



RAKHINE STATE

WASH CLUSTER QUICK EVALUATION IN KYAW TAW TOWNSHIP

28 AND 29TH OF DECEMBER 2014

<i>Produced by:</i>	Rakhine Wash Sub Cluster team
<i>Organization:</i>	UNICEF
<i>Location:</i>	Kyaw Taw

1 Executive summary

Two years after the conflict, in May 2014 Oxfam obtained funding to cover the WASH needs in Kyaw Taw township. However, administrative challenges at union level delayed initially the beginning of the intervention and, later, coordination with the township authorities in order to agree on an acceptable equilibrium between a balanced assistance and a needs-based response has proven challenging, while the communities in the area were reluctant to international intervention. Therefore, early December 2014, the first assessments took place and an intervention plan is being drawn. This visit takes place before any activity has started. Relationship with the local authorities seems constructive and a certain level of trust is visible.

There is a general vulnerability towards water quantity and quality in this township. The main water source is rain collected in ponds, which may become empty at the end of the dry season. There are very few wells in the area and the water shows high salinity, making it inappropriate for drinking and cooking. Therefore, communities travel longer distances to reach other ponds, and benefit occasionally of water donations by wealthier members of the village or the closer towns.

Sanitation is largely insufficient, and usually existing among conflict-affected household where local authorities built latrines on the aftermath of the conflict. Open defecation is generalized and hygiene practices are poor, in particular when it relates to water protection.

WASH needs in the area appear in terms of development and long term system strengthening to develop local capacity. The Muslim camp/village has a similar wash condition than the surrounding communities, but its vulnerability is increased due to the makeshift accommodation, little/no access to services and livelihoods, restriction of movement and high levels of stress intercommunity relationship with the neighboring. A balanced intervention would promote a good relation with the local authorities, a contribute to some extent to prevent further conflict.

2 WASH situation overview

The following data is available at the WASH Cluster level for the visited sites. Information is however not totally accurate as all the assessment had not been finished at the time of reporting (December 2014).

Site	Type	Typology beneficiaries	Nb of affected household	IDPs Pop or directly affected population	Total PoP
Ah Lel Mu	Muslim	Village with affected HH	153	836	836
Ah Pauk Wa	Rakhine	Surrounding Community	0	0	-
Ah Pauk Wa	Muslim	Village with affected HH	153	836	836
Gone Pi Htaunt	Muslim	Village with affected HH	116	707	707
Gone Pi Htaunt	Rakhine	Surrounding Community	0	0	1569
Kyauk Ta Lone	Rakhine	Surrounding Community	0	0	945

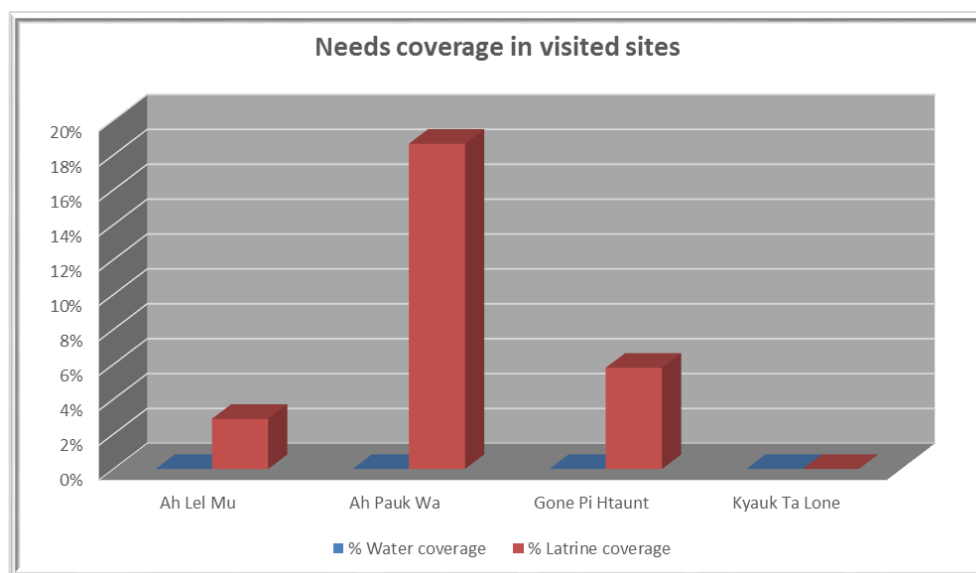


Figure 1 – Needs coverage overview for the locations visited (Ref 4W December 2014)

