





Ensuring reproductive rights for all

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



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# Foreword



In 2017, UNFPA completed its third country programme in Myanmar – a programme that was extended to six years to become aligned with the country’s transition and first democratically elected government. The fourth country programme, from 2018 to 2022, will see UNFPA mark 50 years of development, humanitarian and peacebuilding support in Myanmar.

2017 was a year for consolidation as well as expansion. For the Women and Girls First initiative, it was about effectively integrating services for sexual and reproductive health and rights (SRHR) and the prevention and response of gender-based violence (GBV). Its strong partnerships in this span from Government and international, national and local community and women’s organizations, to lawyers and different branches of the security establishment.

For improving access to modern contraceptives, 2017 meant broadening choices. This is helping to close the need gap for family planning services. More health workers were trained to insert implants that last for several years. This involves inserting a tiny, thin rod about the size of a matchstick under the skin of a women’s upper arm. Another addition was a “do-it-yourself” contraceptive injection that lasts for three months. Ahead of introducing new methods, consultations were undertaken with women’s groups, providing rich

insights into deep-rooted socio-cultural barriers to accessing services. Breaking through the barriers to access is central to every woman enjoying the right to decide and having the choice to decide voluntarily on matters of sexuality and reproductive health. Ensuring appropriate education and information on SRHR are also vital in generating demand and making services more accessible.

Ma Hnin Hnin is a woman who is set to benefit from this. She is rethinking her choices and her future. With a young toddler, she does not want another child. She is taking a concoction that was prescribed by the local nat spirit kadaw. She is not sure if it really will work. She thought modern contraception would be too expensive. Her knowledge on the methods is scant. She is busy managing a fruit stall at the edge of a thoroughfare in Ayeyawady Region. She had no professional care at all before, during or after the birth. Her baby was born at home with a traditional birth attendant. She said it is too far and costly for her to go to the health centre, though she would have preferred getting advice from a trained health worker.

Ko Htay is from Chin State. He lives in Yangon and planned with his wife to have a family. Now with a 10-month-old baby, he was able to pay for a few visits of the midwife, including at the time of the birth. He said that they did what

many young couples do when they marry. They put aside a portion of the wedding money gifts and kept this as savings to cover the costs of a baby coming. He said he was lucky to have had this. He calculated that the cost for a midwife coming to their home saved at least half of the expenses that they would have otherwise incurred by going to the health centre. He and his wife now intend to get advice on family planning.

Stories like this abound. Most vulnerable are those displaced by conflict and crisis in many parts of Myanmar, especially in Kachin, Shan and Rakhine. Women who live in squalid and overcrowded places as well as those with disabilities are also extremely vulnerable. Each of these groups have unique needs. 2017 saw over 650,000 people, most of whom identify as Rohingya, flee from violence in Myanmar's Rakhine State and take refuge in Bangladesh. The accounts of their experiences were terrifying and shocking. These spoke of loss, threat, fear, injury and death, as well as rape and other sexual violence.

Clearly more needs to be done for women in difficult conditions in order to dispel myths, break through barriers and improve access to information and services on SRHR. Socio-cultural barriers are coming to light in relation to gender-based violence, especially sexual violence. Too often

traditional justice systems operate at the expense of women's rights and health. Addressing this is work in progress, and it is critical to women's autonomy, equality and empowerment.

2017 also witnessed the launch of a ground-breaking "app" that provides young people with credible SRHR information. It is a gateway to youth for handling love and life, and it covers topics on growing up, coping with adolescence, understanding their bodies, puberty and sexuality, as well as learning to manage personal relationships and situations so that young people stay safe and healthy in their transition to adulthood.

UNFPA's consistent experience in SRHR, ending gender-based violence, population-related data from the census and beyond, as well as in a number of other key areas of work in human needs, are making headway in Myanmar. Our engagement in work with youth and women is a powerful contribution to the Government's aspiration to expand socio-economic freedoms across the country. Do join us in reading more about the successes and learning we met in 2017.

*Janet Jackson*

*UNFPA Representative for Myanmar*

# UNFPA in Myanmar

UNFPA has a history of 45 years in Myanmar. Assistance was first given in 1973, and again in 1983, to Myanmar's first and second population censuses. UNFPA's activities grew in Myanmar in the 1990s with support for the collection of data on reproductive health and fertility. With improved availability of demographic data on reproductive health, and an urgent need for continued assistance, UNFPA's activities expanded. In 2002 UNFPA adopted a programmatic approach, and today it assists Myanmar in the areas of:

- Sexual and reproductive health and rights
- Gender equality and women's empowerment
- Population data for development
- Adolescent and youth empowerment

## Completion of the third country programme 2012-2017

2017 saw the completion of UNFPA Myanmar's third country programme 2012-2017. During these six years, UNFPA supported Myanmar's development and provided humanitarian assistance through a time that held unprecedented political, social and economic transition, devastating floods in 2015, continued armed conflict, and one of the world's most acute humanitarian crises in 2017.

With UNFPA's support of more contraceptive options, better supply, and modern logistics, the contraceptive prevalence rate for modern methods rose from 41 per cent in 2013 to 51 per cent in 2015.

The first population and housing census in 30 years was undertaken with UNFPA's support, providing essential data to buttress political reform, democratization and socio-economic development. When it came to a close in 2017, millions of copies of multifaceted census publications had been printed and disseminated across the country.

UNFPA's leadership and facilitation culminated in the launch of a youth policy that was developed with participation of young people from diverse backgrounds and different parts of the country. This brought possibilities to explore larger freedoms and youth inclusion in the peace process, guided by the United Nations Security Council resolution 2050 on Youth, Peace and Security.

