

WASH Cluster Myanmar
Minutes of National WASH Cluster Meeting

Date: Friday 1st November 2017 **Venue:** UNICEF Yangon Office

Time: 3 pm - 5pm **Duration:** 2h

Chair: Sunny Guidotti, National WASH Cluster Coordinator **Minutes:** Mee Mee Thaw/Sunny Guidotti

Participants: ACTED, SI, CDA, CDN, ECHO, MA-UK, LIEN AID, Malteser, CARE, SCI, ACF, DRC, Samaritan Purse, ADRA, LifeStraw, UNICEF, OCHA, Medair, Cordaid, Oxfam

Follow on meeting with HRP Committee and donors (HARP, SDC, ECHO, OFDA sent comments) as an action point from this meeting.

Sr.	Topic	Time	Who
	<p>Introductions Agenda:</p> <ol style="list-style-type: none"> 1. Intro and brief emergency update (10min) 2. Hard to reach: assessments/results <ol style="list-style-type: none"> a. Rakhine ICRC response (15min) b. Kachin NGCA WASH assessment (15min) c. Shan SCI WASH assessment (15min) 3. HNO/HRP (60min) 4. Results: Quarter 3 2017 WASH Cluster (10min) 5. AOB (10min) 	3.00	All Participants
1	<p>Intro and no emergency update (10min)</p>		
2	<p>Hard to reach: assessments/results</p> <p>Sunny mentioned that a WASH cluster meeting in Yangon was held with nRS-based partners in September as a follow on action from the last wash cluster meeting. All partners remain without access, except the red cross movement who are working together there, ICRC, IFRC, MRCS.</p> <p>a. Rakhine ICRC response (15 min)</p> <ul style="list-style-type: none"> - ICRC-David presented about their response in northern Rakhine State (nRS). Targeted 777 villages to be assessed of which so far 300 villages with 8,000 people needs assessed (Around 21% of total population). WASH is not the main priority need currently in nRs. Major needs found are protection, food and access to health care were some 	3:05:4:00	David, Aye Win, Thaw Si

highlighted. ICRC is expanding its Maungdaw base. Accordingly WASH supplies are being brought in case of any response to returnees.

- The numbers are large, but their activities are of small scale relatively.
- ICRC reiterated that they continue to advocate for more partner's access as the situation demands more than what they have capacity for.
- ICRC is planning on an estimate for return caseload of 50,000 people in 2018. But people are still going across the border to Bangladesh.
- Response in 1st month: assistance to urban displacement center (Maungdaw, Butthidaung, Sittwe, Rathedaung) (basic water and sanitation, limited needs) and assistance to transit sites (Ah Iel than kyaw beach in Maungdaw township) (emergency items, drinking water, ER sanitation, water)
- Ongoing: Village assessments (low water, sanitation, shelter needs in inhabited/partially inhabited locations)
- Reinforcement of support to transit locations (water trucking, bladders and water treatment, latrines, ER hygiene promotion)
- AP: Could ICRC share their assessment with WASH Cluster? Yes.
- MA-UK inquired if aid assistance can be handed over to ICRC for further distribution.
- CDN: WASH needs quite limited and people are still moving. Do you not see the need for hygiene kit distribution? In response to kits provision/requirement question, ICRC responded that only water bottles had been provided to people and is now going through installation of water bladders for provision of potable water.
- Oxfam: mentioned protection need was main concern, what is being done about it. ICRC responded they are liaising and meeting with the police, soft response, there is still no strong links with Tatmadaw yet.
- ICRC added that a mobile clinic is being deployed by MoH.

PPT on the website, November 2017, National minutes folder.

