

# The National Sanitation Week in Myanmar

## From Policy to Actions



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## A Voice for Children

Diarrhoea kills about 30,000 children under five years of age annually in Myanmar, and causes undue sufferings to many more. The loss is unacceptably high. Inadequate sanitation is the major contributing factor, as less than half of the population have access to proper sanitation and safe drinking water. Article 24 of the Convention on the Rights of the Child specifically urges countries to take appropriate measures to combat disease and malnutrition, and requires, "among other things, provision of clean drinking water and sanitation services". The World Summit for Children goals include universal access to safe human excreta disposal. New studies suggest that insanitary environment may have adverse effects on children, beyond those associated with bouts of illness, with possibility of affecting their nutritional status and normal growth. Urgent actions on behalf of the children are therefore required.



## Learning from Experiences and Advancing Forward

Recognizing the direct link between poor sanitation and diarrhoeal diseases, a National Sanitation Programme was launched fifteen years back with UNICEF support. This was based on provision of a free plastic latrine pan to every family to promote community participation. However, the results fell far short of expectations, as supplying to every family was costly and cannot be sustained. Consequently, the strategy was reviewed, and in 1995, supply of pans was phased out, and *"Sanitation for All by the Year 2000"* was declared as a high priority national commitment under the National Health Plan. The new programme, supported by UNICEF, was founded on the self-help approach, driven by three fundamentals;

- ◆ first, a minimum latrine standard which requires that the excreta be contained in a covered pit in the ground;
- ◆ second, a low-cost and do-it-yourself concept using locally available materials; and
- ◆ third, intensive social mobilization.

The strategy proved to be successful where township authorities and health staff were highly committed.

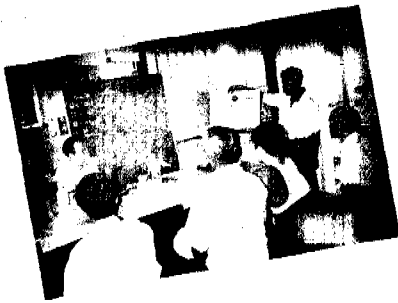
## The National Sanitation Week: A Million New Sanitary Latrines

Spurred by the high sanitation coverage exceeding 70 to 80 percent achieved in certain townships, a National Sanitation Week was launched by the Ministry of Health for the first time on 11 to 17 May 1998 to energise the national programme. The event was supported by UNICEF and WHO. The goal was to motivate one million families to construct their own sanitary latrines. This ambitious goal which covers about 12 per cent of the households of the country, was based on motivating 15 families in each of Myanmar's 66,000 villages and wards to construct its own latrine – a doable task at the village and ward level.



## Preparing for the National Sanitation Week

The preparatory activities for the Sanitation Week included a series of planning meetings organized at the central, state and division, and township levels. Health teams visited various states and divisions to organize support from various groups, including NGOs, school



teachers, 10-household leaders, village and ward leaders, for this significant event.

Production of information and communication materials, such as posters,

pamphlets, slogan posters, photo exhibits, and videos went on full scale. In addition, a video cassettes on "how to build your own sanitary latrine" added to the knowhow of the implementors, the field mobilizers and other change agents.

Furthermore, local authorities erected billboards on the National Sanitation Week at their own expense. However, the relatively late official approval of the event by the Ministry of Health delayed actions by some officials at the sub-national level.





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## Official Launch of the National Sanitation Week

The launching of the First National Sanitation Week in Myanmar was inaugurated by General Khin Nyunt, Secretary I of the State Peace and Development Council and the Chairman of the National Health Committee, and Dr. Juan Aguilar Leon, UNICEF Representative in Myanmar, and attended by some 10 ministers, high-level officials, United Nations personnel, other key partners including NGOs and the private sector.

Secretary I of the State Peace and Development Council and the Chairman of the National Health Committee highlighted that "the number of diarrhoeal episodes reported in health facilities are over 150,000 annually", caused largely by "lack of knowledge and weakness in personal hygiene and sanitation." Improved health is seen as crucial for increased productivity of the country. Considering access to safe potable water and sanitation facilities as "important indicators in social development status of the country", he urged "each and everyone, including multisectoral government departments and non governmental organizations, should make a concerted efforts and undertake sanitation activities as a national endeavour, and ....the national sanitation week as a mass movement".

