



PROGRAMME OF ASSISTANCE
MYANMAR



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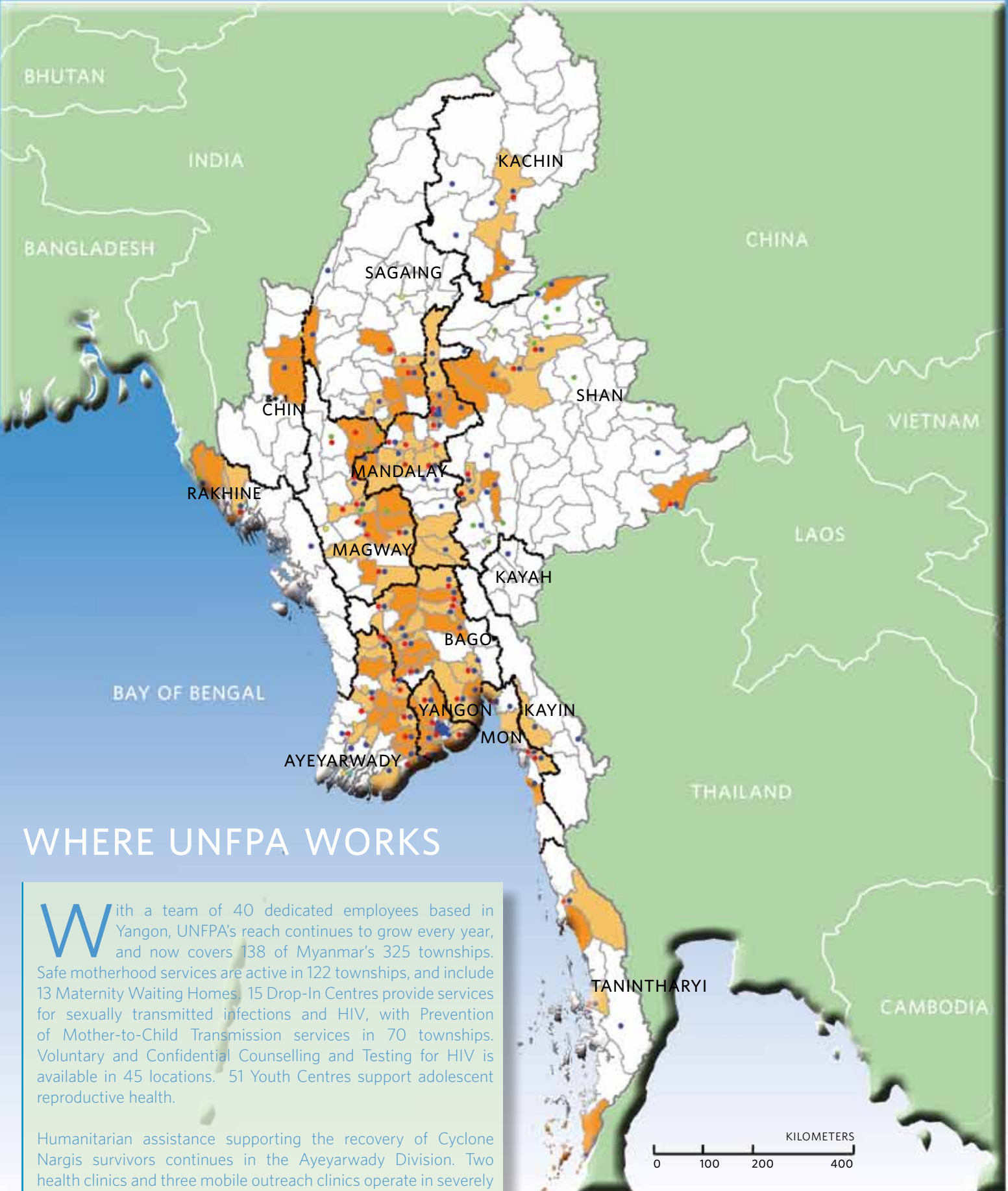
The Mission of UNFPA



UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.

UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

Because everyone counts.



WHERE UNFPA WORKS

With a team of 40 dedicated employees based in Yangon, UNFPA's reach continues to grow every year, and now covers 138 of Myanmar's 325 townships. Safe motherhood services are active in 122 townships, and include 13 Maternity Waiting Homes. 15 Drop-In Centres provide services for sexually transmitted infections and HIV, with Prevention of Mother-to-Child Transmission services in 70 townships. Voluntary and Confidential Counselling and Testing for HIV is available in 45 locations. 51 Youth Centres support adolescent reproductive health.

