

COMMUNITY WATER SUPPLY AND SANITATION PROJECT



Implemented by the United Nations Centre for Human Settlements (Habitat)

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Dysentery and other water-borne diseases kill many people in Myanmar each year, and make many others ill. Diarrhoea, caused by unsafe water and poor hygiene, is a major killer of children. Many villages get their water from open wells, unprotected springs, rivers or ponds—often some distance from the village, and usually contaminated. The task of fetching water usually falls to the women and children. During the dry season, the local water source may dry up, forcing them to walk miles to the nearest well. Where water is scarce, people are forced to drink dirty water, seeing safe water as a luxury they cannot afford.

Latrines are still uncommon in many rural areas, and knowledge of basic hygiene and sanitation is scant. Many people do not make a link between poor water quality and diseases such as diarrhoea, intestinal worms and skin diseases. Dirty hands and unsanitary waste disposal perpetuate the cycle of disease and poverty.

Overall, only 43% of Myanmar's population has access to safe water, and 42% to adequate sanitation. These averages mask major variations: more than 88% of villages in the Ayeyarwady Delta rely on unprotected, open ponds for their drinking water, while much of the water is salty. One-third of all villages in the Dry Zone of central Myanmar have water shortages lasting more than a month. In rugged Shan State, nearly one-quarter of all villages rely on water sources more than 1 kilometre away.

The HDIE water and sanitation project

The HDIE water and sanitation project is one of 10 projects under the United Nations Development Programme's multisectoral Human Development Initiative Extension programme in Myanmar. The project has a simple goal: to improve access to protected water supplies and to promote safe sanitation and hygiene practices in 11 of the poorest townships in Myanmar: three in the Delta (Ayeyarwady Division), five in Shan State, and three in the Dry Zone of central Myanmar. The project aims to benefit more than 1 million people in the 11 townships.

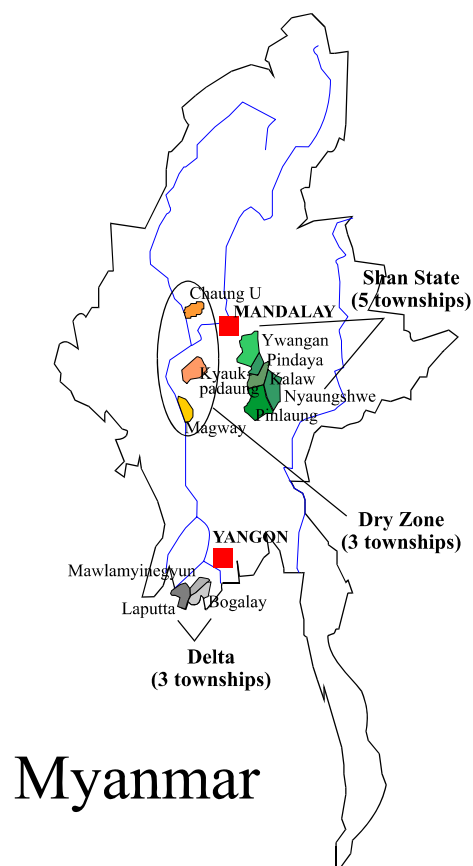
The project consists of three components:

- Water supply.
- Sanitation.
- Community initiatives.

Safe, reliable water

The project helps communities get a reliable supply of safe drinking water—by upgrading existing water-supply systems, or by building new ones. The type of system depends on the local situation: in one place, the project may support work to deepen the village pond and protect it from contamination; in another, it may help villagers to cap a distant spring and lay pipes to bring the water into the village. Other possibilities include installing pumps, building rainwater collection tanks, boring deep or shallow tubewells, and digging wells by hand. It is hoped that the project will build or improve more than 2800 such water-supply systems.

Identifying the best solution relies heavily on the knowledge and expertise of local people. They know which springs flow all year round, and where the best route for a pipeline will be. Project engineers draw on this knowledge and examine villagers' suggestions for cost and technical feasibility. The work is then sub-contracted to local people, who are paid to



carry it out under project staff supervision.

Water-supply systems must be properly maintained if they are to function adequately over the long term. The project helps organize local water and sanitation committees to manage the system and to charge beneficiaries a fair price for water. It also trains artisans—pump-mechanics, well-diggers and construction workers—who can then provide services to their own and other villages into the future.

Improved sanitation

The project educates villagers on the need for good hygiene and sanitation, and helps them put these lessons into effect. It supports the construction of latrines in schools and by individual families, and has designed latrines for use in problem locations, such as waterlogged areas. It subsidizes the cost of squatting pans and cement for the poor, so that people can build their own latrines, and encourages people to make their own pans out of bamboo or other materials, rather than buying plastic pans.

In conjunction with the HDIE Education and Health projects, project staff train community groups and schoolchildren on the use of latrines and on the importance of clean water and clean hands in preventing diseases. They work with local social institutions such as monasteries, schools, parent-teacher associations, and youth and women's groups to spread messages about the link between good hygiene and health.

Supporting community initiatives

Aside from its water and sanitation work, the project also has a small fund to support initiatives identified by villagers themselves. This "community initiative support facility" can undertake work that falls outside the other HDIE projects. For example, it funds the construction and improvement of village infrastructure (such as a bridge so children can get to the local school), demonstrations of improved technologies, improvements in village services, and exchange visits so villagers can learn from others' experiences.

To apply for funds, a community organization must decide what it wants to do, then fill in a simple form requesting support. A project specialist discusses the proposed activity with the villagers, makes sure that it is feasible, and helps them fill in a more detailed proposal. The proposal is evaluated by a project committee, and if approved, a formal contract is drawn up. One requirement is that the community itself shoulder some of the costs. Project staff then help the community organization implement the activity, ensure that the work is of high standard and that (if it involves infrastructure) the organization maintains it properly.