A. Query formats for International and National Non-Government Organizations (I-NGOs) :

1) I-NGOs support Protection in reducing Prevention of sexual exploitation and abuse (PSEA) and Sex and Geder Based Violence (SGBV) during disaster emergency.
- Local level stakeholder map
- Identification of root causes and strategy development for reduction PSEA and SGBV.

Improving strategy, informed planning process	Programmatic & Intervention support	Barrier / Gap for reinforcement of protection mechanism for reducing PSEA and SGBV during disaster emergency	Recommendations
Local level stakeholder map	• District level stakeholder map, coordination and partnership with multi-stakeholders in planning, project implementation and avoiding duplicity of interventions, identifying the intervention gaps gap in hard-to-reach aeras	1) Agreed stakeholder coordination map for intervention planning and scheme implementation.	
Identification of root causes and strategy development for reduction PSEA and SGBV.	• **Stakeholder coordinated strategic assessment for** Identification of root causes for incidence of **PSEA and SGBV during disaster emergencies.** • 1)Capacity enhancement program of District & village level stakeholder/actor/coordination group, volunteer capacity/functional map • Capacity building of duty bearer (line ministry and duty bearers in intervention design and implementation for root cause identification for reducing **PSEA and SGBV and other forms of violence** • Capacity building in improving Coordination and partnership mechanism of local actors, Technical working group, women led organizations, right based organization, law and over reinforcing organization (Defense force/police, community police) in networking, incidence reporting, alerting .	2) Lack of Information management system, situation reporting, dissemination, government media outlets based awareness campaign, incidence reporting and accessing legal aid. 3) Institutional policy and strategy, programmatic and interventions gaps in **reducing PSEA and SGBV** 4) Emergency shelter planning for vulnerable women, adolescence girls headed households 5) **What are internal factors accessing services of emergency shelter, NFI, food, water security are the factors affecting incidence of PSEA and SGBV during disaster emergency?** 6) Protection cluster intelligence , idea, sharing for reducing **PSEA and SGBV**	
Protection community from PSEA, Sex and Gender Based Violence (SGBV)	1) **Stakeholder coordinated** mechanism during disaster emergency (cyclone, foods) for reducing PSEA and Protection from Sexual and Gender Based Violence (SGBV) at the remote affected areas 2) **Stakeholder map f**or the this purposes (UN Women, UNFPA, UNICEF, UNDP, I-NGOS, Government duty bearer,	Weakness of Community led protection mechanism against the SGBV, PSEA and other gender-based violence while marooned community area isolated by devastating flooding/clones for longer period. What are the systemic gaps of planning and actionable interventions are for securing gender protection until	

Improving strategy, informed planning process	Programmatic & Intervention support	Barrier / Gap for reinforcement of protection mechanism for reducing PSEA and SGBV during disaster emergency	Recommendations
	local actors, private sector) for protecting female from violence	community resilience building in livelihood security are achieved?	
		How to improve the service (women/adolescent girls grouped policing) deliveries, community /individual awareness during crisis ?	
Activation of Alerting and Early warning system over the cell phone	Nexus building with government telecommunication ministry, cellular phone company for transmitting and dissemination of toll free messing	• What are the weakness, strength , opportunities protection cluster identified implementing the alerting and warning mechanism. • Responsibility of government media outlets in awareness raising and alerting • Barrier of activation PSEA info platform , making government duty bearer held accountable to reducing the PSEA risk during disaster emergencies • **Stakeholder coordinated** policy and programmatic and intervention of implementation of IASC collective actions plans on Accountability to Affected Population (AAP)	

2) I-NGOs support the strengthening Food Security governance system:

Food Security Strategy support for improving strategy, informed planning process	Intervention/support for emergency food security during disaster	Barrier / Gap identification for ensuring local level Food Security	Recommendations
Mobile money based e-voucher system for purchasing food items as forecast based humanitarian assistance mobilization.	Community to access the nearest service trigger point for obtaining and stocking emergency foods (Energy biscuits/nutritional dry foods) sufficiently for surviving at least two weeks for remote/hard-to-reach Women headed households after early warning being issued	• Institutional capacity, coordination gap in installation of operational value chain for trigger points emergency food supply. • Based on flood and cyclonic hazard prone risk atlas/informed tools – government initiatives for installation remote multi-purpose silos /warehouse/cold storages for protection community assets and food grain from flash floods, - What are the indicative barrier implementation of the services ? strategy, tools gap, capacity gap, resource gap for implementing the schemes.	
Installation of evidence-based decision making system	1)Supporting UN Cluster FSC approach and enhancing Stakeholder capacity and coordination creating ICT based	• ICT and GIS based tools for developing integrated food security early warning system at district level.	

