FEED THE FUTURE
The U.S. Government's Global Hunger & Food Security Initiative

Feed the Future Burma Fish for Livelihoods

Water, sanitation and hygiene (WASH) practices survey

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Fish for Livelihoods

Capture fisheries are declining in Myanmar, but 60% of animal-source food in the country still comes from fish. To meet this rising demand, aquaculture production has been increasing right across the country. As the sector continues to grow, however, it is essential that Myanmar develops a sustainable aquaculture industry that minimizes potential environmental impacts and ensures aquaculture practices are socially acceptable and economically sound. It is within this context that Feed the Future Fish for Livelihoods is working to increase fish production, labor productivity, food availability and fish consumption across Myanmar, especially for women and children from vulnerable households. The project aims to provide opportunities for entrepreneurial activities in small-scale aquaculture systems and to promote social behavioral change messages that direct home production and market purchases toward nutritious-conscious household decisions.

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Front cover- Pyae Phyo Aung, Nyaung Shwe -Southern Shan

Disclaimer

1. Introduction

The Feed the Future Burma Fish for Livelihoods project (2019-2025) funded by the United States Agency for International Development (USAID) focused on improving the nutritional status of vulnerable households in Central and Northern Myanmar by promoting inclusive and sustainable aquaculture growth among small-scale farmers.

WorldFish provides technical backstopping to the main field-based implementers namely: the Myanmar Fisheries Federation, Karuna Social Services Association, and Ar Yone Oo,. The project also draws on the International Water Management Institute expertise, a sister CGIAR entity[1].

The intervention emphasis is on five inland states and regions in Central and Northern Myanmar:

- Central Dry Zone: Mandalay, Magway, and Sagaing
- Upper Myanmar: Shan (South and East) and Kachin

One of the interventions under the project is the promotion of improved Water, Sanitation, and Hygiene (WASH) practices. This includes providing water filters, toilet bowls, and handwashing containers to project participants in need of basic facilities, as well as conducting awareness-raising activities to promote adherence to effective WASH practices, such as handwashing with soap at critical times. In Myanmar, over 30% of households lack basic hygiene services, and at least 60% of households do not have access to safe drinking water.[2] The ongoing political situation is unlikely to improve access to these essential services, particularly as the number of people in need continues to increase. The situation worsened further following the earthquake on 28 March 2025, which affected communities in Sagaing, Mandalay, Nay Pyi Taw, and parts of Southern Shan.

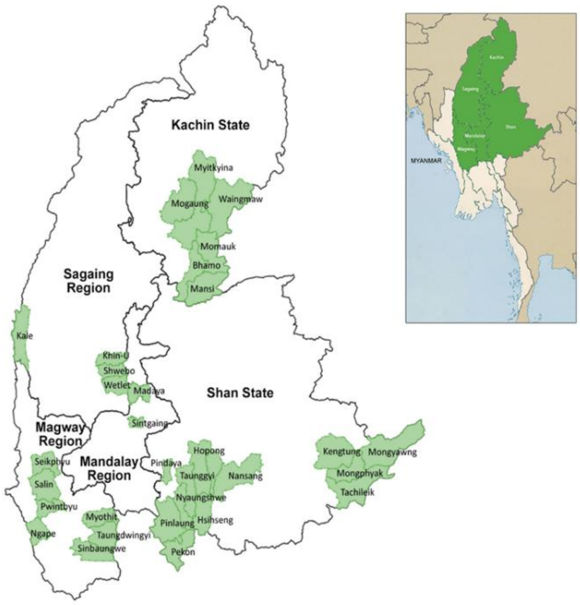

Figure 1. Fish for Livelihoods project areas.

This report highlights the results of a survey conducted among 355 respondents (25% of the 1,365 project participants) from 20 townships who received WASH materials between 2019 and 2023. The majority of respondents were male (67%) and over 30 years of age.

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[1] https://www.cgiar.org/food-security-impact/one-cgiar/
[2] UNICEF 2023, Infographic_Water_Sanitation_and_Hygiene_Fact_Sheet_UNICEF_2023.pdf.

2.Key Findings

1.1 Handwashing practices

Figure 2. Type of handwashing facility in the project areas.

