



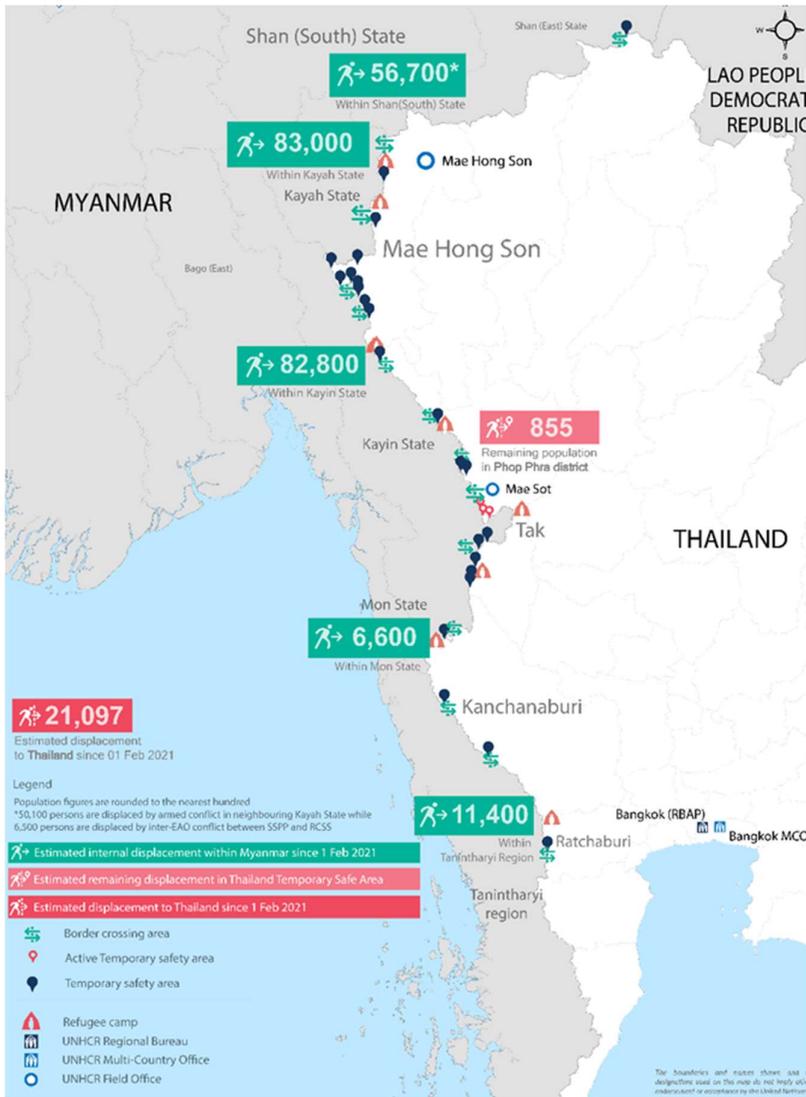
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MYANMAR SITUATION

