



Myanmar: Strengthening Gender in ASWA Programming

SUMMARY

Attention to gender equality in WASH programming can positively impact water, sanitation and hygiene outcomes. This field note explores the gender elements of the UNICEF ASWA (Acceleration of Sanitation and Water for All) programme in Myanmar, including outputs, benefits, barriers and learnings identified during a rapid gender review. The note also highlights opportunities for targeted actions in future programmes to further promote gender equality and empower women and girls.

Introduction

In order to improve water, sanitation and hygiene (WASH) situation in dry zone areas of Myanmar UNICEF is implementing the Acceleration of Sanitation and Water for All (ASWA)¹ Programme with the financial support from UK Aid (the Department for International Development – DFID). This field note represents the findings from a rapid review of gender issues and opportunities from Phase 1 of the ASWA programme. It should be noted that this work does not represent qualitative research nor a comprehensive gender review of the WASH programme.

Gender Issues in Myanmar

Gender inequality has in the past received little attention in Myanmar and there has been a presumption that men and women have equal

opportunities. However, despite this perception of equality, there is evidence of cultural and religious beliefs which support male superiority (Gender Equality Network, 2015). This is reflected in Myanmar's Gender Inequality Index ranking of 147th out of 189 countries and territories, in 2019 (UNDP, 2019). Women's and girls' lesser position in society appears linked to their physiology, particularly the "impure" functions of menstruation and childbirth and is reflected in the practices of male child preference and bride price, in unequal opportunities for inheritance and the greater value placed on the work of men (Gender Equality Network, 2015; ADB, 2016). Strong gendered norms exist of men as the breadwinners and household leaders, whilst women are relegated to the role of dependents on family registration cards (Gender Equality Network, 2015).

¹ The Accelerated Sanitation and Water for All (ASWA) programme is a DFID funded 9 country programme which includes Myanmar and Cambodia from the East Asia and

Pacific Region; a similar field note is also prepared based on an analysis of the implementation in Cambodia.

Women's lack of power in relationships is also revealed in the apparent prevalence of gender based violence (GBV). In one qualitative study, all the women interviewed reported having experienced many forms of violence throughout their lives and most reported intimate partner violence including emotional, economic, physical and sexual violence (Gender Equality Network, 2014). The CEDAW Committee has expressed concern that domestic and sexual violence in Myanmar were widespread and accompanied by a culture of silence and impunity (United Nations, 2008).

KEY POINTS

- *Attention to gender issues in programming can improve water, sanitation and hygiene outcomes for all.*
- *Barriers to gender equality that may impact negatively on the ASWA programme include lack of women in leadership, the role of religion in education and taboos associated with menstruation.*
- *Despite these gender barriers the ASWA programme appears to have resulted in gender equitable outputs.*
- *Reported benefits for women include decreased work burden in water collection, increased income and skills and improved health and personal hygiene.*
- *Opportunities to advance gender equality within the programme include increased focus on women in capacity building and leadership, attention to menstrual hygiene and bathing, and evaluating opportunities to work with women's groups.*

Women in Myanmar are purported to be seen foremost as mothers and caregivers, they bear the burden of domestic duties and have a traditional responsibility to uphold the culture of Myanmar (Gender Equality Network, 2015; ADB 2016). Women are reported to be blamed for the disappearance of cultural values and criticized, in the media, for failing to adhere to traditional gender norms (Gender Equality Network, 2015).

Modesty and virginity are valued in women and girls, sex is a taboo topic and menstruation is seen as dirty. Women are excluded from a variety of holy places and functions on that basis that they menstruate and that this makes them impure and of lower status compared to men (Gender Equality Network, 2015; ADB 2016). These gender norms are perpetuated not only through peers, families and health professionals but in some cases also supported by laws and policies (Gender Equality Network, 2015). For example, the 2008 Constitution of Myanmar includes references to the principal role of women as mothers, and despite prohibiting gender discrimination in government appointments, states that *"nothing in this section shall prevent appointment of men to positions that are naturally suitable for men only"* (ADB, 2016, Gender Equality Network, 2013).