3 Purpose and Activities

WASH Assessment of Oxfam intervention in Kyaw Taw township – joint visit with ERF – is to assess the situation in Kyaw Taw villages where Oxfam intervention is starting

In every one of the five visited sites:

- Community meeting for introductions and discussions on the identified needs and issues of the community, visit of relevant features of the site
- Meeting with local authorities
- Crosscheck of the 4W data for adjustment
- M&E data collection for the concerned sites

- Briefing upon arrival with OCHA ERF and Oxfam
- Visit of Gone Pi Taung – community meeting for introductions and discussions on the identified needs and issues of the community, visit of both parts of the village (Rakhine and Muslim)
- Meeting with the TA of Kyaw Taw
- Visit of Kyaw Talone village – community meeting for introductions and discussions on the identified needs and issues of the community, visit of ponds and latrines, focus groups discussion with women and men (separate)

4 Observations

The WASH project funded by ERF and implemented by Oxfam has encounter delays to start. Coordinating with the township authorities in order to agree on an acceptable equilibrium between a balanced assistance and a needs-based response has proven challenging, while the communities in the area were reluctant to international intervention.

After several months of negotiation with the authorities upon the list of sites for intervention, Oxfam has been granted access to the field early December 2014. A risk assessment has just been completed and allows sites to be ranked by vulnerability in terms of WASH and public health risks.

The criteria used for the risk assessment included the latrines ratio, the number of months of water scarcity in dry season, sanitary condition of the ponds for drinking water, number of community health workers trained by government and actively working, school latrines ratio. 21 sites have been assessed and include directly affected villages, surrounding villages and camp-like settings.

4.1 Ah Pauk Wa (pop not reported) and Ah Lel Mu village (836 inhab.)

Although these villages were not specifically evaluated, they were visited on the way to Gone Pi Tauk. It seems important to highlight that these are “mirror” villages with one Rakhine side and one Muslim side, very close one to another. The muslim Ah Lel Mu has a very busy market on the river shore where all types of products could be found (hygiene items, various food and clothing...). It appears to be a main trade place for people from other villages along the river; for both communities.

4.2 Gone Pi Taung villages (2371 inhabitants)

Rakhine side of the village (66% of the population)

This side of the village shows usual development needs as most part of Rakhine state but without humanitarian needs. Primary concerns of the population include, by order of priority, education, health and water.

Primary school only is available in the village (250 children, 12 teachers). The school has improved sanitation facilities including hand-washing station and seem operational. Doors are however locked and the key could not be found when requested. For middle school, children must travel by boat to Ah Pauk Wa village. Only 30% of the children of the village could continue middle school this year. High school is available in Kyaw Taw town, this year only 2 children from this village could attend.

The rural health center closed 3 months ago, reason was not known by the informant. Population must reach Ah Pauk Wa or Kyaw Taw for health care. Main diseases identified by the community are malaria and hypertension. Diarrhea is not a major concern according to them, neither for children nor for adults.

The community identified 4 months of water scarcity during the dry season. During this period, the river water is used. The existing pond is 14ft deep, the water is quite turbid and the embankment in good condition. Small rehabilitation to ensure better tightness, higher embankment to increase its capacity, a better pontoon and a fencing to preserve the water quality seem feasible. The community mentioned that filters were not used at all because of the cost estimated to 40 000 to 50 000 MMK in the near-by market. During the visit a filter was seen: active carbon combined with multi-layered sand, probably Chinese or Korean product, coherent with the price range mentioned. No other type of filter or boiling is used.

Villagers estimated to 30% the number of households having a latrine. During a past project by UNDP some 3 years ago, pan and pipes were distributed for latrines, but according to the villagers “they never came back to finish the latrines”. The major difficulty mentioned to build their own latrines is the lack of money.

There are some examples of effective community mobilization currently, as drainages have been cleaned during the week.

The women manufacture bamboo mats that are sold in the market twice per week. The village seems to be well known in the area for this production. Several households have been seen producing these, they are mainly used to dry the rice. The bamboo comes from Pale Wa (Buthidaung township). Men are mainly farmers (prawns, chili, rice...) or traders. Fishing is only for household consumption as there is not market for fish in the area, probably due to the proximity to the river, everybody can fish.