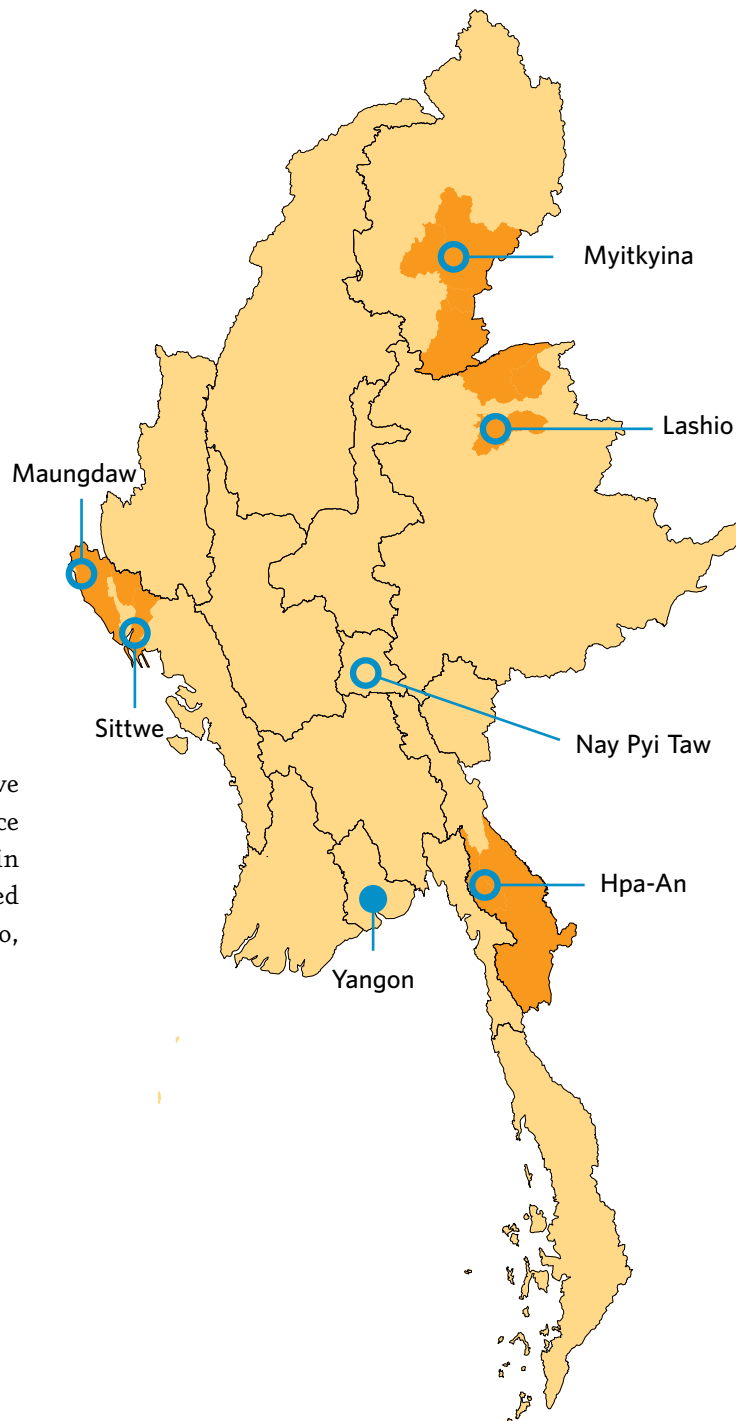
The Women and Girls First initiative addressed gender-based violence across the humanitarian, peacebuilding and development nexus. It also focused on a stronger integration of sexual and reproductive health, and gender-based violence services. Five new field offices were established to support the large-scale programme, and UNFPA Myanmar grew to become the second-largest UNFPA country office in the world.

## Where we work

The majority of UNFPA programmes in Myanmar have country-wide reach. UNFPA's 2017 humanitarian assistance programme covered conflict and crisis-affected areas in Kayin, Kachin, Rakhine and Shan. Activities are supported from offices in Yangon, Nay Pyi Taw, Hpa-An, Lashio, Myitkyina, Sittwe and Maungdaw.

- Countrywide activities
- Humanitarian assistance

- UNFPA main office
- UNFPA office









## Sexual and reproductive health and rights

- Systematic action against maternal death
- Building a skilled midwifery workforce
- Contraceptives: Increasing access and expanding options
- Breaking through barriers
- A logistics system that delivers medicines and supplies on time
- Preventing HIV by supporting the health and rights of sex workers
- Reproductive health care for communities in crisis

## Gender equality and women's empowerment

- Supporting women's right to live free of violence
- Working at policy level towards sustainable solutions
- The first mental health and psychosocial support network in Rakhine

## Population data for development

- Bringing the data back to the people
- Turning data into knowledge
- Taking stock and preparing for the next census
- Supporting the media's role as a watchdog

## Adolescent and youth empowerment

- A mobile app with answers about love and life
- Inclusive participation of young people in policy development
- Promoting youth as a driver for peace and security



*The family planning programme stands out as one of the most successful female empowerment initiatives to date in Myanmar."*

*Janet Jackson, UNFPA Representative for Myanmar*

# Sexual and reproductive health and rights

- **Systematic action against maternal death**
- **Building a skilled midwifery workforce**
- **Contraceptives: Increasing access and expanding options**
- **Breaking through barriers**
- **A logistics system that delivers medicines and supplies on time**
- **Preventing HIV by supporting the health and rights of sex workers**
- **Reproductive health care for communities in crisis**

In 2017, UNFPA provided 46 per cent of all contraceptives in the Myanmar public health system. A UNFPA investment of almost US\$ 5.3 million into reproductive health in Myanmar brought both contraceptives and life-saving maternal health supplies to women across Myanmar, including to communities in crisis.

This is a significant contribution to the nationwide 2017 achievement where 4.8 million women accessed contraceptives, 1.3 million unintended pregnancies were avoided, 452,000 unsafe abortions were prevented, and 1,000 maternal deaths were averted.

## Systematic action against maternal death

Every year, over 2,800 women in Myanmar die from preventable causes related to pregnancy and childbirth. At 282 per 100,000 live births, maternal mortality is the second-highest in ASEAN. The target is to reduce the Maternal Mortality Ratio to less than 70 by 2020. To identify the root

causes of maternal mortality, UNFPA provides technical and financial assistance towards the Government's new Maternal Death Surveillance and Response (MDSR) mechanism. Launched in 2016, it was rolled out to all townships in Myanmar in 2017. It includes a community component that allows local health, administrative and traditional authorities to report maternal deaths through verbal autopsy via mobile phones.

