### WASH Cluster Myanmar

**Minutes of National WASH Cluster Meeting**

**Date:** Wednesday Sept 6th 2017  
**Venue:** UNICEF Yangon Office  
**Time:** 3 pm - 5pm  
**Duration:** 2h  
**Chair:** Sunny Guidotti, National WASH Cluster Coordinator  
**Minutes:**  
**Participants:** UNICEF, DRC, SP, CDN, ADRA, UNFPA, MHDO, Trocaire, SCI, SI, OCHA, CDA, Metta, ACTED, ACF, CARE, …

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<th>Sr.</th>
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<td>1</td>
<td><strong>Introduction</strong></td>
<td>3.00</td>
<td>All Participants</td>
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<td>2</td>
<td><strong>Rakhine and Kachin/Shan Situation Analysis &amp; Required Actions (50min)</strong>&lt;br&gt;Given the current situation is more volatile than usual in both Kachin and Rakhine, we have done a situation analysis to agree on preparedness actions required.</td>
<td>3:10</td>
<td>Aye Win Asif Sunny</td>
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**Kachin**

**Summary of Kachin wash cluster coverage:**
- 100 camps in GCA, 18 camps in NGCA (registered)
- 11 location
- 1 camp in NGCA
- According to Q2 4 W report, est: 77,884 IDPs + 9,016
Situation:

- Presented armed conflicts in 2015, 2016, 2017
- Current Estimated IDP population is around 77,884, with 9,016 in hosting communities/boarding school and 9,372 new IDPs caseload been reported.

- In Kachin there are 100 camps in Gov’t controlled areas and 18 camps in Non Gov’t controlled areas. In hosting villages there are 11 locations in Gov’t controlled areas and 1 boarding school in Non Gov’t controlled areas accommodating IDPs.

- Increased likelihood of wider and higher-intensity armed conflict in key areas of Kachin State in the coming months.

- To date the armed conflict has not spilled-over to directly affect Myitkyina, Bhamo or other Towns but could also be a possibility. In 2017 armed conflicts decreased, in June-July it surged up and in August the volume had been decreased drastically.

- It is expected that the Myitkyina to Bhamo Road will be frequently affected by armed clashes. Increase number of check points and intensity in the searches & documentation requested by authorities for relief items

- Since mid-July restrictions for humanitarian organizations have increased especially in the current active conflict affected areas (Tanai and Hpakant). Issues related to transportation of Chlorine, aquatabs had been reported.

- Even national staff need TA from the Ministry of Security Affairs (OCHA). Restriction on relief items transportation (shelter/NFI kit, WASH relief items, medicine supplies, etc.).

- In Bhamo, Mansi and Myitkyina, the KSG are establishing resettlement areas/providing land (limited). Tatmadaw and KSG are trying to limit displacement & are not recognizing newly displaced people as IDPs (in Tanai, Govt recognize as temporary migrant). Tanai had been reported as one of the hotspot for humanitarian crisis along with some other areas.

- Contingency preparedness exercise had been conducted for Kachin. Per the acquired information from cluster partners, huge gaps had been observed in supplies for sanitation, water storage capacity and IEC materials as presented on the table.

Potential Upcoming Hotspots: Tanai and Hpakant Townships. 5 townships (Hpakant, Mansi, Mogaung, Monyin, Sumprabum). In Tanai, new area with displacement and Metta and SI are providing WASH assistances.

What to expect in the coming

- Kachin WASH cluster liaised with gov to allow for relief items transportation to sites
- Kachin WASH cluster already prepared contingency stock list based on 10,000 IDPs caseload to conflict, partners to inform the cluster of new contingency stocks purchases so we can update accordingly.
Discussion
Do we (WASH partners) require actions for response? Do we need to consider cash based programs as sometimes we can’t carry relief items due to restriction?

MAUK: We would be interested to support if the Kachin wash cluster requires additional operational response capacity by another partner

CDN: Voices similar point to MAUK and interested to take more of a role in the response in Kachin

Kachin WCC: gov consider WASH assistance to existing IDPs first priority and they are trying to reduce IDPs and for resettlement, government is considering to place them outside of URBAN areas.