Action Point:

- *ICRC will share Assessment with the cluster if possible to be circulated*

b. Kachin NGCA WASH assessment (15 min)

- In NGCA of Kachin there are 18 camps, 1 boarding school and 22 host communities accommodating 41,417 IDPs. While some new (around 9,342 individuals) IDPs were reported to have arrived.
- NGCA key wash cluster partners: SI and HPA (INGO), and LNGO: KBC, Metta, KRDC, KDG,...
- Data from IRRIC on population and health, KIO Health Dept in Laiza. Diarrheal incidents reported but not confirmed. 2 Health staff members are deployed in every camp location. In 2017, 1,700 diarrheal cases have been reported so far.
- Kachin WASH cluster met with health cluster and KIO Health Dept about the diarrhea cases. An AWD Preparedness and Response plan is being developed. January and February diarrhea caused by rotavirus mainly, and July-August by

- bacteria. U5 children diarrhea incidents among KCA IDP: in July diarrhea incidence is higher.
- CDN asked about Trocaire desludging sites in Laiza and discussed on the desludging subject.

Action point: WASH cluster to share latest population data from IRRC to OCHA.

PPT on the website, November 2017, National minutes folder.

c. Shan SCI WASH assessment (15 min)

- SCI presented a WASH needs assessment in northern Shan and will use that for fundraising.
- 17 days assessment carried out in 39 camps across 5 townships including KII, FGDs and HHs interview.
- Overall analysis presented:
- Water treatment system is covering only 15% across the 39 camps
- Access to water was a priority with 48% of responders saying that followed by 33% for hygiene information and products
- 33% people perceived diarrhea as the impact of water borne diseases.
- Only 14 % people responded using sanitary pads while 57% didn't like to respond.
- 72% of water storage needs are being covered.
- 48 % sanitation is covered through semi-permanent latrines and 38% through emergency latrines.
- Food & Livelihood are the major needs of people (23%) while water is being considered a priority need by 10 % respondents.
- Hygiene kit distribution was a clear gap
- 72% of people reached by hygiene promotion
- Diarrhea results is not from assessment. It is from FGD results in two or 3 camps. (33% of people)

NWCC: what 39 sites are those? Are they new or already have a WASH partner?

SCI: Some are already covered by SCI with ECHO fund

NWCC: New NSS WASH cluster coordination will join in 18 November 2017 and can follow up with SCI at Lashio level so that this is presented at Shan cluster meeting.

Q: Did you assess markets? If people have access to markets and issue of hygiene kit.

SCI: Markets are accessible. But market assessment has not yet been done. We will consider cash programs.

PPT on the website, minutes folder.

	<p>Action points: - SCI to present the WASH needs assessment at the Shan wash cluster meeting</p>		
4	<p>HNO/HRP (40 min)</p> <p>Today we will go over key points on HNO and make decisions for the HRP process so that it can support the targeting and budgeting done by our partners at state level. It's an opportunity to raise concerns and issues so that they can be voiced at HCT and be brought to ICCG. Handouts of the Draft HNO and other supporting documents were given.</p> <p><u>HNO 2018:</u></p> <ul style="list-style-type: none"> •Thanks for partners' feedback/short turnaround! •Presented to HCT on Oct 27th and Nov 2nd for final endorsement •Yearly overview of humanitarian needs for the whole country •Defines the "PIN" (People in Need figure) •The PIN serves as a common denominator for the HRP process where clusters/sectors target their population •One pager narrative <p>Oxfam: How to calculate other non-displaced PPL?? What kind of description OCHA: Initial discussion with government. They recognize UN and INGOs work outside of camps, it doesn't mean the targeting will be all of them. 2 methodologies used: - Kachin/Shan 500 radius from camps : surrounding communities - Rakhine: there was discussion with CCCM: 4.6% PPL with disabilities used 2014 census data OCHA: outside camps ppl always included in previous year HNO. But in 2018, it is obviously higher. Also an idea to have a light revision in 2018. With August 25 crisis in Rakhine, the population has broader needs. NWCC: This morning there was an ICCG meeting and discussions are on going for the methodology around "non-displaced vulnerable" so please raise your concerns which can be accounted for and raised to HCT and ICCG for consideration. ACF: suggested that other non displaced stateless figures should be informed by ICRC given they've had some access in northern Rakhine state. NWCC: we can check with ICRC though David clearly said the figures and data is very fluid and not certain. There is also a</p>	4:05	Sunny

MIAG meeting on going right now so they might be coming up with ways to address this population estimates for northern Rakhine.

