



# ANNUAL REPORT 2015



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**UNFPA**

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

## Foreword

As this UNFPA country report for 2015 goes out, a momentous political change has taken place in Myanmar and a new democratically elected government is now in office. Hopes are high and people are expectant. For the first time in a long time, throughout



Myanmar people have confidence that they are an integral part of defining the country's future in terms of its reform, development, peace and reconciliation. While challenges are bound to emerge, there is a sense that the country is on the crest of a powerful wave, on which much can now be carried forward and safely brought to shore.

In reflecting therefore on 2015, I am conscious of the onus that is upon UNFPA, as part of the United Nations in Myanmar, to support the swell for social and economic development. 2015 was a historic year for Myanmar. For the UN, it was a busy year that saw the global sustainable development goals accepted. Emerging from a global consultative process, the sustainable development goals are rooted in country realities, and they hold within them ample potential for Myanmar and its partners in development.

The voices and participation of people and communities are pivotal for propelling the country forward. This counts especially for the younger generations who constitute 28 per cent of the population. So far, they have hardly had a look-in when it comes to representation in the processes

for political reform, social and economic development, humanitarian relief, peace and reconciliation.

This goes for women too, who slightly outnumber men in Myanmar, but are scarcely seen in decision-making positions, whether in the area of policy, business or peace negotiations. There is a double dividend in youth and gender that is for the taking, and the country needs to invest more in these areas. In 2015, UNFPA intensified its efforts to give young people access to sexual and reproductive health information and services, to provide women and couples with family planning choices, and to improve prevention of and response to gender-based violence.

On 29 May 2015, the results of the 2014 Myanmar Population and Housing Census were released. UNFPA provided critical technical and financial support towards the census, which was an undertaking on a massive scale and with profound significance for Myanmar's future and for its political and economic transition process. The data - the first such comprehensive collection in over 30 years - provides a profile on the varied living conditions of the 51.5 million people in Myanmar. In some areas, for example in education, health, amenities and life expectancy, there are disparities and inequalities that are considerable. The census results provide a body of data from which planners at all levels can identify gaps and pinpoint needs for improving infrastructure, social services and emergency response. The data was critical in quantifying and locating communities affected as rains intensified during the 2015 floods.

Government, local authorities, other leaders, communities and civil society have a large role to play in addressing these gaps, disparities and inequalities. The data is theirs to use for many years to come as they work towards fulfilling Myanmar's full potential.

*Janet E. Jackson  
UNFPA Representative for Myanmar*

## UNFPA in Myanmar

UNFPA has a history of more than 40 years in Myanmar. Assistance was first given in 1973, and again in 1983, towards Myanmar's first and second population censuses. UNFPA's activities grew in Myanmar in the 1990s with support for the collection of data on reproductive health and fertility. With improved availability of demographic data on reproductive health, and an urgent need for continued assistance, UNFPA's activities expanded. In 2002 UNFPA adopted a programmatic approach, and today it assists Myanmar in the areas of:

- Sexual and Reproductive Health
- Population and Development
- Young People
- HIV and AIDS
- Gender Equality
- Gender-Based Violence
- Emergencies and Humanitarian Assistance



# 2015 Highlights

## Sexual and Reproductive Health

Delivering a world where every pregnancy is wanted and every childbirth is safe

- Identifying needs: One in four women have an unmet need for modern contraceptives.
- Meeting demands: Procuring US\$2.6 million worth of contraceptives and maternal health medicines.
- Assessing the gaps: Maternal health medicines almost entirely absent from one in three health facilities.
- Delivering the goods: Putting in place a system that gets the supplies to the people who need them, when they need them.



## Population and Development

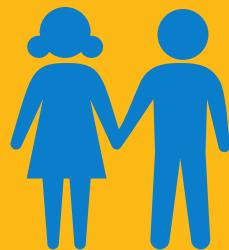
Moving the census to the next stage



- Publication: Results of the 2014 Myanmar Population and Housing Census published.
- Distribution: 368,000 census publications printed and delivered to diverse constituencies in all of Myanmar's 330 townships.
- Awareness-raising and capacity building: 111,000 national and local stakeholders reached through census briefing sessions and census data workshops.

## Young People

Empowering young people to fulfil their potential



- Education: More than 90,000 young people educated about their sexual and reproductive health.
- Health care: Hands-on manual promoting youth-friendly health services published.
- Policy: Five Year National Strategic Plan for Young People's Health (2016-2020) launched.

## HIV and AIDS

The right of all to live healthy and fulfilling lives



- Hands-on manual helps health workers promote safe behaviour for at-risk populations.
- Peer education to over 4,000 sex workers supporting prevention and reducing stigma.
- Reducing discrimination by raising awareness among police officers.
- 3.8 million condoms distributed to townships with high HIV prevalence.

## Emergencies and Humanitarian Assistance

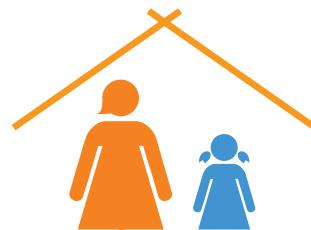
When emergency strikes, women continue to have babies



- Flood response reaching 45,797 people in Rakhine, Chin, Magway, Ayeyawady and Sagaing.
- Conflict response reaching 34,711 people, primarily women affected by inter-communal conflict in Rakhine.
- Localizing Dignity Kits to the needs of Myanmar women, and delivering 13,694 kits.

## Gender-Based Violence

The right to be free from violence



- Women and Girls First: 3-year joint initiative signed with key donors.
- Women and Girls Centres: A safe space for women displaced by armed conflict and inter-communal violence.
- Rule of law: Training police officers to respond better to cases of gender-based violence.
- Emergency response: Psychosocial support to communities affected by the 2015 floods.

## Gender Equality

The same opportunities, rights and obligations

- Policy: Supporting the National Strategic Plan for the Advancement of Women.
- Legal framework: Advocating for gender equality under the law.



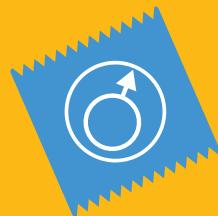
# Sexual and Reproductive Health

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Delivering a world where every pregnancy is wanted and every childbirth is safe

## 2015 Highlights

- Identifying needs: One in four women have an unmet need for modern contraceptives.
- Meeting demands: Procuring US\$2.6 million worth of contraceptives and maternal health medicines.
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- Delivering the goods: Putting in place a system that gets the supplies to the people who need them, when they need them.



In Myanmar, maternal mortality was estimated at 200 per 100,000 live births in 2015, the second highest in the region and significantly higher than the ASEAN average of 140. Long term contraceptive methods are not easily available. One in four women of reproductive age (24.2 per cent) have an unmet need for modern contraceptives. This means that although they would like to, they cannot access the modern methods of contraception that enable them to practice family planning. These barriers, compounded by financial constraints, lead to unintended pregnancies and unsafe abortions.

Contraceptives and other reproductive health medicines and supplies are not just commodities. They make the difference between choice and chance, between life and death. An unintended pregnancy will fundamentally alter a woman's life trajectory. Post-partum haemorrhage is the leading cause of death during pregnancy in Myanmar. Access to medicines that control bleeding can save a woman's life in an emergency during childbirth.

For this reason UNFPA invests in the provision of quality reproductive health commodities, and in strengthening the supply chain system across the country.

UNFPA also focuses on health systems and services strengthening with the goal of reducing maternal mortality and to allow women to choose how many children to have, and when to have them. In 2015, UNFPA supported the implementation of the *National Strategic Plan for Reproductive Health (2014-2018)*, the development and launch of which it also provided technical assistance to in previous years.

## Ensuring national reproductive health supplies security

In 2015, UNFPA continued to strongly support Myanmar's reproductive health commodity security. UNFPA procured over US\$2.6 million worth of contraceptives and maternal health medicines sufficient to cover over one million couple

years of protection (CYPs). One CYP corresponds to the amount of contraceptives one couple needs to avoid unintended pregnancies during a one-year period.

UNFPA also helped build capacity for national quantification of contraceptive supply needs. The quantification of reproductive health commodities relies on access to good data, knowledgeable personnel, and the coordination of key stakeholders. The training focused on international procurement procedures, integrated procurement planning, ethical issues regarding research, and pharmaceutical quality assurance in Myanmar.

## Working to avoid stock-outs

Contraceptives may be available but there must be systems in place to ensure that they reach the women who need them. The acquisition of reproductive health commodities



cannot be considered in isolation from their effective and timely distribution. In 2014, UNFPA provided technical support to the Ministry of Health to conduct Myanmar's first nationwide survey to assess availability of reproductive health commodities and services. The assessment was comprehensive, covering 408 of 2,321 public health facilities from tertiary level hospitals down to rural health centres. The dissemination of the results, which began in December 2014, continued throughout 2015.

At the time of the assessment, maternal health medicines were almost entirely absent from one in three health facilities. More than 70 per cent of health facilities had stock-outs of at least one contraceptive method. The assessment also showed clear disparities between urban and rural health facilities and between different levels of the health system. The survey results further underlined the need to improve the logistic management of contraceptives and maternal health medicines, and also the need to fill training gaps. This gave rise to a strategy by the Ministry of Health to ensure that understocked facilities were replenished from the nearest overstocked facility.

## Choice or chance? Life or death?

Contraceptives and other reproductive health medicines and supplies are not just commodities. They make the difference between choice and chance, between life and death. An unintended pregnancy will fundamentally alter a woman's life forever. Post-partum haemorrhage and consequences of unsafe abortion are some of the leading causes of death during pregnancy. Access to medicines that control bleeding and severe infections can save a woman's life in an emergency during childbirth.

For this reason UNFPA invests in the provision of quality reproductive health commodities, and in strengthening the supply chain system across the country.

## Delivering supplies to people who need them, when they need them

In 2015, the pioneering Reproductive Health Logistics Management Information System to improve reproductive health commodity distribution was evaluated. The system was piloted in 2014 in 12 townships in Yangon, Mandalay, southern Shan and Ayeyawady, where 700 local health workers were trained on how to use the software.

The 2015 evaluation of the pilot showed that the computerized system had strengthened the supply chain and significantly reduced stock-outs. The evaluation also helped determine which elements of the system needed to be improved to ensure the availability of contraceptives and maternal health medicines, many of which save lives. It also detailed the adjustments necessary for a standardized and digitalized national logistic supply chain system. The



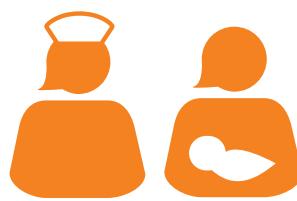
evaluation indicated that the training for health workers in the pilot areas had improved their skills to manage commodities, including the completion of forms necessary for an uninterrupted supply. With continued support from UNFPA, the system will be expanded to 56 townships in 2016.

