

---

# CONTINGENCY RESPONSE PLAN FOR THE HUMANITARIAN COMMUNITY IN RAKHINE STATE 2017 REVISION

## OBJECTIVES

The purpose of the Rakhine Contingency Response Plan is to complement the Rakhine State Government's (RSG) efforts to address the life-saving needs and gaps that arise from a large natural disaster during the critical first week(s). This plan is aimed at guiding the humanitarian community's initial response within its existing capacity until a wider humanitarian response is mobilized, with support from Yangon, if needed.

## SCOPE OF THE PLAN

The plan covers the whole of Rakhine State including Maungdaw, Sittwe, Kyaukphyu and Thandwe districts and their corresponding townships.

The Contingency Plan is broken into the following sections:

- Context, analysis
- Risk analysis
- Collaboration with the Government
- Anticipated humanitarian consequences of disaster
- Response strategy
- Response priorities by sector

The Annex includes the following documents:

- Standard Operating Procedures (SOPs) as of June 2017
- Emergency stock list
- Cluster/Sector Contingency Plans
- CCCM Camp Contingency Plan (*to be shared separately by CCCM*)
- Township baseline data on vulnerability (*still to be finalised*)
- Reporting and IM templates (*still under development*)

## CONTEXT ANALYSIS

### General context and vulnerability

Rakhine State is among the most disaster-prone states in Myanmar with thousands of people affected by cyclones, storm surge and flooding on an annual basis. The underlying poverty of population and the State's weak infrastructure increases the community's vulnerability to disasters. Geographically, Rakhine is isolated from the rest of the country, largely cut off by inaccessible mountain ranges. Within the State there are few paved roads and transport links in several areas are limited to weather-dependent boat routes. Vulnerability is pronounced among communities living in hard to reach areas and remote locations. The majority of the State's population lives in rural areas where housing is traditionally made

of bamboo, rather than concrete, reducing resilience to disaster impacts. Hence, the anticipated impact of cyclone in urban Sittwe, is very different to the same cyclone hitting a rural village with underdeveloped infrastructure.

The State is also grappling with longstanding inter-communal tensions between ethnic Rakhine communities and members of the Muslim population, most of whom identify themselves as Rohingya. Inter-communal violence in 2012 caused the displacement of approximately 145,000 people from both the Buddhist and Muslim populations and contributed to a deterioration of living conditions for all the communities in Rakhine. About 25,000 of the original IDPs were assisted to return or relocate by the end of 2015, with individual housing provided by the Rakhine State Government with support from the international community. However, five years after the initial violence, almost 120,000 people are still living in 39 camps. The vast majority are stateless Muslim people who are confined to the IDP camps with very restricted movement which further exacerbates the poverty and vulnerability of natural hazards. Many of the camps are built in low-lying coastal areas with few disaster management or mitigation measures in place. Displaced populations in camps are largely dependent on external support for food and shelter. They are cut off from livelihood activities by movement restrictions and disempowered by lack of clarity over their legal status. There are major gaps in disaggregation of displacement data, making it difficult to plan for the needs of particularly vulnerable populations such as children, the elderly and people with a disability. Children and the elderly are more exposed to health risks and malnutrition in the conditions which follow a natural disaster. Cultural issues related to the ability of younger and unmarried Muslim women to move around on their own without being escorted by a man, may also complicate evacuation arrangements.

A series of attacks on Border Guard Police posts on 9 October 2016 which killed nine police personnel, as well as subsequent security operations by government forces, have also triggered a new humanitarian crisis in the northern part of Rakhine. Hundreds of houses and buildings were burned, many people were killed and thousands fled their homes in the weeks and months after the initial attacks. Allegations of widespread human rights violations have been documented among the tens of thousands of people who have newly arrived in Bangladesh. While most internally displaced people have started to return to their areas of origin, these groups remain vulnerable to disaster because of inadequate shelter, ongoing movement restrictions and incomplete/inconsistent humanitarian access.

Across the State, vulnerability is also connected to people's capacity to cope with natural disasters on an annual basis. Very few people in Rakhine have received any education on disaster risk reduction or evacuation procedures, although the Government and organizations such as the Myanmar Red Cross National Society are taking steps to improve this. Early warning messages are increasingly being issued by the authorities, however, these messages do not always reach affected populations because they do not have access to radio and television or they are delivered in languages which are not universally understood. The majority of people are dependent on ad-hoc disaster shelters such as monasteries and schools, and a substantial minority have no safe evacuation points to go to.

### **History of natural disasters in Rakhine State**

Rakhine has been hit by seven tropical cyclones with varying degrees of severity since the year 2000. The deadliest cyclone in the modern history of Rakhine State was Cyclone Giri in 2010 which killed 45 people, destroyed hundreds of houses and affected an estimated 260,000 people. In 2015, Cyclone Komen caused widespread flooding in Rakhine State affecting 16 townships and damaging almost 11,000 homes and 360 schools. In 2013, Cyclone Mahasen with speed of 180 mph caused displacement of over 35,000 people across Rakhine. Cyclone Mora made landfall between Chittagong and Cox's Bazar in Bangladesh on 30 May. In Myanmar's neighboring Rakhine State, strong winds and heavy rains from the cyclone caused damage to thousands of houses, IDP camps and other infrastructure in Myanmar's Rakhine State, with the worst impacts felt in the State's north. In northern Rakhine, where people are already vulnerable after recent inter-communal tensions and security operations, almost 50,000 structures were damaged. Elsewhere in the State, the Cyclone

caused severe damage to shelters, water, sanitation and hygiene facilities, as well as temporary learning spaces in IDP camps, particularly in rural Sittwe.