Gender parity has been reached in education participation however boys drop out secondary school more frequently than girls, presumably to pursue work opportunities (ADB, 2016; Myanmar National Census, 2013). More girls complete secondary education, pass matriculation and enter tertiary education. There is suggestion that drop-out of boys may be correlated with the high proportion of female-headed households (ADB, 2016). Female-headed households are common in Myanmar, with one in five households reported to have a female head. In the majority (72%) of cases the women heading these households are widows (Desai, 2013). Only a minority (13%) of these households included an adult male and these were similar to male-headed households in terms of household size, resources and well-being. However, female-headed households were generally less likely to own land or crop holdings and were under-represented in the workforce. Lack of resources and income sources were particularly notable, compared to male-headed households, when there was no male adult household member.

Women in Myanmar are well represented in employment however are reported to struggle to

attain senior and leadership roles. For example, whilst approximately half of government ministry staff have been reported to be female, only two out of a total 33 ministries (Ministry for Education and Ministry for Social Welfare, Relief and Resettlement) are headed by women. Similarly, out of the 16,785 village administrators, only 0.25% (42) are women (Burnet Institute, 2016). Women report that social norms make it difficult to take up decision-making positions and that these are considered only suitable for men (Gender Equality Network, 2015; ADB, 2016).

The issues outlined above, represent significant challenges to gender equality and the empowerment of women and girls in Myanmar. They represent barriers to women's access of services, resources, safety, power and decision-making abilities. In this context, the following report will consider the ASWA programme outputs for sanitation, hygiene and water supply from a gender perspective. The note will also consider participation and capacity building in the programme, by gender, as well as gender barriers, limitations and learnings, as reported by the UNICEF WASH team and programme stakeholders. Finally, it will identify opportunities for targeted actions to promote gender equality and empower women and girls and provide more general recommendations for improving gender mainstreaming in WASH programming.

Sanitation and Hygiene

Outputs

The CLTS programme, with the assistance of two national NGOs, the Myanmar Health Assistance Association and Social Vision Services, reached 250 villages of which 144 have achieved open defecation free status (ODF). This represents a total of 21,655 ODF households or 122,100 people, with marginally more women and girls than boys and men. Of the people now living in ODF communities 53% are female and 47% male. Similarly, 52% of those gaining access to sanitation as a direct result of the project are

female whilst 48% are male. This imbalance is similar to the sex-disaggregation of the national population, 52% females and 48% males, and most probably reflects the migration of men to seek work in neighbouring countries, particularly Thailand.

Table 1: Sanitation statistics

Output	Total	Female	Male
1.1 Number of people living in Open Defecation Free communities	122,100	64,801 (53%)	57,299 (47%)
1.2 Number of people gaining access to sanitation as a direct result of the project	37,472	19,485 (52%)	17,987 (48%)

Source: June 2016 ASWA I progress report

As discussed previously, female-headed households are common in Myanmar, with one in five households having a female head. In the majority of cases the women heading these households are widows or women whose husbands have migrated for work. Female-headed households are generally more vulnerable to poverty, lack social status and have more difficulty in accessing services and resources. The CLTS programme has not previously collected data on the number of female-headed households impacted by the programme however from discussions and observations at village level it would appear that both male and female led households have had equal access to sanitation facilities. There is an opportunity to capture this data in the development of information management systems and future reporting. It has been reported, both during village focus groups and by other authors, that female-headed households often receive community support to install a latrine when they do not have sufficient

resources to do so independently (Estienne, 2016).

A total of 198,422 people, in 40,341 households, have been reached with hygiene programmes, of which 53% are female and 47% male. Whilst national NGOs have led this promotion, Buddhist, Christian and Muslim religious leaders and institutions have also been mobilised, in schools and community meetings, to provide hygiene information relevant to their faith. It is strongly recommended that UNICEF closely monitor these programmes and avoid supporting hygiene information that perpetuates the idea of women and girls being “unclean” or “dirty” compared to boys and men.