Humanitarian assistance supporting the recovery of Cyclone Nargis survivors continues in the Ayeyarwady Division. Two health clinics and three mobile outreach clinics operate in severely affected townships focusing on reproductive health care, and assistance to pregnant women with referral services for safe delivery. Six Women-friendly Spaces are supporting women to rebuild their livelihoods.

- International Line
- - - State/Division Boundary
- Township Boundary

- Youth & HIV
- HIV Prevention
- Community Education Project in Reproductive Health & HIV
- Maternity Waiting Homes
- Women-friendly Spaces
- Reproductive Health Services
- Reproductive Health Services including Behaviour Change Communication

MESSAGE FROM THE REPRESENTATIVE

We are very pleased to launch this booklet on UNFPA's Programme of Assistance to Myanmar which updates readers on UNFPA's mission and activities in the country. It highlights partnerships with government, civil society, UN sister agencies and the donor community, and gives voice to project beneficiaries to bring to light the impact of UNFPA's support for their lives.

As we are issuing this booklet, the world is commemorating the 15th anniversary of the International Conference on Population and Development. The Programme of Action developed at the conference, and still pertinent today, marks a shift away from focusing merely on demographic targets, to addressing population issues with universal access to reproductive health and primary education, and women's empowerment.

The principles of the International Conference on Population and Development are embodied in the Millennium Development Goals. Guided by these shared goals, UNFPA's Programme of Assistance aims to improve access to reproductive health, prevent HIV, especially among young people and populations at higher risk of exposure, and increase the availability of data.

Over the past three decades, UNFPA's activities have yielded tangible results. Today, women have better access to pre and post natal care, obstetric care and child spacing services.

Women, men, youth and adolescents are more aware of how HIV is transmitted, with reproductive health commodities, counselling and services needed to prevent infection, now more widely available. Infected mothers can receive services to prevent transmission of HIV to their babies. Humanitarian support for the provision of reproductive health services and livelihood skills, helped save lives and improve the health and well being of thousands of survivors of Cyclone Nargis.

Still, however, there are significant challenges to alleviate poverty, reduce maternal and infant deaths and illness, and prevent HIV.

There is also a dire need for generating more reliable and up-to-date data to guide future humanitarian and development initiatives. Such challenges are compounded by the scarcity of financial resources allocated to the people of Myanmar.

Adopting a research based approach to address such challenges, UNFPA has recently embarked on a comprehensive situation analysis of the population, including reproductive health, HIV and gender issues in Myanmar. The findings of this study will guide the development of population policies and strategic directions, and the formulation of UNFPA's 3rd Programme of Assistance. Our Programme will be an integral component of the overall United Nation's Strategic Framework for 2012 to 2015.

As part of the United Nations interagency coordination structure, UNFPA plays a lead role chairing the Monitoring and Evaluation, and Gender Theme Groups. Such groups provide excellent platforms for partnerships within the United Nations, and among government, international and local non-governmental organizations, for capacity development on data collection and analysis, and further promotion of gender equality and the advancement of women.

We wish to take this opportunity, in launching this booklet, to thank our partners in government, in civil society, the United Nations, and the donor community, for their support and collaboration with UNFPA. We reiterate UNFPA's commitment to continue working to improve the quality of life of the people of Myanmar.



Mohamad Abdel-Ahad
UNFPA Representative, Myanmar



Meeting Development Goals

TAKING ACTION AGAINST POVERTY FOR THE BENEFIT OF ALL

“World leaders now recognize that improving reproductive health, advancing gender equality and integrating population analysis into development planning can mean the difference between achieving - or missing - the Millennium Development Goals.”



Thoraya Ahmed Obaid
Executive Director of the United Nations Population Fund

MILLENNIUM DEVELOPMENT GOALS

UNFPA's support to Myanmar is underpinned by the eight Millennium Development Goals set by countries all over the world in their pledge to reduce extreme poverty by 2015.

- 1 Eradicate extreme poverty and hunger
- 2 Achieve universal primary education
- 3 Promote gender equality and empower women
- 4 Reduce child mortality
- 5 Improve maternal health
- 6 Combat HIV/AIDS, malaria and other diseases
- 7 Ensure environmental sustainability
- 8 Develop a global partnership for development

UNFPA brings its expertise in reproductive health and population issues to Myanmar, where it works in partnership with the Government of Myanmar and non-governmental organizations. The Fund's support to its partners focuses on reducing maternal mortality and preventing the spread of HIV, critical to meeting Millennium Development Goals.

