**VILLAGE APPROACHE**

**IN RAKHINE HUMANITARIAN CONTEXT**

**Context & Subject Scope**

The 2014 WASH Cluster Strategy targets a high case load of beneficiaries living in villages: this represents around 46% of the target population, excluding nRS, 68% including nRS[[1]](#footnote-1).

Whereas in 2013 the WASH project concentrated on setting up WASH standards in camps, the development of a proper approach and definition of objectives toward villages was not precisely defined in the scope of humanitarian action.

In addition, different types of villages are targeted, differently affected, with different population profiles, and different needs, where usual emergency WASH response is not the best adapted mechanism, despite its humanitarian scope.

**Thus, this note, based on extensive exchanges among WASH cluster partners, attempts to fine tune the objective definition for each type of villages and specific population within these locations.**

**Case load defined**

The 2013 WASH intervention was already targeting villages, considered “affected” by the conflict, and **registered by CCCM cluster**. A shelter intervention took place at these sites due to a high number of destroyed homes. The ratio of “conflict-affected families” in these villages tends to be high. These families remain in their own villages, but are still defined as IDPs by UNHCR due to the destruction of their homes.

Other villages absorbed and hosted IDPs registered by UNHCR and targeted since the beginning of 2013 by the WASH sector.

In 2013 an additional target population was defined: People living in isolated villages. The 2014 WASH cluster strategy did not include that population as a required intervention target, rather trying to be more inclusive with an approach to target any needy, surrounding populations. However an OCHA-led review of the precise definition of “isolated villages” and assessments is planned in 2014: Whatever is the conclusion, this note will be applicable if necessary for that population.

Finally, the 2014 WASH cluster strategy in Rakhine takes account of **“Do No Harm” and “conflict sensitive”** approaches when defining target populations, leading to the inclusion of additional communities **surrounding** affected locations, in the humanitarian response.

The 2014 WASH cluster strategy includes the vulnerable population of NRS, as per the SRP, even though the population is not displaced and reside entirely in villages.

Such considerations lead to the following target population definition in the 2014 WASH Cluster Strategy:

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| WASH Target population | | Case load | Approach | |
| IDP in Camps | | 112,136 | Needs to be covered 100% | |
| IDP in villages | | 15,628 | Needs to be covered 100% when in long house | |
| Affected families in villages [[2]](#footnote-2) | | 10,858 |  | |
| Direct Host population (with IDP in villages)[[3]](#footnote-3) | | 21,705 | Needs to be covered partially except for water access | |
| Villages Host surrounding affected area[[4]](#footnote-4) | | 50,000 | WASH facilities to be improved, more rehabilitation approach, not 100% | |
| Isolated Villages | |  | No counting here, partially including in the surrounding villages for do no harm and/or conflict sensitive approach. Needs to be covered partially except for water access | |
| nRS | | 140,000 | WASH facilities to be improved, more rehabilitation approach, not 100% | |
| Total | **350,328** | |

**Definition**

The following definitions are linked to the pre-defined WASH cluster 4W typology developed in order to analyze the needs coverage disaggregated by location and population type.

Two location types are differentiated:

* Camps
* Villages

Two beneficiary types are differentiated:

* IDP
* Villagers

**Four different situations have been identified:**

* Villages not directly affected but hosting IDPs
* Villages directly affected (lost houses, referred in CCCM list as IDPs) with affected families from the villages
* Villages not directly affected, without IDPs, surrounding the affected villages, defined as “surrounding host community”[[5]](#footnote-5)
* Isolated villages[[6]](#footnote-6)
* nRS villages
* Villages not included in the above 5 criteria, not included in the humanitarian response, to be evaluated and supported by development actors

**This positioning note will concentrate on differentiating the approach and objectives for the first three situations defined*.*** It can be noted that categories of villages are defined by their condition and not the ethnicity of their population.

This note is not purposed for the nRS population, despite obvious humanitarian concerns. This note concentrates primarily on a host community approach for villages surrounding directly affected locations and camps.

It is important to remember that WASH needs were of major importance in Rakhine prior to the current conflict. Thus, this note should not be perceived as diminishing the importance of adapted projects to tackle the development needs across Rakhine State, but as concentrating on a specific humanitarian response needed, including some development aspects to adhere to the proper application of the humanitarian principle of “do no harm”.

