



# UNFPA in Myanmar

2013 & 2014

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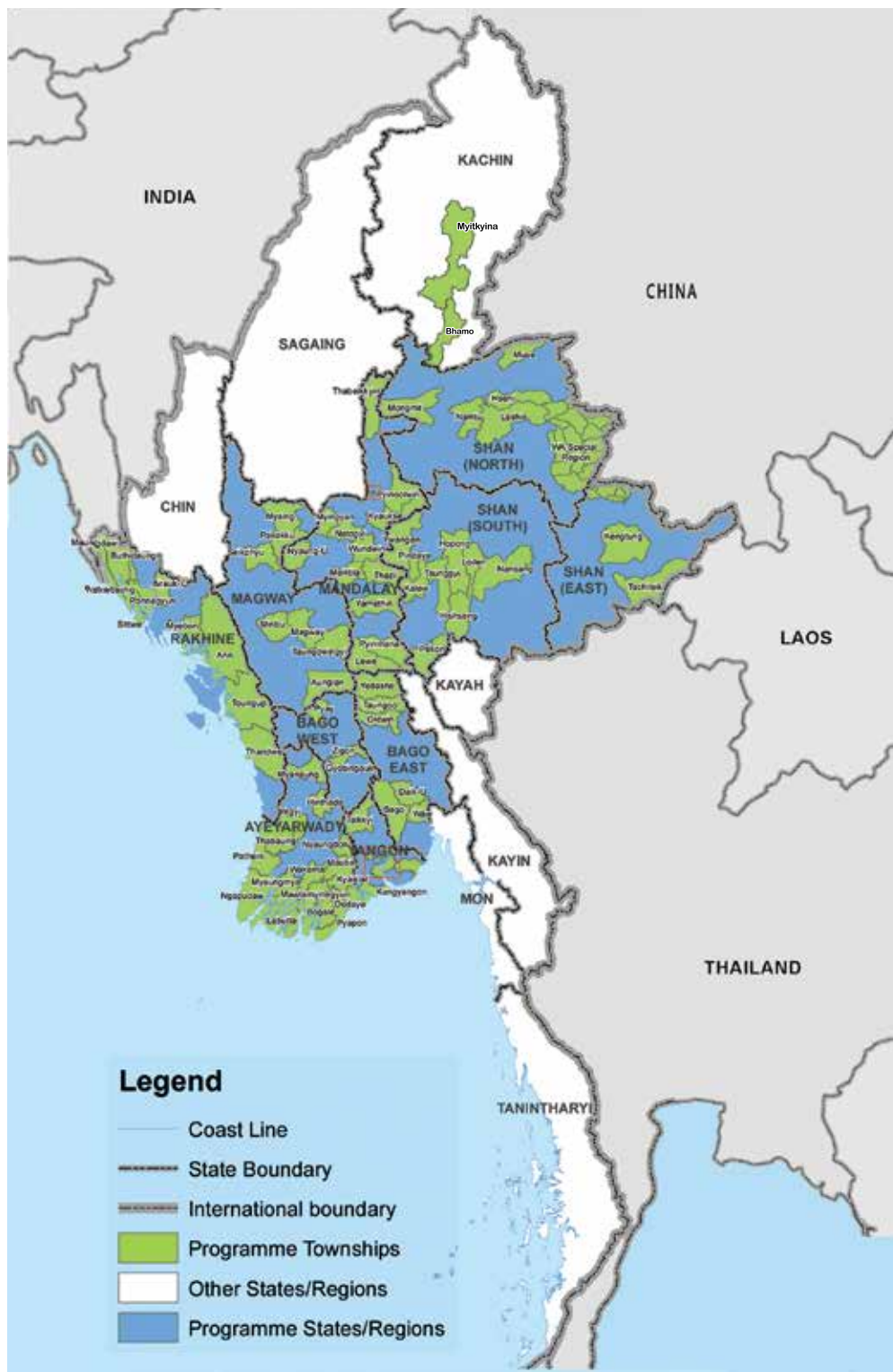


# The United Nations Population Fund

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





## Foreword

We are now on the brink of our fourth year into our 3rd Country Programme. In the last two years, much of our time was spent in supporting the first census to be taken in 30 years. This has been full of energy, rush, questions, surprises, successes and challenges. As a contribution in Myanmar's larger reform process, the census knocked on the doors of almost 98% of households and recorded the people's answers to questions on their health, education, economic and living conditions.

The census data analysis will give a clear picture of the different realities of the peoples of Myanmar. With the majority of the population taking part, the census has been a collective effort. Data from the nation-wide exercise has the potential for informing planning, policies and services improvement for the people of Myanmar. It is regrettable that certain populations in Rakhine, Kachin and Kayin were not counted. We hope that on-going consultations with all concerned stakeholders will result in a solution to resolve this situation. This notwithstanding, overall, the census has been considered a success and a breakthrough for the country, according to independent national and international observers.

The census has been a unique experience in UNFPA's support to censuses in different contexts throughout the world. It received immense support from donors and



UN agencies, through funding, partnership, guidance and advice. It is now up to communities, leaders and authorities, States and Regions to use the data for planning and consensus building on the way forward towards development, peace and reconciliation.

Myanmar has taken some bold steps to align itself to regional and global stands, policies and standards on Sexual and Reproductive Health and Rights. Continued and steadfast efforts in this direction will give all people, especially women and girls, more choices, thus enabling them to reach their full potential. New initiatives that aim at addressing and ending sexual and gender based violence, are a powerful means to garner gender equality in all spheres.

UNFPA has also contributed to the formulation of the National Strategic Plan for the Advancement of Women and the drafting of the Prevention of Violence Against Women Law. Also, the emphasis on reducing maternal mortality signals powerfully that equal status for women in society, as well as maternal health, are absolutely integral to larger development. Our work to improve prospects for young people, women and girls helps to address inequities and it can mean that economic growth can benefit the majority and not just a few. In this, we depend also on a number of dedicated partners that we work with in different parts of the country. They come from government and non-government sectors. They are in state-controlled and non-state controlled areas. Resolved in this, UNFPA in Myanmar will continue its quest to deliver a world "where every pregnancy is planned, every birth is safe and every young person's potential is fulfilled".

We hope you enjoy reading about what we have done together. We would like to hear from you. Let us know what more could be done or what could be done differently.

*Janet Jackson, UNFPA Representative*

## UNFPA in Myanmar

UNFPA has a history of more than 40 years in Myanmar. Support was first given in 1973, and again in 1983, with assistance to conduct Myanmar's first and second population censuses. UNFPA's activities grew in Myanmar in the 1990's with support for the collection of data on reproductive health and fertility. With improved availability of demographic data for reproductive health programming, and an urgent need for continuing assistance, UNFPA's activities expanded. In 2002, UNFPA adopted a programmatic approach and is currently in its third Programme of Assistance for Myanmar, covering 2012 to 2015. This third programme will assist Myanmar to attain the important goals set at the International Conference on Population and Development and the Millennium Development Goals (MDGs). The priorities of the programme, which is carried out in partnership with the Government of Myanmar and international and national non-governmental organisations, are:

- Increased access to and utilisation of quality maternal and newborn health services.
- Increased access to and utilisation of HIV and Sexually Transmitted Infection (STI) prevention services, especially for young people (including adolescents) and other key populations.
- Improved data availability and analysis around population dynamics, Sexual and Reproductive Health (SRH), including family planning, and gender.
- Advancing gender equality and reproductive rights, particularly through advocacy and the implementation of law and policy.



## Population, development, sexual and reproductive health and rights in numbers

The nation-wide census undertaken by the Myanmar government, with support from UNFPA, shows in its provisional results that the total population is 51.4 million. The country is home to a large number of ethnic groups. Young people aged 10-24 account for nearly 30% of the total population. In 2012, the gross domestic product per capita was recorded as USD 1,125; health expenditure was only 1.8% of the gross domestic product. The results of the 2014 census will soon fill significant gaps in data relating to population dynamics, and to the composition and distribution of the population. According to a World Health Organization (WHO) estimate, the maternal mortality ratio was 200 maternal deaths per 100,000 live births in 2012. Due to limitations in its health system, Myanmar faces challenges in achieving the Millennium Development Goal target of reducing the maternal mortality ratio to 105 maternal deaths per 100,000 live births by 2015.

Over 70% of deliveries take place at home, where nearly 90% of maternal deaths occur. In 2009, the antenatal care coverage rate was 71%, and skilled birth attendants were present at 64.4% of deliveries. The quality of assisted deliveries is of concern. Constraints include limited access to health services due to poverty, geographical barriers, and a shortage of health personnel, especially midwives. The current availability of skilled birth attendants is far below the level recommended by the WHO, and an estimated 7,000 additional midwives are needed. These constraints contribute to the high neonatal mortality rate (in 2012, 33 deaths per 100,000 live births). In 2012, the contraceptive prevalence rate for modern methods was 46% and the unmet need for family planning was 19%. The 2009 reproductive health and fertility survey reported that nearly 5% of all pregnancies ended in abortions, with the highest rate occurring among women aged 15-19 years. Complications resulting from abortions are one of the leading causes of maternal deaths.

Although the majority of young people have heard about HIV/AIDS, comprehensive knowledge about prevention is relatively low, and misconceptions about HIV/AIDS are prevalent. There is a shortage of data on young people's knowledge of sexual and reproductive health, and their access to sexual and reproductive health services is limited. HIV prevalence in Myanmar has declined from 0.94% in 2000 to an estimated 0.47% in 2013 among the general population aged 15 years and above. The HIV prevalence rate is higher among people who inject drugs (18.6%), men who have sex with men (10.4%), and female sex workers (11.2%). HIV incidence is especially high among the young cohort of these populations.







# Maternal Health

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Delivering a world where  
every child birth is safe

Myanmar has a need for more skilled midwives to ensure safe births. Maternal mortality rates have decreased in recent years, but MDG 5 will likely not be reached in 2015 and much remains to be done. According to official figures there are currently only 1.3 health workers for every 1,000 people, which is less than the 2.3 standard advised by the WHO. In 2013 and 2014, UNFPA supported midwifery in Myanmar by contributing to research, building the capacity of midwives and traditional birth attendants, and providing medicines and materials. UNFPA also advocates to the Myanmar government to align with international standards and actively voice their support to the important goal of safe deliveries.

## Global survey: Midwifery in Myanmar at a glance

In 2014 Myanmar participated for the first time in The State of the World Midwifery Report (SOWMY), a global survey looking at the effectiveness of midwifery across the country, which was published in October 2014. The report showed that the work of midwives is a vital part of improving Myanmar's health care system. The findings, analysed by UNFPA, suggest that an estimated 7,000 more midwives are needed in Myanmar to meet the WHO standard of 2.3 health care workers per 1,000 people in the population.

The SOWMY 2014 survey was conducted to improve the evidence base and enable policy dialogue in participating countries to promote midwifery. For this purpose, data was collected on the current situation of health professionals working in maternal and newborn health services, regulation, education and the association for midwifery. The report is part of global efforts to review midwifery practice and to receive feedback on challenges and lessons learned from stakeholders, including midwives.

The Myanmar Maternal and Child Health Department (MCHD) led a stakeholder workshop, supported by UNFPA,

to develop the report. During this workshop participants recommended that midwifery should be an independent profession, separate from nursing, and that Myanmar should improve and elevate the levels of midwifery education and broaden the skill set and mandate of the midwife.

Myanmar was one of 73 countries which participated in the survey. UNFPA was the main focal organisation for the development of the international report. It cooperated with WHO, UNICEF, MCHD, the Department of Medical Science (DMS), the Department of Health and Planning, Myanmar Nurse and Midwife Council (MNMC), Myanmar Nurse and Midwife Association (MNMA), Myanmar Medical Association (MMA), Myanmar Maternal and Child Welfare Association (MMCWA), Marie Stopes International (MSI), teachers from nursing and midwifery schools, and a selection of midwives. Internationally the SOWMY was organised by the International Configuration of Midwives in collaboration with UNFPA and WHO.





## Myanmar boosts capacity of midwives

UNFPA is working closely with the Department of Health (DoH) and other implementing partners to boost midwifery services within Myanmar and increase knowledge of basic reproductive health care services.

Since 2012, and with the support of UNFPA, the span of midwifery education has been extended from 18 months to 2 years and the training sessions include more theory and hands on training sessions. Over the two-year training, midwife trainees are taught antenatal, delivery and post natal care, emergency obstetric care, family planning, post-abortion care, prevention of mother-to-child transmission of HIV, basic health care and other life-saving skills.

The Department of Medical Science (DMS) and UNFPA, in collaboration with the Maternal and New Born Health Department, also organised, as part of efforts to improve

the overall midwifery practices by building on existing skill-sets, special “training of trainers” sessions with instructors and faculty members from 46 midwifery and nursing training schools to ensure that their skills were in conformity with international procedures and standards.

In 2013, 72 instructors participated in these special training of trainers sessions. In 2014, a total of 108 instructors received training, with 96 receiving hands-on training. The training sessions were conducted in Nay Pyi Taw at the North Okkalapa General Hospital and at the Yangon Central Women’s hospital.

One of the participants, from the Patheingyi Nursing and Midwifery School, said that prior to the training session she did not have much practical experience in dealing with emergency obstetric and new born care, and that she had been reluctant to teach her students on such matters. Since attending the training sessions she felt confident in passing on her new found knowledge to her students. These trainings will continue in 2015.

## Government rallies to support Myanmar Midwives

Myanmar celebrated its first ever International Day of the Midwife on 5 May 2013 as part of Government efforts to bolster support for the country’s midwives.

High level representatives, including government officials, United Nations Agencies and Non Governmental Organisations (NGOs) representatives, as well as the Myanmar Nurse and Midwife Council (MNMC), the Myanmar Nurse and Midwife Association (MNMA), instructors and midwives from Myanmar’s Nursing and Midwifery institutions attended the official event in Nay Pyi Taw. The theme was “The World Needs Midwives Now More Than Ever.”

The event was organised by the Department of Maternal and Child Health of the Ministry of Health, in collaboration



with the Myanmar Nurse and Midwife Association and the Department of Medical Science, with the support of UNFPA.

It was an opportunity to highlight the important role midwives play in communities across Myanmar in reducing maternal and neonatal mortality, and to emphasise the progress made in improving midwifery services, to motivate policy makers to increase the midwifery workforce, to promote the capacity of midwifery and recognise the unique professional role of midwives.

H.E Dr Thein Thein Htay, Deputy Minister, Ministry of Health said in her address at the event that: "Midwives are the main actors for reducing maternal and infant mortality."

In 2012 UNFPA entered into a partnership with the Ministry of Health (MOH) and Myanmar Nurse Midwife Association (MNMA) to begin to develop a strategy to close glaring gaps in midwifery practice and numbers. At

one event, midwives from Myanmar Nurse and Midwife Association, Myanmar Maternal and Child Welfare Association (MMCWA) and one midwifery tutor from a midwifery training school shared their life experiences and the challenges and lessons they had learned on midwifery including some success stories; one midwife saved the life of a pregnant woman by referring a woman in time with a retained placenta. At this event UNFPA provided midwifery kits to midwives from the Ministry of Health (MOH), MNMA and MMCWA.

