

A short step from improved WASH to healthier communities



20 January 2016

WASH situation on Dry Zone

- Only 58% of households have year round access to protected water
- Only three% of communities in rural areas have access to safe piped water
- Fifth of households in Magwe are not using improved water sources, whereas in Mandalay it is 18 %
- Majority of households use strain through a cloth as water treatment
- Most common cause of bacteriological contamination of water is exposure to fecal matter of human origin
- Nearly two in six children under age five are underweight
- Diarrhea second most common, which is also associated with use of unprotected water sources, poor hygiene practices and suboptimal access to latrines (2013 LIFT)

Nutrition-sensitive intervention

- NPAFN identifies safe drinking water and sanitation among four underlying causes for nutrition problems and it recommends increasing access to both improved services as well strengthening hygiene education
- In order to improve livelihoods and nutrition of rural population the LIFT Dry Zone scoping report has located water among three most urgent priorities
- Over 35% of children are stunted and illness appears to be a major contributing factor of malnutrition related to long term exposure to poor sanitation and hygiene
- Investment in hygiene promotion, sanitation and water services is among the most cost-effective ways of reducing child mortality

Theory of Change

DZ PROGRAMME LEVEL OUTCOME

Improved nutrition

DZ PROGRAMME OUTCOMES

PrO 2: Safeguarded access to and sustainable use of natural resources

PrO 7: Improved nutrition, sanitation and hygiene practices

Rural households utilize nutritious food and protected water

PROJECT OUTCOMES

PO1. Empowered communities practice healthy behavior with incidence of water-borne and fecal-transmission diseases reduced

PO2. Communities' skills capacity is strengthened on improvement of hygiene practices and utilization of WASH services

PO3. Communities are utilizing and running functioning and sustainable WASH services

PO4. Local government improves policy and includes in their villages plans WASH-nutrition sensitive interventions

PROJECT OUTPUTS

O1. Communities have increased knowledge and attitudes on improved hygiene practices

O2. Communities have access to affordable, suitable and sustainable WASH services as per response to their needs

O3. Communities have enhanced financial capacity in place for WASH services maintenance and operation system