The MDSR mechanism captures the story and the key factors of each maternal death. It focuses on the health system's management of care and prevention, including community coordination and communication, and the ability to quickly mobilize the full response team. It also factors in the realities of different communities in a geographically diverse country. The data generated facilitates both immediate action and strategy. The trends guide policymakers and planners as they select and develop the responses and actions that can avert future maternal deaths in Myanmar. MDSR facilitates collaboration between staff in different parts of the health





system, and it paves the way for action that is tailored to the specific situation in different parts of the country. In 2017, UNFPA provided technical and financial support to training manuals, information material, and data analysis. Initial findings particularly indicated the need for early referral of high-risk pregnancies.

In addition, the publication and distribution of the 2015 Maternal Death Review report was supported. Findings showed that 7 per cent of reported maternal deaths were of teenage girls. Abortion was the fourth leading cause of reported maternal deaths (6 per cent), after postpartum haemorrhage (30 per cent), hypertension (18 per cent) and sepsis (11 per cent).

### **Building a skilled midwifery workforce**

Midwives are on-the-ground health workers who safeguard the health and lives of mothers as they bring new life into the world. They often assist deliveries in family homes where they have to make decisions about life and death on their own. Yet many midwives in Myanmar do not have the skills they need to ensure safe pregnancies and safe births.

To raise the skill-level of new midwives, in 2017, UNFPA supported the development of a curriculum for a 2-year bridge course that enables midwives who have the 18-month diploma to obtain a Bachelor of Medical Sciences degree. This will be superseded in 2021 by a four-year Bachelor's degree through direct entry. UNFPA also supported the drafting of the framework for Myanmar's first midwifery policy.



“ I felt very unwell for many months during that pregnancy. But I didn't stop to think that there could be a serious problem until I saw the midwife. I am grateful to her that she acted so quickly. She saved my life.”

Ngun Hlei Tling, Falam town in Chin

This work contributes to advancing the implementation of the Ministry of Health and Sports' strategy for human resources for health. The aim is to strengthen the ability to provide high-quality services that are centred on women and newborns. Skilled midwives help reduce maternal mortality and lifelong pregnancy-related injuries and suffering such as obstetric fistula, vaginal prolapse and incontinence.

### **Contraceptives: Increasing access and expanding options**

Half of women in Myanmar (49 per cent) do not use modern contraceptives. Many (16 per cent) have no access to contraceptives at all. Others have basic access to limited options only.

Giving women access to voluntary family planning is one of the most effective ways to combat maternal death. When women can access contraceptives, they can avoid unintended pregnancy and related risks, including unsafe abortion.

Contraceptives promote health, and they also promote female empowerment. They enable women to make decisions about their relationships, bodies and their lives. They allow women and girls to complete their schooling and earn a better living. Family planning supports healthy, educated and economically productive women, and it propels national development.

Myanmar's target is to increase the contraceptive prevalence rate to 60 per cent, and to reduce unmet need to less than 10 per cent by 2020. In 2017, UNFPA invested US\$ 1.6 million in contraceptives.

## Myanmar reproductive health indicators



### TOTAL FERTILITY RATE

All women

**2.51\***

Married women

**4.99\***

Adolescent  
(births/1,000 girls aged 15-19)

**33\***



### MATERNAL MORTALITY RATIO

(Deaths per 100,000 live births)

**282\*\***



### MODERN CONTRACEPTIVES

(Married women)

Prevalence rate

**51.3%\*\*\***

Unmet need

**16%\*\*\***



### EXPOSURE TO FAMILY PLANNING MESSAGES

(Women aged 15-49)

**45%\*\*\***



### ANTENATAL COVERAGE RATE

(4+ ANC visits)

**59%\*\*\***



### BIRTHS ATTENDED BY SKILLED BIRTH ATTENDANTS

**60%\*\*\***



### ESTIMATED NUMBER OF UNSAFE ABORTIONS PER YEAR

**246,000\*\*\*\***



### INSTITUTIONAL DELIVERIES

**37%\*\*\***

\* 2014 Myanmar Population and Housing Census - Thematic Report on Fertility and Nuptiality

\*\* 2014 Myanmar Population and Housing Census - Thematic Report on Maternal Mortality

\*\*\* Myanmar Demographic and Health Survey 2015-2016

\*\*\*\* Ips Myanmar corporate factsheet 2016





“With the implant, I cannot get pregnant for five years. I have worried so much about this for such a long time. Now I finally feel safe.”

Ou Lu, mother of seven children, Bhyat Kha village in Kayin

Contraceptives that are procured by UNFPA are offered for free through the public health system or for a reduced price in clinics run by private partners. All women served by UNFPA’s partners are offered an individual and private family planning consultation about options and choices including contraceptive pills, injectable contraceptives, contraceptive implants and intrauterine devices (coils), emergency contraceptive pills and condoms.

#### *The potential for a do-it-yourself injection*

In 2017, UNFPA increased access and expanded choices for women, especially for those left furthest behind, including in remote areas and for the peri-urban poor. In collaborating with the public health system and the private sector, UNFPA pioneered the “do-it-yourself” contraceptive injection in Myanmar, reaching 100,000 women in 2017. Many of these women live in 70 of Myanmar’s hardest-to-reach townships near border areas. Non-government controlled areas and displaced women were reached through ethnic health organizations and NGOs

A multiplier training initiative reached nearly 4,000 midwives and auxiliary midwives who learned how to administer the injectable. The three-month-injection is the most popular contraceptive method in Myanmar. And while self-administration is not yet a reality in Myanmar, the potential means that in the future, women who cannot easily access a health facility could have this additional choice.

#### *The implant*

UNFPA also supported the roll-out of the contraceptive implant. Introduced to the public health system for the first time in 2016, the implant prevents unintended pregnancy for up to five years. It is also reversible. If a woman would like to try for another baby, the implant is removed, and she can become pregnant again. From 2016 to 2017, 388 public and 145 private doctors were trained to administer the implant.



## Breaking through barriers

Inadequate supply is only one of the reasons women cannot access modern contraceptives. Too many women are held back by social, cultural, financial and logistical barriers. An important part of UNFPA's work is to engage with communities and health professionals to break through these barriers in a conflict-sensitive way and on the basis of individual choice.