The government celebrated the International Midwife Day for 2013 successfully in Nay Pyi Taw. It was agreed that the day would be celebrated in different States and Regions each year so that midwives, representatives of health departments, and local authorities from states and regions could participate. The second International Day of the Midwife was held in Yangon on 4 May 2014, where more than 800 midwives attended to celebrate their work.

## Triplets and twins born safely

**Ma Cho Zin Latt**, a 25 year old mother, pregnant for the first time with triplets and admitted to the Patheingyi General Hospital for a caesarean section, was in financial trouble. She needed support for the operation. Her midwife, well aware of the project turned to the MMA project team which provided an LSCS kit and other support costs. One boy and two girls, all of them healthy, were successfully delivered.

**Ma Khaing Zin Oo**, another 25 year old expectant mother with twins, was admitted to the Magway General Hospital as her waters broke early and her baby was showing signs of distress. Thanks to the collaborative efforts between the Obstetrician/ Gynaecologist and MMA team, she too received emergency obstetric care (EmOC) and underwent an emergency caesarean section without any complications.

## Myanmar aligns with ASEAN Standard for Skilled Birth Attendants

Ensuring a healthy ASEAN Community by 2015 in line with the ASEAN Strategic Framework on Health Development (2010-2015) requires establishing various partnerships and engaging with relevant stakeholders from both health and non-health sectors. This aspiration also calls for the sustained efforts of ASEAN Member States in improving maternal and child health.

At the 8th ASEAN Senior Official Meeting and subsequent ASEAN Task Force Meeting on Maternal and Child Health, held in August 2013, UNFPA and ASEAN collaborated to promote maternal health in ASEAN Member States. Myanmar, Vietnam and Lao PDR were assigned as leading countries to develop a guideline to provide a framework for the training and accreditation of Skilled Birth Attendants (SBAs) in ASEAN countries.

In October 2013, the ASEAN Task Force on Maternal and Child Health met in Myanmar to develop the ASEAN Regional Guideline for Minimum Requirements for Training

and Accreditation of SBAs, thus standardising skilled birth attendance requirements across ASEAN countries. The guideline, published in 2014, was the culmination of a series of efforts by Task Force Members during and after that workshop. It provided critical information on the required core competencies of SBAs in ASEAN countries, the standards for training programmes, as well as the relevant requirements for training institutions and for the assessment and accreditation of SBAs.

UNFPA Myanmar, in collaboration with the Department of Medical Science, Department of Health and the Myanmar Nurse and Midwife Council organised a workshop in December 2014 to launch the Regional Guideline and to discuss the development of National Midwifery Standards with the participation of relevant stakeholders. This Regional Guideline and consultations will certainly be a boost to the national efforts to promote safe deliveries in Myanmar.

Improving maternal health (Goal 5) is a critical goal among the eight MDGs and will continue to be prominent in the post-2015 health agenda.

## In-service training and supplies strengthen midwifery practices in Mon, Kayah, Shan, Chin, Ayeyawady and Rakhine

UNFPA, in collaboration with the Japanese Organization for International Cooperation in Family Planning (JOICFP), concluded an intensive two year initiative in September 2013 to boost the skills and motivation of government midwives in six States and Regions of Myanmar. Over the project period, midwives received two sessions of in-service training for the first time since qualifying. This was complemented by a supply of reproductive health commodities and equipment which improved services that reached women mostly in rural areas. Over two years, 397,197 couple years of protection were achieved, (couple

years of protection is the estimated protection provided by contraceptive methods during a one-year period for one couple, based upon the volume of all contraceptives sold or distributed to couples during that period) making this initiative cost effective at approximately USD 7 per couple year of protection. Given a population of 4,000,000 in the project areas, this meant approximately 50% of women of reproductive age were reached. The total amount spent during this two-year project was USD 2,759,424.

From beginning to end, the number of Townships benefiting from the project doubled. It expanded from ten Townships in 2011 in the four States of Mon and Kayah in the South-East, Shan State in Eastern Myanmar and Chin in the West of Myanmar, to a further ten Townships in 2012 in two more Regions/States – Ayeyawady and Rakhine. Many of the project Townships were in remote areas where ethnic minorities live and most of the Townships in Ayeyawady were affected by cyclone Nargis. If not for the project, these Townships would not have received life-saving trainings and supplies.

The two in-service training sessions involved a four-day programme on Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC), and Quality Reproductive Health (QRH), and later a five-day training, arming midwives with updated, evidence-based norms and standards in the routine management of women during pregnancy, childbirth and postpartum, post abortion, and the care of newborns during their first week of life. The PCPNC course enabled midwives to detect complications and initiate appropriate early treatment, while the QRH course gave midwives updated knowledge and skills on family planning services, post-abortion counselling and care, and the management of sexually transmitted infections. This was the first in-service training of its kind. A total of 1,244 basic health staff were trained on PCPNC and 1,388 on QRH.

As for the commodity supply, a large part of the funds, an amount of approximately USD 1.8 million, were utilised for procuring contraceptives, drugs for maternal emergencies, midwifery kits, training aids and equipment for hospitals and other rural health centres. These supplies and

equipment not only made health centres more functional, but also created an enabling environment for the trained midwives in that they could fully utilise their learning to save maternal and newborn lives.

In addition to strengthening the service of midwives, community mobilisation activities were undertaken in selected Townships by recruiting and training a total of

12,802 community volunteers and 206 youth volunteers. Their main role was to disseminate correct reproductive health knowledge in their communities and help in referring maternal emergencies, serving as a bridge between midwives and communities. JOICFP provided its expertise in developing inter-personal and mass media tools to be used by these volunteers to educate people in their communities.

## Improving skills of Lady Health Visitors saves lives in Pathein



In the early hours of 23 December 2013, **Daw Aye Aye Mu**, a Lady Health Visitor (LHV) from the Urban Health Centre of Pathein Township was called upon to attend a 30 year old pregnant mother in labour. The patient belonged to a mobile population and had not sought antenatal care. The LHV managed to deliver the baby but the newborn was pale and flaccid. Applying the knowledge and skills from her Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC) training, she was able to adequately assist the birth. She also provided proper postnatal care and family planning services afterwards. Having gone through a rewarding experience, Daw Aye Aye Mu acknowledged that the trainings armed her with necessary skills and improves the way she practices.

**Daw Nwe Thandar Tun**, a midwife from the Urban Health Centre of Pathein Township, was conducting a home delivery when her 33 year old patient went into shock because of postpartum haemorrhage. Managing haemorrhage and rapid initial assessment were part of the PCPNC training that she received. So, the midwife was able to stabilise the patient and then send her to the hospital with community support. The midwife commented that without the trainings, she wouldn't have been able to manage this emergency situation.



## Reproductive Health: Delivering a world where every child birth is wanted

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### Nation-wide survey shapes improvements for public sector reproductive health supplies and services

A nation-wide survey across public health services in Townships has revealed that while most health facilities have access to supplies, they have experienced stock-outs in the past six months. The survey, completed in June 2014, will form the basis for measuring progress in Myanmar of family planning and reproductive health services over the next six years. This is part of its commitment to halve the unmet need for family planning among women of reproductive age by 2020. Contraceptive use in Myanmar should increase from 39.5% to 50% and the unmet need should be reduced to less than 10% from its current level of 24%.

The report, now in its final stages of publication, and produced by the Department of Medical Research in Upper Myanmar with support from UNFPA, involved teams of researchers assessing and then analysing data from more than 400 health facilities over a six-month period. The survey asked 100 questions about the availability of contraceptives and a list of seven essential reproductive health life-saving medicines, fees for services, staff training and supervision, availability of reference materials, waste disposal, the use of information communication technology and client satisfaction and perspectives on services. The survey also examined the supply into and distribution of commodities out of the facilities. The survey found that the planning, ordering, supply and delivery systems need to be strengthened.

At a cost of USD 99,573, this survey was undertaken as part of a global effort to ensure reproductive health commodity security. Myanmar became one of the 46 countries in 2013 to be supported by the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS). This aims to provide reproductive health commodity support for the public sector via the Ministry of Health (MoH) and the social marketing sector via three major partners; International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI), and Population Services International (PSI). One of the requirements of this programme was to undertake facility assessment for Reproductive Health commodities and services.

### System introduced for managing reproductive health commodities

Improving access to reproductive health services and commodities are cornerstones of any UNFPA project to design and implement a national supply chain to ensure a more streamlined approach for all key actors working in reproductive health. Currently a uniform system is not in place in Myanmar.

In May 2012, in Nay Pyi Taw, 42 participants from government departments, UNFPA, and local and international non-governmental organisations, including representatives from the Myanmar medical industry, met to discuss the state of the country's health commodity system. They recommended that the Ministry move ahead with introducing a reproductive health commodity logistic system that would help monitor and manage the supply and use of commodities at all levels of the health system.

During the event, organised by the Ministry of Health's Maternal and Child Health Department, participants reviewed the findings of a health assessment study conducted by UNFPA and John Snow Inc.



A decision was made to put a solid and robust system in place, which would address problems of keeping track of current stocks of reproductive health commodities, such as family planning commodities. It would also help to identify more quickly any shortage of products or where there may be over-stocking, which in turn, would enable health providers to keep track of expiration dates and quantities. This would lead to better management of consumption, procurement, transportation, storage, distribution, and reporting on the supply and use of reproductive health commodities.

In mid-September a three month pilot study took effect, testing the standardised and digital national logistic supply chain system. The study, which ran until December, was

piloted in twelve Townships and four States and Regions (Ayeyawady, Mandalay, Southern Shan and Yangon). The practice within Myanmar for measuring stock levels of health commodities was done manually through a paper based reporting system. In addition to the paper reports being entered into the automated system, the operation system which was introduced could also be accessed via a specially devised application (app) known as “Logistimo”, which could be used on mobile phone devices. Nine people tested the system using this app.

Approximately 700 health workers including midwives, health assistants and other health service providers participated in the pilot study. It covered 10% of the country.

## Safe birth in Sittwe, Rakhine State

**Mya Yi** is a pregnant mother of 39 living in a very remote area of Sittwe Township called Nyo Yaung Chaung Village, which can only be reached by boat. This is her 11th pregnancy. She is always unhappy about her pregnancies as her family has an extremely low income and her husband can only get work occasionally. Mya Yi always worries about her delivery, not only because of the pain, but also because of the cost. She perceives pregnancy as a burden and has no money to pay for Antenatal (AN) Care visits at a private clinic. She did not receive any AN care for her previous 10 pregnancies. She delivered her babies with the help of a traditional birth attendant at her house. This may be the reason why seven of her ten babies died in their newborn period. Now she only has three children.

Some educated neighbours urged Mya Yi to go for AN care at a nearby clinic but she said: “I wish to do so but I can’t afford it. Our income is only enough to buy food.” Mya Yi also said: “After my marriage, I had a dream that I would deliver my baby at a hospital but it is just a dream and it has never come true. I realise that my babies may have died because I gave birth to them at home, with only the help of an unskilled birth attendant.” On a day in July

in her 5th month of pregnancy, the Reproductive Health Rakhine (Sittwe) Myanmar Medical Association team, arrived at her village to provide care for pregnant women. This team provides AN care, after delivery care, newborn care, contraception service and treatment of sexually transmitted infections. They provided Mya Yi with regular AN services free of charge during their visits to Nyo Yaung Chaung village. Mya Yi was very satisfied because she got regular care and also received the necessary drugs for her pregnancy. After her 7th month of pregnancy, she also received napkins for her baby to use after delivery. The doctor from the team asked her to deliver at the hospital because of her age.

Now Mya Yi’s had a safe delivery for the first time at Sittwe General Hospital (SGH); the costs of which were covered by the project. As doctors from (SGH) also asked her if she wanted to receive contraception, she decided on a Depo injection, which was provided by the team. Mya Yi said: “Now I urge other pregnant women to take care of their pregnancy with your team and to deliver at a hospital for safe delivery. I am very thankful to your team for the care they have provided for me.”

## Ministry of Health takes on Reproductive Health Commodity Security

The Global Programme on Reproductive Health Commodity Security (GPRHCS) is one of UNFPA's flagship programmes which assists countries to build stronger health systems through widening access to a reliable supply of contraceptives and life-saving medicines for maternal health.

At the end of 2013, Myanmar became part of UNFPA's GPRHCS. In all, 46 countries are supported to build national capacities for raising contraceptive prevalence, ensuring adequate stocks of family planning commodities and supplies, and increasing the availability of contraceptives in public and NGO health settings across Myanmar. UNFPA is supporting public-private partnerships in contraceptives distribution, for example with PSI and MSI.

For the first time in 2014 Myanmar received USD 5,230,809 worth of contraceptives and critical medicines for maternal health and USD 238,586 for capacity strengthening under the GPRHCS work plan. This is estimated to cover about a quarter of the country's need for birth spacing. In 2015, Myanmar will benefit from an initial USD 2,748,437 worth of commodities and USD 387,000 for capacity and systems building.

With this support, UNFPA will provide family planning commodities to public health facilities in 163 Townships, as well as supplies to PSI, MSI and International Planned Parenthood for Family Planning/Myanmar Maternal and Child Welfare Association (IPPF/MMCWA).

## Life Saving Maternal Health Services for Under-served Communities: Ayeyarwady, Magwe and Bago

With the assistance of approximately USD 1.8 million from the Government of the Federal Republic of Germany, UNFPA, in partnership with the Myanmar Medical Association (MMA), has boosted life-saving interventions for mothers and newborns from under-served and remote areas in three Regions of Myanmar over a two-year period that ended in September 2013.

MMA, a private membership organisation, set up static clinics and mobile services run by general practitioners in three areas. This included one in the south-west in Patheingyi in Ayeyarwady Region and two in central Myanmar - Magwe in Magwe Region and Pyaw in Bago Region. In each of these Regions, services were set up in three Townships, with static clinics providing reproductive health services to communities, especially mothers living on the outskirts of the towns, and mobile services serving communities in rural areas.

The services included antenatal and postnatal care, early referral for pregnant women identified as at-risk of complications, emergency obstetric care, family planning services and treatment for reproductive tract and sexually transmitted infections. Months into the first year of implementation, the demand for services grew to such an extent that local health authorities and communities asked for these services to be expanded from eight to ten locations in all three areas.

Despite transportation constraints, MMA mobile teams braved heavy rains and strong winds, especially in the delta region, to reach communities in remote villages. They did so by using any available means of transportation, including traveling by boat. This was arranged in collaboration with community leaders, thus expanding the area they had been able to cover to date.

Private GPs were recruited and trained to provide reproductive, maternal and child health care. This provided an opportunity for GPs, who would otherwise have been practicing alone in their private clinics, to reach out to underserved communities in rural areas with reproductive health services.

