFRC/ICRC in warehouses in Thandwe, Kyaukphyu and Sittwe Townships.

- Contingency stocks are currently sufficient to cover the first response period of the first 2 weeks of an emergency, providing sufficient time to replenish stocks from Yangon warehouses.
- Improve the technical capacity of the Department of Rural Development (DRD) to lead ToT trainings with RSG line departments at State, District and Township level in the construction of emergency shelter using a reciprocal bamboo frame.
- In the case of annual seasonal flooding affecting riverine communities in Kyawtaw, Mrauk U and Minbya Townships, partners will provide technical support in the form of ToT trainings to improve the capacity of the RSG, humanitarian partners and communities at risk, to effectively construct emergency shelters using a reciprocal bamboo frame, rope and tarpaulin.
- The first response to seasonal flooding will most likely be implemented by the RSG and the Red Cross. Therefore, Cluster partners will support the capacity building of communities through ToT trainings in the construction of emergency shelter using a reciprocal bamboo frame conducted with MRCS branch offices and Red Cross Volunteers (RCVs).
- Establish a framework agreement to ensure fast delivery of an appropriate quality and width of bamboo with which to construct reciprocal frames.
- Camp Management Agencies to develop and implement emergency preparedness and response plans with IDP communities building their capacity to effectively respond in the first stages of a natural disaster.
- Beneficiary selection will be conducted in accordance with findings from the MIRA needs assessment. Priority will be given to the greatest needs.

### Immediate emergency response

Shelter Cluster partners are active in IDP camps with few Cluster partners having programs outside of camps. Therefore, during the first week of a disaster, it is likely that any response will be in the form of in-kind contributions of emergency shelter items to the RSG and/or Red Cross who have the capacity and authorization to deliver during this early period.

Activities	By whom	Where
Flash appeal / rallying donor support	National Shelter Cluster coordinator	Yangon
Provision of emergency shelter kits to affected areas	UNHCR, NRC & MRCS	As required as Shelter Cluster partners only implement in IDP camps
Distribution of emergency shelter materials and technical support for construction	UNHCR, LWF, NRC, DRC, Medair, MAUK, IOM, BBS	As required

### Operational constraints/Logistics concerns

- RSG authorization to respond.
- Shelter Cluster partners only work in IDP camps. No technical expertise available for a non-IDP context.
- 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 warehouses.

## Preparedness and capacity-building activities

Activities	By whom	By when
Rehabilitation of temporary shelters in all IDP camps in Rakhine State as measured against joint shelter needs assessment of March 2016.	UNHCR, DRC, LWF, NRC, Medair, MAUK, MRF, BBS	Aug 2017
Comprehensive shelter needs assessment of all temporary shelters in IDP camps	UNHCR, DRC, LWF, NRC, Medair, MAUK, MRF, BBS, IOM	June 2017
ToT training for 70 participants from the Department of Rural Development (DRD), Red Cross movement and Shelter Cluster partners on the construction of emergency shelters using reciprocal frame shelter kits (bamboo & tarpaulin)	UNHCR	8-9 May 2017
Supporting DRD to conduct trainings on the construction of emergency shelters using reciprocal frame shelter kits in all Townships of Rakhine State with relevant line departments of the government e.g. RRD and GAD. Trainers from these workshops will then train communities in areas highly prone to seasonal flooding.	UNHCR	Aug 2017
With support from Shelter Cluster partners, Myanmar Red Cross Society (MRCS) will conduct trainings on the construction of emergency shelters using reciprocal frame shelter kits in 3 Townships highly prone to seasonal flooding; Kyawtaw, Mrauk U and Minbya Townships. MRCS will in turn train Red Cross Volunteers to conduct similar trainings with highly prone communities.	MRCS	Aug 2017
Shelter Cluster partners will conduct trainings on the construction of emergency shelters using reciprocal frame shelter kits with partners from the DRR working group and other interested agencies	UNHCR, IOM, Medair, MAUK, DRC, LWF, ACF, RI	Aug 2017
Camp Management Agencies will conduct trainings on the construction of emergency shelters using reciprocal frame shelter kits with CMCs and IDPs in all IDP camps	LWF, NRC, DRC	Aug 2017

## Requirements

### Staff

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

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

- Emergency shelter materials for 3,500 HH (currently held by UNHCR & NRC)

### Financial

- Ropes and tarpaulins to respond to the emergency shelter needs of 3,500 HH are currently held in contingency stocks. This is sufficient for the first two weeks of a response.
- The construction of 3,500 emergency shelters will require approximately \$30,000 worth of bamboo.
- A funding gap does not currently exist to complete the current round of rehabilitation of temporary shelters in IDP camps. Needs will be reviewed in June following a comprehensive shelter needs assessment in all IDP camps.