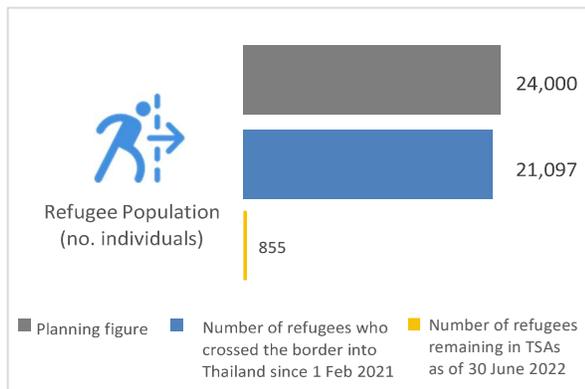
REFUGEE PREPAREDNESS & RESPONSE PLAN

THAILAND
July - December 2022

PLANNED RESPONSE JULY - DECEMBER 2022



Refugee Population*



* Official figures as reported by the RTG

Requirements by Sector | in USD

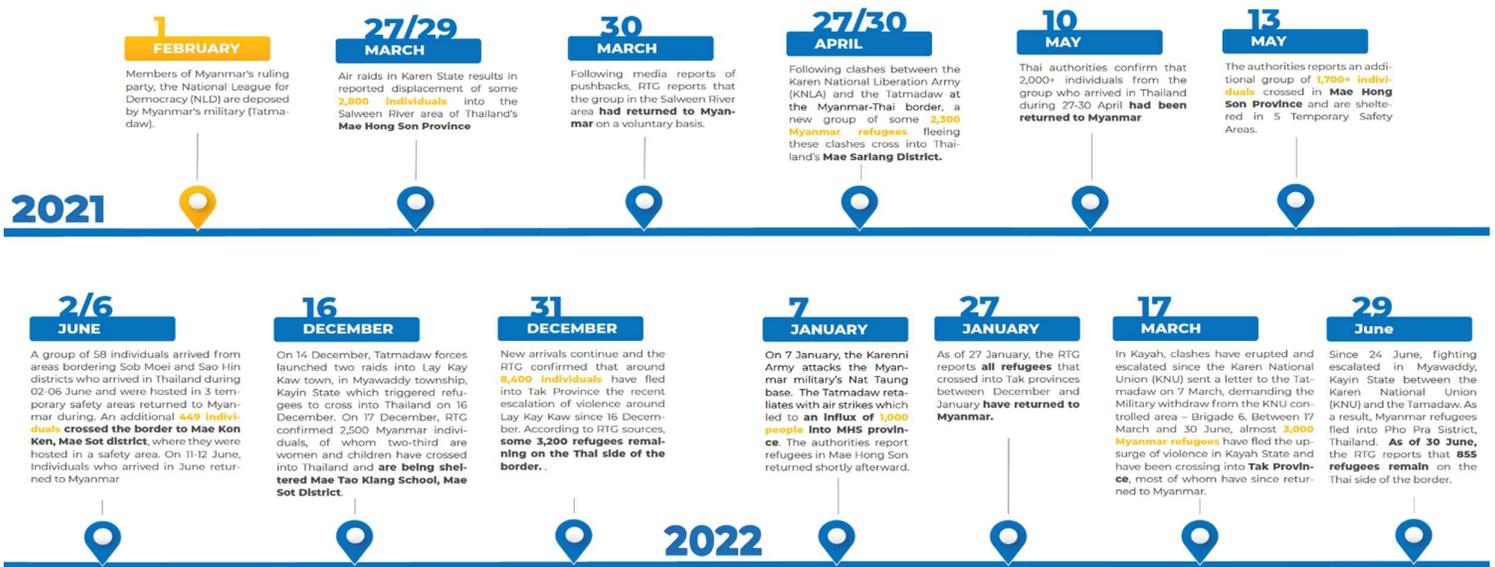
Sectors	Total per Sector
Education	1,146,063
Food	1,982,439
Health	2,386,262
NFI	2,474,891
Protection	1,840,783
Shelter	1,441,885
WASH	3,137,541
Total of Sectors	14,409,864

Situation Overview

Context

Since the military takeover in Myanmar on 1 February 2021, widespread violence against civilians across the country and the resurgence of clashes between the Myanmar Military (Tatmadaw) and ethnic armed groups (EAGs) in border areas have forcibly displaced thousands of people within Myanmar and to neighbouring countries. Within Myanmar's south-eastern provinces, people fled from violence, military attacks and airstrikes. Several thousands of civilians fled their villages to seek safety and refuge in the jungle along the Salween River, along the Myanmar-Thai border. **Since February 2021, over 20,000 refugees have crossed into Thailand to flee fighting and seek protection.** A high proportion of those who have crossed are women, children, and older persons. The majority returned to Myanmar after the fighting reportedly subsided. In the first half of 2022, over 5,000 refugees arrived in Thailand and were hosted in the Temporary Safety Areas (TSAs) as per the Standard Operating Procedures on Managing Myanmar displaced persons fleeing unrest situation who enter Thailand along the border. As of 30 June 2022, according to official RTG sources, 855 refugees remained in the TSAs. A significant number of refugees are reportedly remaining in Thailand outside of the TSAs. No official numbers are available on these groups.

