A young girl with dark hair, wearing a vibrant red dress with intricate white and green patterns, is shown from the chest up. She is holding a large, round, silver metal water pot (kalash) with both hands. The pot is covered in water droplets, suggesting it has been recently filled. The background is a blurred outdoor setting with a blue structure. The overall image conveys a sense of daily life and access to water.

# Myanmar WASH Cluster Strategic Operational Framework 2017-2019

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# 1. Introduction

This framework is a guide to WASH operation and response for WASH Cluster partner agencies responding to the humanitarian requirements due to the protracted crisis in Rakhine, Kachin and Shan since 2012. The WASH cluster ToR, letter of activation and all other cluster documents, reports, references can be found on our website:

<https://sites.google.com/view/washclustermyanmar/>. Throughout this document, you may also click on links to relevant documents available on our website.

This framework was drafted by the WASH Cluster team following national wash cluster meetings and workshops held in Rakhine and Kachin with Government, INGO, LNGO and CSO partners and covers the period from 2017 until 2019. It is an update to the previous year's WASH Cluster SOFs that has been streamlined to facilitate ease of use. The aim of the SOF is to provide an overarching flexible multi-year strategy that builds upon guidelines and standards developed as part of the WASH Cluster work to date. This redraft is in line with the current humanitarian situation as outline in the yearly Humanitarian Response Plans and is applicable until such time as the need arises to review this. It provides a framework for government cooperation and development towards transition. The situation remains critical with challenges beyond WASH needs alone including human rights and humanitarian issues.

Currently, the key affected states where humanitarian response is ongoing are Rakhine, Kachin and Shan States, in particular as these have the highest number of IDPs and returnees with unmet needs. For more details on the townships affected and the partners responding, please see our state snapshots on our website: [Snapshots per State](#). WASH Cluster partners currently operate in most townships affected by the conflict, however non-governmental controlled areas and areas in northern Rakhine state present humanitarian access issues.

The WASH cluster has activated emergency preparedness for all the locations including regular update of the cluster emergency capacity table outlining the stocks available for water, sanitation and hygiene per state, the HR capacity of the cluster on the ground and coordination with government. The WASH cluster also provides Wash in Emergency Training of Trainers to state level government and partners as well as to township and district level officers. The WASH cluster also provides one-on-one training with partner organizations and government as well as thematic trainings offered cluster-wide by a few INGOs. The WASH cluster also regularly updates the contact list and mailing lists, mapping which partners work where in the current affected states and nationally. The WASH Cluster is also updating the Acute Watery Diarrhea Contingency Plans and joins OCHA and inter-cluster efforts for contingency planning for floods, drought and cyclone.

As per the statistics available from OCHA/UNHCR in the 2018 HRP, there are 241,000 IDPs and 622,000 non-displaced persons affected by conflict in Myanmar. The WASH Cluster in 2018 is targeting a total of 516,478 persons affected by the conflict in Myanmar. This includes 116,862 persons in Kachin, 20,479 in Shan and 379,137 in Rakhine (not including potential returnees from the August 25, 2017 displacement to Bangladesh). The future response of the WASH cluster will mainly depend on the resources and in country capacity of partner organizations. An attempt is being made to formalize the Government WASH

coordination under the DACU, however as of December 2017, the WASH sector coordination is not yet set up. More details can be found on our website: [Government Guidance](#).

## 1.1 Complementary Documents

The Myanmar WASH Cluster website created in 2017 contains all relevant documents and should be a reference point in addition to this SOF:

<https://sites.google.com/view/washclustermyanmar/>

This strategy should be read in conjunction with the following documents:

- [Myanmar Humanitarian Needs Overview 2018](#), OCHA, November 2017
- [Myanmar Humanitarian Response Plan 2018](#), OCHA, November 2017
- [Accountability Review](#), Myanmar, OCHA, June 2015
- [Myanmar National Rural WASH Strategy](#), formally released in 2017
- [Rakhine Advisory Commission Report Kofi Annan](#), August 2017
- [Myanmar Protection Sector Analysis](#) latest (2015)
- [Reshaping Engagement CDA](#) (2016)

Plus additional documents with links throughout this document.

And international guiding principles:

- [The SPHERE Project \(currently undergoing a revision process\)](#)
- [The Humanitarian Charter](#)
- [The Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations \(NGOs\) in Disaster Relief](#)
- [The Do No Harm approach](#)
- [Minimum commitments for the safety & dignity of affected people](#)
- [The Grand Bargain](#)

## 2. Global Guiding Principles

In Myanmar, the WASH cluster guiding principles include:

- WASH Cluster partners are expected to conform to the broad operational framework outlined in this document, and should be prepared to engage in open cluster discussions to update this document prior to commencing any action outside of these guidelines. Those agencies that have agreed to these guidelines but do not follow them will be expected to provide justification to WASH Cluster and other WASH Cluster partners where this has not proved possible.
- Adhere to SPHERE standards, where adaptation to local realities is required, as decided by the cluster.
- Involve emergency affected communities in assessing and prioritizing their own needs, as well as program design.
- Integrate with the strategic and operational approaches of other Clusters, particularly Health, Nutrition, CCCM and Education.
- In order to maximize impact of basic services, cluster partners programs will address the ‘three elements’ of WASH (Water, Sanitation, and Hygiene), either as an integrated program, or in collaboration with other partners.
- [One Focal Point WASH Agency per Site Approach](#): One agency per site is to be sought for better integration of WASH, efficiency, coverage and preparedness.

- All WASH programs should include good governance, human rights, gender equality, protection, age, psycho-social and environmental aspects as integral to WASH program planning and implementation.
- The WASH cluster coordination cell will endeavor to be accountable to WASH partners, as well as to the CLA representative by being an active information and advice resource, and providing opportunity for performance feedback.
- WASH cluster partners/implementers will be mutually accountable to each other, the WASH cluster coordinator/Cluster lead agency and to affected populations.
- The WASH cluster will seek synergies with the first Myanmar Rural WASH Strategy of 2017 and align with relevant Government of Myanmar strategies and standards.
- The WASH cluster will work with others to strive to humanitarian access, using all creative means in insecure areas (within security management protocols) where there are a lot of unmet needs

### 3. The Role of the Cluster

The structure and core functions of the WASH Cluster are detailed in the Myanmar WASH Cluster Terms of Reference and the Activation Letter on our website ([Cluster ToR and Activation Letter](#)) approved by the HCT in 2013.

The WASH Cluster is hosted by the WASH Cluster Lead agency, UNICEF. The UNICEF-assigned WASH Cluster Lead coordinates the national WASH Cluster and liaises with the government, but all objectives defined in that strategy are the result of collective decision-making to ensure a stronger impact and results for beneficiaries. Changes to the strategy are made through collaboration and results are mutually agreed upon. The Strategic Advisory Group (SAG) for 2018 consists of Metta Foundation, Unicef and Solidarites International.

Due to geographical access and movement constraints in the country, WASH actors have developed strong resources at field level, creating a well-functioning, decentralized coordination mechanism, allowing most decisions to be taken directly at field level with support from the national WASH cluster lead.

#### 3.1 Services

In 2017, the cluster developed a Myanmar WASH cluster website where all documents, reports and more can be found: [Myanmar WASH Cluster website](#). There you can find details on:

- [Key Strategy Documents \(SOF, HRP, etc\)](#)
- [Cluster Guidelines and Standards](#)
- [Response Tracking \(4W\)](#)
- [Funding Tracking](#)
- [Newsletter \(Report/Regular Advocacy\)](#), including tracking of LNGO, INGO, UN actions and funding to fulfill the targets in the Grand Bargain of localization
- [Cluster Meeting Calendar](#)
- [National and State Cluster Workplans](#)
- [Assessments & Studies](#)
- [Contact List for partners, government and donors](#)
- [Preparedness Documents](#)

- [Meeting Minutes](#)
- [Gap Analysis](#)
- [Myanmar WASH Cluster - Wash in Emergency Training Package](#) in Myanmar and English, 5 days ToT and 3 days training.

New services offered in 2017 include:

- [Myanmar WASH Cluster website!](#)
- [Newsletter \(Report/Regular Advocacy\)](#) which we started in the first quarter of 2017. Besides the quantitative analysis, there is a narrative reporting on progress and challenges/gaps. It is used as an advocacy tool and sent to partners and donors.
- [Snapshots per State](#) revised to better track gaps in WASH, per site and a traffic light system per township to enhance coverage of gaps by the WASH cluster.
- [National Emergency Capacity/Preparedness Table and other preparedness documents](#). This is updated every semester with contingency stocks per state, WASH HR capacity and other cluster-wide efforts.
- [Response Tracking \(4W\)](#) went through a light revision to start tracking water quality results and access to sanitary pads for women, amongst others. A more comprehensive revision is required in 2018.
- The [Myanmar WASH Cluster - Wash in Emergency Training Package](#) is available on our website in both Myanmar and English. It includes a 5 days ToT and 3 days WiE training. It's been delivered in 2017 to 24 ToT and 74 trainees from government and local partner organizations in all 3 states plus Mandalay.
- [Skype Group](#) activated during Cyclone Mora (May 2017) where partners were able to agree on a damage assessment form and the cluster provided the form one hour after. All partners used this form before going to the field and allowed for speedy reporting. The group is used for informal exchanges with partners as well.
- [Costs & Analysis 2018 WASH Response](#) data on costs and analysis per township, per state for different groups such as IDPs, returnees, stateless non-displaced, vulnerable non-displaced. Good indication for partners' planning and proposal development.
- [Weekly updates](#) by email are shared by email including national and state level updates.
- We created a [Cluster Calendar](#) updated on the website and featuring the cluster meetings and other relevant trainings and events.
- There is also a new [National Mapping of WASH Partners](#) by state available on the website.
- In November 2017, the WASH Cluster developed a [Myanmar WASH Cluster Ways of Working Guidance](#) to ensure coordination and accountability are streamlined nationally.
- [Quarterly Gap Analysis](#) which prioritizes nationally gap areas to be covered and indicates to the cluster team priority sites to be visited to contain public health risks.
- [National and State Cluster Workplans](#) to improve accountability to our partners and allow partners to contribute to cluster plans and actions with a 6 months outlook.
- [Draft Mandalay Earthquake Contingency](#): Basic contingency plan drafted and developed for an Earthquake scenario in Mandalay with partners that are currently operational in Mandalay.

- [Cyclone WASH damage assessment](#) form was created in May 2017 following cyclone Mora. Reports with assessment results were produced in 8 hours of when the storm ended and was a useful advocacy tool. Fundraising for cyclone Mora covered 100% of damages to the WASH cluster!

### 3.2 Structure

Within Myanmar, the WASH Cluster is decentralised and coordination is focused at the State level due to movement restrictions and distance from Yangon. As such, sub-cluster coordinators are managed by the Unicef Chief of Field Office. Figure 1 outlines the structure of the core cluster management for the country and how it relates to technical working groups (TWGs).

With the new government coming onboard in 2016 and hopes for changes in the protracted crisis as well as with funding restrictions, the cluster coordination at state level reduced its resources with some staff double-hatting and less staff. By end of 2016, it is well-recognized by the cluster that a dedicated WASH Cluster Coordinator is preferred and that more resources for improved monitoring and systems' roll out is required.