## WASH CLUSTER

**Cluster Partners:** In Rakhine State, there are 6 agencies working in IDP Camp, namely Save the Children, Solidarites International, CDN, Oxfam, Relief International, Danish Refugee Council.

In addition to these partners, some WASH agencies are delivering their assistance to cover non-camp area with more orientation towards long term development programme instead of humanitarian and lifesaving intervention in rural area, namely International Rescue Committee, Plan International, Medair, GIZ, Arche Nova, and GRET.

WASH sector working group is also activated in northern Rakhine State. At this moment, Care, ACF, Malteser, and MHDO.

UNICEF presents both in northern Rakhine State, IDP camp and non-camp area, as well as covers both humanitarian and development priority. While IFRC, ICRC and national Red Cross partner MRCS are working in 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 adopt basic personal and community hygiene practice.

### Cluster Context and Risk Analysis

- The WASH Working Group is affected people in the IDP camp, village of origin, host communities, surrounding villages, and non-IDP crisis affected area.

### Cluster Strategy

1. Cost effectiveness and efficiency of service delivery
2. Continue WASH provision

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

### Hazard review for different Locations

#	Type of Hazard	Specific location in Rakhine
1	Flood	Kyauktaw, Mrauk U, Minbya, Ann, Thandwe, Taunggut, Ponnagyun
2	Storm	Mainly Costal 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	SI, DRC, SCI, UNICEF	OXFAM, ARCHE, NOVA, UNICEF	Care, MHDO, SI, UNICEF	Malteser, ACF, Care, MHDO, UNICEF	RI, IRC, UNICEF
<b>Emergency WASH response</b>	DRC, OXFAM, SCI, CDN, SI, UNICEF	SI, DRC, SCI, UNICEF	OXFAM, ARCHE, NOVA, UNICEF	Care, MHDO, SI, UNICEF	Malteser, ACF, Care, MHDO, UNICEF	RI, IRC, UNICEF
<b>Transition from lifesaving intervention into long term development</b>	DRC, OXFAM, SCI, CDN, SI, UNICEF	SI, DRC, SCI, UNICEF	OXFAM, ARCHE, NOVA, UNICEF	Care, MHDO, SI, UNICEF	Malteser, ACF, Care, MHDO, UNICEF	RI, IRC, UNICEF

Activities	By whom	Where
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH cluster 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>	DRC, OXFAM, SCI, CDN, SI	Sittwe
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH cluster 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>	SI, DRC, SCI	Pauktaw
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH cluster 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>	OXFAM	Kyauk Phyu, Ramree
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH cluster 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>	Care, MHDO, SI	Rathedaung
<ul style="list-style-type: none"> <li>Emergency messaging as prepared by WASH cluster 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>	Malteser, ACF, Care, MHDO	Buthidaung, Maungdaw
<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>	RI	Myebon

## Operational constraints / Logistic concerns

### Preparedness and capacity-building activities

Activities	By whom	By when
WASH in Emergency Training (TOT)	WASH Cluster	15-19 May 2017
Updated Contact list of sector participants at least quarterly	WASH Cluster/ UNICEF and all cluster members	March, June, Sept, Dec 2017
Develop reporting mechanism and template for situation report	WASH Cluster/ UNICEF and all cluster members	June 2017
Define proper linkage with Government (Contact List, preliminary meeting, ...)	WASH Cluster/ UNICEF	monthly
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	March, June, Sept, Dec 2017
Focal points for joint assessments	WASH Cluster/ UNICEF and all cluster members	Twice per year
Consolidate MIRA quick assessment in coordination with OCHA	WASH Cluster/ UNICEF and all cluster members	
Agreed minimum package with associated technical standard	WASH Cluster/ UNICEF and all cluster members	
Capacity Building/ ToT training to partners	WASH Cluster/ UNICEF and all cluster members	

