#### Plan China

# Community Driven Water & Environmental Sanitation (WES) Program

June 2007



# **Program Objectives**

- The health of children and families in program communities is improved as a result of increased access to sanitation and water supply and hygiene awareness.
- 2. The capacity of program communities is enhanced through the process of community driven development.
- 3. The capacity of local government agencies and local NGOs to promote and adopt community driven development and rural water, environment, and sanitation improvement is increased.
- 4. A viable community driven water, environment and sanitation improvement model and system is identified and tested to lend experience to the Chinese government country strategy in rural poverty alleviation and development.

# **Contribution to Country Goals**

- Goal 1: The health of children of all ages is improved.
- Goal 2: Children live in an environment with access to clean water, basic sanitation and good hygiene behavior.
- Goal 5: Families can generate sufficient financial resources to meet children's needs.
- Goal 6: Children and adults effectively participate in making decisions that affect their lives.
- Goal 7: The voices of children and communities are heard with linkages by the civil society.



# **Complementing MDG**

- Goal 1: Eradicate extreme poverty and hunger
- Goal 3: Promote gender equality and empower women.
- Goal 4: Reduce child mortality.
- Goal 5: Improve maternal health.
- Goal 6: Combat HIV/AIDS, malaria and other diseases.
- Goal 7: Ensure environmental sustainability.



# **Major Program Issues**

- 1. New poverty alleviation strategy focused on capacity building through community participation is required to help China's remaining rural poor.
- 2. Poor water and sanitation conditions form a poverty loop that prevents the rural poor from achieving development.
  - 2.1 Lack of adequate and reliable access to safe drinking water in communities and schools
  - 2.2 Low awareness in sanitation leading to inappropriate hygienic behaviour and the transmission of water-borne disease.

- 2.3 Inadequate sanitary provision and poor waste management system
- 2.4 Lack of effective government intervention to rural sanitation improvement
- 2.5 The lack of capacity or mechanisms for effective community participation, especially for marginalized groups, discourages hygiene behaviour change.
- 2.6 Low capacity to respond to natural disasters



#### **Status & Target in Program Area**

1. % families with sufficient potable water all year round.Current status: 2.21% (Baseline2-2005)

Target status: 80% (weighted average of PU's objectives)

2 % families that dispose off excreta in a sanitary manner. Current status: 7.79%

Target status: 70%

3. % community members conducting environmental friendly activities.

Current status: 13%

Target status: 70%

4 % families who adopt good hygiene practices.

Current status: 1.76%

Target status: 31%







#### **Program Approach**

Impact oriented programming ata-based advocac

Software precedes hardware sanitation precedes water supply Promoting ecological sanitation Community Led Total Sanitation (CLTS)

Child-centeredness, Community Driven, Integration, Gender Awareness, Capacity Building



**Important Outputs (All PUs)** 

		Total		
S. No.	Description	FY06	FY07 (Planne d)	FY 07 (Up to April'2 007)
1	Villages Covered	122	125	125
2	New Water Supply System	33	40	22
3	Upgrading of Existing Water Supply System	20	24	7
4	Number of Pit Latrines	1650	2921	2496
5	Number of Urine Diverting Latrines	8457	8684	5992
6	Number of Biogas units	1214	1675	834
7	Rural Access Road	15	44	24
8	Irrigation Scheme	16	21	10
9	IEC Campaign Nos.	586	606	<b>1976</b> n

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#### Successes

- Wide acceptance of home Eco San (urine diverting) latrines
- Substantial reduction in unit cost of latrines and thereof resultant subsidy. Av. Subsidy of pit/UD latrines comes down from the high of 948 RMB in FY04 to 386 in FY 06 and will further reduce to 332 RMB in FY 08.
- Gradually moving towards Community led total sanitation (CLTS)
- Integration of water, hygiene and environmental sanitation awareness campaign with WES program.
- Introduction of urine diverting latrine blocks in schools.
- Continuous capacity building of Children, their families, community, school teachers and Township project officers.

#### **Challenges**

- Changing traditional practices and attitudes towards, handling animal and human waste in rural areas require consistent intervention for long term (Post implementation support).
- Coordination between separate government institutions for water supply, sanitation, health care.
- Civil society and NGOs need to be mobilized to raise awareness and knowledge on the causes of poor health, environment -related diseases and natural hazards.
- Last 30 % HHs needs more motivation/facilitation to change.
- Improving community facilitation skills of frontline staffs
- Reducing dependency on subsidy and reducing cost
- Integrating WES with education, health and livelihood.



# **Feasibility Study**



# **Community Mobilization Training**







# **Community Led Total Sanitation (CLTS)**







# **Sanitation Improvement**



Urine Diverting Latrine







Community Led Total Sanitation





# **Urine Diverting Latrine**







# Latrine Construction Monitoring & Children learning through drawings about environment







#### **Green Park Act in Schools**











# **World Water Day celebration**