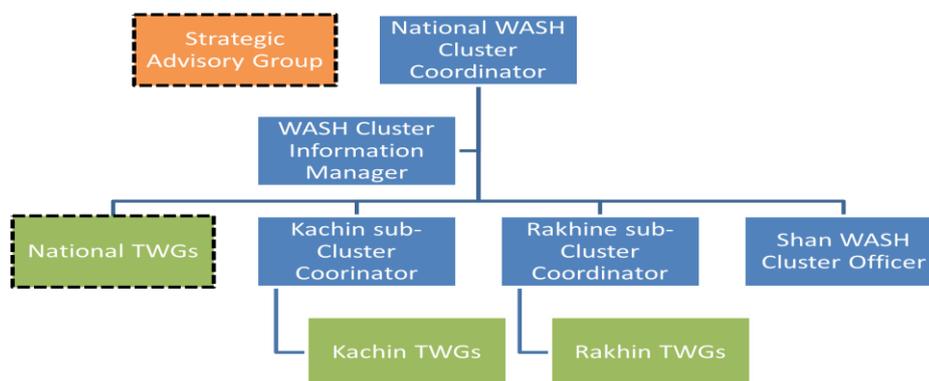


Figure 1 - Myanmar WASH Cluster Structure

**Kachin Sub Cluster:** RRD is formally under the MSW. The RRD together with the wash cluster is bringing together all concerned government departments (DRD, GAD and DPH) and wash partners. The Cluster through the health cluster coordinates closely with the State Health Department.

**North Shan Sub Cluster:** Historically this has been led from the Kachin WASH Sub-Cluster, nevertheless this has proved challenging due to the distance and limited number of actors in North Shan. With increased humanitarian needs, a WASH Cluster Coordinator is based in Lashio and double-hats. The cluster management functions will be transferred to the national coordinator, nonetheless Kachin sub-cluster coordination is required.

**Rakhine Sub Cluster Management:** Jointly managed by UNICEF, the Ministry of Transport and Communications (MoTC) and DRD. The MoTC is responsible for the displaced population in Rakhine state and work in close partnership with DRD on all WASH issues for displaced persons. The cluster coordinates closely with the State Health Department for disease surveillance, hygiene promotion and health preparedness at state and township

levels. The General Administration Department (GAD) and Township Administrators (TA) are responsible overall for all government and non-government activities in their jurisdictions, including solid waste management in some locations. As such, the WASH cluster seeks to inform and increase their participation in all activities.

**Ad Hoc Cluster Management:** The 2015 floods saw the deployment of cluster personnel and consultants to provide short term cluster support in flood affected regions/states outside of Cluster mandated zones of conflict. This approach has proven to be a successful model to ensure basic coordination. The approach can be used in case of other emergencies.

### 3.3 Technical Assistance (TWGs)

Technical issues requiring further elaboration to be discussed in small technically-qualified teams under the facilitation of a Focal Point from within the WASH Cluster as identified by the Cluster Coordinator. These groups are called ‘Technical Working Groups’ (TWGs), and will convene in response to needs as expressed by Cluster partners of the WASH cluster coordinator, and meet as often as required to come up with concrete solutions for arising technical issues. Terms of Reference to be set by the Cluster Coordinator or SAG, reference to [TWG ToR](#). TWGs are accountable to the WASH Cluster Coordinator and report through the cluster meeting.

Based upon existing capacity, the WASH Cluster staff will also be available to support partners with the following activities:

- Ad-hoc requests from partners to support with technical working groups
- Support with finding internal/external training providers to build partner/government capacity
- Support with finding consultants for specialised services/studies
- Standardisation of designs and specifications for WASH related infrastructure
- Gap & Capacity analysis
- Needs assessments
- Consolidation of lessons learned from previous interventions

The Cluster recognises that some TWGs in previous years have underperformed due to often overstretched capacities. This led to delays in update of technical briefs and agreed approaches, so TWGs are encouraged as necessary with defined timelines and ToRs in 2017-2019. In 2017 the number of technical working groups has been reduced.

As of December 2017, the active or planned TWGs for 2018 are:

Location	Topic	Justification	Accountable Organization
Rakhine, Kachin, Shan	Water Quality & Treatment	Improve water quality and review water treatment strategy	RI/SCI in Rakhine, SI in Kachin, Unicef/SCI in Shan to be formalized

Kachin	Desludging	Partnership with the private sector and government to analyze different business models associated with desludging services. Requirement for improved approaches to dealing with sludge	Oxfam/Gov't
Rakhine	Desludging	Expansion of desludging services and technical guidelines update	SI
Rakhine	Village approach	Need updating the village approach document based on the past couple of years lessons.	SCI – to be formalized (MHF compromise)
National	Mainstreaming of Gender & Protection	Improve the menstrual hygiene management service cycle including access to sanitary pads, disposal, collection and treatment. In collaboration with the GBV WG and Education. Review technical standards and guidelines.	DRC/UNFPA
Rakhine Kachin	WASH Behavioral Change TWG	Improve community mobilization, hygiene promotion, access of women to facilities, hygiene kits, and handover of facilities. Better accountability and feedback mechanisms	Oxfam in Rakhine, SI in Kachin
National, Rakhine, Kachin & Shan	Emergency Preparedness	Update of minimum emergency standards nationally with 'ready to go' files, designs and IEC. Review of suppliers.	UNICEF

### 3.4 Meeting Management

Until mid-2013 national WASH representation from NGOs in Yangon proved to be challenging, though this has improved progressively in 2014 up to 2017. Between 2016 and 2017, an increase from average 8 to 31 partners were noticed.

The national wash cluster meetings are highly populated (25-35 participants) and will ensure space for partners to debate and put forward WASH related advocacy messages to be taken to the ICCG/HCT[1] meetings. TWG/working session meetings will focus on a deliverable to be done by a smaller group of partners (3-7 participants).

National Cluster will meet monthly, intercalating between national wash cluster plenary meetings with all partners one month (1<sup>st</sup> Wednesday of the month, 3-5pm), followed by a TWG/working session on the next month (flexible dates). Sub national cluster meetings will focus primarily on operational issues at state level and ensuring that TWGs remain on track

to deliver cluster objectives. These will take place on a monthly basis in Kachin and Shan, and every 2 weeks in Rakhine.

The [Myanmar WASH Cluster Ways of Working Guidance](#) includes guidance on meeting management. The meetings nationally and at state level are posted on the [Cluster Meeting Calendar](#)

### 3.5 Information Management

Information is managed centrally by the Information Manager at national level in collaboration with the state clusters. WASH Cluster is coordinated through the use of a google group based mailing list. The WASH Cluster data collection and reporting cycle is quarterly and prepared for Kachin, Shan and Rakhine separately. The Newsletter combines national and all states progress. All documents are shared by email, on the [Myanmar WASH Cluster website](#) and [WASH Cluster pages on the MIMU website](#).

In 2016, a revision of the 4W was undertaken to align with CCCM databases and to move towards functionality. This meant tracking of infrastructure progress suffered. A light revision was carried out in Q2 2017. Another revision is planned for Q1-Q2 2018 to align with the new 2018 HRP indicators and address partners' feedback. <http://washcluster.net/minimum-commitments-safety-dignity-affected-people/>

### 3.6 Monitoring & Performance

WASH cluster monitoring visits will be triangulated with self-reporting by WASH agencies and CCCM field data. These visits will focus on overall site evaluations and focus group discussions with community users to evaluate user satisfaction with WASH services. The site visits are prioritized based on the [Gap Analysis](#) prioritization list. Besides the cluster team, these visits can be organized together with other partners for improved accountability.

Cluster coordination performance will be monitored by the CLA representative, through self-assessment and occasional WASH cluster partner survey. Cluster coordination performance can be also monitored by regional or global WASH clusters. In early 2018, a survey will be sent to partners.

## 4. National Government Framework

In March 2017, the Ministry of Agriculture, Livestock and Irrigation, the Ministry of Education and the Ministry of Health and Sports launched the first Myanmar WASH Strategy called the [National Strategy for Rural Water Supply, Sanitation and Hygiene \(WASH\), WASH in Schools and WASH in Health Facilities](#). This document has undergone extensive consultation at state and regional levels and WASH Cluster partners have participated in these consultations. The new strategy contains a component on humanitarian WASH (Component 7.6) and proposed actions are considered into approaches applied by WASH Cluster partners. For example, township level technical support committees for WASH have been set up in Kachin state and are the focal points for local level coordination. This is chaired by the General Administrative Department (GAD), with DRD as the Secretary and other departments are members such as the Department of Education (DofE) and Department of Public Health (DoPH). The WASH Cluster is using this framework to integrate with government structures.

The Myanmar Disaster Management Law and Rules (2015) is also an important reference for WASH cluster partners: [Myanmar Disaster Management Law and Rules \(2015\)](#)

An attempt is being made to formalize the Government WASH sector coordination under the DACU, however as of December 2017, the WASH sector coordination is not yet set up. More details on the process and proposals can be found on our website: [Government Guidance](#).

As such, the government counterparts for humanitarian WASH response and coordination nationally are:

- Ministry of Social Welfare – **Relief and Resettlement Department (RRD)** – The lead agency for government emergency response. Active nationally for coordination of disasters and at the Rakhine level through the Ministry of Transport and Communications. In Kachin, RRD is formally under the MSW.
- Ministry of Agriculture, Livestock and Irrigation - **Department for Rural Development (DRD)** – The agency responsible for rural WASH and representing the main government operational counterpart for WASH actors in Rakhine, Kachin, Shan and nationally. Their relevant mandate is primarily rural water supply, but DRD have supported in other areas related to WASH. During the 2015 flood response DRD was the most active government department in the response.
- Ministry of Health and Sports – **Department for Public Health (DPH)** – This is the most newly formed department and is responsible for sanitation and hygiene promotion.
- Ministry of Home Affairs – **General Administration Department (GAD)** – Chairman position at township level and responsible for general administration at township level including **WASH Township Development Committees (TDCs)**: their responsibility includes urban services and notably water, sewage, garbage collection and drainage. The majority of the Township Development Affairs Committee (TDAC) members are elected by the community. They are the only fully decentralized government agencies under the control of state and region.
- Na Ta La - **Department of Border and Development Affairs** - in Kachin and Shan are active departments operating in non-camp setting areas to supply water, schools and road construction in border areas only in GCA and NGCA areas. Na Ta La is the 'go-to' department when advice is required from the wash cluster. Na Ta La may support cluster partners with access requests to Chief Ministry and Internal Security Minister.
- Ministry of Development Affairs – **Township Development Affairs (TDA)** are responsible for urban water supply, sewage, desludging and solid waste management. Their scope includes urban camps and municipal managed by State Government (Chief Minister).

In 2017, the Myanmar WASH Cluster has made positive progress with coordinating more effectively with the government in Kachin. WASH Sector Working Group in Kachin met for the first time in March 2017 in coordination with Unicef and WASH Cluster. At the end of 2017, township level WASH technical support committees are being formed to ensure coordination between humanitarian and development WASH responses. The Myanmar WASH Cluster hopes that Kachin can serve as a model for transition in the coming years.

