TOWARDS IMPROVED NUTRITION
ACCESS TO GOOD QUALITY BASIC SERVICES
A short step from improved WASH to healthier communities

People’s Process
Dry Zone lies within Myanmar's central plains, which are bounded by mountains to the east and west. Due to its geographical location, the region receives much less rain than in the rest of the country. This has wide-reaching impacts on the population of the region. Nearly less than half of the households have year-round access to safe water. Besides, lacking sanitation is considered an urgent issue as most of the households in Dry Zone do not have access to latrines, which means they practice open defecation. While this may not be frowned upon from a cultural standpoint, it is highly detrimental for the community's health; the most common cause of water contamination is exposure to fecal matter of human origin. Contaminated water can be the cause of diseases such as diarrhea, cholera, or the transmission of parasites – diseases that are especially dangerous when contracted by children, because in addition to damaging their health they can also harm their growth and development. The consequences are evident: two out of six children under five are underweight and have severe malnutrition in the Dry Zone. Malnutrition is a leading cause of death or disability and is an explanation for the high rates of under-five mortality in the region.

A short step from improved WASH to healthier communities aimed at providing communities with high-quality hygiene education focusing on zero open defecation (ZOD), improved sanitation and access to safe drinking water to provide communities with basis for healthy and productive life through continuous community mobilization and engagement. Project implementations took place in 221 villages across six townships of Dry Zone (Yasoeg, Pakokku, Myingyan, Natogyi, Mahzaing and Taungnya) where over 176,187 people benefitted. The project contributed to LIFT Strategy Outcome 3 “Improved nutrition of women, men and children”, and to the Dry Zone Programme Outcome 5 “Fewer children are stunted”.

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IMPROVING NUTRITION THROUGH WATER AND SANITATION

In the Dry Zone, located in central Myanmar, it rains much less than in the rest of the country. Only around half of the households have year-round access to safe water. In fact, only 3% of communities have access to safe piped water in rural areas; the remaining communities can only access un-purified poor-quality water, and/or have disproportionately difficult means of obtaining water for their families.

Lack of sanitation is another urgent issue: most of the households in the Dry Zone do not have access to latrines, which means they practice open defecation. While this may not be frowned upon from a cultural standpoint, it is highly detrimental for the community’s health: the most common cause of water contamination is exposure to fecal matter of human origin. Contaminated water can be the cause of diseases such as diarrhoea, cholera, or the transmission of parasites – diseases that are especially dangerous when contracted by children, because in addition to damaging their health, they can also harm their growth and development. The consequences are quite evident: two in six children under five are underweight and have severe malnutrition in the Dry Zone. Malnutrition is a leading cause of death or disability and is an explanation for the high rates of under-five mortality in the region: 46 per thousand, almost nine times the average rate in high-income countries.
Looking for a way to prevent the rampant spread of diseases and curb the child mortality rate, UN-Habitat, together with LIFT devised a tailored community-driven development project called “A short step from improved WASH to healthier communities.” Its aim was to provide safe drinking water, improved sanitation, and hygiene education, helping these communities to adopt new practices for a healthier way of life. From 2016 until 2019, the project brought clean water, sanitation, and improvement in health to 221 villages across six townships of Dry Zone, whereof over 178,000 people have benefited directly.

U San Myint from Nyaung Pin Thar Village in Natogyi Township is one of the cheerful residents that was benefitted from the project. Before, he and the other members of his family had to get up early in the morning and queue for hours to simply get a couple of buckets of water, which would be their only available amount for the day. Not uncommonly, the effort of the time-consuming routine resulted in health complaints for U San Myint’s family; the unprotected water source contaminated by germs boosted the prevalence of waterborne diseases and made the family members sick.

Today, U San Myint is able to just turn on the tap at his home and fill a glass with clean water, whenever he feels thirsty. He is not the only one to enjoy this recent improvement. There is a newfound quality of life in Nyaung Pin Thar: people are healthier and more relaxed.
COMMUNITY MOBILISATION

In order to understand the importance of social organisation with regard to collective action as well as the project’s aim, the project team assists the community with holding village meetings in a first step of the People’s Process. There, the community members discuss about the most pressing issues the people are facing and elaborate potential actions to be taken. Typically, discussions are held in primary groups (women, men and youth), which ensures that everyone’s voice in the community is heard.

Such an approach ensures that affected people are at the center of the process and thus, lead the development in their community by taking decisions on their actions.
COMMUNITY TAKES THE LEAD IN PREPARING THEIR COMMUNITY ACTION PLAN AND IMPLEMENTING IT
ELECTED BY THE COMMUNITY, THE VILLAGE DEVELOPMENT COMMITTEE ADDRESSES THE COMMON DEVELOPMENT ISSUES FACED BY THE ENTIRE COMMUNITY.
COMMUNITY IMPLEMENTATION AGREEMENT

After the community agreed on the community action plan, a community implementation agreement is agreed between the community and the UN-Habitat. Through the means of the formal contract the community is encouraged to follow a step-by-step methodology within the framework of the community action planning approach. It further serves as monitoring and evaluation system, which facilitated the assessment of the project completion as well as maintenance and operation regulations within the community.
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COMMUNITIES PRACTICE IMPROVED HYGIENE