In 2017, UNFPA consulted with nearly 300 female community influencers in Chin, Kayah, Kayin, Magway, Shan and Yangon to build the understanding and acceptance that pave the way for change in respect to a woman's right to choose. Women representing ethnic and religious groups, youth, and other communities and interests were brought together in a series of local meetings to discuss reproductive and maternal health, and family planning. Their voices helped guide both UNFPA's and the Government's approach to reaching those women who are furthest left behind.

## A logistics system that delivers medicines and supplies on time

Health staff need medicines, equipment and other supplies to deliver quality services. A long-term challenge for the Myanmar public health system has been supply chain management: to deliver the right number of supplies to each health facility, from hospitals down to sub-rural health centres.

To prevent stock-outs of contraceptives and life-saving maternal health medicines, UNFPA has supported the digital logistics system for reproductive health commodities since its launch in 2014. The system moves supply from a push to a pull system, based on demand rather than central planning. This also avoids overstocking when medicines go out of date and have to be thrown away instead of saving lives. In 2017, UNFPA supported the system roll-out to a further 44 townships, and also the training of 2,800 additional health staff to use the system. With the support of UNFPA and

other partners, the logistics system was used in 11 states and regions at the end of 2017, covering 192 of Myanmar's 330 townships.

The impact of the logistics and commodity security system is tracked yearly in a nationwide health facility assessment, which is published jointly by UNFPA and the Government. The 2017 survey showed that stock-outs of the contraceptive injection in primary health facilities at the time of assessment dropped from 30 per cent in 2014 to 11.7 per cent in 2017.

### Preventing HIV by supporting the health and rights of sex workers

In Myanmar, sex workers are marginalized and discriminated against. This makes it difficult for them to seek and obtain the information and services that can help them prevent HIV infection for themselves, their families, their clients and their clients' families.

In 2017, UNFPA worked with partners for amendments to the antiquated and punitive Suppression of Prostitution Act, which criminalizes sex work. It advocated for a new law that protects the rights of sex workers and that protects the health of communities. UNFPA helped bring the views of sex-workers to be heard in consultations with the commission that is drafting the new law. UNFPA also financed family planning services for clinics that actively reach out to female sex workers.



*"I felt like a great load taken off from me. With family planning, we can decide for ourselves what is appropriate for our family. And we can better feed and educate the children we already have."*

Win Win, mother of seven, Auk Chaung Village in Ayeyarwady



## 2017 Humanitarian sexual and reproductive health assistance in numbers



PEOPLE WHO RECEIVED SEXUAL  
AND REPRODUCTIVE HEALTH CARE

**84,604**



SAFE BIRTHS SUPPORTED  
THROUGH CLEAN  
DELIVERY KITS

**4,200**



WOMEN WHO RECEIVED  
ANTENATAL AND POSTNATAL CARE

**5,976**



DIGNITY KITS DISTRIBUTED

**13,213**



NUMBER OF MEN  
WHO RECEIVED CONDOMS

**12,364**



WOMEN WHO  
RECEIVED CONTRACEPTIVES

**9,142**



COMPLICATED PREGNANCIES  
REFERRED FOR EMERGENCY CARE

**806**



PEOPLE WHO RECEIVED  
REPRODUCTIVE HEALTH  
INFORMATION

**47,249**



“*The mobile clinic doctor and midwife have given me the confidence to give birth in the hospital, rather than at home. I know now that this will be safer both for the baby and for me.*”

Ei Ngae, 19, Thar Ga Ya IDP camp in Kachin

## Reproductive health care for communities in crisis

Myanmar is afflicted by decades of armed conflict in several parts of the country, as well as by frequent natural disasters. In the second half of 2017, the situation was compounded by one of the world’s most acute humanitarian crises. By the end of 2017, over 650,000 people who self-identify as Rohingya had fled from violence in Myanmar’s Rakhine State to Bangladesh.

In 2017, UNFPA provided sexual and reproductive health care to 65,000 conflict and crisis affected women and girls in Kachin, Kayin, Rakhine and Shan. 51 static and mobile clinics and outreach teams provided a wide range of services, including antenatal, postnatal and post-abortion care,

contraceptives, referral support, and clean delivery kits for safer births in shelters. Health teams also provided critical information and education that enable both women and men to spot danger signs of high-risk pregnancy, to seek life-saving post-rape care, and to avoid unintended pregnancy and sexually transmitted infections. The health information reached 28,000 women, girls, men and boys.

In addition, UNFPA’s flagship dignity kits were delivered to 13,000 displaced and crisis-affect women and girls with an acute need for female sanitation and dignity items such as sanitary napkins, underwear, soap and shampoo.

All UNFPA’s sexual and reproductive health services to communities in crisis integrate components that prevent and respond to gender-based violence.

### *Rakhine*

In impoverished Rakhine, maternal mortality is high, and all population groups have very limited access to sexual and reproductive health services. The Rohingya-identifying population in Rakhine faces additional barriers because their movement is restricted. This makes health referrals extremely difficult.

UNFPA's activities in Rakhine were severely disrupted from August 2017, due restricted humanitarian access to the areas and people affected by the humanitarian crisis. The 650,000 people fled from Myanmar in 2017 were provided with emergency assistance in Bangladesh by UNFPA and other humanitarian agencies.

In Myanmar, UNFPA supported health clinics in the Sittwe area, where 120,000 people have been confined to camps for more than five years. The clinics covered 37 camps and villages, giving care to nearly 10,000 women, half of whom were pregnant. The health clinics also provided emergency referrals, transport support to hospitals, and financial support towards hospital meals and medicines.

### *Kachin*

In Kachin nearly 90,000 people are displaced due to armed conflict. 76 per cent of those are women and children. In 2017, UNFPA-supported mobile and static clinics operated in 62 camps and villages, providing care to over 2,000 women.

To reach displaced people in non-government controlled areas, where access to health care is particularly limited, UNFPA partnered with local ethnic health organizations. In 2017, there was a special focus on supporting young people. Two Youth Friendly Spaces, dedicated to providing young people with knowledge about their bodies, relationships and health, were established in Je Yang and Mai Ja Yang. This made it possible for 170 students to be trained to become peer-to-peer educators. Teachers from nine schools were trained in how to teach young people about sexual and reproductive health and rights, and also about gender-based violence.