O4. Communities' advocacy positively influence on policy and budget allocation

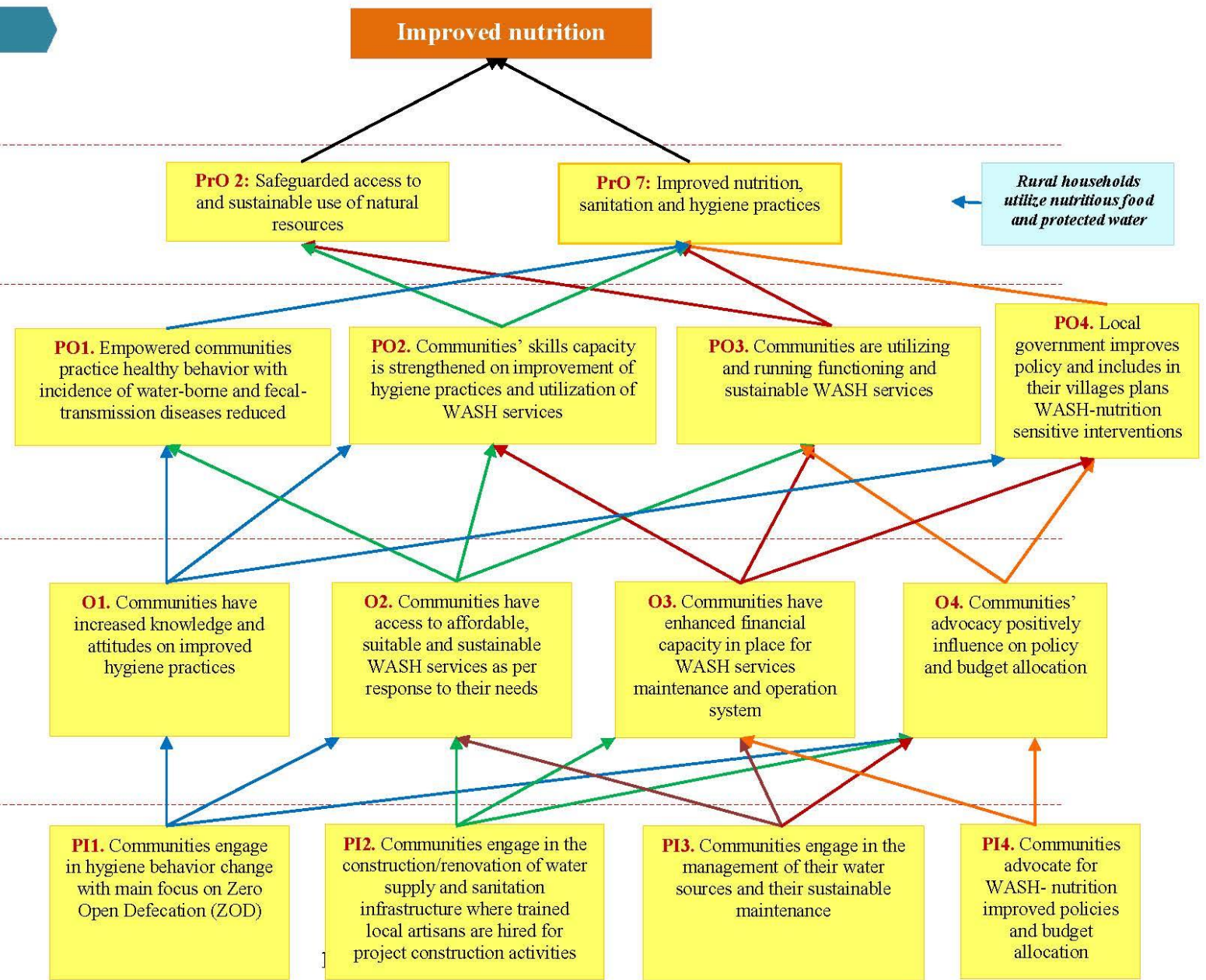
PROJECT INTERVENTIONS

PI1. Communities engage in hygiene behavior change with main focus on Zero Open Defecation (ZOD)

PI2. Communities engage in the construction/renovation of water supply and sanitation infrastructure where trained local artisans are hired for project construction activities

PI3. Communities engage in the management of their water sources and their sustainable maintenance

PI4. Communities advocate for WASH- nutrition improved policies and budget allocation



Implementation approach

- The project will be implemented through UN-Habitat's flagship the People's Process approach allowing target communities to identify prioritize, plan and build their own water and sanitation prioritized project interventions with the financial and technical assistance provided by the project
- VDC formation/existing – integrated with LIFT partners

Geographic location

- Myingyian 37 villages
- Mahlaing 35 villages
- Natogyi 35 villages
- Taungtha 35 villages
- Pakoku 35 villages
- Yesagyo 35 villages

112 villages

Expected beneficiaries

Direct 165,314 people

Indirect 40,676 people



34 villages overlap with another UN-Habitat WASH project

Project components

1

Participatory Hygiene and Sanitation Transformation (PHAST)

- A systematic participatory approach consisting of sequential steps that will culminate in the development of an action plan for addressing the prevailing WASH problems in targeted communities
- PHAST will strongly campaign for Zero Open Defecation (ZOD)
- UN-Habitat will work with hygiene promotion team, VDCs and community volunteers

Project components

2 Community Water Management Planning

- By developing Water Safety Plans (WSPs) communities will be able to strengthen their capacities and capabilities for cost-effective management of their water supply resources; this will also help them sustain WASH services after the project phases out
- The project will allow for appropriate stakeholders to work together to make well-informed decisions related to the strategic, financial, operational and legal aspects of drinking-water quality management

Project components

3 Community safe drinking water supply

- The community-led approach will allow communities to identify prioritize, plan and build their own community project interventions with the financial and technical assistance provided by the project
- Cluster wells, deep-tube wells, hand-dug wells, rain water collection tanks, and upgrading of ponds with fencing, stilling well and filter spillway; wherever feasible ponds will be upgraded with slow-sand filtration process and construction of overhead tank in order to provide piped water with meter to households

Project components

4

Improved household sanitation

- PHAST will campaign to mobilize and encourage households for zero open defecation (ZOD) and to acquire and use hygienic latrines to improve their quality of life and their communities
- The project aims at providing small subsidy to the poorest of the poor and expects contribution from household in terms of materials and labor.