## Improving Myanmar's maternal health care and boosting of midwifery skills

Midwives play a vital role in providing basic maternal health care to communities, and properly trained midwives are crucial to improve the quality of services for pregnant women, new mothers and newborns. Midwives who are educated and regulated to international standards can provide the majority of essential health care needed by pregnant women and their newborns. Hence, in 2015, UNFPA supported the Ministry of Health in the development and launch of national midwifery standards, which are aligned to World Health Organization and ASEAN guidelines for skilled birth attendants.

While the quality of midwifery is central, so is the quantity of midwives available to provide care to pregnant women. More midwives are needed on the ground in Myanmar, but due to health budget allocations, and availability of sanctioned posts, the public sector does not employ all available midwives. UNFPA helps increase the number of practicing midwives in hard-to-reach areas by funding their salaries. UNFPA also provides pre-deployment training to update their skills. In 2015, thanks to UNFPA financial support, 58 newly graduated midwives were deployed across Myanmar. The new graduates were also trained on emergency obstetric and newborn care, acquiring additional skills which are particularly important in remote and hard-to-reach areas.



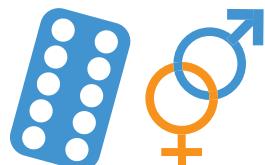
**Antenatal coverage rate****80.0%**Health in Myanmar 2014  
(Myanmar Ministry of Health)**Births attended by skilled birth attendants****80.0%**Health in Myanmar 2014  
(Myanmar Ministry of Health)**Total fertility rate****2.29**

2014 Myanmar Population and Housing Census

# Myanmar reproductive health indicators

**Contraceptive prevalence rate, modern methods (mCPR)- all women****32.6%**

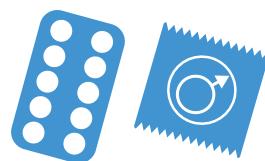
FP2020

**Contraceptive prevalence rate, modern methods (mCPR) - married women****46.0%**

FP2020

**Maternal mortality ratio (deaths per 100,000 live births)****200**

2015 Human Development Report

**Percentage of women with an unmet need for modern methods of contraception****24.20%**

FP2020



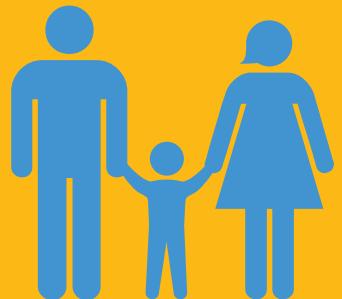
# Population and Development

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Moving the census to the next stage

## 2015 Highlights

- Publication: Results of the 2014 Myanmar Population and Housing Census published.
- Distribution: 368,000 census publications printed and delivered to diverse constituencies in all of Myanmar's 330 townships.
- Awareness-raising and capacity building: 111,000 national and local stakeholders reached through census briefing sessions and census data workshops.



On 29 May 2015, the results of the 2014 Myanmar Population and Housing Census were made public. The results contain data on the size and geographical distribution of the population by sex and age, marital status, education, fertility, mortality, migration, and the characteristics of housing and amenities. The launch ceremony was opened by the Myanmar President, and was attended by representatives from the parliament, the international community, ethnic and religious communities, and youth. The UNFPA statement emphasized that the results could help the government and civil society address disparities and inequalities across Myanmar.

Despite the census being one of Myanmar's most inclusive development efforts to date, an estimated 1.09 million people were not permitted to self-identify as Rohingya and were therefore not enumerated in the census. This was a decision made by the Government of Myanmar at the time. UNFPA recognizes this as a human rights violation, which needs to be corrected.



## Distribution: Printing and delivering census materials to the whole country

The census materials were printed and distributed across the country reaching the most remote areas, covering all 74 districts, 330 townships and 83 sub-townships. The package of census materials was delivered to all community groups interested, involved or engaged in local development, in addition to local authorities with planning and policy responsibilities.

As part of efforts towards public education on the census in anticipation of the release of the main census results, a toolkit was developed to provide comprehensive information on how the census data was collected and processed, and what information would be available in the main results. The toolkit was made available in English and Myanmar, and translated into a further eight languages. During April and May 2015, UNFPA publicized the availability of its census toolkit in newspapers, on TV and radio, and on its website. A hotline was set-up for organizations to call and request toolkits.

## Awareness-raising and dialogue: Building ownership of the census

### Preparing key stakeholders for the results

Before the launch of the main census results, UNFPA funded and helped develop a wide-reaching awareness raising programme designed to build ownership and understanding of the census and its importance for the development of the country. To support capacity-building of local organizations on the use of census data, workshops were held across the country by 32 civil society organizations and five UNFPA implementing partners. A diverse group of organizations, including youth and women groups, ethnic and inter-faith

groups, were selected to facilitate the dialogue and lead the sessions.

Following a Training of Trainers in Yangon, and with the support of a toolkit of census materials, over 100 representatives from civil society organizations prepared activity plans to conduct multiplier sessions in their own communities for relevant beneficiaries, bringing together inter-faith, ethnic, women and youth groups, political parties and government officials. A total of 335 census workshops were conducted in 85 different townships in 14 states and regions. Almost 16,000 people attended the workshops, with multiplier sessions and community information-sharing reaching an estimated 93,000 people. The objective of the initiative was to raise awareness about the census process and its purpose.

### Reaching political and faith groups through briefing and dialogue

After the release of the results, initiatives to raise awareness

and foster dialogue were intensified. In October 2015, briefing sessions were held for members of political parties and candidates for Myanmar's November 2015 election. Briefings took place in Yangon, Mandalay, Shan, Kayah and Ayeyawady. The briefings were part of on-going efforts by UNFPA to increase awareness of the census data as a source of information, as well as a resource tool for political parties to gain a comprehensive understanding of the socioeconomic characteristics and living conditions of the people in their constituencies. Political parties and election candidates were encouraged to use census data to develop people-centred and priority driven policies in the areas of education, job creation, amenities, housing and urban planning, maternal and reproductive health services, economic development and addressing disparities within constituencies. In total approximately 260 representatives of political parties and election candidates attended the briefings.

In November 2015, UNFPA held a series of briefings to reach out to community leaders representing a broad spectrum of faiths. Faith-based organizations, religious



leaders and religious institutions often function as gatekeepers for the communities they serve and are a respected source of information. The briefings were an important opportunity for UNFPA to hear the views of community leaders representing different faiths, including what information they required for local planning and development, as often they are the ones that provide social services in poorer areas. These briefings continued until the end of November and were attended by more than 250 religious leaders.

## Capacity building: Promoting use of census data across society

Census results can be a powerful tool to help design, implement and evaluate policies and programmes. However, to achieve this, stakeholders need to be able to interpret the data and transform knowledge into action. Participatory engagement and education of stakeholders is essential for preparing communities to build ownership and to put census results to use. Both before and after the release of the census results, UNFPA supported the roll-out of an ambitious training programme to help stakeholders at the national and local level interpret and meaningfully use the data.

### Government and civil society working together in mixed training teams

Twenty-one teams composed of one staff from the Department of Population, one staff from the Department of Immigration and one member of a civil society organization attended a week-long interactive training of trainers workshop at the Department of Population. The inclusion of civil society representatives in each team was made a priority as a way to build trust in the census results in all parts of society. It also laid the foundations for government and civil society to work together.



### Background: Understanding the census

The 2014 Myanmar Population and Housing Census was the first census undertaken in more than 30 years. For Myanmar the census was part of a much larger process of government initiatives around peace building, socioeconomic and political reform that will benefit both the country's development and its continuing transition to democracy. The census was coordinated by the Ministry of Immigration and Population with technical assistance from UNFPA. In just two weeks, over 100,000 enumerators visited nearly 11 million households across the country, knocking on the doors of nearly 98 per cent of the population.

A census represents a unique opportunity to collect benchmark information on the social and demographic characteristics of a whole population. It provides the number of people in each state/region, district, township, village tract and ward. The main objective of the census was to collect, analyse and effectively disseminate demographic and socioeconomic information required for development policy and programme formulation, as well as decision-making in planning and administrative processes.

The trainers then travelled the country to lead census data dissemination sessions in the districts. The local workshops were primarily attended by a broad range of representatives from authorities and civil society. The workshops had dual impact. On the one hand, participants learned about the census data. On the other hand, CSO representatives, different ministerial departments and government staff had their first experience of working together. The initiative promoted the benefits of collaborating on using census data in their work, in their communities and in their everyday life.

The workshops built capacity for informed decision making. Reaching an estimated 4,000 local stakeholders across Myanmar, the workshops focused on group work, discussion and participation in defining the priority areas of development for the district with the use of census data.

### Media workshops promoting informed data journalism

In preparation for the release of the main census results, UNFPA provided financial support for two training workshops in February 2015 for 26 radio producers, from both state and private radio stations, to build their capacity to develop factually correct content about the census. The lead producer from the Burmese Service of Voice of America led a three-day training, which was attended by radio producers from Yangon, and importantly, radio producers who broadcasted in ethnic languages.

In May 2015, Internews, with technical assistance from UNFPA, conducted a combination of training, coaching, and mentoring for different ethnic radio producers and journalists. The initiative, which spanned over two months, increased the capacity of radio stations to develop interactive and participatory programmes about the census and how the data can be used to tell a story. The initiative also aimed at preparing communities for the release of the census results by ensuring that the facts were correct and the data could be understood. One day of the workshop focused on the basic principles of conflict sensitive reporting and the role that the media could play to

ensure that reporting was based on evidence, rather than hearsay. The workshop also included a one day module on data journalism to increase the use of census data in radio programmes.

Twenty-two producers and journalists from private and state owned FM radio stations, and a news agency, which supplies content to daily newspapers and other FM stations, participated. The programme resulted in more and more informed media coverage of the census.



## Thematic reports and user-producer workshops

In 2015 several user-producer workshops were held for prospective data users from government, UN Agencies, the international community and civil society. It was essential to get data producers and users around the same table to ensure that the census results would be presented in a way that would best respond to the needs and interests of the users. User-producer workshops were also held for the specific thematic reports, again, to ensure that they would produce information that is relevant and responsive to the data users.

