

WASH Cluster Meeting

Meeting Minutes

Date: 11th May 2018

Venue: Oxfam Office, Sittwe


Time: 10.00-12.00

Duration: 2 hour

Co-Chaired by: WASH Cluster Coordinator/Health Cluster Coordinator

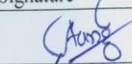





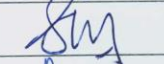



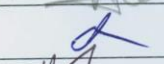
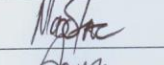
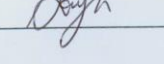


Note Taker: Kyaw Thet (UNICEF)

Attendees:



Attendance Sheet: Rakhine WASH/Health Cluster Joint Meeting

25th May, 2018

S.No	Name	Organization	Designation	Email	Contact No	Signature
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25	Kyau Htin Aye	IAC	IFRC	kyauhtin@iac.org	095176992	Kyau Htin Aye
26	ALISON SOCOBONO	WHO	HC HEALTH COOR	alison.socobono@who.int	0963461741	Alison
27	Zin Mee Lwin	MHO	Engineer	zinmilwin@gmail.com	09-422460732	Zin Mee Lwin

Agenda:

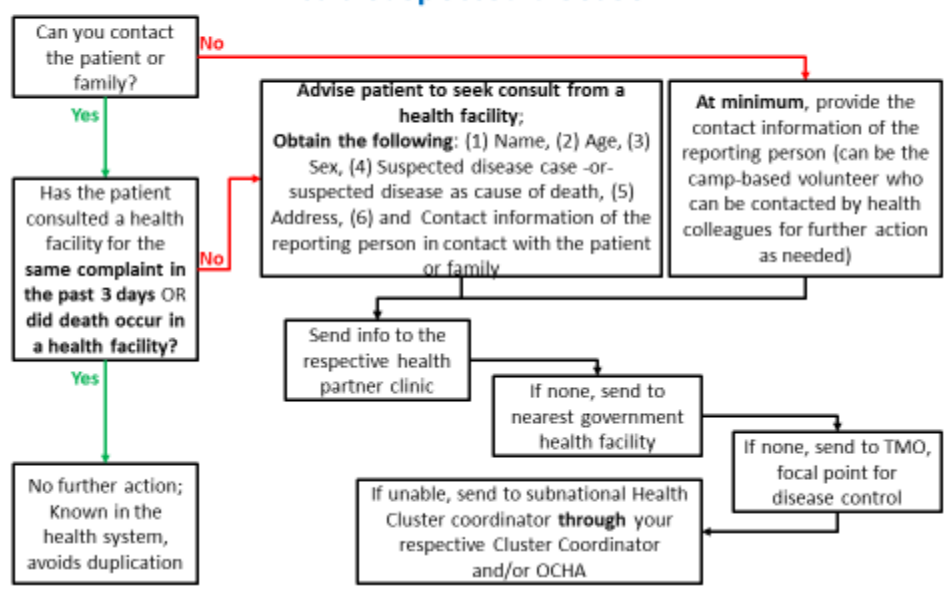
Sr.	Topic
1.	Introduction
2.	Review of last meeting action points
3.	<ul style="list-style-type: none"> o Presentation on: <ul style="list-style-type: none"> ▪ Last AWD outbreak experience (EWARS data; Dec 2017 to Jan 2018) ▪ SOPs overview for reporting suspect disease cases from non-health to health partners o Feedback/discussion on the presentation (can be done immediately after each slide) o Request from WASH to Health o Health Cluster Stocktaking of available IECs on AWD preparedness
4.	Cluster Updates <ul style="list-style-type: none"> - Preparedness -
5.	Cluster Partners updates
6.	TWiG updates
7.	LifeStraw Community water filters presentation
8.	AOB

Minutes:

Topic 1: Review of last meeting action points

Summary of discussion	<ul style="list-style-type: none"> WASH Cluster to convene a joint Health/WASH cluster meeting in order to have preparedness for the rainy season. <p>Done</p>
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Topic 2: Cluster Updates