In addition, the involvement of GPs from the private sector complemented the work of midwives, already overwhelmed by their heavy work load. Above all, both GPs and midwives worked together to reach underserved communities. This was the first time such a public-private partnership was undertaken in these areas. This partnership involved the MMA teams, Township Medical Officers and local authorities from respective areas who worked together to select areas for mobile services based on the community's needs.

During these activities, midwives from respective rural health centres (RHC) and sub-RHCs worked hand in hand with GPs in their mobile trips, further strengthening the communication and partnership between the public and private sectors.

MMA also integrated the promotion of community mobilisation and referral mechanisms into this approach. This involved training community volunteers. A total of 305 volunteers, including traditional birth attendants, community health workers and members of the Myanmar Maternal and Child Welfare Association were trained, to recognise pregnancy related danger signs and promote early referral to a clinic facility. As part of the same initiative, 390 auxiliary midwives (AMWs) were also provided with refresher trainings.

Over the two years, this led to a total of 68,203 consultations, in which 35,477 women obtained contraceptives and 28,100 pregnant women received antenatal care. In addition, through this initiative, 2,267 pregnant women benefited from emergency obstetric care. These were mostly poor women who otherwise would not have benefitted from such services.



## Why do you do what you do?

**Dr. Hla Hla Aye**, Assistant Representative, UNFPA-Myanmar

As Assistant Representative of UNFPA Myanmar Country office I oversee the Country Programme of Assistance to the Government of Myanmar. I like what I do because with my expertise as a medical doctor and experience as a researcher, I can contribute in a unique way towards strengthening health systems to deliver sexual and reproductive health services, including family planning, maternal health and HIV prevention programmes, in emergency settings as well. As Myanmar goes into transition from four decades of a socialist regime followed by military rule into democratic governance, it is interesting and exciting to be part of the change as a member of the UN after twenty seven years of national civil service. I feel privileged to be part of UNFPA with its mandate for sexual, maternal, and reproductive health, which was the focus of my Master's thesis in Physiology, as well as population statistics and gender equality, all of which I have a passion for and believe need to be developed in Myanmar. With UNFPA I am now working towards making a choice of good quality and sufficient quantities of contraceptives available for Myanmar women to space their pregnancies and plan their families. This will also contribute towards a reduction in maternal mortality which is still a challenge in Myanmar.

## Myanmar Government commits to Family Planning 2020

An estimated 1.8 million women of reproductive age, about one fourth of Myanmar women, currently have no access to modern contraceptives. On November 13th 2013 Myanmar joined the Family Planning 2020 (FP2020), a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. In so doing, it has joined a group of 29 countries that have pledged to reduce the unmet need for family planning by half by 2020. FP2020 took off in July 2012 at the first ever World Summit on Family Planning in London. This summit brought together the UK Government and the Bill & Melinda Gates Foundation, in partnership with UNFPA, national governments, donors, civil society, the private sector, the research and development community, and others from across the world.

With Myanmar signing up to the family planning commitment, it has committed to provide 900,000 women of reproductive age with access to family planning. For Myanmar, this means an increase in contraceptive prevalence to 50% from its current level of 41%, and a reduction of unmet need for contraceptive to less than 10% from its current level of 24%. Globally, it involves expanding access to family planning information, services and supplies for an additional 120 million women and girls in the world's 69 poorest countries by the year 2020.

As Myanmar made its pledge at the Ethiopia conference, a parallel media event took place in Nay Pyi Taw, ensuring the announcement was heard across the country. Representing the Ministry of Health, Dr Thein Thein Htay, the Deputy Minister of Health, stated that: "With Myanmar in transition on the path of development backed by affirmed political commitments, our emphasis on social and human development as time moves on has expanded within the context of our national health plans...We are marching forward on the track of inclusive development,

while ensuring that benefits of family planning reach across the country, benefitting all segments of society irrespective of their gender, economic, social and geographical status. Our destiny is nothing but more progress for the betterment of our entire populace."

Participating at the media event, jointly organised by the Ministry of Health and UNFPA, were the Myanmar Maternal and Child Welfare Association, MSI, PSI, USAID, DFID and more than 50 high level officials, development partners and members of the press. Ms Kaori Ishikawa, UNFPA's Deputy Representative, in a joint statement representing all of the developing partners, said: "Myanmar's decision is a clear sign that the country is further aligning its women's health programmes with global initiatives that impact on the welfare and sexual and reproductive health of couples and individuals. This commitment also underlines the country's recognition of the central role that maternal and reproductive health play to achieve the country's socio-economic reform agenda".







# Population & Development

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Myanmar embarks on its first census in 30 years

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. With this information authorities, development partners and other organisations can make better decisions about a range of activities. These include the provision of utilities (e.g. water, electricity, etc.); health care for children, women and men; schools; employment for youth; skills development for young people; and facilities for elderly and disabled people. Census statistics are also fundamental benchmarks for statistical compilations and as sampling frames for conducting nationally representative surveys. Most countries around the world conduct a census every ten years. The Government of Myanmar identified the need to conduct a census as a critical step in its national development planning, including the reform process, and therefore requested the United Nation's support in 2012.

In 2012, preparations for the 2014 Myanmar Population and Housing Census started in earnest. It was an undertaking of a massive scale and of profound historical

significance for Myanmar's future and the reform process. Myanmar had not conducted a census in more than 30 years. Beyond a lack of technical expertise in census taking, the operation had to be planned, while considering the difficulty of access to remote areas and poor technological facilities. Moreover, Myanmar has more than a 100 different ethnic groups and languages and more than 16 non-state armed groups, which made a project of this size and importance extremely complex.

In a letter of exchange between the Minister of Immigration and Population and the UN Special Adviser to the Secretary General on the one hand, and a letter of exchange between the UNFPA Executive Director and the UN Special Adviser to the Secretary General on the other, UNFPA was tasked to support the Department of Population (DoP) in the Ministry of Immigration and Population (MOIP) in the conduct of the Census. UNFPA played an advisory and supportive role at each stage of the process, building the institutional and technical capacity of the DoP, leading resource mobilisation efforts, procuring equipment and materials, and managing the greater portion (97%) of census expenditures.





## Risk assessment, monitoring and mitigation

The 2014 Myanmar Census is occurring at a time when several transformational changes are taking place across the country. These include economic and social reform, a peace process, and a transition to democracy. Suspicion and mistrust of Government still run deep after almost 60 years of military rule. Moreover, the 1973 and 1983 censuses are generally viewed with scepticism. This mistrust translated into suspicion about the purpose of the 2014 Census, about how the data will be used and how ethnic groups will be represented.

At the start of the Census Project in 2012, in consideration

of this context, UNFPA commissioned a political risk analysis followed by an observation mission of the pilot census to assess the potential political risks and possible mitigation measures. Findings and recommendations informed a risk mitigation framework that outlined political, logistical, and budgetary risks that would impact on the successful execution of the Census. Mitigation measures were reviewed with conflict advisors from donor embassies, and guided the monitoring and implementation of activities in, for example, communication, public campaigning, messaging in local ethnic languages, the establishment of the National Advisory Committee (NAC) and consultations with non-state armed groups, local civil society organisations, religious groups and ethnic groups across the country. In 2014 and 2015 a team of international and national experts in census and conflict sensitivity conducted consultations in each State and Region with





representatives from women, youth, ethnic, religious and political groups to build trust and to inform and update activities relating to risk mitigation and building trust and ownership of the census results and its utilisation.

As a result of these efforts, for the first time in the history of census taking in Myanmar, groups from self-administered areas such as the Wa Area, Pa-O and Kayin State have collaborated with the Government in the implementation of the census by becoming involved in trainings and data collection. In addition, guided tours to the data processing centre were arranged for various groups including the media, civil society organisations, and ethnic leaders so they could see first hand how the questionnaires were stored and the various data analysis and processing operations, which created trust and a feeling of ownership. To ensure that data is relevant, accessible and utilised, specific reports for every State and Region are being produced which will be publically accessible on line and in-print, in user-friendly modalities. Furthermore, data will be available as an open source, down to the lowest possible administrative level.

The principles behind the above efforts are to ensure transparency, maintain international quality standards, and build public ownership of the census results.

## Resource mobilisation

Resource mobilisation started in late 2012. In January, 2013, with a budget estimated at USD 60 million, and contributions of USD 15 million by the Myanmar Government and USD 5 million by UNFPA, an additional USD 40 million was needed to ensure that the Census would meet international standards. To fulfil this need, a multi-donor fund was set up. Funding was received from the Australian Agency for International Development (AusAID); Switzerland; Norway; DFID/UKAid; Germany; Italy; Finland; and Sweden, while the United States Agency for International Development (USAID) contributed in the form of technical assistance in the areas of communications/publicity and data processing.

## Mapping

Maps are an important aspect of a Census, as they are the background for complete coverage of the country. They help avoid omissions of some areas and double counting during enumeration and they enable the estimation of the number of personnel and materials required. Maps guide the enumerators and supervisors to dwellings and other places where people are likely to be residing during the enumeration period. Census Enumeration Area (EA) and Supervision Area (SA) maps were prepared from August 2012 to December 2013 by which time 98% were completed. This involved the demarcation of over 83,000 Census Enumeration Areas for the whole country and the drawing of their respective EA maps. Satellite images were used for sketching maps for self-administered areas of the country, which were not accessible (2% of the mapping).



## Pilot Census

As part of preparatory activities for the 2014 Census, a pilot census was conducted with enumeration taking place from the 30th of March to 10th April, 2013, in 20 Townships across the country covering 100 Census Enumeration Areas (EAs) and 10 institutions, and with the participation of 110 enumerators and 20 supervisors. The pilot census covered a total of approximately

50,000 persons. A pilot census aims to test all technical, logistical and administrative aspects of a census. The process also assessed the risks that had been identified to be likely to affect the census outcome. Based on the pilot census findings, revisions were made to the training modalities, the questionnaire, payments to enumerators, the publicity campaign and risk mitigation measures.

## Training of Enumerators and Supervisors

As in most censuses, field personnel had limited, if any, experience or training in data collection. One of the findings from the pilot census was the need to ensure that the census training methodology was based on inter-active, participatory adult learning techniques. With the support of international experts from India and Australia, the training manuals were revised to include interactive sessions, role plays and quizzes. These changes improved the capacity of census field staff (primarily teachers) to retain information and develop the skills to correctly complete their tasks during enumeration.

Field instruction manuals and training guides were developed for enumerators, supervisors and other census staff as supporting materials in addition to their training. Since more than 120,000 persons had to be trained and the same quality of training had to be maintained, a four level cascaded training was designed. Trainings were conducted for 40 core trainers, who then trained 486 master trainers at the State/Region level, who subsequently trained 7,140 District trainers at the District level, who ultimately trained together 25,169 supervisors and 83,847 enumerators at the Township level. In addition, there was also training for administrators and census committee member's at all administrative units on their roles and how various activities were to be implemented to ensure uniformity all over the country.

## Enumeration

Census enumeration took place from 30 March to 10 April, 2014. More than 110,000 enumerators and supervisors were appointed to conduct the enumeration. Almost all enumerators were primary school teachers based in the areas where they were assigned to collect data, and familiar with the terrain, local language and people living in the area. Each enumerator was provided with their Enumeration Area (EA) map, an Enumerator Instructions Manual, adequate questionnaires, notebooks, pencils, census uniform, etc. Each enumerator had an average of 120 households to cover; about 12 households per day.

Enumerators submitted daily progress reports, indicating the number of households counted that day and since the beginning of the enumeration. This allowed supervisors to monitor progress and provide necessary support so that enumerators covered their assigned areas within the allocated time. There was on average one supervisor appointed to each four or five enumerators. Supervisors were middle school or high school teachers. Supervisors reported to a Ward or Village Tract census officer, who compiled a daily report for the Township Census Officer. These reports assisted officials at all levels to monitor



progress and, where necessary, to take remedial action in a timely fashion.

Overall, based on the observation mission, mapping and the returned questionnaires, the enumeration covered about 98% of the country, and followed international standards and practices. There were however cases in which some of the population were not counted. The census enumeration did not cover some population groups in northern parts of Rakhine State and in some areas of Kachin and Kayin States.

The non-coverage or partial-coverage was particularly significant for Rakhine State, both in terms of numbers (approximately 1 million people) and its nature (e.g. the selective under-enumeration of those who wished to identify themselves as Rohingya). In Kachin State, the non-state armed group, Kachin Independence Organization (KIO) did not allow enumerators to count people in a number of villages. This was in spite of negotiations between the government and their leaders. An estimated 97 villages were not enumerated in Kachin State. In Hpa Pun Township of Kayin State, the census could not be conducted in some villages situated close to the headquarters of Brigade Five of the Kayin National Union (KNU). Instead the leadership of KNU provided the total number of households and population by sex for each of these villages. In all other areas, the enumeration took place as planned.

Discussions and negotiations to allow a re-count were held in the two months after enumeration, but a common agreement between the Government, Rakhine authorities and the Leaders of the Muslim communities in the non-enumerated areas could not be reached on ethnic identification. Currently, it is advised to consider household surveys as a way to capture the socio-demographic profile of the missed population because the sampling frame includes all communities. A number of upcoming surveys, namely the Labour Force Survey, the Demographic and Health Survey, and the Poverty and Living Conditions Survey could be used to make up for the gap in the census, especially generating indicators that include communities that were not enumerated.





## Resource Mobilisation (January - November 2013)

- 8 • Donors to the Census
- \$40 Million** • Resources mobilised



## Training (March 2014)

- 40 • Core trainers
- 486 • Master trainers
- 7,140 • District trainers
- 120,000** • Enumerators/Supervisors



## Consultations Pre-enumeration (March 2013 - March 2014)

- 32 • Townhalls by Minister (with UNFPA)
- 500 • Approximate total participants per townhall
- 16,000** • Approximate number of representatives (ethnic, religious, political, NGO, armed groups)



## Enumeration (30 March - 10 April, 2014)

- 2 • Warehouses (Yangon & Nay Pyi Taw)
- 23 • National observers
- 46 • International observers
- 110,000** • Enumerators/Supervisors
- 98% • Household coverage
- 14 Million** • Questionnaires
- 1,060 Tons** • Weight of all materials procured



# Publicity Campaign

(February - April 2014)



## Video & Animation Broadcasting

- 1 • Animation
- 6 • Ads
- 7 • Channels everyday in March
- 9 • Videos



## Census Bus Tour

- 24 • Days
- 128 • Cities/Villages
- 736,200 • Audience



## Radio Broadcasting

- 3 • Ads
- 5 • FM channels
- 8 • Languages



## Printed Broadcasting

- 459 • Billboards
- 2,250,000 • Posters (all sizes)  
IEC - 1,740,000
- 7,400,000 • Pamphlets in all languages (19)



## Why do you do what you do?

**Ms. Wah Wah Aung**, Project Accountant, UNFPA-Myanmar

As a Project Accountant, my main responsibility is to support eight Government Implementing Partners on Financial Management, Financial Reporting and Capacity Building. As a professional accountant, I love my professional work and ethic. However, I would also like to help in development activities for our nation.