Meanwhile, flooding occurs across the State on an almost annual basis. In 2015, rains associated with Cyclone Komen caused extensive damage. In July 2016, heavy rains caused flooding that affected four townships in Rakhine State, damaging more than 100 houses and killing two people. Low-lying parts of the coastline are also at risk from storm surge and tsunami.

## RISK ANALYSIS

The latest ‘Multi-Hazard Risk Assessment in Rakhine State of Myanmar’ (European Commission and UNDP, November 2011) identified the State’s highest risks as cyclones, followed by conflict/civil unrest, floods and earthquakes. A cyclone in a coastal area is ranked as having the highest risk level (20 on a scale from 1 to 25). According to IOM’s Disaster Risk Reduction (DRR) Unit, an overall risk profile assessment concluded that wind speeds from cyclones and storms in Rakhine are relatively low but the main damage is usually caused by flooding. The Rakhine Coordination Group’s Disaster Preparedness and Response Working Group has also identified a high level of probability that a cyclone will occur and that this risk is present against a backdrop of low community preparedness, limited but improving local capacity to respond, high levels of vulnerability and high levels of displacement in the State.

*Table 1: Impact and risk analysis for Rakhine State*

Hazard	Probability	Impact	Reasons	Vulnerability/Risk factors	
Cyclone	Very likely	Critical	Proximity to water	Location of IDP camps close to shorelines	Lack of shelters, inadequate housing structures (bamboo, tarps)
Floods	Very likely	Critical to Severe	Excessive raining	Location of IDP camps close to shorelines	Low Lying Landscape of majority of Rakhine State
Landslides	Very likely for northern Rakhine State	Severe	Heavy rain in mountainous areas	Remote villages with poor housing and transport links	Villages in valleys on the path of landslide
Storm surge	Very likely	Severe	Strong winds/ Cyclone or tropical storm	Coastal areas – IDP camps at shorelines	Flooding

*Source: OCHA Sittwe*

## COLLABORATION WITH THE GOVERNMENT

The overall capacity of the Rakhine State Government to manage large scale disasters is gradually improving and there is a desire from the Government to take a more prominent leadership role in coordination. The Rakhine State Government has developed a state and township-level Disaster Preparedness and Response Plan which outlines strategies and coordination mechanisms for local governments during emergencies. In support of these efforts, UN agencies and international Non-Government Organizations, coordinated by OCHA, have worked in close collaboration with the State Government and its line ministries on the development of this complementary Contingency Plan for the humanitarian community. A joint preparedness workshop was held in June 2017 to further strengthen these relationships between Government and humanitarian actors, bringing greater alignment in expectations and informing the 2017 revision of this Contingency Plan.

The workshop brought together key Government actors, the UN's humanitarian agencies, international and national Non-Government Organizations/Civil Society Organizations and the Red Cross/Red Crescent Movement to discuss ideas for improving emergency response arrangements in Rakhine State. Presentations and discussions covered a range of topics including the Rakhine State Government's emergency response architecture, the humanitarian community's cluster approach and HCT structure, humanitarian principles and staff codes of conduct, best practice for conducting needs assessments, information tools and services, humanitarian financing mechanisms, and lessons learned from past disasters in Rakhine State. The outcomes and priorities identified as part of the workshop have been incorporated into the planning document below.

Among the key priorities identified by participants was a need to provide better support to Civil Society Organizations so that the benefits of their wide access and local relationships can be maximized in disaster response. There is a need to develop standard operating procedures (SOPs) and specific guidelines/templates for conducting needs assessments. The humanitarian sector and the Government have also resolved to ensure they use the same baseline data sets (preferably provided by the Government) to provide a common starting point for planning of preparedness/response activities.

In urban areas search and rescue is provided by the Fire Department and the Myanmar Red Cross Society (MRCS). MRCS is also an important partner for the Government in improving communication of early warning messages and evacuation plans. As part of the 2017 Joint Disaster Preparedness Workshop, the State Government confirmed the existence of evacuation plans for both camps and regular living areas. However, these plans have been poorly communicated and there is generally little community awareness of evacuation points. Lessons learned from natural disasters of recent years showed that the main places of evacuation and collective center management are religious buildings/monasteries. Usually people will use waterways or evacuate by foot.

## **ANTICIPATED HUMANITARIAN CONSEQUENCES OF NATURAL DISASTER**

Apart from the potential loss of human life and injury, the main immediate consequences of a natural disaster are the destruction of houses and shelter, damage to infrastructure (which can lead to inaccessibility to basic services, e.g. health clinics and schools), internal displacement, separation of children from caregivers, protection risks due to inadequate temporary shelter and possible trauma/psychological distress.

Impacts from Cyclone Mora in May/June 2017 clearly displayed the vulnerability of most shelters to weather events, with the extensive damage increasing the risk of disease and protection risks for affected people. Makeshift shelters in camp and camp-like settings were particularly badly damaged, leaving those residing in these situations in a precarious position.

Floods and cyclones usually cause short-term disruption to agriculture and other livelihoods activities which may impact on the local availability of food and other supplies, as well as overall available community income. In the longer-term, these repeated disruptions to economic activity restrict the State's development and poverty alleviation efforts.

Affected people need to be kept informed about available services in a gender and conflict-sensitive way. The needs of all affected communities must be addressed in relief programming. Without access to reliable, timely and accurate information, communities won't be able to make the choices necessary to develop their own coping mechanisms and survival strategies.

## RESPONSE STRATEGY

Please see SOPs in Annex for further details on roles and responsibilities in emergency settings.