While most refugees subsequently returned to Myanmar, thousands of Internally Displaced Persons (IDPs) located close to the Thai-Myanmar border remain at high risk of harm, and along with others newly displaced, may seek to cross into Thailand to escape persecution and the situation of generalized violence. As of June 2022, **some 244,500 IDPs are reported to remain displaced in southeast Myanmar**, including in areas bordering Thailand (Shan South, Kayah, Kayin and Mon States and Tanintharyi Region). **As of end of June**, there were also some 11,000 IDPs in areas of Shan State bordering Thailand, already present prior to the 1 February coup.



As part of the on-going preparedness efforts, **humanitarian agencies are planning for up to 24,000 people potentially seeking refuge in Thailand over the coming six months**, from 1 July to end of December 2022. How the situation will evolve remains unclear given the ongoing conflict in the south-eastern region states as well as the increased violence in other locations across the country. In the first part of 2022, Kayin State remained the flashpoint in the South-East as clashes escalated again between the military forces and ethnic armed groups in March and June 2022.

The plan is focused on readiness and preparedness to support the Thai authorities in the response. Thailand has decades-long experience in receiving influxes of persons seeking protection from its neighbours, including Myanmar. Refugees fleeing fighting and persecution in Southeast Myanmar have received protection and assistance in nine temporary shelters (camps) on the Thai border since the 1980s. In the camps, NGOs from the Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT) provide essential services and material assistance and UNHCR leads on protection and solutions. In more recent influxes of refugees that occurred before 2021, the Royal Thai Government (RTG) with the support of the Royal Thai Army (RTA) organized holding areas and took the lead in responding. Complementary support was requested from humanitarian agencies only as needed.

Inter-agency response

In light of the developments in Myanmar since 1 February 2021, Thai authorities have held contingency planning discussions at local level to prepare for the arrival of Myanmar refugees, evacuated Thai citizens, and nationals from other countries. At central level, the RTG developed Standard Operating Procedures (SOPs) in preparation for the arrival of Myanmar refugees fleeing armed conflict, growing violence and unrest.

According to the RTG SOPs, Thailand will initially receive refugees at temporary safety areas managed by the RTA. Following this, individuals would be moved to holding areas designated and managed by Provincial authorities, where they would be accommodated. The humanitarian agencies remain ready to support the RTG in providing protection and assistance to refugees at any point during their stay in Thailand.

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

An initial inter-agency contingency plan was developed in early 2021, identifying in-country resources. It can be mobilized and reallocated in a timely manner to bridge gaps in life-saving assistance and protection services. The document, which was based on a minimalist planning scenario, was also used as a basis to engage with RTG agencies, including to clarify roles and advocate around the essential protection issues.

Second, and to strengthen inter-agency preparedness, a multi-sector coordination mechanism was agreed and established at the national level and in the provinces to be ready to support the RTG in responding to newly arriving refugees. The coordination mechanism, which is separate from the regular coordination mechanism for the nine camps, is structured around the following sectors: Education; Food; Health; Non-food items (NFIs); Protection; Shelter; and Water, Sanitation, Hygiene (WASH). This **Refugee Preparedness and Response Plan** is an inter-agency document jointly prepared based on agreed scenarios and contingency planning discussions that have taken place for each sector.