UNFPA IN MYANMAR

UNFPA first supported Myanmar in 1973, and again in 1983, with assistance to conduct its first and second population censuses. The Fund's population activities grew in Myanmar in the 1990s with support given for the collection of population data specific to reproductive health and fertility. With improved availability of demographic data for reproductive health programming, and an urgent need for continuing assistance, UNFPA's activities in Myanmar continued to expand into the new millennium. In 2002, UNFPA adopted a programmatic approach and is now in its second Programme of Assistance for Myanmar, covering 2007 to 2010, with an extension proposed for 2011. The second programme assists Myanmar to attain the important goals set at the International Conference on Population and Development and the mutually reinforcing Millennium Development Goals.

1994 - 2009

ICPD/15 International Conference on
Population and Development

The year 2009 marked the 15th anniversary of the International Conference on Population and Development in Cairo. That groundbreaking conference produced an inspiring and comprehensive action plan that linked poverty alleviation to women's empowerment, gender equality and universal access to reproductive health. The conference's ambitious goals are crucial to Myanmar's efforts to meet Millennium Development Goals and improve the lives of people throughout the country.





Reproductive Health & Safe Motherhood

PROMOTING THE HEALTH OF MOTHERS AND THEIR CHILDREN
BY REDUCING MATERNAL DEATHS AND ILLNESS, AND
PROVIDING LIFE-SAVING REPRODUCTIVE HEALTH SUPPLIES

UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH CARE IS A KEY TARGET OF MILLENNIUM DEVELOPMENT GOAL 5 TO IMPROVE MATERNAL HEALTH. ACCESS TO REPRODUCTIVE HEALTH CARE GIVES INDIVIDUALS AND COUPLES THE OPPORTUNITY TO MAKE RESPONSIBLE CHOICES ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH AND ENABLES WOMEN TO JOURNEY SAFELY THROUGH PREGNANCY AND CHILDBIRTH.

SAVING MOTHERS' LIVES

Ensuring access to reproductive health care is essential to reduce maternal mortality – the number of women who die in pregnancy and childbirth – the other target of Millennium Development Goal 5. With an estimated maternal mortality ratio¹ of 360, there are 4300² women dying from pregnancy related causes every year in Myanmar.

Complications during pregnancy or childbirth are the leading cause of death and illness in women of childbearing age in Myanmar. The vast majority of pregnancy related deaths are preventable when women have access to emergency obstetric care.

The main causes of maternal deaths are bleeding, infections, unsafe abortions, pregnancy related seizures and obstructed labour. Most of these deaths can be prevented through life-saving and cost effective interventions, such as the presence of skilled birth attendants during deliveries, emergency obstetric care and access to birth spacing commodities and services.

To give more mothers access to life-saving care, UNFPA is helping Myanmar upgrade maternity wards and delivery rooms in hospitals. The Fund also establishes Maternity Waiting Homes in close proximity to township hospitals, where women from remote areas with high risk pregnancies can rapidly access emergency care. The homes provide pre-natal care and accommodation for expectant mothers who would ordinarily find it hard to reach a hospital when complications arise.

“No woman should die giving life.”

Thoraya Obaid
Executive Director, UNFPA

¹ Maternal Mortality Ratio is the ratio of the number of maternal deaths per 100,000 live births.

² Ministry of Health, Myanmar. Five-Year Strategic Plan for Reproductive Health in Myanmar, 2004 to 2008.

SKILLED ATTENDANCE AT BIRTHS

Maternal deaths in Myanmar are significantly higher in rural areas, where women have only limited access to reproductive health services. To reach all women, both urban and rural, UNFPA works with the Ministry of Health to develop the capacity of the public health system's service delivery points, strengthening rural health centres and township hospitals.

To increase the number of women who receive skilled care during pregnancy and childbirth, UNFPA provides the vital funds and technical support needed to train midwives, and other reproductive health care providers, in pre and post natal care, skilled care during labour, and to detect pregnancy complications needing life saving treatment. With many women also dying from illness due to unsafe abortions, the Fund ensures health staff are given the technical skills needed to provide post-abortion care.

The Fund's support extends to supplying trained professionals with the medical equipment and drugs they require to provide these essential reproductive health services.

PROGRESS THROUGH PARTNERSHIP

To ensure there is a coordinated response to reproductive health needs throughout Myanmar, UNFPA works with the Ministry of Health and its United Nations partners, to support the National Committee for Reproductive Health and the development of national strategic plans. UNFPA's active contribution to health planning ensures greater attention is given to the health needs of pregnant women.