In addition, UNICEF has been working with the Ministry of Health (MoH) to strengthen Rural Health Centres (RHC) institutional and human resource capacity for sanitation and hygiene promotion. Basic Health Staff, are responsible for sanitation and hygiene promotion and whilst disease management and sanitation are the primary duties of the Public Health Supervisors, due to a shortage of staff in rural areas, all health care activities including disease control, are also carried out by Midwives. As a result of the involvement of Midwives, there has been a particular focus on hygiene education for pregnant women and mothers. It is important that Health Centres also target men and boys with hygiene education, not only women and girls.

No recent data was available regarding the availability of soap near the toilet however the 2016 KAP report will include this result with sex-disaggregation. During discussions with women and men in village-based focus groups, nearly all reported using soap or washing powder to clean their hands following defecation, and prior to eating or food preparation. These cleaning products were observed near water sources rather than in the latrine, during the tour of the village.

Table 2: Hygiene statistics

Output	Total	Female	Male
3.1 People reached with hygiene education programmes	198,422	105,329	93,093

Source: June 2016 ASWA I progress report

Participation & Capacity Building

The success of CLTS relies upon the skills of the facilitators - training in triggering is key. The Ministry of Health has provided sanitation and hygiene training to total of 240 Basic Health Staff (BHS), including Public Health Supervisors (PHS), Midwives and Health Assistants. Whilst no national data is available there are reported to be generally more women working as BHS than men. For example, in a sample of four townships, of 200 BHS, 130 or 65% are women. Training is generally provided by two trainers, one woman and one man, working as a team. Men’s involvement is important in sanitation and hygiene promotion so that it does not become marginalised as a domestic and hence woman’s issue. In the previous sample townships, two of the five CLTS trainers were female. A recent review of CLTS implementation has reported that there is a need for further training of facilitators to hold triggering events and such capacity building is an opportunity to develop both men’s and women’s skills and leadership (Gender Equality Network, 2015).

Table 3: Example of capacity building in four townships

Example of capacity building in four townships	Total	Female	Male
MoH Sanitation and Hygiene Trainers	5	2	3

Example of capacity building in four townships	Total	Female	Male
Basic Health Staff (Public Health Supervisors, Midwives, Health Assistants)	200	130	70

Source: Myanmar ASWA DFID gender report, 2017

Water Supply

Outputs

Of the 18,927 households in 110 villages which gained access to improved water supplies as a direct result of the project, 51% of the beneficiaries were female and 49% male.

Table 4: Water supply statistics

Output	Total	Female	Male
2.1 People gaining access to improved water supplies as a direct result of the project	98,957	50,462 (51%)	48,49 (49%)

Source: June 2016 ASWA I progress report

There is no quantitative or qualitative research available regarding the time burden of water collection in Myanmar, however project partners report that this has been a task generally performed by young women. Techniques for water carrying have varied according to household resources, including shoulder pole with buckets, carts which are pushed and barrels drawn by oxen. Considerable effort was involved with distances of several kilometres being travelled, often multiple times per day, often while transporting considerable loads. Depending on household requirements, water fetching has been reported to take up to 5-6 hours per day, often

with significant time spent queuing (up to 30 minutes per trip).

It is reported that the introduction of metred household water supply has significantly decreased time burden of water collection for young women. The degree of time savings is dependent on whether the water supply is for household use only (drinking, cooking, cleaning, bathing), or whether it includes water for agricultural use as well. Women consistently recounted using the additional time, from not fetching water, as being dedicated to other work whether household chores, such as chopping food for animals, or income generating activities including agricultural work, sewing or weaving. This was particularly the case for households where water supply included both household and agricultural use. Women in these households reported increased income and the ability to send more children for education. The value of this additional time for women's leisure activities is also important since this is often an area of inequality, with men generally having more leisure time than women.

Figure 1: Carts used for carrying water prior to the installation of the household metered water system



Figure 2: Carts used for carrying water prior to the installation of the household metered water system



Increased access to improved water supplies is reported, anecdotally, to have had significant health benefits for the village, particularly for children. Greater access to water has enabled women to improve home hygiene, by keeping both the latrine and the household cleaner. It has also improved personal hygiene, and women report now being able to bathe up to twice a day when previously they had only washed once every one or two days. In addition, the water quality from shared water sources was reported to have been variable due to algal or fungal growth, contamination from hands during the water collection process, or runoff from ground water for ponds. The provision of water piped to the home has resulted in a cleaner supply, more suitable for cooking, drinking and bathing, with benefits to the health of all and particular benefits to women and girls, who are primarily responsible for the domestic duties.