Project management structure

Myingyan office

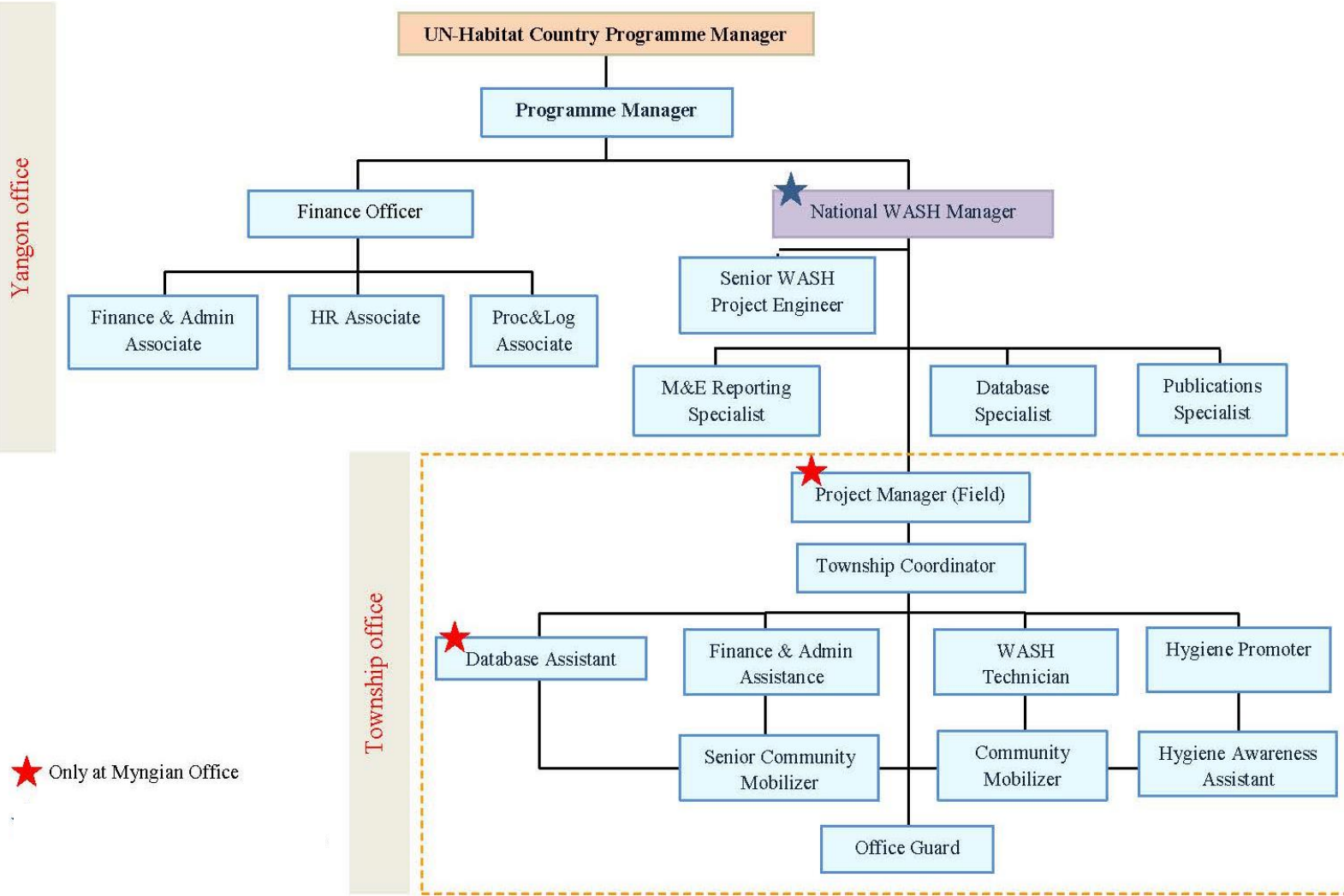
Myingyan and Taungtha

Mahlaing office

Mahlaing and Natogy

Pakoku office

Pakoku and Yesagyo



Governance and Coordination

- Department of Rural Development (DRD) will be the main government partner
- Communities will be the main partner of the project since they will be in charge of project implementation, administering funds and ensuring sustainability after the project phases out.
- LIFT partners implementing in the same villages/township

Monitoring and knowledge management

- Baseline, mid-term and end-line survey
- Social audit (every year)
- Value for money analysis (VfM) (twice during project duration)
- IEC and visibility

Thank you