The thematic reports, to be published in 2016, will include themes on Fertility and Nuptiality; Mortality (including maternal mortality); Migration and Urbanization; Disability; Population Projections; Population Dynamics; Education; Housing Characteristics; Children & Youth; the Elderly; Gender; and Economic Characteristics.



## Census publications distributed in 2015

- The Union Report
- Highlights of the Main Results
- Union Figures at a Glance
- Reports for each state/region
- Figures at a Glance for each state/region
- Data tables
- Tool kit
- Indicator wall chart
- CD-ROM



## Conflict sensitivity

UNFPA is committed to maximizing positive outcomes of the census while minimizing negative impacts. It does this by adopting a conflict sensitive approach to all aspects of its census activities, safeguarding the interests of all stakeholders so that census results can be used to support development, reform and peace.

# Census results at a glance



## Drinking water

69.5% of all household's main source of drinking water is classified as an improved water source.



## Infant mortality

62 out of every 1,000 infants die before their first birthday.



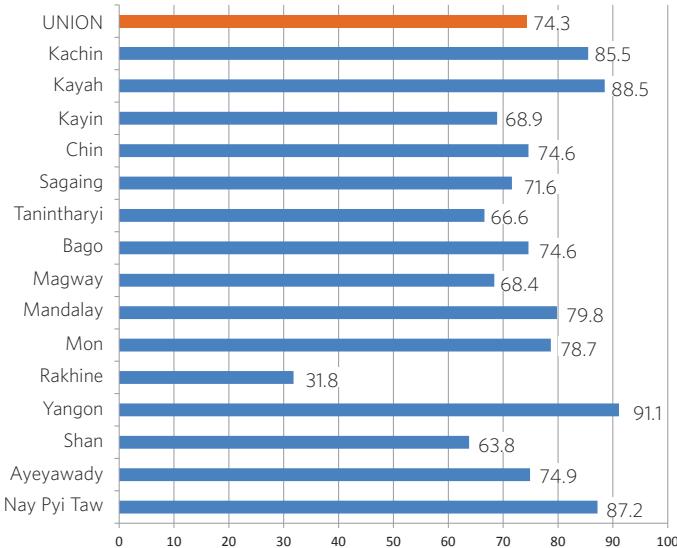
## Life expectancy

A person in Myanmar lives on average until the age of 66.8 years. Women live to an older age, approximately 69.9 years, than men at 63.9 years.



## Sanitation

74.3% of all households have toilets that are classified as improved sanitation facilities.



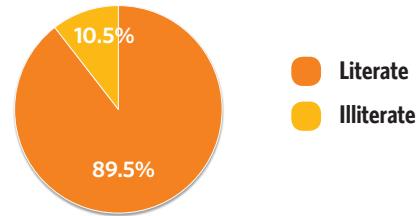
## Housing conditions

85.5% of households in Myanmar own their house.



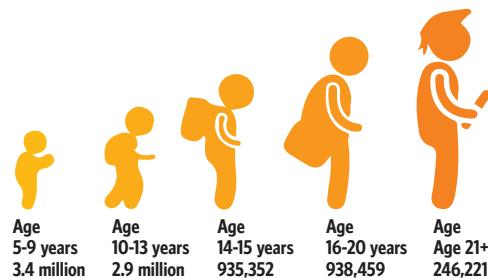
## Literacy

Out of 33.9 million people aged fifteen years and over, 30.37 million reported that they were able to read and write. The literacy rate for Myanmar is 89.5%. Literacy rates are higher for males (92.6%) than females (86.9%).



## School attendance by age group

Out of a population of 43,517,147 persons aged 5 years and over living in conventional households, 8,461,477 are currently attending school.



## Labour force participation rate

67% of all people who are of working age (15-64) were in the labour force. The proportion of males in the labour force is much higher (85.2%) than that of females (50.5%).



## Housing amenities

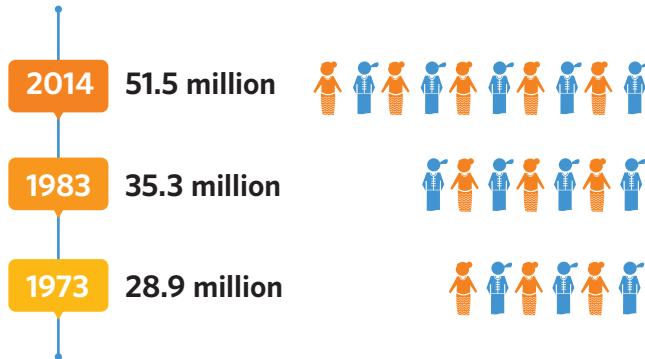
32.4% of households use electricity as their main source of energy for lighting (although disparities between urban and rural areas are significant).



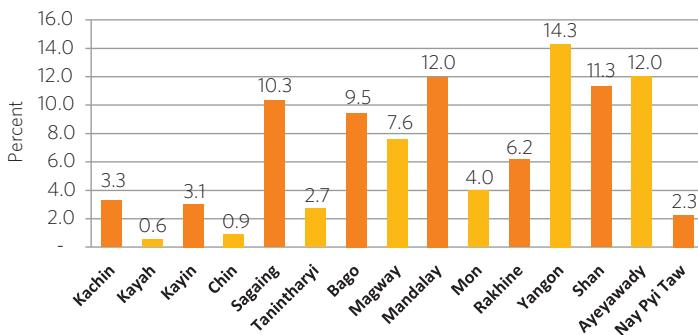
69.2% of the households use firewood as their main source of energy for cooking.

# Census results at a glance

How has the population of Myanmar changed between 1973, 1983 and 2014?



Proportion of the total population by state/region 2014

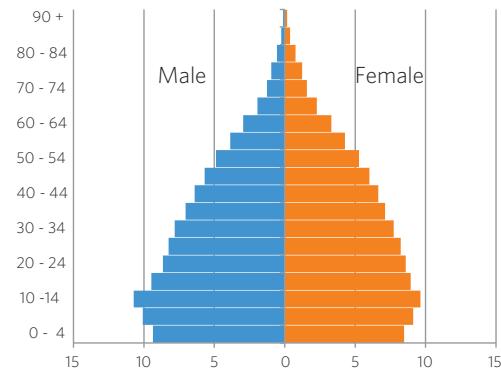


Population composition



51.8% of the population are female and 48.2% are male.

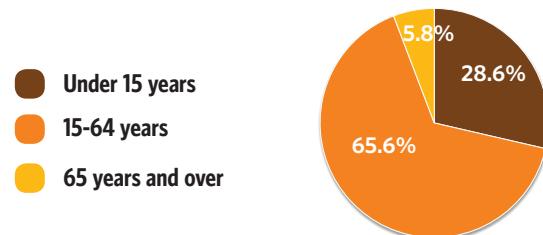
Population pyramid of Myanmar, 2014



The “pot shape” of the pyramid indicates that birth rates are declining in Myanmar while the young working age population has been steadily increasing. It shows changing population dynamics.

Proportion of broad age groups in the total population

The population can be divided into three broad age groups: Those under 15 years (child population); 15 - 64 years (productive age); 65 years and over (aged population).



Dependency ratio

In Myanmar the Total Dependency Ratio was 52.5 in 2014. The dependency ratio measures the pressure on the productive population.

# Young People

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Empowering young people to  
fulfil their potential

## 2015 Highlights

- Education: More than 90,000 young people educated about their sexual and reproductive health.
- Health care: Hands-on manual promoting youth-friendly health services published.
- Policy: Five Year National Strategic Plan for Young People's Health (2016-2020) launched.



Over half of Myanmar's population are below the age of 28. A safe and successful passage from adolescence to adulthood is the right of every child. Sexual and Reproductive Health and Rights are cornerstones of young people's transition to adulthood, influencing their future on many fronts.

## Educating young people about their sexual and reproductive health and rights

Educating young people about their sexual and reproductive health and rights is at the heart of UNFPA's work in Myanmar. But lack of discussion about sex and sexuality at home and school, due to cultural sensitivities, make youth's access to sex education a challenge. In 2015, UNFPA worked with several implementing partners to help fill this knowledge gap.

UNFPA and its implementing partner, the Myanmar Medical Association, reached over 62,000 young people, including marginalized and vulnerable youth, through peer education, training, edutainment, and a White and Pink telephone hotline, providing access to services and information on sexual and reproductive health, including HIV. Another of UNFPA's implementing partners, Marie Stopes International Myanmar, trained over 500 youth volunteers on Adolescent and Reproductive Health, HIV and life skills. These peer educators went on to raise awareness among 22,000 young people. A third implementing partner, Association François-Xavier Bagnoud, built the capacity of over 2,000 young people on adolescent sexual and reproductive health, gender and the 2014 census. Part of the outreach was done through theatre performances.

One of UNFPA's flagship programmes in Myanmar is the Youth Information Corners (YICs), which operate in partnership with the Ministry of Health through the Health Education Division. Running for the past 14 years, the YICs are a dedicated space for youth where they can access

information on sexual and reproductive health. Most of the 70 YICs adjoin rural health centres, giving direct access not only to information on sexual and reproductive health, but also to sexual and reproductive health services. YICs engage adolescents and young people through activities, and train them as peer educators that can reach out in their local communities, often in rural parts of the country.

While YICs is a model that is proven to work, the lives of young people in Myanmar are changing, and the YICs must change with them. In 2015, the YICs were reviewed for relevance and also for best practices. Provisional findings show that youth are concerned about pregnancy, sexually transmitted infections, early marriage and abortion. The next step is to establish which methods can best engage



and educate young people today, and whether more YICs should be established to respond to needs.

## Promoting youth-friendly health services

UNFPA works to strengthen Myanmar's health system to improve young people's access to high-quality and equitable services in the areas of sexual and reproductive health and HIV/AIDS. UNFPA funded the development, publication

and distribution of the first edition of the Adolescent and Youth Friendly Health Services Manual for Basic Health Staff. Published in 2015, the manual was disseminated to health care providers across the country. Based on the World Health Organization's Adolescent Job Aid, and adapted to the Myanmar context through stakeholder consultations, the manual is an accessible desk reference for health workers who provide primary services to adolescents and youth. It is designed as a step-by-step guide on how to communicate more effectively and with greater sensitivity when adolescents and youth come to health services for advice and treatment. UNFPA also initiated and funded a complementing training programme for basic health staff to understand the manual and to enable them to use it in their daily work.