# 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.

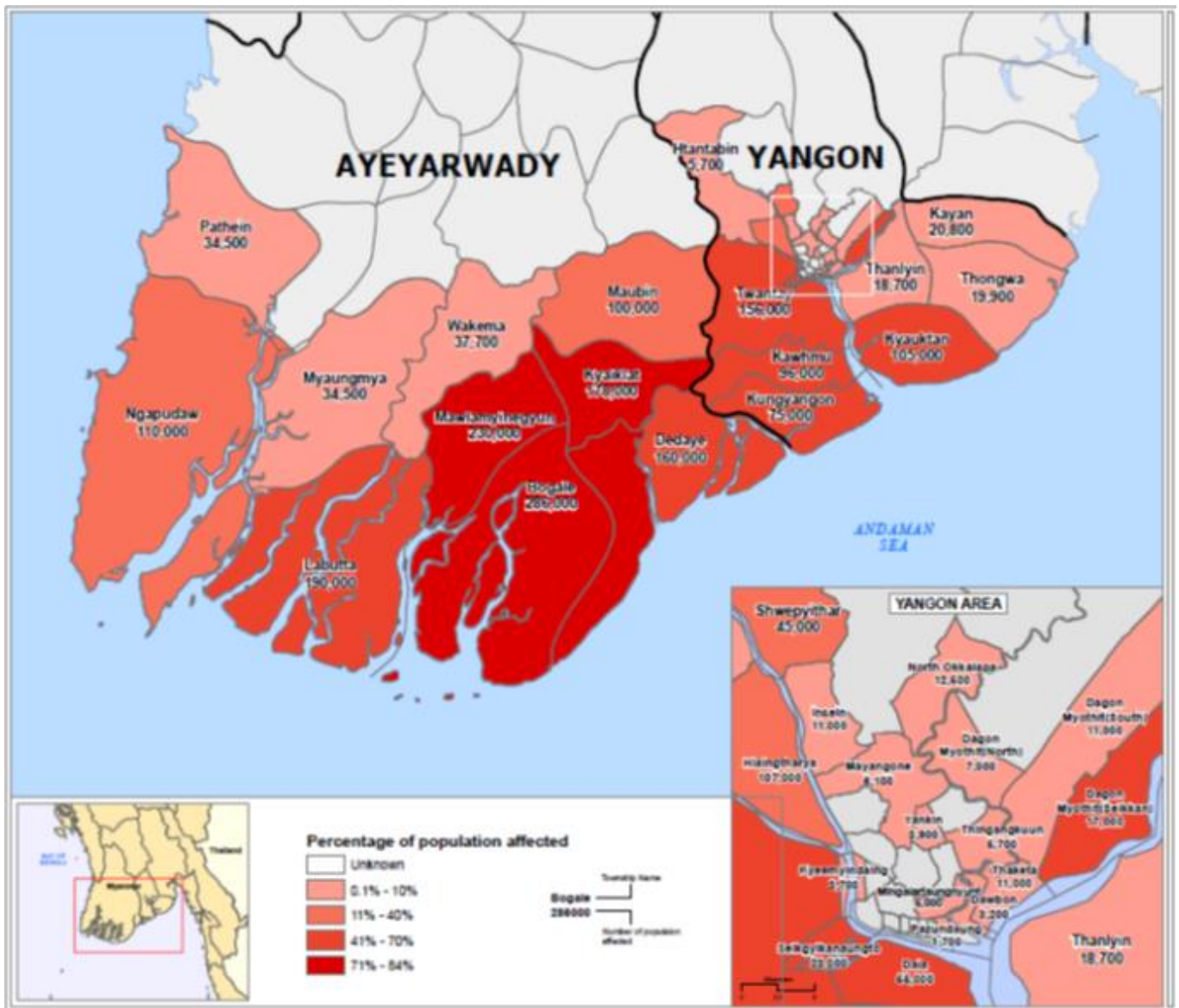
### Impact of Cyclone Nargis (Deaths and Missing people by Townships)

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 2018



## 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
Patheingyi	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 dozens in 2014.

