glaas | UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

Myanmar

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**52.80 M**
Urban population (2012)[a]	**17.53 M**
Rural population (2012)[a]	**35.26 M**
Population growth rate (2012)[a]	**0.86%**
Gross domestic product USD (2012)[b]	**53.14 billion**

[a] World Population Prospects: The 2012 Revision, UNDESA 2013.
[b] World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)[c]	**41.1**
Under 5 mortality / 1,000 live births (2012)[c]	**52.3**
Life expectancy at birth (2012)[d]	**66 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**5394**

[c] Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.
[d] World Health Statistics, WHO 2014.
[e] Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)[f]	**77%**
Use of drinking-water from improved sources (2012)[f]	**86%**

[f] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

Sanitation, drinking-water and hygiene status overview*

In 2011, Myanmar set national coverage targets for access to improved water and sanitation services as 90% by 2015. According to MICS (Multiple Indicator Cluster Survey 2009-2010) by UNICEF, the Ministry of Health and the Ministry of National Planning and Economic Development, overall 82.3% of the population use an improved source of drinking-water, 93.2% in urban and 77.6% in rural areas. The source of drinking-water for the population varies across states and divisions (now regions). In general, it can be said that urban areas have better access to improved piped water than rural areas. Only 4.1% of households in Myanmar have piped water into the dwelling. The percentage is as high as 31.3% in Chin State, a location where it is common to use bamboo pipes to bring water from protected springs into the dwelling. In Kayah, Tanintharyi and Yangon, percentages of piped water into the dwelling are 10.6,11.1 and 11.3 respectively. In contrast, in several states and divisions less than one per cent of households have piped water into the dwelling. The use of unprotected wells is high in Kayah (23.8%), Kayin (43.9%) and Rakhine (37.2%). In Magway, 10.6% of the population relies on surface water. Because of this, most international and national NGOs and some UN agencies (UNDP, UNICEF and UN-Habitat) are concentrating on those areas.

Water treatment at home is estimated to be carried out by 34.5% of the population: treatment by cloth is carried out by 76.2%, boiling by 1.4%, and water filter by 0.6%. It is also estimated that 12.2% of the population does not use water treatment, and unsafe drinking-water coverage is 33.1%. These figures show that water treatment is low and Water Safety Plan follow up actions need to be promoted in Myanmar.

Improved sanitation access over all is estimated to be 77%—84% in urban and 74% in rural areas. The areas with the least coverage are 48% in Rakhine and 68.3% in Shan North. In contrast 93.8% of people in Yangon have access to improved facilities—59.8% of the poorest population and 98.2% of the richest population. In both urban and rural areas, most toilet facilities are slab and pit, with 53.5% in urban and 69.8% in rural areas. Among them, 51.8% are in the richest households, but only 0.2% in the poorest.

In Myanmar there are notable disparities between urban and rural areas and between rich and poor areas. Efforts need to be geared to address these unreached areas and populations. As of 2008-2010, WATSAN aid commitments increased from 16% to 26%. As indicated by external support agencies in 2011, 57% of donor aid goes to new services, 36% to maintain/replace systems and 7% to treatment.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

WHO/FWC/WSH/15.76

© World Health Organization 2015
All rights reserved. Publications of the World Health Organization are available on the WHO website (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857;e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website (www.who.int/about/licensing/copyright_form/en/index.html).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Design and layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.
GLAAS visual identifier design by Ledgard Jepson Ltd, Barnsley, South Yorkshire, England.
Printed by the WHO Document Production Services, Geneva, Switzerland

UN WATER

World Health Organization

Highlights based on country reported GLAAS 2013/2014 data[1]

I. Governance

Several ministries and institutions share the lead for sanitation and drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Health	✔	✔	✔
Ministry of Livestock, Fisheries and Rural Development	✔	✔	
Yangon City Development Committee	✔	✔	
Mandalay City Development Committee	✔		
Naypyitaw Development Committee	✔		

Number of ministries and national institutions with responsibilities in WASH: **10**

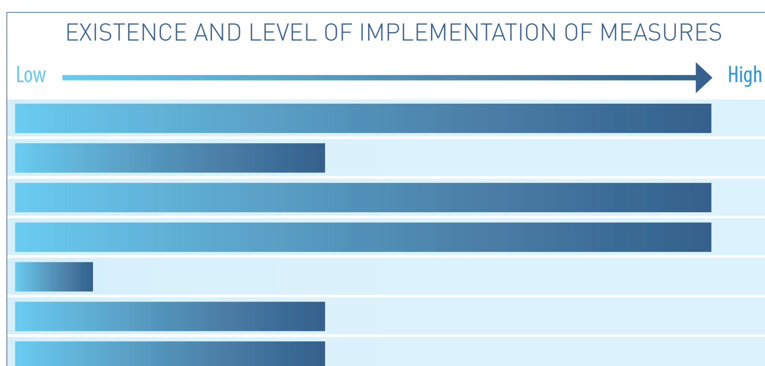
Coordination between WASH actors includes:
- ✔ All ministries and government agencies
- ✔ Nongovernmental agencies
- ✔ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	COVERAGE TARGET YEAR
Urban sanitation	✔	70	2016
Rural sanitation	✔		
Sanitation in schools	✔	100	2016
Sanitation in health facilities	✔	70	2016
Urban drinking-water supply	✔	70	2016
Rural drinking-water supply	✔	100	2016
Drinking-water in schools	✔	100	2016
Drinking-water in health facilities	✔	80	2016
Hygiene promotion	✔	100	2016
Hygiene promotion in schools		100	2016
Hygiene promotion in health facilities		100	2016