### *Shan*

In Shan, over 15,000 people remained or became displaced in 2017. Of these, 78 per cent are women and children. During the year, UNFPA worked to integrate sexual and reproductive health information into its existing gender-based violence programme. This meant that 4,300 women and men attended sessions that strengthened their knowledge about their own and their family's sexual and reproductive health.

UNFPA also supported the capacity of the public health system in northern Shan to respond to people's reproductive health needs in crisis by training 21 health officers.

### *Kayin*

As Kayin emerges from decades of armed conflict, UNFPA started providing sexual and reproductive health care services in 2017. The initiative includes a static clinic, mobile outreach teams, and a one-stop service centre. Together these reach areas both within and outside government control in Hlaingbwe, Hpa-An, Kawkareik, Kyarinnseikkyi and Myawaddy. In 2017, reproductive health care was provided to over 15,000 women. The health teams also worked at community level to raise awareness about health among women, girls, men and boys, reaching 8,300 people.





# Gender equality and women's empowerment

- **Supporting women's right to live free of violence**
- **Working at policy level towards sustainable solutions**
- **The first mental health and psychosocial support network in Rakhine**

Educated, employed, elected and empowered women contribute to the health and productivity of their families, their communities and their country. Gender equality means equal rights and opportunities for men and women. The principle is enshrined in the Universal Declaration of Human Rights.

Yet in most countries, including in Myanmar, women and girls have fewer rights and opportunities than men and

boys. This hampers women and it hampers Myanmar's social, economic and political evolution. For these reasons, UNFPA works on all fronts to advance gender equality and women's empowerment in Myanmar. An important aspect of this work is to respond to and prevent gender-based violence (GBV) under the *Women and Girls First* initiative.

In 2017, UNFPA invested US\$4.7 million in gender equality and women's empowerment in Myanmar.

## The Women and Girls First initiative

*Women and Girls First* is UNFPA's flagship initiative for gender equality and women's empowerment in Myanmar. With donor support from Australia, Finland, Italy and Sweden, it synchronizes programming across the humanitarian, peacebuilding and development arenas.

The initiative reaches the most vulnerable women and girls in remote and conflict-affected areas. It pioneers integrated delivery of gender-based violence and sexual and reproductive health and rights services, and it works at community level to change harmful social norms. In a cyclical way, the evidence-base from the on-the-ground interventions informs the development of national policies and laws that promote women's human rights.

## Supporting women's right to live free of violence

In Myanmar, 51 per cent of ever-married women and 49 per cent of ever-married men believe that a husband is justified in beating his wife if, for example, she goes out without telling him, burns the food, or refuses to have sex with him (Myanmar 2015-16 Demographic and Health Survey). This illustrates the extent to which domestic violence is normalized in Myanmar families and communities.

Women in conflict and crisis affected areas are particularly vulnerable, and in 2017, UNFPA provided GBV prevention and response in in Kachin, Kayin, Rakhine and Shan. 125,000 women and girls were reached through the GBV programme, including through 56 UNFPA-funded safe spaces for women and girls. UNFPA's GBV services to communities in crisis integrate sexual and reproductive health and rights information and care where possible.



*“We should not have to live in fear of violence, just because we are women. We have the right to live in peace in our homes and in our country. The Women and Girls Centre gives us the power to stop the violence.”*

Lu Bu, caseworker at the Women and Girls Centre in Waing Maw in Kachin





### *Kayin – A focus on integration*

As Kayin State emerges from protracted civil war, families and communities are experiencing high levels of gender-based violence. In 2017, UNFPA began to provide medical treatment, legal and financial assistance, and other support services for women and girls who are living in a violent family situation, or who have survived violent assaults or relationships.

To reach these women, who often are afraid and do not seek help, the GBV response is offered through midwives, doctors and other health staff. In clinics that provide sexual and reproductive health care, including contraceptives, women can safely access GBV services too.

The initiative includes a clinic, mobile outreach teams, and a one-stop service centre, together covering the townships of Hlaingbwe, Hpa-An, Kawkareik, Kyarinnseikkyi and Myawaddy, and reaching areas also outside government control through partnerships with ethnic health organisations.

A significant part of UNFPA's work in Kayin in 2017, was to build local capacity to prevent and respond to gender-based violence. Health staff were trained on how to respond to GBV, including case management and clinical rape management. Ethnic health organizations were trained to work at community level to raise awareness about GBV among women, girls, men and boys. In addition, civil society organizations, local authorities, non-governmental organizations and other stakeholders were trained to support a quality response to GBV survivors.





“ Before the training, I didn't think it was important to listen to my wife. Now I try to understand her and we get along much better.”

Arli, displaced father of four, Baw Du Pha IDP camp in Sittwe in Rakhine

### *Kachin – Reaching people in isolated areas*

Of the nearly 90,000 people who have been displaced by armed conflict in Kachin, 45 per cent live in non-government controlled areas. Access to these areas is restricted, and their isolation means that it is particularly difficult for women and girls who have been assaulted to access medical care and counselling.

To improve the ability of local health staff in non-government controlled areas to respond to sexual violence cases safely, quickly and confidentially, UNFPA worked with ethnic health authorities to train health staff in five civilian hospitals on rape treatment. The hospitals were also equipped with life-saving post-rape equipment and drugs.

To strengthen GBV prevention in the non-government controlled areas, UNFPA now manage eight Women and Girls Centres that serve both displaced people and host communities. With a strong focus on the needs of young people, UNFPA trained 14 school teachers about GBV, and also set up nine student-led youth groups. To reach out-of-school youth, two Youth Friendly Spaces were opened. In total 170 youth peer educators were trained to share with friends and classmates their new knowledge about GBV and on how to seek help.

In government-controlled areas, UNFPA continues to support its long-standing network of three Women and Girls Centres and GBV volunteer programmes for both women and men in camps for displaced people. In the health sector, UNFPA led an effort to better coordinate GBV services between local authorities, NGOs and UN agencies. As a result, women who had experienced violence received faster referrals to health care, counselling and legal support.