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

- Pathein General Hospital
- Private hospitals

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

- Bo Myat Tun Bridge (Nyaungdon)
- Daydalun Bridge (Pyapon)
- Dedaye Bridge (Kungyangon Township in Yangon Region and Dedaye Township in Ayeyawady Region)
- Kyauk Chaung Gyi Bridge (Pathein)
- Labutta Bridge
- Maung Bi Wa Bridge (Pathein)
- 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

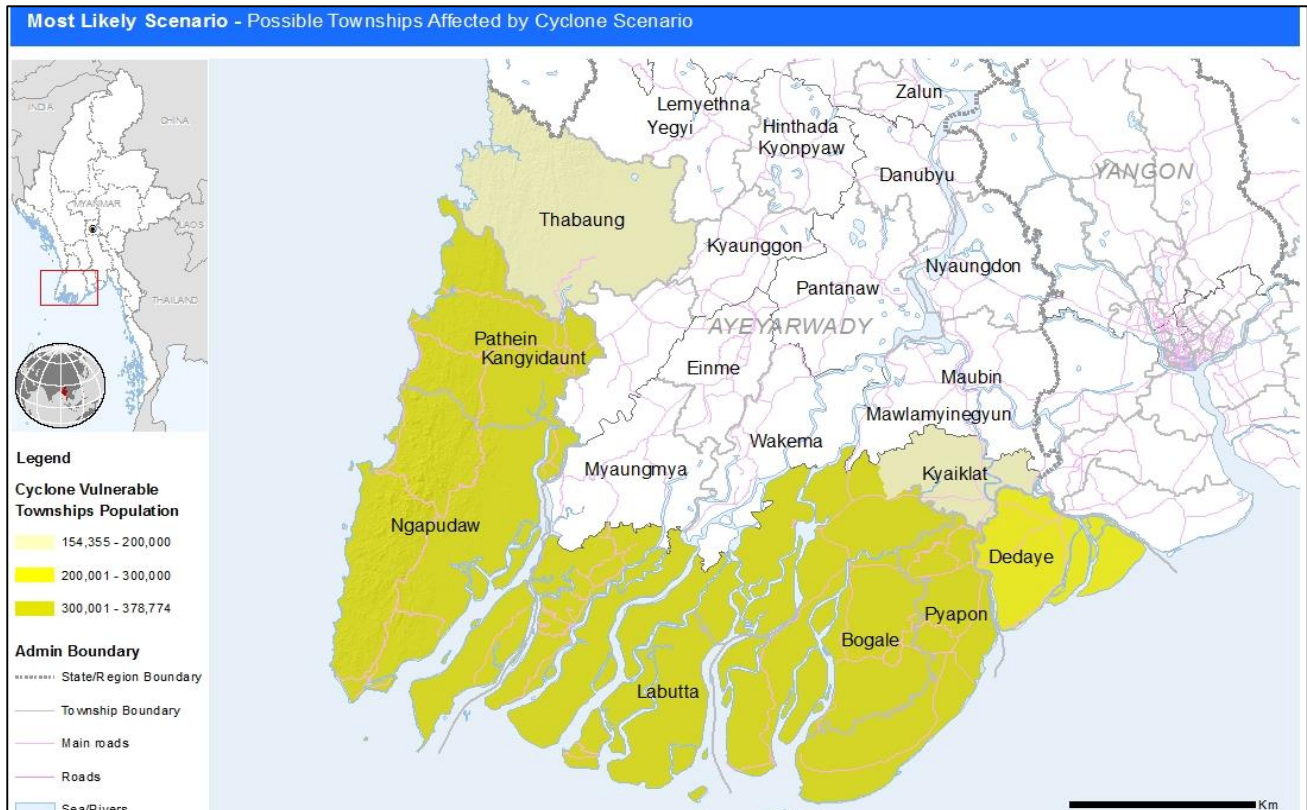
No	Sub-committee	Contact	Cluster/Agencies	NGOs/CSOs
1	<b>Emergency telecommunications sub-committee</b>	Myanma Posts and Telecommunications Regional Manager 04224050/098550031	Emergency Telecommunications (WFP)	NGOs
2	<b>Preparedness and Rehabilitation sub-committee</b>	Regional Department of Development Affairs 042 24340/ 042 24952	Shelter (IFRC) WASH (UNICEF) Protection (UNHCR) Early Recovery (UNDP)	NGOs, MRCS
3	<b>Search and Rescue sub-committee</b>	Regional Fire Service Department Regional officer 042 25296/098627527		U Thaung Tin Deputy Commander Regional Red Cross 042 25257
4	<b>Collection of Preliminary damages sub-committee</b>	Regional Planning Department Regional Relief and Resettlement Department U Than Soe, Director 0949000290/04221061	All clusters/sectors (OCHA)	U Thaung Tin Deputy Commander Regional Red Cross 042 25257
5	<b>Transportation and route clearance sub-committee</b>	Regional Transport Planning Department 04224485/04224694	Logistics (WFP)	
6	<b>Health and Education sub-committee</b>	Regional Health Department 04221173/04224931/ 04224938  Regional Basic Education Department U Aung Kyaw Tun 042 25319/ 042 24570	Health (WHO)  Education in Emergencies (UNICEF, SCI)	U Thaung Tin Deputy Commander Regional Red Cross 042 25257 Myittayeik Health Care Services 0949717071
7	<b>Dam restoring and repairing in emergency situation</b>	Regional Irrigation Department Director 042 29107/ 042 29004	Early Recovery (UNDP)	NGOs
8	<b>Re-substitute Agriculture sub-committee</b>	Regional Agricultural Department U Myint Thein Director 098552631/042 24114/ 04224516	Food Security (WFP)	
9	<b>Repair road, bridge and infrastructure sub-committee</b>	Regional Public Works Chief Engineer 098302804/04224312/042 25082		
10	<b>Receipt of relief items and cash and distribution sub-committee</b>	Internal Revenue Department Director 098553395 042 24529/ 042 24528		
11	<b>Information sub-committee</b>	Information and Public Relation Department 098550587/ 042 25391		
12	<b>Security sub-committee</b>	Regional Police Force Office Police Colonel Aung Naing Thu 042 24652/098553457 042 21280/ 09195191791		