## 5. Transition & Exit Strategy

### 5.1 Enabling Environment

While the new government in 2016 brought a lot of hope, almost 2 years later the humanitarian situation seems worse with more displacement and continued distrust in Rakhine, Kachin and Shan. The displacement of over 600,000 persons from northern Rakhine state to Bangladesh since August 25, 2017 serves as one example.

Despite difficulties to get a clear roadmap and resolution of conflict in all 3 states with protracted emergencies, transition approaches need to be considered with a pathway towards localizing humanitarian responses in line with the World Humanitarian Summit and 2018 HRP objectives.

Given the protracted and dynamic nature of the crisis, the transition process is a continuous cycle with unexpected turns and therefore the transition plan needs to be flexible to consider the frequent changes between relief, recovery and development cycle. For example populations affected by conflict in certain areas of Myanmar go from receiving relief support to moving towards development, while at the same time, other communities might be displaced moving from development to relief needs.

Furthermore, the humanitarian and development nexus needs to be strengthened to contribute to conflict resolution and inter-communal relations. This nexus and collaboration can support relocation and resettlement as well as support handover of some sites to non-humanitarian actors including government and CSO.

The following principles should be applied:

- Exit strategy is in the context of a multi-year strategy with actions allowing a better positioning during the coming years with durable solutions
- Do no Harm approaches must be considered thoroughly
- Based on the principle that the government should be responsible for responding to the population needs, and at some stage take up direct response
- Voluntary return, resettlement and relocation shall be supported (WASH Cluster has developed some key pre-conditions and recommendations to be updated in 2018)

Upholding humanitarian principles including impartiality in delivering humanitarian WASH to all populations is a key enabling environment factor for handover of responsibilities of coordination, especially on coordination functions such as advocacy and accountability to affected populations. Government commitment, resources and capacity to take on board all 7 coordination functions are other important conditions.

For a smooth transfer of coordination responsibilities to government and assuming enabling factors are in place and agreed by HCT and in discussion with global cluster lead agencies and the Government. In this case, the WASH Cluster recommends a phased multi-year approach.

## 5.2 Phased Approach

### Set up of Government WASH Sector Coordination

Fundamental conditions for transition approach include the existence of a government WASH sector coordination for the handover of coordination responsibilities. Unfortunately as of December 2017, the Wash Sector Coordination is not yet included in the Government Coordination framework, DACU. More details on DACU process can be found on our website: [Government Guidelines](#). Attempts are being made to create the Government WASH sector coordination to begin sector coordination of WASH development.

### Enabling Environment/Actions

- Have establish cluster coordination systems in place and as much as possible align with government geo-management structures (i.e. township level)
- Link the development of WASH facilities in camps to longer term township needs (ex: desludging sites benefit all communities)
- Improve living conditions of affected population and develop self-sufficient capacities
- Involve government in the implementation of humanitarian WASH response, especially through collaboration for water quality testing, desludging services and WASH in Schools.
- Engage with WASH lead government department with clear message, in coordination with OCHA and in line with Kofi Annan Rakhine Commission's recommendations, about responsibilities and future expectations once the sector coordination is established and well-functioning
- Develop more practical collaboration with local and national authorities, leading to experience sharing, training and development of emergency standards
- Document Kachin coordination engagement experience with government as a model to be replicated in other states, outlining the key milestones and conditions required.
- Partners continue to handover facilities and cluster document experiences to support all others in the process and address barriers along the way

### Investment/ Resource allocation

UNICEF WASH cluster lead may take a supporting role in transition once the sector coordination is functional and the assigned government department is ready to take the lead. As such, a multi-year investment plan for WASH coordination is required to ensure the lead government department is acquainted and well-resourced for a handover of responsibilities.

### Capacity Development

The WASH Cluster aims to strengthen government and local partner's capacity in planning, coordination and to support effective and timely WASH interventions to ensure acceptable quality of response is provided and maintained. WASH cluster also will promote policies, strategies and practices and promote a full and productive engagement of partners in strategic planning to ensure improved public health situation of affected populations.

Merging sector and cluster coordination poses a potential risk of loss of capacity to coordinate and absorb new emergencies. Thus investing in capacity development is fundamental to overcome such risk.

The [Myanmar WASH Cluster - Wash in Emergency Training Package](#) was delivered this year to 24 ToT trainers and 74 trainees from government and local partners. The package is available on our website in both English and Myanmar languages.

As such, the WASH cluster will continue to support capacity development on:

- Provision of humanitarian WASH services
- Sphere Standards and Humanitarian Principles
- Information Management systems, monitoring and reporting
- Proposal development for national partners
- Emergency preparedness and response,
- The Cluster Approach and Coordination principles and practices
- Contingency planning / lessons learned exercises
- Performance Assessment
- Comprehensive needs assessment and gap analysis - assessment training (MIRA and/or other)
- Technical thematic trainings including water quality testing and treatment, hygiene promotion, protection mainstreaming and desludging.

### Government commitment

The government must be committed to take the lead of coordinating humanitarian WASH interventions. During the transition, the WASH cluster can support with specific functions and shall monitor the coordination mechanism until the handover is properly finalized.

### Transition: Handover of 5 out of 7 functions

It is recommended that the six plus one coordination functions are split initially. The government takes over the five core functions with a dedicated and strong CLA or NGO taking on the responsibility of Advocacy and the plus one – Accountability to Affected populations. This could be particular to advocacy on Humanitarian WASH in order to fulfil the humanitarian mandates on the minimum requirements for any particular population, feeding up to the HCT.

### 5.3 Criteria for deactivation

In 2015, the WASH cluster agreed on the following criteria that needs to be met to consider to initiate deactivation:

- The number of IDPs decreased by 80%. The majority of the population have returned home, and WASH early recovery activities have been successfully initiated in the returnees' communities.
- There are no more significant security/protection risks likely to trigger new population displacements.
- The WASH Cluster strategy is implemented in the majority of the camps, meaning that:
  - WASH Minimum packages have been provided in at least 80% of the target sites
  - The strategy indicators have been measured regularly and eventually fully achieved
  - The operation & maintenance approach is sustainable with government support
  - All non-sustainable activities such as water trucking/boating or hygiene kit distribution have been completed, or replaced by a more sustainable system i.e.

durable water source such as protected wells and access to markets and means for basic hygiene. .

- Lessons learnt from the current emergency have been documented, and all tools developed by the current WASH Cluster (Strategy, Evaluation report, 4W matrix, technical designs, etc) are archived in such a way that they can be easily available for partners for future emergencies, through the Myanmar Government, the MIMU, the RECA and UNICEF REWS.
- A WASH contingency plan for future disasters is finalized and integrated into a multi-sector contingency plan.
- The “WASH in emergency” coordination mechanism has been successfully handed over to the WASH Sector Coordination Group and/or the local authorities.

## 6. Goal

To ensure emergency access to Water, Sanitation and Hygiene for conflict affected communities in Rakhine, Shan and Kachin States. Original [Wash Cluster Logframe](#) outlines goals and objectives in more details

### 6.1 Objectives & Indicators

The original principal objective of the WASH cluster is to reduce WASH related mortality and morbidity and improve dignity of IDPs and other conflict affected communities in Rakhine, Shan and Kachin States.

As per HRP 2018, the WASH cluster overall objective was revised to ‘ensure equitable and safe access to basic water and sanitation facilities with good hygiene practice.’ The sub-objectives include:

1. Ensure equitable and safe access to basic water
2. Ensure equitable and safe access to sanitation services
3. Ensure equitable and safe access to regular hygiene promotion services and materials

These overall objectives will in particular seek to target WASH for those with acute/emergency needs, i.e. for IDPs, returnees, followed by other non-displaced stateless populations and vulnerable communities in affected states.

A number of indicators are collected quarterly through the 4W matrix, however the key selected indicators the WASH cluster will report on for 2018 HRP are:

1.1 Number of people with equitable and safe access to sufficient quantity of drinking water

1.2 Number of people with equitable and safe access to sufficient quantity of domestic water

2.1 Number of people with access to functional sanitation facilities

2.2 Number of people with access to continuous sanitation services

3.1 Number of people reached by regular dedicated hygiene promotion/behavior change activities

3.2 Number of people who received regular supply of hygiene items

## 6.2 Expected Outcomes

- Basic availability of palatable & quality water for drinking and household use for the targeted girls, boys, women and men,
- Basic household water storage is available for the targeted girls, boys, women and men,
- Basic safe excreta disposal facilities are available for the targeted girls, boys, women and men,
- Protection from vector borne disease,
  - Solid waste collection and disposal,
- Drainage where CCCM/Shelter/NFI Cluster is unable to respond,
- Girls, boys, women and men demonstrate knowledge of key hygiene practices,
- Women and men trained to operate and maintain basic WASH services, capacity resilience- building, emergency preparedness and DRR for population living in conflict and non-conflict areas, including return of IDPs,

# 7. Strategies

## 7.1. Overarching Priorities

The National WASH Cluster identified 4 key overarching priorities for incorporation into 2017-2019 humanitarian WASH programming by cluster partners:

1. **Implement durable solutions** - Promoting community ownership of WASH infrastructure and integrating with the private sector and government
2. **Increase WASH integration with other clusters/sectors** – with a specific focus on closer integration with Health, Nutrition, Protection/Gender mainstreaming and Food Security and Livelihoods sector;
3. **Reinforce WASH disaster preparedness** – with a specific focus on capacity development for assessment and response and integration with new national strategies, laws and rules.
4. **Strengthen National Capacity** - with a specific focus on developing township-level approaches that supports humanitarian capacity development of local government and civil society.

### 7.1.1: Durable Solutions

Promoting community ownership of WASH infrastructure and integrating with the private sector and government are important components to achieve durable solutions for populations in Myanmar affected by conflict. To achieve durable solutions the WASH cluster will engage in:

- Support community capacity building and awareness raising to ensure community participation in planning, implementation, management, monitoring and evaluation to guarantee sustainability of services provided.
- Approaches with a longer term prospect including sustainability / early recovery-development integration – where feasible
- Durable designs without being permanent
- Cost effectiveness through public and private (market) approaches
- Cost tracking / data standardization at camp level (i.e. labor rates, etc)
- Accountability in parallel to durable solutions plan

- Enhance synergies for integration of market-based approaches including CBI and private sector contributions aimed at cost effectiveness, beneficiary empowerment, sustainability
- Advocacy for multi-year funding for resilient WASH infrastructure and rapid response, and clear guidance on design life from HCT/ICCG
- Data standardization / alignment where possible for qualitative WASH data

### 7.1.2: National capacity

For the WASH Cluster, the World Humanitarian Summit commitments for localizing responses is prioritized and funding to national partners tracked quarterly. As such, the wash cluster is committed to support to localize the response through:

- Support to localize the response through national/state Government, non-state actors, local CSOs and the private sector to participate in humanitarian WASH service delivery;
- Support for implementation of new government-led WASH strategies, policies and disaster management laws, guidelines and coordination initiatives;

To support national capacity, the WASH cluster will prioritize:

- Government engagement for greater transfer of responsibility for humanitarian service delivery (entry points: water quality, hygiene promotion, solid/liquid waste management) and coordination
- Capacity building plan for the government and local partners on humanitarian WASH response and preparedness – refer to Government Rural WASH Strategy
- Advocacy for CMC Reform / land issues
- Engagement with CCCM & ICCG for accountable governance systems in camps (to minimize corruption, extortion) with clear roles & responsibilities of gov't over CMC & landowners, and for broader O&M of WASH facilities as part of camp maintenance and advocacy for relocation of people living in poor planned sites due to space, being below sea level, etc.
- Advocacy for greater humanitarian access to northern Rakhine
- Supporting greater participation of local actors
- Shelter & WASH integration to meet Sphere standards for space and environment
- Special considerations for governance in NGCA and strengthened monitoring & response

### 7.1.3: Multi-sector integration

The WASH Cluster will seek ever closer operational ties with other clusters/sectors to avoid overlap and improve quality of programming. The sectors prioritized are: Health, Nutrition, Protection, Food Security and Livelihoods.

