

Key Points

- The UN Resident/Humanitarian Coordinator in Myanmar has pursued concerted efforts at various levels to voice the concern of the humanitarian community over the visa issue. The impact and implications in terms of the post-Nargis recovery works for the Delta and beyond have been shared with the Government of the Union of Myanmar (GoUM), the Emergency Relief Coordinator, the donor community as well as the international media.
- A workshop on the Post-Nargis Recovery and Preparedness Plan (PONREPP) was held on 21 May for GoUM officials, international/national NGOs, diplomats and donors to familiarize them with the PONREPP structure and the cooperation mechanism in the recovery phase. It was followed by presentations on the PONREPP coordination mechanism to the field coordinators/officers at OCHA Hubs.
- By end of May, the Association of Southeast Asian Nations (ASEAN) has pledged US\$1 million for PONREPP.
- Two OCHA Hubs in Mawlamyinegyun and Patheingyi will close down at the end of June 2009 and the joint UN-ASEAN Recovery Hub offices will be operational beginning 1 July 2009. Both UN and ASEAN will share the operational costs. OCHA will run two Recovery Hub offices in Bogale and Pyapon while ASEAN will operate Yangon and Labutta hubs.
- A H1N1 flu taskforce has been set up in Myanmar. The taskforce has produced a UN Action Plan to anticipate flu pandemic. There was no report on H1N1 flu case in May. The GoUM has informed the public on the flu pandemic in the local media and a national response plan to H1N1 flu pandemic is being prepared.

I. Situation Overview

- The Ministry of Health has reported a decrease in diarrhoea case in Bogale.
- Several agencies have received additional funding to continue with the agriculture, shelter and health programmes, however the amounts are insufficient to cover needs arising from the rainy season and to finance recovery works.
- The Food Cluster phased out of Pyapon and Mawlamyinegyun townships as the food situation is improving. WHO has phased out of Bogale at the end of May. UNICEF will take over the Health Cluster lead in Bogale.
- The first Livelihood and Food Security Trust Fund (LIFT) Donor Consortium meeting on 18 May has appointed the European Commission as the chair, and AusAID, Denmark and DFID as the donor representatives on the Fund Board. The donors are finalizing a draft Concept Note for a Letter of Agreement (LoA) to be signed by the GoUM. Once the LoA is signed, LIFT will put out the first Call for Proposals, expected to take place in June 2009.
- The Special Branch and the Township Peace and Development Council in Bogale have requested all organizations to report their activities on a weekly basis, including an update of staff lists, field missions and international

staffs visiting the township, as part of the security measure prior to 2010 elections.

- Data collection in the Delta for the Periodic Review II has been completed at the end of May.

II. Coordination Update

- The Clusters are preparing for their exit strategies, including the transfer of knowledge and the transition to the Recovery Working Groups under PONREPP and to the nationwide Thematic Working Group. The Cluster phase-out deadline is 30 June 2009.
- The PONREPP Transition Team is preparing the operational guidelines for the Recovery Coordination Centre.

III. Clusters Update

Agriculture

The Agriculture sector continues to face funding shortfalls. The Agriculture Cluster is currently undertaking a final assessment of Cluster members' plans for the monsoon harvest and summer planting season, including met and unmet funding needs. The goal of the assessment is to supply donors and planners with information on agricultural needs in sufficient time to make an impact. FAO is presently undertaking a Participatory Rapid Assessment in the

polder areas to assess the current situation and to validate assumptions regarding the socio-economic situation and livelihoods in polder communities.

Response and Achievements

Data collection has been completed by FAO tracking the response by Cluster members and other actors thus far on a township and village tract level. Data collection has been completed in Bogale, Pyapon, Labutta, Dedaye, Kungyangon, Ngapudaw, Kyaiklat and Mawlamyinegyun townships. CDs of approximately 75 maps delineating agricultural inputs will be available to the Cluster members and others by the last week in June. The CDs will be available from FAO or from the MIMU Resource Centre. Technical Fact Sheets on 45 subjects covering crops, fisheries, and livestock will also be available.