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| **Final village types targeted and definition:**   * **Directly affected villages:**   *Villages having suffered from the inter-communal violence, with house destruction, with families registered by UNHCR*   * **Hosting Villages:**   *Villages hosting IDPs from other villages affected following the inter-communal clashes*   * **Surrounding Villages:**   *Villages in the vicinity[[7]](#footnote-7) of the camps, direct affected villages and hosting villages* |

**Integrating the following beneficiary profile:**

* **Directly affected families (in directly affected villages)**
* **Host families (in Hosting villages)**
* **IDPs in villages (in Hosting villages)**
* **Indirectly affected villagers (In all type of villages)**



**Approach recommendations**

**The difference from the camps approach:**

It should be first at all understood, by implementing agencies, **but above all by authorities, beneficiaries and communities,** that interventions in camps are very specific and cannot be replicated in villages.

The living conditions in camps create a harsh living environment, where IDPs have low coping capabilities due to impeded economics capacities, traumatization due to forced movement, low incomes, and minimal assets, leading in the WASH perspective to poor sanitary and health conditions.

Humanitarian action in such conditions has specific responsibilities to face in the short-time, with kind of full assistance package. In addition, special consideration must be given to the protracted situation in Rakhine State in order to ensure appropriate standards and durability of facilities.

These emergency actions, are sometimes misinterpreted by the population in surrounding villages while different support measures, with different technical designs and different approaches are proposed to them. These communities often expect to receive a full package of services like those delivered to neighboring camps.

However, the same approach cannot be applied in villages as the needs are not the same, the health risks are lower, and the community capacity is stronger.

In this situation a more “development-style” approach has to be deployed, as it is in many other states in Myanmar and other development contexts around the word.

Above all the main reason for having a different approach to villages is that it has been demonstrated in most contexts, especially regarding sanitation, that the expected impact cannot be reached through an “assistance” approach, while community participation is much more adapted to ensure appropriation of tools, changes in behavior, and the best service coverage.

In addition, ensuring full coverage of the host communities or villages is not the overall responsibility of the humanitarian community, but should be addressed by development projects where the government has a crucial role to play in requesting other financial resources since available humanitarian funds won’t permit response to broader needs, especially as a “service delivery approach”, as applied in camps, is not cost efficient or affordable in the long-term.

**The development approach in humanitarian action:**

It remains the full responsibility of the Humanitarian community to work with a “do no harm” approach, and despite the limitations mentioned here, to bring support **to some extent** to host and surrounding communities, as preparatory work to ensure a favorable transition and environment for future development projects.

As such, the villages approach is inspired by and applies development principles, and more specifically, lessons learnt in other regions of Myanmar, where in those situations, villages could/should have received some kind of support from development actors, even in absence of direct affects from a specific humanitarian crisis.

However, impact of the humanitarian intervention, whether positive or negative despite “do no harm” efforts, cannot be denied, and must be taken in consideration in project planning and design (e.g. Can a proper CLTS without incentive be considered in the vicinity of camps? How far should we find flexibility in the usual development approach to face the reality, and expectation of beneficiaries?). Even if beneficiaries, communities and authorities **are properly** informed of the different approaches, their actual perception of the different actions in camps vs. villages should be closely monitored and taken account of. This is the reason that in the following proposed approach, the stimulation of community-driven participation is preferred over, for example, mentioning “CLTS” in the case of sanitation.

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| **Main approach recommendation:**  ***The first step of the village approach should be to openly debate and explain the divergences in approaches with the concerned actors, communities, villagers, Township administrators, State authorities, etc.***  Intervention should target the minimum level of external inputs and by led by community empowerment and self-initiative. The NGOs’ role should try to focus on facilitating, motivating and reducing barriers. All actions will take particular care to not create dependency and utilize approaches which are as sustainable as possible.  All WASH development should be through existing village structures, encouraging the population to take on, either directly or through a subcommittee, responsibility for water, sanitation and hygiene in the village, including ensuring that women are integral to decision making and implementation. If not existing, such community structures should be stimulated, facilitated and supported in their development.  All activities should be engaged with the relevant authorities, while opportunities to engage with the DRD are numerous, Township work plan development to be integrated and public services to be supported.  The WASH cluster should support and ensure linkages with development activities planned either by organizations or the government, which can be supported by UNICEF WASH, while the LRRD[[8]](#footnote-8) approach can facilitate such approaches in a complementary manner, and avoid confusion. |

**An approach adapted to the needs[[9]](#footnote-9)**

***Water Supply****:*

The primary barriers identified to the construction of WASH facilities are a lack of funding, poor access to materials and low construction capacities within villages. There is a high reliance on unimproved sources of drinking water, particularly unlined shallow wells, which given the extremely high rates of open defecation (87%) should be assumed to be contaminated until extensive water quality monitoring activities have taken place.