2014 was a special year for UNFPA Myanmar because the UNFPA country office supported the Population and Housing Census through the Department of Population (DoP) in March and April 2014. I contributed not only to the enumeration payments but also in trainings such as the Early Census Financial Standard Operations Procedure (SOP) training, and SOP for verifiers training. I also assigned verifiers for both district trainers' trainings and township enumerators and supervisors trainings.

For the enumerations payments, I and eight Data Consultants contributed our efforts for the payments of about 122,000 payees from 410 townships under the supervision of our Representative, International Operations Manager and Operation Analyst. Even though we faced many issues and challenges, we could overcome all difficulties within three months.

## Census Observation Mission

The observation mission in Myanmar was one of the largest in the world for a census, with 23 teams with a total of 46 observers, composed of 23 international and 23 national experts and researchers. This allowed for 2 teams in each State/Region. Observers from the Independent Observation Mission visited all 15 States/Regions of Myanmar, 41 districts (55% of the total), 121 Townships (37% of the total) and 901 Enumeration Areas (1.1% of the total). They observed 2,193 interviews across the country. At the end of the census enumeration, a report was prepared detailing the results from the observation mission, which is available online at <http://myanmar.unfpa.org/census>. A summary report was also prepared to facilitate access to the information in the main report.

The observation mission constituted an important exercise provided an independent analysis of enumeration, recommendations for improving future censuses, and supporting efforts to build trust by local and international stakeholders in the census.

## Payment of Enumerators and Supervisors

The Census payments process, with disbursements of USD 18.7 million, consisted of daily subsistence allowance payments issued for attending trainings and enumeration duties to over 122,000 individuals (i.e. enumerators, supervisors, support staff, Township Census Officers (TCOs), etc.) located in 410 Townships and Sub-Townships throughout Myanmar. A total of 239,500 payment transactions were recorded in a time span of a little more than 3 months.

A team of 440 officers from UN Agencies and its Implementing Partners were trained by UNFPA to serve

as verifiers for payments issued during the different training events, which took place in the month of March 2014. The verifiers, UNFPA's eyes and ears on the ground, were part of UNFPA's risk mitigation and financial stewardship measures employed to safeguard the management of these disbursements. These individuals were deployed to all corners of the country, with the purpose of independently witnessing, verifying and documenting the payment transactions between bank and recipients, thereby ensuring that the right persons were receiving the correct payment amount for the purposes intended. A call centre was set up in Yangon to answer calls for support from verifiers and respond to any census payment related queries.

The context of Myanmar presented some significant challenges, such as the lack of accessibility and remoteness of some Townships, as well as security concerns in self-administered areas (i.e. Kayin National Union, Kachin Independence Organisation). The lack of institutional capacity and international business practices and standards at all levels of the business spectrum (i.e. vendors, suppliers, implementing partners, stakeholders) also contributed to the many challenges.

## Procurement

A significant component of UNFPA's support was the provision of expertise in the areas of procurement and logistics. The total value of all census goods and materials (not including equipment or services in support of data processing operations or contracted services in support of other operations) amounted to approximately USD 6.8 million, of which USD 4.5 million (66%) was for internationally-procured items and USD 2.3 million (34%) for items procured from local sources. The total weight of all materials procured was calculated to be slightly less than 1,060 tons.

## Transport Management and Distribution of Census Materials

UNFPA provided transport for the distribution of all questionnaires and other materials to all 330 Townships and their return to Nay Pyi Taw. A total of 905 tons of materials was distributed to townships. Initial distribution of the materials took place over a short period of time, commencing in Nay Pyi Taw on 22 February and finishing on 14 March 2014. With enumeration scheduled to start on 29 March, this was a very challenging operation. The return of the questionnaires and related documents began on 24 April and was completed by 6 May 2014.

## Data Processing

All questionnaires were scanned with state-of-the-art scanning technology as a way of expediting the data capturing process and reducing error. The Census Project leased seven scanners, and purchased two scanners. One scanner was on standby throughout in case any malfunctioned. In total, eight scanners were used for data capture, together reading around 150,000 questionnaires a day.

All captured handwritten characters with which the system had low levels of confidence (mainly due to poor handwriting) were highlighted by the system, so that they could be examined in bulk (Character Inspection) and passed on to Key Corrections to the operators doing the inspections and corrections. A total of 150 DoP and 70 temporary staff worked on Character Inspection and Key Corrections, in two shifts of eight hours each. The two exercises started on 7 May 2014 and finished on 17 October 2014.

## Release of Provisional Results

Parallel to the scanning process, EA summary sheets were manually keyed into a Microsoft Access database, which was used to compile the Provisional Results of the census. The Provisional Results of the census were launched in Yangon on 30 August 2014, by the Minister of Immigration and Population, U Khin Yi. The Provisional Results were published in a report and a summary booklet, and are available on the DoP's and UNFPA's websites at [www.dop.gov.mm](http://www.dop.gov.mm) and <http://myanmar.unfpa.org/census>. These include total population and sex ratio by administrative level (Union, State/Region, District and Township). The Provisional Results also contain preliminary analysis of a few indicators generated from age sex data. The provisional results show that 51,419,420 persons were in the country on the 29th of March 2014. This includes a population of 1,206,353 persons estimated not to have been counted in the census in parts of the States of Rakhine, Kachin and Kayin. Of the 50,213,067 people that were enumerated, there were 24,225,304 males and 25,987,763 females.

## Data Analysis and Release

Currently data-user consultations are being undertaken with key Ministries and departments, local and international NGOs, development partners, academia and research institutes to develop the tabulation plan for the Main Results, scheduled to be released in May 2015. A main report and 15 State/Region reports will be published in both Myanmar and English. These results will include information on the total population down to Township level on a series of demographic and social characteristics such as: age, sex, disability, migration, disability, education, labour force, fertility and mortality, household conditions and household amenities. Data that requires additional manual coding such as occupation, industry and ethnicity will be released after December 2015. Data on religion will also be released after the elections in 2015. After the release of the main results in May 2015, there will be an intense dissemination of the results at Union and more importantly at the sub-

national levels. Beginning in June 2015, thematic reports on Fertility, Mortality, Migration and Urbanisation, Education, Labour Force, Disability, Children and Young People, Elderly, Household Conditions and Population Projections will be developed for dissemination later in the year.

## An innovative public private partnership: UNFPA partners with Kanbawza Bank

Myanmar lacks a modern day banking system, and remains mainly a cash based society, although credit options are becoming increasingly available. At the time, the largest bank in the country had an outreach capacity of 130 branches, located in a limited number of townships throughout the country. UNFPA was fortunate to have Kanbawza (KBZ) Bank as a partner that was willing to go beyond these limits and cover close to 94% of disbursement locations, involving at times sending mobile banking teams to remote areas. UNFPA partnered with other UN agencies, NGOs and the DoP to reach the most remote areas and make payments and verification.

The payment and verification undertaken by UNFPA was the first ever attempt at undertaking an exercise of this type and scale in Myanmar. There had been no previous experience partnering with private banks in Myanmar and low capacity for accountability. Because of this, UNFPA developed a fiduciary strategy that identified risks and mitigation measures, and at the same time looked at innovative and localised solutions to address challenges. This not only provided a successful model for others to refer to but also allowed local banks like KBZ to showcase their capacity and reliability. It is through these calculated risks that the capacity of local institutions was strengthened. This exercise was also the most cost-effective solution by a significant margin, compared to other financial proposals received in competition for the task.







# Youth & Adolescents

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Delivering a world where  
every young person's  
potential is fulfilled

## Urban youth in Myanmar

Over the last two years, significant progress has been made in reaching out to urban youth in Myanmar through youth centres that have been set up in cities across the country to provide Adolescent Reproductive Health (ARH) information and services. Set up within clinics run by Marie Stopes International (MSI) and supported by UNFPA, these centres - six in all - have provided around 80,000 young people aged 15-24 with high quality information on sexual and reproductive health, as well as on HIV prevention and transmission in 2013 and 2014.

The centres, located in the Townships of Bago, Bogale, Mytingyang, Pathein, Pyay and Thanlyin, work through outreach activities organised by UNFPA supported peer educators and volunteers in the cities, as well as their rural suburbs. MSI has also worked consistently with parents to support the youth centres, which has helped reduce some of the sensitivity, taboo and stigma often attached to efforts that address SRH and HIV issues in Myanmar, especially when it involves young people.

The success of the youth centres has been due to MSI's approach, which is to focus on four dimensions; involving youth friendly capacity strengthening of the service provider's field team and volunteers; integrating the provision of SRH services through static and mobile clinics; attaching youth space, or centres as they are called, to the SRH clinics; and finally creating demand through information, education and communication and behaviour change communication activities and materials. Throughout all of these activities, and to give the initiative a strong focus on national capacity development, youth peer education is actively promoted. This includes providing young peer educators with regional exposure and training with other countries in which MSI operates.



## Taking it forward: Innovative approaches for adolescent health

Although hard data is lacking, anecdotal evidence and experience of working among youth signals that unintended pregnancies are high among university students. In response to this, young leaders from the Youth Development Programme (YDP) of Myanmar Medical Association invested their energies in an intense drive to provide adolescent reproductive health education and HIV/AIDS information to students. This led to the production of a web-based learning resource and radio broadcasting which, in 2014, developed into a 10-episode TV series on adolescent reproductive health, which is being widely broadcast through private media.

Beginning in 2012, this was a two-year scheme, with the YDP training 165 of their peers to become peer-to-peer educators. The trainees learnt about gender relations, gained skills in inter-personal communications, leadership and management, as well as practical skills in making presentations and using audio-visual equipment. This led to these educators, in just two years and after 1,320 sessions, training another 13,200 university students. This cascade training meant that young people knew how to be protected from STIs and unintended pregnancy and be less vulnerable in their relationships and personal behaviours and lifestyles. The initiative took place in five areas that had large universities. The areas covered included Patheingyi in Ayeyawady Region, Magway in Magway Region, Pyaw in Bago Region, Yangon in Yangon Region and Taunggyi in Southern Shan State.

The YDP capitalised on the knowledge and experience that they had accumulated from such a large through-put of training. This was developed into a web-based self-learning resource, where young people could access “frequently asked questions and answers” about sexual and reproductive health confidentially and directly on-line. The website was a home grown product from young people’s initiatives in promoting access to health information and user friendly adolescent reproductive health messages and information.

Another innovation followed. Two telephone hot-lines were set up to provide confidential information to answer young people’s questions on sexual and reproductive related topics. These calls, all anonymous, mainly related to teenage pregnancy, condom use, menstrual cycles and the risks of unsafe abortions.

The youth then turned their attention to develop audio-visual materials to reinforce their communication efforts. An educational drama movie was produced in a DVD format. It focused on the prevention of HIV and unintended pregnancy before marriage, thus encouraging young people to be informed on positive and safer life-styles. This movie was first broadcast on public TV channels and in several DVD theatres in Yangon in June 2012. Gaining wide coverage from the media and attracting large viewing audiences, the movie was broadcast again on national TV channels in 2013.

The YDP then expanded its reach from five to ten States and Regions and ventured into radio. They set up an audio production house for a weekly broadcast of the “Youth Garden Programme” through Shwe FM radio station in urban and rural areas. Feedback received through mail and by telephone, led to repeat broadcasting, which attracted another station, Nay Pyi Taw FM, to broadcast the programme nationwide.

## MMA youth continue to educate their peers

The Youth Development Programme (YDP) of the Myanmar Medication Association (MMA) has made strong use of audio production materials well after the project ended. These materials continue to be used in the production of weekly radio programmes targeting young people. In the production process, the stories/scripts are written by young people (youth volunteers or youth audiences and writers), based on their daily life stories. Acting, audio recording and editing processes are then undertaken by the volunteers of the YDP and this inclusive participation of young people ensures understandability



# Why do you do what you do?

**Agnethe Ellingsen**, 27, International Youth UN Volunteer

UNFPA is one of the more specialised UN Agencies. For me, with a background in Social Sciences, it is very satisfying to work directly on the ground, close to where the action is. As an International Youth UN Volunteer at UNFPA, I got the chance to work exactly on what I am good at. I can use my skills as a young person, and I can see the impact of my work every day. I am very happy that I know that my work is benefitting Myanmar youth directly, and that what I do makes a positive change in young people's lives. To know that your work is saving lives of course also creates a lot of pressure to do your very best. But why should I want to do anything different?



and the youth friendliness of these programmes. After 2 years the radio programmes have proved to be a success, capturing the attention and interest of the youth.

In 2014, another FM radio channel approached YDP to replicate the youth programme using a similar title: "Blossomed Youth Garden".

In addition, the two telephone hot-lines that were installed are now popular among young people. They have increased access to reproductive health and HIV information. UNFPA provides on-going funding support for these lines.

Learning from the YDP intervention, other imaginative programmes have been implemented by NGOs and International Non-Governmental Organisations, establishing hotlines that offer information and support to different target groups, as a way of promoting access to health messages.

## Getting the word out: Youth Information Corners for rural youth

As 2014 ended, UNFPA started an in-depth review of its support to rural youth in a number of Youth Information Corners (YICs) that have been running for several years in different parts of Myanmar. UNFPA first undertook an exploratory assessment of this programme in two different settings, Bago State and Rakhine, a conflict affected state. The aim was to pilot test assessment tools before applying them to other YICs throughout the country. By involving and training national youth to assist in the implementation of the assessment and to participate in the evaluation, the intention was to make this a youth centred initiative as well as an opportunity for national capacity development.

For the last 10 years, UNFPA has partnered with the Ministry of Health through the Central Health Educational Bureau, and with youth in local communities to increase youth's knowledge and understanding of reproductive

health related topics through space allocated for young people in rural health centres.

These Youth Information Corners were set up progressively in 70 townships across seven States/Regions, beginning in 2004. In addition, Community Support Groups were established and equipped to train youth volunteer peer educators and then to support them to reach local communities. Outreach to communities can be especially difficult in remote places and in adverse weather conditions. Because of this, training was supplemented with a supply of television and games for edutainment, as well as libraries for learning about reproductive health and other topics related to youth.

Even so, during the pilot review, UNFPA found a lack of provision for young people to access reproductive health information and services through YICs. In conflict affected Rakhine State, it was almost negligible, while in the rural

areas of Bago Region, opportunities for youth to access services through peer educators were less because of out-migration or other work pressures.