Challenges

Help from Germany is closing down its operations this month. With the LIFT not yet underway and PONREPP funding still awaited, other partners may cease operating in the Delta in the next few months due to insufficient funding. The lack of firm pledges by donors to the PONREPP process remains a significant concern for most organizations working in agriculture, a sector in which sufficient advanced planning for input procurement and distribution appropriate to each season is the key.

Gaps and Future Planning

FAO is arranging an Agriculture Cluster Integrated Pest Management and Farmer Field School Workshop from 22-23 June 2009. The workshop will focus on experiences from Myanmar and will include presentations by Metta Development Foundation, GRET and Welthungerhilfe. The Theme Group on Food Security and Agriculture is currently finalizing its structure in order to make a smooth transition from the cluster.

Early Recovery

Trainings in agriculture, early recovery, livestock, forestry and Disaster Risk Reduction were conducted to complement UNDP assistances. Other regular activities such as Theatre for Development, trainings for Self-Reliance Groups and livestock vaccination programs continued throughout May 2009. The forest and fruit trees planting are set to start in June 2009.

The Cluster has distributed paddy seeds and farm tools to the farmers in more than 60 villages to start

the monsoon cultivation and conducted trainings on the farming tools usage and maintenance. In the water and sanitation sector, the Cluster is working on the water supply provision and improvement of sanitation facilities. Infrastructure improvement continues through the construction of footbridges, foot paths, jetties and small bridges.

Challenges

The cash provision for farmers is difficult to monitor, and therefore it is suggested that providing in-kind is better than cash. Heavy rain throughout April-May 2009 hampers communication to the village and brings flood to the nursery sites.

Gaps and Future Planning

The cash provision and distribution of farming tools will continue, as well as the improvement of infrastructure and water and sanitation facilities. The village-level contingency plan will be carried out to familiarize the villagers with disaster risk reduction measures.

Emergency Shelter

More than one year after Nargis, up to 130,000 families remain exposed and are suffering under severe weather conditions. Shelter agencies distributed, just before the start of the rainy season in May, some 30,000 tarpaulins made available by IFRC and UNHCR – and continue to upgrade or repair damaged shelters by distributing construction materials as bamboo and especially *dani* (nipa palm sheets) for roofing.

Response and Achievements

About 29,000 shelters were completed in the 11 townships, and some 24,000 damaged shelters were upgraded to comply with DRR requirements and 42,000 households received construction materials for repairs.

The IFRC/Myanmar Red Cross Society (MRCS) and Save the Children distribute CGI-sheets and timber to improve public buildings, often serve as “safe havens” for families during storms or flooding. UNICEF, UNDP, UN-HABITAT, Save the Children and other agencies as well as a private company handed over up to 2,500 schools in May, just in time before the start of the academic year in June. Larger Cyclone shelters on the coastal area are planned for the next dry season. Other constructions – like the IFRC/MRCS’s 100 health posts and 10 rural health sub-centres – are reported to the Early Recovery Cluster coordinated by UNDP.

To support the self-recovery in the Delta, some agencies including UN-HABITAT gave trainings to about 4,000 village carpenters, and distributed information materials on shelter construction method that comply with the DRR objectives.

Challenges

Some agencies managed to direct some internal resources to finance shelter improvement works before the start of the rainy season.

The IFRC and MRCS are working on the provision of household shelter materials for 8,000 most vulnerable households across 11 townships. The project provides for community-led procurement and distribution of shelter materials, and is currently under tendering. They have also worked with the community to improve knowledge on building back safer shelters. IOM constructed some 2,400 new shelter units. CARE and Save the Children also plan to launch major shelter programmes in the second half of this year. GAA, NRC or Solidarites continue their shelter activities in selected areas in the Delta.

Many Shelter partners, especially the national NGOs, have ceased their operations in May due to funding shortage. The visa backlog has also delayed the arrival of the qualified technical staffs, resulting in the reduction of the capacity and the loss of knowledge to prepare for the coming dry season.