## Flood response: Youth volunteers reach remote communities

In the face of a formidable task to deliver humanitarian assistance amid the 2015 floods, volunteers from UNFPA-supported Youth Information Corners reached remote communities affected by the disaster. The youth volunteers assisted local authorities in providing health services to flood evacuees through mobile clinics, and conducted health education sessions in temporary shelters. They also distributed relief goods, including the UNFPA Dignity Kits, which contain essential items for female hygiene and safety in times of displacement.

## Working at policy level towards long term goals

In addition to education and health care action on the ground, UNFPA works at policy level towards long term goals. In 2015, UNFPA collaborated with the Ministry of Health and the World Health Organization on the Five Year National Strategic Plan for Young People's Health (2016-2020), which was launched in October 2015. UNFPA is also part of a joint UN initiative, which in 2015 initiated a dialogue with the Ministry of Education on the development of national guidelines for Comprehensive Sexuality Education.

Myanmar is one of 31 countries that do not have a National Youth Policy, which is essential for giving direction and allowing effective planning across diverse public sectors. UNFPA is the lead agency for coordinating the development of a National Youth Policy, including Comprehensive Sexuality Education Guidelines, and in 2015, UNFPA worked with the government to develop a framework to guide the policy development process. Progress made included an agreement to establish a National Task Force and a Steering Committee to lead the process. An important part of the agreement was to ensure the participation of youth during the development of the policy. Empowering young people to participate in decision-making, as well as in policy and programme design, is part of UNFPA's core mandate.

## Young people in Myanmar

<b>Definition</b>	<b>Age group</b>	<b>Number of people</b>	<b>Percentage of total population</b>
Adolescents	10-19 years	9.7 million	19.4%
Youth	15-24 years	8.95 million	17.8%
Young people	10-24 years	14.1 million	28%
People under the age of 28	0-27 years	25.9 million	51.5%

*Source: Myanmar Population and Housing Census 2014*

## Innovation: Developing a mobile phone application to reach Myanmar youth

In 2015, UNFPA Myanmar won a grant from the UNFPA Innovation Fund to develop an Adolescence Sexual and Reproductive Health and Rights app. The app, which is scheduled for launch in 2016, will contain information on sexual and reproductive health and rights, and is being developed for young people by young people, including those in conflict-affected areas. A key feature of the app approach is that it allows young people to access sensitive information without violation of their privacy. The UNFPA Innovation Fund supports initiatives that are dynamic and new to the delivery of programmes for youth.



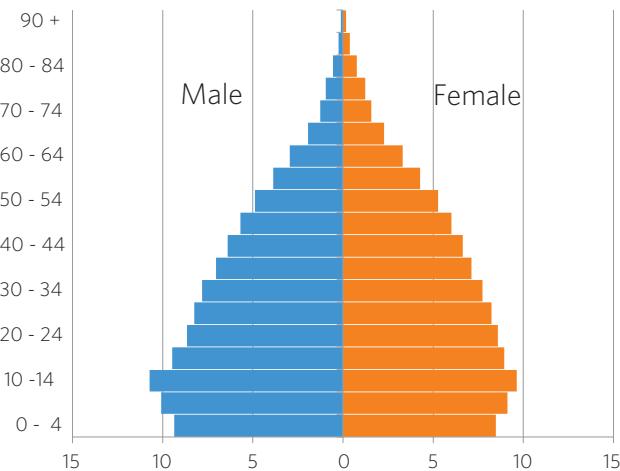


## Demographic dividend: Helping Myanmar seize the moment of opportunity

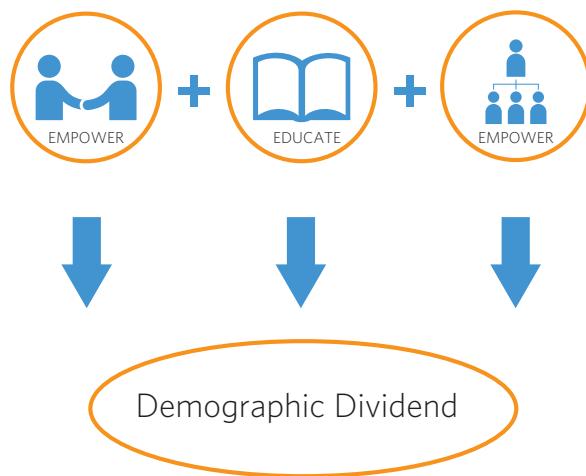
Myanmar is a country in political transition, and it is also a country in demographic transition. Fertility rates have fallen, women are having fewer children, and Myanmar's population pyramid has a peculiar bulge, a youth bulge. 5-14 year-olds are the country's largest population group.

Myanmar is on the verge of receiving a potential bonus to its economic growth, stemming from having more people of working age than above or below. It's a bonus called the Demographic Dividend. But it's not a free bonus. It's an opportunity that can only be realized through investment in young people, and by creating the conditions that will allow them to unleash their full potential in the job market. For Myanmar to reap the benefits of this dividend in the next 10 to 15 years, targeted investments into education and employment are critical. UNFPA works at policy level, in partnership with the Myanmar government, to help realize Myamnar's demographic dividend.

### Myanmar's population pyramid showing the Youth Bulge



### Realizing the Demographic Dividend



# HIV and AIDS

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The right of all to live healthy and fulfilling lives

## 2015 Highlights

- Hands-on manual helps health workers promote safe behaviour for at-risk populations.
- Peer education to over 4,000 sex workers supporting prevention and reducing stigma.
- Reducing discrimination by raising awareness among police officers.
- 3.8 million condoms distributed to townships with high HIV prevalence.



UNFPA supports human rights for all, especially women and young people, to live free from violence, stigma and discrimination. This includes key populations who are infected with HIV or are at risk of becoming infected. HIV prevalence in Myanmar was estimated at 0.54 per cent in 2014, a decline from 0.94 per cent in 2000. While progress has been made to reduce the HIV/AIDS prevalence rate, there is still a high prevalence among at-risk key populations: female sex workers 6.3 per cent; men who have sex with men 6.6 per cent; and people who inject drugs 23.1 per cent. HIV prevalence has declined somewhat since 2012 among female sex workers and men who have sex with men. But among people who inject drugs, the increase from 18 per cent in 2012 to 23.1 per cent in 2014 is significant. As socioeconomic transition and cross border activity continues in the country, particularly in those areas where drug use is an issue, HIV among injecting drug users has become an increasing concern.

## Hands-on manual helps health workers promote safe behaviour for at-risk populations

In 2015, the "National Guidelines: A Core Package for HIV Prevention Amongst Key Populations in Myanmar" were published. Copies were distributed to both government and non-government public health workers throughout the country. The package is a hands-on manual primarily for those providing services to key populations. Designed as a comprehensive but concise reference of minimum prevention standards, the manual helps health workers to promote safe behaviour and to respond effectively to the needs of key populations. The guidelines were initiated by UNFPA, which provided financial and technical assistance throughout their development, publication and distribution

## Peer education among sex workers supports prevention and reduces stigma

Recognizing the importance of involving beneficiaries in managing activities that affect their own lives, UNFPA provided financial and technical assistance to community-based, sex-worker-led organizations in the design, implementation and monitoring of HIV activities in 2015.

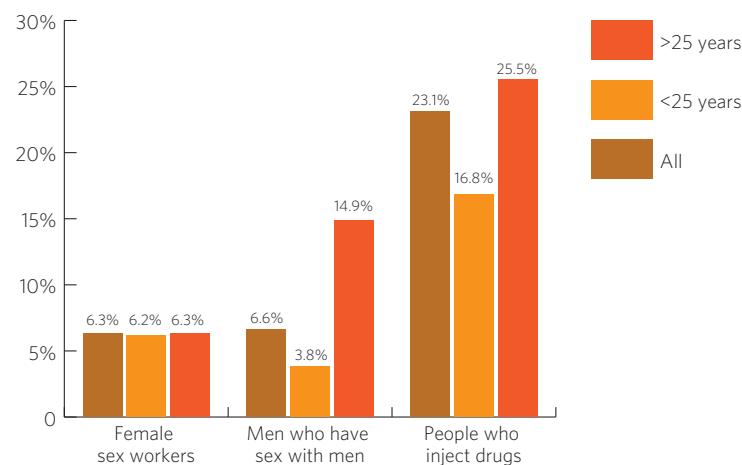


Peer education programmes are where sex workers share their knowledge with other sex workers, promote safe behaviour and also generate demand for available drugs and services. Demand-generation is key, because access to HIV testing paves the way for diagnosis and prevention of further transmission. Similarly, only when people living with HIV become aware that medicines that can improve their health are available, can they seek to obtain and use these. Such drugs include anti-retroviral treatment, and also prophylactic medicines that prevent “opportunistic infections”, such as pneumonia, that are more easily contracted when the immune system is weakened by HIV.

Activities also include peer counselling and social support to help sex workers cope with and address the discrimination and associated stigma they face from health care providers and the police, and also from their own communities.

UNFPA provided technical and financial support towards capacity-building training sessions for peer educators from Sabae Phyu, the AIDS Myanmar Association and the Sex Workers in Myanmar Network all sex worker-

## HIV prevalence among key populations in Myanmar



Source: 2014 HSS, NAP

led organizations. These peer educators went on to raise awareness about HIV prevention, available medicines and sexual and reproductive health services to over 4,000 female sex workers.

In addition, UNFPA supported an independent review of the organizational capacity of the three partner organizations, with a view to enable them to reach out within their own communities to advocate in support of HIV prevention and access to local public health services.

## Reducing discrimination by raising awareness among police officers

In April 2015, the Myanmar Police Force were instructed to ban the sale of sexual stimulants during the water festival. The aim was to reduce associated sexual violence. But instead, a ban on the sale of contraceptives, including condoms and contraceptive pills, was enforced. The miscommunication left unprotected couples and young people exposed to unintended pregnancy and sexually transmitted infections during the high-holiday and festive season. It illustrated that the way the police exerts its power can have a direct negative impact on sexual and reproductive health and rights, and also that there was a knowledge gap in the police force.

In May 2015, UNFPA provided both technical and financial support to the Myanmar Anti-Narcotics Association which, in coordination with the Police Academy and the Ministry of Home Affairs, conducted training for police cadets and trainers at the Police Academy in Mandalay. The training was specifically tailored to raise awareness among police officers not only about reproductive health, but also HIV and gender-based violence. Subjects covered laws relating to sex workers; that police should not discriminate against people living with HIV; that carrying a condom should not be used as circumstantial evidence to arrest a sex worker; and the role police can play in the prevention of gender-

based violence. More than 1,000 police officers were trained in 2015.