A shop in the village offers bottled water and ORS sachets among other basic products.

Muslim side of the village (34% of the population)

This side of the village was completely destroyed during the conflict, shelters (long houses) were built by Government, but some families preferred to return to their original land plot and build a makeshift structure to avoid to lose their land and to get away of the dense areas. Movement for this population is restricted and the only route they can use is by boat to the market in Kaung Toke. Relationship with the sister part of the village are extremely tense, a guarded security gate has been installed between both to contain troublemakers. The setting is not as dense as a camp, but individual accommodation is highly fragile and families have very little assets.

The main concerns identified by this community are, in order of priority, road/river access, education and health.

Their only access route being by boat, the need of a jetty allowing an easier loading and unloading is needed. Currently, boarding is done on the muddy river bank. The main way in the village does not have a drainage and during the rainy season, the road becomes is very difficult.

There is a school in that part of the village. After the conflict, government trained some people to become teachers in this school, but salaries are not paid. Some families cannot afford the school (estimation by the teacher is 100 children out of school). Only primary school is available, older children do not have access to middle or high school.

The Government mobile clinic comes twice per month for primary health care. For secondary care, population needs to reach Ah Pauk Wa. Main diseases mentioned include malaria, Japanese encephalitis, hypertension, TB and skin diseases for children.

The community uses two ponds for all purposes. The water is acceptably clear and large vegetation in and around the pond contributes to maintain a good water quality. The embankment is in good condition. Small interventions such as a better pontoon and fencing may be done to protect the water quality and ease access; however, any deeper intervention in the pond will have to be wisely weighted as it will disturb a well settled sediment and a very useful vegetation. In case of intervention, the sedimentation will take several years to achieve a status similar to the current one. This community mentioned that they manage to have water all along the year (no months without water) which may also be linked to the fact that the bottom having settled, the water remains clear enough and usable until the end.

The community informed that the food rations are not enough for all the households, as the number of households reached 118, and in the lists only 97 are considered.

4.3 Kyaw Talone (945 inhab.)

This village is distant to the conflict-affected area. It shows usual development needs but no humanitarian need at all. Some assistance has been provided during the 90s but nothing since then.

The main priorities identified by the men are, in order of priority, water, latrines and health. Women prioritized water, microcredit and electricity (light).

The villages has two ponds. The main one in the center of the villages is very turbid and shows evidence of usage by buffalos. The embankment is damaged reducing the overall capacity of the pond. Community informed that they tried to

repair the embankment but it is not enough. The water scarcity at the end of the dry season has been always an issue for this community. It is surprising (disappointing?) that there has not been more community mobilization to solve the issue, they informed that they expected government to do it. The second pond is not very big and is on the side of the village, only used by the handful of households around. During the water shortage season, the villagers mentioned that they received bottles of water donated by a private company in Kyaw Taw. There are no boreholes, wells of springs in the villages. There is one borehole in the next village, but it is only salty water, used for domestic purposes.

The expressed need of latrines is unclear, as it seems like the villagers provided the “expected answer”, probably suggested by a third party (TA?, Oxfam?...). Understanding of the effects of having or not latrines is not evident. Some families have latrines in their compound. One has been built by the owner of the house that works in Kyaw Taw and comes from time to time to the village.

Primary care is available in the next villages 30min walk from Kyaw Talone. Main diseases mentioned include diarrhea at the dry season due to “bad water remaining in the pond” and malaria.

The community informed Oxfam that they are very keen to contribute to any work they would do, by discussing with the landowners, mobilizing the community... However, they will not do volunteer work (unpaid) as they do not have other livelihoods.

This appears to be the most vulnerable villages assessed in terms of WASH (lack on latrines, water vulnerability, and no hygiene awareness within the community). It seems also quite evident that the community has been briefed by someone about NGO interventions and what they must request.

4.4 Meeting with the TA

This courtesy visit was the opportunity to reinforce the relationship with the TA. Oxfam has been discussing for several months with him to define the intervention. During our visit, the TA showed warm welcome and insisted on his support to the agencies to complete their work that he sees as very beneficial for his poor community.

Following the risk assessment, Oxfam mentioned that 3 sites from the TA suggested list will be replaced by more vulnerable. The response from the TA was very positive. The details are planned to be discussed in the coming days.