### Coordination in Sittwe

Overall coordination of both humanitarian and development partners in Sittwe is provided by the Rakhine Coordination Group (RCG) under the leadership of the UN Senior Adviser and the Resident Coordinator's Office. Under this new way of working, a Disaster Preparedness and Response Working Group, chaired by OCHA with participation by all relevant UN agencies, national and international Non-Government and Civil Society Organizations and the Red Cross Movement. Operational coordination is also provided through the Inter-Cluster Coordination Group for Rakhine which is chaired by OCHA. The following clusters are activated in the State: CCCM, Shelter, NFI, Education, Nutrition, Health, Protection (incl. Child Protection and Gender-Based Violence sub-sectors), WASH, and Food Security. Through the Inter-Cluster Coordination Group (ICCG) clusters/sectors will coordinate their work and support to the response with relevant line ministries. RCO and OCHA will coordinate directly with RRD and other relevant State ministries on disaster response capacity and needs.

On the Rakhine State Government side, the Relief and Resettlement Department (RRD), under the State Ministry of Social Affairs remains the main counterpart for State level coordination of humanitarian assistance. The Government has urged organizations active in Rakhine State not report to or coordinate directly with the Union Government before consulting with them on the provision of support including needs assessments. According to procedures shared with the humanitarian community at the recent joint preparedness workshop, the Rakhine State Government will make direct requests to the military for any logistical support required (e.g logistical assets, helicopter support, personnel).

### Coordination arrangements in northern Rakhine

Following the attacks against Border Guard Police posts in 2016 and subsequent security operations in northern Rakhine, the Resident Coordinator's Office has been placed in the overall lead of the response, in close collaboration with all humanitarian and development partners on the ground in Maungdaw. With regard to humanitarian-specific aspects of inter-agency coordination in northern Rakhine, UNHCR remains the focal point for Maungdaw and Buthidaung townships. UNHCR is working within existing capacity on the ground as much as possible but will request further surge support for operations if required. If this does not prove sufficient to meet humanitarian needs, then consideration would be given to OCHA deploying to Maungdaw to take on a dedicated coordination role.

### Coordination arrangements elsewhere in Rakhine State

OCHA is not currently present in all townships. Depending on where disaster strikes, there may be circumstances where OCHA is not able to immediately provide support during the first and very early stages of the response due to access constraints, long travel times, the magnitude of disaster, etc. In such circumstances, OCHA would rely on support from its HCT partners on the ground to ensure that effective inter-agency coordination support structures are established as early as possible. This is critical to ensuring affected people receive assistance at the earliest opportunity.

#### Scenario 1: Best case

- Theoretically it is hoped that an approaching cyclone would provide enough reaction time for OCHA and partners to establish the required coordination support on the ground in a timely and organized manner.

### Scenario 2: Worst case

- Severe landslides and/or floods as a result of pouring rain which would reduce the reaction time. OCHA would establish itself in affected locations with appropriate capacity as soon as possible after a disaster strikes if this is required.
- In the event of Scenario 2, HCT partners will initially provide inter-agency coordination support until such time as OCHA's support is deemed necessary and deployed. From Sittwe, OCHA will provide all possible support and guidance until an actual deployment of staff is requested and made possible.

In the event of an emergency, the following tasks/activities would need to be carried out by partners in their geographical area of responsibility until OCHA arrives:

- Convene partners and establish an inter-agency coordination forum to agree on 3W/4W on operational strategy
- Government liaison
- Establish ICCM (for those clusters/sectors relevant to establish)
- Map 3W/4W
- Prepare needs assessments
- Reporting/Sit Rep Inputs

### Alternative partner arrangements by township

#### Agreed

- Sittwe: RCO/OCHA  
As outlined above
- Maungdaw and Buthidaung: UNHCR  
As outlined above

#### Yet to be agreed\*\*

- Mrauk-U
- Kyauktaw
- Pauktaw
- Myebon
- Kyaukpyu
- Ann
- Thandwe

\*\* Confirming arrangements for these locations is an urgent priority

### Reporting and information management requirements

A decision on the form of reporting that will occur in relation to any emergency is made by the OCHA Head of Office, in agreement with the HC/HCT, if required. For an event in Rakhine State, the Rakhine Coordination Group and/or the ICCG are also able to advise on the type of reporting they recommend.

**Situation Reports:** If an emergency is deemed serious enough, the OCHA Head of Office may decide to produce a Humanitarian Situation Report. A Humanitarian Situation Report is a concise public document intended to support the coordination of humanitarian response in an acute crisis. It pulls together information from all of clusters/sectors to provide a snapshot of current needs, response and gaps in a given emergency. Situation reports are usually issued at the national level for a large-scale emergency (for example during the 2015 floods where a state of emergency was declared by the Government of Myanmar in four states and regions) but could also be produced at the state/regional

level where sectors/clusters are operating, for example on a large-scale emergency in Rakhine state. While the inputs are compiled from sectors/clusters at the state level, the situation reports would be cleared and issued at the national level. Situation reports are widely distributed through OCHA mailing lists, including to the media. They are read by a range of different audiences including humanitarian actors inside and outside the country, donors, government agencies and journalists.

**Humanitarian updates:** Alternatively, the OCHA Head of Office/HC/HCT may decide to issue one or more updates to the HCT and the wider humanitarian community. Humanitarian updates may also be issued publicly, depending on the situation/incident. Advice can also be received on this approach from the Rakhine Coordination Group/ICCG. These do not usually require the same level of detail as a full situational report but inputs should still follow the basic format of needs, gaps and response. These updates are a critical planning tool for the response and provide an agreed set of priority issues facing affected people.