In addition to working closely with both national and local authorities, CBOs and CSOs, since the start of the emergency, some of the key activities of the Inter-sector Co-ordination Working Group have included developing guidance on the humanitarian principles for assistance in safety areas and outside of areas specified in the RTG SOPs for all sectors, accompanied by a protection checklist; joint site assessments with the local authorities in holding areas identified by the districts along the border; a mapping of CBOs and CSOs in selected provinces; the development of a rapid needs assessment tool; the establishment of referral pathways; continuous review of the standard minimum NFI kit and harmonized distribution processes, as well as the development of a post-distribution mechanism tool; the re-design of sustainable shelters in line with SPHERE standards and the design of a toolkit for small groups to engage in shelter construction and repair; distribution of hygiene kits and latrine construction materials; an assessment of water type and nature of water sources in identified holding areas; the creation of a Mental Health Psycho-Social (MHPSS) toolbox; the distribution of a Home Based Learning Kit and development of minimum standards for temporary learning centres. Additionally, training sessions on emergency preparedness, including child protection and child safeguarding, assistance to persons with specific needs in forced displacement as well as general refugee protection principles and protection mainstreaming, were delivered for both sector members as well as CBOs and CSOs. Training was also provided to sector members on WASH and MHPSS, the latter including a Mental Health Training of Trainers and Psychological First Aid (PFA),

as well as on NFI processes, tools and accountability mechanisms in emergency and post-emergency settings. Finally, sectors leads and members at both national and provincial level were able to participate in an online, comprehensive simulation exercise to test preparedness.

Partners in the Response

Agency for Technical Cooperation and Development (ACTED)	Right to Play
Adventist Development and Relief Agency (ADRA)	Save the Children (SCI)
COERR Foundation	Shanti Volunteer Association (SVA)
Help Without Frontiers (HwF)	Serpanya Foundation
Humanity & Inclusion (HI)	Teacher Focus
International Organization for Migration (IOM)	The Border Consortium (TBC)
International Rescue Committee (IRC)	United Nations High Commissioner for Refugees (UNHCR)
Jesuit Refugee Service (JRS)	United Nations Children's Fund (UNICEF)
Malteser International (MI)	United Nation Operation Programme (UNOPS)

Planning scenario and assumptions

The joint inter-agency plan is based on a scenario that the current unrest in Myanmar may compel individuals to continue to seek safety in Thailand. In the more immediate future, these may include but are not limited to: (a) refugees fleeing widespread and continuous civil unrest in key urban areas and persecution due to their particular profiles, as well as (b) refugees fleeing armed conflict between the Tatmadaw and EAGs. **Both scenarios may lead primarily to increased internal displacement inside Myanmar but may also lead to refugees crossing the border into Thailand.**

Preparedness planning has been conducted with the known assumption that the RTG will continue to take the lead in any response to address the initial needs of refugees, with humanitarian agencies providing complementary assistance and technical support as required. Considering the ongoing developments inside Myanmar, this joint inter-agency plan is based on a **planning figure of up to 4,000 refugees per month seeking refuge in Thailand** over the second half of 2022. In line with observed trends, population increases will be incremental over time. For planning purposes, humanitarian agencies use as one point of reference the demographic breakdown in the IDP camps in bordering states, while taking into consideration that refugees fleeing Myanmar after 1 February 2021 may be smaller family units or single adults coming from urban centres, as has also been observed in 2021 and the first months of 2022.

Given the highly volatile situation, there will also be a need to be prepared for a worst-case scenario of up to twice the planning figure.

Humanitarian agencies have prepared for a border-wide response but are monitoring several areas with a potentially higher likelihood of receiving refugees. These include Mae Sariang district in Mae Hong Son province, Mae Sot, Tha Song Yang, Umphang and Phop Phra districts in Tak province, Sangkhlaburi and Sai Yok districts in Kanchanaburi province, and Chiang Rai province across from Shan State. Given the possible multiplicity of sites, additional investments in terms of field presence may be required to best support the RTG's efforts, particularly given agencies' other existing priorities - in the nine established camps which are being delivered through an operational presence that has been progressively reduced over the years. The need to continue to build partnerships with actors who are already on the ground and who may help fill the gaps, has also been factored into planning.

