



Strengthening Community Based WASH Governance in Kani, Myanmar

Save the Children



The CS WASH Fund is supported by the Australian Government and managed by Palladium International Pty Ltd.



Strengthening Community-based WASH Governance

The project, targeting 10 village tracts in Kani Township, will increase access to water and sanitation as well as reduce the incidence of water born diseases, particularly diarrhoea*, by building sustainable capacity at the community level to understand and promote behaviour change.

The project will partner with the Kani Township Health Committee (THC).

Goal: Improved health and hygiene of residents in poor rural communities with increased participation of women and children to achieve sustainable access to water, sanitation and hygiene

Objective: Strengthened capacity and improved WASH governance in 10 village tracts in Kani Township, Sagaing Region

* Note: Ministry of National Planning and Economic Development and UNICEF Situation Analysis of Children in Myanmar, Nay Pyi Taw 2012. Children's right to water, sanitation and hygiene page 55. In Myanmar diarrhoea is the second leading cause of deaths among children under-five, accounting for as much as 18 per cent of child mortality!

KEY RESULT AREAS:

The team will aim to deliver:

Changes in:

- Delivery of sustainable and improved sanitation and water infrastructure
- Training to support private sector entrepreneurs' increased and effective involvement in water/sanitation hardware supply
- Training to support village WASH Committees to manage local WASH infrastructure and hygiene/behaviour change activities
- Ability of THC to manage township level water, sanitation and hygiene

Core deliverables

- Township Health Committee (technical support and funding from SC)
- Hardware for households and institutional buildings: Rotated reservoir/pumphouse engine/driped water/household water meters, 1-pit or 2-pit Four Flush toilets supported, water filters
- Training: water/sanitation technical, private sector manufacture and sales, WASH Committee management, sanitation and hygiene promotion

Save the Children (SC)

- Provision of resources to build capacity – technical and financial – of THC to manage township level water, sanitation and hygiene
- Advocacy for policy and legislation change and donor uptake of Project approach (including legal status of WASH Committees, improved water permit system, ongoing resourcing for Township Health Committees to manage township level water, sanitation and hygiene, national WASH sector review)

KEY RESULT AREAS:

Changes in:

- Women increasingly making decisions in WASH Committees
- Peer women, children and teachers promoting improved water use, sanitation and hygiene practices
- Community members paying water user fees
- WASH Committees managing collection of water user fees and covering operation and maintenance costs/latrine subsidies with funds
- Women and men learning business and technical skills and generating income through small business opportunities
- Donor approaches to supporting WASH infrastructure at village level and sanitation and hygiene behaviour change

KEY RESULT AREAS:

Changes in:

- Improved water use, sanitation and hygiene practices among communities in 10 selected Tracts
- Private sector providers earning regular income through water/sanitation hardware manufacture and supply
- Women, girls' and boys' water collection times reduced, resulting in improved opportunities to access school/income generation
- Social acceptance of women in leadership roles increased
- WASH Committees granted legal status to oversee village level infrastructure on permanent basis
- Communities enjoy legal entitlement to use of water
- Other rural townships enjoying benefits of similar approaches to WASH improvement (through other donors and THCs)

CSO Delivery Team

Project partner in local government =
Kani Township Health Committee (THC)
Ministry of Health

Save the Children Australia, Myanmar

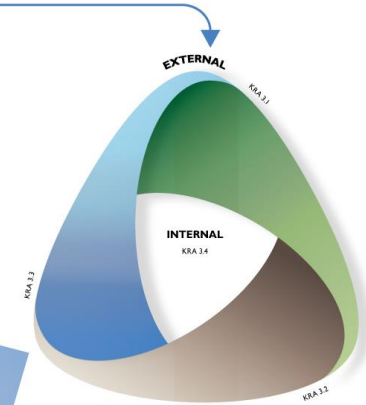
Change agents

- Village WASH Committees
- Tract health providers (Health Assistants, Lady Health Visitors, Midwives)
- Village health providers (Auxiliary Midwives, Community Health Workers, Traditional Birth Attendants)
- Village elders/leaders
- Teachers
- Peer mothers, peer children
- Kani township, Monywa district and Sagaing region government, Government of Myanmar officials, (Dept. of Development Affairs, Environmental Sanitation Division, Dept. of Health, Dept. of Social Welfare)
- Multi-, Bi-Lateral Donors to Myanmar, NGOs

Target Populations



THEORY OF CHANGE

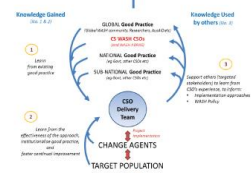


10 village tracts (42 villages)

Kani Township, Sagaing Region

Girls, boys, women and men

Communities in other rural townships



(KRA 3.1) Changes in evidence base about effective and efficient WASH approaches.