Oxfam: Concern raised on targeting stateless persons/other vulnerable groups and their ratio. For example, Kyau Phyu has 1,274 IDPs and 52,000 vulnerable people in the HNO which is disproportional.

NWCC: this point is well taken and will be shared with the HCT.

Action point: Disproportionate figures for most vulnerable targeted in HNO. For example KP. NWCC to raise this point to the Rep or at HCT tomorrow. This point was raised at the next day HCT and HCT agreed that ICCG would need to look at this. Finally this was reduced by ICCG and overall the methodology changed to be 30% of directly affected people rather than 30% of the township population.

Action point. NWCC to check what was the outcome of the MIAG and how their targeting and estimates are being done. It might be done at HCT tomorrow. This was presented by Gwen from MIAG and agreed at HCT that the MIAG and ICCG targeting and figures need to align.

Draft HRP 2018:

Overall Data sources:

-Census 2014 data used nationally with pop growth projection, except for Rakhine

-GAD 2017 data used for Rakhine

- Figures displayed at the township level
- Township data sources varied for different categories
- Categories/data on table details where the overall figures come from in the HNO
- Total Population in Need (PIN) = 1,152,007 people

-Displaced = 239,119 + 872 = 239,991

(Both from CCCM data, Rakhine CCCM figure is 127,630 and WASH cluster figure is 124,026. Discrepancies at local level/at site level)

-Non-displaced = 912,016

- Returnees/relocated = 10,340 (Kachin + Shan)
- Non-displaced stateless people in Rakhine = 246,047 (Zone 1) + 103,000 (NRS)
- Other non-displaced = 83,382 (Kachin/Shan + 469,247 (dev't needs non-Muslim NRS)

Here are the 4 key areas we need to make joint decisions on for the 2018 HRP:

<p>1. Proposed objectives and indicators 2. Proposed targeting methodology 3. Proposed budgeting methodology 4. 2018 HRP Priorities to include in narrative</p> <p><u>1. HRP 2018 Objectives & indicators</u> 2017 HRP indicators presented. Do we want to keep or adapt them?</p> <p>2017 WASH Overall objective: “Ensure equitable and sustainable access to safe water and sanitation facilities with good hygiene practices” 2017 Sub-Objective 1: “People have equitable and continuous access to sufficient quantity of safe drinking and domestic water” • 2017 Indicator 1: # of people with equitable and continuous access to sufficient quantity of safe drinking and domestic water 2017 Sub-Objective 2: “People have equitable access to safe and sustainable sanitation and live in a non-contaminated environment” • 2017 Indicator 2: # of people with equitable access to safe and continuous sanitation facilities 2017 Sub-Objective 3: “People adopt basic personal and community hygiene practices” • 2017 Indicator 3: # of people adopting basic personal and community hygiene practices</p> <p>For 2018:</p> <ul style="list-style-type: none"> • Shall we include WinS indicator? • Protection mainstreaming in WASH? • Shall we be more accurate on hygiene obj/indicator? KAP survey • Shall we split hygiene promotion and kits? • Shall we re-phase the objectives? <p>Consensus: An explanation was provided on the WinS monitoring and the fact that it was handed over for example in Rakhine to the Education sector but that we need to monitor it and make sure no gaps are there. It might be too early to include WinS as we don’t have a proper baseline.</p> <p>On Protection, we monitor sanitary pads distributed. We can mainstream protection into the WASH component indicators and keep it to water, sanitation and hygiene components to ensure we don’t lose on trends from the past 4-5 years.</p> <p>Regarding hygiene practice. Discussion on frequency of HRP reporting being too high to capture changes in behavior.</p>		
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Realistically difficult to measure impact. Need to define better the sub-indicators. Splitting the current objectives might help, for example on drinking and domestic for water. By splitting we have 6 indicators, already tracking on hygiene kits and hygiene promoters though that does not represent hygiene practice. Balance of reporting on hygiene practice ideally but requiring resources and commitment which we don't have. Or aiming lower and reporting on hygiene kits and promoters and being able to actually accurate report on those. Finally decision against the hygiene practice indicator, and for a more realistic and measurable indicator such as kits and promoters. As a cluster however, we should try and do together KAP surveys with some common indicators to capture the hygiene practice at least once a year. OCHA advised to have no more than 4 indicators.

