**FLOODS 2015 WASH EMERGENCY RESPONSE**

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# Background

Torrential rains and strong winds have caused devastation in Myanmar, affecting over 1,000,000 people.[[1]](#footnote-1)

Monsoonal flooding was exacerbated by the landfall of cyclone Komen on 30 July in near-by Bangladesh, bringing further rain and winds. Floods and landslides have destroyed roads, bridges, schools, and health facilities across the country and made large swaths of affected territory difficult to access, interrupting services and making needs assessments very difficult. The impact is even more severe because the flooding has hit those areas of Myanmar where vulnerability of populations already was highest, including the displaced populations in Rakhine.

Wash infrastructure are most likely damage or destroyed, reducing considerably the access to safe drinking water and sanitation, leading to a high risk on the health status of population.

In addition a large amount of the population had to move to formal evacuation centers or other safer locations, leading to specific emergency Wash response, many of these populations sheltering in schools and health centres which are ill prepared to cope with such numbers of people using them as refuges. It is imperative to help people to return to their homes and rebuild the institutions to support them as soon as possible after flood waters recede.

# Generalities

“On 31 July Myanmar government declared state of emergency in Sagain and Magway region, Chin and Rakhine state as disaster affected zones. The flood waters flow from North to south resulting Mandalay, Magway, Bago, and Ayerwady regions suffering from severe flood. **Myanmar call for international humanitarian assistance for effective flood response on 4th Aug**ust.”[[2]](#footnote-2)

The Government of Myanmar has taken a leadership role in the response and has started to provide food, building materials and essential relief items. On 31 July, the Government of Myanmar declared Rakhine, Chin, Sagaing and Magway as natural disaster zones.

Government leadership is evident in steering the response at union, state and region, and township levels, with the priority focus of restoring livelihoods and basic services as early as possible. Government has activated its Emergency Operations Centre to strengthen coordination and response.

The Government is leading the emergency response and clean-up efforts, facilitating evacuations, conducting search and rescue operations, and providing food, relief items, reconstruction material and cash assistance to affected people

The clusters pre-existing structures are providing platforms to support the government, ensuring collaboration with UN agencies and international and national NGOs to contribute to a quick, efficient and effective response.

**In conclusion it should be clearly stated that the Wash cluster is supporting the government leading the WASH sector response and recovery.**

# Response

## Target

**Geographical priority target:**

* Rakhine
* Chin
* Sagain
* Magway
* Delta (ayerwady/Bago)

**Case load expected:** **500,000 people**[[3]](#footnote-3)

**Length:** 6 months response plan (1 month relief, 3 months early recovery to 6 months rehabilitation). At this early stage it is strongly believed that a well deployed response to such events should not take more than 6 months for the humanitarian scope, while DRR and development projects should take longer.

## Overall principle

**Governmental led intervention:** The government has already responded to the population needs, and deployed wash actions across the country. The international community support should come in complementarity to the government action plan, and not duplicate it. Coordination with DRD and DPH is a key element at national and state level to ensure such complementarity, while joint action should be promoted on the field.

**Early recovery**: WASH interventions will take an early recovery approach from the on‐set of the response including rehabilitation of pre‐existing infrastructure at communal level. All action should stimulate and support return to the location of origin if declared safe by the government for short and long term settlement. In such situation, punctual large scale natural disaster, effort should be invested to limit length of the emergency response, and avoid creating unnecessary incentives for people to remain at evacuation sites.

**Resilience**: All need assessment and response should consider properly the existing resilience of the population versus the level of affectation in order to balance the response as much as possible with that led by the communities themselves. Well-designed cash grant based interventions should be promoted, with do no harm consideration and community sensitivity. It should be keep in mind not to jeopardize future development project, especially in regards of sanitation

**DRR:** All action should participate to increase resilience capacity of the community towards future disaster, decrease the vulnerability of the infrastructure, and developintegrating transversal Disaster Risk Reduction in all wash activities.

**Do no Harm**: In Rakhine state, the specific vulnerability of the IDP population already in camps, the response should avoid to focus only on these populations, which would be create fuel for pre-existing tensions.