Improved water supplies (lined wells/ Boreholes) should be provided where possible to the communities, and remain the main goal of intervention to improve protected water point access.

However it should be acknowledged that the communities are used to utilized unprotected sources as pond water. Therefore addressing a lack of safe, potable water should be addressed through increasing access to safe water points, properly accompanied by appropriate hygiene promotion measures to stimulate the change behavior necessary. This can be optimistically expected while even in camp environment, 2013-2014 lesson learn shown that in some location it has been possible to differentiate drinking and domestic water in the daily habit of beneficiary.

In addition, point-of-use water treatment options can be additionally provided at household level to the communities, as a complementary option[[10]](#footnote-10), promoting local knowledge and appropriable solutions. However orientating project through blanket distribution of ceramic filter should be considered carefully, with consideration about sustainability (related to availability on local market, spare part and maintenance items…), dependency, impact on the community mobilization, strong consideration on real change behavior needed and expected in the time frame of the project, and the risk contradictory message interpretation related to the main exaptation supported by hygiene promotion messages: Fetch water at protected water points.

At present there are no community groups active in the villages and consideration should be given to the establishment and training of WASH-based community groups which could support the operation and maintenance of WASH facilities and assist with community mobilization. Village Development Committees are present and active in the villages and should be included in the identification and training of these committees. Additionally local representatives of the State Health Department (midwives/ local health workers) should be actively included in each step of the establishment and training of community groups, lending the process the authority of the government and encouraging acceptance of the groups by the broader community.

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| **Key advice water:**   * + - Water source construction or rehabilitation targeting a **protected** water source     - Equipment with hand pump or other relevant system if affordable in maintenance by the community     - Pond rehabilitation or **other specific expectation expressed by the community**     - Creation/reactivation and training of a proper social approach for maintenance of the facilities     - Proper inclusion in project planning with local authorities |

***Sanitation:***Latrine coverage in the host communities is very low, with open defecation very widely practiced. Household latrines are the most desired WASH-based intervention in the communities. The primary barrier faced in latrine construction is a lack of money, followed by a low technical capacity additionally prevented population from constructing latrines.

This combination of existing high demand for sanitation and low resource availability does not favor a pure CLTS approach (one which does not include subsidies or material support towards latrine construction). There is additionally, in the host communities, a perceived imbalance in the levels of support provided to IDPs and the host communities which will lead to higher expectations of material support from the NGOs.

Depending on each community different approach can be considered, while it is clearly pre-identified that all villages do not have the same socio-economic profile and expectation are variable a place to another. However it was commonly agreed during the 2014 Mid-term Wash cluster review[[11]](#footnote-11) that approach should be harmonized per Township, to avoid conflictive concept in same area. In that sense the Wash cluster plan to validate the type of approach to be deployed, with Wash partner concerned, township per township.

Several concept are pre-identified, and will has started to be exchanged with target communities, while CLTS pure approach is clearly not applicable:

* The adoption of a Community Driven Construction approach could be encouraged to increase a sense of ownership and support for the project. Community Driven Construction requires a high level of cooperation from the community and will most likely not be suitable in all of the villages approached and will need to be preceded by strong communication with the communities to assess their willingness and capacity to adopt it.
* Defining then the level and type of in-kind support in a subsidies needed approach to support the community mobilization. Which can be supported through direct material distribution or preferably voucher approach supporting the local market (rather than disturbing)
* Finally approach could be more orientated toward “sanitation” marketing, including in that context also subsidies/in-kind support, facilitating the establishment of small enterprises within the community, which can be capacitated to construct standard quality latrines at a set price. The presence of trained contractors in the communities will improve the long term sustainability of the intervention and will contribute financial support to the communities. The selection of these enterprises will need to be negotiated and agreed with the community in a very transparent manner to ensure that there is no potential for conflict and misunderstanding at a later date.