There are many specific plans implemented to improve and sustain WASH services. This includes the Five Year Strategic Plan on water supply, sanitation and hygiene and preparedness trainings and multiplier training on climate change.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES[a]

- **Keep rural water supply functioning over long-term**
- **Improve reliability/continuity of urban water supply**
- **To rehabilitate broken public latrines**
- **Safely empty or replace latrines when full**
- **Reuse of wastewater or septage**
- **Ensure DWQ meets national standards**
- **Address resilience to climate change**



[a] Including implementation.

[1] All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak. There are reported insufficiencies of drinking-water quality surveillance due to a lack of technical staff and portable water quality test kits.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	October 2011		October 2011		August 2013
Use of performance indicators[a]	●		●		●
Data availability for decision-making[a]					Health sector
Policy and strategy making	✔		✔		✔
Resource allocation	✔		✔		NA
National standards	NA		✔		NA
Response to WASH related disease outbreak	NA		NA		✔
Surveillance[b]	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✔	●	
Independent auditing management procedures with verification	NA	NA	✔	●	
Internal monitoring of formal service providers	✔	✔	✔	✔	
Communication[a]					
Performance reviews made public	●	✔	●	●	
Customer satisfaction reviews made public	●	●	●	●	

[a] ✘ Few. ● Some. ✔ Most.
[b] ✘ Not reported. ● Not used. ✔ Used and informs corrective action.
NA: Not applicable.

III. Human resources

Human resource strategies are in development for sanitation, drinking-water and hygiene. Constraints identified include a lack of skilled graduates and financial resources for staff costs.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed[a]	●	●	●
Strategy defines gaps and actions needed to improve[a]	✔	✔	✔
Human resource constraints for WASH[b]			
Availability of financial resources for staff costs	●	●	●
Availability of education/training organisations	●	●	●
Skilled graduates	●	●	●
Preference by skilled graduates to work in other sectors	●	●	●
Emigration of skilled workers abroad	●	●	●
Skilled workers do not want to live and work in rural areas	●	●	●
Recruitment practices	●	●	●
Other			

[a] ✘ No. ● In development. ✔ Yes.
[b] ✘ Severe constraint. ● Moderate constraint. ✔ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas. There are, however, reported difficulties in absorption of domestic and donor commitments, particularly for sanitation. The main reasons given for this is insufficient sustainability. There is also a reported insufficiency of funds to meet MDG targets especially, for drinking-water.

FINANCING	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Financing plan for WASH				
Assessment of financing sources and strategies[a]	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used[b]	✘	✘	●	●
Estimated % of donor commitments used[b]	✘	✘	✘	✘
Sufficiency of finance				
WASH finance sufficient to meet MDG targets[b]	●	●	✘	✘

[a] ✘ No agreed financing plan. ● Plan in development or only used for some decisions. ✔ Plan/budget is agreed and consistently followed.
[b] ✘ Less than 50%. ● 50–75%. ✔ Over 75%.

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure[1]	
2010–2013	14.90 M.USD
Expenditure as a % GDP	
Education[2]	0.8
Health[2]	1.8
WASH[3]	NA

[1] Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.
[2] Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.
[3] WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.
NA: Not available.

V. Equity

As a step towards addressing equality in access to WASH services, six disadvantaged groups are identified in WASH plans. Funds are reported to be largely directed to drinking-water services, however, the number of unserved is greater for sanitation services.

EQUITY IN GOVERNANCE	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation	✘		✘	
Participation and reporting[a]	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✘	✘	✘	✘
Extent to which users participate in planning	✔	✔	✔	●
Effective complaint mechanisms	✔	●	✔	●

[a] ✘ Low/few. ● Moderate/some. ✔ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

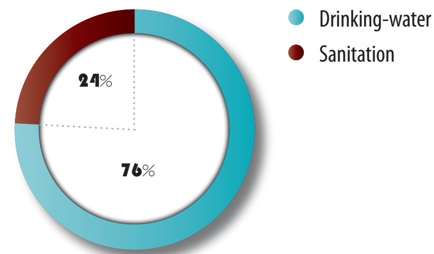
1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Displaced populations
5. Ethnic minorities
6. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

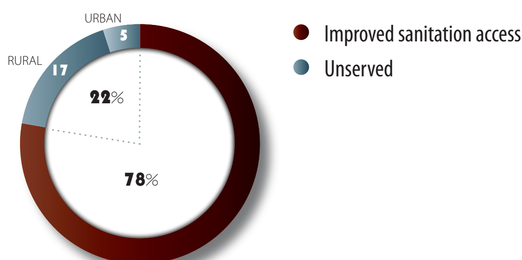


Figure 4. Population with access to improved drinking-water sources

[1] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.