**Information Management Products:** In an emergency, OCHA analyses assessment results supplied by the clusters/sectors and available baseline data to give an overall picture of needs, gaps and response efforts in the affected area. In line with the RAPID approach, OCHA and WFP VAM have agreed on a common approach to disaster impact modelling combining secondary data and vulnerability analysis. Emergency mapping will be provided to partners working in affected areas. Given the accuracy issues related to the census in Rakhine State, an improved and complete dataset on the State's population by township, cleared by all Clusters, is being developed and will soon be widely available. This baseline data will be made available with other useful public datasets on HDX OCHA page. Data collected from the humanitarian community is used to reveal trends and identify priority areas for humanitarian actors and the Government. The data can be used to produce visual products such as maps, snapshot, infographics and dashboards. Whenever an emergency happens a disaster location map will be officially published on Reliefweb. These visual products assist clusters to communicate their needs and allow the humanitarian community/donors to communicate who is doing what, where.

**Inputs:** Once a decision is made to proceed with a Situation Report or a humanitarian update, the reporting focal point for each sector/cluster is expected to provide inputs to OCHA on standardized templates for data (4W) and reporting (narrative) outlining their needs, gaps and response. OCHA will distribute the appropriate templates via a single email to cluster coordinators/designated reporting focal points with a clear deadline for inputs. They are responsible for sending information on behalf of the sector/cluster and not on behalf of their individual agencies. In northern Rakhine, responsibility for providing inputs to OCHA for HCT updates or a Situation Report rests with RCO and UNHCR. The frequency of cluster/sector inputs and the regularity of the situation reports/updates/IM products produced will depend on how quickly the situation is changing. In the initial phase of a new, fast-moving emergency, situation reports/updates are usually issued every day but the frequency usually reduces over time as the situation stabilizes. OCHA will consult with partners on the frequency of reporting as an emergency develops.

## **RESPONSE PRIORITIES BY SECTOR**

### **FOOD**

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

### **WATER SANITATION AND HYGIENE**

- 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 practices

### **EDUCATION**

- Set-up safe Temporary (Alternative) Learning Spaces in consultation with communities
- Provide essential education and recreation supplies (kits and materials)
- Mobilize available psychosocial support for teachers and students, and provide context-relevant life-skills activities including basic health, hygiene, protection learning contents

### **HEALTH**

- 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.
- Ensure continuity of life-saving new-born/child health care and reproductive health care services

### **PROTECTION**

- 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.

### **NUTRITION**

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

### **SHELTER**

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

### **CCCM**

- See CCCM Contingency Plans.



## ANNEX

### Standard Operating Procedures (SOP) Natural Disaster in Rakhine State

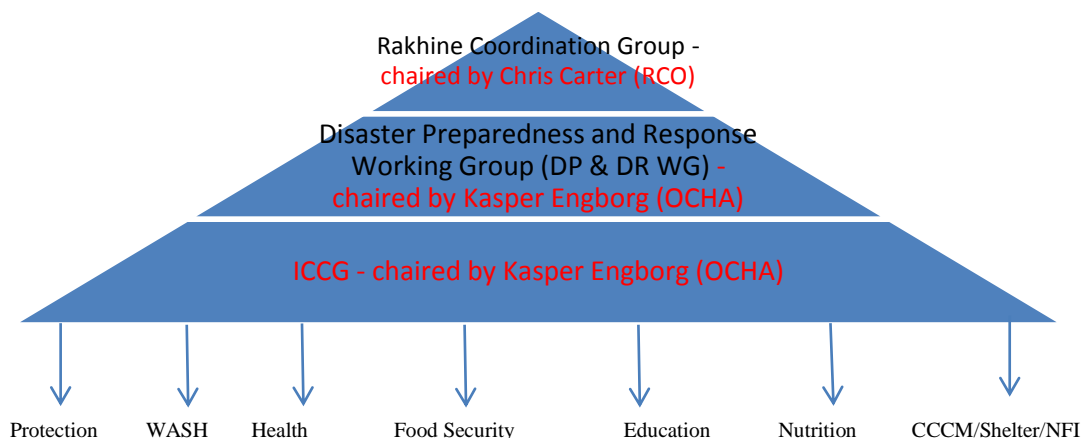
#### INTRODUCTION

These Standard Operating Procedures (SOPs) serve as tool for coordinating a multi-sector response to a disaster in Rakhine State such as a cyclone, storm surge, flood, landslide and/or earthquake. The SOPs will be used in the following situations:

- where there is a risk of a cyclone which is likely to have severe humanitarian consequences, and where pre-arrangements would need to be made in order to prepare for a proper and timely response,
- where the humanitarian community itself is not affected nor impacted by the disaster, which would require pre-relocation of staff to a safer place and;
- where the existing in-state capacity is considered adequate and appropriate to respond effectively within the first week, until a more appropriate response is mobilized with support from Yangon, if deemed necessary.

The purpose of these SOPs is to reduce response times and create efficiency and effectiveness with a clear set of instructions for everyone involved in responding to the disaster. The SOPs will guide the respective agencies and individuals in terms of roles and responsibilities in their specific key performance areas and according to their mandates.

#### SECTION 1: GENERAL COORDINATION ARRANGEMENTS



Under the auspices of the Rakhine Coordination Group (RCG), the Disaster Preparedness and Response Working Group (DP and DR WG) is chaired by OCHA and is comprised of all participating humanitarian UN agencies, International and National NGOs, International Committee of Red Cross (ICRC), and International Federation of Red Cross and Red Crescent Societies (IFRC). The Working Group will be used to coordinate the overall response support on Rakhine State level among humanitarian partners and will de facto perform the roles and

responsibilities of an Area Humanitarian Country Team (AHCT) with direct reporting lines to HCT in Yangon.