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

Beneficiary Population

	Current population in TSAs as of 30 June	Projected Assisted population as of December 2022
Reported Refugee Population		
Total	855	24,000

Needs Analysis

This inter-agency Refugee Response Plan outlines the **priority protection and assistance needs of Myanmar refugees arriving in Thailand across multiple sectors**, which the inter-agency team in Thailand seeks to address. In the absence of systematic needs assessments at this time, priority needs were identified based on humanitarian agencies' experience of prior refugee influxes into Thailand, information on the humanitarian situation in border areas inside Myanmar, and information gathered about the needs of recent new arrivals.

Access to territory and asylum

People fleeing generalized violence and persecution in Myanmar have faced difficulties in accessing safety and protection in Thailand, particularly in the context of the COVID-19 pandemic which has led Thailand to implement stricter border regulations. Safeguarding the principle of *non-refoulement* remains essential to ensure that persons in need of international protection are not returned to a place where their lives are in danger. Furthermore, the RTA and RTG will play an important role to maintain the civilian character of asylum.

Humanitarian Access

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

Registration and documentation

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

Persons with specific needs

Persons with specific needs such as children, survivors of Gender-Based Violence (GBV), LGBTIQ+ persons, persons with disabilities and older persons are disproportionately affected by violence and abuse. For instance, recent influxes saw persons with urgent medical needs, older persons, pregnant and lactating women, new-born babies, and persons with disabilities seeking refuge in Thailand. Persons with specific needs often face specific barriers due to discrimination, their identity, or other factors that prevent them from fully enjoying their rights or accessing the assistance and the protection services they need. Their specific needs thus require tailored services and assistance to ensure that they enjoy their rights to the same extent as any other refugees. Based on Myanmar's national population figures and experience with influxes in 2021, it is expected that up to 45 per cent of the refugee population will be children between 2-17 years (i.e., up to 10,600 persons) requiring support on learning, development and wellbeing.

Essential needs

Refugees will require support to meet their essential needs, starting with food and water in order to survive. In the same vein, newly arrived refugees – many of whom arrive with little more than the clothes on their backs - will need a core set of core relief items/non-food items to address their basic needs. Given the anticipated conditions in areas hosting refugees, cash-based interventions are not deemed appropriate.

Shelter and WASH support will be required, particularly in locations that lack established structures (e.g., repurposed buildings) and where water sources are often limited. Support to the RTG in terms of site planning and development may be needed in this respect. While it is expected that initial COVID-19 screening and treatment will be provided by the Thai health authorities, agencies may be asked to support in complementary screening, testing, and quarantine services within holding areas. There will also be a need to be ready to support with meeting other health-related needs, such as those related to communicable diseases, health needs of specific groups (e.g., children), etc.

Communication with Communities

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

Durable solutions for refugees

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

Information Management

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

Response Strategy and Priorities

Overall strategy

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

Strategic Objective 1: Access to territory is ensured for persons in need of international protection, in a COVID-19-sensitive manner;

Strategic Objective 2: Essential humanitarian needs are urgently provided for; and

Strategic Objective 3: Specific needs of the most vulnerable individuals are addressed.

While the planning assumptions consider a gradual and incremental increase in the number of beneficiaries seeking refuge in Thailand, a continued investment in preparedness will be required by a number of sectors to continue to build and maintain emergency capacity and adequate inter-agency operational procedures to ensure an effective response required throughout the planning period.

In light of the RTG policy framework restricting humanitarian access in the first stage of the response, particular attention will be paid to building the capacity of local responders with access to temporary safety areas and other locations of newly arrived refugees, and who have provided immediate basic assistance in these locations.

Strategic Objective 1: Access to territory is ensured for persons in need of international protection, in a COVID-19-sensitive manner.