Gaps and Future Planning

The additional funding received after a donor meeting in April only covered the construction of 10-15% of the destroyed or severely damaged shelters. It is encouraging to witness that the population's efforts to borrow money to repair their shelters before the rain started in May. This may reduce their misery temporarily but the temporary shelters would not protect the families from storms or cyclones.

UN-HABITAT is in the process of completing a solid update of the activities of the agencies in the shelter sector. The Cluster is preparing for a workshop, scheduled for 26 June, to discuss the Cluster phase-out and the way forward in order to bridge the transition gap to the new PONREPP structure.

The Shelter Cluster will produce an information package in a CD for the public.

Food

In May, the WFP closed its offices in Pyapon and

Mawlamyinegyun townships. Food distribution in these locations had also been stopped, following a variety of assessments which indicated that the locations had seen an improved food security.

Response and Achievements

WFP, through its 7 cooperating partners, continues to provide support to people in need in Bogale and Labutta. A total of 2,114 metric tons of food are distributed to 130,000 beneficiaries.

The focus towards recovery activities is increased with more food-for-work activities carried out. A total of 50 projects were undertaken with 620 MT of food provided and 13,240 beneficiaries reached.

Challenges

Challenges in implementing food for work activities in the agriculture sector due to lack of an agronomist.

Gaps and Future Planning

As the Food Cluster will join the Livelihoods sector under the PONREPP structure, there will be discussions to create synergies between sector members and thereby improve implementation especially the Food-For-Work activities.

Health

The Health Cluster is now phasing out with a set and agreed date of 12 June when the WHO Health Cluster Co-Lead will depart from Myanmar. The coordination planning after 12 June will be structured in order to take account of pre-existing coordination. Health Coordination group will focus, with significant input from the Ministry of Health (MoH), on the preparations for implementation of the health PONREPP programme. Delta-specific working groups on Sexual and Reproductive Health (SRH) and Mental Health Health and Psychosocial Care will continue. The creation of a nationwide health thematic group has been proposed.

The number of health partners programming across the Delta has now reduced to approximately 10 organizations including UN agencies and INGOs. An unknown number of local NGOs and private sector providers continue to offer health services alongside the public health structures.

Efforts to structure a health PONREPP program are intensifying and include the establishment of a working group to define the program design; collaboration with the Periodic Review team in order to generate a baseline for subsequent Monitoring

and Evaluation; fruitful discussions with MoH in order to align the health PONREPP within existing national coordination and the identification of technical expertise in order to further elaborate the PONREPP document into a detailed plan.

The Dry Season has now ended without the report of any significant disease outbreaks, either through location specific reporting or through the Early Warning and Reporting System (EWARS).

Response and Achievements

The first of four planned township health assessments was concluded in May 2009 in Ngapudaw; funding for four further assessments has been secured. The design methodology of the assessment tool was reviewed at a meeting at MoH in Naypyidaw which was attended by representatives of UN agencies and INGOs.

The health component of the Periodic Review has been reviewed and revised and now includes indicators which are aligned with both the Health Cluster's June 2008 Action Plan (in order to enable an evaluation of the effectiveness of the response) as well as maternal and child health indicators which will ensure that the Periodic Review can be used as the baseline for the health PONREPP.

The MoH has continued to plan a pivotal and central role in the Health Cluster and plans are in place to ensure that this continues after the Cluster phase out period.

A Lessons Learned exercise was held in May 2009 in order to capture the best practice during the existence of the Health Cluster and to document areas for further improvement. The Cluster formed the focus of 1 session of the TCG Workshop on 21 May on the "Cooperation and Way Forward for PONREPP Implementation" which generated insight and recommendations from both MoH as well as INGO/UN Representatives present at the meeting.

Challenges

The Health Cluster has not been able to ensure predictable levels of aid delivery, due to shortfalls in donor funding commitments. Whilst coordination of activities has been relatively good over the past month, the reducing numbers of implementing and partnering agencies within the Health Cluster has placed an increasing burden of work on remaining agencies. The need to allocate significant time and human resources upon recovery planning has

resulted in weak Cluster performance in the area of ensuring accountability.