In addition, clusters/sectors for the coordination of Camp Coordination and Camp Management (CCCM), Shelter/Non-Food Items (NFIs), Education, Nutrition, Health, Protection (incl. Child Protection and Gender-Based Violence), Water, Sanitation and Hygiene (WASH), Early Recovery and Food Security are in place and will be used to support a coordinated response under the management of the Inter Cluster/Sector Coordination Group (ICCG).

### **Northern Rakhine**

Following the 9 October attacks in 2016 and subsequent security operations, the Resident Coordinator's Office has been placed in the overall lead of the response in northern Rakhine. With regard to humanitarian-specific aspects of inter-agency coordination in northern Rakhine, UNHCR remains the focal point for Maungdaw and Buthidaung townships. In the event of a natural disaster in northern Rakhine, UNHCR will initially provide inter-agency coordination support until such time as OCHA's support is deemed necessary (*this will be discussed between OCHA and UNHCR heads in Sittwe*). With regards to both operational inputs and coordination functions, UNHCR will extend its capacity to include natural disaster response with the same qualifications set forth for central Rakhine, including requesting a surge in staffing for the emergency response from outside Rakhine. This applies to a general inter-agency coordination function, as well as to more specific Protection, Shelter and NFI sector coordination.

The following tasks / activities would need to be carried out:

- Convene partners and establish inter-agency coordination forum to agree on 3xW and operational strategy
- Government liaison
- Establish ICCG (for those clusters/sectors relevant to establish)
- Map 3xW
- Prepare needs assessments (*in consultation with RSG in Maungdaw and DP&DR working group in Sittwe*)
- Reporting/Sit Rep inputs

From Sittwe, OCHA will provide all possible support and guidance until an actual deployment of staff is possible.

### **Government Coordination**

On the Rakhine State Government (RSG) side, the Relief and Resettlement Department (RRD), under the State Ministry of Social Affairs remains the main counterpart for State level coordination of humanitarian assistance. OCHA/RCO will coordinate directly with RRD and other relevant state ministries such as Chief Minister, Security Ministry and State Secretary (GAD). Clusters/sectors will coordinate their work and support to the response with relevant line ministries.

## SECTION 2: WHEN A DISASTER STRIKES

### ➤ Triggers

#### **Before the disaster strikes**

The trigger for activating the contingency plan will be a red alert received through early warning systems with a possible medium to large scale impact on Rakhine State, as well as other relevant triggers such as heavy rainy for a minimum of three consecutive days, which can result in severe landslides and/or flooding. An alert on the latter can also be received from communities and/or government authorities.

#### **After the disaster has struck**

The trigger for activating support to a humanitarian response will be a solicited or unsolicited request from the RSG.

### ➤ In the event of a disaster caused by a cyclone – procedure before landfall

As soon as an alert has been received on a forthcoming cyclone that may have significant humanitarian impact, OCHA will convene the DP and DR Working Groups to:

- Update humanitarian partners on the cyclone projection(s) and its possible impact (based on the disaster impact model),
- Update humanitarian partners on RSG preparedness activities and other measures that are taken to mitigate impact and other updates as relevant (OCHA/RCO will liaise as necessary with RSG to maintain proper communication and coordination linkages).
- Update from affected communities represented by designated focal points among national NGOs and CBOs.
- Decide on next steps and actions to be taken by humanitarian community.

### ➤ Communication procedures:

- The agency (or agencies if more than one is contacted) that first receives information of a disaster, immediately informs the Head of OCHA Rakhine. If the receiving agency happens to be a sector lead as well, then verification with respective government counterparts must also take place.
- The Head of OCHA Rakhine consults the lead agencies and cluster co-leads to decide on the next steps and if deemed necessary inform the UN Senior Advisor to Rakhine and convene the DP and DR Working Groups for further coordination, strategy setting and information sharing.
- The DP and DR Working Groups will assess the information available, establish the scope of possible consequences and decide on the next steps and actions, including follow up with RSG and the affected communities.
- All information shared by respective agencies will be managed, consolidated and systematized (i.e. identify gaps and inconsistencies in the information available) by OCHA.

- The decisions of the DP and DR Working Groups will be shared with Yangon for information, support and further action as deemed necessary.

## **SECTION 3: ROLES AND RESPONSIBILITIES**

### **The Head of OCHA Rakhine:**

- Will be responsible for coordination of the emergency, under the auspices of the Rakhine Coordination Group (RCG) led by the UN Senior Advisor, with the RSG and the wider humanitarian community. They will also support the advocacy efforts of the UN Senior Advisor with relevant parties for application of the humanitarian principles and to secure humanitarian space (including access to affected areas and people).
- Will use the DP and DR Working Group meetings for humanitarian response and, depending on the circumstances, suggest creation of any additional coordination mechanism as deemed/relevant necessary. OCHA will also coordinate any necessary assessments, joint resource mobilization (Flash Appeals and CERF applications), provide Information Management (IM) services and produce joint situation reports.

### **The Disaster Preparedness & Disaster Response Working Groups (DP and DR WG):**

At the first meeting convened after the disaster (to which the cluster/sector co-leads will be invited), the agenda will focus on the following issues:

- Achieving a common understanding of the scope and possible impact of the disaster through sharing information among humanitarian partners
- Agree on overall strategy and priorities for the immediate response
- Agree on which cluster/sector responses should be involved
- Review contingency stocks
- Nominate an information focal point from each cluster/sector response (this is under the responsibility of the cluster/sector leads)
- Formulate key messages (as guidance for the agencies in their communication with the wider international community)
- Agree on issues that need to be taken up with the RSG, including on needs assessment (e.g. MIRA)
- Clarify coordination arrangements at the township level, roles and responsibilities including those of agencies based on capacity and presence as needed, and agree on next steps.

