

WASH Cluster Myanmar

Minutes of National WASH Cluster Meeting

Date: 2019 July 08, Monday Venue: UNICEF Yangon Office

Time: 2 pm – 4 pm Duration: 2h

Chair: Sunny Guidotti, National WASH Cluster Coordinator

Minutes: WASH Cluster

Participants: Arche-Nova, MHDO, HI, WC, Cordaid, MA-UK, CDN-ZOA, PIN, SCI, OXFAM, HARP, UNICEF

Sr.	Topic	Time	Who
Agenda	 Intro (5min) Brief emergency updates (5min) Humanity Inclusion on our partnership for increased Inclusion in WASH (15min) AWD Preparedness – joint meeting with Health Cluster outcomes (10min) Brief presentation/overview of WASH 'EM Training by London School of Hygiene and Tropical Medicine (60min) Review of the HCT Emergency Response Plan (20min) AOB (5min) 		
1,2: Introduc	tion & Emergency updates	ı	
Summary of Discussion	Introduction Brief Emergency Update	2:00	All Participants
	 Restriction in TA and operating activities due to current security issues by CC 22,113 people displaced (5,249) HHs in 82 locations. Discrepancies in gov't versus CSO figures Gov't 's plan to relocate IDPs in Buthidaung, Minbya, Mrauk-U, Ponnagyun, and Rathedaung These 3W is based on red Cross and partners data, site by site information can get upon request. 		
	<u>Kachin</u>		

	 Flooding in Sadung on July 1st; assessment done by WASH cluster, MMA and OCHA to the camp. Meeting with GAD. 764 people affected On 27 June Flooding in Sut Yang and Nawng Mun villages, Nawng Chain village tract, Waing Maw township. Belief was provided by gov't and MRCS including HK, ORS and cash assistance No emergency update for Northern Shan 		
Action Plan			
3. Humanity I	nclusion on our partnership for increased Inclusion in WASH (15min)		
Summary of Discussion	 Direct support and technical support in Myanmar We are consulting with different sectors/clusters WASH cluster approached humanity inclusion one year ago A cross-cutting thematic to ensure full protection of rights of PWD and other groups at risk of discrimination Charter on the inclusion of PwDs in humanitarian crisis (2016) IASC guidelines on inclusion of PwDs Myanmar HRP and sector-specific strategies We are lack of data in disabilities HI 2018 situational analysis (Kachin)- WASH highlights: Most of WASH facilities are inaccessible to PwDs Toilets are slippery during rainy season 3 outputs/levels: Disabilities inclusion mainstreaming in humanitarian plans and strategies (national/cluster level) Support to organizations of PwDs Concrete illustration of disability inclusion and barrier removal; lesson learns and best practices 3 sectors targeted: Health, protection and WASH Intervention area: focus on Kachin with national components Duration: Sep 2019 to Dec 2010 Focus on the WASH sector Continue raising awareness Better understanding the needs/gaps/barriers: support participatory assessment of barrier and facilities; improve the identification of PwDs Provide technical support, facilitate training/feedback 	2:15	Humanity & Inclusion

	 Sunny: There will be cross learning in Kachin, Rakhine and N.Shan We are collecting PwDs indicators started from Q2, hope to get more data in Q2 and Q3 We should have tailored design for PwDs at cluster level HA: Defining PwDs across sector/cluster should be discussed At field level, we might not focus on Health It will be good to meet with 2 or 3 partners OXSI Inclusion in WASH by consultant; To develop a few solutions: it will be coming soon. 		
Action Plan	 Need to consider how to train local staff HI to update cluster on partners they will work with in Kachin for inclusion and bring to WASH Cluster good 		
4. AWD	practices and lessons for cross-learning Preparedness – joint meeting with Health Cluster outcomes (10min)		
Summary of Discussion	 We developed action plans together with Health cluster in Rakhine and Kachin We met with Health cluster at national level last week and to gov't health department a proposal for AWD preparedness Merge contingency stocks of both WASH and Health Combine contact list To prepare a site-specific, joint health-WASH indicator analysis on acute watery diarrhea cases from EWAS. (EWARS weekly data will be integrated in the quarterly WASH cluster 4W analysis depicting health cases in each site (as suggested in the monitoring framework review) 	2:40	Sunny
Action Plan	 Partners need to share contingency stocks Sunny will share latest contingency stocks data again 		
5. Brie	presentation/overview of WASH 'EM Training by London School of Hygiene and Tropical Medicine (60min)		