CHANGING WAYS

In Tha Htay Gone Village, women have traditionally given birth at home, without the help of a trained assistant. When Mi Waing became pregnant, health staff advised her to have her baby in hospital as it was her first pregnancy. Being only four foot in height they were concerned she might need emergency delivery assistance. But Mi Waing's mother had delivered five children at home and all were born healthy. She argued that her daughter should follow tradition and have the baby at home.

Community Support Group volunteers, trained to assist pregnant women in the village, went to Mi Waing's mother to convince her to send her daughter to a hospital. Mi Waing's mother disagreed with their advice. In her experience women could have a normal labour whether they were short or tall. Mi Waing's husband didn't dare challenge his mother in law. He said he would get a birth assistant to help his wife deliver at home. Only if something went wrong would he take her to hospital. The Community Support Group advised the family that it would be too late for Mi Waing to get assistance if she stayed at home, as she was at risk of obstructed labour. Explaining that only a well equipped hospital could save her life in time, they persuaded Mi Waing's family to take her to hospital and arranged her transportation. During the labour Mi Waing did experience complications, just as the volunteers had warned. The hospital's medical team performed a caesarean section and safely delivered Thar Aye, the couple's new baby boy. Knowing that emergency care saved her daughter and grandson's lives, Mi Waing's mother has since changed her mind about the advice she received from the volunteers. Mi Waing's mother is now an active supporter of the Community Support Group and attends all their information sessions.

Encouraging people to make healthier reproductive choices, UNFPA mobilizes volunteers to form Community Support Groups in their villages. Trained volunteers disseminate important reproductive health and HIV prevention messages throughout their communities, and assist in the referral of pregnant mothers with danger signs, like Mi Waing's, to health facilities. Community Support Groups empower communities to take control of their own reproductive health needs.

PICTURED RIGHT: Community Support Group volunteer, Daw San San Htay listens during a training session on Safe Motherhood delivered by a midwife in Tha Htay Gone Village.



SAFELY SPACING BIRTHS

Evidence shows that when mothers space births at least two years apart, both mothers and their children are more likely to survive and be healthy. The Infant Mortality Rate³ in Myanmar is 74 for every 1,000 live births⁴. With shorter birth intervals, the risk of children dying in their first year of life becomes even higher.

It is essential that women have access to contraceptives to safely space births and reduce health risks to themselves and their newborns. Effective contraception is also needed to ensure women can avoid unwanted pregnancies leading to unsafe abortions and the subsequent risk of infertility, illness or death. Yet research has shown that one in every five women⁵ of childbearing age in Myanmar wish to space their children but cannot access safe and effective contraceptives. Lack of health knowledge and availability of affordable birth spacing commodities are the major reasons limiting their access.

To overcome obstacles to access, UNFPA is working actively with the Ministry of Health to strengthen reproductive health commodity systems, which includes the supplies needed for birth spacing. As the main supplier of reproductive health commodities in Myanmar, UNFPA's role is critical to reduce maternal and child mortality.

Gaining access to reproductive health commodities, such as contraceptives and medicines for emergency obstetric care, significantly reduces the number of maternal deaths, unintended pregnancies and the spread of sexually transmitted infections in Myanmar.

To increase knowledge and awareness, the Fund also supports the training of health staff to provide accurate information on the variety of contraceptives available for birth spacing and sexual health. Increased knowledge has proven to ease fears about the potential side effects of contraceptives and reduce the spread of sexually transmitted infections.

³ Infant mortality rate is the probability of dying between birth and exactly one year of age, expressed per 1,000 live births.

⁴ Unicef, State of the World's Children 2009.

⁵ Department of Population, Myanmar Fertility and Reproductive Health Survey, 2007.



SECURING ESSENTIAL SUPPLIES

There is still much work to be done to secure birth spacing supplies in Myanmar. UNFPA has taken the lead in this area, advocating for increased access and improved quality of all reproductive health commodities. Progress on this front has seen the formation of the Sub-Committee for Reproductive Health Commodity Security under the National Committee for Reproductive Health. Support for this committee demonstrates a sound commitment from the Ministry of Health to seek solutions, to overcome shortfalls and pave the way for an increase in the number and efficacy of supplies, essential to save the lives of mothers and their babies.

USING POPULATION DATA TO SUPPORT DEVELOPMENT

As an active participant in the 1994 International Conference on Population and Development, the collection and use of statistical data to assess progress towards development goals in Myanmar is essential. To analyze the impact of reproductive health and HIV prevention activities, UNFPA provides funding and technical expertise to the Ministry of Immigration and Population to develop reproductive health indicators and conduct related surveys. UNFPA promotes the collection of survey data that includes demographic details to enable results to be analyzed by sex and age to identify potential inequities in service provision.