(KRA 3.2) Changes in relationships and learning networks between Australian, international and partner country CSOs and research organisations.

(KRA 3.3) Changes in the uptake of lessons and new approaches by participating CSOs, government partners and organisations in the participating CSOs systems of influence.

(KRA 3.4) Changes in institutional knowledge management and learning to empower field staff and improve the CSOs' capacity to implement effective and sustainable WASH approaches

What the Project does...

- 4-year DFAT funded project July 2014 until June 2018

\$2,548,411 AUD

- \$2,308,043 from DFAT and \$240,368 “match” from SCA
- Reaching 26,963 people in 40 villages in 5,049 households



What the Project does...

Project Goal

Improved health and hygiene of residents in poor rural communities, with increased participation of women and children to achieve sustainable access to water, sanitation and hygiene

Project Objective

Strengthened Capacity and improved WASH governance in 10 Village tracts in Kani Township

The key partner of the project is the Kani Township Health Committee (part of the Ministry of Health structure).

What the Project does...

Key Deliverables:

- Reestablishment of Village Health Committees (VHC) in 40 villages to oversee water and sanitation operations
- Providing access to water for community members in 40 villages
- Construction/ renovation of sanitation facilities at 10 rural health centres and 5 schools (separate facilities for boys, girls and teachers)
- Supporting construction of toilets in all households
- Detailed survey of motivators of hygiene behaviour change and community sanitation preferences, findings to be used to determine a sustainable approach to sanitation behaviour change
- Awareness raising on hygiene issues through peer mother and children's groups

Where is it?



Kani, Sagaing Region

Yangon

Who do we liaise with to arrange a visit?

- The field team liaises closely with the Township Health Committee (THC) to arrange field visits and approvals for activities
- The relationship with the THC is fundamental to the success of the program



- Field travel requires Government of Myanmar (GoUM) approval for foreign nationals
- This can take between 6 – 8 weeks
- Not possible for the Program manager to live in Kani, however monthly visits have been scheduled

Getting there!

- Field travel can be challenging, especially during the wet season
- Field staff based in Kani travel by car or motorbike to field locations
- Some villages only accessible by boat
- Recruiting appropriate staff (particularly senior staff) to remote locations can be challenging.



- Travel from Yangon usually takes 1 ½ days
- Flight from Yangon – Mandalay
- Car from Mandalay – Monywa (3 - 4hours)
- Travel from Monywa- Kani (1 -2 hours) – and then to field sites can take more time
- Travel approval for international staff and visitors can be a long process
- Planning ahead of time is important

Who greets you when you arrive?

- Community Leaders
- Village Health Committee members
- Peer educators



What do we see and do on a site visit?



- Progress of infrastructure construction
- Meetings with VHC and peer educators
- Data collection
- Observe activities (such as BCC)
- Training and awareness raising of community members
- Discuss project progress and any issues raised by community



Who do you meet on a site visit?

- Village Health Committee members
- Local Leaders
- Peer Educators
- Community Members
- Government Representatives
- School and Health Centre staff
- Local traders

Challenges

- Delay in finalisation of sanitation study
- Difficult operating environment
- Intricate permissions process for foreigners to go to Kani, impacts on monitoring visits
- Changes in government staff
- Natural Disasters such as floods & fires



Achievements and Progress So far...

- Have drilled wells in 26 villages. Water systems are successfully working, and average 100m water depths meet the Myanmar and WHO chemical and bacteria free standards. During the construction process, the community contributed a total of \$30,000.00 in cash and \$5,000.00 towards labor and materials.
- VHCs were trained in areas including, operation and maintenance training which covered engine operation demonstrations, engine oil changes, water storage tank construction, observation and calculation of water volume for storage tanks, pipeline connection demonstration, electrical control box operations, submersible pumps, and water meter repairs.



Achievements and Progress So far...

- Completion of Sanitation Study to influence the approach the project will take
- Hygiene awareness and promotion training is active in 21 villages. Topics covered include peer mother-to-mother and peer child-to-child hygiene promotion, school hygiene and menstrual hygiene promotion.
- Quarterly meetings with VHC's and THC include discussion on gender and inclusion. Men and women are encouraged to participate in all activities, with women involved in construction work and fixing pipes and involvement in leadership positions.