Another benefit of the improved water access, reported by women, is the ability for households to now grow home gardens with fruit and vegetables. This included direct access to metered water for the garden and runoff water from increased bathing. These home gardens have reduced women's time burden in travelling to markets, improved nutrition, decreased their expenditure on food and provided, in some

instances, a source of income, from sales of the produce.

Participation & Capacity Building

Women have made a significant contribution to improving access to improved water supplies during the project. This is demonstrated by the staffing of the District Departments of Rural Development (DRD) which employ a significant number of women. These positions are not limited to administrative support, with women holding management positions, such as Assistant Director and Staff Officer, particularly at the township level. Women are also well represented in the technical role of engineer. For example, in the Pakokku District 50% of the engineers employed at District and Township level are women. The representation of women in these technical, science-based and management roles is promising given that they are traditionally male dominated.

Figure 3: Example of Produce Grown Around Metered Water Sources



Figure 4: Example of Produce Grown Around Metered Water Sources



Water User Committee (WUC) members are nominated for positions and then assigned based on village consensus. It was generally reported that the majority of WUCs include women with many holding positions of responsibility. For example, in the Pakokku District, 19% of members are female. Of the key roles, 64% of the accountants were women and 33% of water tariff collectors (WTC). It is less likely for women to achieve role of WUC Chairperson, Patron or Operator and in the Pakokku District there are no women in the latter two roles. It is interesting to note that in some villages young women appear to be more likely, than the resident men, to have some secondary education – this may be a function of young men dropping out of school earlier or having migrated for work. Water tariff collectors (WTC) and Operators are WUC roles that take the most significant time commitment and these are the only roles which receive financial payment. WTCs report spending approximately 2 days per month on collection, earning between 3,000-27,000 kyat per month,

dependent on village water consumption. The female WTCs interviewed generally reported having other jobs, in teaching, health work, or sewing.

Whilst not common, there are examples of women as Chairperson particularly when a woman holds the role of village leader. Majority female representation in WUCs is particularly common in those areas with significant male migration for work. It was reported that women are more suitable for WUC positions as they are less likely to travel for work. Men in some villages indicated enthusiasm for women's involvement in committees, and one noted that female tariff collectors demonstrate greater patience when requesting payment and that women's involvement in the committee contributed to *"uniting the community"*.

DRD staff reported that women involved in WUCs demonstrated skill development in budgeting for operation and management expenditure and general financial management, including how to open a bank account. In addition, they noted observing that committee membership enhanced women's confidence and improved their verbal communication skills, particularly in lobbying for support from village leadership and government officials. There was suggestion that women's organisational skills and attention to detail made them good candidates for financial management roles. Many, particularly those with financial roles, also benefit from training from the DRD and UNICEF although this does not appear to be as yet universal. For example, in the District of Pakokku 28% of those receiving training from the DRD and Township Development Support Committees were female – a better representation of women than the gender balance in WUCs in general (19%).

Table 5: Example of gender balance in the Pakokku District

Participation by Gender	Total	Female	Male
District of Rural Development Engineers	8	4 (50%)	4 (50%)
Township of Rural Development Engineers	10	5 (50%)	5 (50%)
Total membership of WUCs	1478	276 (19%)	1202 (81%)
WUC Patrons	255	0	255 (100%)
WUC Chairpersons	100	1 (1%)	99 (99%)
WUC Accountants	129	83 (64%)	46 (36%)
WUC Operators	152	0	152 (100%)
WUC Water Tariff Collectors	247	81 (33%)	166 (67%)
Other WUC members	595	111 (19%)	484 (81%)
Capacity Building by Gender			
WUC members trained by DRD and Township Development Support Committees	189	53 (28%)	136 (72%)

Source: Myanmar DFID ASWA gender report, 2017

Figure 5: Women members of Water User Committees (WUC) in rural Nyaung U.