Since 1991, UNFPA has been working with the Department of Population to collect data specific to fertility and reproductive health, families and youth. The 1997 and 2001 Fertility and Reproductive Health Surveys provided statistical data critical to the development of Myanmar's National Reproductive Health Strategic Plan. Results from the 2007 Myanmar Fertility and Reproductive Health Survey, soon to be published, will enable health planners to track Myanmar's progress towards Millennium Development Goals and plan for future development.



Ma Than Than, 22, resides in a village in Laputta in the Ayeyerwady Delta, one of the worst affected areas hit by the deadly Cyclone Nargis in May 2008. At eight months pregnant, doctors told Ma Than Than that she needed to deliver her baby in a hospital as the baby was not in the correct position for delivery. Without access to emergency obstetric care Ma Than Than was at high risk of experiencing complications during labour. While most births in Laputta take place at home without skilled attendants, Ma Than Than was brought to a UNFPA supported Maternity Waiting Home located close to emergency care. There she was able to receive medical care and attention whilst awaiting delivery. With the support of UNFPA, Ma Than Than safely delivered a baby boy.



Preventing HIV

INTEGRATING HIV PREVENTION WITH REPRODUCTIVE HEALTH SERVICES



MILLENNIUM DEVELOPMENT GOAL 6 SETS THE TARGET FOR NATIONS TO HALT AND BEGIN TO REVERSE THE SPREAD OF HIV/AIDS BY 2015. IN MYANMAR, CONSOLIDATED EFFORTS FROM INTERNATIONAL AND NATIONAL ACTORS TOWARDS THIS GOAL ARE NOW HAVING A MEASURABLE IMPACT ON INFECTION RATES. WITH ITS PARTNERS, UNFPA FOCUSES ITS RESPONSE TO THE EPIDEMIC ON STRENGTHENING THE LINK BETWEEN HIV PREVENTION ACTIVITIES AND REPRODUCTIVE HEALTH CARE, AND BY IMPROVING ACCESS TO CONDOMS. WITH AN EMPHASIS ON GROUPS AT HIGH-RISK OF EXPOSURE, THE FUND'S EFFORTS ARE CONTRIBUTING SIGNIFICANTLY TO MYANMAR'S NOW DECLINING HIV PREVALENCE.

INTENSIFYING HIV PREVENTION

Mobilising additional resources remains critical to continue reversing the spread of HIV in Myanmar. Despite significant progress, estimates suggest that there are still 25,000⁶ newly acquired HIV infections in Myanmar each year. Such figures are enough to explain why HIV prevention activities are essential.

In Myanmar, UNFPA supports the National AIDS Programme, and other partners, to disseminate HIV prevention information and services through clinics and drop-in centres. Health care providers are equipped and trained to provide voluntary and confidential counselling and testing services for the detection and prevention of HIV. Drugs are also given for the treatment of sexually transmitted infections to reduce susceptibility to HIV infection. Pregnant women living with HIV are given reproductive health care, incorporating antiretroviral medications and counselling on the options available for infant feeding. These services give mothers living with HIV, and their children, the opportunity to continue being active members of Myanmar society.

As part of the UN coordination mechanism's strategic response, UNFPA provides support to improve reporting systems to monitor progress of HIV prevention activities.



⁶ Myanmar National Strategic Plan on HIV and AIDS, 2006 -2010



Resting at a drop-in-centre in Yangon providing services for sexually transmitted infections and HIV prevention.

ADOPTING SAFER PRACTICES

Working to reduce the vulnerability of populations at risk, UNFPA supports female sex workers to adopt safer practices to protect themselves from sexually transmitted infections. Health care providers train female sex workers to conduct peer education about HIV and the services available for testing and prevention. Advocating on behalf of these women, health providers meet with authorities, brothel and entertainment owners to explain the risks of their work, distributing both male and female condoms to encourage safe behaviours and empower sex workers to negotiate effectively with clients. Importantly, increased understanding and access to health information also helps reduce stigma and discrimination amongst people living with HIV.

Prevention activities and behavior change are critical to halting the HIV epidemic.

Condom availability and use is essential for preventing the spread of HIV. Procuring over 14 million male condoms annually, the Fund is the principal supplier in Myanmar. UNFPA ensures a regular supply of condoms to increase access and affordability for those vulnerable to exposure, and reduce the prevalence of HIV.