### *Rakhine – Mobilizing families against violence*

In 2017, 650,000 people, most of them identifying as Rohingya, fled from Rakhine in Myanmar to Bangladesh in an escalation of an already grave humanitarian crisis. Women and girls who arrived in Bangladesh reported widespread rape and other sexual violence. UNFPA and other humanitarian agencies provided emergency assistance to women and girls in the camps in Bangladesh.

Yet many people who identify as Rohingya remain in Rakhine. With limited access to the crisis area, UNFPA's activities in Rakhine were severely disrupted from August 2017. While there were also disruptions to programme delivery in central Rakhine, UNFPA was able to continue operating in Mrauk-U and in the Sittwe area, where over 120,000 people have been confined to camps for more than five years. Their living

“The safe space means a lot to me and the women in the camp. Women have had enough suffering. Domestic violence isn't a secret to be kept within.”

Zaung Yan, GBV caseworker in Kutkai in Shan



conditions are harsh, constricted, and increasingly stressful for each year that passes. For women and girls, the situation is compounded by gender inequality and violence inside and outside the home.

To mobilize men and boys against domestic violence and other gender-based violence, UNFPA supports two programmes in the Sittwe camps: the Peaceful Families Initiative and Coffee and Tea Sessions. The initiatives guide participants to reflect on how gender inequality and gender-based violence affects their family and community negatively. The projects support peaceful families and communities by shifting attitudes at grass-root level. Because both men and women participate, the programmes encourage joint action against discrimination and violence against women

UNFPA also supports eight Women and Girls Centres in the Sittwe camps, where women who have experienced abuse or assault receive psychosocial support and referrals to medical and legal services. In 2017, there was a particular focus on expanding the Women and Girls Centres into entry points not just for GBV services, but also for sexual and reproductive health supplies, services and information.

### *Shan – Creating safe spaces*

There are over 10,000 people displaced by armed conflict in Shan. Most have been living in camps since 2011, while others became displaced during 2017. Domestic and other gender-based violence increases during displacement as families come under pressure, and UNFPA data indicates a very high incidence of domestic violence in families in the conflict-affected areas of northern Shan.

To help women and girls who are or have been subjected to violence, UNFPA supported four safe spaces in the conflict-affected areas in 2017. The safe spaces provide psychosocial support as well as access to medical and legal services. They also conduct outreach in the camps through GBV awareness sessions. In 2017, 5,000 women and girls in 19 camps were reached by the Shan GBV programme. In addition, UNFPA collaborated with the Government to build a safe house in Lashio, due for opening in 2018.

Gender equality initiatives in Shan included strengthening women and youth organizations and networks; financial management training for a women-led village savings and loan association; and building the capacity of community-based organizations to help survivors of violence gain access to the formal justice system.



### *Access to justice*

Many women do not report domestic, sexual and other gender-based violence for fear of reprisal and stigma. Another barrier is that the formal justice system is – or is perceived to be – inaccessible, not least in conflict areas. In Kachin, for example, UNFPA found that 90 per cent of GBV survivors who report violence do so via informal justice systems. UNFPA works to increase trust between communities and the formal justice system in Kachin and northern Shan through justice and protection roundtable discussions in parallel with capacity-building of stakeholders in the formal justice system.

UNFPA also conducted research on women's experience of traditional justice systems in cases of violence, especially in camps for internally displaced persons. As a result, a pilot project aimed to improve how GBV cases are resolved in camps in Rakhine was launched.

### **Working at policy level towards sustainable solutions**

A key component of the *Women and Girls First* initiative is to work in partnership with the Government to support its ability to meet the needs of survivors of violence in line with international standards. In 2017, this work focused on initiating discussion within and between government ministries to support the development of a series of national standard operating procedures (SOPs) in the health, social welfare and security sectors. To ensure cooperation and consistency across sectors, the initiative was started with a broad intergovernmental workshop. A subsequent workshop in Bangkok brought together countries in the region to support the implementation of the United Nations' Essential Services Package for Women and Girls Subject to Violence. Both workshops were organized by UNFPA, and enabled the Government to complete an action plan for moving forward.



“ *I would like to go back to my village and live as a farmer. But I've been living in the camps for so long that I've lost hope. My assignment as a GBV volunteer helps me to carry on.* ”

Zau San, 21, male GBV volunteer in Myo Ma IDP camp in Kachin





### *Policy and procedures development*

In 2017, UNFPA provided extensive and dedicated technical assistance to sector-specific policy and SOP development:

- Consultation workshops with the Myanmar Police Force aimed to improve its recruitment strategy in order to increase the number of women in the police force.
- Trainings and consultation workshops with the Myanmar Police Force to build a foundation for the development of an SOP for the response to cases of violence against women.
- The work with the Ministry of Social Welfare, Relief and Resettlement concentrated on the development of SOPs for case managers who are already responding to child protection cases. UNFPA provided significant technical assistance by seconding UNFPA specialist staff to the Ministry at the Union and state levels.

- UNFPA provided technical support towards the Ministry of Health and Sports' development of GBV guidelines for health professionals, including protocols for how to care for survivors of sexual and intimate partner violence.

### *Strengthening national coordination*

UNFPA also helps strengthen Myanmar's national gender equality and women's empowerment coordination architecture, with a view to operationalize the National Strategic Plan for the Advancement of Women 2013-2022 across all sectors. Along with Finland, UNFPA co-facilitates the Gender Equality and Women's Empowerment Sector Cooperation Group which supports both broad and specific integration of women's rights in Myanmar's development initiatives.



## The first mental health and psychosocial support network in Rakhine

The year 2017 saw 650,000 people, most of whom identify as Rohingya, flee across the border from Myanmar to Bangladesh. This was an escalation of a long-standing humanitarian crisis in Myanmar's Rakhine State, where women and girls have consistently reported sexual violence.