Summary of discussion	<p>Joint Health/WASH Cluster discussion:</p> <p>Reference to action point in last Rakhine WASH Cluster meeting and need for a joint discussion with Health cluster, WASH cluster conducted this meeting. Particularly discussion held around preparedness for any potential outbreak and response by WASH cluster actors. Health Cluster coordinator briefed the participants on the AWD trends of last quarter 2017 and 1st quarter of 2018. He further explained on how to collect, verify and circulate the confirmed cases. A step by step action points had been shared with partners.</p> <p style="text-align: center;">For non-health colleagues, upon receiving community information of a suspected disease case or death due to a suspected disease:</p>  <pre> graph TD Q1{Can you contact the patient or family?} Q2{Has the patient consulted a health facility for the same complaint in the past 3 days OR did death occur in a health facility?} A1[Advise patient to seek consult from a health facility; Obtain the following: (1) Name, (2) Age, (3) Sex, (4) Suspected disease case -or- suspected disease as cause of death, (5) Address, (6) and Contact information of the reporting person in contact with the patient or family] A2[At minimum, provide the contact information of the reporting person (can be the camp-based volunteer who can be contacted by health colleagues for further action as needed)] A3[Send info to the respective health partner clinic] A4[If none, send to nearest government health facility] A5[If none, send to TMO, focal point for disease control] A6[If unable, send to subnational Health Cluster coordinator through your respective Cluster Coordinator and/or OCHA] A7[No further action; Known in the health system, avoids duplication] Q1 -- Yes --> Q2 Q1 -- No --> A2 Q2 -- Yes --> A7 Q2 -- No --> A1 A1 --> A3 A3 --> A4 A4 --> A5 A5 --> A6 </pre> <p>IEC materials related to AWD were also shared both in Myanmar and English language.</p>
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	<p>Based upon the discussion WASH and Health Cluster will make a brief operational plan for AWD keeping in view the experiences of 2017.</p> <p>Camp Improvement:</p> <p>Reference to the earlier discussion on improving living conditions in camps, all sector and cluster comprehensive inputs are compiled at ICCG Rakhine level and shared with ICCG Yangon which will be accordingly presented to RC/HC. The exercise had been undertaken on camp by camp basis and comprehensively includes all the areas required for improvements.</p> <p>Page (2) of the Action Plan (attached herewith minutes) – illustrates common interventions of improvements for all IDP camps, which is subjected to land availability for private bathing spaces, drainage improvement and pathway issues and making the existing WASH facilities more resilient in order to cope with factors like aging and natural disasters.</p> <p>This phase doesn't include budgeting and once it will be agreed/endorsed by HCT, budgeting and period will be indicated accordingly cluster/sector wise.</p> <p>Preparedness:</p> <p>Partners were briefed on the preparedness for natural emergencies in Rakhine. A joint ICCG/Govt preparedness exercise had already taken place and ICCG with the support of all clusters/sectors working on making a detailed document to refer in case of any need like that.</p> <p>Partners were requested to ensure their level of preparedness particularly in IDPs camp locations.</p>
Action Plan	<ul style="list-style-type: none"> • WASH Cluster to make a brief operational plan for AWD.
Topic 3: Cluster Partners Updates	
Summary of discussion	<ul style="list-style-type: none"> • WASH Cluster partner's potential staff members names had been shared with OCHA for pre-approved TAs in case of MIRA assessment requirement. • Potential water shortage in KNP camp had been reported and DRC/UNICEF advised to plan for alternatives in case the water ponds runs out of water. • SCI- under the MHF funding, most of the WASH committees are formed in new Sittwe township villages. 70 communal latrines are constructed. 744 Hygiene Kits will be dispatched from Yangon warehouse. 14 latrines and sludge treatment have done in Sin Tet Maw Camp. • RI facing issues of TA issuance due to provide balance approach demand in Myaebon Township. • It is reported that 22 Boreholes are constructed in 2 IDPs camp (KDK, OTG) by one organization without coordination with CDN and WASH cluster. Apparently it seems like Islamic Relief, who had been previously requested/advised to come through cluster in order to avoid issues related to O/M but to no avail. Nat'l WASH Cluster is requested to coordinate with IRW at country office level to coordinate with Rakhine WASH cluster and share their plan of WASH activities (If any)

	<ul style="list-style-type: none"> • In the BC TWG, Oxfam presented MHM presentation and partners suggested to have more protection related partners in the TWG. • Latrine assessment for has been finalized by Sanitation TWG and will be shared in the next cluster meeting for endorsement and further utilization by partners.
Action Plan	<ul style="list-style-type: none"> • Nat'l WASH Cluster to take up the issue of un-coordinated response by some actors in camps.
Topic 4: TWiG Updates	
Summary of discussion	<ul style="list-style-type: none"> • BCC: meeting is conducting regularly every Thursday 3:30 PM. In the future skype meeting for knowledge sharing with other country / area can be conducted. • Sanitation: latrine assessment facility check form is developed and will be shared with cluster partner for review and endorsement.
Action Plan	<ul style="list-style-type: none"> •
Topic 5: Life Straw community water filters:	
	<ul style="list-style-type: none"> • Life straw community water filters presented their filters specification, working and prices. They mentioned that some partners are already using this in communities. • They explained the different models available in market and availability of their spare parts.
Action Plan	<ul style="list-style-type: none"> • WASH Cluster may look into the technicalities associated with the filters.
Topic 8: AOB	
Action Plan	