At that stage this guidance cannot proposed and/or validate a specific approach, while in this first phase lesson learn are not available yet, and contact with communities are still on-going.

It will be then necessary to follow dynamically the process of exchange with communities, so far estimated very un-stable in their own proposition, moving back and forward on proposition discussed with some Wash partners, while mutual confidence have to be first consolidated. Then sharing lesson learn through the cluster, leading to a review of the present guidance would be crucial in the coming 4 months.

In regards of “directly affected villages”, where Shelters has been provided to a portion of the resident population, specific approach for those shelters and population related has been deeply questioned: “*Should semi-permanent, as provided in in camp, is the unique approach to be considered?”* Cluster exchanges demonstrated the risk of such approach while it could be more relevant to consider the village needs globally and deployed an overall participative approach. Indeed, responding specifically to Shelter need in the village environment, with semi-permanent latrines, will jeopardize from the beginning the possible expansion of sanitation to the village population in a participatory manner, and could possibly create stress within the community itself. However, once again, it remain a decision to be discussed, clearly exposed and decided with the community. Then this guidance note won’t refer specifically to semi-permanent latrines orientation, remaining a choice to be realized during the project implementation.

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| ***Key advice sanitation***   * + - Approach to be openly discussed and decided rationally with community, based on specific expectation and local barrier     - Community approaches focusing on igniting a change in sanitation behavior rather than constructing toilets should be promoted     - Harmonized approach to be supported by the cluster, township per township     - Ensure subsidies/in-kind support in a reasonable extend targeting most expensive or locally unavailable items     - Approach favoring economically the local market should be preferred |

***Hygiene Promotion:***

Good knowledge and practice of appropriate hygiene behaviors are observed, however a few critical gaps in practice are identified. The first is a lack of consistent use of soap for hand washing at each of the key times, the primary barrier to this behavior being the expense. Additionally low practice of hand washing at some of the key times (after defecation particularly) are not widely practiced and should be targeted in behavior change communication and hygiene promotion.

Hygiene promotion messaging should be done at the institutional level (schools/ health centers) however should, where possible, include community groups existing or established during the project. Community Health Clubs or User Groups should be established and included in the dissemination of appropriate hygiene messaging. Where possible IEC materials and messaging should be developed with active engagement of the community to ensure the appropriateness of the messages and materials to the specific context.

The WASH cluster should investigate with UNICEF and partners the possibility of including State Health Actors, particularly midwives, in the development of hygiene promotion activities to increase the communities’ acceptance of the approach.

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| ***Key advice hygiene promotion***   * + - Hygiene promotion addressed to whole community     - Oriented toward positive deviance, for behavior changes     - Tackling open defecation, integrated with sanitation approach     - And all usual messages     - Guidance on desludging/decommissioning when latrines full     - Guidance on waste management     - Teacher and parent training on appropriate hygiene practices     - Religious leader/health staff training on appropriate hygiene practices     - Addressing gender issues, with specific women’s discussion groups |

***WASH in Schools***

The WASH in Schools approach is identified as a particularly important entry point in the villages, allowing to target a specific vulnerable population, with direct and high impact in the short terms. In addition, if resources are limited for WASH actors intervening in the villages, WASH in Schools can be prioritized to ensure service delivery at the community level (as health structures are also recommended).

In addition schools and students are a good vector for hygiene promotion impact. For example, when targeting children for messaging, the adoption of a School Health Club-based approach, which places the responsibility of hygiene promotion activities within the school and on a teacher who has been trained in hygiene promotion, leads to increased sustainability of the activity. Ensuring that persons who are already active and accepted by the community are engaged in the planning of hygiene promotion will also increase acceptance of the messaging.

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| ***Key advice on WASH in Schools & health structures***   * + - Protected water points specifically for school     - Child-friendly latrines, gender-segregated, according to SPHERE minimum standards and recommended guiding values     - Adapted hygiene promotion messages     - Teacher curriculum consolidation     - School organization for maintenance |

**Partial needs coverage by the humanitarian actors:**

It should be clearly understand that the timescale of implementation between emergency and development are drastically different. Implementing community led approaches is not the same time-investment with the community, in creating common needs identification and design of the priorities, to mobilize the community, and finally to implement projects in respect of the community’s other priorities of their daily activities.

