



WATER, SANITATION, AND HYGIENE

Program Goals: Increase access to safe water and improve sanitation

More than 70 percent of Malagasy people lack access to safe drinking water and nearly half of all households live without sanitation facilities. Through its Water, Sanitation, and Hygiene (WASH) program, USAID increases access to clean water and proper sanitation facilities. USAID incorporates WASH activities in its health, food security, and environment programs. USAID also improves access to credit for consumers and suppliers of clean water and sanitation services using microfinance products.

KEY AREAS OF INTERVENTION

Wash Systems Strengthening

- Strengthen leadership, governance, and monitoring systems of the Ministry of Water, Sanitation and Hygiene and local stakeholders
- Reinforce community, regional, and national WASH committees through technical and financial support
- Develop strategic operation plans for investment planning at community,

regional, and national levels



Increase Access to Clean Water to Improve Sanitation and Adopt Good Hygiene Behaviors

- Construct and refurbish water supply systems and facilities
- Provide clean water to primary health facilities and primary public schools
- Implement Community-led Total Sanitation (CLTS), a hygiene behavior change communication (BCC) method that mobilizes communities to eliminate open defecation
- Promote community-based awareness activities on key WASH messages through BCC and information, education and communication

Leverage Resources for WASH Sector and Engage in Public Private Partnership

- Promote strategic partnerships to leverage additional resources
- Support savings and loan programs, which increase the ability of families to invest in WASH products and services
- Help private enterprises build and manage WASH facilities
- Facilitate the development of small enterprises offering WASH products and services



WATER, SANITATION AND HYGIENE PROJECTS AND IMPLEMENTING PARTNERS

USAID provided \$5.7 million during fiscal year 2017 to fund the following projects:

- I. Water and Development Alliance (WADA) / Coca-Cola Foundation
- 2. Mahefa Miaraka / JSI
- 3. Rural Access to New Opportunities in WASH (RANO WASH) / CARE Int'l
- 4. UNICEF WASH Project



RESPONDING TO PLAGUE OUTBREAF

FILLING CRITICAL NEEDS DURING A NATIONAL HEALTH EPIDEMIC

USAID's five year Rural Access to New Opportunities in Water, Sanitation, and Hygiene (RANO WASH) project had just begun when the 2017 pneumonic plague outbreak struck Madagascar. When the Malagasy government realized they were in desperate need of adequate hygiene services in their plague hospitals in Antananariavo, RANO WASH swiftly made a plan. The project recruited, hired and trained 130 hygienists that were positioned in each of the capitals' five designated plague treatment hospitals.



RANO WASH worked closely with government ministries, UNICEF, and other donors and partners to ensure the hygienists received appropriate training on personal protective equipment, disinfection protocols, and general hygiene standards

KEY ACHIEVEMENTS FISCAL YEAR 2017

- Developed a public-private partnership with Coca-Cola Foundation to build and repair WASH infrastructure in urban and rural zones
- Treated over 3.8 billion liters of water, providing potable water to 2 million people
- 10,592 people gained access to drinking water as a result of USAID projects
- Provided technical support to the Ministry of Water, Energy and Hydrocarbons (MOWEH) to develop its WASH regional cost-implementation plans
- Provided technical support for the improvement of MOWEH's monitoring and evaluation system



3.8 billion liters of water treated for drinking

related to plague. Part of the training included teambuilding sessions to ensure optimal environmental working conditions between hospital medical staff and the hygienists. RANO WASH noted that the two groups worked effectively as a team throughout the plague epidemic.



One plague hospital director told USAID that, "Having the RANO WASH hygienists at the hospitals was very helpful and allowed the medical staff to focus more on taking care of the high number of plague patients.



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