## 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)



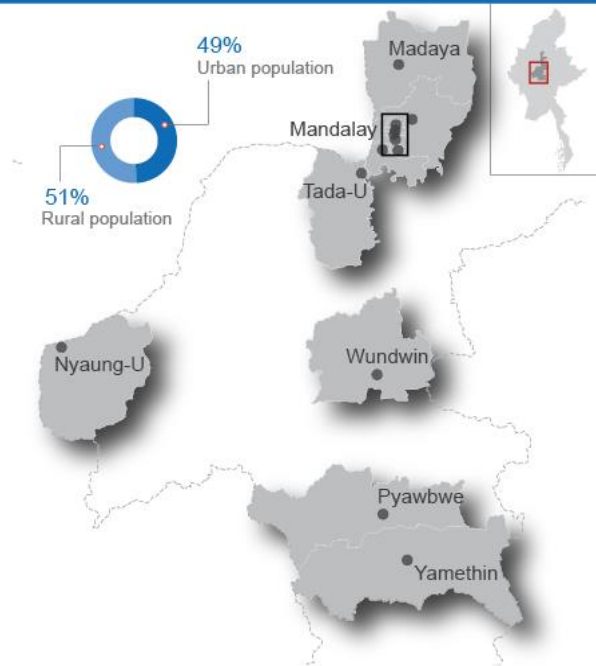
OCHA



#### 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

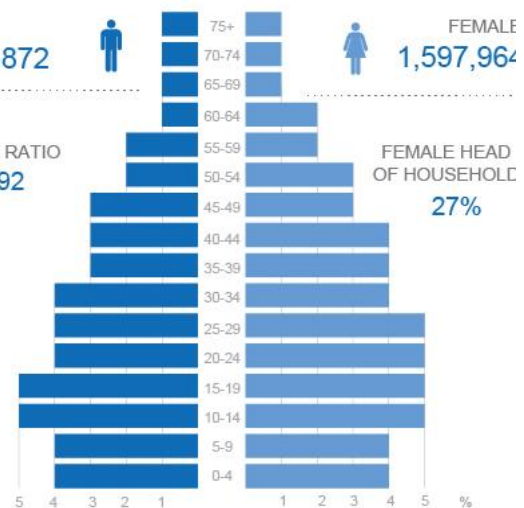
HOUSEHOLDS  
630,102

MALE  
1,471,872

FEMALE  
1,597,964

SEX RATIO  
92

FEMALE HEAD OF HOUSEHOLD  
27%

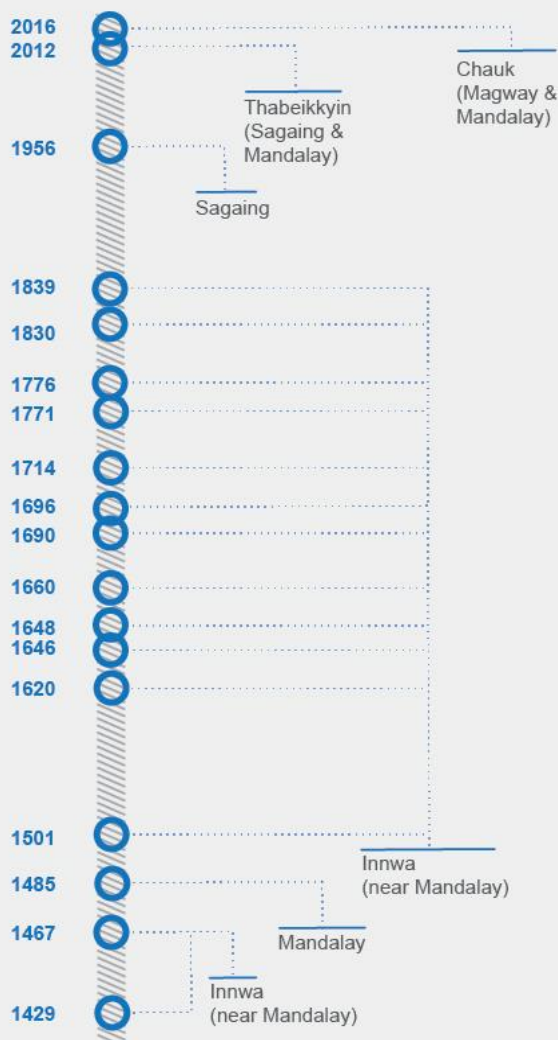


Source: The 2014 Census.



#### PREVIOUS EVENTS

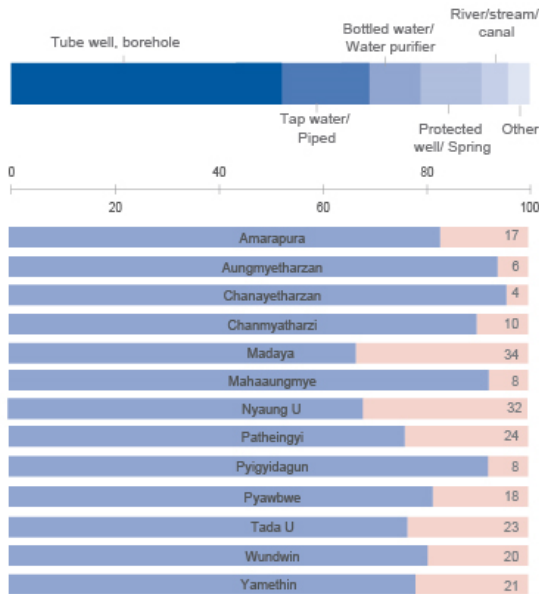
##### SEISMICITY OF MANDALAY REGION FROM 1429 TO 2012





### WATER & SANITATION

HOUSEHOLD SOURCE OF DRINKING WATER (%)



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



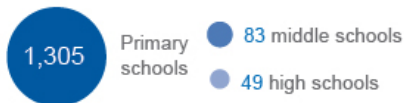
### EDUCATION

94%