At policy level, UNFPA advocated for revisions to the "Suppression of Prostitution Act" to ensure that it is not punitive in nature, but is in line with international human rights standards, takes a public health and preventative approach, and safeguards the well-being and safety of sex workers.

## 3.8 million condoms distributed to townships with high HIV prevalence

Condoms, if used correctly and consistently, are the only known method that significantly reduces the risk of HIV and other sexually transmitted infections, and also prevents unintended pregnancy. UNFPA helps governments to develop condom programming strategies through which every sexually active person at risk of HIV - regardless of age, culture, ethnicity, citizenship, economic situation, gender, marital status, religion or sexual orientation - has access to good quality condoms when and where s/he needs them.

In 2015, UNFPA provided technical and financial support to the coordination and planning of comprehensive condom programming in Myanmar. UNFPA also supports the provision of supplies, including condoms and lubricants. In 2015, UNFPA procured 3.8 million male condoms which the government's National AIDS Programme distributed to public health clinics in 34 townships with a high HIV prevalence.

In addition, UNFPA provided financial support that enabled the National AIDS Programme to provide voluntary HIV counselling and testing to 15,000 pregnant women to help prevent mother-to-child transmission.

### The story of Zin Zin - an HIV-positive sex worker

When Zin Zin's father died of pneumonia her family moved from Taungoo to Yangon. At 17, she fell in love and married a bus driver. When the couple's first child, a boy, was three years old, he fell ill. The boy was diagnosed with HIV and TB.

"We did not believe the medical report at first. How could that be? So we just went back home, and did not follow the advice that we should also do blood tests. At the time, we lacked the basic knowledge about HIV." The boy grew up sickly, and when he fell ill again he was sent to live in a specialist hospital. When finally Zin Zin and her husband were tested, they found that they were infected too, and her husband died the next year.

"Those were the very difficult days for me, indeed. I had no source of income, and no education or expertise. I moved back to my mother's house, and one day I met a friend who said she would find a job for me. A sex worker job. I accepted the offer as a means to earn a living."

This is how Zin Zin became a sex worker. At first, her family did not know about it. Then one day she was detained overnight by the police when condoms were found in her purse. Zin Zin's family was shocked to hear about the plight of their youngest daughter. But Zin Zin remained a sex worker, as she had no other choice.

Eventually, Zin Zin came into contact with "Sex Workers in Myanmar", a UNFPA-supported organization that runs a centre in her neighbourhood, offering peer education programmes, practical support and a safe space. In the centre, she and other women in the same situation share their experiences and help each other as best they can. The centre also helped her get antiretroviral drugs.

Today Zin Zin is 26 years old. She is an HIV-positive sex worker. Her future seems bleak. But the peer centre brings her at least a glimmer of hope and sense of purpose: "We have started a self-help group with fellow sex workers. First, we will help spread the basic health knowledge we have acquired. Later, we plan for vocational education so that we can leave the sex profession and start our life anew."

# Gender Equality

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The same opportunities, rights and obligations

## 2015 Highlights

- Policy: Supporting the National Strategic Plan for the Advancement of Women.
- Legal framework: Advocating for gender equality under the law.



For millions of women and girls around the world, gender equality and the full enjoyment of human rights remain elusive. In Myanmar there are gender inequalities in legislation, in access to economic opportunities and in political representation. The country has a Gender Inequality Index value of 0.413, ranking 85th out of 155 countries in the 2014 index. UNFPA is one of the lead agencies in Myanmar working to further gender equality and women's empowerment, particularly under its gender-based violence programme as gender inequality is the root cause of violence against women, intimate partner violence, trafficking, forced and early marriage, and the exploitation of women.

## Policy: Supporting the National Strategic Plan for the Advancement of Women

The National Strategic Plan for the Advancement of Women 2013-2022 outlines an integrated approach to improve the situation of women and girls in Myanmar. It provides an overarching framework for the advancement of women, gender equality, and the realization of women's rights. It also details interventions and sets targets for creating enabling systems, structures and practices.

Through the Gender Equality and Women Empowerment Sector Working Group, UNFPA works with the government, civil society and other development agencies to accelerate implementation of the plan.

UNFPA chairs the United Nations Gender Theme Group, which identifies gender equality priority areas for the UN in Myanmar, and also ensures that the UN activities are coherent. In Myanmar, there is a great gap in gender statistics and research, and through the group, UNFPA participated in the provision of technical and financial support to a Gender Situation Analysis covering Health, Education, Economics and Livelihood, Decision-Making, and Violence against Women. Initiated in 2014, and with work

continuing through 2015, the analysis will determine the status of gender equality in Myanmar and will also provide recommendations. When published in 2016, it will provide the baseline for the implementation of the National Strategic Plan for the Advancement of Women.

## Legal framework: Advocating for gender equality under the law

Working through the United Nations Gender Theme Group, UNFPA supports not only policy development, but also improvements to the legal framework that protects women and their rights. In 2015, UNFPA contributed to the drafting of the "Prevention and Protection of Women from Violence" law, which is intended to be the most comprehensive Myanmar law in the area of gender-based violence. The law has yet to be finalized. UNFPA also advocated for revisions to the "Suppression of Prostitution Act" to ensure that it is not punitive in nature, but is in line with international human rights standards and takes a public health approach. Extensive advocacy work was also done on the highly contested four bills under the "Race and Religion Protection Law". Key concerns relate to: Reproductive rights in terms of choosing the number and spacing of pregnancies, and human rights related to choices and equality in inter-faith marriage and family planning.



# Gender-Based Violence

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The right to be free from violence

## 2015 Highlights

- Women and Girls Centres: A safe space for women displaced by armed conflict and inter-communal violence.
- Rule of law: Training police officers to respond better to cases of gender-based violence.
- Emergency response: Psychosocial support to communities affected by the 2015 floods.
- Women and Girls First: 3-year joint initiative to address gender inequality signed with key donors.



Gender-based violence (GBV), which includes sexual violence, intimate partner violence, trafficking, forced and early marriage and exploitation, is widespread but largely not talked about in Myanmar, including in the conflict-affected areas of Rakhine and Kachin. Despite numerous publications of incidences and experiences of GBV, very few cases are reported to authorities, and its grave effects in society are rarely addressed.

GBV survivors have limited possibility to report incidents through the formal justice system, particularly in areas affected by conflict. If they do report GBV, they risk further harm either to themselves or their families. Compounding the weak rule of law, there is also a general absence of services and safe houses with sufficient capacity to provide an appropriate and timely response. For these reasons, gender-based violence is a pervasive and silent crime that continues to occur, largely with impunity.

UNFPA has adopted a survivor-centred approach. Its programmes enable survivors to choose how to deal with the impact of the violence they have been subjected to, and it also helps them see their choices through.

UNFPA recognizes that gender-based violence is a symptom of gender inequality, albeit exacerbated by armed conflict and inter-communal violence. In 2015, UNFPA moved forward by raising significant funding for addressing the root causes of gender-based violence, and to empower women and girls to actively participate in decision-making in their local communities as well as nationally.

## "Women and Girls First": Joining forces to protect their rights

In December 2015, UNFPA, Finland and Sweden launched a 3-year US\$11.8 million joint initiative to protect the rights of women and girls in Myanmar. Working with local and international partners, the focus is on the most vulnerable women and girls in the remote and conflict-affected areas of Rakhine, Kachin and northern Shan. Called "Women and

Girls First", the joint initiative will provide comprehensive reproductive health care as well as emergency assistance, including post-rape treatment, along with counselling and support to survivors of gender-based violence. The services will be delivered through mobile and stationary clinics, and Women and Girls Centres.

In addition, the "Women and Girls First" Programme will support increased access to justice, economic empowerment and protection, and participation in the peace process. The initiative aims to build understanding among women and girls of their rights, and to mobilize men and boys for gender equality. It seeks to create avenues for women and girls to voice their concerns and expectations to decision-makers.

## Women and Girls Centres: A safe space for women living in camps

To help women and girls cope with life in emergency settings, UNFPA has established partnerships with several



# Violence Against Women

A Global Pandemic in many forms

Whether at home, on the streets or during war, violence against women is a GLOBAL PANDEMIC that takes place in PUBLIC and PRIVATE spaces.

## F O R M S   O F   V I O L E N C E



**Physical**



**Sexual**



**Psychological**

organizations, including Metta Development Foundation and the International Rescue Committee, to manage 15 Women and Girls Centres in Rakhine and Kachin. The centres serve women and girls who live in camps after fleeing their homes because of armed conflict or inter-communal violence.

The centres also support host communities. In the centres, women who have been subjected to gender-based violence are offered referrals to medical treatment and access to legal assistance. The centres provide individual counselling and group-based psychosocial support activities, and they also function as a safe space where women and girls can talk openly and support each other without judgment or fear of shame. The Women and Girls Centres mobilize both female and male volunteers to reach out to the communities served by the centres. The outreach services support both prevention of and response to gender-based violence.

In 2015, UNFPA continued its support of the Women and Girls Centres. Over 11,000 women and girls accessed the eight centres in Kachin, and 5,000 women and girls accessed the seven centres in Rakhine.

## Engaging men and boys against gender-based violence

Male engagement is critical to addressing gender inequality and gender-based violence. Men are key partners both for the protection of women and for the prevention of gender-based violence. In 2015, UNFPA conducted awareness-raising sessions and campaigns for men in camps for internally displaced persons in Kachin State, including for camp management committee members and outreach volunteers.

The sessions guide men and boys to reflect on what being a man means; on how social factors influence men's behaviour; on their own and other's perception of women; on differences and similarities between men and women; and on gender equality. In addition, the sessions have a specific focus on creating an understanding of what gender-based violence is, and the value of men's and boys' positive engagement in both prevention and response.

## Building trust to ensure safe access to justice

In 2015, UNFPA established the Justice and Protection Roundtables project in Kachin. The concept of roundtables was developed to create trust between local civil society organizations and justice sector actors, including the police and courts. Continuing into 2016 and beyond, the roundtables gradually build relationships which have the potential to ensure safe access to justice for women and girls.

## Training police officers to respond effectively and sensitively

In many parts of the world, including Myanmar, it is a commonly held belief that domestic violence is a private matter between a husband and wife. Women who have suffered gender-based violence often receive little or no support when they turn to the police and the legal system for help. To bring an end to impunity, UNFPA supports initiatives that build the capacity of the police and the justice system to respond appropriately and effectively to cases of gender-based violence.