In emphasizing the commitment made at the World Summit for Children by Myanmar, the UNICEF

Representative urged renewed efforts so that the children of Myanmar can be "healthy, happy, vigorous and bright." Highlighting the negative impact of poor sanitation on the health of children, on productivity of the population and on expenditure on health treatment, he believed that the strategy to achieve Sanitation for All by the Year 2000 based on "three important elements, namely, low cost, self help and social mobilization" are effective to accelerate access to sanitation. The goal can be achieved with the support of various partners, including UN colleagues, NGOs and the private sector. Dr. Aguilar stressed the "well defined goal to motivate families all across the country to build one million latrines... a very ambitious but doable target".

The do-it-yourself approach was emphasized through photo display and models of affordable sanitary latrine designs. The increasing role of the private sector, which can produce plastic latrine pans at less than Ks 650 or 3 US dollars, and therefore provides wider choice to the families, is recognized. The Sanitation Week was seen as a significant step on the road to universal access to sanitation. And the viability of the shift from latrine pan distribution to the self-help do-it-yourself approach was further elaborated during the seminar which followed the inaugural session. The national television which broadcast educational and advocacy messages, and newspapers which printed articles promoting Sanitation Week added momentum to this national event.

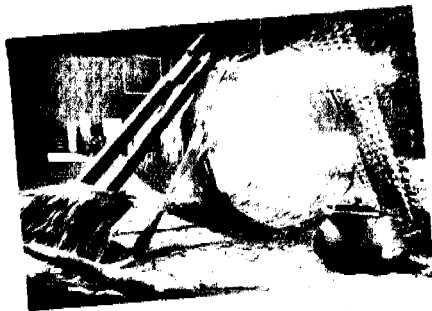
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## National Sanitation Week in Action

Travelling to a sample of townships and villages in the country has allowed field teams to capture a sense of the response of the people at sub-national and grassroots levels. More of the programme planners and implementors are being convinced of the strategic shift from latrine pans provider to promoter of self-help approach, after watching the video on "how to build your own sanitary latrine", and witnessing what the villagers and town dwellers have done.

Certain villages have set higher targets for sanitary latrines. Social mobilization, with the active participation of health and NGO workers, teachers, and the 10-household leaders created a sense of ownership.



In order to bring sanitary latrines within the reach of all families, including the poor families, village leader like U Tin Sein has organized the collective purchase of bamboo for many families

to cut down costs. The use of materials available locally and within the home compound was widespread. Furthermore, many families chose to build latrines with their own hands. The outcome was a wide range of low cost and appropriate latrine designs suited to the individual family preference and affordability.

One villager observed:  
*"No, it did not cost me anything to build my sanitary latrine. I used my own building materials and I also got some from my friends. I built it myself."*



A poor farmer stated; *"I am poor, and I cannot afford to build my own latrine. I was pleased that my neighbours provided me with building materials and financial help."*

The reports received from 290 of the 324 townships as at mid-July 1998 showed that about 700,000 new sanitary latrines were constructed. This represents additional access to sanitary facilities for almost 10 per cent of the population, a notable achievement and a stimulus for further action.

## Building on the National Sanitation Week

Field observation revealed that many township authorities, spurred by the National Sanitation Week, have

set challenging targets to achieve the goal of Sanitation for All even before the end of the decade. Encouraged by the enthusiasm and active involvement of the villagers and field motivators, as well as their greater confidence on what needs to be done, they plan to sustain the momentum created by the event till the goal is reached.

## Looking to the Future

The task remains challenging as the decade-end approaches. However, there is greater optimism that sanitation coverage of 80 per cent and above can be realized by the year 2000 as the programme is increasingly being driven by the positive lessons and reported successes... a situation of success breeding success. And utterances of another National Sanitation Week in 1999 is already in the air.



Proper hand washing practices, particularly before handling food and after defecation, is worth considering as part of the next National Sanitation Week.

UNICEF Myanmar also produced a 4 mins video on "The National Sanitation Week – From Policy to Actions". It outlines the sanitation programme philosophy, activities leading to the event, and captures the key interventions at the grassroots.

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## For A Healthy Living

### Sanitation ♦ ♦ ♦

- ◆ Build your own sanitary latrines
- ◆ Dispose of child excreta safely
- ◆ Ensure that children use sanitary latrines

### Hygiene ♦ ♦ ♦

Wash hands properly with soap (or ash)

- ◆ after defecation
- ◆ before handling food
- ◆ before eating food

### Drinking Water ♦ ♦ ♦

- ◆ Obtain drinking water from safe water supply sources - tubewells, protected ponds and dugwells
- ◆ Install your own shallow tubewells
- ◆ Protect your drinking water ponds against contamination
- ◆ Protect your hand-dug wells against contamination