Figure 6: Women on the left are Water Tariff Collectors (WTC), whilst those on the right include book-keepers, WTCs and the only WUC Chief (also the Village Chief) in the Pakokku District.



Barriers for Gender Equality

1. Lack of women in leadership

In some areas, there still appears to be inequality in WUC membership with more men participating and holding leadership and income earning roles than women. This warrants further investigation across the programme. Women, when involved, seem to be more likely to be employed in financial roles of accountant and WTC and whilst it is promising to see women holding these positions it would be ideal to see more women elected to Patron or Chairperson roles, earning income from their involvement, or developing the technical skills required to be an Operator.

2. Role of religion in hygiene education

Whilst it is encouraging to see religious community leaders engaging in hygiene education care must be taken to not support ideology which reinforces negative gender norms. Many religions consider menstruating women to be “unclean” or “dirty”, a belief which perpetuates gender inequality and the inferior position of women and girls. Supporting religious leaders who disseminate such messages, during hygiene promotion, effectively reinforces gender inequalities and stereotypes and can be

considered gender exploitative. If UNICEF is engaging religious leaders, to support hygiene promotion, care must be taken to ensure the hygiene messages do not further support inequality.

3. Verbal taboos regarding women/girl's anatomy

For certain parts of the female anatomy, for example the vagina, there are no terms in the Burmese language which are considered polite. Discussion of the female genitalia is considered “dirty” and shameful. This will be a considerable barrier to research and education regarding menstrual hygiene. Careful consultation must be undertaken, prior to implementing activities regarding MHM, to ensure the language used is both acceptable and effective.

Opportunities for Gender Programming in ASWA

1. Menstrual Hygiene Management (MHM)

MHM is an important hygiene issue for girls and women, and in some instance may pose a barrier to school attendance. Currently there is little or no information available on the subject in Myanmar. It appears that the Burnet Institute is currently undertaking a study, *Adolescent reproductive health in Myanmar: Formative research to support the delivery of life-skills education and hygiene improvements through monastic schools in Magway*, which includes attention to MHM practice of adolescent girls with a view to improving education. This research, a collaboration of the Ministry of Religious Affairs, Ministry of Education, regional and township Supervisory Committees of Monastic Schools Education is funded by Wateraid (Burnet Institute, 2016).

There is an opportunity to make hygiene education more gender-responsive by including attention to MHM. The data currently being

collected may be useful to inform UNICEF supported hygiene education by Basic Health Staff to include MHM as well as hand-washing hygiene. There will remain a gap in understanding and an opportunity for research regarding MHM at the community level, particularly in terms of understanding the hygiene practice and needs of women and girls in villages. It is important to understand how women and girls address waste from menstruation to ensure that they manage it in a hygienic and environmentally sustainable way, for instance not burying used sanitary napkins, nor cause operational problems in sanitation facilities such as pipe blockage by disposal down toilets.

2. Privacy and Dignity in Bathing

In Myanmar, there is a tradition of women bathing in their *longyi* (the traditional cloth worn as a skirt by both women and men) by hoisting it up under the arms and rinsing the body with water. Bathing is generally outside, with limited privacy. Latrines are generally unsuitable for bathing – the most common design being elevated off- set pit latrines, with plastic pans and pipes, and floor and walls, made of wood and bamboo. Being generally compact in size, with only small water containers they are not perceived as clean environments.

Figure 7 and 8: Examples of elevated off-set pit latrines in a village in rural Nyaung U, Myanmar



Anecdotally, some report that this public bathing is not problematic for women however probing during interviews revealed that some women would, in the future, prefer to have bathing facilities incorporated into a bathroom with a toilet. There is a need to understand women's and girl's preferences with respect to bathing and research should be considered on this area of personal hygiene to ensure interventions are gender-responsive. If indeed women would prefer more privacy when bathing, then there may be opportunity to support the placement of water sources further from public view or the introduction of partitions. Additionally, when opportunities arise to improve toilets, to a ceramic pan and concrete structure, it is important to understand and consider women's preferences regarding the inclusion of bathing facilities.