The venue of the meeting will be either the OCHA office or an alternative location communicated by OCHA.

### **The Cluster/Sector co- leads:**

Cluster/Sector co-leads are responsible for the operational coordination at the intra-cluster/sector level, which entails, among other things:

- Convening sector meetings; preparation and dissemination of meeting minutes

- Lead sector needs assessments and analysis
- Coordination of sector response plans of all actors and interactions with national partners
- Facilitation of sector monitoring and reporting
- Promoting information sharing within the cluster and with other clusters/sectors
- Generating and maintaining cluster/sector specific information (e.g. contact lists, datasets, needs/gap analysis, policy or technical guidance, etc.)

Each cluster/sector will identify an information focal point that is responsible for providing all relevant information in a timely manner. This information will form the basis for the compilation of situation reports, development of Who, What and Where (3W), mapping and other information services that are necessary to ensure effective coordination.

MIRA and other needs assessments at the sector level will only be triggered in consultation with the RSG. Assessments would address key issues of immediate needs and other information such as:

- Areas that are affected
- Number and kind of people affected (disaggregated by sex and age), including number of casualties and injuries
- Extent of displacement
- Needs
- Details of responses by agency
- Gaps in assistance
- Operational constraints (e.g. access)
- Financial requirements to fill in the identified gaps
- Others as necessary

**CONSOLIDATED EMERGENCY STOCK LIST  
AS AT 18 JULY 2017**

<b>Emergency Stock for 0-2 weeks</b>				
Sector/ Cluster	Item	In stock	Coverage HH	Supply Chain
<b>Health</b>	Health Cluster partners maintain at least a monthly defined amount of basic medicines and medical supplies intended for regular programming. Item mix and stock levels vary depending on individual agency procurement procedures, catchment area size, and expiration date.			Emergency stocks dedicated for contingency measures may be available from Yangon. If needed, these can be mobilized to Rakhine State within 1 week with optimal transport conditions.
<b>Education</b>	School Tents	2	360	8 tents in Yangon and transportation will take 2 weeks to reach in Sittwe
	Recreational Kits	285	22,800	134 in Yangon and will take 1 week to reach in Sittwe
	ECD Kits			17 kits in Yangon stocks and will take 1 week to reach in Sittwe
<b>Nutrition</b>	High Energy Biscuits (HEB); MT	6.75	4,800	10 days can take in getting Sittwe
<b>CCCM/NFI/ Shelter</b>	NFI kits	4100	4,100	Transportation need one week from Yangon to Sittwe
	Tarpaulin sheets (5 m x 4 m)	834	834	
	Tarpaulin sheets (50 m x 4 m)	1350	13,500	
	Tents	344	344	
<b>FOOD</b>	Food (MT)	163.5	4,800	10 days can take in getting Sittwe
<b>WASH</b>	Aquatab (expiry April 2020)	18680	166	Transportation from Yangon to Sittwe will take at least 2 weeks
	P&G (purifier of water)	55099	490	
	hygiene kit	2482	2,482	
	Mask	20		
	Soap	12371	6,185	

	Laundry Soap (Shwe War)	2848	712	
	Water Pump 3"	5		
	Bucket with Lid - 18 lt	87	87	
	Water Bucket – 15 lt - Many colours with lid	400	400	
	Plastic Bucket with Spigot, 45 lt	214	214	
	Plastic Buckets with lid (5 gls capacity)	50	50	
	Plastic Bucket with lid – 20 lt	504	504	
	Plastic Bucket with Spigot, 20 lt	330	330	
	Plastic Bucket with lid – 10 lt	1238	1,238	
	Jerry Can - 20 lt	955	955	
	Sanitary Pad (Eva)	799	399	
	Female underwear	2000	500	
	Purification Sachet	24000	215	
	Lotta Cup	504	504	
	Bleaching Powder/HTH/60%	44		
	Latrine Pans	220	220	
	Latrine Pipe	220	220	
	Rope, Poly prop, coil of 30 yards	5686	5,686	
	Tarpaulin, 20' x 11.5', UV Resist	2858	2,858	
<b>Child Protection</b>	CFS kit	51		Transportation from Yangon to Sittwe will take at least 2 weeks
	Reunification kit boy (age 12 to 18)	49		
	Reunification kit for girl (age 12 to 18)	47		
	Reunification kit for boy (age 7 to 12)	43		
	Reunification kit for girl (age 7 to 12)	43		
	Reunification kit for boy (age 7)	32		
	Reunification kit for girls (age under 7)	46		

	Tarpaulin, 16 ft x 6 ft, set 2 pcs	40		
	CP Kits Adolescent Boys	220		
	CP Kits Adolescent Girls	236		
	CP Kits under 10	203		
	Adolescent tool Kit	25		
<b>GBV</b>	Dignity kit	40		Transportation from Yangon to Sittwe will take 2 days
	Raincoat	645		
	Headscarves	435		



## **WASH WORKING GROUP PREPAREDNESS AND RESPONSE PLAN**

### **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.

### **Objective 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 practise.

### **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 (Within two weeks)

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

<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>	OXFAM	Kyauk Phyu, Ramree
<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>	Care, MHDO, SI	Rathedaung
<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>	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

### 1. 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	

## 2. Requirements – list

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

## PROTECTION SECTOR PREPAREDNESS AND RESPONSE PLAN

### Cluster 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.

### Cluster 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.

### Cluster 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, organisations' 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	<del>PWG</del>	-

### Requirements – list

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

## FOOD SECURITY CLUSTER/SECTOR PREPAREDNESS AND RESPONSE PLAN

### Cluster / Sector partners

- World Food Programme (WFP) in partnership with Plan International
- Consortium of Dutch NGOs (CDN)
- Myanmar Heart Development Organization (MHDO)
- International Committee of Red Cross (ICRC)

### Objective of the cluster/sector

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

### Cluster 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>1</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.