PREVENTING TRANSMISSION OF HIV FROM MOTHERS TO THEIR BABIES

HIV can be passed from a HIV-positive mother to her child during pregnancy, childbirth or breastfeeding, making children born to HIV-infected parents at especially high risk of infection. With effective treatment and care, the risk of transmission is greatly reduced. UNFPA actively supports reproductive health clinics in Myanmar to provide services to prevent mother-to-child transmission of HIV. Health workers are trained to provide HIV testing, with pre and post test counselling, and to administer antiretroviral drugs to HIV positive pregnant women. UNFPA seeks to increase awareness and access to services by offering all pregnant women and their husbands free testing and counselling services during prenatal visits.

PICTURED ABOVE: Born to HIV positive parents, this baby girl was born HIV negative, after her mother successfully followed a treatment regime, which included antiretroviral prophylaxis, delivery by caesarean section and formula feeding, to prevent transmission of the virus to her baby.



Young men in Daik-U Township learn about the importance of using condoms to protect themselves against HIV and other sexually transmitted infections.



Supporting Youth

PROMOTING REPRODUCTIVE HEALTH AND PREVENTING THE SPREAD OF HIV INFECTION AMONG YOUNG PEOPLE

RAISING AWARENESS

Promoting youth leadership in the response to HIV gives young people in Myanmar the opportunity to contribute to the design and implementation of HIV prevention activities. Through reproductive health and leadership training, UNFPA actively involves young people to make sexual and reproductive health services youth-friendly and gender sensitive.

With nearly half of all new HIV infections occurring among young people aged 15-24 years, engaging youth in HIV prevention activities is essential.

With a focus on out of school youth, UNFPA and its partners have established Youth Centres throughout Myanmar. Adjoining reproductive health clinics, Youth Centres engage adolescents and young people through sports programs and health education libraries. The Youth Centres make sexual and reproductive health information, voluntary counselling and testing services accessible to young people. To reduce community concerns, Parental Advocacy Meetings are held to help overcome cultural unease and encourage parental guidance and understanding.

To ensure sexual and reproductive health messages reach youth in remote areas, youth volunteers are trained as peer educators on HIV prevention and the importance of maintaining sexual health. Peer education encourages adolescents and youth to adopt responsible sexual and reproductive health behaviours at an early age, and helps to reduce the stigma often associated with HIV-related disease.

BUILDING SUPPORT

UNFPA builds support for its activities targeted to young people with the help of Myanmar youth volunteers, models and celebrities. As young people are often more influenced by their peers than adult authorities, UNFPA seeks to promote positive youth leadership to generate healthy behaviours among youth. UNFPA's youth role models make public appearances in support of events, such as, the annual HIV/AIDS Knowledge Fair and the Youth: Smarter than AIDS song contest.

PICTURED RIGHT: Image from 2010 youth calendar



Adolescent girls learn to protect themselves against sexually transmitted infections, HIV and unwanted pregnancies during a peer education session on reproductive health.



Saving Lives in Emergencies

RESPONDING QUICKLY TO PREVENT UNINTENDED PREGNANCIES AND PREGNANCY RELATED DEATHS, THE RISE OF SEXUAL VIOLENCE AND THE SPREAD OF HIV, IN EMERGENCY SITUATIONS

CYCLONE NARGIS RESPONSE

Cyclone Nargis struck the coast of Myanmar on 2 May 2008 causing severe damage in the Ayeyerwady Delta and Yangon regions. The cyclone's destruction caused the loss of thousands of lives and displaced millions, including many pregnant women.

The sudden loss of prenatal and obstetric care in an emergency compounds the normal risks of pregnancy and childbirth.

In response to the needs of survivors, UNFPA acted quickly to restore life-saving reproductive health services giving pregnant women access to antenatal care and delivery assistance. Psychosocial support services were integrated into this response to reduce the vulnerability of women and girls to gender-based violence and safeguard their well-being.

SAVING WOMEN'S LIVES

Ensuring women with high risk pregnancies could access emergency obstetric care after the cyclone, UNFPA supplied equipment and refurbished maternity wards and safe delivery rooms in affected township hospitals. Maternity Waiting Homes were established close to hospitals to service rural women needing life saving obstetric care.

In the worst affected areas, UNFPA established health clinics with mobile outreach services to ensure support also reached survivors living remotely. The clinics were provided with essential drugs, maternity supplies and equipment. Pregnant women were given basic provisions needed for clean deliveries.