The WASH cluster will broadly seek to:

- Mainstream protection with a particular focus on the needs of persons with disabilities as well as menstrual hygiene management and in collaboration with the GBV and Education sectors;
- Integrate WASH in schools in collaboration with the Education Sector;
- Continue to strengthen capacity for disease outbreak response in collaboration with the Health Cluster, and the State Health Department;
- Increase integration of maintenance and monitoring of WASH services in camps in collaboration with CCCM;

- Mainstream market-based WASH approaches including cash transfer programming and where feasible in collaboration with the Shelter/NFI/CCCM, protection and food security sectors;
- Coordinate efforts to promote safe hygiene and nutritional practices in collaboration with health, food security, protection and nutrition actors;
- Conduct multi-sector need assessments, where feasible, to better identify needs of the population and gaps in the provision of humanitarian assistance with a focus on women and girls.

More specifically this entails:

**Gender & Protection:** the Gender and Protection mainstreaming in WASH is incorporated on the 'Strategies' section below under each WASH sub-component as it should be.

However, the [WASH Cluster Protection Mainstreaming checklist](#) is included here as a multi-sector effort that it applicable to all 3 WASH sub-components.

**Education:** The same is applied to WASH in Schools with the Education Sector and WASH Cluster efforts. The [WASH cluster and Education Sector working arrangement](#) agreed in 2015 is available and more efforts shall be undertaken for monitoring of WASH in Schools (TLC) implementation by the WASH Cluster in 2018. The key documents for WASH in schools include: [Myanmar Unicef WASH in School toolkit](#) as well as the [WASH in School Guidebook in Myanmar language](#) and [Training Guide for parents, teachers and student leaders for WASH-friendly schools](#). The Myanmar government has committed to have a WASH in School guideline which will be incorporated once published.

**Nutrition and Health:** Engagement with Nutrition Sector and Health Cluster is key. One priority action includes baby WASH aiming to integrate WASH, maternal, newborn and child health (MNCH), early child development (ECD) and nutrition focused on the impact on child health in the first 1,000 days. This includes hygiene promotion, baby kit distributions, water quality testing in health and nutrition centres and households. More details included in the WASH strategies section below.

**CCCM/Shelter/NFI:** the key areas of integration with this cluster includes aligning site codes (P-codes) and monitoring of WASH services, integrating support to camp and WASH committees for WASH services through for example cash transfers, camp-wide drainage which goes beyond drainage around WASH facilities, ensuring that WASH hygiene kits and NFIs distributed are not duplicated, and support advocacy for relocation of people living in inappropriate sites, among others.

#### 7.1.4: Disaster Preparedness

Myanmar is currently ranked 10th out of 191 countries on the Index for Risk Management (INFORM) which assesses the risk of humanitarian crises and disasters that could overwhelm national capacity to respond. The integration of emergency preparedness and response into the new national Rural WASH Strategy is an opportunity for the WASH Cluster to work with government to develop capacity and address current vulnerabilities.

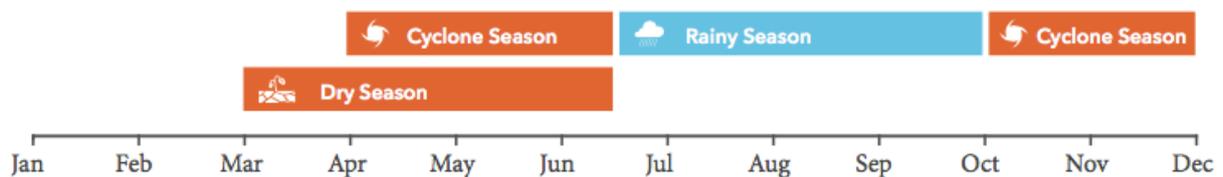
As such in 2017, the WASH cluster unit delivered 5 days Wash in Emergency training of trainers targeted at state level government department staff from all relevant ministries and our local partners and CSO staff. The 24 ToT trainers then trained their township and district level counterparts in 2017, summing to a total of 74 trainees. The training focused on WASH

cluster priority states of Kachin, Shan and Rakhine. It also included Mandalay as part of our preparedness efforts for Mandalay earthquake scenario. The [Myanmar WASH Cluster - Wash in Emergency Training Package](#) is available on our website in both Myanmar and English. It has also been used by the Bangladesh WASH sector colleagues in November 2017.

In 2018-2019, the WASH Cluster will develop a training plan that includes water quality testing and treatment as a key ask following the WiE training, but also on protection mainstreaming, desludging and hygiene promotion.

The WASH cluster has also developed the [Myanmar WASH Cluster Emergency Minimum Packages](#) which is to be updated by the Preparedness TWIG in early 2018 and focus on acute emergency WASH response for different emergency scenarios relevant to Myanmar.

The scheme below demonstrates the rainy, dry and cyclone seasons that shall be considered in disaster preparedness:



Key recommended activities associated with disaster preparedness in 2017-2019 will include:

- Update and operationalize AWD Contingency Plan in collaboration with the Health Cluster and Health Departments in both Kachin and Rakhine
- Make recommendations to government for standard operating procedures for WASH in accordance with Disaster Management Law, including procedure for evaluating and measuring effectiveness of humanitarian response and ensure corrective action.
- Continue to provide training and capacity development to government, NGO and CSO staff and field workers on systems and procedures for humanitarian response in WASH.
- Develop contingency plans for different types and scales of potential disasters. (National, S/R, Township GAD).
- Establish appropriate contingency stocks for emergency items for water supply, sanitation and hygiene kits (including menstrual hygiene products), with consideration of greater pre-positioning of stocks across the country.
- Make recommendations to government for national standards for WASH basic services to be achieved in the different stages of an emergency response.
- Make recommendations to government for standard modular designs for sanitation systems, including treatment of effluent from toilets and septic tanks and wastewater, for use in displacement camps and evacuation centres.

## 7.2 Validated Approaches

Some of the key approaches validated by the WASH cluster include:

**Conflict sensitivity** based on **Do No Harm approach** is a guiding principle for the WASH cluster response and concrete recommendations from the CDA Report on Perspectives on Conflict Sensitivity in Rakhine State shall be considered. Host community and surrounding areas shall be targeted following the [Village approach](#). In both Kachin and Rakhine, WASH in Schools has been identified and agreed by WASH partners to be good entry point for minimum support of host communities.

*Recommended Actions:* Update the village approach guidance based on most recent experience of working in villages surrounding areas of conflict.

**Equity approach** shall be implemented by identifying and targeted the most deprived groups and focusing on most acute needs. Specific vulnerable groups and specific geographical areas should be prioritized. In particular, tailoring the response for persons with special needs (i.e. disabilities, elderly, HIV, pregnant women, etc) is judged priority. Adapting the response to children is also a priority.

**Gender and Protection mainstreaming** with special focus on menstrual hygiene management, gender based violence and child protection. More details on MHM on the WASH Strategy section below.

**Community Empowerment, Ownership and Operation & Maintenance:** Handover of WASH facilities and promoting ownership of facilities including consideration to vulnerable sections of the population (i.e. children, women) and cleaning of latrines should be sought. Training of WASH committees to manage their facilities, delegating the management to committees. If appropriate, as done in Kachin, cash transfers to committees has proven to work if community cohesion and financial tracking systems are robust. Closer coordination with CCCM especially for O&M of WASH infrastructure.

*Recommended Actions:* Develop a common guidance for the handover of latrines and handpumps to the community, documenting successes thus far and including the mechanisms in place for future minor and major repairs.

**Integrating market-based programming** to meet WASH demands of the population while supporting local markets and early recovery. Cash transfer programming (i.e. cash, vouchers), demand generation (i.e. social marketing), strengthening regulatory framework (i.e. capacity development) and market supplying strengthening (i.e. supply to traders) should all be considered for cost efficiency, to avoid harming local markets and for better preparedness. Partnership with the private sector is encouraged to achieve this.

*Recommended Actions:* Training of partners and review of cluster activities to mainstream markets and cash is planned for in 2018, including: mapping markets and opportunities for market-based interventions, mapping the cash input of WASH labor in camps for advocacy towards livelihoods and integrating market assessments in WASH assessments are priorities.

**Advocacy** for humanitarian access, increased funding, investment in capacity development and livelihood opportunities for the affected population are of priority. Concerted efforts for humanitarian access or other advocacy issues are raised regularly through the regular newsletter shared with government, donors and partners.

**Improving feedback mechanisms for better Accountability to Affected Populations** are of particular relevance in the conflict-affected areas targeted by the cluster.

*Recommended Action:* A review of feedback mechanisms and accountability shall take place in 2018 to ensure the WASH cluster and humanitarian architecture is more accountable to affected populations.

Already included in the transition section above:

- Localizing responses through government cooperation and LNNGO/CSO handover and capacity development
- The Humanitarian and Development nexus

### 7.3 WASH Framework

The protracted humanitarian situation in Rakhine, Kachin and Shan states continue to require new approaches to deliver WASH services for crisis affected populations. The WASH Cluster plans to continue to provide safe water, sanitation and hygiene services to 508,978 people in 2018.

Water supplies, toilets and bathing facilities constructed in IDP camps are temporary in design due to projected return and relocation of people. Operation and maintenance of these temporary facilities is expensive and costs in 2018 will remain high due to dysfunctional infrastructure requiring replacement or upgrade. Hygiene promotion and supplies will continue to be delivered. Where feasible, the WASH Cluster will continue to adopt approaches, which optimize cost effectiveness and efficiency of service delivery as well as integrate with the local market. Potential transitional approaches can promote increased specialization of partners, integration with existing government/private sector activities and more consistent delivery of services.

For non-displaced people with restricted freedom of movement, critical malnutrition rates, and lack of access to health services and livelihoods, WASH interventions remain a critical component to meet their basic public health needs. For other non-displaced people living in conflict-affected states, the WASH Cluster will adopt a conflict-sensitivity approach and address WASH needs where feasible.