### Cluster 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

### 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	Min Bya
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, Pauk Taw and Kyauk Taw
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	Min Bya, Mrauk U, Pauk Taw and Kyauk Taw, Kyauk Phyu, Myebon and Ramree

<sup>1</sup> Based on previous years

**Operational constraints/Logistics 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

**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 – list**

- 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.



## **NUTRITION CLUSTER PREPAREDNESS AND RESPONSE PLAN 2017**

### **Cluster partners:**

- 1) Action Contre la Faim (ACF)
- 2) Myanmar Health Assistant Association (MHAA)
- 3) Save the Children International (SCI)
- 4) Myanmar Health Development Organization (MHDO)
- 5) United Nations UNICEF
- 6) World Food Program (WFP)
- 7) World Health Organization (WHO)

### **Objective**

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

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

- i. 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.
- ii. Provision and continuation of moderate acute malnutrition treatment to children and women using targeted supplementary feeding program by MHAA, ACF and WFP
- iii. Provision of malnutrition preventive services targeting most nutritionally vulnerable groups (children under 5 and pregnant/lactating women).

## iv. 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, Pauk Taw and other 7 townships
Integrated nutrition services to emergency health response (eg. passive screening during clinic) in program implementing areas	MHAA	
Targeted Supplementary Feeding for people identified with Moderate Acute Malnutrition (MAM)	WFP (via NGO partners)	
Infant feeding in Emergency kits distribution	SCI	
Infant and Young Children Feeding support and sensitization for safe breast feeding and BMS code monitoring	All partners	
Micronutrient supplementation (Tablet for PLW) through clinic services	MHAA	
Micronutrient supplementation (Sprinkle for under-five children) for children identified in clinic	MHAA	
Distribute High Energy Biscuits	WFP	

**Operational constraints/Logistics concerns**

- Limited geographic coverage due to inadequate number of partners mainly in Southern Townships (Gwa, Thandwe, Rambree, 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**

<b>Activities</b>	<b>By whom</b>	<b>By when</b>
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	1 <sup>st</sup> 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

**Requirements – list**

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

## **SHELTER CLUSTER PREPAREDNESS AND RESPONSE PLAN**

### **Cluster partners**

UNHCR, IOM, LWF, NRC, DRC, Myittar Resource Foundation (MRF), MAUK, Medair, Building Better Society (BBS).

### **Objective**

- 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 Kyawlaw, 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	MRCS	Aug 2017

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.		
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 – list

#### 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.

## EDUCATION IN EMERGENCIES SECTOR PREPAREDNESS AND RESPONSE PLAN

### Cluster / Sector partners

UNICEF and Save the Children (Co-lead), Plan International, Lutheran World Federation, Norwegian Refugee Council, Myittar Resource Foundation, Bridge Asia Japan<sup>2</sup>

### Objective(s) of the cluster / 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.*

### Cluster Context and Risk Analysis

Basic education access and provision of quality education services in Rakhine State, which had chronically faced underdevelopment challenges<sup>3</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.

In 7 townships prioritized in this exercise, there are a total of 1,189 basic education primary schools 69 middle schools, and 45 high schools, with 189,256 primary, 81,540 middle, and 23,158 high school students and 5,557 primary, 3,758 middle, and 1,155 high school teachers. Estimated 24,983 primary level students in Sittwe, Pauktaw, and Minbya remain reliant on education services provided in Temporary Learning Spaces (TLS) supported by education sector partners. Of total, 17,424 (46% girls) are in Sittwe, followed by 5,452 (44%) in Pauktaw, and 2,107 (49%) in Minbya. Number of adolescents accessing non-formal post-primary TLS supported by EiE sector partners is 3,545 (52%).

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

Township Education Office (TEO) Monthly Report submitted to State Education Department (SED), Feb 2017

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>4</sup>.

<sup>2</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>3</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>4</sup> GPI is estimated to be lowest in Maungdaw and Buthidaung: 0.25 and 0.43 both at middle and high school level

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>5</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>6</sup>. Furthermore, the destruction of or damage to public infrastructure and textbooks/teaching learning materials affects education access, quality, and learning achievements. Availability of teachers and other personnel services can 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>7</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>8</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

---

<sup>5</sup> MoE Rakhine State Education Data, 2013-2014: Student per teacher ratio is highest in Maungdaw (122.5) and Buthidaung (82.9)

<sup>6</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>7</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>8</sup> The first 4 weeks – 8 weeks



of adequate WASH services, including hygiene education and awareness building as part of critical life-skills education.