Food Security Strategy support for improving strategy, informed planning process	Intervention/support for emergency food security during disaster	Barrier / Gap identification for ensuring local level Food Security	Recommendations
	and evidence based multi-factors linkage for affected household level food security e.g. hydrometeorological hazard and disaster, water stress (drought), soil fertility loss, crop loss and yield loss, poverty laden households, income poverty etc. and how those factors could potentially impact food security. In this aspect what about FSC strategic approach of harmonizing an synchronizing multicriteria based local level (district and village level food security early warning mechanism for vulnerable community, households. 2)Developing with evidenced based system for program/ projects development in integrated farm management (IFM), water, soil, ecology management and intrigued Nutrition management (INM) for ensuring household food security	• Government strategy and project development on One-stop solution to integrated food, nutrition and famine and health security.	
Ensuring production of adequate food supply, Securing access to available foods, Food availability, Food access, Food utilization, Stability, Maximizing stability in the flow of supplies	• **The Supporting UN FSC strategy,** Government coordination and programmatic and project support for boosting food production (with selection of suitable crops) during normal time. • **I-NGOs support** for identifying district level incentives demands sustainable **income generating activities (IGA**) and Providing incentives and **DFS(mobile money**) for marginalized women headed farmers in boosting agro-crop production, storage facilities , accessing AVC input supply facilities and boosting household economy. • Government sectoral capacity development in this regard for ensuing Ensuring production of adequate food supply. • Strategy, program and project development for Sustainable land, Agroecology, ecosystem, IWRM, for subsistence and conservation agricultural production for food production	• Government and Local stakeholders (Women headed AVC operators , input suppler, seed , seedling, sapling suppler, horticulture, storage facilities, green shed, market player, water and irrigation facilities, logistics and transport operations) capacity, coordination mechanism in AVC, green entrepreneurship, small holder farming, IFM development for boosting food production at the district and local level. • DFS and incentives for developing women headed fisheries and livestock farming and value chain development .	
FSC strategic support to stakeholders in accessing web-based Information Management (IM) tool	**I-NGOs District level coordination and programmatic and project support for developing district level coordination mechanism of stakeholders on** 5Ws (Who does What, Where, When and for Whom) of agro services for accessing local agroecological resources, IWRM, Rainwater harvesting, Drip irrigation, Judicial uses of water resources, agrotechnology, farming practices, AVC support services, market access, women headed green entrepreneurship	• What are the existing institutional and stakeholder led mechanism , functional and coordination barrier ? • Development of geospatial portal and mobile apps showing geospatial services for accessing the small holder farmers and women having android cell phone and mobile networks, and SMS for the other users.	

Food Security Strategy support for improving strategy, informed planning process	Intervention/support for emergency food security during disaster	Barrier / Gap identification for ensuring local level Food Security	Recommendations
	development, household level IFM practices etc related IM tools, messaging system for the women farmers.		
The Famine Early Warning Systems Network (FEWS)	**I-NGOs District level programmatic and project support for developing district developing gender responsive** FEWS, anchoring global and regional FEWS at country, and local level, giving access to stakeholder and vulnerable households for warning, alerting and taking sustainable action for mitigating impending crisis.	What are the existing institutional and stakeholder led mechanism, functional and coordination barrier of accessing and anchoring FEWS and developing and activation of district level FEWS system ?	

3) I-NGOs support the WASH services delivery :

WASH support for improving strategy, informed planning process	Intervention/support for WASH delivering Services at Local level	Barrier / Gap for conducting WASH service at local level	Recommendations
Principles of coordinated partnership, promoting effective and accountable humanitarian water, sanitation and hygiene (WASH) coordination	1) **I-NGOs District level programmatic and project support for the** Field Support Team (FST) mechanism, women leaders for rendering WASH services to women headed households 2) Coordination mechanism of National Coordination Platforms (NCPs) support for strengthening partnerships, and the predictability and accountability of humanitarian action, by improving prioritization and clearly defining the roles and responsibilities of humanitarian organizations	• Tools and process gap for analysis of humanitarian needs and coordination capacity on the ground, in consultation with national partners. • **I-NGOs identified** Challenges of Community Led Total Sanitation (CLTS) • Constraints developing of Geographic Information System (GIS) in order to continuously map out water points, WASH Structures, distance from women headed household • **I-NGOs coordination for** Water and Environmental Sanitation Network (WESNET) • **I-NGOs identified** coordination and functional gaps working participation of **district development planning,** working with Distinct/village level Stakeholder Government transparency and accountability financing of huge water projects by making publicly available information on loans, as well as terms and conditions of repayment.	