Partners should follow recognised international and national standards and guidelines when determining specific technical approaches. Some specific technical areas, that are context specific or where standardisation is encouraged, are outlined below.

All [Myanmar WASH Cluster Guidelines & Standards](#) and other [International Guidelines and Toolkits](#) are available on our website.

The Myanmar WASH Cluster has also developed Minimum Emergency packages for Water, Sanitation and Hygiene which will be revised in 2018. [Minimum requirements for Emergency WASH in Myanmar](#)

#### 7.3.1 WASH priorities

In 2017-2019, the WASH Cluster will focus on the following WASH priorities:

- **Water quality:** Based on 2017 water quality monitoring results, the WASH cluster will continue to focus on expanding water quality monitoring and addressing water treatment at scale/source. Additional resources not budgeted in this HRP will be required to implement treatment at scale/source in all targeted areas;
- **Behavior Change:** Improved behavior change with a focus on ending open defecation

- **Excreta Management:** Expansion of desludging services with a humanitarian-development nexus lens and integrated with government and private sector
- **Protection/Gender mainstreaming:** Improved mainstreaming of gender and protection including adapted response for persons with disabilities, MHM and children
- **Improve accountability:** to affected populations through more robust and inclusive feedback mechanisms;

### 7.3.2 Water

#### Water supply

Partners are following sphere guidance of at least 15 l/p/d. However an actual water needs assessment has not been conducted. The actual need is likely higher particularly in Muslim areas due to ablution needs. Low flowrate is also experienced.

In Rakhine, shallow hand dug wells and ponds are common place with a shallow water table. Salinity intrusion is an issue. In Kachin and Shan, hand dug wells and gravity flow systems are more common. Cold temperatures during winter poses challenges of freezing water. Rainwater harvesting at household level is used as an alternative water source. A 2015 KAP Survey showed that 84% of the population in GCA and 33% in NGCA used rainwater systems.

Water provision varies from location to location, however in both Rakhine notably Pauktaw Township and Kachin in Hpakant Township, water shortage is prevalent during the dry season. Where water boating/trucking is required, such as at the peak of the dry season in a few areas, this targets only drinking water at a volume of at least 5 l/p/d.

Water storage capacity shall meet Sphere standards and the types distributed vary from the zinc local jugs to large buckets and jerricans depending on the location.

#### *Recommended Actions:*

- Seek alternatives to avoid water trucking/boating
- Monitor flowrate and identify average flowrate for recommended number of people per handpump ratio per township
- Find innovative solutions to retain pond water and avoid evaporation during the dry season in Rakhine. Monitor water consumption during the dry season in sites requiring water trucking/boating
- Consider household level rainwater harvesting options that can be used for IDPs returns/resettlement and options for schools and health facilities
- Rehabilitate existing infrastructure to meet standards with consideration of access for persons with special needs (i.e. disabilities)
- Train local technicians and the WASH committee which should strive to have a gender balanced leadership composition. Priority topics for 2018 needs to be identified.
- In Kachin, continue to provide cash grants to WASH committees (or CMC through CCCM partners) with continuous monitoring which has proven to empower committees to resolve their camp WASH issues.
- Publish a water point design standard with BoQs and cost
- Develop a borehole drilling guideline including contract management documents

*Cluster Document:* [Cluster Guidelines on Pond Cleaning After Flood Event, September 2015](#)  
*Cluster Document:* [Cluster Guidelines on Pond Construction and Rehabilitation in Myanmar](#)  
*Cluster Document:* [Cluster Guideline on Community Ponds \(2009\)](#)  
*Cluster Document:* [Cluster Minimum Requirements Water Supply Myanmar](#)  
*Cluster Document:* [Operation & Maintenance Guidelines](#)

## Water Quality

In 2017, the WASH cluster began collecting water quality test results from partners measuring fecal indicator bacteria. As expected, concerning results presenting 67% of samples contaminated in Rakhine, 22% in Kachin and 25% in Shan States as of quarter 3 2017 report.

Water quality is especially important for children treated for health and nutrition needs so ensuring water quality testing in institutions and households with nutrition cases is important. Water quality testing and results shall be reported to the cluster and also communicated appropriately to the household, health/nutrition centres and community sources with priority to contaminated sources' results. More details on the hygiene promotion section. Testing should also be carried out immediately when AWD/cholera cases are reported in a camp by the health cluster or partner.

Although not cluster-wide tracked yet, there is special concern in Kachin with chemical contamination due to heavy mining activity. It's been also observed that there is high concentration of iron in certain sites in Kachin and concerns of arsenic in Rakhine.

### *Recommended Actions:*

- Develop a standardised and systematic monitoring and testing framework through the water treatment technical working group with results available to all cluster partners. This includes mechanisms to provide feedback to communities, health/nutrition centres and households and act on results.
- Integrate basic water safety plans identifying and implementing preventives and correctives measures to address health hazards;
- Scale up water quality testing for household level and sources and welcome government water quality testing support (and non-state actors) especially in Kachin where the offer is made
- For cost efficiency, consider the setup of 1 shared water quality lab
- Improve concrete mix and proper sealing of water and sanitation facilities to avoid infiltration of water sources

*Cluster Document:* [Cluster Guideline on Water Quality Monitoring \(Kachin&Shan\)](#)  
*Reference:* [Myanmar Water Quality Guideline](#)  
*Reference:* [Potakit User Manual in Myanmar Language](#)  
*Reference:* [Bacteriological Water Testing Methods in Myanmar Language](#)  
*Reference:* [Safe Water Systems - Report on Arsenic Leaching from CWF \(Dec 09\)](#)  
*Reference:* [Improving Pond Water](#)

Reference: [Household Water Treatment Tech Brief](#)

## Water Treatment

With numerous water points scattered around camps, the cluster has focused on household level point of use water treatment due to population aversion to the taste of chlorine and other perceptions, religious beliefs and taboos. There are perceptions that chlorine leads to infertility, and shock chlorination during Ramadan is not accepted. Ceramic Water filters was the adopted technology and approach in 2014 due to low availability of other filter options and existing factories in country.

A few years later, the wash cluster no longer recommends ceramic water filters and Water Treatment TWGs have been formed to adapt the water treatment strategy for both Rakhine and Kachin in 2018. Different alternatives are being piloted including slow sand filtration and bucket chlorination.

### *Recommended Actions:*

- Upgrade/protect water facilities such as improving concrete apron for handpumps, lids and proper lining of hand dug wells;
- Seal/cover water reservoirs, setting up filtration and sedimentation to address turbidity;
- Develop a new water treatment strategy through the TWG to find effective alternatives for water treatment

Cluster Document: [Ceramic Filter Barrier Analysis, 2015](#)

Cluster Document: [Cluster Guidelines on Ceramic Water Filter](#)

Cluster Document: [Cluster Guidelines for the Promotion of CWFs in Myanmar](#)

Reference: [Myanmar Water Purification Methods](#)

Reference: [Chlorination Methods in Myanmar language](#)

## 7.3.3 Sanitation

### Latrines & Handwashing Stations

In Rakhine, Kachin and Shan, family-shared latrines with 4 families sharing 1 latrine (20 people per latrine) is the cluster approach. In Rakhine, on average there are 4-5 families sharing a latrine and 5-6 in Kachin and Shan where overcrowding and land ownership issues are limiting factors, in addition to hard rocky soils in Kachin. Open defecation is a major issue. Overall, squatting and water for anal cleansing is the norm. A Review is needed to understand the impact of the approach on women and children use of latrines.

In Kachin and Shan, communal cohesion is strong and therefore shared facilities is not as challenging. In Rakhine, micro-level ownership approaches worked best based on the variety of population groups (i.e. urban, rural, literate, illiterate, etc).

- Semi-permanent latrine design** adopted by the cluster is a semi-permanent design with off-set pits with pan and pipe and no water seal. Traditional direct pit latrines are not appropriate. Following cyclone Mora, the latrine design has been upgraded to be cyclone-proof and endorsed by the cluster. The concrete mix for lining of the pits is a major concern of contamination of water tables. In Sittwe township (Rakhine), latrine pits are being upgraded to 5 feet diameter holding tank constructed of concrete rings with a subsequent 3 or 5 feet diameter infiltration pit as per Figure 2 below. This is recommended for all partners. [New latrine design drawings](#) and [New latrine design BOQ](#) to be used for updating the cluster standard. In Kachin, the WASH monitoring study undertaken in 81 GCA IDPs camps from June to December 2016 highlighted that the semi-permanent latrine design reduces significantly the presence of flies and enables flushing. In Kachin, there are sites with rocky hard soil and elevated latrines are required. In all 3 states, the design is not easily accessible to persons with disabilities and therefore a tailored sanitation solution for persons with disabilities is required. In some areas in Kachin, there is hard soil therefore the latrine standard shall include designs for that environment.

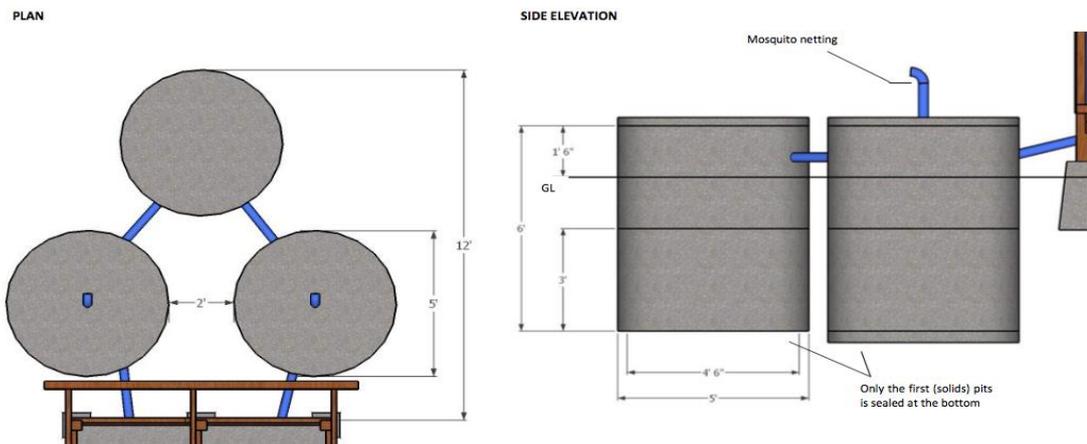


Figure 2: example of 5 feet ring latrine (reference: Oxfam)

- Family-shared approach in camps for protracted context/handover:** approaches that allow for ownership and less number of people sharing a facility worked best – family-shared latrines. Handover follows for operation and maintenance and community ownership which is the goal. There are challenges with women/men sharing so if short term response (not protracted crisis sites), gender segregated with paid latrine cleaners works better (Gender-segregated had too many households sharing it, so had to pay for cleaners. As a result, nearly all the camps now are family-shared). Communal latrines in Rakhine tend to be stolen/dismantled as a kind of “broken windows” effect: if any part of the structure begins to show wear, IDPs or CMC members begin to dismantle the entire structure and sell the materials.
- Open Defecation** is a big challenge and no partner has tackled that properly yet, which is why the Behavior Change TWGs were formed.
  - [ACF Anthropological Survey](#) and SI Anthropological Survey in Pauktaw, Rakhine highlighted people were afraid of “spirits/ghosts” inside of latrines which impacts the use. In the Pauktaw sites more specifically, the sanitation situation needs special attention.
  - Importance of working with religious leaders on open defecation and use of toilets because of people’s beliefs of spirits. Varies a lot across the different populations/townships, so it depends on the population