Literacy rate



SCHOOL FACILITIES<sup>3</sup>



Source: DEPT Education Statistical Year Book 2013 - 2014



### HEALTH

FACILITIES

- 1 General hospital
- 2 District hospitals
- 8 Township hospitals
- 13 Station hospitals
- 38 Rural health centres
- 216 Sub health centres

STAFF

- 342 Midwives
- 378 Doctors/Physicians
- 692 Nurses

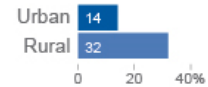
Source: Health Management Information System 2011



### VULNERABLE POPULATION

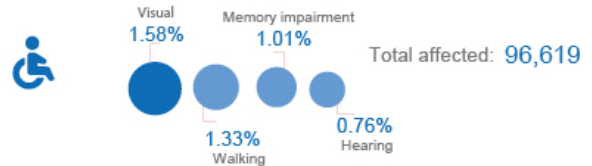
27%

Poverty rate



Source: UNDP Integrated Household Living Conditions Survey 2010

IMPAIRMENT

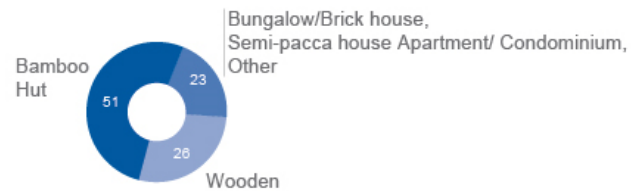


Source: Government of Myanmar Census 2014 (Table H2)