WASH support for improving strategy, informed planning process	Intervention/support for WASH delivering Services at Local level	Barrier / Gap for conducting WASH service at local level	Recommendations
		• **I-NGOs identified challenges** of emergency rapid assessment expertise for WASH (water, hygiene, sanitation, waste management), vector control and infection control inventory and needs in the health facilities and for the health activities in response to the emergency situation. • **I-NGOs identified challenges** Forecast based early action panning and supplying water treatment kits, facilities to women headed household, community level for health safety.	
Supporting service delivery	• Working for the district government agreed platform to ensure that service delivery is driven by the gender responsive agreed strategic priorities, mandates, accountability at the local level. • **I-NGOs support for d**eveloping mechanisms to eliminate duplication of service delivery(online platform) . • **I-NGOs support for integrated health (kits)and** WASH service delivery for vector control and infection control activities are conducted and set up in the health facilities in compliance with Sphere and Standard	• **I-NGOs identified challenges** of households and shelters rationing water supplies for drinking and cooking. Challenges risk of diarrheal diseases.	
Informing strategic decision-making	• **I-NGOs support for conducting SADD survey and developing district level** informed tools for strategic decision-making of the improved Humanitarian Coordinator (HC) for the humanitarian response • **I-NGOs support for conducting** Needs assessment and response gap analysis (across sectors and within the sector), Analysis to identify and address (emerging) gaps, obstacles, duplication and cross-cutting issues, Prioritization, grounded in response analysis. • **I-NGOs led supports** to ensure applicability and appropriate implementation of the recommended infection control activities in the health facilities and for	• Indicative gaps in developing and implementation of informed tools , utilization of SADDD, multi-hazard and climate risk and vulnerability informed tools in planning of WASH services at community level. • Indicative gaps in developing gender responsive Forecast based early WASH service at community level. • Disaster /Flood proof WASH structure planning and installation for service remote community.	

WASH support for improving strategy, informed planning process	Intervention/support for WASH delivering Services at Local level	Barrier / Gap for conducting WASH service at local level	Recommendations
	the health activities, specifically for medical waste management, safe and dignified burial of infectious bodies, health staff and patients protection. • Monitor and report on country progress on WASH activities within the health facilities and for health activities in the context of the incident management system. Evaluate gaps and needs and propose remedial actions for improvement. • Secure water, hygiene, sanitation and infection control expertise within the WASH cluster, providing implementation guidance.		
Planning and strategy development	**I-NGOs support for development** of sectoral plans, objectives and indicators that directly support the realization of the HC/HCT strategic priorities, Apply and adhere to existing standards and guidelines, assessment of funding requirements, prioritization, and cluster contributions for the HC's overall humanitarian funding considerations (e.g. Flash Appeal, Consolidated Appeal Process (CAP), Central Emergency Response Fund (CERF), Emergency Response Fund/Common Humanitarian Fund)	What are indicative emergency planning, resource mobilization gaps relating to pre-positioning modular/handy/removable/ /family level deployable water treatment kits, rainwater harvesting kit to every individual households are vulnerable to impeding hazards ? • Evaluation of current capacity of stakeholders • Current capacity to plan the effective delivery of WASH services • Current status of service delivery models regarding challenge areas • Current status of community involvement in planning, monitoring and evaluation processes at different levels • Current status of community regarding claiming their rights for WASH • Current status of active participation of people from marginalized and socially excluded groups. • Current status regarding knowledge and understanding of the media to effectively engage in WASH promotion. • Current status of clear roles and responsibilities for delivery, management and financing of WASH services	

