

**Participants:** UNHCR CCCM/NFI/IM/Protection, DRC, LWF, RI, SCI, OCHA, UNICEF, AGE and IOM (12 participants in total)

<http://www.shelternficccmmyanmar.org>

	<p><a href="http://www.sheltercluster.org">www.sheltercluster.org</a>.<sup>1</sup></p> <p>Chair shared information on NRC support for the CCCM Cluster. More details could be found at the training link of the website, notably the <i>NRC CM-CCCM TRAINING PROGRAM - Myanmar 2015</i> at: <a href="https://www.sheltercluster.org/Asia/Myanmar/RakhineAndKachin/Pages/Trainings.aspx">https://www.sheltercluster.org/Asia/Myanmar/RakhineAndKachin/Pages/Trainings.aspx</a>.</p> <p>RI shared the information coming from ACF that the government is building some cyclone proof shelters. WaSH Cluster lead added these building were two storied buildings for 100 persons. They will ask to their line minister for more information.</p> <p>OCHA shared information that UN-Habitat and UNDP are working on DRR issues in the camps and there is a working group in Yangon level.</p>		
<b>3. Standarzing</b>			
<b>Focal Point (FP) Coordination Meeting</b>	FP coordination meeting will start next week with services providers and CMA to discuss/address issues in the camps and share information with service providers. The idea of having focal point coordination meetings at Sittwe level is that some issues cannot be raised / addressed at camp level coordination meetings.		
<b>Distribution Monitoring</b>	DRC explained that the idea of having SOPs for the distribution monitoring is the lack of communication in the camp with service providers/CMAs. This is not to control the distribution in the camps by the service providers but to support their distributions. NRC had taken the DRC SOPs and put them into a checklist. Comments/feedback had been requested from the partners.		
<b>Incident Mortality Matrix</b>	DRC had meeting with ICRC and State Health Department about the incident mortality matrix and agreed to share this information with DOH. CMCs in the camp are the focal person to collect this data and will report to the clinic (State Health Department) for follow up action and CMA will facilitate for that.		
<b>Access to Service Monitoring</b>	CMAs and focal points will have regular access to service monitoring in the camps such as post distribution monitoring and other services.		
<b>HH Survey</b>	Conducting HH survey in the camps with agreed format by CMAs and FPs are being postponed because of		

<sup>1</sup> Cluster analysis reports: <https://www.sheltercluster.org/Asia/Myanmar/RakhineAndKachin/Pages/Rakhine-DataAnalysis.aspx>;  
Maps and satellite imagery: <https://www.sheltercluster.org/Asia/Myanmar/RakhineAndKachin/Pages/Rakhine-Maps.aspx>;  
Camp site plans: <https://www.sheltercluster.org/Asia/Myanmar/RakhineAndKachin/Pages/Rakhine-CampSitePlans.aspx>;  
Meeting minutes: <https://www.sheltercluster.org/Asia/Myanmar/RakhineAndKachin/Pages/Rakhine-Meeting-Minutes.aspx>.

<b>Camp Factsheets</b>	concerns that it could be confused with reports of military/security force checks in Thet Kae Pyin. To avoid community misperceptions agreed CMAs will have some discussion with communities (such as FGD) before HH survey are started.	CMAs & FP will update.	ASAP
	There will be monthly camp factsheets by the CMAs and FPs to improve the activities in the camps and avoid overlap. They will be shared with service providers and published/posted on the notice board after discussion with service providers to know what is happening in the camps.	CMAs & FP will update.	ASAP
<b>4. Health</b>	National NFI/CCCM Cluster Lead had meeting with WHO at Yangon level. Next week the WHO Head of the Health Cluster will come to Sittwe and agreed that there would be a meeting with CMAs, FPs and him to discuss general issues about health such as mortality matrix, clinic hours and referral system.	Cluster Lead to arrange meeting/update.	During week starting 26 <sup>th</sup> January
<b>5. CCCM/NFI Operational issues- All Partners</b>			
<b>RI</b>	Shared <i>rumour</i> that verification exercise will be finished on Saturday but there is no evidence for that. Access to the camps increase from 3 hours to 9 hours per a week.	RI will update.	
<b>LWF</b>	Monthly camp coordination meeting with CMCs and services providers to discuss some issues in the camps. Mentioned that IDPs are requesting torches/lamps for reading, cooking sets and winterization items. CCCM Coordinator on leave till 26 <sup>th</sup> January 2015		
<b>SCI</b>	Mentioned issues about the TLS in Thet Kae Pyin and Mae TI Nya Camps. Though there are buildings and materials for TLS, there <i>no</i> teachers for teaching.		
<b>DRC</b>	Mentioned issues about CMCs in Set Yoe Kya 1 & 2. UNHCR protection team willing to support/have separate engagement. Also mentioned CMC issues in Ohm Taw Chay and Say Tha Margyi camps, corruption/construction related issues.	UNHCR protection will update/as suitable/feasible	
<b>Meeting with Head of Health Cluster / Technical Officer (EHA)-WHO, CCCM Cluster Lead, CMAs and FPs</b> <b>30<sup>th</sup> January, 2015</b>			

DRC	<ul style="list-style-type: none"> <li>Meeting was opened by the introduction of Technical Officer (EHA) from WHO and he explained briefly about their role in Rakhine as a Health Cluster lead in collaboration with State Health Department. He highlighted challenging issues such as: access to higher quality health services for the community and effective referral systems.</li> <li>They shared the information about a meeting with Head of Malaria at national, and the situation of health services to the community.</li> <li>Explained that the MSF speed boat can be available for the referral for emergency cases. They also have to support the budget for transportation and plan to have contact number/hot line for referral system that will go straight to decision-makers. They requested CCCM to distribute the numbers to community. They are also planning to recruit more drivers for ambulances with the incentives paid by WHO like other agencies and plan to increase the number of ambulances.</li> <li>The State Health Department, especially TMO (Township Medical Officer) is more in charge for CMAs to report health issues in the camps. It is the TMO responsibility to follow-up on these issues.</li> <li>Planning to have meeting with State Health Officer on Monday and the formal Health Coordination Meeting will be once a month (4<sup>th</sup> week of the month), depending on his availability.</li> <li>Raised issues about transportation charges for referral from camps to Thet Kae Pyin Hospital. IDPs can't afford these charges. Also, clinics are closed on the weekend and open just two hours on week days. This is insufficient and no one followed up on the report of mortality matrix. They shared information that they are facilitating in data collection in terms of monthly mortality rate/through support of camp management committees.</li> <li>WHO Technical Officer (EHA) suggested to communicate with him for the discussion on health issues coming from the CCCM cluster meeting and agreed to work closely with CCCM.</li> </ul>	WHO to share hotline numbers	ASAP
6. Date/Place/Time for next meeting	Next meeting will be at 0930 hours on Wednesday 4 <sup>th</sup> February 2015 at UNHCR office.		

**Documents shared in hard copy with the participants at the meeting or in soft copy to all Cluster partners:**

- Rakhine CCCM (& NFI) Cluster Meeting Minutes, 9th January '15;*
- Rakhine CCCM (& NFI) Cluster Meeting Agenda, 23rd January '15.*
- Core data & check list for planned CRI distribution in camps;
- Camp management agency (CMA) checklist for planned CRI distributions in the camps;
- Standard operation procedures for core relief items (including NFI & hygiene kits);
- Category of events/issues relating to IDPs inside/surrounding camps;
- Agency update and input sheets;
- Monthly mortality rates.