### Immediate emergency response

Activities	By whom	Where
<ul style="list-style-type: none"> <li>Set up safe Temporary (Alternative) Learning Spaces in consultation with communities<sup>9</sup></li> </ul>	Coordination by UNICEF and SCI (Co-Leads): UNICEF (Office in Sittwe)  SCI (Office in Sittwe/Pauktaw) Plan (Office in Sittwe/Mrauk U – for Minbya) LWF (Office in Sittwe)  NRC (Office in Sittwe) <sup>10</sup> MRF (Office in Sittwe) <i>*BAJ based in Maungdaw has an office in Sittwe for school construction activities.</i>	7 Townships (through TEO) Sittwe, Pauktaw Sittwe, Minbya Sittwe, Pauktaw, Mrauk U Sittwe, Rathedaung Sittwe
<ul style="list-style-type: none"> <li>Provide essential education and recreation supplies (kits and materials)</li> </ul>	Coordination by UNICEF and SCI (Co-Leads): UNICEF (Office in Sittwe)  SCI (Office in Sittwe/Pauktaw) Plan (Office in Sittwe/Mrauk U – for Minbya) LWF (Office in Sittwe)  NRC (Office in Sittwe) MRF (Office in Sittwe)	7 Townships (through TEO) Sittwe, Pauktaw Sittwe, Minbya Sittwe, Pauktaw, Mrauk U Sittwe, Rathedaung Sittwe
<ul style="list-style-type: none"> <li>Mobilize available psychosocial support for teachers and students, and provide context-relevant life-skills activities including basic health, hygiene, protection learning contents</li> </ul>	Coordination by UNICEF and SCI (Co-Leads): UNICEF (Office in Sittwe)  SCI (Office in Sittwe/Pauktaw) Plan (Office in Sittwe/Mrauk U – for Minbya) LWF (Office in Sittwe)  NRC (Office in Sittwe) MRF (Office in Sittwe)	7 Townships (through TEO) Sittwe, Pauktaw Sittwe, Minbya Sittwe, Pauktaw, Mrauk U Sittwe, Rathedaung Sittwe

### 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

<sup>9</sup> Initial EiE response framework is the first 4-8 weeks, timeframe depending on the scale and impact of hazards.

<sup>10</sup> NRC has an office in Maungdaw as well.

(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.

#### Preparedness and capacity-building activities

Activities	By whom	By when
Updating of EiE Sector Emergency Preparedness Plan <ol style="list-style-type: none"> <li>1. Contact list</li> <li>2. MPA/SOP</li> <li>3. Operational areas</li> <li>4. EiE assessment roster</li> <li>5. Capacity mapping</li> <li>6. Contingency stocks</li> <li>7. Community messaging</li> </ol>	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.

## **HEALTH CLUSTER PREPAREDNESS AND RESPONSE PLAN**

### **Cluster partners\***

1. Action Contre la Faim (ACF)
2. International Organization for Migration (IOM)
3. International Rescue Committee (IRC)
4. Malteser International (MI)
5. Mercy Malaysia (MM)
6. Myanmar Health Assistant Association (MHAA)
7. Myanmar Nurses and Midwives Association (MNMA)
8. Relief International (RI)
9. Save the Children International (SCI)
10. United Nations Children Fund (UNICEF)
11. United Nations Population Fund (UNFPA)
12. World Health Organization (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:**

1. To complement government efforts ensuring immediate treatment of injured people as a result of the disaster and assist with referrals.
2. To ensure continuity of life-saving new born/child health care and reproductive health care services.
3. To prevent further spread of communicable diseases ensure that proper surveillance system is in place.
4. To provide technical and coordination support for overall health sector response.

### **Cluster Context and Risk Analysis**

1. There are at least 20 non-government health agencies that provide humanitarian, development, or both, support to Rakhine State
2. 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.
3. 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.
4. 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.
5. 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>

---

<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.

6. State average for Measles 2 vaccination coverage is 48% when the national estimate is at 80%<sup>12,13</sup>
7. Human Resources for Health – based on SPHD rapid assessment as of July 2016; excludes Sittwe General Hospital workforce count:

<b>Township</b>	<b>Doctors, nurses, health assistants, and midwives</b>
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
Taunggup	227
Thandwe	267
<b>State</b>	<b>2,786</b>

8. 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.

#### **Cluster strategy**

1. 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.
2. 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.
3. 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.
4. 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.

<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.

**Immediate emergency response**

<b>Activities</b>	<b>By whom</b>	<b>Where</b>
1. Consultation or recommendation for convening an ad hoc meeting in response to a specific event with SPHD.	Cluster Coordinator	Sittwe
2. Mobilization of a mobile health team depending on meeting agreements or in response to a specific/bilateral government request. Such teams are to provide EWARS report following immediate notification protocol.	IRC, MI, MM, MHAA, RI	Sittwe, Rathedaung, Maungdaw, Buthidaung, Kyauktaw, Mrauk-U, Minbya, Myebon, Ponnagyun, and Pauktaw
3. Support for a health assessment team (technical assistance, human resource or logistics) depending on meeting agreements or in response to a specific/bilateral government request	IOM, UNICEF, UNFPA, WHO	Non-specific, Rakhine State
4. 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

**Operational constraints/Logistics concerns**

1. 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>.
2. 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

<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.

humanitarian partner presence. Mobilization of support shall depend on meeting agreements or in response to a specific/bilateral government request, assessed magnitude of disaster impact, organizational capacity limits, practical considerations (e.g. travel time or gas capacity for a speedboat travel) etc.

### Preparedness and capacity-building activities

Activities	By whom	By when
1. 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
2. Regular update of contingency stocks/resource mapping. Compilation c/o Cluster Coordinator but inputs is 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)
3. Compilation of all emergency preparedness activities. Compilation c/o Cluster Coordinator but inputs 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)
4. 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)
5. 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
6. 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
7. 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

**Requirements – list**

1. Staff/personnel – current levels as indicated in the Health resource mapping; to be determined on an ad hoc basis.
  - The minimum requirement is for each organization to have a focal person for emergency contact for coordination.
  - Deployment of mobile teams or assessment teams will be determined on an ad hoc basis with due consideration of ongoing program implementation (i.e. minimize disruption) and disaster impact.
  - Information Management Officer support
2. Financial – to be determined on an ad hoc basis. Mainly depends on the availability of contingency funds by each organization for the first week post impact.