Despite the drawbacks, young people reported that unintended pregnancy among teenagers was less, as were the number of unsafe abortions, and there was heightened emphasis on preventing HIV infection among young rural people. In both sites, communities wanted services to be revamped and scaled up because of concerns including growing drug and alcohol abuse, physical and/or sexual violence, early marriage, inadequate prenatal and antenatal care services, poverty, family problems and unemployment. Also communities expressed their worry about other phenomena relating to new trends in pleasure seeking and sex related activities, which they said were affecting young people's attitudes and approach to protecting their sexual and the reproductive health. Other issues such as economic pressures, stigma and illiteracy were



highlighted as some of the largest challenges that youth peer educators faced in their efforts to build sustainable outreach activities for youth.

Young people at the YICs asked for innovative equipment, such as audio-visual materials that would appeal to different types of audiences, with different levels of education. They also said that updated approaches should be used, for example to include gender equality as a topic as part of information and education.

UNFPA Myanmar will continue its in-depth review in 2015. This will inform how it needs to adapt to address the needs and concerns of rural, vulnerable and disadvantaged youth as these relate to sexual and reproductive health in transitioning and changing environments.

## Taking it to the next level: from Youth Day to the Post 2015 development agenda

In 2013, the Youth Development Program (YPD) and Myanmar Medical Association (MMA) organised a debate on the impact of migration. This debate was organised as a competition between those who thought youth migration had a positive influence on society and those who did not.

The persuasive argument of the winning team was that migration was not particularly helpful for youth, because of the stigma they face in society which is, although reforming, traditional. This stigma, they said, deprived them of accessing information and services and being able to address many social and health related issues. These issues included gender equality and the vulnerability of youth migrants at their destination.

The theme of International Youth Day 2014: “Mental Health Matters” also raised issues and reactions related to stigma. A specialist panel, including a psychologist, a reproductive health expert, an author and youth leaders, supported by UNFPA, discussed wide and various

dimensions and experiences of young people in relation to mental health and its consequences on both family and society in Myanmar. Tackling stigma and promoting social inclusion were named as important ways to enable all young people to achieve their aspirations and goals. After the panel discussion, young people from the audience raised questions on youth unemployment, growing peer pressure in a transitional society, substance abuse, and associated negative and harmful behaviours that impact on their sexual and reproductive health, as well as the ability of young people to reach their full potential.

The leader of the 2013 team that won the debate on International Youth Day 2014, Ma Si Si San, will represent Myanmar at the ECOSOC Youth Forum 2015 in New York. Here, she will have the opportunity to discuss the issues that youth face with young people from around the world. The youth representatives will make recommendations to the United Nations and all its member states for the Post 2015 Development Agenda. This agenda will determine the focus of international cooperation and it is crucial that young people, who make up 30% of Myanmar’s population, voices are heard.

## Professionalising Adolescent and Youth Health Care in policy and practice

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### National service standards

In 2013, UNFPA supported the development of Myanmar’s national standards and guidelines on adolescent and youth health care, and in 2014 it supported the development of an adolescent job aid.

A key part of UNFPA’s 3rd Country Programme of Assistance is to strengthen access to adolescent reproductive health

services. UNFPA and its partners developed an annual work plan which included the development of national guidelines on adolescent reproductive health services. The objective of the plan was to develop national guidelines on adolescent reproductive health to set standards in providing youth-friendly services to young people in Myanmar.

UNFPA, together with its partners, focused on the current situation of the adolescent reproductive health issues and needs in Myanmar, as well as in the wider Asia-Pacific region. They assessed cultural sensitivity and youth friendliness in the provision of services in Myanmar.

National consultative workshops were held, and based on the outputs and results from these workshops, UNFPA national and international consultants developed draft national service standards and guidelines on adolescent and youth health care with guidance from Myanmar's Department of Health, the UNFPA Representative and the UNFPA Regional Adviser on HIV and Adolescent Sexual and Reproductive Health. After approval from the Department of Health, the national service standards and guidelines on adolescent and youth health care were launched in Nay Pyi Taw, in July 2014.

In parallel with these national standards, UNFPA endeavoured to develop tools for service providers. Based on the original adolescent job aid (World Health Organization 2010), a handy desk reference tool for primary level health workers was adapted to fit the Myanmar context, incorporating inputs from programme managers from the Department of Health and young people. The national version of the job aid programme will be launched in January 2015.

## A National Strategic Plan on Young People's Health

UNFPA, in partnership with WHO and the DoH, reviewed the National Strategic Plan on Adolescent Health and Development (2009-2013) and jointly supported the

development of the National Strategic Plan on Young People's Health (2014-2018) in 2014. As well as setting new targets for the next five years, it also included new features such as the health of youth migrants, mental health and substance abuse, in line with recommendations made in an evaluation of the achievements and challenges of past years.

This process involved a desk review, and comprehensive field visits and assessments, with a focus on rural areas of Myanmar, stakeholder meetings and direct consultations with national young people. This led to the setting up of a working group, chaired by the Director General of the Department of Health and composed of related Programme Managers under DoH, UN agencies and I/NGOs working for young people. The focus of the strategic plan is to strengthen five key aspects:

1. The Health System's ability to effectively provide an essential package of adolescent and youth health services.
2. Improving quality integrated services for young people.
3. Community engagement and young people's empowerment to increase access to and use of services.
4. National information systems to make adolescents more visible in policies and programmes.
5. The role of sectors, other than health, in promoting young people's health and development.

The drafted National Strategic Plan will be disseminated to all stakeholders in early 2015, once it is approved by the DoH. The results of the UNFPA and multi-donor-supported national census will enable the Government and stakeholders to align their targets and indicators on concrete data about youth such as: the number and age of rural youth, urban youth, youth living in slums, domestic youth migrants, teenage pregnancy, as well as the educational level of Myanmar youth.



## The making of Myanmar's first National Youth Policy

Plans are well afoot for Myanmar to soon join the 122 other countries that have established a National Youth Policy. Up until now, although there has been a “National Strategic Plan of Adolescent Health Development”, which will shortly be followed by its successor plan, there is no National Youth Policy in place. This is set to change in the next year.

Having a policy in place will increase the emphasis on youth, who have until now previously received little attention in much needed areas, for example employment, health and education. It is estimated that 30% of the country's population is aged between 10 and 24.

Establishing the first Youth Policy is timely as part of the transition process now occurring in Myanmar. It also responds to calls from the United Nations and other partners and relevant stakeholders for countries to develop national policies and plans to promote and advance the development of youth. It will also guide relevant institutions of the government, civil society, the private sector and international organisations, as well as communities, families and individuals in developing meaningful opportunities for young people to learn, to develop and to contribute to Myanmar's national goals, priorities and democracy within their environment. The policy is therefore an important contribution for shaping national development as it concerns both the current and the future generation labour force in Myanmar's society.

The impetus for this development came from UNFPA's Executive Director during his visit to Myanmar in March 2013. The UNFPA Executive Director, Dr Babtunde Osotimehin, met with President U Thein Sein in August 2012, as well as with Daw Aung San Suu Kyi, and emphasised in both meetings, the importance of having a comprehensive National Youth Policy. UNFPA then began providing technical assistance and support to the Ministry of Social Welfare, Relief and Reconstruction (MSWRR) to initiate a youth policy development process. A national task force was formed in July 2013. Chaired

by the Minister of MSWRR, and with UNFPA as the co-chair, the task force was composed of relevant ministries, UN agencies, INGOs and youth representatives. An international consultant was also recruited by UNFPA to provide technical support throughout the development process.

Although the policy is taking time to finalise, the process is important to ensure the intended outcome of the final document is reached. This has created opportunities among the involved parties for building understanding, capacity and appreciation for the different youth relevant sectors, and has helped forge links and working relationships between sectors, fostering ownership and commitments to fund and implement youth focused initiatives.



# HIV & AIDS

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Sexual health for all

According to official figures the number of persons living with HIV in Myanmar is estimated to be approximately 215,000. Figures suggest a 10.4% prevalence amongst Female Sex Workers (FSWs) and 8.1% amongst Men who have sex with Men (MSMs). On a global scale, 35.3 million people are living with HIV.

## Shifting gear to comprehensive condom programming

The criminalisation of sex work and the carrying of condoms as circumstantial evidence have resulted in female sex workers not accessing health and other social services for fear of being arrested. This increases both their personal vulnerability to exposure to HIV and other sexually transmitted infections, as well as their clients' vulnerability. On top of this, there has been a very cautious approach to promoting safer sex behaviour, and the use of condoms has been promoted primarily to female sex workers which has stigmatised this health intervention.

This began to change in 2012 when UNFPA revised its strategy and switched to a Comprehensive Condom Programme (CCP) for all groups and individuals, moving away from a targeted condom programme primarily

for female sex workers. This meant a shift away from its support on education and outreach primarily at the township level to support at the Region/State and Union levels in order to establish coordination mechanisms for policy and long-lasting change.

An example of this is the 2nd of July 2014 Coordination Meeting that took place in the Shan State town of Taunggyi, where awareness raising focused on condoms as a tool for triple protection; the prevention of HIV, sexually transmitted infections and unintended pregnancy. Such initiatives signal condom use should be seen as a public health intervention and a protection measure and less as an indicator of evidence of sex work, resulting in prosecution. Law enforcement officers are becoming more understanding of the benefits of condom use as a triple protection tool and therefore are less likely to associate the carrying and use of condoms with sex work. This is helping to reduce the stigma and discrimination around condom use.

Maintaining this momentum and realising that inductions of new police personnel are sub-optimal in the face of frequent staff turn-over on the ground, the official police instruction letter "Condoms are not circumstantial evidence" is now being distributed routinely in some Townships; this began in 2014 and will be continued in other States and Regions in 2015.



## National Guidelines for HIV prevention for key populations in Myanmar

More than three years after the guidelines were first envisioned, government and non-government public health workers in all States and Regions in Myanmar will soon have in their hands, for the very first time, a copy of the National Guidelines for HIV prevention among key affected populations. Delighted by the news, one of the beneficiaries said: "This will mean that in future there will be meaningful HIV prevention activities and an improvement of the referral services for sex workers in Myanmar".

The initiative, which has been spearheaded by the National Aids Programme, with support from the Global Fund, got the final go ahead from a group of over 40 specialists. They have been advising on the process since October 2014, in a consultation jointly organised by UNFPA and UNAIDS. Called the "sexual transmission working group", the expectation of these specialists is that the roll out of the training on the Guidelines in 2015 will improve targeted condom programming in all project sites where HIV prevention activity occurs. According to the latest reports, Myanmar's transmission rate is down to half of the 0.95% it was in 2013 in the general population. Even so, condoms are still hard to access for those who need them most, and HIV infections are showing an increase among some key affected populations. Among female sex workers, HIV prevalence is 8.1%, among men who have sex with men it is 10.4% and among people injecting drugs it is 18.7%, according to 2013 statistics. The guidelines are also expected to improve reporting by health and project workers, which will enable managers and planners to better understand the HIV epidemic and sexual and reproductive behaviour in the country.

The Guidelines will become the reference document for health and HIV project workers on the ground and is called the "Core Package for HIV prevention amongst Key Populations in Myanmar". They address aspects of HIV work as it relates to: condom access and use, peer

education; effective peer outreach approaches; drug related harm reduction services; HIV testing and counselling services; sexually transmitted infection diagnosis and treatment services; and monitoring and evaluation. The UNFPA regional office in Bangkok has provided continuous technical assistance to this process since 2012. Intense consultation took place throughout 2013 with international assistance. This guidance on condom programming, focusing on peer education and effective peer outreach





activities, which are core activities in HIV prevention programmes, has been very instructive.

Myanmar's HIV epidemic is concentrated; this means that most infections occur in high risk sexual contacts. This includes sexual contact between sex workers and their clients and men who have sex with men. In addition, there are the other sexual partners of these groups (known as "sub-populations") who also need to be protected from contracting the infection.

The Guidelines are unique in that they target key affected populations and complement the Comprehensive Condom Programme. The Guidelines also complement other general guidance documents that are used in Myanmar, such as the 100% Targeted Condom Promotion Programme 2005, the manuals on STIs Syndromic Management and HIV treatment; adult and pediatric anti-retroviral treatment and prevention of mother to child transmission of HIV. Finally, the Guidelines are important because they offer a way to standardise prevention work among more at-risk populations and ensure that interventions are harmonised to achieve the greatest effect in the HIV/AIDS response. The group of advisors for the development of these Guidelines included the Minister of Health, the UN, Global fund partners, INGOs, CSOs and beneficiaries.

## Sex work and sexual and reproductive health

Despite the fact that sex work is illegal in Myanmar, some women and girls sell sex every day due to poverty and for other reasons. Limited access to educational opportunities, unequal chances of decent work and lack of policies to prevent discrimination against women, all converge as push factors for those who turn to selling sex, mostly women referred to as female sex workers (FSWs) .

In 2011, after 30 years of military rule, the political environment changed. Along with political change, came the recognition that human rights and gender equality needed

to be addressed. As a result a determined effort to stop sexual violence and trafficking, often affecting FSWs, began in Myanmar. Now, UNFPA supports networks to implement HIV prevention and treatment programmes. These networks were first supported through the Myanmar Health Development Consortium and Pyi Gyi Khin in 2013.

Gradually, policy makers and politicians have started to change their attitudes towards FSWs, thanks largely to global and regional initiatives such as that of "Nothing for us without us". Some active female parliamentarians are now working closely with FSWs to establish protective laws and legal rights. They are trying to review existing laws so that these are not harmful or punitive for FSWs. Instead, they want laws to protect FSWs. UNFPA started working with Parliamentarians in 2011 for alternative protective formulations on laws that affect the sexual and reproductive health and rights of sex workers in relation to HIV prevention.

In 2013, UNFPA directly funded FSW networks such as AIDS in Myanmar Association (AMA) and Sex Workers in Myanmar. This support, through small grant provisions for capacity building, has led to the National Aids Programme joining forces with these networks for capacity development on STIs, HIV counselling and family planning through peer education and outreach activities. Based on their positive experience, they promote safer sex behaviour, as well as access to sexual and reproductive health services.

Some FSWs have disclosed their status as sex workers as well as their positive HIV status. Other changes are also happening as FSWs mobilise and gain courage. Some FSWs made presentations to parliament and got the chance to become part of global and regional networks. Sex workers in their individual capacity, as well as in their capacity as networks such as AMA, became members of technical policy working groups in the Ministry of Health. Their voices gave impetus to national strategy formulation, midterm strategy reviews and guidelines for the implementation of HIV prevention and treatment.

UNFPA's new global strategic alignment highlights the importance of working with sex worker organisations as part of preventing the spread of HIV.

## HIV prevention and outreach "TOPs" 10 years for key affected populations across Myanmar

On International Human Rights Day, UNFPA joined diplomats, representatives from United Nations Agencies, local and international non-government organisations and donor countries to celebrate more than ten years of tireless efforts in HIV awareness raising amongst key affected populations in Myanmar. The event took place on the 10 December 2014 at a Targeted Outreach Programme (TOP) run Drop-in Centre in Yangon.

The Targeted Outreach Programme, otherwise known as "TOP" centres, were established in 2004 and are Myanmar's largest provider of HIV prevention and other clinical services for female sex workers (FSWs) and men who have sex with men (MSMs).