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

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

Thailand's management of the COVID-19 pandemic e.g., by employing measures such as (a) medical screenings or testing; and (b) quarantine in the form of a preventive and timebound separation from the rest of the population, implemented in a non-discriminatory and proportionate manner, and (c) COVID-19 vaccination, highlights its ability to reconcile protection and public health priorities. As per the current SOPs of the RTG, the temporary safety areas will be managed solely by the RTA. However, should assistance from humanitarian agencies be required, health partners may need to screen, quarantine and test refugees and refer cases to district health authorities, for which health partners have prepared SOPs and protocols. The International Organization for Migration (IOM) has the capacity to support COVID-19 testing for refugees through IOM clinics and can provide Personal Protective Equipment (PPE), while IRC and MI have prepositioned stockpiles of PPE, rapid-antigen test kits (ATK) and viral transport media.

Strategic Objective 2: Essential humanitarian needs are urgently provided for.

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

of age. Arrangements will be made for temporary storage and distribution, and community representatives – women and men – will be identified to assist in distribution.

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

The NFI sector will aim to provide newly arrived refugees with **Household Core Non-Food Items** through in-kind distributions of a contextual kit based on access, location and the season, on a one-off basis. Kit standardisation will be used for planning and procurement, whereas distribution modalities can be adjusted based on assessed needs. Should refugees express intentions to return, kits allow for distributed items, including tarpaulins, to be taken and personally transported. NFI kits will be prepositioned in strategic locations to allow for rapid deployment. In addition, the NFI sector will support the coordination of specialised kits in cooperation with other sectors, i.e., Hygiene Kits (WASH), Dignity/GBV kits (Protection), COVID-19 PPE (Health), children's kits (Education), and Tarpaulins (Shelter). Potential ongoing displacement resulting in a high turn-around of new arrivals and the mobile nature of the population may change/increase NFI needs, to which a needs-based approach would need to be coordinated.

Shelter facilities, e.g., warehouses/school buildings/temple buildings, are available in some holding areas, but in other instances the identified sites are open fields or of hilly terrain. Thus, where there are no existing shelter facilities, temporary event tents and building materials will be supplied to construct shelters designed for weather resistance and privacy in accordance with SPHERE standards. Plastic tarpaulins, bamboo, eucalyptus poles and fixtures, as well as construction toolkits, will be procured by TBC. Construction of individual shelters for households averaging five people in size will be done within the first two weeks of an influx. Refugees will be engaged in the construction of their temporary shelters, where this is appropriate and, for protection, determine their own household members such as family units or friends. In holding areas with pre-existing structures which are determined safe for occupation, spaces will be modified with partitions to provide privacy for families, individuals and small groups. If refugees' stay in holding areas exceeds two months, shelter maintenance and upgrades will be initiated to enhance their comfort and wellbeing.

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

The Education sector aims to support **children's learning, wellbeing and development** through support to home-based learning. This will require training and supporting parents and caregivers, as well as the distribution of teaching and learning materials. Partners such as the Jesuit Refugee Service (JRS) with its local partners, Help without Frontiers (HWF), Teacher Focus (TF), the Shanti Volunteer Association (SVA), Play Onside, Save the Children with local partners, and UNICEF with local partners, are among the organizations currently positioned to deliver home-based learning. The establishment of temporary learning spaces (TLS) may also be needed. Within TLS, learning sessions that address children's wellbeing and learning continuity will be facilitated by trained community volunteers. Save the Children, JRS, SVA, HWF, TF and UNICEF will also be able to lead on these activities. The current coordination structure involves a wide range of sector partners with extensive experience in migrant and refugee education who will also be able to contribute to these sector priorities. The Education sector will work with other sectors such as Health, WASH, and Protection on especially, but not limited to, the topics of 1) COVID-19 prevention, 2) Psychological First Aid/MHPSS, 3) WASH facilities and standards in TLS.

Strategic Objective 3: Specific protection needs of the most vulnerable individuals are addressed.