In such conditions, in regards of the WASH cluster strategy 2014, it is not possible to expect full coverage in the course of the one-year duration of the strategy. In addition, the above mentioned points about development, massive additional resources would also be required.

In order to commit the strategy while ensuring beneficiary accountability, it remains important to define SMART[[12]](#footnote-12) targets, even if proposing only partial coverage of the needs.

In order to face such constraints, criteria selection should be proposed, based on vulnerability:

* Families having children treated for malnutrition in the past 6 months
* Families having children under 5 years old
* Isolated 3rd ages
* Widows with children in charge
* Hosting families

**Target review recommended**

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|  | Affected villages | | | Not Directly Affected, hosting IDP | | Surrounding Villages | Remarks |
| Affected<40% pop | Affected>40% pop. | | | IDP<40% |
| Safe Water access | * 100% of safe water needs coverage * 1 protected water point/400 persons * 10 liter safe drinking per/persons + 30 liters for completed by other sources as pond access * WASH in School | | | | | * No specific target more community driven expectation * community led participation sanitation recommended * WASH in School | Community management of public infrastructures required |
| Sanitation access | * 50% of the population with community led participation including affected families in selection criteria * WASH in School | * 80% need for all population with community led participation * WASH in School | | | * 50% with community led participation | Community based monitoring, social marketing |
| Hygiene promotion | * All targeted with HP * No Hygiene kit distribution | | * Hygiene for IDP and host families * All targeted with HP | | | * All targeted with HP * No Hygiene kit distribution | All population should be targeted by HP and improve knowledge |

**Conclusion**

This stance paper is of course not exhaustive in the description of the different approaches possible in villages. However, the intervention beginning in 2014 is more consistent in villages, directly affected or not, and a lesson learnt would be necessary in the coming 6 months in order to review this note.

In the meantime, the WASH cluster will attempt to provide specific training on:

* WASH in Schools with UNICEF support
* CLTS approach, as defined and applied in other regions of the country

Such training will be addressed to the actors, but should also be considered to transfer positive experiences in Myanmar to the authorities and ministries, at State and Township level, and be based on national policy.

In July a specific mapping exercise (GIS-based on 4W information) will be realized in order to finalize the selection of “surrounding villages”.

**This note is developed in full understanding of the tensions existing in Rakhine, the resistance or the defiance toward international actors, without naivety, but believing that proper communication, exchange and common understanding can offer more space for a broader support to all community in consideration of needs without discrimination.**

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| In conclusion, in the humanitarian scope **it is a responsibility to address beneficiary needs in a “Do No Harm” approach**, taking into consideration the needs, frustrations, envy and legitimate desire to receive support, of the host and surrounding communities. In witness of the deployment of important means, it may be difficult to put the intervention in perspective since WASH needs were already high before the conflict across Rakhine State. |

1. The northern part of Rakhine State [↑](#footnote-ref-1)
2. Considered IDPs in CCCM matrix, but in fact living in their village of origin, with habitation destroyed [↑](#footnote-ref-2)
3. Total village population hosting IDP/or direct affected families – included in CCCM data base - Include also some Isolated villages [↑](#footnote-ref-3)
4. Include some Isolated villages [↑](#footnote-ref-4)
5. Selection criteria under definition by OCHA and information working group [↑](#footnote-ref-5)
6. Under clarification by OCHA and Information Working group [↑](#footnote-ref-6)
7. In July a mapping exercise, GIS based from 4W would be realized to fine tune final selection of surrounding villages, in consideration of spacial repartition [↑](#footnote-ref-7)
8. Link Relief, Rehabilitation and Development [↑](#footnote-ref-8)
9. Main source of information: ACF Village assessment (ref: MIMU/WASH cluster web site) [↑](#footnote-ref-9)
10. Ref Wash cluster Ceramic Filter Guidance note [↑](#footnote-ref-10)
11. Workshop, Sittwe, 2sd July 2014 [↑](#footnote-ref-11)
12. Specific, Measurable, Achievable, Reliable, Timeliness [↑](#footnote-ref-12)