NWCC: there are access issues and funding issues. MHF is allocating a lot of funds in Kachin

Action points:
- Kachin WASH cluster will provide a list and explain to government all WASH activities, except Tanai & Hpakant where Tatmadaw limited area to ease the process of access for partners and the transportation of WASH supplies

Rakhine
WASH Cluster coverage:
- HRP targeted sites 38 camps, 240 villages
- In Q2, no displacements, however in Q3 with ongoing tension
- 123,000 IDPs/refugees have crossed the border to Bangladesh

Current operating environment
- In NRS, humanitarian provision have ceased completely
- In camps and central Rakhine, only critical WASH activities are going on
- Increased pressure on national staff and camp based staff for service provision in camps
- 50% of TAs revoked – clarification by partners that TAs expired and are under way but haven’t been granted yet rather than revoked.
- 40% of organization evacuated some staff – clarification by partners that noone was evacuated. Some partners’ staff were away for &&R and haven’t returned.
- Higher reliance on camp-based staff
- Limited ability to continue service delivery
- Technicians and promoter available in all sites (varying numbers based on partners/areas)
- CDC CWF study halted and training on water quality cancelled due to situation
  - MAUK: documents are shared? Please can the Rakhine WASH Cluster share?
  - ToT WiE postponed till further notice
• Last cluster meeting was not conducted due to security concerns

**SCI:** I want to give an update for the consortium partners as we are delivering our programme. OXFAM, SI, SCI: Oxfam is doing hygiene promotion, SCI: latrine construction resumed on 5th Sept, SI and SCI are trying to check camp situation and check points

**MAUK:** we are doing water quality testing:
**DRC:** HK is in Jetty; wanted to clarify

As done for Kachin, Rakhine presented the analysis of contingency based on the contingency stocks compilation done nationally. The caseload presented was 10,000 people as in Kachin however that’s too little. Key gaps on water and sanitation supplies.

**Discussion:**
**MAUK:** does this caseload include Nidin??
• Few HK were distributed in Nidin camp
• NWCC clarifies that this analysis is based on what we have in stock versus what we would need for 10,000 people, so not considering the ongoing distributions and response to our current targeted population. It could mean that these contingency stocks are needed for the current population

Oxfam, DRC, SI: the caseload for Rakhine needs to be reconsidered as 10,000 is too little and can’t compare to Kachin.

**SCI:** we have contingency plan. For construction: SCI construction staff are inside the camps and they are resuming activities yesterday.
• Funding: they have fund from HARP
• For Sittwe level, gov has no assistance request for new IDPs

**MAUK:** Nidin: use community from Nidin camp
**DRC:** Muslim contractors are also blocked
**NWCC:** Suggest that besides adjusting the caseload, that areas of higher risks are identified and prioritized in the coming Rakhine WASH cluster meeting

**MHF:** funding is postponed due to current situation

**SCI:** Nov 1st, SCI will stop services. Oxfam will start as consortium partner
SCI: Sin Tet Maw (camp, host families)
CDA : do we have any news/situations from Bangladesh side?
CARE: we don’t have access in NRS, our staff and people are hiding and fleeing. They are crossing mountains.
NWCC: ICRC and MRCS have limited capacity in northern Rakhine but are potential responders. We are keeping in touch with them. ICRC couldn’t come today as an observer, informed today as traveling to Rakhine.

Action points:
- Rakhine WCC will do the contingency stocks availability analysis (based on NWCC contingency stocks compiled) for a caseload of 100 and 150,000 people as agreed 10,000 is too little/unrealistic and share prior to the NRS meeting on Sept 18
- Rakhine WCC to share with partners info on CDC study and for the training planned that had to be cancelled
- on behalf of the Rakhine WASH cluster as a lot of the WASH partners are now in Yangon, Sunny will host a NRS WASH meeting in Yangon on September 18th focused on NRS-based wash partners only. Will invite the MIAG/UNHCR.
- SCI have WQT results and will share Water quality results for Rakhine

Results (20min)

Q2 Results & latest achievements
  • Thanked partners for their timely data
  • Presented 2017 HRP targeted and reached
  • Explained about Gap analysis and traffic light system by township for active camps
  • M USD for undertaking humanitarian activities under the HRP 2017
  • In terms of contribution from donors, for Rakhine major contributions are from DFID (46%), ECHO (8%) and for Kachin/Shan ECHO (29%) is the major contributor.