WASH support for improving strategy, informed planning process	Intervention/support for WASH delivering Services at Local level	Barrier / Gap for conducting WASH service at local level	Recommendations
		• Current condition of coordination mechanisms for WASH actors working at national/district level • Percentages of schools with gender segregated WASH facilities. • Percentages of schools with WASH facilities that are accessible for children with disability • Percentages of health facilities with basic WASH facilities	
Monitoring and reporting	**I-NGOs support for monitoring and evaluation** of the implementation of the cluster strategy and results; recommending corrective action where necessary. **Support for** WASH cluster mechanism of monitors the performance the core functions for each National Coordination Platforms (NCPs), the Cluster Coordination Performance Monitoring (CCPM) and Requirements for Coordination.	Conducting household survey and developing SADDD on necessity of integrated primary health care and WASH services at community level and addressing gender inequality of selecting beneficiaries • Online geospatial tools for tracking WASH facility. Status of structures are functional and damaged by cyclone and floods. • Status monitoring of women headed WASH facility • Aligning Water Sanitation and Hygiene (WASH) for wall program with UNICEF lead clusters and Areas of Responsibility (AoRs) • I-NGOs support implementing **standard operating procedures (SOPs)** for monitoring WASH facility , Capacity enhancement of Technical working groups on specific topics related to coordination, to improve WASH response during disaster emergency, coordination and partnership with the WASH cluster coordination mechanism, partnership mapping, WASH service status monitoring with all WASH actors at district level with government entities, local NGOs, INGOs, development NGOs, academia, private sector - to find solutions to issues arising in a continuation of emergency response services. • I-NGOs **Accountability for e**nsure that responses are accountable and reflect the needs of affected populations	
	1) **I-NGOs support for** GIS risk atlas on WASH structures, service trigger points, hazard proof emergency WASH	• Status of government capacity gaps in planning & implementation of crisis response programs	

WASH support for improving strategy, informed planning process	Intervention/support for WASH delivering Services at Local level	Barrier / Gap for conducting WASH service at local level	Recommendations
	service trigger points considering the colossal level of impending hazard and disaster risks are highly likely to impact remote community/households likely to be isolated , hard-to-reach and remoteness . 2) **I-NGOs support for** Mapping capacity of state and non-state actors on planning, resource mobilization of installation of hazard proofing WASH structures at remote and hard-to-reach areas. State and non-state actors capacity & resource gaps in pre-positioning emergency water treatment kits, items, system, rainwater harvesting kits so that affected community can have access to lifesaving WASH services until disaster emergency conditions are improving.	• (Preparedness, Response, Early Recovery, Reconstruction) ? • Stakeholders (state, non-state) Capacity gaps, root level service provider (Health surveillance assistants) in implementing much needed building back better(BBB) interventions ? • Capacity gaps in timely planning and mobilizing uniform and equal response to all disaster impacted all administrative levels/localities (hard-to-reach area)? • District and village level, hard-to-reach area WASH service capacity gaps in mobilizing lifesaving humanitarian assistance (hard-to-reach area)? • Humanitarian assistance Mobilization of logistic, transport, communication, barrier in (hard-to-reach area) in post-disaster colossal damage emergencies ? • Capacity gaps in continuation of education in disaster affected areas ? Time required for functioning of WASH facilities in educational institutes ? • Dropouts of students aftermath of disaster effects(storm, floods, drought etc.) • Strategic campaign for emergency WASH and sanitation services for adolescence girls for reducing dropouts of female students and reducing /retention of female students	

4) **I-NGOs** support the Health Services at District and Village :

Support for improving strategy, informed planning process	Intervention/support for Health Services at Local level	Barrier / Gap for conducting public health services	Recommendations
INGO led coordinated partnership, promoting effective and accountable integrated health and WASH coordination mechanism at district and village level	1) **Coordinating** : Coordination mechanism integrated health and WASH service delivery by National Coordination Platforms (NCPs) support for strengthening partnerships, and the predictability and accountability of service requirements over the humanitarian action, by improving prioritization and clearly defining the roles and responsibilities of humanitarian organizations 2) **Health service governance improvement at local level :** Creating stakeholder accountability and monitoring mechanism of full scale District Health Service (DHS) online monitoring mechanism of integrated primary heath care services and WASH facilities in order to facility online service delivery performance monitoring and governed system to avoid discrimination service deliveries of women header household and hart-to-reach areas 3) National coordination structures for responding to epidemic outbreaks, address health inequalities among underserved populations and increase access for better water, sanitation and hygiene services through community-based health interventions. It will also use this approach to position itself as a key public health actor in the response to epidemic outbreaks.	• Gaps and barriers of integrated health and WASH service delivery at village level , hard-to-reach areas. • Stakeholder coordination respond to combat epidemic outbreaks, address health services inequalities and gender discrimination among underserved populations, and increase access for better water, sanitation and hygiene services through community-based health interventions of public health actors in the response to epidemic outbreaks. • Constraints developing of GIS map based informed tools for planning and implementation of integrated health and WASH services , continuously map out primary health service, distance from women headed household , primary health care network and linkages with Water and Environmental Sanitation Network (WESNET) • Distinct level Stakeholder coordination and functional barrier, Government transparency and accountability financing of primary health care facilities. • Challenges of emergency rapid assessment expertise for integrated health and WASH (water, hygiene, sanitation, waste management), vector control and infection control inventory and needs in the health facilities and deployment of the emergency public health care services in response to the emergency. • Forecast based early action spread of outbreaks of disease and epidemics, stock taking of primary healthcare service points (treatment kits) , facilities to women headed household, community level for health safety.	
INGO led Supporting service delivery	• Develop online geospatial platform ensure that service delivery complying the gender inequality and hard-to-reach areas with local stakeholder accountability to affected population (AAP) mechanism. • Develop mechanisms to eliminate duplication of service delivery.	• What are the challenges addressing integrated healthcare and WASH service deliveries to community level (women headed households) and continuation of primary health care services when physical communication breakdown.	