Yet traumatized women and girls still present in northern Rakhine are often not able to seek help openly. To reach them, and to respond to the needs, UNFPA worked through existing nutrition centres, as well as through UN and public health providers. UNFPA built the capacity of nutrition and health staff to help women who live with the stress of crisis on a daily basis to develop positive coping mechanisms, and

also to identify women who have experienced violence and to assist them. Women and girls coming for food aid and health services were offered care and psychological support tailored to the needs of GBV survivors. Limited humanitarian access to the crisis zone in the second half of 2017 severely disrupted this work.

In 2017, UNFPA also established a Mental Health and Psychosocial Peer Support network in the crisis area. The network supports NGO and UN staff who respond to GBV cases, increasing their ability to help women and girls who have experienced rape and other sexual and gender-based violence. The network was also created to promote self-care among staff who work with traumatized people in difficult humanitarian circumstances.





# Population data for development

- **Bringing the data back to the people**
- **Turning data into knowledge**
- **Taking stock and preparing for the next census**
- **Supporting the media's role as a watchdog**

The *2014 Myanmar Population and Housing Census* was the first census in Myanmar in over 30 years. Reaching nearly 98 per cent of the population, it was an undertaking on a massive scale. The results provide vital data for socio-economic planning, resource allocation and decision-making at all levels of government. The census was conducted by the Government of Myanmar. UNFPA provides technical and financial support towards the census project.

In 2017, UNFPA invested US\$ 4.9 million in the census project. Over 850 different publications were produced, and 1.7 million copies of these were printed and distributed to stakeholders throughout the country.

## Bringing the data back to the people

Census results provide the data that local authorities and interest groups need for planning, budgeting and resource allocation. At the same time, there are few people at township level who have the skills to interpret and use the census data.

To bring the data back to the people and to build the local capacity to turn knowledge into action, UNFPA collaborated

with the Government and civil society organizations. In 2017, two-day census workshops were held in 297 (95 per cent) of Myanmar's townships. Nearly 18,000 people participated in the workshops. Township officials, ward and village tract administrators, ethnic and religious groups, women's and youth organisations, political parties, and private sector representatives learned how to use census data in their day-to-day work to improve health, education, sanitation, housing, employment, and social welfare. The exceptionally wide report production and dissemination programme were distinct features of the Myanmar census.

For the first time in history, local stakeholders were given a real opportunity to understand census results, to engage with data, to debate with officials, to question the status quo, and to discuss ways forward. In some parts of the country, including in Shan and Kayin, the workshops were a rare opportunity for dialogue between people from opposite sides of longstanding armed conflict. The workshops were not just a discussion about common development challenges, but a platform for reconciliation, civic engagement and peacebuilding.



## Voices from the township census workshops

*"The workshop brought people with opposing views together to discuss the development of our community."*

Political party member

*"The census report of our township made us sit together and focus on local challenges and how to address them together."*

Faith leader



*"I never imagined that I would ever be able to sit in an event, let alone at a table, where there are government officers, especially from the police and immigration."*

Young female ethnic community worker

*"This was the first time that different communities came together to talk about the township's development needs."*

General Administration Department official

For 409 of Myanmar's 413 townships and sub-townships, a dedicated census report was produced. An average of 1,000 printed copies of each report were printed and distributed to the respective township. For three townships in Rakhine and one in Kayin, the census data was incomplete due to non-enumeration. No reports were produced for these townships.

## Turning data into knowledge

The census results provide a vast body of data. Turning these numbers into knowledge requires analysis. In 2017, UNFPA supported in-depth analysis of the relationships between different census data to shed light on what the numbers tell us about the lives of people in Myanmar. The results were published in thematic reports, policy briefs, infographics and maps along with figures, interpretations and recommendations. These were made available online,



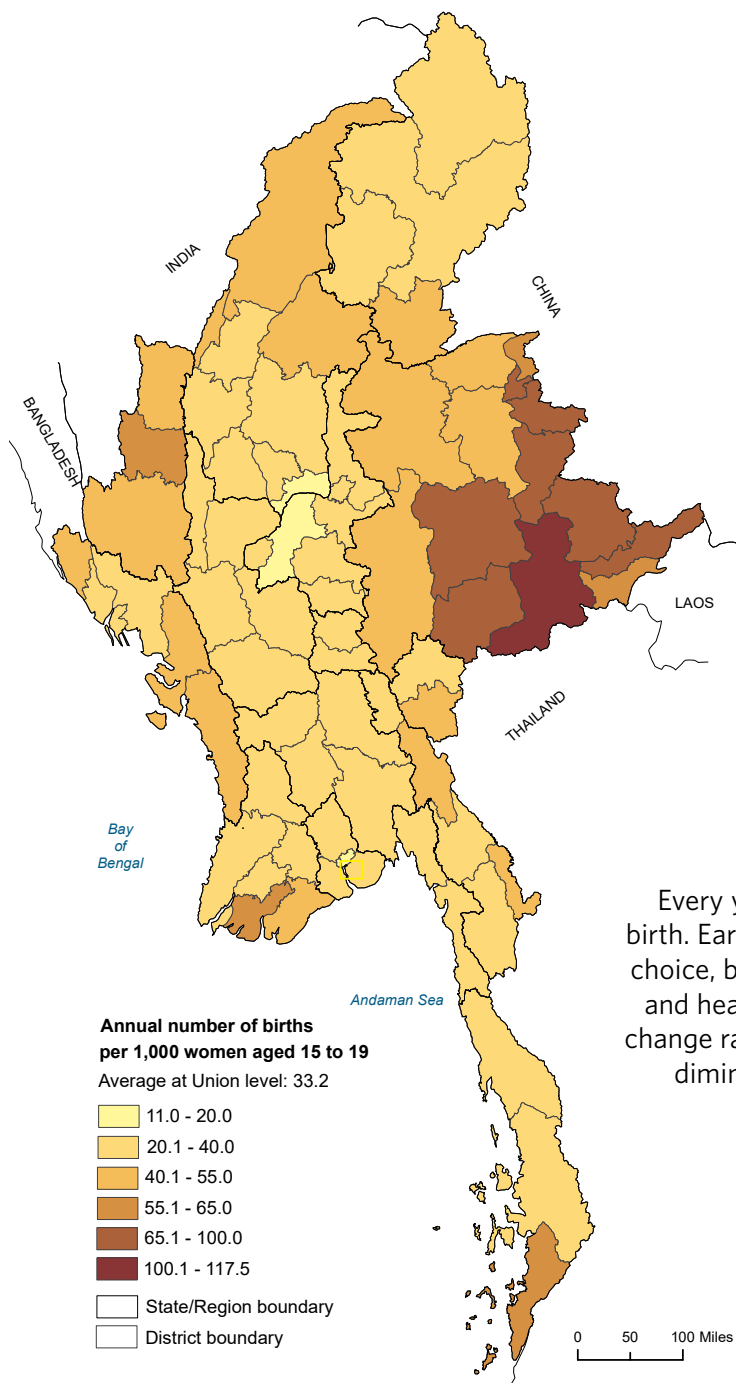
and were distributed in print to public policy makers and planners, universities, civil society, NGOs, development organizations, the media, the private sector, and donors. In all, 341,000 copies of in-depth census publications were printed and distributed in 2017. Plans are afoot for making micro-data sample files available to researchers.