RECOMMENDED ACTIONS

## Phase 1: Emergency response (1 month)

**People have equitable and access to sufficient quantity of safe drinking and domestic water:**

* Distribution of Water Treatment Tablets/sachets: Ideally P&G sachets (PUR). Note: Aquatabs are not effective with turbid water, and should therefore not be distributed unless some form of sedimentation or flocculation is performed first. Distribution should cover the needs for at least 15 days.
* Provision of emergency water supply in most critical situations (tankering/bottled water), not longer than a month, where water treatment cannot be set up (e.g. Salinization of usual water point)
* Cleaning and Chlorination of water points

**People have equitable access to safe and sanitation and live in a non-contaminated environment:**

* Emergency latrines in evacuation centers where population remain more than a week
* Rakhine camp cleaning

**People adopt basic personal and community hygiene practices**

* Targeted hygiene kit distribution, (see annex 1), for 1 months coverage, 1 shot distribution
* Emergency Hygiene Message dissemination

All efforts should be made to promote rapid closure of displacement and avoid pull factors. In areas where people are likely to remain in evacuation centres for a longer period, adequate temporary water and sanitation facilities are needed.

**The response aim at preventing any AWD outbreak and restore dignity of population.**

## Phase 2: early recovery (ASAP till 3 months)

**People have equitable and sustainable access to sufficient quantity of safe drinking and domestic water:**

Cleaning and rehabilitation through Cash for Work (protocol to be defined by FS sectors), based on community mobilization:

* Hand dug well, borehole
* Ponds , in preparation for future rains
  + De-watering of ponds in order to remove saline water
  + Cleaning pond and rehabilitation
* School & Health centres water point rehabilitation

**People have equitable access to safe and sustainable sanitation and live in a non-contaminated environment:**

* Focus on School and health center
* Targetted provision of limited household sanitation supplies (pans & pipes) if appropriate
* Household sanitation not to be launch as systemic intervention in that phase, but integrated habitat approach to be considered with Shelter
* No emergency latrines to be built in villages

**People adopt basic personal and community hygiene practices**

* Basic sanitization on risk in affected environment, messaging on good behavior in disaster situation to build up resilience, to coordinate with nutrition sectors
* No more distribution of HK NFI in villages, while cash based intervention with multi-sector/needs vision

**Integrated to be led by other sectors:**

* Integrated approach Habitat for low cast sanitation to rebuild houses: Shelter sectors
* Cleanup/dewatreing of agricultural land

Rakhine IDP camps should return to the level of operation before the disaster. While all camp were plan to be financially covered in an acceptable range, it is obvious that each project will need a financial top up per camp in order to reach annual objective previously defined.

## Phase 3: rehabilitation (6 months)

* Wash in school and health center re-enforcement
* CLTS smart subsidies approach
* Building back better, DRR orientated on wash infrastructure

Specific camp Rakhine: Evaluate need of Hygiene kit or refilling kits in some location.

# Limitation and risk

* Household sanitation: Intervention for sanitation in villages, for household, should be handled very carefully. In many affected areas, large populations did not have sanitation before the flooding. Developing household sanitation within the humanitarian scope is risky, and could jeopardize future developmental approaches, Past experiences in Rakhine shown that Bamboo pit latrines (low cost latrines, approx. 70 USD) are the most adapted (depending also on the flooding risk level…), duplicable, well accepted… However in case of Shelter development, should be promoted then to integrate directly a Bamboo pit latrines, that the beneficiary can build himself with basic material provided (pipe & pan)
* Criticality of the needs to be defined for geographical prioritization
* Supply of P&G and dewatering equipment critical at the moment and priority to be received

# Response costing estimation

At that stage an estimation of 20 MUSD[[4]](#footnote-4) is required for the Wash sectors, to support and in addition to the governmental response plan to ensure an appropriate response for the coming 6 months.

1. Hygiene kit recommended

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| --- | --- | --- | --- |
| **No.** | **Item** | **Detailed specifications and/or SD reference number** | **Qty per set** |
| 1 | 20L bucket with lid | Good quality, durable plastic with lid and handle | 1 |
| 2 | 10L bucket, high quality plastic | Good quality, durable plastic with lid and handle. | 1 |
| 3 | 1L mug | Good quality, durable plastic with lid and handle. | 1 |
| 4 | Body soap bars | 125g Non perfumed hypoalergenic soap. Individually wrapped. Long durability | 10 |
| 5 | Laundry soap | 200g Non perfumed hypoalergenic soap. Individually wrapped. Long durability | 5 |
| 6 | Sanitary pad | pack of 12 pads | 1 |
| 7 | Female underwear | For menstrual hygiene management. 1 small size, 1 medium size, 1 large size. Cotton and washable | 3 |

1. Estimation at 11th August [↑](#footnote-ref-1)
2. Situation report, Natural Disaster Management Committee [↑](#footnote-ref-2)
3. Roughly estimated that at 50% of the current affected population will be in need of specific humanitarian assistance in a medium term facing damage in their location of origin [↑](#footnote-ref-3)
4. Calculatuion based on ERRP 2015, contingency Rakhine plan, fine-tuned for the situation. [↑](#footnote-ref-4)