- In Rakhine, consideration to not have latrines pointing to Mecca.
- **Children OD and latrine design:** OD is commonplace amongst children, almost an accepted practice and therefore adapted sanitation responses for children is required including behavior change targeted at parents, children and in schools as well as innovative children latrine designs. The handover of latrines might not have helped the situation as children are not trusted with padlocks and are afraid of “spirits/ghosts’ inside the latrines. There is a cluster standard children latrine design, but 2 different pilots are being tested so an update is required. One of the pilots are testing latrines without walls, shallow pits and concrete slab with smaller drop holes developed based on consultations carried out with children and mothers. Accessibility for children with disabilities is a priority. Potties were piloted by some partners as well and it seems like women end up using them at night which demonstrates the need for an adapted sanitation solution for women in house. There are however concerns that potties can lead to an increase in public health hazards around the camps if parents are not able to diligently clean and dispose of faeces in a timely manner.
- **Gender & protection mainstreaming:** communal and school latrines should be suitable to the most vulnerable sections of the population including girls and women. Latrines should not be too far away from shelters and school buildings, and not too exposed. Avoid lighting around latrines only as men congregate there in our experience. Give wide ratio lantern where if women are attacked, you can see the perpetrator. Lighting along the road to latrines was piloted after FGDs pointed to routes to the latrines as the bigger issue. Ideally camp-wide lighting. Bathing facilities drains should be covered. More on menstrual hygiene management standard and across this document. Bucket latrines might work for sanitation at night (for women also) but then a disposal mechanism has to be set up. For new sites, ensure Users (especially women) have been consulted and approve of the siting and design of the latrine toilet. Involve all stakeholders (especially rights holders) in the planning, design, implementation, and monitoring and evaluation of all sanitation projects (latrine design).
- **A Review of the family shared approach and handover of latrines** is required after a couple of years of implementation.
  - Women: in Rakhine do not use latrines during the day and some cannot leave their households, therefore mapping and innovative solutions (i.e. mobile bucket toilets) need to be sought. Potentially has led to children being encourage to open defecate.
  - Children: Some partners noticed based on assessments that the handover of latrines has restricted the children’s use as they are not trusted with the padlocks. Children are also afraid of ‘spirits/ghosts’ that live inside the latrines. This results in children open defecation (Children OD) around the latrines.
- **Positive community mobilization approaches** worked better, for example PHAST. Negative approaches such as CLTS did not work well and is judged not appropriate in Rakhine. In northern Rakhine where is mainly a development setting with a human rights crisis, CLTS with subsidies have been used and the key success was the community mapping exercises. “Shame” is not advisable.
- **Social Marketing & Market access:** Social Marketing met with limitations as no access to markets/no freedom of movement, but positive motivators/enablers is welcomed.

- **Better facilities as enabler:** Perception that improving living conditions/better facilities work as a strong enabler to better practices
- **Surrounding villages' sanitation approach** is to provide the materials and the population build their own household latrine. The pit is bamboo instead of concrete rings in the camps. More details found on the [Village approach](#) to be updated in 2018 by the TWG.
- **Anal cleansing:** Lotta jugs are preferred in Rakhine. For Kachin and Shan, cups with handle are most appropriate.
- **Handwashing stations in Rakhine** did not work for the long term with materials being stolen. Therefore the response has shifted from macro to micro-level focus with distributions at household level and house to house messaging. Only worked in the short term when people were paid to maintain them (more on the Hygiene Promotion session below).
- **Handwashing stations in Kachin and Shan** on the other hand work relatively ok and is the approach adopted. The success is attributed to community cohesion.
- **Innovation: Tiger Worm Toilets** Oxfam has been piloting this latrine design to address long term desludging and smell. More details included in the desludging section below.
- **Latrine cleaning and maintenance:** a cleaning kit should be provided in the handover and the families are responsible. Where handover did not take place yet, the WASH agency is responsible to organize a system with the community. Refer also to [Latrine maintenance toolkit](#)
- **Decommission of latrines** is a responsibility of the WASH actor to ensure safety and eliminate public health hazards in situ. The decommissioning guidelines should be used.

*Recommended Actions:*

- Continue semi-permanent latrine design and family shared approach, however have a comprehensive review in 2018 of the impact after a couple of years of implementation with special focus on women and children feedback. Add a design for hard soil locations to support Kachin.
- Update latest cluster standard latrine designs to reflect recent changes of cyclone proofing and pit capacity including more durable materials and concrete slab.
- Pilot bucket latrines or solutions for night-time sanitation for women
- Innovative pilots of children latrine and distribution of potties should be documented and used to update the cluster standard on the latest monitoring findings and changes focusing on communal use, schools and child friendly spaces. This will help address OD issue.
- Standards for latrines for persons with special needs (i.e. disabilities)
- Mapping of households/sections of camps in Rakhine where women cannot leave the house to use the latrines during the day so a solution is found
- Incorporate Wash in Schools (in HRP targeted sites) monitoring to the cluster framework and review standards and state of the situation (with action plan to address identified issues)
- Define latrine functionality at state level

Cluster Document: [Standard Semi-Permanent Adult Latrine, March 2014](#)  
*Formal update required for cyclone proofing, pit capacity, materials quality.*  
 Design already exists and endorsed: [New latrine design drawings](#) & [New latrine design BOQ](#)

Cluster Document: [Cluster Emergency Latrine Standard, March 2014](#)

Cluster Document: [Shan 4 cubicles semi-permanent latrine](#)

Cluster Document: [Standard Semi-Permanent Child Latrine, March 2014](#), update required

Cluster Document: [New Children Latrine Designs piloted](#)

Cluster Document: [Tiger Worm Toilets Oxfam](#)

Cluster Document : [CLTS Evaluation in Myanmar](#) ; [CLTS Evaluation in English](#)

Cluster Document : [Latrine maintenance toolkit](#)

Cluster Document : [Cluster Minimum Package Sanitation](#)

Cluster Document : [Cluster Latrine Decommissioning Guidelines](#)

Cluster Document : [Cluster Environmental Cleaning Toolkit](#)

## Desludging & Solid Waste Management

### Desludging

In Kachin and Shan, the absence of appropriate sludge disposal and treatment is an environmental and public health concerns. There are desludging sites in Laiza and Myitkyina in Kachin but with limited capacity only for some of the IDP population. In Bhamo, the excreta from latrines is dumped in the landfill. Bhamo, Laiza and Myitkyina municipalities each have one desludging truck. The absence of private sector combined with the low capacity of municipalities to deal with desludging issues is a challenge in Kachin and NSS. The prohibitive desludging cost prevents most of the IDPs from desludging the latrines and therefore lead to out of use emergency latrines that need to be decommissioned. This cost is today supported by NGOs, religious institutions and rarely by IDPs themselves.

Four different approaches are being practiced for desludging solutions in IDPs camps:

- Use of TDC desludging trucks when septic tanks are accessible. The desludging using trucks can be accompanied with manual operations depending on technical constraints (presence of solid waste material in the pit)
- Manual desludging when the septic tanks are not accessible or when desludging trucks are not available. These manual desludging are usually undertaken either by private desludging team or in some cases by the IDPs themselves. Occupational health material for desludging workers is a minimum requirement. Excreta are either poured in a new pit dug besides the full latrines or transported into desludging trucks.
- The full latrine is abandoned and new one is constructed putting pressure on the limited space available (especially in some NGCA IDP camps)
- Trained IDP camp based desludging teams implement desludging activities such as pumping (collecting excreta), transporting, treatment (lime stabilization) and dispose to solar drying bed (only KBC responsible IDP camps in GCA).

The research of appropriate desludging solutions has been part of the efforts of the WASH cluster members in 2015 through notably the development of a specific Technical Working Group. The members of this TWG carried out an assessment aiming at identifying the main needs and barriers for desludging activities. Following this assessment, it appeared that on-site excreta disposal is not an option due notably to limited land availability and socio-cultural

barriers. The assessment showed also that desludging activities could be eventually a source of income generating activities for the IDPs under conditions IDPs have been trained to standards and safe operations procedures for desludging.

*In Rakhine*, there is sludge treatment system (STS) set up by SI and Oxfam which offers centralized treatment for all sites in Sittwe Township. In other areas, smaller decentralized treatment systems is preferable, but as with Sittwe Township, it may not be possible due to land issues. Oxfam in Rakhine is piloting tiger worm toilets that digest the excreta inside the pits, lower cost and reduces smell in the latrines. The pilot study results are shared with the cluster including trainings. The main limiting factor is the availability of tiger worms supply locally. Partners have been upgrading latrine pits to 5 feet diameter and it is a recommended action below to all partners where possible.

### *Solid Waste*

*In both Rakhine, Kachin and Shan*, safe management of solid waste is fundamental. Solid waste pits and incinerators is the norm in all 3 states. The role of community mobilization also plays a key part.

The cluster shall aim to have all households should have access to a refuse container and/or are no more than 100 metres from a communal refuse pit. At least one 100-litre refuse container with cover is available per 10 families, where domestic refuse is not buried on-site. Final disposal of solid waste is carried out in such a place and in such a way as to avoid creating health and environmental problems for the local and affected populations. Medical wastes are separated and disposed of separately and there is a correctly designed, constructed and operated pit, or incinerator with a deep ash pit, within the boundaries of each health facility.

In Kachin however a WASH monitoring review highlighted the need for incinerators in 32 of the 91 camps visited. In Kachin, TDC (municipality) also collects garbage on a regular basis as well as private services contracted by CCCM actors.

#### Recommended Actions:

- In order to reduce desludging frequency, the cluster recommends that latrine pits are upgraded where possible to be 5 feet diameter holding tank constructed of concrete rings with a subsequent 3 or 5 feet diameter infiltration pit. This is being done in order to reduce desludging frequencies. In Kachin and Shan, rectangular septic tanks are more common with dimensions of 12' x 6' x 8'
- Tackle desludging and solid waste management services together as part of the whole sanitation chain and targeting both emergency and development areas and involving local authorities (RRD, TDC, DRD) and private sector
- Desludging TWG to analyze the situation and consider updating standards and additional strategies that expands the cluster desludging capacity. Developed desludging options based on the different identified settings of IDPs camps (urban / rural area setting IDP camps)
- Implement a closer monitoring of desludging and decommissioning needs and SOP for Kachin TDC

- More systematic installation of incinerators, whenever authorized by the township authorities (Usually not allowed in urban areas)
- Capacity development on technical skills for the construction of incinerators
- Where manual desludging and solid waste management is taking place, ensure minimum requirements of occupational health and safety are met
- Continue providing solid waste pits and incinerating solid waste. Reinforce social mobilization around solid waste management (3R approach-Re-use, Refuse, Recycle)
- Ensure private disposal options for sanitary pads (ideally bin inside latrine with regular pick up and disposal)
- In Kachin, MHM and desludging services need to be integrated as it has been reported that women are forced to dig down the latrine full pit to unclog pipes (clogged with sanitary pads). As such, sanitary pad disposal bins in latrines is recommended and a regular solid waste removal

*Cluster Document:* [Cluster Desludging Guidelines](#)

*Cluster Document:* [Cluster Solid Waste Management Guidelines](#)

### Bathing Facilities & Drainage

As for sanitation, approaches that focus on ownership worked best in Rakhine. Communal bathing spaces were hardly used or appropriate and households began to construct bathing facilities next to their shelter. This practice leads to drainage issues which cluster partners try to address. In Kachin, communal bathing spaces are common.