Funding
  • As per Q2 information acquired from partners, WASH Cluster is funded around 50% so we are on track. Kachin funding status is 54%, Shan 54% and Rakhine 51%. So far WASH Cluster has got 8.7 M USD out of its required 12.5 As of Q2 (June 30, 2017)

Gap Analysis
  • Total 20,707,233 USD will be required based on Q2 4 W and 18 new displacement areas in Kachin
  • Gap analysis had been undertaken for camps with public health risk rating of 3 in Waingmaw (7,220 ppl), Mansi (3,952 ppl), Momauk (5,220 ppl) townships and Camps with no WASH actors/response in Hpakant, Puta-O, Bhamo, Suprabum, and other townships – (Kachin = 3,804, Shan = 1,023). Moreover Camps with WASH actor but response gaps had also been targeted like Chipwi, Hpakant, Mogau, Myitkyina, Sumprabrum, Waingmaw, Momauk in
Kachin, total 65,651 ppl and Kutkai, Namtu and Namhkan in Shan, total 4,353 ppl

**MHF allocation**

**Rakhine**

Allocation is being postponed for project proposals in Rakhine. A new allocation will be launched, when the situation is more predictable. This decision will NOT affect the current allocation of funds for projects in Kachin and Shan, with a deadline for submission passed already 31 August 2017.

**Kachin/Shan**

- Total project proposals of 7.4 million USD. Out of that, approx. 1.1 million for WASH.
- Received 5 proposals, ongoing revision 2 INGOs, 3 LNGOs.
- Proposals had been prioritized on cluster strategy per the current situation and requirement, with new sites having recently displaced populations - approx. 7,047 people in MTK, WGM, SPB, Mansi, Myo Hlay, Namtu, KMK).

**Action points:**
- NWCC will share the Rakhine MHF call once is launched
- Rakhine wASH Cluster will use the gap analysis done and coordinate on priority sites to be covered by the MHF based on capacity and evolving situation

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<td>NWCC briefly presented on the HRP 2017 with Q2 revision. Last year we estimated funding 17 M will be required. Based on Q2 figures, revised funding is increased by 3.8M but not published.</td>
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**HRP 2018 – Planning**

- Based on HCT meeting, HRP 2018 would be a simple and light version. It was also discussed that either we keep village approach for Rakhine and targeting in villages for conflict sensitivity or not. Also additional considerations for northern Rakhine approach and caseload. This will be coupled with a multi-year strategy/plan to be discussed with the government and HCT
- Some considerations may be for -New displacements, -Resettlement areas, -More accurate budget
- It was also discussed that targeted population figures, geographical scoping and prioritization, needs to be settled
at respective State level.

- Deadline will be mid-November for the HRP 2018

Unicef raised some points around not including villages and experience from last year.

2. Brainstorming on inter-cluster Menstrual Hygiene Management TWG – discussion on priorities

- 8 protection main streaming areas
- National level: MHM TWG was created: DRC, UNFPA, CDN and IFRC are focal points there for the MHM TEG
- It was discussed that the WASH Cluster Myanmar prioritized some topics after voting and apart from other relevant matters, MHM (Menstrual Hygiene management) has to be undertaken as a priority. For which a specific technical working group had been formalized in order to have a desk review of the existing documents, current practices/approaches and challenges/bottlenecks.
- The group is in discussion to assess issues like access to pads, taboos, latrines availability, social constraints, financial aspects, disposal chain mechanism, awareness and enabling environment etc.
- An action plan will be devised with a budget to pilot some of the activities afterwards.
- It was also discussed that IRC had been previously working on and had conducted a study on MHM in Myanmar.

MHM:
3 pillars: Access to pads/items + disposal chain + maintenance/education/enabling environment

Problems & priorities brainstorming session:
- Disposal issues
- Women are having to dig out pads in the pits (Kachin)
- Not enough space to dry laundry/underwear privately
- Women disposing pads at night (Rakhine)
- disposal bins for pads should be attached to latrines (solution by SCI)
- using partitions to conceal bins in schools (wash in school)
- Incineration pads:
- Women prefer to bury, not incinerate, believe incinerate is bad for health
- Separate burning from solid waste
- SoliWaste d management staffing:
- Men don’t want to handle/incineration of pads
- Everyone has adapted to using disposable pads
- IRC did a study, one of the case studies is Myanmar (emergency focus)
- MRCS coming out with MHM toolkit for development context in Myanmar
- There is a lack of MHM education especially in rural areas
- In northern Rakhine, men buy pads in the market, sessions on MHM for men
- Reusable pads: pros and cons
  - During menstruation:
    - Rakhine: 1st cycle, women stay at home for the whole week
    - Kachin: women don’t eat certain foods
  - Stigma around showing soiled underwear and used pads
  - Sex-segregated latrines are needed for sanitary pad disposal bins – family latrines used in some areas
  - Oxfam in Rakhine is piloting a bin/incinerator
  - Portable incinerators?

**Action points:**
- For HRP 2018 preparation to form National WASH Cluster committee: ACF, Oxfam, SCI, CDN, MHDO, Unicef to develop on behalf of partners
- NWCC to contact IRC for sharing their findings/study on MHM with Columbia University and circulate with the national wash cluster

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