In 2015, UNFPA pioneered the first programme of its kind in Myanmar when training was given to police officers on gender-based violence, reproductive health and HIV. Over the year, approximately 1,000 police officers, both male and female, attended the sessions, which focused on providing knowledge, awareness and tools needed to respond safely and effectively to cases involving gender-based violence; knowledge to apply the law without discrimination or accession to traditional beliefs that condone domestic violence; and tools to support survivors to navigate the

formal justice system and to access medical care and psychosocial support.

## Helping flood victims identify and address gender-based violations

In 2015, Cyclone Komen caused not only flooding and landslides across the country. It also caused high levels of human stress and trauma, which increase the risk of gender-based violence. The capacity of local organizations to provide support was limited, and UNFPA's first response was an information campaign to flood-affected communities, helping them to identify and address gender-based violence, and prevent and mitigate the risk of violence including trafficking and sexual exploitation. Messages were delivered via radio, posters and pamphlets contained in UNFPA's Dignity Kits.

UNFPA maintained support by deploying a psychosocial support training specialist into the cyclone hit areas, including Chin, Sagaing, Magway and Rakhine. The training was designed to enable local organizations and networks to respond to psychosocial support needs of women and girls living in flood affected areas. The training built the capacity of participants to identify gender-based violence and to address the needs of survivors. The training also helped change the perception of gender-based violence and increased awareness of the vulnerability of women and girls living in camps for communities displaced by the floods, and also in flood-hit villages.

The training was further rolled out in Yangon and Shan, and a register of trained GBV case workers was developed. The register serves as an emergency preparedness tool, and also forms the foundation for a community of practice across the country. This will grow as additional training sessions are rolled out

## 16 Days of Activism: Equal and safe education for girls

Equal and safe access to education increases girls' employment opportunities and socioeconomic status. This, in turn, reduces gender inequality, which is one of the root causes of gender-based violence. Schools can also play a pivotal role by raising awareness about gender-based violence among both girls and boys.

Marking the International Day of the Elimination of Violence against Women on 25 November, and following through during the ensuing 16 Days of Activism, UNFPA sent messages in schools and through public radio: "Everyone benefits from girls' education. How have you?"

Teachers were given ideas for activities to integrate into their lessons over the 16-day period. In Myitkyina High School in Kachin, a debate competition was held on women and education, women and safety, and women and rights. Participants included 3,000 students, women and men from camps for internally displaced people as well as host communities, international and local NGOs and UN agencies.





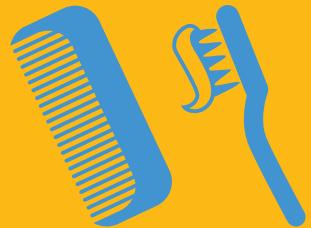
# Emergencies and Humanitarian Assistance

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When emergency strikes, women continue to have babies

## 2015 Highlights

- Flood response reaching 45,573 people in Rakhine, Chin, Magway, Ayeyawady and Sagaing.
- Conflict response reaching 35,176 people affected by inter-communal conflict in Rakhine, and armed conflict in Shan and Kachin.
- Localizing Dignity Kits to the needs of Myanmar women, and delivering 13,694 kits.



Women and girls are more vulnerable in emergencies and have specific needs that need to be addressed. In times of conflict and crisis, women and girls need services for safe pregnancy and childbirth, and protection from gender-based violence. UNFPA's humanitarian response helps women and girls maintain their dignity, secure their safety, and restore their access to sexual and reproductive health care, which in turn promotes the well-being of families and communities.

Myanmar is prone to natural disasters such as earthquakes, floods, cyclones, droughts, fires and tsunamis, and the emergency situation caused by the 2015 floods was of vast proportion. Myanmar also has a long history of internal conflict, and it has the highest number of internally displaced persons in Southeast Asia. Around 76 per cent of the region's internally displaced persons are concentrated in Myanmar. The majority live in protracted displacement, unable to return home, integrate locally or settle elsewhere. While the peace process in Myanmar has the potential to bring hope, a staggering 645,000 displaced people live in conditions where the risk of maternal mortality is high due to insufficient access to comprehensive sexual and reproductive health services.

In 2015, UNFPA's emergency assistance reached more than 80,000 people affected by disasters and conflicts. The assistance to conflict-affected people was concentrated to Rakhine, Kachin and northern Shan, while the flood response reached Rakhine, Chin, Magway, Ayeyawady and Sagaing.

UNFPA's strength is in its partnerships. UNFPA works through national and international organizations that are familiar with the Myanmar context, and that have the substantive and organizational capacity to deliver sexual and reproductive health care directly to communities affected by disaster or conflict. Partners include the Myanmar Medical Association, the Myanmar Nurse and Midwife Association, the Myanmar Red Cross Society, Marie Stopes International, Malteser International, Metta Development Foundation, the International Rescue Committee, the Myanmar Anti-Narcotics Association and Trócaire .

## The 2015 floods

When an emergency strikes, UNFPA assistance targets the most vulnerable, particularly pregnant women, women who have just given birth, and girls. In July and August 2015, Cyclone Komen and heavy monsoon rains brought floods and landslides across 12 of Myanmar's 14 states and regions. Around 1.7 million people were affected by the floods, and were in need of humanitarian assistance.

Contributing to Myanmar's long term emergency response preparedness, UNFPA delivered and supported extensive training on the Minimum Initial Service Package for emergency sexual and reproductive health care, including birthing care. In addition, UNFPA provided training on the clinical management of survivors of sexual abuse.

Mobile clinics and temporary shelters, as well as stationary clinics, provided reproductive health care services for both men and women. In addition, UNFPA distributed its trademark kits: The Dignity Kit, the Clean Delivery Kit and the Emergency Reproductive Health Kit. Part of the response



was undertaken by volunteers from UNFPA-supported Youth Information Corners and many other partners. In addition, blankets were distributed in partnership with the International Organization for Migration to families in Chin who remained displaced into the cold season.

During emergencies, without the usual protection of family and community, women and girls are frequently exposed to sexual violence. After the floods had receded, UNFPA contributed to Myanmar's recovery efforts by holding awareness-raising sessions on how to provide psychosocial support to survivors of gender-based violence. Participants included local organizations, community leaders, women's groups, service providers and staff from the Department of Social Welfare in Chin, Magway, Nay Pyi Taw and Rakhine.

## Regular sexual and reproductive health services to the most vulnerable

An important part of UNFPA's humanitarian work is to provide regular sexual and reproductive health care to communities affected by conflict. With UNFPA's support qualified doctors and midwives reach the most vulnerable people by going to camps where the needs are greatest, reaching also remote and hard-to-reach villages. Though focused on women's reproductive health needs, the services also extend to men. In 2015, UNFPA-supported services operated in 16 camps for internally displaced persons, and also in 42 villages in Rakhine, reaching different religious and ethnic communities.

UNFPA partners with the Myanmar Medical Association,



## Supporting safe pregnancies and childbirths during the 2015 floods

When emergency strikes, women do not stop having babies. During the 2015 floods, one of UNFPA's priorities was to promote safe pregnancies and childbirths to women affected by the disaster.

"The conditions were extremely difficult. Many people were already in need prior to the flooding, and the situation was desperate. Pregnant women must give birth, even in emergencies, and my job involved ensuring that these women continue to have access to basic health care. It is a matter of life and death for the woman and the baby," said Dr Robyn Drysdale who was one of several surge staff who arrived in Myanmar shortly after the floods.

Through mobile health clinics, over 100 high risk pregnancies were identified and emergency referrals to hospitals were arranged, saving the lives of many mothers and babies. In addition, UNFPA distributed 7,400 Clean Delivery Kits to expectant mothers in isolated and demolished communities. Each kit

comprises a clean plastic sheet, gloves, soap, a razor blade and string to cut and tie off the umbilical cord, and diaper cloth to dry off the baby.

The surge capacity was made possible in partnership with humanitarian agency RedR and the Australian government.

the Myanmar Nurse and Midwife Association, and Malteser International who between them operate 11 mobile and static clinics in camps and villages.

## Localizing the UNFPA Dignity Kits to the needs of Women in Myanmar

A key component of UNFPA's emergency response is the Dignity Kit. UNFPA dignity kits contain the basic items, such as clothing and hygiene items, that women and girls need to protect themselves, to maintain hygiene, health and well-being, and to preserve their dignity. One dignity kit is sufficient for one woman to cover immediate hygiene and basic protection needs for two to three months.

During times of conflict, women have to leave their homes with little or no belongings in order to reach safety. They experience increased levels of vulnerability as a result of high stress levels in communities, a lack of privacy, and a breakdown in social protection mechanisms.

Without appropriate clothing, women and girls are exposed to potential harassment from the community if they venture out of their shelters. This prevents them from seeking assistance, commodities and access to essential services. Female dignity is also related to personal hygiene, including menstrual hygiene. Without access to female hygiene items, women and girls are compelled to stay at home and may even remain invisible to humanitarian actors and miss being targeted for assistance.

In 2015, UNFPA distributed nearly 14,000 Dignity Kits following both large scale disasters, such as the floods, and localized emergencies, such as armed conflict. Through consultations with target groups UNFPA revised the contents of Dignity Kits to better meet the specific needs of women and girls in Myanmar. For example, shampoo, toilet paper and a bath towel were added to the standard Dignity Kit, and there are now special winter packs containing blankets and long sleeved shirts.

## Distributing emergency Dignity Kits to women and girls escaping gun fighting in Kachin

Following armed clashes in Mansi Township in Kachin, UNFPA distributed emergency dignity kits in camps for internally displaced people. The kits were given to vulnerable women and girls, several of them pregnant, who arrived in camps to escape gun fighting.

One woman said: "The fighting happened while I was herding cattle in the field. I ran directly to Mansi without the chance of taking any of my possessions with me. So, basic materials distributed by agencies like UNFPA are very useful for me".

UNFPA dignity kits contain the basic items that women and girls need to protect themselves, to maintain hygiene and to preserve respect.

During times of conflict, women have to leave their homes with little or no belongings in order to reach safety. Without access to female hygiene items and necessary clothing, women and girls are compelled to stay at home and may even remain invisible to humanitarian actors and miss being targeted for assistance.

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## Census data supports flood relief operations

Census data supported the flood response by helping to locate and to provide accurate counts of affected populations in flood areas. The data was crucial to tailoring relief operations, and was used by the government, aid organizations and NGOs alike.