TOP operates 17 drop-in centres across Myanmar's States and Regions providing free HIV/AIDS and sexually transmitted infection (STI) clinical services, access to family planning, reproductive health consultations, peer education and counselling, and a safe space for key affected populations. TOP is supported by UNFPA and other partners such as USAID, the Global Fund and Soa Aids Nederland and implemented with the support of Population Services International (PSI).

Ms Janet Jackson, UNFPA Myanmar Representative, highlighted the importance of the work carried out by the TOP and remarked on its achievements; successfully distributing 14 million condoms, conducting 92,000 HIV tests, identifying 8,000 cases of HIV through testing and treating 10,400 cases of STIs. "UNFPA is proud to be part of efforts to raise awareness on the prevention of HIV/AIDS and to offer advice to affected groups in stigma free locations," she said.

Ms Jackson also stressed the need for drop-in clinics across Myanmar handing out free contraceptives such as male and female condoms and lubricants, and providing

advice to affected groups in stigma-free locations for free and confidential testing for sexually transmitted infections and HIV, as well as reproductive health screening services. Antiretroviral treatment drugs and other universal precaution material, as well as training and social support should also be available. "Our aim is to reduce the stigma attached to HIV and the use of condoms by adopting a zero discrimination approach and increasing awareness amongst all stakeholders," she said.

The US Ambassador to Myanmar, who led the celebratory event, highlighted in his remarks the need for continued support through community-led interventions and outreach by TOP. He commended the loyalty and courage of those from key affected populations who had built up the services over the years, and said that these should continue to be "given for the community by the community".



On a nation-wide scale, UNFPA supports, under its 3rd Country Programme and HIV prevention project, the Comprehensive Condom Programme (CCP), which covers 34 townships for the prevention of HIV through sexual transmission and 32 townships for the prevention of mother to child transmission of HIV (PMCT).

## Showing the evidence on violence: empowering sex workers

Myanmar has been part of a regional qualitative research effort to determine linkages between sex work, violence and HIV among male, female and transgender sex workers. Indonesia, Nepal and Sri Lanka, also took part in this survey that aimed to get a better understanding of the factors that cause violence among key populations affected by HIV, and how these factors in turn increase the risk of HIV infection.

Beginning in 2013, this study was unique in that it is the only scientific study in which sex work communities participated as the data collectors, so that sex workers were not only informants, but also researchers. These groups campaigned and were included on the basis of “nothing for us without us”. The study worked with male, female and transgender sex workers in Yangon. The study was implemented in Yangon because of the large number of sex workers present in this city. Data collection in Myanmar took place in May 2013. Having been trained in interviewing techniques and operating under the supervision of the lead researcher, sex workers acted as researchers and interviewed 33 of their peer sex workers. Of these, 18 were female, nine were transgender and six were male sex workers.

Several findings emerged from the study; sex workers face extreme levels of violence both inside and outside their work setting from a diverse range of perpetrators; criminalisation of sex work is the main cause of sex workers experiencing violence and risk of HIV transmission;

they are simply vulnerable and not protected. Finally, and probably most importantly, sex workers who are part of an organised network, are somewhat more protected from violence than those who work alone. Overall, however, many sex workers are not aware of their rights.

How then do these groups get involved in making their recommendations heard? They decided on five “asks”. Firstly to decriminalise sex work and review the current prostitution act, which is old and outdated. Secondly, to challenge Section 377 of the Myanmar Penal Code that criminalises homosexual acts. Thirdly, they asked Police not to make arrests on charges of sex work on the basis of condoms being carried as evidence of an offence. Fourthly, they wanted protective laws that prevent marital rape and domestic violence. Finally, they called for anti-stigma and non-discrimination in health facilities

This led to a decision to reshape the National Working Group in 2015 to be wider and cross ministerial in its membership, so that all ministries are involved, with special roles for the Ministry of Health, the Ministry of Social Welfare, the Ministry of Home Affairs, and the Supreme Court of Myanmar. In addition, Regions and States need to coordinate and agree on key advocacy messages. Township coordination also needs to be strengthened, involving community (sex worker) representatives, police and law officers, as well as entertainment and brothel owners.

So far, it has been agreed that prevention of violence will be systematically promoted through different forms of media. Actions are also being taken on the three other “asks”. The first of these is that the Ministry of Home Affairs agrees not to prosecute for illegal sex work solely on the basis of a person being in possession of condoms. “Condoms are not circumstantial evidence” and will no longer be accepted as such at any level. The second is that all police stations undertake awareness raising and de-stigmatisation on condom training and this takes place at all police stations. And the third is that the referral mechanisms for survivors are strengthened.

These recommendations assume that the Office of the Supreme Court of the Union will build the capacity of judges in relation to understanding violence and that

Township level protective practices will be rolled out. It also assumes that health providers will be trained on quality services and a continuum of care services provision, including counselling, post exposure prophylaxis (medication after unprotected sex), treatment for sexually transmitted infections, HIV testing and counselling, and anti-retroviral therapy as well as psychosocial support.

In addition community groups will work on human rights and access to justice, gender equality and referral linkages with health and legal services. Outreach activities will continue to assist sex workers and strengthen referral mechanisms with other legal and social services.



## Public hospitals open their doors to sex workers and MSM

As of mid-2013 public hospitals in 34 UNFPA supported township hospitals across seven States and Regions in Myanmar began opening their doors for groups known as key affected populations, which include drug users, men who have sex with men (MSM) and female sex workers (FSWs). For most health workers, this was the first time they had encountered sex workers.

In 2012, in the run up to HIV testing and counselling services being offered through the hospitals, health workers were trained specifically to avoid stigma and discrimination and improve counselling and the quality of services. At first some of the health staff said they were nervous and uncertain about how to talk with sex workers and MSM. Now, a year on, they are accustomed to providing health education, dual protection advice, promoting the use of condoms, providing HIV testing with counselling, STI diagnosis and treatment, family planning and post abortion care to all, without stigma and discrimination.

“I was afraid to talk to MSM. I did not know how to start a conversation with them. I thought they would look funny. Later I came to know that they are my people. I must do something for them. If I do it, then others will also do it. At the monthly meeting, I asked my staff to work for all without prejudice or judgement. We health staff must work for all persons. Now I can treat these persons and I can also ask them to work with me...”, said one of the Township Medical Officers.

More changes have happened over the last year, with key affected populations becoming members of the township working groups. Their participation means that they can directly advocate for comprehensive condom programming. Key affected populations have also trained peer educators to disseminate messages on the dual protection of condom use, preventing both unintended pregnancies as well as sexually transmitted infections (STIs). They also refer others in the community to access services.





"At first I was told we could not have a baby. But since going for services, I realised that women living with HIV could get pregnant and be protected. My wife, who is HIV positive, and I decided we'd have a baby and now we have a daughter. My wife received special treatment during pregnancy and childbirth to ensure she did not pass on HIV to the baby. The baby is free from HIV. I am so happy to know about it", said one of the men who went to the hospital.

Another sex worker benefiting from the "open doors" initiative said: "I have a husband and a family. I don't want to have more children. Three is enough for us. So I asked the peer educator and I went to the hospital and got a shot

that lasts for three months (Depo-Provera) and it was free of charge.... The doctor and nurse were smiling and treating me friendly and the doctor said my hospital clinic door is open for you and others also. You can come any time".



# Gender Based Violence

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The right to be free  
from violence

## Displaced women in northern Shan need greater protection and assistance

Displaced women and adolescent girls are highly vulnerable to a number of threats including domestic violence and trafficking according to an assessment recently conducted by the United Nations Population Fund (UNFPA) and the Danish Refugee Council (DRC) with the support of the Kachin Womens Association. The study was conducted across a number of camps for recently displaced people in northern Shan State in late 2014.

According to discussions with displaced women, domestic violence is prevalent in the camps. Negative coping mechanisms, such as drug consumption among displaced men, were identified by the women as a contributing factor to domestic violence. In addition, the women raised

the lack of privacy in shelters, which typically consist of one room with several family members living together in crowded conditions, as a concern. The assessment also found that the proximity of the armed forces to the camps and the entry of soldiers into the camps increase the sense of fear and insecurity that are experienced by women in the camps. The assessment also found that adolescent girls are exposed to particular protection risks, including cross-border trafficking for the purposes of domestic servitude, sexual exploitation and forced marriage. Proximity to the border and lack of personal documentation are contributing factors which serve to increase the risk. Early marriage of adolescent girls was also mentioned as a concern by the women.

The findings are consistent with other GBV assessments done by UNFPA in the region. In short, GBV is not only exacerbated by displacement but also by limited access to sustainable livelihood opportunities in the camps. Most often women are the primary caretaker for their families, having to assume the role of breadwinners for the family as a result of displacement. A lack of livelihoods places additional stress on the family often leading to increased domestic violence. In addition, the lack of women in decision making structures within the communities leads to increased reports of uncertainty and insecurity. This is also a result of a lack of information about plans for resettlement and returns.

Among other organisations the local Ta'aung Women's Organization (TWO) provides a small scale response and prevention programme for gender based violence (GBV) in the region. While they were not operational in the camps in which the assessment was conducted, it was reported that they provide some case management, awareness training and sessions for women exchange and youth. The TWO also have two "safe houses" for survivors of violence in the region.

In addition to the lack of available services for survivors of GBV in the camps in the region, a major impediment to accessing lifesaving medical assistance for displaced women and girls is the requirement for a letter certifying that they are in fact, Internally Displaced Persons (IDPs). This can serve to delay or even deter access to services



for survivors. The assessment also found that there is very limited understanding among displaced people about what human trafficking is and how to prevent it.

Based on the findings, UNFPA, DRC and KWA made a number of recommendations, including providing psychosocial support for vulnerable women and girls, setting up youth support programmes in camps, and increasing and improving coordination among organisations working on anti-trafficking activities.

In response to the findings, DRC and KWA are running an anti-trafficking prevention programme through local women's groups in Kutkai and Mandung. UNFPA are also planning to start implementing comprehensive and multi sectoral GBV response and prevention programming by building the capacity of local organisations and enhancing community-based protection mechanisms to respond to the needs of survivors of violence.

## UNFPA conducts male only gender based violence prevention training in Kachin

A first of its kind workshop for men and boys focusing on the way in which socially ascribed gender roles contribute to gender inequities and violence against women, conducted jointly by UNFPA and the Metta Development Foundation, was held on 11 November 2014 in Waing Maw, Kachin State. The workshop was part of advocacy efforts to encourage and engender support from men and boys across the community to end violence against women.

UNFPA is providing technical assistance to the Metta Development Foundation by boosting capacity building, prevention and response on gender based violence through its support of 8 Women and Girls Centre's

(WGCs) in Kachin State. These WGCs are situated in both government controlled areas of Myitkyina, Waing Maw and Bhamo, and non-government controlled areas including Laiza, Hpung Lung Yang, Je Yang, Maga Yang and Zai Awng.

The pilot workshop dubbed "Male Engagement" consisted of a group of twenty men and boys living in the surrounding local communities and Internally Displaced Persons (IDP) camps in the Waing Maw area. Similar workshops will take place in the Myitkyina and Bhamo areas.

The overall aim of the workshop was to raise awareness on the normative roles of men and women within the community as a means of identifying the ways in which women and girls may be better protected. The training also included the provision of sensitisation around gender based violence and the way in which addressing gender





inequities may serve to prevent violence. At the same time, the training seized the opportunity to highlight the imperative for psychosocial support and lifesaving medical treatment.

“The male engagement workshop was the first of its kind which we have organised in Kachin State and it served as a pilot for other future events. We were very impressed with the large interest for the workshop as well as the overall positive reaction by all of the male participants,” said Lionel Laforgue, UNFPA Programme Specialist for Gender Based Violence and Head of Kachin Office.

The one-day workshop built upon a theoretical foundation of gender roles through the use of interactive sessions such as role plays to act out real life scenarios. These role plays served to enhance an understanding of gender inequities and the effect of enforcing inequities as a way of better protecting women and girls from gender based violence.

“There is a case of domestic violence in my camp where a man is beating his wife and sons. Before I did not care to get involved as I thought it was an internal family affair. However now I understand this is gender based violence, and I will ask him to stop beating his wife, and share the messages which I have learnt from today’s workshop,” said a Camp Leader from the Waing Maw camp.

Another participant said: “I used to blame or shout at my wife whenever I came back from work, but now I understand that this kind of treatment of her is considered an act of violence. From now on I will try not to do this to my wife.”

“Today we learnt about gender based violence and gender equality. We are (as a result) happy to transfer our knowledge from the workshop back to our communities,” said a participant.

UNFPA is the lead UN agency for the provision of comprehensive and multi-sectorial gender based violence programmes across Myanmar as well as coordinating gender based violence interventions and providing



technical support and capacity building for organisations in the humanitarian response in Kachin and Rakhine States and throughout the region.



# Humanitarian Assistance

## Reproductive Health part of Emergency Humanitarian Assistance to Kachin and Rakhine

UNFPA has been collaborating with three partners to provide lifesaving and essential reproductive health services during the humanitarian crisis since 2013. They are the Ministry of Health, the Myanmar Medical Association (MMA) and Myanmar Nurse and Midwife Association (MNMA). Working through national organisations with nation-wide networks of health professionals has the advantage that their doctors and midwives are familiar with the context. This has ensured effective and regular reproductive health care for different internally displaced persons (IDPs) and communities in both Kachin and Rakhine, in both state and non-state controlled areas, as well as to different religious communities.

“We operate through static clinics as well as through mobile medical teams to provide reproductive health services, including pregnancy care, family planning and health education services to women in IDP camps. IDP camp volunteers help us by managing crowds, and translating into the local language. This helps us to provide services effectively”, said Dr Htin Aung Hein, an MMA Doctor working in camps in and around Sittwe, Rakhine.

In the last two years, UNFPA has been able to respond financially, technically and with supplies to the humanitarian crisis, reaching 92,007 beneficiaries. Beneficiaries received a wide range of service such as antenatal care, post natal care, post-abortion care and surgical operations for complicated deliveries, information and services for birth spacing, treatment for sexually transmitted infections and treatment for gynaecological disorders.

In addition, medical supplies, equipment and other supplies in the form of 1,100 emergency kits for reproductive health, midwifery and mother and child health care were supplied

to women in urgent need of care in Rakhine, Kachin, Shan, Ayeyawady, Tanintharyi, Kayin and Yangon States/Regions. Kits are distributed in quantities sufficient to last affected communities for a three-month period. The volume supplied was enough for 62,125 women. These kits were distributed as part of UNFPA's humanitarian assistance as well as for pre-positioning as emergency preparedness.

The MNMA has also deployed 10 midwives to Sittwe to provide essential midwifery services, while referring women for complicated pregnancies and deliveries. Additionally, they give health education and training to traditional birth attendants in the IDP camps.