Respondents were asked about the places where they most often washed their hands. The majority (70%) reported using a fixed facility, while 30% used a handwashing container or bucket. During verification, the survey team observed that over 60% of respondents had stored water available, 37% used running water, and only 2% did not have water in their containers. Additionally, 95% of respondents had detergent or soap available for handwashing, an effective method for preventing the spread of bacteria and viruses that can harm health.

2.2 Drinking water

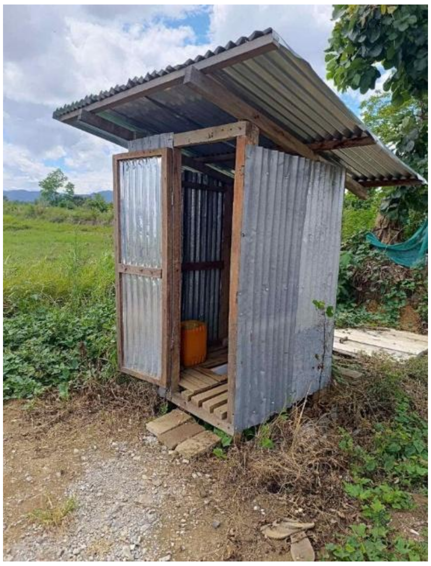
For drinking water treatment, the majority of respondents (43%) used a strainer (cloth or fabric), followed by 23% who used purified drinking water from companies, and 15% who relied on boiling. A small percentage used mineral water or ceramic water filters, while less than 2% did not use any treatment, increasing the risk of waterborne illnesses such as diarrhea and dysentery. For young children, untreated water can lead to malnutrition and even death.

Figure 3. Locally made water filter provided by the project.

2.3 Using toilets

In terms of toilet facilities, the vast majority of respondents (98%) reported owning their toilet facility without sharing it with other households. Upon verification, 56% were using a pour-flush toilet to a pit latrine, 21% used a pit latrine with a slab, 15% used an open pit latrine, and a small number used pour-flush toilets connected to septic tanks. However, 2% of respondents reported defecating in the bush or field, posing significant health risks.

Regarding toilet cleanliness, 87% of respondents' toilets were rated as clean, while 11% were found to be unclean. At the time of the survey, 82% of toilets had water available, ensuring feces and urine were properly flushed to prevent insect breeding. Additionally, 98% of toilet facilities had doors, providing privacy and preventing animals from entering.



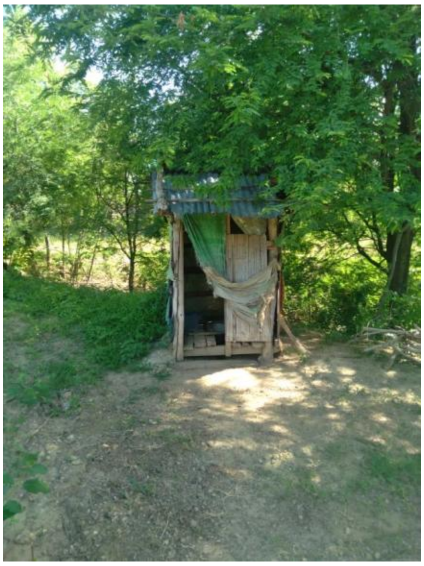


Figure 4. Types of toilet in the project areas.

3. Conclusion

The survey covered 20 townships in Central and Upper Myanmar: Khin-U, Shwebo, and Wetlet in Sagaing Region; Sintgaing in Mandalay Region; Myothit, Pwintbyu, Salin, Seikphyu, Sinbaungwe, and Taungdwingyi in Magway Region; Mogaung, Myitkyina, and Waingmaw in Kachin State; and Nansang, Hsihseng, Nyaungshwe, Pinlaung, Pekon, Pindaya, and Taunggyi in Southern Shan State. Active conflict in five townships—Mansi, Momauk, Madaya, Wetlet, and Ngape—made it impossible for the team to collect household-level data in these areas.

The survey results demonstrated that the majority of project participants adopted good WASH practices, including washing hands with water and soap, using toilets for defecation, and treating drinking water. However, it is worth noting that a few respondents still require reinforcement through effective communication about the health benefits of these practices. Future efforts should focus on engaging households that remain resistant to behavior change by leveraging model households and community leaders to encourage adoption, recognizing that healthier households contribute to productive communities.