Summary		2:50	Astrid
of	Global level, to test this handwashing approach	2.50	Astriu
Discussion	We had 3 days camp level WASH'EM training (data collection and training) in Sittwe last week		
Discussion			
	Who developed the tool? ACF, London School, CAEST, USAID		
	In emergency, time, resources and capacity are limited		
	what is WASH'Em?		
	Learn about the rapid research tools		
	o Do the rapid research tools		
	o Input data in WASH'Em software		
	o Define hygiene promotion approach based on context		
	• 5 rapid assessment tools		
	 Handwashing Demonstration (how do people interact with objects and infrastructure?) 		
	 Motives (What are the underlying motivations behind people behavior?) 		
	 Risk perception (Do people think that they are at risk of getting diarrhea?) 		
	o Personal Histories (What are people's experiences of displacement, disease or crisis? How does this		
	affect their behavior and how could it effect your intervention?)		
	 Touchpoints (What is the best way of reaching your population?) 		
	The tools should take one day to learn and 1-3 days to conduct		
	We are trying the tools with multi language		
	We have decision support software		
	The tools started in 2016		
	Tools is very easy and quick access.		
	Initial Findings from WASH'Em in Sittwe		
	Get people to build handwashing facilities so that handwashing is more convenient and desirable		
	o People are almost 70% more likely to wash their hands if there is a specific place for handwashing		
	o Water is also problem to wash hands		
	Recommendation : To keep handwashing stations		
	 Make people realize that others do notice whether they wash their hands with soap 		
	o If a handwashing is not in a visible location, then there will be no social pressure to wash hands		
	 Have people's roles within the family and community changed? Yes, 		
	Status comfort		
	Increase the perceived link between handwashing and education		
	 Increase the perceived link between handwashing and neatness 		
	 Increase the perceived link between handwashing and success 		
	• increase the perceived link between nandwashing and success		

	 According to risk perception: people think there is equal likelihood of them and their neighbors getting diarrhea. This may indicate that people can get diarrhea randomly Recommendation: Help people to realize that although anyone can get diarrheas it is not completely random and can be prevented You can download all tools, FAQ, case studies and map, videos from www.washem.info OXFAM: this tool should be explored in the surrounding villages (near camp) HH level Sunny: What is the way of forward? Replicate in other areas in Rakhine Discuss in Rakhine with the training participants and agree on ways forward and how the results will impact our strategy LSHTM to share the results table with Sunny for circulation with the cluster Remote support available support@washem.info In Sunny's absence during maternity leave, Alessia C4D Specialist from UNICEF will be the focal point to support the replicating of this training in Kachin, Shan and support Rakhine with follow on actions. 	
Action Plan	 Will share PPT with meeting minutes Will share the results with excel file when received from LSHTM To update Training and workshop docs in WC website and share next week (pending receipt from LSHTM) 	
6. Revie	ew of the HCT Emergency Response Plan (20min)	
Summary of Discussion	 We uploaded HCT, ERP in WC website It is yearly review At national we have asked to review Rakhine response plan I done by Rakhine ICCG In line with HRP: Core things to look up the tables which we shared. OXFAM: MIRA training? Camp context? Relevancy? Look only small area, SCI: MIRA is general. For WASH, we need to have more specific information SCI: to develop assessment with KOBO and upload in website so that all partners can easily download and use UNICEF: do we need to develop standard indicators? 	
Action Plan	We will share on the weekly update the ERP, but also available on our website	

7. AOB		
Summary of Discussion	 Turft University: CASH grant and family share latrines review studies in Kachin and family share latrines review studies in Rakhine SCI: UNICEF is trying to provide Gravity Flow System training in Shan. It will be happened or not. SCI and others partners are interesting that kind of training. CDN has plan to provide such kind of training. Excel training for WC will be in Kachin, Rakhine and N.Shan OXFAM: need to have bigger study on the situation on arsenic contamination in Rakhine. UNICEF, Kris is leading WASH sector (TWG) in Rakhine 	
Action Plan	 Partners to submit by July 9thCOB their 4W, Funding Matrix and Emergency Matri NWCC to follow up with OCHA on the review of the Rakhine ERP and inclusion of partners NWCC to follow up with OCHA on next MIRA review and training NWCC to follow up with N.shan WC for Gravity Flow System training NWCC to share the Capacity Assessment and partners to suggest what trainings they can offer to fulfill the capacity gaps identified by partners and government NWCC to share the WASH'EMpresentationandemailofAstridforanyremotesupport Rakhine WASH Cluster to discuss and review WASH 'EM actions, review of Rakhine ERP/Contingency Plan, Rapid WASH Assessments Forms review including new 'camp closure' and put on KOBO Rakhine WASH Cluster to conduct the assessments and finalize the plan for presentation at national level (due date August 31, 2019) OXSI and NWCC to follow up with UNICEF for moving forward with government(DRD) on arsenic 	