As one of the hygiene promotion volunteers in the village, Ma Kyu Kyu Thin – a 28 years old lady – visits households to monitor people’s behavior change regarding improved hygiene practices. She explains “We prepared a checklist to inspect latrines cleanliness, how many families shared latrines, the status of construction materials collection, how many households dig pit or were getting prepared to build new latrines. Before doing this, we attended training on participatory hygiene and sanitation transformation. Then we started to share the knowledge with our community. We now see people practicing proper hygiene habits, they wash their hands with water and soap, keep water protected and use their latrines. I feel that the community has changed their views about open defecation and people are aware of the different negative effects that it can have on the well-being of our community.”

96% OF OPEN DEFECTION REDUCED
107,091 PARTICIPANTS OF HYGIENE AWARENESS EVENTS
HAND WASH PRACTICES ARE DEMONSTRATED TO PARTICIPANTS TO REDUCE THE RISK OF GERM TRANSMISSION.
HYGIENE PRACTICES HELP REDUCE THE RISK OF MALNUTRITION OF CHILDREN CAUSED BY TRANSMISSION OF DISEASES
“During raining season, water covers all surface and due to the water flow the feces spread all over. If a person had diarrhea or other diseases, it could be easily transmitted to others. Pigs, chickens and dogs ate ‘humans’ feces and if children played with these animals they get the feces in their hands, then to the mouth” – Daw Swe Swe from Daw Hat Taw village shows sadness – “We were not all aware of good hygiene practices, parents let children eat on the ground. Parents themselves were not aware about the risks of open defecation. Through the gained knowledge, we now see the value of latrines. The hygiene awareness gained and the newly built latrines make it possible for us not to practice open defecation anymore. In our village, at first, 10 sample latrines were built were we learned how to do it. Afterwards, we built additional 63 latrines by our own.”

5,639 SELF-HELP LATRINES BUILD
165 VILLAGES WITH ZERO OPEN DEFEICATION
96% HOUSEHOLDS WITH ACCESS TO LATRINES
Demonstration trainings for construction of latrines enable the communities to self-build them.
REDUCTION OF OPEN DEFEcation IS ESPECIALLY CRUCIAL FOR CHILDREN TO DIMINISH THE EXPOSURE TO FECAL-ORAL DISEASES
COMMUNITIES HAVE SUSTAINABLE WATER SUPPLY SYSTEMS

U San Myint explains: “In the past, I had to get back early from work around 3 pm in the afternoon, just to fetch water for my family. I used to carry two buckets of water each time by motorcycle and had to continue this for at least 5 times to be able to get enough water for my family. Nowadays I feel relaxed after coming home as I have ample amounts of water running from the tap in my home. I do not need to worry to get home early to go and fetch water from the river anymore.” says U San Myint confidently with a smiling face and a sigh of relief from getting rid of the long-standing concern to fetch unsafe water from the river. “Everyone in the village is so happy, we can work until sundown at the farm and do not have to compromise on our income anymore.”

186 COMMUNITIES WITH HOUSEHOLD PIPED WATER SUPPLY
168,656 PEOPLE WITH ACCESS TO SAFE AND SUSTAINABLE DRINKING WATER
WATER CONSUMPTION FEES ARE COLLECTED TO FINANCE THE MAINTENANCE OF THE COMMUNITY INFRASTRUCTURE
ENRICHED ADVOCACY ON WASH-NUTRITION SENSITIVE INTERVENTION POLICY

Community were further empowered to organise around advocacy for enhanced inclusion of WASH-nutrition sensitive projects and budgets into local government plans. Meetings organised by local authorities served as platform for the communities to express their needs as well as to report on the progress and impacts of the projects. Additionally, there were coordination meetings with the government. In two opportunities, Hutaw representative of Natogyi and Taungtha visited project villages and highlighted the important contribution from LIFT through UN-Habitat. These visits have provided the project, visibility through the two representatives towards others to whom they had to report on the project.

NUMEROUS MEETINGS HELD ON WASH-NUTRITION SENSITIVE NEEDS AND PRIORITIES OF THE COMMUNITY WITH LOCAL AUTHORITIES
COMMUNITY DISCUSSES ABOUT THEIR INVOLVEMENT IN THEIR VILLAGE INTERVENTIONS AND POSITIVE IMPACTS ON THE COMMUNITY’S SOCIAL BEHAVIOUR CHANGE.
MA KYU KYU THIN FROM THE HYGIENE VOLUNTEERS TEAM LOOKS TO THE FUTURE AND STATES CONFIDENTLY: “WE CONTINUE COORDINATING TRUST AMONG THE VILLAGE WASH DEVELOPMENT COMMITTEE, HYGIENE VOLUNTEERS, THE SOCIAL PROTECTION GROUPS AND WITH ALL THE COMMUNITY MEMBERS. TOGETHER WE WILL MOVE ON AND IMPROVE THE LIVING CONDITIONS OF EVERYONE IN OUR VILLAGE.”