Co-existent programs which have focused upon increasing INGO capacity in the areas of accountability have minimized, to some degree, the consequences of poor Cluster performance in this area. Organization support to INGOs in the areas of SPHERE standard and HAP competency building are continuing independent of the Cluster. One year after Nargis, considerable challenges persist which call into question the entire recovery process.

Gaps and Future Planning

Number of Health implementing agencies within the Nargis area has reduced from a peak of 35 in the direct aftermath of Cyclone Nargis to currently only 9 agencies. This reflects firstly the anticipated and predictable exit of agencies with a solely emergency focus, secondly agencies operational in other part of Myanmar which have chosen no longer to remain in the Delta and thirdly and mostly critically the lack of funding beyond year 1 of the emergency period.

Funding from non-PONREPP donor sources for the PONREPP period 2009-2011, amongst INGOs and the ICRC/IFRC, has been determined to be \$9.8 millions. Committed funds from international donors for health PONREPP is currently limited to a DFID allocation of \$4.5 million. In any comparable non-emergency context, this would represent an inadequate and inequitable allocation of aid compared to neighbouring countries.

It is regrettable that this situation is recognized in the aftermath of Nargis and despite a well-structured recovery programme which has, at its core, a design focused upon achieving the Millennium Development Goals.

In addition to financial gaps in overall provision, gaps in coverage across townships have been widely reported as well as being formally documented. In May 2009, the Health Cluster piloted the first of four township-wide assessments of health service delivery. The information gathered from these assessments will be used in coordinated township planning which is at the core of the health PONREPP plan and which is designed ensure a post-relief transition from fragmented project based planning to coordinated, equitable resource allocation across entire townships.

Nutrition

The Cluster has completed the data collection for the second round of Nutrition survey in Nargis-affected areas, which is jointly conducted by MoH and UNICEF. The preparation for reporting the interpretation of Periodic Review II outcome has been done together with the PR team.

Response and Achievements

WFP continues distributing fortified blended food for under-5-year-old children and pregnant/ lactating women in Bogale and Labutta, as its supplementary feeding programme

In 36 Nargis-affected townships, 3,228 lactating mothers were supplemented with vitamin A and 15,686 under-five children with multi-micronutrient sprinkles. Of pregnant/lactating women in 36 townships, 10,590 were supplemented with multi-micronutrient tablets, 5,587 with iron-folate tablets, and 11,202 with vitamin B1. Meanwhile, 3,741 pregnant women undergo de-worming treatment.

During May, a total of 24 severely acute malnourished children with complication have been treated in five hospital nutrition units.

Challenges

Nutrition services delivery through the health system needs to be strengthened and well supported. There is the need to increase support for CARE of under-five children during peak working seasons for families who have lost extended family structure.

An effective linkage in programming with food, livelihoods, health and WASH sectors at operational level remains a challenge.

Gaps and Future Planning

There is the need to re-assess and identify areas which still required Community Management of Acute Malnutrition (CMAM). An assessment will be conducted based on results of second round Nutrition Survey, Periodic Review and Rapid Food Security Assessments.

Nutrition surveillance for timely warning and intervention programmes as part of a DRR approach will be established for Delta. Preparatory works with MOH and partners are underway.

Myanmar Nutrition Technical Network will be fully activated in July and will be represented in the

livelihood working group as well as in health-PONREPP working group.

Protection

Response and Achievements

Child Protection: ongoing support to communities and welfare services to strengthen coordination for effective referrals and service delivery. Child-led DRR activities are carried out in the Delta.

Women's Protection: The terms of reference (ToR) have been finalised and a research firm was identified for the second women's protection assessment in the most affected areas in the Delta.

Older Persons: HelpAge conducted awareness raising sessions in 10 villages in Kyaiklatt and 7 villages in Pathein on protection of elderly.

Persons with Disabilities: TLMI facilitated donors visit to Bogale Township from 15-19 May to evaluate activities. Donors agreed to fund 2 barrier-free jetties in Bogale city. TLMI has set up one Home Base Rehabilitation Unit in Kungyangone.

Displacement: IOM has expanded displacement monitoring project activities to Labutta Township.