Dignity kits distributed

**12,294**



Blankets distributed

**11,400**



Women who received sexual and reproductive health services

**8,758**



Men who received sexual and reproductive health services

**3,121**



Pregnant women who received antenatal care services

**1,151**



Women who received psychosocial support and GBV awareness and training activities

**>10,000**

Clean delivery kits distributed

**7,400**



Emergency reproductive health kits distributed

**160**



Rape kits distributed

**24**

Number of female personnel who participated in gender-based violence related training

**142**



Number of male personnel who participated in gender-based violence related training

**82**



Male personnel who participated in minimum initial service package training

**22**



Female personnel who participated in minimum initial service package training

**29**



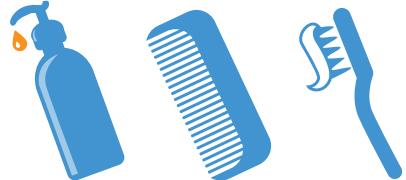
## UNFPA's 2015 flood response in numbers

### Total number of people reached

**>44,583**

Women who received  
dignity kits

**1,400**



Women who received  
sexual and reproductive health  
services

**27,074**



## UNFPA's 2015 conflict response in numbers

Female personnel who  
participated in  
**minimum initial service package  
training**

**321**



Total number of  
people reached

**35,176**

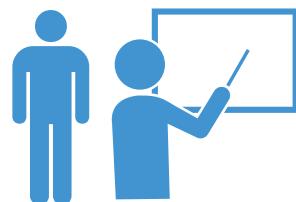
Men who received  
sexual and reproductive health  
services

**6,172**



Male personnel who  
participated in  
**minimum initial service package  
training**

**134**



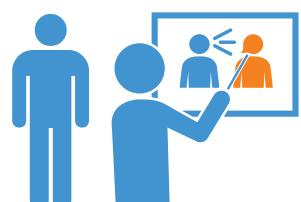
Number of female personnel  
who participated in  
**gender-based violence related  
training**

**63**



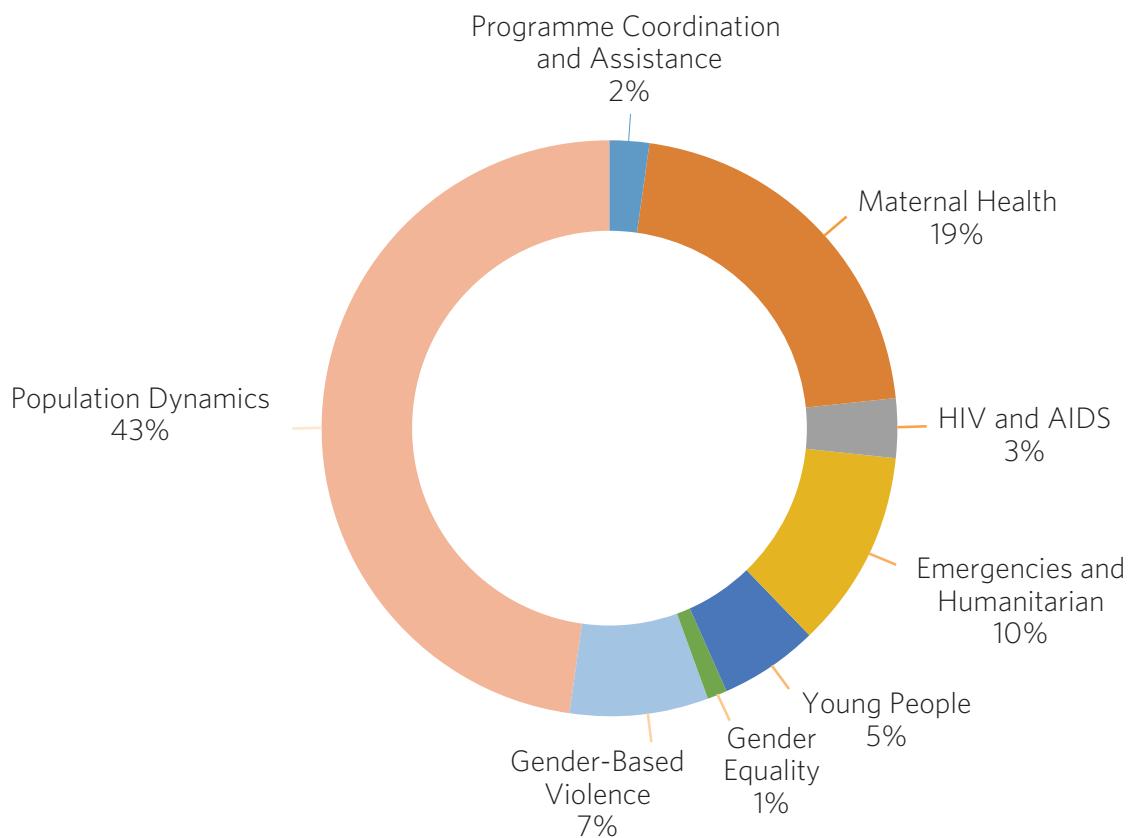
Number of male personnel who  
participated in  
**gender-based violence related  
training**

**12**

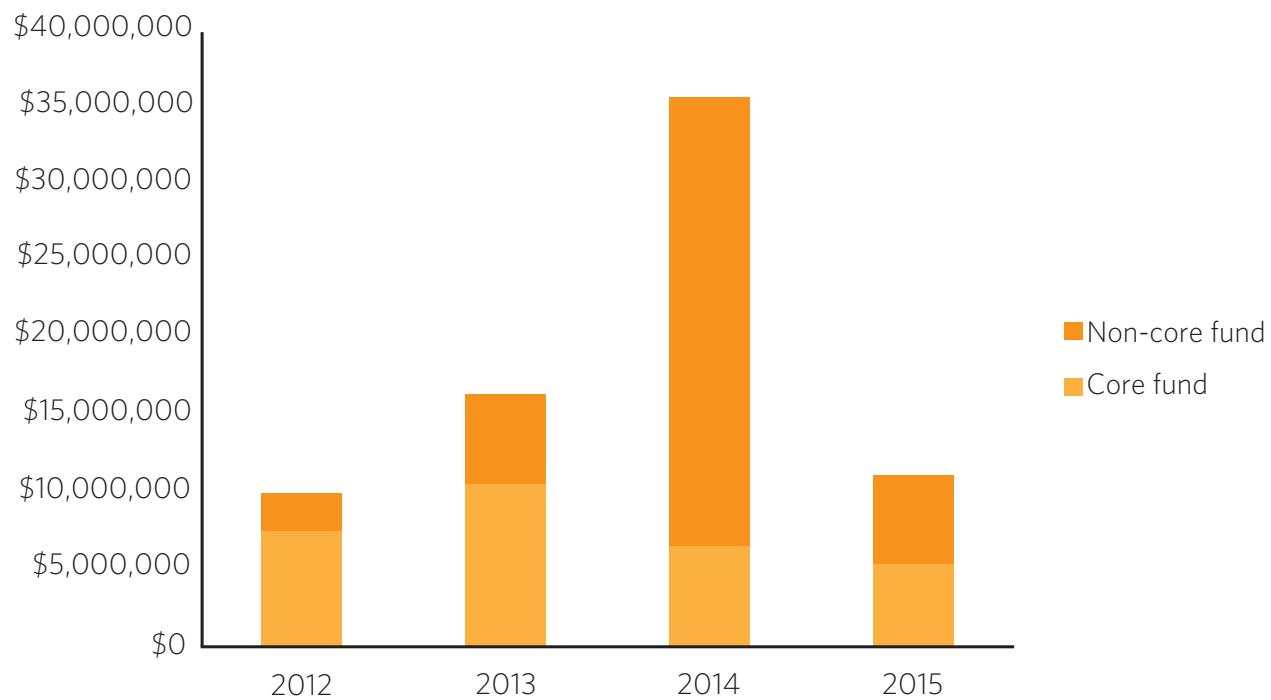


# Resources and Partnerships

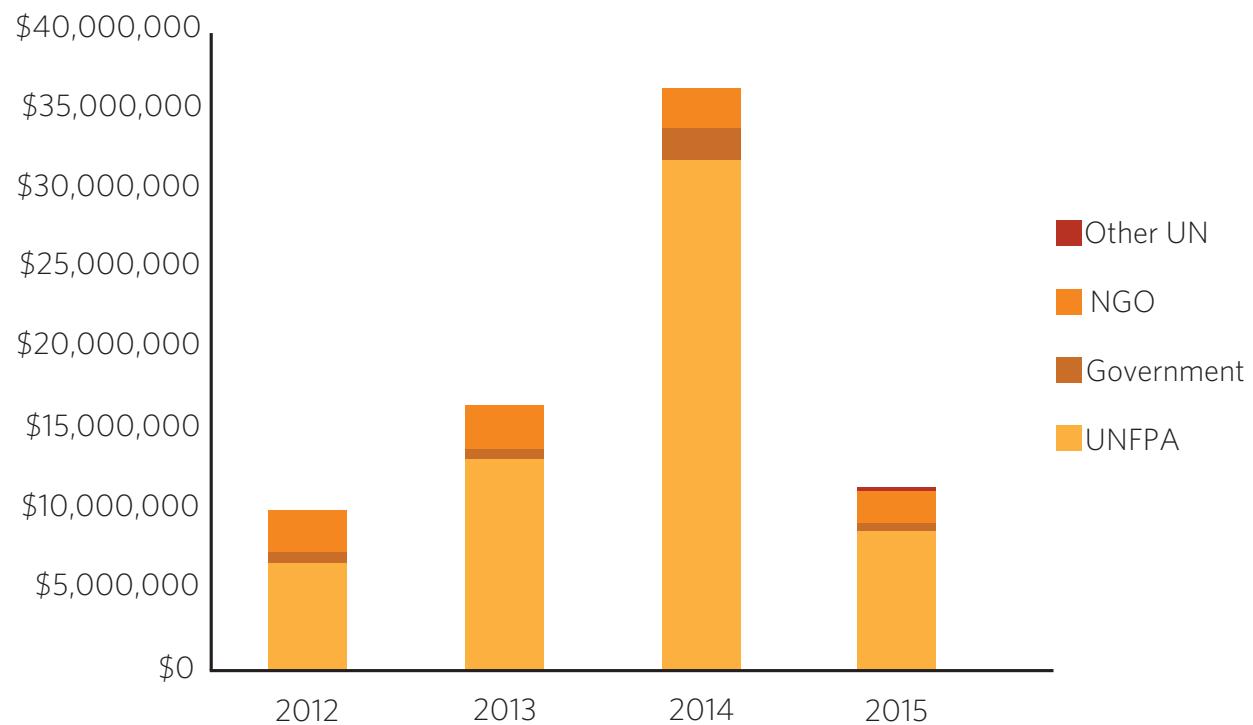
## Programme expenses by area in 2015



## Expenses by resource type 2012-2015



## Expenses by implementing agency 2012-2015



## 2015 resources mobilized from donors

Donor	2014 (USD)
3MDG Fund (Australia, Denmark, European Union, Sweden, Switzerland, United Kingdom, United States of America)	\$909,500
Central Emergency Response Fund (CERF)/Office for the Coordination of Humanitarian Affairs (OCHA)	\$1,633,097
Department of Foreign Affairs and Trade (DFAT), Australia	\$710,732
Department of International Development (DFID), United Kingdom	\$1,682,816
Government of Finland	\$236,220
Government of Italy	\$437,158
Government of Sweden	\$1,976,983
Total	\$7,586,506