Figure 9 and 10: Metered water sources where household members bathe. Location on the left is close to roadway whilst the source on the right is behind the house offering more privacy.





3. Opportunities to Partner with Women's Groups

Currently the UNICEF WASH programme collaborates with the Ministry of Rural Development and Ministry of Health. There may be opportunities to work with women's groups, such as the *May Doe Kabar*, or Myanmar Rural Women's Network (MRWN), to further advance water, hygiene and sanitation promotion. For example, UNDP and the MRWN recently launched a mobile phone application, *iWomen*, that connects 22,000 rural Myanmar women to "knowledge, inspiration and resources". This app is dedicated to supporting women and to build their confidence so participate in leadership of their communities. This could include encouraging WUC committee membership or showcasing women's achievements in WASH.

By partnering in such a programme it may be possible to communicate gender-sensitive hygiene and sanitation messages directly to rural women. It may also offer opportunity to gather information on hygiene and sanitation in the community for example on OD, access to improved sanitation, availability of soap for

handwashing, MHM practice, disposal of children's faeces or bathing preferences. Supporting and expanding the activities of women's groups raises their profile as leaders and innovators in the community.

4. Evaluation of Impact of Metered Household Water Supply on Women's Income

A key outcome reported by women following installation of metered household water systems was the additional time spent on income generating activities including WUC positions, weaving, sewing, developing home gardens, and other agriculture. It would be interesting to investigate the impact of these water systems on incomes both personal and household level (female-headed and male-headed households), to determine whether these activities have been gender-responsive and led to greater economic empowerment for women.

Conclusion

Despite perceptions of gender equality in Myanmar, there is evidence of cultural and religious beliefs which support male superiority and inequality. There are several gender barriers which may directly impact the WASH programme including the under-representation of women in leadership; the role of religion in education; and the taboos and stigma associated with women/girl's anatomy and menstruation.

Despite barriers to gender equality, the DFID-funded ASWA programme has provided gender equitable outputs in the number of people living in ODF communities and gaining access to sanitation and improved water supply. Women report decreased time burden in water collection following the installation of metered systems. This time saving is often utilised for other work including income generating activities. The improved water quality and availability associated with the metered systems has also been reported to have improved health and personal hygiene.

Both men and women have benefited from capacity building during the programme. In Water User Committees, women are commonly involved as water tariff collectors and accountants but do not generally hold posts as operators, patrons, or chairperson. It has been noted that women involved in committees, have benefited from skill development. With respect to programme implementation, the health sector tends to be a female dominated and this is represented in the training of more female than male basic health staff. Women are also well-represented in District Departments of Rural Development, including in the technical role of engineer.

Opportunities exist to advance the gender-responsiveness of ASWA interventions and in doing so improve the overall effectiveness of the programme. Greater consultation with women/girls and men/boys is recommended at each stage of the programme, as is supporting gender training of project implementers; and ensuring that capacity building activities are facilitated by both men and women. It is important to support women, as well as men, to develop new skills and ensure they have opportunity to achieve positions with status and income potential. Research to investigate the impact of improved water systems on women's and household incomes would be useful to evaluate the gender impact of the programme. There is also opportunity to make hygiene promotion more gender responsive through attention to MHM and better understanding women/girls concerns and needs regarding personal hygiene and bathing.

It is important for UNICEF to demonstrate a commitment to gender equality in its dealings with partners at all levels, whether in recruitment, training, support and selection of partners. This includes investigating the opportunities to partner with women's groups and ensuring women in leadership roles receive acknowledgement of their accomplishments. Endorsing and supporting the women's involvement will serve to further promote women as leaders, role models and agents of positive change.

Photo Credits

UNICEF Myanmar Country Office, Maung Maung, WASH Officer, 2018

UNICEF Myanmar Country Office, Than Kyaw Soe, WASH Officer, 2015

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Acknowledgements

The authors would like to thank the UNICEF WASH team in Myanmar for their assistance, particularly Bishnu Pokrel and Theingi Soe.

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