### SHELTER

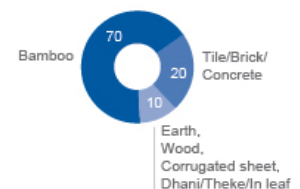
TYPE OF HOUSING UNIT<sup>2</sup> (%)



ROOF MATERIAL



WALL MATERIAL

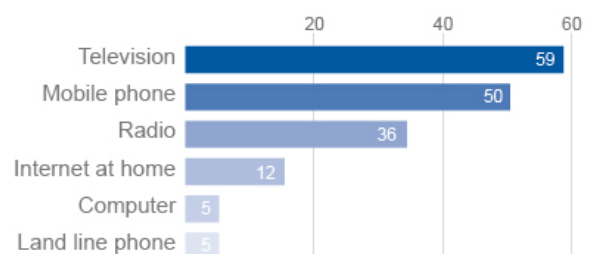


Source: Government of Myanmar Census 2014 (Table I1-I4)



### COMMUNICATION

HOUSEHOLD COMMUNICATION DEVICES (%)



Source: Government of Myanmar Census 2014 (Table J5)

# ANNEX 5 – Myanmar Cash Working Group

June 2017

## 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?			
<b>Acceptance and preferences</b>	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, ...)?			
<b>Organisational capacity</b>	Are there enough organisations who have sufficient experience and capacity (programmatically, financial, logistic) to provide CTP in this geographic area? Do these organisations 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 labour, 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:

Time -line	Action	Reference Documents	Responsible
24 hours	Re-circulate common tools and guidance (including guidance on protection risk assessments and vulnerability criteria) and link to MIMU webpage	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
	Request organizations to share information on cash feasibility and market assessments as it is being collected		CWG chair
48 hours	Call a meeting of the CWG to discuss available information and common approaches		CWG chair
	<u>Interaction with Government:</u> Establish contact with government to discuss cash feasibility and government policy in the context of the disaster		CWG chair
	<u>Assessments:</u> <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
	<u>Multi-purpose grants:</u> Update Minimum Expenditure Basket amount, taking into account impact of the emergency	Tool – Myanmar Expenditure Baskets for Multi-purpose Cash Grants <a href="http://www.themimu.info/sites/themimu.info/files/documents/Tool_-_Myanmar_Expenditure_Baskets_for_Multi-purpose_Cash_Grants_28Aug2015.xlsx">http://www.themimu.info/sites/themimu.info/files/documents/Tool - _Myanmar Expenditure Baskets for Multi-purpose Cash Grants 28Aug2015.xlsx</a>	Cluster and Sector Leads, and CWG
	<u>Surge support:</u> Review surge capacities for cash coordination and request CashCap deployment if necessary		CWG chair
	<u>Information Management:</u> Ensure 4W information is collected on the response	Tool - 4W collection format – MIMU Cash webpage	CWG
	<u>Day 4</u>	Call second meeting of CWG. Include a presentation from financial service providers about their present capacity	
	<u>Targeting:</u> <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
	<u>Transfer modalities:</u> Share updated information on financial service providers and available transfer modalities, given impact of disaster		CWG
	<u>Funding and Humanitarian Response Plan:</u> <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
	<u>Information Management:</u> 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

## 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

MEB by region

Region	Bago	Mandalay	Ayeyawaddy	Sagaing	Magway
<b>Monthly Package per person</b>					
Food & Hygiene	14,000	15,500	12,500	14,500	10,500
<b>One off per HH</b>					
Shelter & Wash	58,000	62,000	59,000	67,000	61,000
Clothing	27,000	29,000	25,000	30,000	25,000
Kitchen Set	22,000	20,000	19,000	22,500	21,000
<b>Total one-off relief NFI</b>	<b>107,000</b>	<b>111,000</b>	<b>103,000</b>	<b>119,500</b>	<b>107,000</b>

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