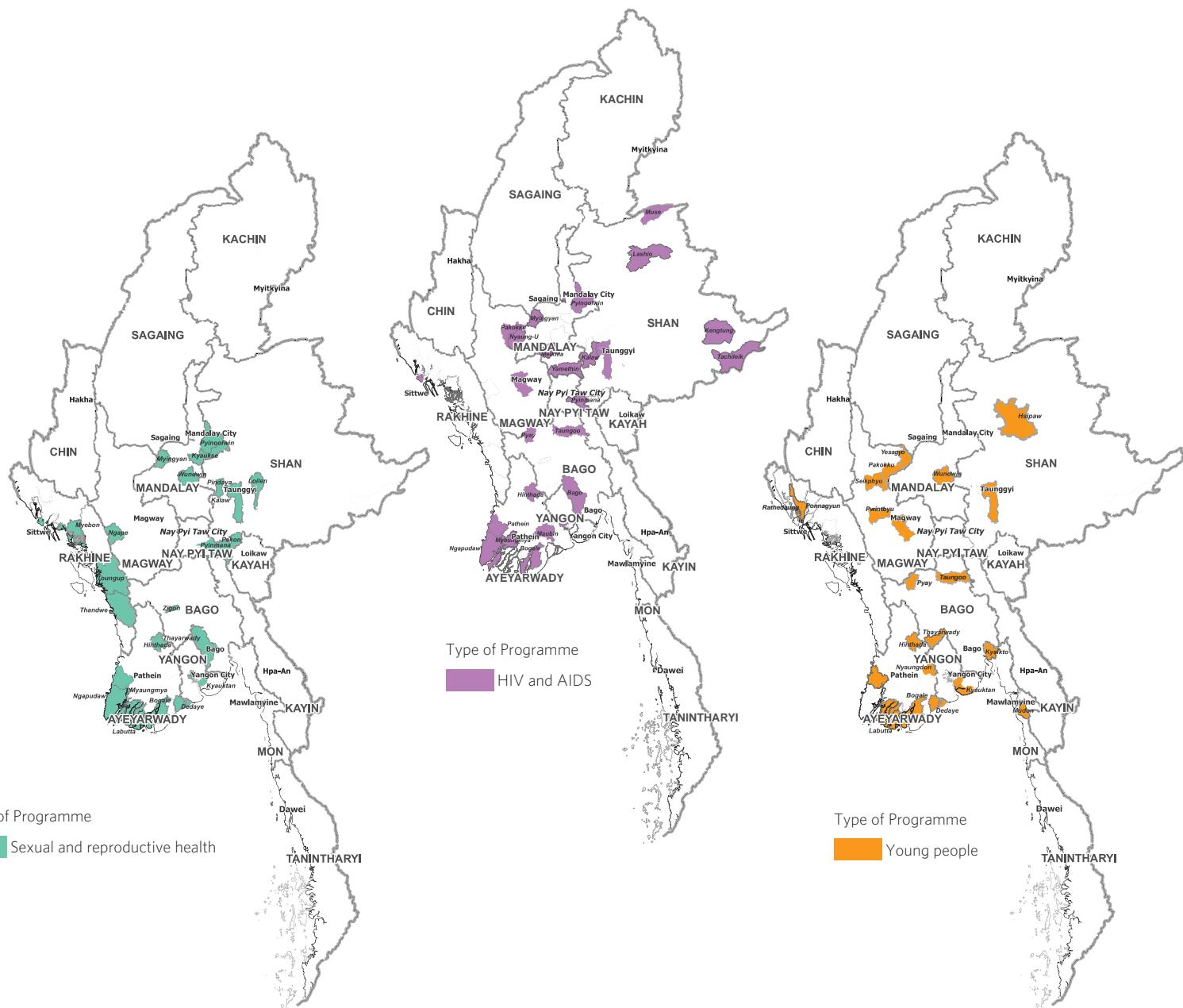
# Partnerships in 2015

Activity area	Sexual and Reproductive Health *	Young People	Gender Equality **	Population Dynamics
<b>Government</b>				
Department of Health Professional, Resource Development and Management (DHPRDM)	▪			
Department of Medical Research (DMR)	▪			
Department of Population (DoP)				▪
Department of Public Health (DoPH)	▪	▪		
Department of Social Welfare			▪	
<b>NGOs</b>				
Association Francois Xavier Bagnoud (AFXB)		▪	▪	
International Rescue Committee (IRC)	▪		▪	
John Snow Inc.	▪			
Marie Stopes International (MSI)	▪	▪	▪	▪
Metta Development Foundation			▪	
Myanmar Anti-Narcotics Association (MANA)	▪		▪	
Myanmar Medical Association (MMA)	▪	▪		▪
Myanmar Nurse and Midwife Association (MNMA)	▪			
Myanmar Red Cross Society (MRCS)	▪			
Malteser	▪			
Population Services International	▪			
Trócaire			▪	
<b>UN agencies</b>				
IOM Myanmar	▪			

\* Including Maternal Health, HIV/AIDS and Emergencies/Humanitarian.

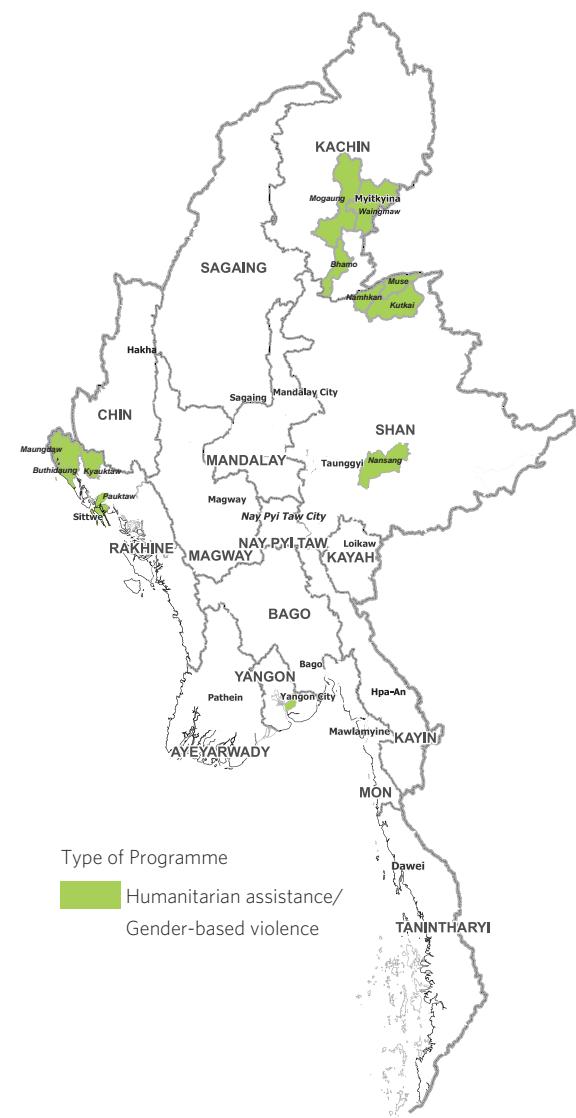
\*\* Including Gender-Based Violence.

# Where we work



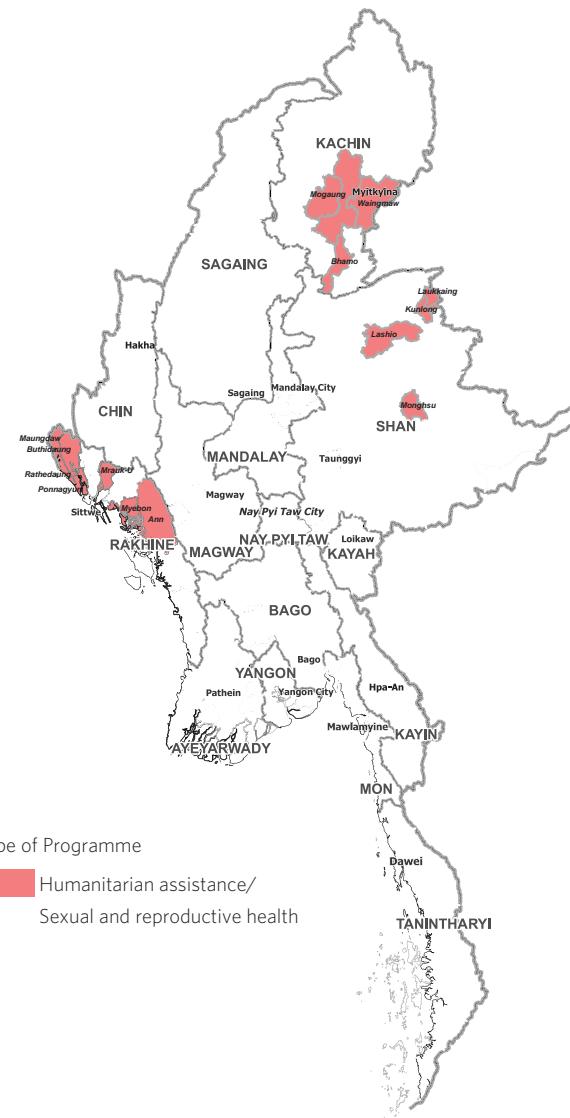
**Disclaimer:** The names shown and the boundaries used on this map do not imply official endorsement or acceptance by the United Nations.

## Where we work



Type of Programme

Humanitarian assistance/  
Gender-based violence



Type of Programme

Humanitarian assistance/  
Sexual and reproductive health

## Country wide programmes

- 2014 Myanmar Housing and Population Census support
- Family planning and maternal health commodities (UNFPA Supplies)
- Gender equality advocacy and capacity building

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