The Catholic Office for Emergency Relief and Refugees (COERR) will facilitate case management and assistance of persons with specific needs. In complement, Humanity and Inclusion (HI) will provide specialized services to persons with disabilities. IRC and UNHCR will coordinate to facilitate legal assistance and access to justice for refugees with legal protection needs. Core Relief Items for persons with specific needs will be procured through the NFI sector. The Serpanya Foundation will provide outreach support to all protection partners in their communication with refugee communities on various protection issues.

IRC will work to facilitate case management for adult and child survivors of GBV including through referrals and direct provision of psychosocial first aid and other specialized services. To complement these services, IRC will procure dignity kits through the NFI sector. ACTED will provide similar specialized services in Chiang Rai and Chiang Mai provinces to strengthen the GBV response capacity in remote locations. IOM will lead efforts to prevent human trafficking and exploitation through outreach activities and will contribute to efforts to strengthen referral pathways at the provincial level for victims of trafficking and other persons with specific needs. UNHCR will promote Protection from Sexual Exploitation and Abuse (PSEA), support the coordination of case management, as well as provide technical guidance and assistance to partners in complex individual cases.

COERR, SCI and UNICEF will closely collaborate to ensure quality specialized child protection services and community-based activities for children and their parents, including psychosocial support. Particular attention will be given to the identification and protection of unaccompanied and separated children involving family tracing and alternative care arrangements as necessary. UNICEF and SCI will facilitate the setup of child-friendly spaces in reception areas, build the capacity of child protection actors. Partnerships with local organizations will be sought to ensure comprehensive coverage of child protection needs in all key locations along the border.

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

Planned Response Priorities

Protection	<ul style="list-style-type: none"> • Advocacy for access to territory and asylum • Advocacy for humanitarian access • Regular border and protection monitoring where possible • Registration and documentation support to the RTG • Prevention of and response to Gender-Based Violence (case management, referrals and psychosocial support) • Specialized child protection services (case management and referrals) and community-based child protection including psychosocial support • Identification of and support to Persons with Specific Needs • Supporting the safe search for solutions where appropriate • Protection coordination for the prevention of Sexual Exploitation and Abuse (PSEA) and the promotion of protection mainstreaming across the response sectors • Communication with Communities
Food	<ul style="list-style-type: none"> • Provision of nutritionally complete household food package (rice, pulses, oil, salt, tinned fish) • Provision of supplementary feeding (pregnant/breastfeeding women, and children 6–36 months) and therapeutic feeding (malnourished children under 5 years) • Provision of household cooking fuel and stoves • Coordination for a community-led and inclusive approach to food program delivery
WASH	<ul style="list-style-type: none"> • Ensure safe and clean water supply by setting up and maintaining water distribution system with sufficient number of safe and accessible water points; establishing water treatment and water quality monitoring; and promotion of safe household water storage. • Hygiene promotion by setting up and maintaining hygiene services (bathing, hand washing, disposal bins for menstrual hygiene); distributing hygiene kits; carrying out hygiene promotion; and capacity building. • Sanitation by installing and maintaining accessible, safe and clean toilets with access to water for flushing, cleaning and water and soap for handwashing. • Vector Control by assessment and surveillance of vector borne diseases and risks in target area; provision of relevant regular vector control activities; preparedness for outbreak response measures linked to vector borne diseases in coordination with RTG • Solid Waste Management by setting up and maintenance of household and communal waste management system with the support of RTG. • Capacity Building and Technical Support through training of WASH volunteers, RTG Authorities by partner agencies where needed.
Health	<ul style="list-style-type: none"> • Prevention/treatment of communicable and non-communicable diseases • Promotion of child health • Promotion of sexual and reproductive health • Promotion of mental health • Injury and trauma care • Rehabilitation • Procurement and distribution of medicines and medical supplies • Capacity building to local CBOs, CSOs and volunteers
Shelter	<ul style="list-style-type: none"> • Procurement and distribution of household shelter materials: houses to accommodate refugee-determined households (average 4 persons, maximum 5), in accordance with SPHERE standards • Provision of community toolkits, multiple sets in each holding area • Construction of food storage facilities, which will also be used as distribution points • Community-led and inclusive approach to shelter program delivery