Support for improving strategy, informed planning process	Intervention/support for Health Services at Local level	Barrier / Gap for conducting public health services	Recommendations
	• Intervention on supplying primary health care water treatment kits for reducing the diarrhea , cholera vector borne and infection for reducing mortality during disaster onset.		
INGO led Informing strategic decision-making	• Development of Informed integrated Health and WASH planning tools to Inform strategic decision-making of the Humanitarian Coordinator (HC)/Humanitarian Coordination Team (HCT) for the humanitarian response: • Needs assessment and response gap analysis of availability of primary health care clinics at local level. • Informed tool of geospatial service-based mapping and planning of primary health care community level clinic and activities within the health facilities and for health activities in the context of the disaster emergency management system. Evaluate gaps and needs of rural community clinics in hard-to-reach areas.	1)Conducting household survey and developing SADDD on necessity of integrated primary health care and WASH services at community level and addressing gender inequality of selecting beneficiaries 2) Capacity gap of public healthcare service deliveries to community level based on Forecast based early actions of supplying of early primary health care kits (medicines and water treatment kits) at community level. 1)Development of GIS and Geospatial map based online altering system of necessary of emergency integrated rural primary healthcare services and WASH services governance system so that urgently can mobilizes services to most affected community, women headed household.	
Planning and strategy development	• Mapping of Disaster /Flood proof integrated rural health care service clinics/points and WASH structure planning and installation for service remote community. Assessment of Women and girls vulnerable of accessing water and sanitation as it threatens their security, well-being, and education. • Stakeholder service delivery accountability to affected population (AAP)	• What is indicative emergency planning, resource mobilization gaps relating to pre-positioning modular/handy/removable/ /family level deployable water treatment kits, rainwater harvesting kit to every individual households are vulnerable to impeding hazards? • Stakeholder Coordination mechanism of women entrepreneurship development of running community-based primary health services to households through a community participatory approach ?	
Monitoring and reporting	1) **INGO support for developing o**nline DHS portals showing all health care facilities, stocks of services available, equipment and tools required for considering the flood, cyclone and drought early warnings etc., Informed tools	• Online geospatial tools for tracking primary health care units, WASH facility. Status of structures are functional and damaged by cyclone and floods. Status	

Support for improving strategy, informed planning process	Intervention/support for Health Services at Local level	Barrier / Gap for conducting public health services	Recommendations
	based online (Geospatial map-based) monitoring mechanism of integrated WASH and primary health care service trigger points. 2) Monitoring and evaluation of the implementation of the health care facilities and recommending new service installations where necessary for addressing the needs of disaster emergency.	monitoring of women headed service of health care facility. • Local Level standard operating procedures (SOPs) providing primary health care facilities at community level .	
	1) GIS risk atlas on heal care service trigger points, primary health care clinics monitoring and reporting in disaster emergency.	• Planning of preposition Integrated Primary health care kits, WASH with humanitarian assistance Mobilization of hard-to-reach area aftermath of cyclone and flood disaster response. • Status of government capacity gaps in planning & implementation of integrated primary heath care and WASH services as crisis response programs (Preparedness, Response, Early Recovery, Reconstruction). • Stakeholders (state, non-state) Capacity gaps, root level service provider (Health surveillance assistants) in implementing much needed building back better(BBB) interventions . • Capacity gaps in timely planning and mobilizing uniform and equal response addressing SADD requirements to all disaster impacted all administrative levels/localities (hard-to-reach area). • District and village level, hard-to-reach area healthcare service capacity gaps in mobilizing lifesaving healthcare humanitarian assistance (hard-to-reach area)?	