Land tenure and security: UNHCR is consulting with the Ministry of Agriculture on the ToR for a Post-Disaster Land Advisor to develop a strategy on land related issues in Nargis-affected areas.

Personal Identification Documentation: UNHCR is collaborating with Bogale Township Immigration authorities to raise awareness among affected communities in the Delta on the issuance of new National Registration Cards (NRC).

Relocation and combining of villages: Labutta Protection Cluster is working closely with local authorities to provide support for the relocation of households currently living in 7 and 14 Mile sites.

Challenges

Funding is urgently required for all protection sub-sectors. As an illustration, TLMI reports that only \$500,000 of required \$4.2 million is available for Recovery programmes for persons with disability. In general, protection issues are less *visible* than other humanitarian concerns. For example, cases of domestic or sexual violence are rarely reported, but this does not mean it is not an issue in Nargis-affected areas.

The post-Nargis response has allowed for increased focus on protection issues. There are opportunities to remain engaged and build on achievements to date with further funding support from the donor community.

Gaps and Future Planning

There is a need for strategic advocacy and strong programmatic response on domestic violence, sexual/gender based violence – affecting boys, girls, men and women – and on working children, street children and children in institutions. In the meantime, there is a lack of technical protection leadership in the country, particularly to address issues related to sexual and gender based violence. This leadership is crucial in order to (re)establish and build technical capacity to report and respond to protection issues.

UNFPA is seeking funding for the recruitment of an international Senior Gender Adviser.

UNHCR is still awaiting issuance of entry visa for the new PROCAP Officer.

UNICEF, the lead agency for Child Protection, plans to withdraw from the Middle Island after June 2009.

Water, Sanitation and Hygiene (WASH)

The Cluster continues to monitor and respond to the dry season needs in the Delta. Rain has poured in the Nargis-affected region to the relief of the affected population and the agencies involved.

Other WASH activities such as ponds and latrine constructions, ceramic water jars distribution, hygiene promotions and tube well drillings by all WASH cluster members are progressing steadily.

Response and Achievements

The Cluster members have increased the emergency water deliveries as the drought season progress in the first half of May. Many ponds were drying up resulting in the surge of water demand. UNICEF steps up the raw water carrying capacity in Labutta by deploying two large ships of 400- and 800-tons capacity to deliver water in Labutta, in addition to the existing two 120-ton ship from the local authorities (leased by SVS, a local NGO, and sponsored by UNICEF).

The ships deliver raw water to the water treatment plants run by Save the Children, Merlin,

IFRC/Myanmar Red Cross Society (MRCS) and UNICEF.

The Dry Season Emergency Water Distribution is also carried out in Bogalay, Pyapong, Dedeya, the Middle Island, and other areas.

Bogale township health authorities had requested MRCS and UNICEF to respond to the diarrhea outbreak in Bogale town and provide safe water supply as a preventive measure. By 11 May, only one diarrhea case was reported in Bogale town.

Challenges

The Cluster is preparing for its phase-out to a WASH Thematic Group and the Basic Services Working Group under the PONREPP structure. Cluster members in Yangon and the fields have been informed in a series of discussions on the transition by the 2nd half of May.

Cluster members will continue to address the overlapping and gaps on program activities as required.

Gaps and Future Planning

The Cluster phase-out and the future challenges of Water and Sanitation Thematic Group will continue to top the agenda for discussions and planning with all WASH stakeholders.

IV. Funding

The response to the Revised Flash Appeal as of **18 June 2009** stands at \$477 million, with about \$330 million, or 69.2% of the total, being funded.

For more details, go to: <http://www.reliefweb.int/fts>
All humanitarian partners including donors and recipient agencies are encouraged to inform FTS of cash and in-kind contributions by sending an email to: fts@reliefweb.int.

Contact Details

Thierry Delbreuve

Head of Office, OCHA-Myanmar
delbreuve@un.org, Mob: +95 (0) 95082102,
Tel: +95-1-544500 Room 801
or

Antonio Massella

Deputy Head of Office, OCHA-Myanmar
massella@un.org, Mob: +95 (0) 95179912,
Tel: +95- 1-544500 Room 808