<p>NFIs</p>	<ul style="list-style-type: none"> • Provision of core NFI kits containing plastic sheet/tarpaulin, blanket, synthetic sleeping mat, mosquito net, heavy duty plastic bucket, solar lamp and bag. • Provision of kitchen sets • Provision of dignity kits male/ female • Provision of clothing • Provision of Children Kits • Coordination and distribution of specialized kits with other sectors, e.g., Hygiene Kits (WASH), Dignity/GBV kits (Protection), COVID-19 PPE (Health) and Tarpaulin (Shelter), children & baby kits (Education), Kits and equipment for PWDs.
<p>Education</p>	<ul style="list-style-type: none"> • Provision of home-based learning materials to promote children’s learning, health, and well-being at home (school supplies, self -paced learning materials, play- based materials) • Provision of parenting sessions with parents/caregivers (e.g., learning activities at home) • Distance learning support for school-aged children to include home visits, and follow up with parents • Training and compensation of community volunteers for Home-Based Learning (HBL) • Sector coordination and monitoring at the national and provincial levels including joint needs assessments • Establishment of Temporary Learning Spaces (TLS) near holding areas for school-aged children and provision of learning sessions in TLS to support children’s well-being, learning and development (ex: COVID-19 prevention, social and emotional learning, basic numeracy and literacy activities)

Partnership and Coordination

Thailand has decades-long experience in receiving mass influxes of refugees and forcibly displaced from its neighbours, including Myanmar. In the most recent influxes, which were time-bound and triggered by fighting between the Tatmadaw and EAGs, the RTG with the support of the Royal Thai Army, organized temporary safety areas and took the lead in responding. Complementary support was requested from the humanitarian community only as needed and, in the meantime, local community members provided immediate basic assistance. It is thus foreseen that the Thai authorities would take the lead in any response, with humanitarian agencies providing complementary support only. Humanitarian agencies will build the capacity of local responders.

According to the RTG's SOPs, any new influx of refugees owing to the unrest in Myanmar since 1 February 2021 will be treated separately from that of the existing camp situation. Thus, as a matter of preparedness to support the RTG in humanitarian activities, a multi-sector coordination mechanism was established and structured around the typical sectors in a humanitarian response: education, food, health, NFIs, protection, shelter and WASH. The sectors are led by NGOs and UNHCR, depending on the area of expertise. UNHCR chairs the inter-sector working group both in Bangkok and in the provinces to coordinate preparedness measures, including information management to serve all sectors, as well as advocacy.



Sector Financial Requirements Summary

By Organization & Sector

Organization	Sectors							Total per organization
	Education	Food	Health	NFI	Protection	Shelter	WASH	
ACTED				501,768	15,000			516,768
ADRA				498,178				498,178
COERR				131,675	25,348			157,023
HI			60,000		80,250		245,379	385,629
Help without Borders, Teacher Focus, local partners	50,000							50,000
IOM			111,600		150,000		195,000	456,600
IRC			1,654,639	318,000	50,700		1,312,446	3,335,785
JRS	520,063							520,063
Malteser International			404,196	319,940			834,716	1,558,852
Right to Play	19,000							19,000
Shanti Volunteer Association	185,000							185,000
Save the Children	222,000			405,000	118,185			745,185
Sermpanya Foundation			155,827		111,825			267,652
The Border Consortium		1,982,439				1,441,885		3,424,324
UNHCR				300,330	813,475			1,113,805
UNICEF	150,000				476,000		150,000	776,000
UNOPS							400,000	400,000
Total per sector	1,146,063	1,982,439	2,386,262	2,474,891	1,840,783	1,441,885	3,137,541	
Total financial requirements (in USD)								14,409,864

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