Through the Myanmar Red Cross Society, UNFPA also works with state health directorates and builds capacity to implement a Minimal Initial Service Package (MISP) during emergencies through trainings, quarterly coordination meetings, warehousing facilities and distribution of RH kits and Dignity Kits. MRCS also distributes UNFPA dignity kits during an emergency through its wider volunteer network.

Much of UNFPA's RH humanitarian support has been funded through UNFPA core funds, the Central Emergency Response Fund (CERF) and Danida.



## Success Story of Contraception Internally Displaced Persons (IDPs) camp Barsara

The major challenges for the community were pregnant mothers not receiving medical care, an increasing number of young pregnant women, neonatal and infant deaths, and abortion and abortion related problems. Underlying problems behind these issues were a lack of knowledge on reproductive health among the community, as well as a lack of community awareness about contraception and birth spacing. UNFPA's service activities decreased the impact of these underlying problems. The attitude of the community to contraception changed and the uptake of contraceptives increased.

**Nu Nar**, a forty year old lady with eight children, came to one of UNFPA's RH clinics and said she currently would prefer not to have another baby. She received a depo injection, which provides three months of protection against pregnancy. Nu Nar was very satisfied with this solution. UNFPA also provided her with other basic drugs such as folic acid, and ferrous sulphate, as well as health education about contraception and the impact of having a high number of pregnancies

UNFPA implemented its activities by advocating with the camp committee and camp leader to have community awareness about the uses and benefits of contraception. At the beginning of its activities, the women in the community were reluctant to use contraception methods. There was also a lack of access as there was no reproductive clinic and no health care provider. Frequent mobile clinic visits and health education about contraception resulted in a positive attitude to contraceptives by the community and much wider use.

## Kachin

The conflict which took place in Kachin in mid-2011 left more than 100,000 women, men, young people and children displaced across Kachin in both Government and non-Government controlled areas, including the region along the Chinese border. As of December 2014, the fighting between armed forces and groups is on-going, leaving many civilians living in volatile security conditions and, as a result, many have been displaced more than once.

Prior to UNFPA's GBV programme, with support of the Central Emergency Response Fund (CERF) in 2014, the only GBV programme activities were undertaken by local non-government organisations, which did not apply a multi-sectoral packaged programme to support response and prevention activities. Under the CERF project, UNFPA established new partnerships with Metta Development Foundation to address the unmet needs of GBV survivors and at risk women and children both in government and non-government controlled areas.

In less than six months, under these new partnerships, UNFPA supported the establishment of 8 women and girl's centres, which provide not only a safe space for women and girls but also a hub for referral to health and justice sector responses. The centres also provide case management and psychosocial support for individuals and groups as well as providing a place from which prevention and awareness activities may be conducted. UNFPA implementing partners provide outreach activities to affected populations in IDP camps and conduct regular safety audits to make the camps safer for women and girls. UNFPA has provided technical assistance and support to local organisations to ensure not only effective referral pathways but also to support compliance with international standards for GBV programming, including that of case management.

"Before UNFPA's technical assistance, we were not aware that what we were doing actually did harm to GBV survivors. We now know serving the survivors requires survivor centred approaches", said a Metta Development Foundation staff at the CERF project evaluation workshop.





By the end of 2014, 11,403 beneficiaries had received services or capacity building trainings on GBV. Of significance, 5,121 women and young girls accessed the above-mentioned 8 Women and Girl's Centres. Of these women, 216 received counselling services and referral to health or legal service providers.

## Strengthening Rapid Response Emergency Preparedness

In the last year, the Ministry of Health has set up rapid response team mechanisms that will be able to provide Sexual and Reproductive Health (SRH) Services in the event of any humanitarian emergency. These exist for each State and Region, with certain health personnel on standby to assist from State/Region Health Directorates, hospitals and health centres to provide health and medical services during an emergency.

Through a one-day workshop, UNFPA supported the Ministry of Health to sensitise Rapid Response Teams from all States and Regions, to integrate SRH as part of emergency support, using the Minimal Initial Service Package (MISP) approach for reproductive health in emergencies. In total, 1,010 health providers benefited from MISP training during workshops held in different locations, including Nay Pyi Taw, Yangon, Mandalay, Rakhine, Ayeyawady, Shan, Bago, and Magwe States and Regions. In addition 40 new Auxiliary Midwives (AMW) were trained in Rakhine State. Finally, training was also provided on the

use of the Reproductive Health Kit and Quality of Care in Reproductive Health Services delivery for health personnel from both NGOs and the public sectors in Rakhine and Kachin.

## Cross-line RH support to communities in non-state controlled Kachin

Coordination and technical support to humanitarian partners who are providing reproductive health services increased in 2014 in both Government and Non-government controlled areas in Kachin. In one cross-line mission, support was provided to KIO health administration and International NGOs working in non-government controlled areas. One midwife at Border Post 6, who is benefitting from UNFPA supplies for Health Poverty Action's support to the KIO Health Authority, remarked: "At our clinic, there is a delivery room with a delivery bed and the instruments for normal deliveries. However, the sterilisation in the room is sub-standard. It was built with a wooden wall and it is very cold in winter. Women in labour prefer to deliver at their own home. So, the clean delivery kits are a help to us".

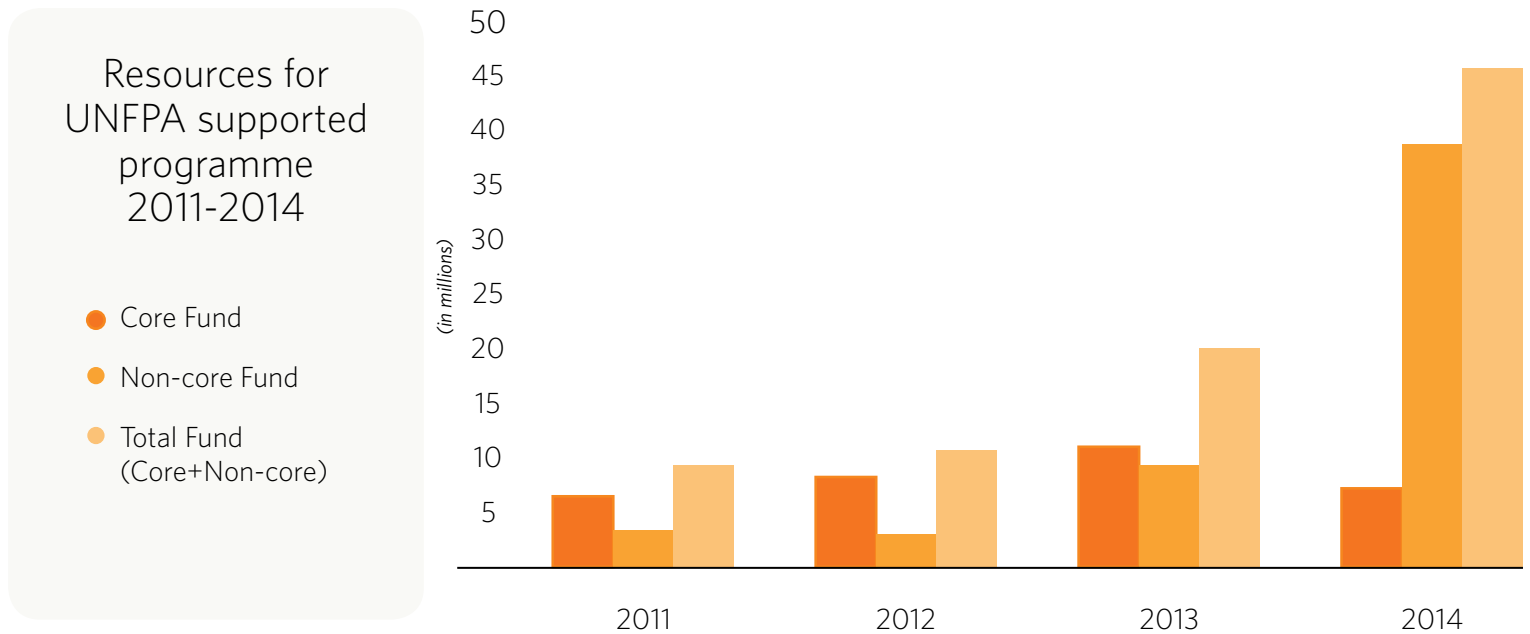
In distributing clean delivery kits health workers were trained on different components of reproductive health services and how to use Emergency Reproductive health kits, "this is helping health workers in non-government controlled areas to provide quality health services", said Dr Khin Oo Zin, a Humanitarian Response Consultant for UNFPA.

"We were able to send emergency reproductive health kits, visit health facilities and provide assistance to improve the quality to provide health services and share standard national protocols to health workers in non-government controlled areas in Kachin", added Dr Mukesh Prajapati, the UNFPA Humanitarian Coordinator.



# Resources & Partnerships

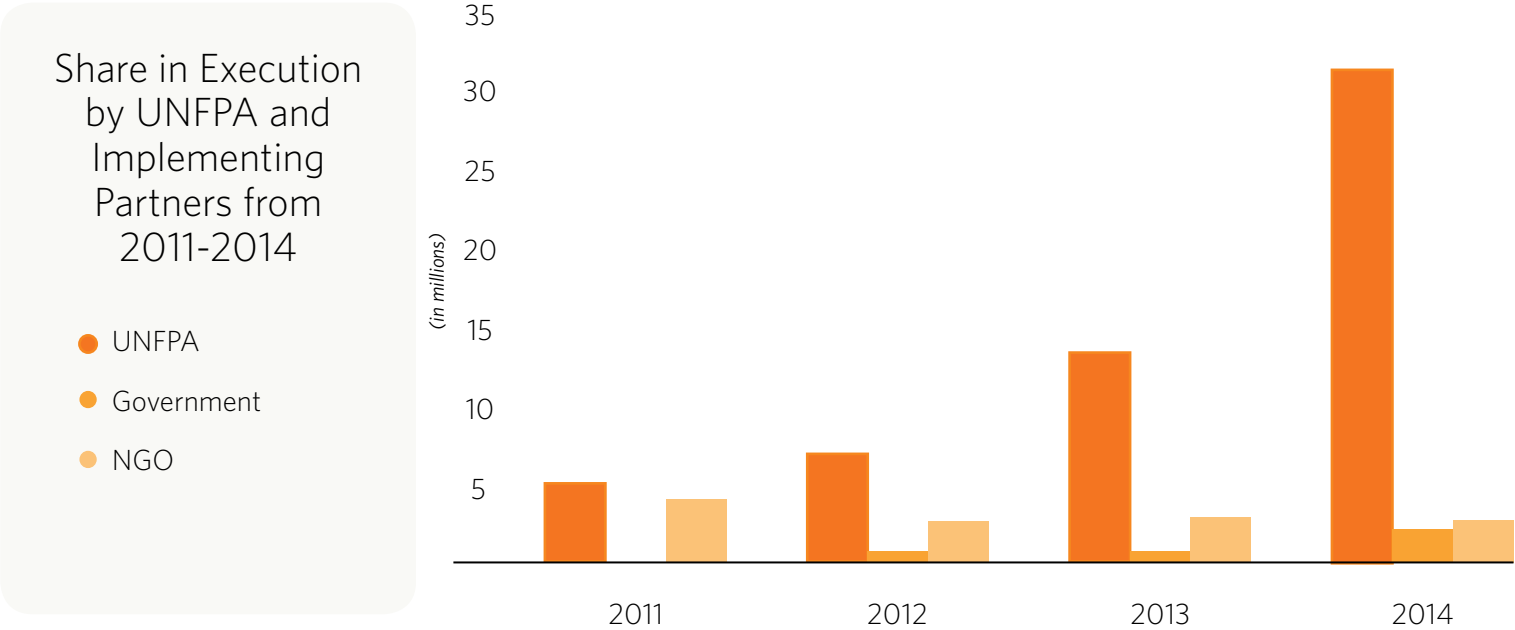
Graph 1



Over the past 4 years, UNFPA has placed an emphasis on service delivery and ensuring the resources raised are utilised in time, and for the intended purpose. Despite the significant increases in total income, the CO has utilised over 95% of the total budget for earlier years (2011 and 2012) but in later years, overall utilisation has depended on the income of the year since massive non-core funding has flowed into the census project .

Since 2011, total mobilised resources have been increasing while regular resources have been moderately stable. It shows UNFPA's ability to mobilise resources from co-financing. The proportion of co-financing to total resources increased from 32% in 2011 to 85% in 2014 (graph 1).

Graph 2



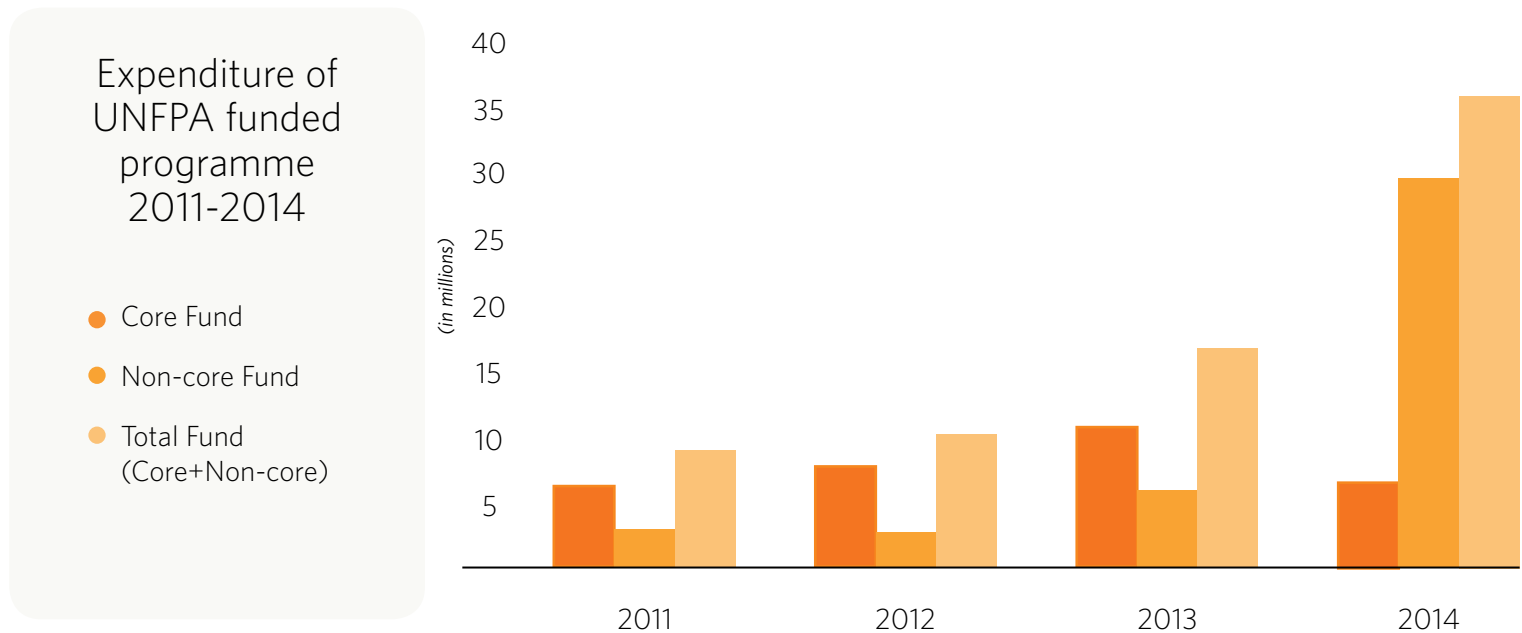
UNFPA has a large partnership base of six government ministries and institutions and 11 Non Governmental Organisations (local and international) and the partnership covers grantees that have received funding and support directly from UNFPA (graph 2).