RE-phrase the objectives. Why not, some suggestions were made and agreed that we would look into this with the smaller HRP Committee and donor meeting and partners can send feedback directly.

- Action point: HRP Committee and donors to sit together and review the targets and budget and have a discussion on indicators and objectives to try and align as much as possible.
- Action point: to split drinking and domestic water
- Action point: to have a more realistic objective for hygiene promotion. Instead of measuring hygiene practice which we can't actually do, aim at hygiene promoters/promotion and hygiene kits
- Action point: try and mainstream protection into the indicators, but not have a separate protection or WinS indicator as to keep to 3 objectives max and 6 indicators.

2. HRP 2018 Proposed Targeting Methodology:

If we can agree at national level, then this can be rolled out at state level. Our targeting should be based on operational capacity (should not be based on funding). We shouldn't be limited by access.

- Assume access will be granted? *Consensus was yes, we don't limit our targeting based on access.*
- Target all displaced/IDPs? *Discussion around aiming for 90%, but consensus was to target based on each organizations' capacity, and then we calculate and see what % that represents.*
- How do we target the non-displaced? *Consensus to target the non-displaced based on conflict sensitivity approach adopted by the wash cluster since 20114 and practicalities around each organizations negotiation to access. It will be done all the way down to township. Agreed that each organization would submit what they judged as appropriate non-displaced targeting at their areas of operation. As a cluster, we will have a better position with government if we can demonstrate targeting both communities and WASH needs are high beyond camps.*
- All returnees/relocated? (Kachin/Shan) *As per above, to be targeted based on WASH capacity and targeting at township level.*
- All non-displaced stateless in Rakhine? *As per above will depend on WASH needs and partners' capacity, do state cluster will*

<p><i>collect data per township.</i></p> <ul style="list-style-type: none"> •How many of the ‘other non-displaced vulnerable people’? <i>As per above.</i> <p>CARE: Do we consider 600,000 PPL from NRS as returnee in HRP2018 target??</p> <p>NWCC: These PPL are considered in Bangladesh HRP as they are now refugees in Bangladesh. If there are returns, then we can include it. There might be a revision to the HRP sometime in 2018 to consider these returns.</p> <p>Ideas for targeting methodology:</p> <ol style="list-style-type: none"> 1. Conflict sensitivity approach per township or per category? (i.e. 2 WASH IDPs, target 1 non-displaced? Or 1 other ‘other non displaced vulnerable’?) 2. Purely based on WASH township needs?(i.e. DRD/GAD 2017 wash data, 2014 Census WASH data, Cluster + Partners’ assessment data, including Zone1+NRS) 3. Based on partners’ presence/operational capacity per township? 4. Other ideas? <p>Consensus: agreed on the 3 methodology points above and for state clusters to gather data per township.</p> <p>State cluster targeting:</p> <p>How do we target the non-displaced?</p> <p>Proposed ideas below (Single or combined):</p> <ol style="list-style-type: none"> 1. Conflict sensitivity ratio per township or different category 2. Conflict sensitivity approach/tension per township 3. Purely based on WASH township needs <p>-Consult Government on where they work/plan to work? Prioritized WASH needs in the township?</p> <ol style="list-style-type: none"> 4. Based on partners’ presence/operational capacity per township <p>–Existing townships: If money was not a problem, how many more people could they cover in existing townships where they work? Or that they plan to cover in 2018 (fundraising or existing funding already)?</p> <p>–New townships: Do partners have future plans to go to new townships in 2018? Can they go to townships with identified cluster gaps?</p> <p>–Other non-displaced vulnerable people surrounding camps in Kachin?</p> <p>Action point: NWC/IM to develop a template and share with the state cluster cos so they can collect the data on targets and budget. A “guide” note will be included.</p>		
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Action point: State clusters by mid next week to meet partners and gov't to explain the methodology agreed and collect targets and budget per organization per township. Targets should be broken down by typology (i.e. IDPs, non-displaced, returnees).