UNFPA supported trainings in the Minimal Initial Service Package for Reproductive Health in Crisis Situations education model. Trainings promoted the integration of gender considerations into Cyclone Nargis emergency response strategies - preventing maternal deaths, HIV transmission and sexual violence in the crisis.

PROTECTING WOMEN IN CRISIS

Protecting the unique needs of women and girls, thousands of dignity kits containing sanitary supplies, clothing, sandals and multi-vitamins were also distributed, enabling women survivors to restore self-esteem and maintain personal hygiene in the days following the cyclone.



Myanmar women receive livelihood skills training soon after Cyclone Nargis devastated their homes and villages.

UNFPA led gender-specific awareness training on women's protection needs in emergencies to government and humanitarian actors. The Fund also offered counselling and emotional support for women survivors, many of whom had lost their husbands and children. Assistance to these women extended to the establishment of 'Women-friendly spaces' offering psychosocial support, reproductive health education, and livelihood skills training with small business loans.

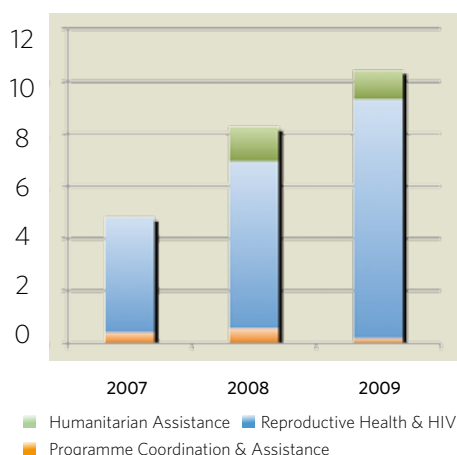
UNFPA has sustained funding to its humanitarian assistance activities in cyclone-affected areas. Focusing on the recovery needs of women, the Fund's activities continue to enable thousands of pregnant women to access essential reproductive health care. Women-friendly spaces also remain to be a welcome and secure place for women to re-establish their livelihoods.

Building on the success of training programmes, psychosocial support and reproductive health services given to Cyclone Nargis survivors, UNFPA is now developing an emergency preparedness strategy. Planning for the provision of emergency reproductive health care is critical to save lives and prevent illness in people affected by future emergencies, especially women and girls.

Resource Mobilisation

ASSISTANCE BY PROGRAMME AREA

In millions of USD



UNFPA CORE FUNDING

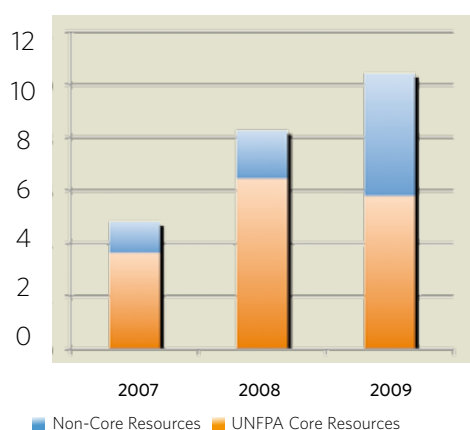
Year	USD
2007 - 2009	15,911,230
2010 - 2011 (projected)	10,000,000
Total	25,911,230

FINANCIAL RESOURCES 2007 - 2010 PROGRAMME

Donor	USD
UNFPA Thematic Trust Fund (Commodity Security)	4,000,000
Fund for HIV/AIDS in Myanmar	59,051
Three Diseases Fund	2,018,697
Germany	1,150,895
Central Emergency Response Fund	1,153,575
Australia	972,150
Norway	426,440
New Zealand/Norway/Finland	580,000
UNFPA (other donors)	155,948
Total Financial Contributions Received	10,516,756
Funding Gap (includes resources needed for proposed extension into 2011)	7,000,000
Total Resources	17,516,756

COUNTRY PROGRAMME EXPENDITURE

In millions of USD



Project expenditures for the first three years of the current programme, 2007 to 2009, totalled US\$23.5 million. The majority of this funding came from UNFPA's regular resources, primarily through government pledges, and amounted to US\$15.9 million. UNFPA's humanitarian response to Cyclone Nargis, beginning May 2008, attracted significant donor funding totalling US\$1.9 million. Donor contributions to UNFPA's programme have been increasing each year, reflecting the donor communities support of UNFPA's mission and activities in Myanmar. To meet funding requirements for 2010, and the programme's proposed extension to 2011, US\$7 million still needs to be raised.