The cluster shall aim to keep water points free of standing water and basic drainage around WASH facilities in place to avoid flooding and mosquito breeding. Large at scale camp drainage concerns are not a full responsibility of the WASH cluster and shall be raised to the Shelter/CCCM/NFI Cluster.

Overall bathing facilities should offer privacy to women and the drainage should be covered to avoid menstrual blood exposure.

#### Recommended Actions:

- An update of bathing facility standard is required to address the evolving context. It shall offer privacy for women especially for menstrual hygiene management (i.e. cover drains)
- Drainage around WASH facilities are effective
- Large scale drainage concerns are raised to CCCM/Shelter/NFI Cluster for support
- Bathing facilities are provided at household level in Rakhine based on experience of past few years

*Cluster Document:* [Myanmar Cluster Bathing Facility Standard](#), 2014

*Cluster Document:* [Shan Cluster Bathing Facility Standard](#). 2017

### 7.3.4 Hygiene

#### Community Mobilization / Hygiene Promotion

Our targeted population's knowledge, attitude and practices vary considerably based on where they lived before the displacement (urban vs rural, different communities), their education level, etc. Seasonal diarrhea outbreaks are common and in 2017 AWD was observed in both Rakhine and Kachin, however not at scale or outbreak level. More communal social cohesion is observed in Kachin and Shan States if compared to Rakhine where places of origin of IDPs in camps vary considerably and camp committees are not members of the IDP/camp themselves.

Feedback mechanisms need to be strengthened in Rakhine, Kachin and Shan to improve accountability to affected populations. This includes a review of the current mechanisms, the complaints captured and responses implemented and the social-cultural barriers and opportunities. The hygiene promotion teams shall play a strong role in this process.

For parts of the population, especially in Rakhine, the WASH situation in camps is better in terms of infrastructure access than what they had prior to the crisis in their villages. Nonetheless, the overcrowded environment and other vulnerabilities associated with the IDP status contribute to an overall difficult situation.



The WASH Behavior Change TWGs are planning to address the challenges faced by the cluster for hygiene promotion and community mobilization to lead to behavior change. In 2017, Unicef contributed to the Kachin cluster with a hygiene promotion review that requires further contextualization. In Rakhine, the TWG started an exercise to work from zero with camp-based staff to identify issues (not working on previous assumptions) and to try and understand better the original WASH situation of the communities to identify enablers, barriers, drivers and constraints to achieve the behavior change at stake.

- **Priorities:** Generally, KAPs show that knowledge of hygiene practices was poor at the start of the displacement and is high now. Even with good knowledge now, we still see poor practices in Rakhine especially around open defecation including children, water safety/household level and environmental health / desludging / solid waste management. In Kachin, knowledge and practices are good however NGCA has more gaps. Safe spaces should be used for children-focused hygiene promotion and activities, and accessible for persons with disabilities.
- **Positive community mobilization approaches** worked better, including PHAST and Social Marketing as already highlighted under the sanitation section. In Kachin and Shan, partners should replace ad hoc HP sessions with more standard approaches like PHAST. Negative approaches such as CLTS did not work well and is judged not

appropriate for IDPs in Rakhine. In northern Rakhine where is mainly a development setting with a human rights crisis, CLTS with subsidies have been used and the key success was the community mapping exercises. “Shame” is not advisable.

- **Open Defecation**, as mentioned on the sanitation section, is a big challenge and no partner has tackled that properly yet, which is why the Behavior Change TWGs were formed.
  - [ACF Anthropological Survey](#) and SI Anthropological Survey in Pauktaw, Rakhine highlighted people were afraid of “spirits/ghosts” inside of latrines which impacts the use.
  - Importance of working with religious leaders on open defecation and use of toilets because of people’s beliefs of spirits. Varies a lot across the different populations/townships, so it depends on the population
  - In Rakhine, consideration to not have latrines pointing to Mecca.
- **Children OD** is commonplace amongst children, almost an accepted practice and therefore adapted sanitation responses for children is required including behavior change targeted at parents, children and in schools as well as innovative children latrine designs. The handover of latrines might not have helped the situation as mentioned above as children are not trusted with padlocks and are afraid of “spirits/ghosts” inside the latrines. Potties were piloted by some partners and it seems like women end up using them at night which demonstrates the need for an adapted sanitation solution for women in house. There are however concerns that potties can lead to an increase in public health hazards around the camps if parents are not able to diligently clean and dispose of faeces in a timely manner. Innovative pilots of children latrine and distribution of potties should be documented and used to update the cluster standard.
- **Child to child and health clubs** work well in schools. Focus behaviors include water safety (handpump to hh level), F diagram, handwashing and environmental sanitation/solid waste management. Kids are trained and train their peers on hygiene practices. Focus on building behavior. A good example on sticker books from Oxfam considering 21 days of behavior practice with stickers. Unicef WASH game box (i.e. snake and ladder) and storytelling books are recommended. Safe spaces should be used for children-focused hygiene promotion and activities, and accessible for persons with disabilities.
- **Latrine handover:** the handover of facilities is progressively being done and relatively ok except that early reports from latrine handovers suggest that children's access to latrines is being reduced due to parents not trusting them with the padlock keys. Further information is being sought. There may be a need to establish child specific latrines or ‘safe’ open defecation places in camps where handovers are taking place.
- **Model households/champions:** Smaller groups of households/barracks are used for model households/champions who receive recognition. Model-leaders also works well with positive deviance.
- **Women Peer-to-peer sessions** with light ToT and 4-5 women peer groups. Key topics: hygiene practices, well being and MHM. Consideration to location especially in some areas in Rakhine where women cannot be seen during the day is important.
- **Seasonal messaging/focus works well.** I.e. Monsoon messaging versus dry season messaging.
- **Micro-focus in Rakhine: House-to-house hygiene promotion** (micro) has worked best instead of communal/general messaging activities, especially in Rakhine where

more conservative households do not allow women to go out. The 4 cleans community level campaigns were done by partners which aligns with national approach but not as effective as house-to-house. 1 female and 1 male to every 1,000 households is recommended.

- **Community Action Plans (macro level):** At macro level, the cluster is currently trying community action plans in camps in central Rakhine to identify issues and how to solve them using photos/project, might be promising and the Behavior Change TWG is leading the process. Community mapping exercise from CLTS in northern Rakhine also positive.
- **Macro-level Hygiene Promotion and Campaigns in Kachin** (in addition to micro/house to house) are perceived as more effective than in Rakhine. Community Mapping, Focus Group Discussions, and Exercises with visual aid and Mobilization activities such as 3-pile sorting, pocket chart voting are used in Kachin.
- **IEC with photos** of the beneficiaries (with their consent) seem to work well in Rakhine and it is recommended for piloting in Kachin and Shan. People recognize their neighbors on it practicing model behavior. This also avoids the issue of government approval. Education level varies though generally very low in Rakhine IDP camps so avoid words. HH level posters on MHM and water safety.
- **Songs, drama and videos** are encouraged and available on the [IEC compilation on the cluster website](#)
- **Soap as enabler for handwashing:** Carbolic soap is well accepted and good in large quantities – carbolic soap is basically ‘good enough’ in Rakhine. Households appreciate however scented soap and some partners include one in their kits, but not essential for good behavior. In Kachin and Shan, populations have freedom of movement and access to markets, so market-based interventions shall be adopted to allow for choice.
- **Handwashing results:** KAP surveys found a high level of soap distributed by agencies and water in the household in Rakhine and overall handwashing practice has improved considerably (so that might be an attributed success with the micro level approach). While KAP Surveys for Kachin and Shan show the population practice handwashing, the gaps in soap distributions is a limiting factor for handwashing with soap practice.
- **Hygiene Promotion in Villages:** Generally hygiene promotion in host villages is more challenging than IDP camps, however it varies based on literacy levels and rural versus urban populations.
- **Community Mobilization opportunities in Kachin** include supporting better documentation of WASH running costs in IDP camps and the cash transfer programmes to committee for operation and maintenance.
- **Feedback on water quality results** is a responsibility of the WASH agency. Where household results are available, the household should be targeted for hygiene promotion focused on safe water. The agency is also responsible for closing contaminated water points with an explanatory sign and a FGD to explain. Alternative water supply shall be provided.
- **Gender segregated hygiene sessions** especially for **teenagers** should be done regularly (challenge getting girls to attend). Hygiene Promoters should include men and women in teams. Rewards to volunteers is encouraged such as community recognition.
- **Nutrition and health integration** is essential to improve the impact of WASH interventions and baby WASH shall be mainstreamed. This includes integrated hygiene promotion, baby kit distributions, water quality testing in health and nutrition centres and households. For hygiene promotion, in Myanmar the well-known ‘4 cleans campaign’

incorporates baby WASH, so that can be followed. Hygiene promotion topics include: handwashing with soap, food hygiene, environmental hygiene sanitation, household and community sanitation, safe disposal of infant faeces, safe drinking water including safe collection and storage. Baby kits distribution is also recommended and that may include playmat, potty trainer, teether, IEC materials, small baby food, among other relevant items. In addition, water quality testing at nutrition, health centres and households with nutrition and acute diarrhea cases is recommended.

#### Recommended Actions:

- Cluster wide KAP Survey Form and ideally implementation in the same period focused on progress of handwashing and indications for open defecation and safe water handling amongst other points. Kachin Cluster KAP to be reviewed/updated.
- Contextualize the Hygiene Promotion (HP) Strategy in Kachin and Shan including hygiene kits and with focus on vulnerable sections of the population (i.e. children and persons with disabilities) and integration with health and nutrition
- Develop a HP Strategy for Rakhine in 2018 with focus on vulnerable sections of the population (i.e. children, women) and integration with health and nutrition
- Continue to gather IEC from partners to share
- Scale up the Oxfam sticker book and Unicef game toolbox for Wash in Schools Hygiene Promotion
- Integrate market-based programming and cash on assessments and surveys to ensure different modalities are considered
- Review and upgrade feedback mechanisms for greater accountability including cross-visits and potentially at ICCG level
- TWGs to address concerns at state level to improve hygiene promotion and tools used
- Review the MHM Guidelines in accordance with new developments (global and local)

*Cluster Document:* [Formative Research Study of IDP's in Sittwe township; what motivates people to use CWF's and what motivates children to use latrines](#)

*Cluster Document:* [All IEC material from the cluster organized by theme](#), November 2017

*Cluster Document:* [Cluster IEC Materials Guidelines](#), 2014

*Cluster Document :* [Cluster Hygiene Promotion Minimum Package](#)

*Cluster Document:* [Cluster Menstrual Hygiene Management Guidelines](#)

*Reference:* [MHM Reference Folder](#)

## Hygiene Kits

With the protracted crisis, the cluster hygiene kit strategy has been challenged. On one hand, the lack of livelihoods and income makes access to basic items such as soap and sanitary pads prohibitory and in some cases not available in the market as the Kachin PDM highlighted. On the other hand, funding constraints have required the cluster partners to agree on a minimum hygiene kit package. The minimum refill items required regularly are soap and sanitary pads, in addition to the water containers and underwear.