- Budgeting for cluster partners discussed, how to extract avg cost, plus review preparedness ratio (Currently 2 %) and cluster cost.
- DO no harm and conflict sensitive approaches had been adopted for figures keeping in view the sensitivities around targeting.
- In Rakhine due to access issues and non-availability of any particular assessment, census figures have been relied upon for estimation.
- Partners had concern on the figures and process.

3. Proposed budgeting methodology

2017 Budget

-Budget: operational cost, cluster cost, preparedness budget

-Methodology: Average Cost per beneficiary per year per state based on type (i.e. IDPs, returnees, villages, etc) -2017 HRP

- Partners submitted their average cost per benfper year

Ideas for 2018:

Operational cost

- Partners to submit their average cost per benfper year with program and support cost breakdown to cover ALL WASH needs meeting cluster standards (i.e. full hygiene kit, latrine design agreed, water supply/treatment)?

- Per township or GCA/NGCA?

- Current agency cost to continue full services in existing sites next year + estimate cost to cover sites with no agency (based on average cost per person)?

Preparedness cost %? (2017: 2% of overall operational cost?)

Cluster Coordination cost %? (2017: 3% of overall operational cost?)

Consensus: budgeting methodology to follow targeting methodology per township. Partners will provide their cost per

beneficiary per year for each township and based on the different types of beneficiaries. The WASH cluster will compile this data and provide info up to township level publicly but not share each organizations' cost per beneficiary info as that's sensitive.

Action point: budgeting template to be aligned with targeting template. NWCC/IM to develop and share with sub-cluster cos. Partners to communicate with their counterparts at state level to provide the data.

4. 2018 HRP Priorities to include in narrative

2017 Overarching priorities:

- Durable solutions: community ownership and private sector involvement
- National capacity-government and local partners
- Multi-sector integration (FSL, Health, Nut, Protection)
- Disaster preparedness & Response

2018 Ideas: shall we keep the same and add a few more? Here are some ideas:

- Accountability?
- More focus on markets/cash based programming mainstreaming?
- More on protection mainstreaming (out of technical priority)?
- Conflict sensitivity approach?
- WASH in schools

Consensus: these points are relevant to be included in the narrative. NWC will include in the HRP narrative and final agreement will be done with donors and the HRP committee in the upcoming meeting.

Action point: Send to NWC inputs for the narrative. NWC to finalize a draft and present it with the HRP committee and donors meeting.

HRP 2018 Timeline

- HRP Committee: ACF, Oxfam, SCI, CDN, Unicef, MHDO... Plus RI, DRC, SI....and anyone who wants to join
 - State level consultation with gov't and partners –week of Nov 6
 - State cluster to national by Nov 10 Cluster to submit by cluster to OCHA by Nov 14
- Meeting with donor on Nov 13 with donors and HRP committee

4	<p>Results: Quarter 3 2017 WASH Cluster</p> <p>The cluster decided to spend more time on the HRP discussion and agreed that the Results for Q3 presentation would be shared with the next weekly update.</p> <p>Action points:</p> <ul style="list-style-type: none"> - Sunny to circulate the Q3 2017 Results presentation and put on the website under this meeting folder 	5:00-5:03	Mee Mee Thaw
Pending actions	<p>Pending points from last meeting</p> <p>Pending action points from last meeting:</p> <ul style="list-style-type: none"> - SCI have WQT results and will share for Rakhine -Pending? - Rakhine WCC to share with partners info on CDC study and for the training planned that had to be cancelled –Pending? 	5:03-5:05	Sunny
AOB	<p>Oxfam shared that now they have formally taken the leadership together with SI for the HARP multi-year grant covering 98,000 people in 22 sites.</p> <p>DRC shared that the Disability Survey had been shared. Sunny mentioned she already circulated the draft and will continue to share the ppts or reports with the cluster as received by DRC or other channels.</p> <p>MAUK reported they have remaining funds to be spent on handpumps by 1st December for all of Myanmar if anyone could take that on.</p>	5:05-5:10	Anyone