Partnerships

UNFPA

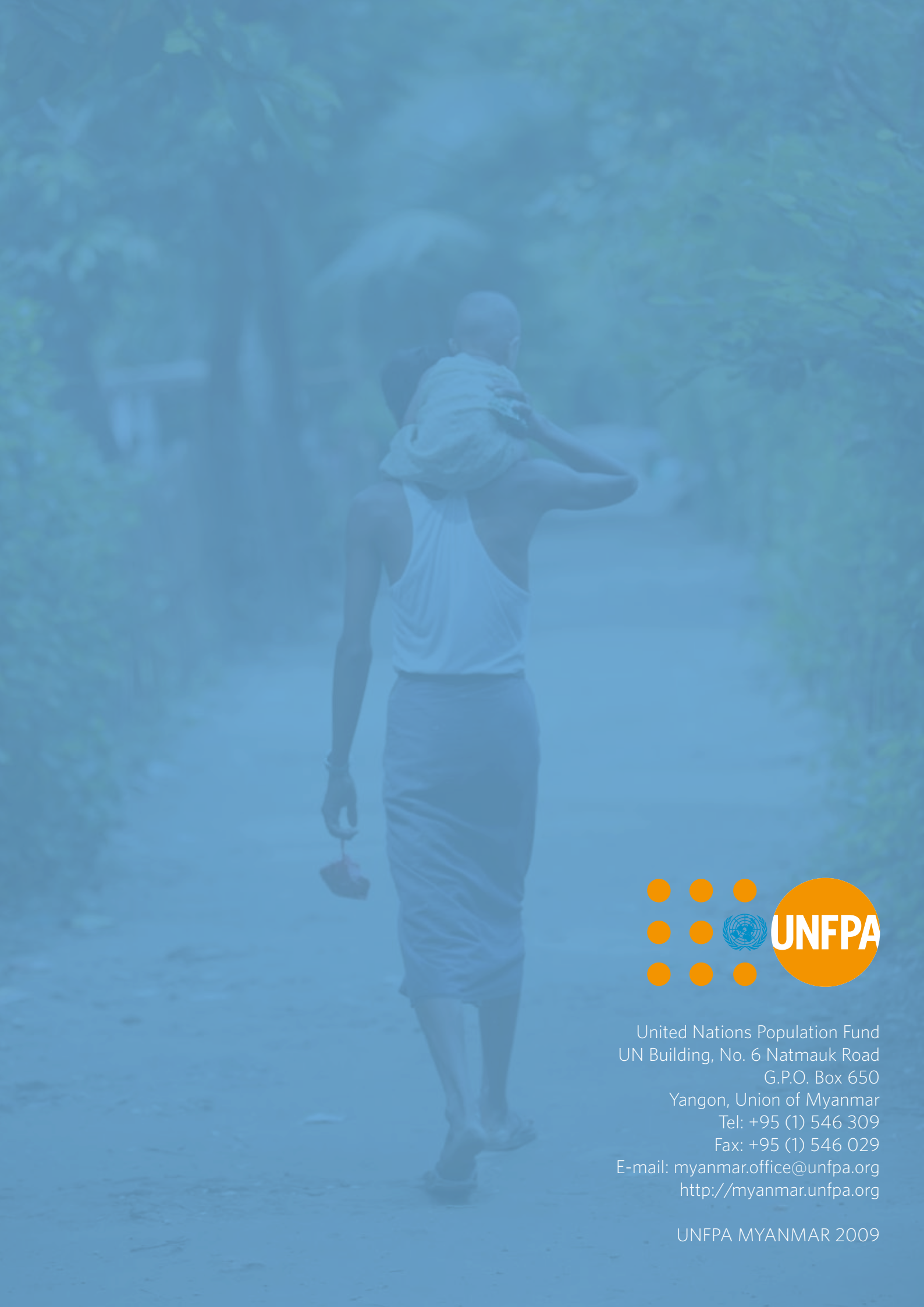
Implementing Partners

Partners in Government - Ministry

of Health - Ministry of Immigration and Population - Ministry of National Planning and Economic Development - Ministry of Social Welfare, Relief and Resettlement. **Non-Government**

Organizations - Agency for Technical Cooperation and Development (ACTED) - Aide Medicale Internationale (AMI) - Francois Xavier Bagnoud (FXB) - Japanese Organization for International Cooperation in Family Planning (JOICFP) - Marie Stopes International (MSI) - Myanmar Anti Narcotics Association (MANA) - Myanmar Medical Association (MMA) - Myanmar Red Cross Society (MRCS) - Population Services International (PSI) - Relief International (RI) - Save the Children (SC)





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