In Rakhine, the cluster has furthermore targeted the households that required hygiene kits based on income and access to livelihoods that being 89%. In Rakhine it has also been observed that if refill items are not distributed regularly, there is a tendency for IDPs to sell the hygiene items to buy food and other items that cannot be met by their lack of income.

In GCA in Kachin, the PDM of late 2016 highlighted that IDPs mentioned they had the capacity to buy some hygiene items so targeting shall be mainstreamed. As of 2017 quarter 3, 90% of people in camps in Rakhine received soap, 100% in Shan and only 66% in Kachin.

Key considerations:

- **Soap as enabler for handwashing:** Carboic soap is well accepted and good in large quantities – carboic soap is basically ‘good enough.’ Households appreciate however scented soap and some partners include one in their kits, but not essential for good behavior.
- **Reusable sanitary pads?** Women report high preference for disposable sanitary pads. Reusable pads are difficult to dry properly inside their shelters in privacy and in humid environments leading to infections. However, reusable sanitary pads might offer a solution to exit strategy and therefore the drying and other barriers shall be further investigated. Thicker pads are encouraged.
- **Private disposal of pads:** As recommended on the ‘Desludging and Solid Waste’ section, partners shall ensure private disposal option for women’s sanitary pads with bins in the latrine room and regular collection. Open communal bins are not appropriate for women’s pads disposal.

Recommended Actions:

- Cluster Partners shall target hygiene kits for protracted long-term displaced populations based on income and access to livelihoods
- Partners as much as possible shall aim to provide the more comprehensive kit found on the original hygiene kit strategy of the cluster, especially for new displaced populations. Wherever that is not feasible due to funding constraints or else, the minimum (i.e. soap, underwear, pad and bucket) shall be ensured.
- Partners shall also map local markets and hygiene items available and aim to integrate market-based programming and cash-based interventions to meet IDP demands while supporting local markets.
- Distributions should be monitored for special support required to child-headed households
- PDM shall be done and shared with cluster partners for continued monitoring and development of the Hygiene Kit strategy

Cluster Document: [Rakhine Hygiene Kit Strategy 2017](#)

Cluster Document: [Kachin WASH Cluster Guidelines](#)

Cluster Document: [Former Cluster Hygiene Kit Guidelines](#)

Cluster Document: [Cluster Post Distribution Monitoring in English](#)

Cluster Document: [Cluster Post Distribution Monitoring in Myanmar](#)

### 7.3.3: 2018 Key Developments, Target & Budget

#### Successes

- Handover of latrines and handpumps has started in some camps and has so far been successful in creating ownership and reducing the need for paid latrine cleaners.
- Generally house-to-house/micro level approaches for hygiene and sanitation worked better than community level. More details on the WASH sections below.
- Shift from unsuccessful and poorly received communal bathing shelter to support at the household level in line with cultural preferences.
- Increasing understanding of communities WASH practices through an increasing body of studies including the [ACF Anthropological Survey](#), the Behavior Change TWG experiment, etc.
- Standardisation of hygiene kit PDM format to enable better cross comparisons and the collective development of a draft Rakhine hygiene kit strategy by the technical working group.
- Despite access restrictions in NGCA in Kachin, and thanks notably to local NGOs, no major discrepancy in WASH response was observed at the beginning of 2017. With more displacement in the past year, efforts will continue to ensure NGCA and GCA coverage are balanced.
- Agreement on labor standard rates
- Consensus on a bare minimum hygiene kit composition culminated into the [Hygiene Kit Strategy](#) for the WASH cluster depicting the % of the population that continues to require hygiene kits.
- Ceramic water filter study, led by the CDC to complement the learnings
- Tiger worm toilet study run by Oxfam is now underway with preliminary results due in mid-2018. It is hoped that latrine desludging frequency could be reduced from every 6 months to a STS to every few years with on-site disposal of safe vermi-compost.

#### Continued challenges:

- Access restrictions: at both the camp and township level limits implementation, supervision and monitoring of the effectiveness and quality of activities. In 2017, more restrictions of transporting relief items in all states were observed. Humanitarian access to NGCA by INGOs in Kachin and generally in northern Rakhine is a major concern.
- Lack of livelihoods opportunities and freedom of movement makes WASH exit strategy challenging.
- Expansion of desludging services and practice of open defecation
- Camp Management Committees in Rakhine is a government appointed body not representing the IDPs in reality and protection concerns are associated with this.
- Early reports from latrine handovers suggest that children's access to latrines is being reduced due parents not trusting them with the padlock keys. Further information is being sought. There may be a need to establish child specific latrines or 'safe' open defecation places in camps where handovers are taking place.
- Water quality and low usage and effectiveness of ceramic water filters leading to increased public health risk

- While in most areas the increase in hygiene knowledge has increased dramatically to now high levels some stubborn risky behaviours remain, notably open defecation and misuse of ceramic water filters.
- Water Shortages: Numerous communities experienced significant water shortages between March and June 2015 requiring emergency water supply provided through a collaboration of RSG and WASH agencies. Longer-term alternative water supplies were funded in response to this; however, as construction works commenced after the end of the 2015 rainy season, the impact of these works will not be felt until 2017.
- Lack of government involvement and lack of funding to take on service delivery within camps.
- Short term humanitarian funds except for funding covering Sittwe Township/HARP
- The situation of WASH in Schools in camps (TLC)
- Protection concerns in all states including GBV and landmine incidents, and in Kachin particularly forced recruitment, trafficking and other child protection concerns.
- There remains a lack of deep understanding as to what proportion of Muslim women in camps are unable to access latrines throughout the day.
- Lack of space in camps for a sufficient number of latrines in some camps.
- High turnover of international staff in Rakhine and national staff in Kachin
- Continued high risk of natural disasters: Rakhine remains one of the most disaster prone parts of Myanmar which is itself one of the most disaster prone countries in the world. The worst El Nino on record has the potential increase on already high risks associated with a range of potential meteorological problems including drought, floods and cyclone.
- WASH project and investments in villages surrounding or nearby IDP camps should be strengthened. Based on a do not harm approach, it is recommended to address basic WASH needs in Schools and Health centers of villages located in the vicinity of camps in Kachin and in non-displaced vulnerable villages in Rakhine with WASH needs.

## Annex A: Targets and Costs per township per state (2018 HRP)

Below are the WASH cluster targets per township for the different types of beneficiary situation (i.e. IDP, returnees, non-displaced) and associated township level total cost.

WASH Cluster HRP 2018							
State	Township	IDPs	Returnees/ relocated	Non-displaced stateless people in Rakhine	Other non- displaced vulnerable people	TOTAL # of people targeted 2018 HRP WASH	TOTAL Budget (in USD) 2018 WASH HRP
KACHIN	Bhamo	7,269	-		3,056	10,325	642,511
	Chipwi	2,656			374	3,030	381,762
	Hpakant	3,801			432	4,233	460,606
	Mansi	11,912	245		3,968	16,125	1,058,920
	Mogaung	332			70	402	26,638
	Mohnyin	89	500		48	637	60,371
	Momauk	26,869	1,658		6,280	34,807	2,470,962
	Myitkyina	7,330	1,875		3,512	12,717	944,708
	Putta-O	1,072			78	1,150	75,218
	Shwegu	515			334	849	54,642
	Sumprabum	432			141	573	38,091
	Tanai	1,058			233	1,291	80,382
	Waingmaw	24,512			6,211	30,723	2,250,092
	<b>KACHIN Total</b>		<b>87,847</b>	<b>4,278</b>	<b>-</b>	<b>24,737</b>	<b>116,862</b>
SHAN	Hseni	566				566	22,640
	Hsipaw					-	-
	Kokang SAZ		4,500		1,800	6,300	457,200
	Konkyan	2,149				2,149	85,960
	Kutkai	3,000			1,314	4,314	185,700
	Lashio					-	-
	Laukaing					-	-
	Manton	718				718	28,720
	Muse	2,091			627	2,718	135,900
	Namhkan	1,960			588	2,548	127,400
	Namtu	1,166				1,166	107,272
	Nawngkhio					-	-
	<b>SHAN Total</b>		<b>11,650</b>	<b>4,500</b>	<b>-</b>	<b>4,329</b>	<b>20,479</b>
RAKHINE_Central	Kyaukpyu	1,020			212	1,232	197,858
	Kyauktaw	594		6,335	17,125	24,054	627,000
	Minbya			6,977	10,711	17,688	784,581
	Mrak-U					-	-
	Myebon	2,606			1,404	4,010	507,259
	Pauktaw	17,969		9,079	12,300	39,348	2,414,679
	Ponnagyun			1,978	2,999	4,977	79,632
	Sittwe	97,914		30,900	5,575	134,389	8,001,203
	<b>RAKHINE_Central Total</b>	<b>120,103</b>	<b>-</b>	<b>55,269</b>	<b>50,326</b>	<b>225,698</b>	<b>12,612,211</b>
	RAKHINE_Northern	Buthidaung			44,291	24,938	69,229
Maungdaw				27,007	17,424	44,431	2,262,370
Rathedaung				16,483	23,296	39,779	3,702,704
<b>RAKHINE_Northern Total</b>	<b>-</b>	<b>-</b>	<b>87,781</b>	<b>65,658</b>	<b>153,439</b>	<b>8,982,287</b>	
<b>Grand Total</b>		<b>219,600</b>	<b>8,778</b>	<b>143,050</b>	<b>145,050</b>	<b>516,478</b>	<b>31,290,193</b>

## Annex B: Breakdown of Average Costs per beneficiary for 2018 (2018 HRP)

Below is the average cost per beneficiary per year for 2018. Note different costs are depicted based on the location, the situation type of the beneficiary (i.e. IDP, returnees, non-displaced). More details on costs per township can be provided upon request. Costs for specific activities are provided in the guidelines and standards and otherwise upon request.

2018 WASH HRP: Average costs per person per year (USD)					
State	Average cost per category (USD)				Average cost per state (USD)
	IDPs	Returnees/ relocated	Non-displaced stateless people in Rakhine	Other non- displaced vulnerable people	Total Average Cost
KACHIN	75	103		61	73
SHAN	49	80		52	56
Northern_RAKHINE			53	66	59
CENTRAL_RAKHINE	74		37	34	56
<b>Grand Total</b>	<b>73</b>	<b>91</b>	<b>47</b>	<b>54</b>	<b>61</b>

 **WASH Cluster**  
Water Sanitation Hygiene



MSWRR