Programme resources for these interventions come from two main sources: core UNFPA funds (also called regular resources) and Co-financing funds (bilateral funding, joint programme funds from donors, and UNFPA headquarters thematic funds).

The distribution of indicative funds to be mobilised from both regular and other resources among the outcome areas, mentioned in the country programme document were USD 29.5 million for the 4 years from 2012 to 2015.



Graph 3



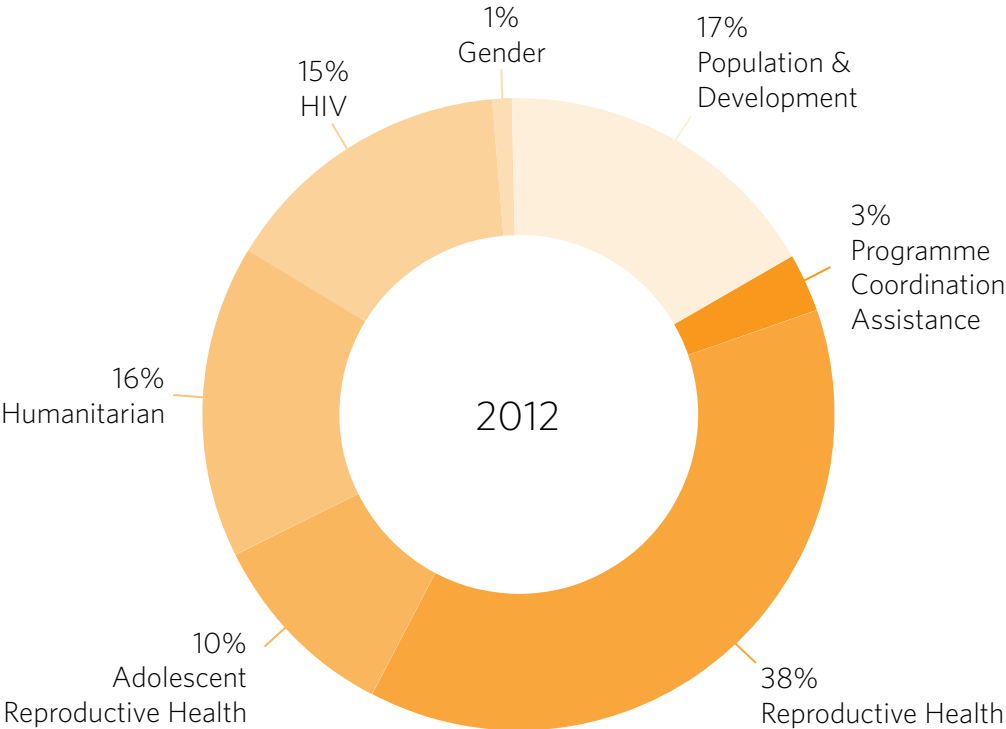
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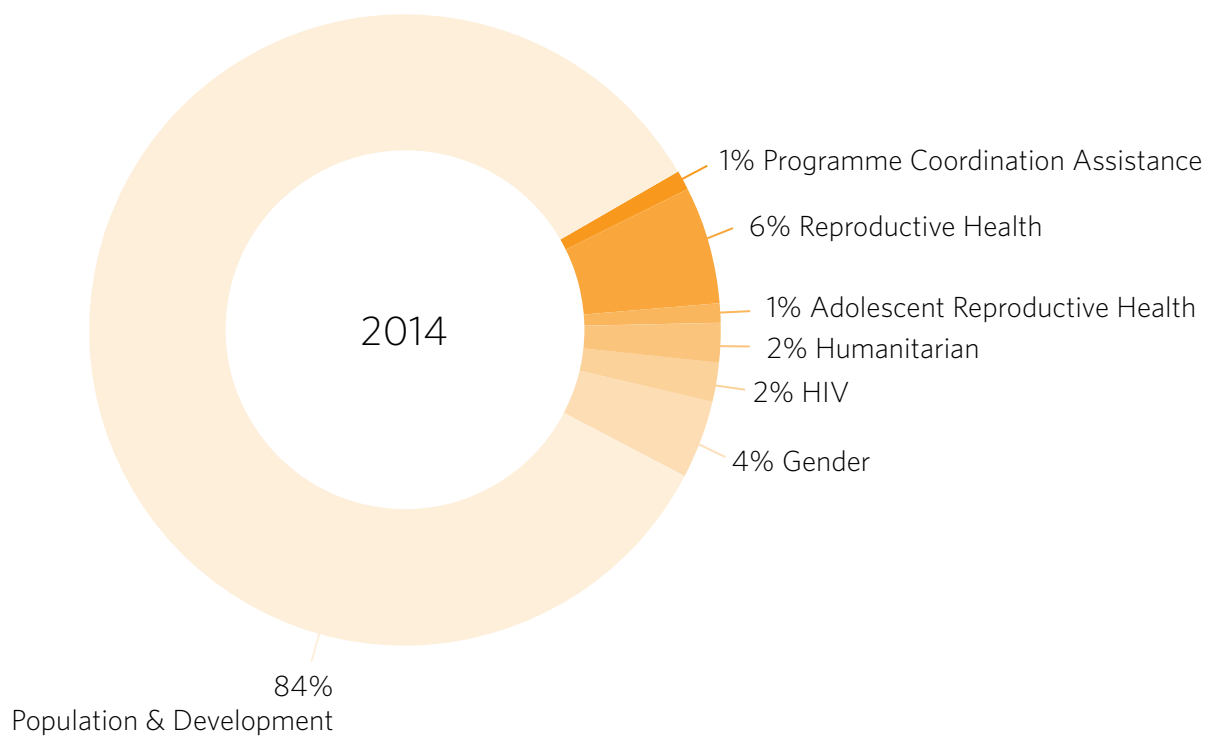
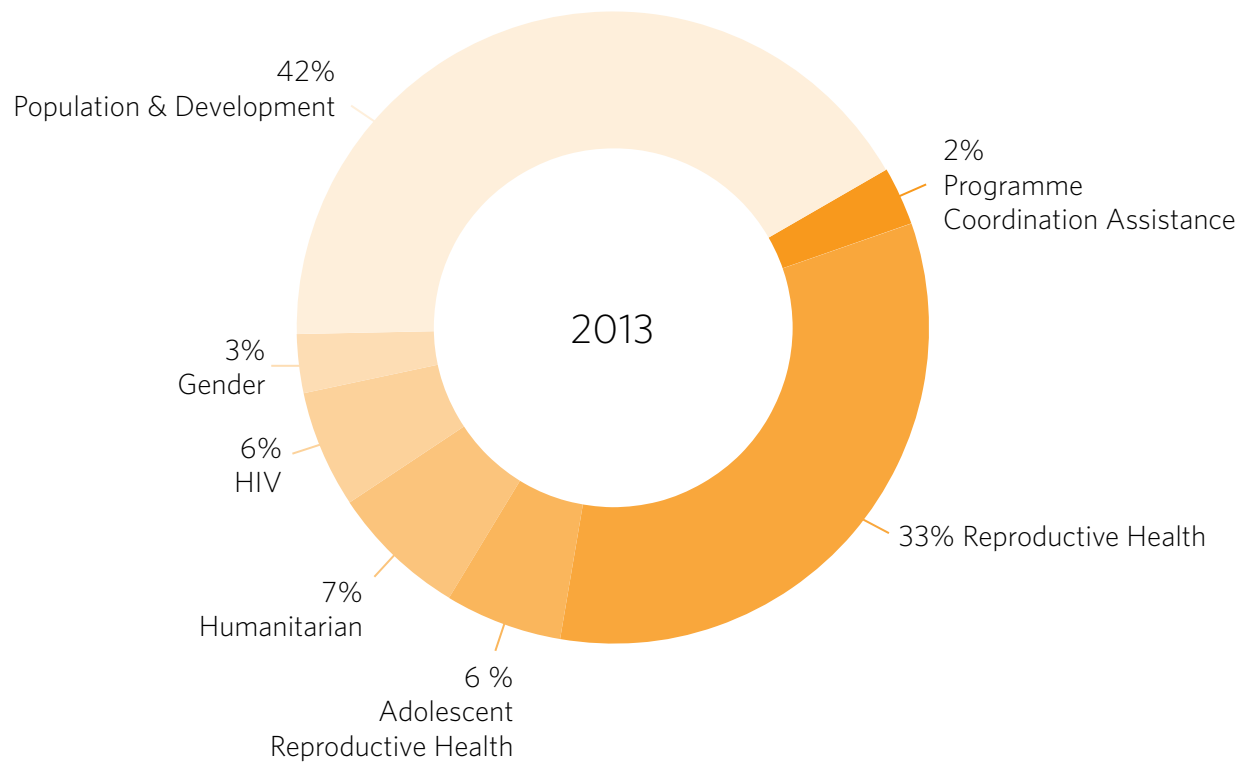
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areas, mentioned in the country programme document, were USD 29.5 million for the 4 years from 2012 to 2015.

What We Did with Our  
Resources in  
2012, 2013, 2014





Donors 2012, 2013, 2014

Donor	2012 (USD)	2013 (USD)	2014 (USD)
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	1,171,643	1,478,631	2,639,131
Three Diseases Fund	83,133		
Australian Agency for International Development (AUSAID)	1,050,813	998,563	
The Underfunded Emergencies Window of the Central Emergency Response Fund (CERF)	282,842	437,176	368,815
Global Programme on Reproductive Health Commodity Security (GPRHCS)	48,232	53,392	265,609
Joint fund from the Governments of Norway, New Zealand and Finland	49,885		
The Government of Denmark		484,993	
Department for International Development (DFID), United Kingdom		35,056	827,540
Unified Budget, Results and Accountability Framework (UBRAF)			30,000
Census Fund - Australian Agency for International Development (AUSAID), Department for International Development (DFID), Swiss Development Cooperation (SDC), and the governments of Finland, Italy, Norway and Sweden.		5,481,965	33,761,754
Total	2,687,658	8,969,776	37,892,849



## Partnerships in 2013

Partners	RH	HIV	P&D	Gender
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## Implementing Partners

## Government

Department of Health Planning	•			
Department of Medical Science	•			
Department of Health	•	•		
Department of Medical Research (Upper)	•			
Department of Population			•	
Department of Social Welfare				•

## NGOs

Myanmar Medical Association	•			
Myanmar Maternal & Child Welfare Association	•			
Marie Stopes International	•			
Myanmar Red Cross Society	•			
Myanmar Nurse and Midwife Association	•			
John Snow, Inc.	•			
Population Services International	•	•		
Myanmar Anti-Narcotic Association		•		
Francois Xavier Bagnoud				•
Metta Development Foundation				•
International Rescue Committee				•

## Grantees

Myanmar Health Development Consortium	•			
Pyi Gyi Khin	•			

## Enhanced Partnership with Government and NGOs in 2014

RH	HIV	P&D	Gender
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## Implementing Partners

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Involvement of CO in Various Coordination Mechanisms in Country

Abbreviation	Description
ASMM	Area Security Management Meeting
AVAWL-AC	Anti-Violence Against Women Law Advisory Committee
AVAWLF-SC	Anti-Violence Against Women Law Formulation Steering Committee
AVAWLF-WGC	Anti-Violence Against Women Law Formulation Working Group Committee
CCC	Central Census Committee
CCCM	Camp Clinics Coordination Meeting
CEDAW RWI-CC	CEDAW Report Writing and Implementation Core Committee
Census TAC M	Census Technical Advisory Committee Meeting
CM&CCM	Camp Management and Camp Coordination Meeting
CMG	Case Management Group Meeting (Sittwe)
CP-WGM	Child Protection Working Group Meeting
CESR	Myanmar Comprehensive Education Sector Review
ECC	Emergency Coordination Centre
GCM	General Coordination Meetings
GEN	Gender Equality Network

Abbreviation	Description
MDC Forum	Myanmar Development Cooperation Forum
MH-SCC	Myanmar Health Sector Coordinating Committee
NCCC	National Central Census Commission
NHIV CM (HR in HIV )	National HIV coordination meetings/HR in HIV TWG
OMT	Operations Managers Team
POC	Point of Contact meeting
P-WGM	Protection Working Group Meeting
RH -WGM	RH working Group Meeting
RH/HIV (H) TWGM	RH and HIV (Humanitarian) TWG Meeting
RHCS -WG	RH Commodity Security Working Group Meeting
RH-TWG	RH Technical Working Group
RMNC-TSG	Reproductive Health, Maternal Health, New Born and Child Health Technical Support Group
RTG	Rakhine Theme Group
SMT	Security Management Team
SQD-SWGM	Statistical Quality Development Sectoral Working Group Meeting

Abbreviation	Description
GEWE-SWG	Gender Equality and Women's Empowerment Sector Working Group
GVB SSM	GBV Sub-sector meeting in Sittwe
GVB-SSM	GBV Sub-sector meeting in Yangon
HCM	Health Cluster Meeting in Sittwe
HCM	Health Cluster Meeting in Yangon
HP-WGM	Humanitarian Protection Working Group Meeting
HSC ( H )	Health Sector Coordination (Humanitarian)
HSS- TSG	Heath System Strengthening Technical Support Group
HSSG	Humanitarian Sector support Group
ICM ( STW)	Inter Cluster Meeting in Sittwe
ICM (YGN)	Inter-Cluster Meeting in Yangon
K AHCT	Kachin Area HCT
K GVB	GBV Sub-sector meeting in Myitkyinar
Kachin HCM	Kachin Health Coordination Meeting
KGCM	Kachin General Coordination Meeting (humanitarian)
KICM	Kachin Inter Cluster Meeting
KP-WGM	Kachin Protection Working Group Meeting

Abbreviation	Description
ST-TWG	Sexual Transmission TWG Technical working group
UN HCT	UN Humanitarian Country Team
UNCG	UN Communications Group
UN-CM	UN coordination Meeting at Taunggyi
UNCT	United Nations Country Team
UN-GTG	UN Gender Theme Group
UN-HRTG	UN Human Rights Theme group
UN-J MDGF	UN Joint 3MDG Fund meetings
WPS-SG	Women Peace and Security sub group of the UNGTG
YWG	Youth Working Group
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UNFPA MYANMAR Jan 2013-Dec2014