### *Connecting the dots: Thematic reports and policy briefs*

In 2017, the thematic report series was completed with the publication of the final eight reports: Children and youth; Disability; Education; Gender dimensions; Housing conditions and household amenities; Labour force; Older population; and Population projections. These followed the 2016 reports on Fertility and nuptiality; Maternal mortality; Migration and urbanization; Mortality; and Population dynamics.

The thematic reports connect the dots by showing how different issues relate to and influence each other. For example, cross-tabulations of data shows that three times as many children with disability have never attended school, compared to children without disability; that more women than men are in vulnerable employment; and that economic realities oblige many people to continue heavy manual labour into old age to survive. These types of findings are vital, and can be used by decision-makers, technical staff and researchers to address inequalities and to reduce poverty.

The findings and recommendations from the extensive reports were summarised into at-a-glance policy briefs and infographics. These facilitate decision-making and prioritisation across sectors.



### *Bringing data to life: Census Atlas*

Decades without large-scale household surveys in Myanmar means that statistical literacy is low in the country. For those stakeholders who cannot easily decipher tables, maps reveal socio-economic and demographic differences between and within states, regions, districts and townships more visually.

The 2017 Census Atlas visualises the census results, and enables central decision-makers to identify disparities and to target interventions towards less privileged areas of the country. The Atlas also serves as a guide to local authorities and communities who are working to improve the lives of people in Myanmar.

Every year, almost 50,000 teenage girls in Myanmar give birth. Early pregnancy is generally not the result of a deliberate choice, but a consequence of little or no access to information and health care. When a girl becomes pregnant, her life can change radically. Her education may end and her job prospects diminish. She becomes more vulnerable to poverty and exclusion, and her health often suffers.



### Taking stock and preparing for the next census

As the census project drew a close, stakeholders gathered for a two-day event to share learning and reflect on how the census was planned, organised and implemented. It allowed the participants – ethnic and private sector representatives, faith leaders, researchers, young people and government officials – to develop a vision of how the next census should be organised, guided by lessons learned. Discussions covered governance, organization, partnerships, consultations and data use. Among the recommendations was the need for earlier and wider consultation with key stakeholders, such as young people and ethnic groups. There were also suggestions on new ways to select and prepare enumerators. The discussions also recognized that census data on ethnicity had not been released.

#### *Preparing for the next census*

The in-depth analysis of the census data was a joint undertaking between the Government, UNFPA and international consultants. This included important on-the-job training components for national statisticians and other technical specialists, preparing them and the country for the next census, which is envisaged for 2024.

The stock-taking event acknowledged that the township workshops strengthened the ability of government staff to plan and execute a complex project in partnership with civil society organizations, the UN, and other government departments. The event also highlighted the importance of sustaining the momentum of the census by continuing census activities that further build the capacity of data users at the central and local levels.

An estimated 1.09 million people who wished to self-identify as Rohingya were not enumerated in the census. For UNFPA, their non-enumeration constitutes a serious shortcoming of the census and a grave human rights concern.





## Key findings from the 2017 thematic reports



**1 million**

NEW JOBS NEEDED FOR YOUNG PEOPLE  
IN THE NEXT FOUR YEARS



**50%**

OF WOMEN ARE IN THE LABOUR FORCE



**3.8 million**

HOMES NEEDED IMMEDIATELY TO MEET  
MYANMAR'S HOUSING REQUIREMENTS



**4.25 million**

PEOPLE BORN IN MYANMAR  
NOW LIVE ABROAD

- Dire living conditions hamper potential of Myanmar's children and youth
- Half a million young people cannot read or write
- Deep-rooted gender inequalities throughout Myanmar society hold back development
- Myanmar must prepare to face the challenges of an ageing population
- People with disability trapped in vicious circle of poverty and exclusion
- Myanmar could reap a double demographic dividend: Youth and Women

## Supporting the media's role as a watchdog

The media has a crucial role in society as a watchdog. It keeps the public informed about matters that concern them, and about who is responsible. Even so, the media in Myanmar is still experiencing the effects of decades of isolation and lack of training. Many media outlets do not have the skills needed to mine data for the facts that can expose where change is needed.

To enable media to play its part in the public debate, UNFPA supported training of 140 journalists in the art of investigative data journalism. The initiative included private and state media in Yangon and Nay Pyi Taw, as well as regional and local media across the country that serve ethnic minorities in their local languages.

The workshops supported evidence-based media coverage of socio-economic issues in Myanmar by showing reporters how to interpret census data to uncover compelling facts. The journalists learned how to turn these facts and the underlying data into stories about people and human concerns, in order to stimulate an open public debate that invites different views.

In addition, UNFPA in collaboration with UNESCO supported the development of a data journalism curriculum for the National Management Degree College, an affiliate of Yangon University. Over 120 students enrolled for the course when it was introduced in 2017.







*“The questions young people have about love, relationships and sex are real. And our answers need to be honest.”*

Janet Jackson, UNFPA Representative for Myanmar

# Adolescent and youth empowerment

- **A mobile app with answers about love and life**
- **Inclusive participation of young people in policy development**
- **Promoting youth as a driver for peace and security**

How young people experience and navigate adolescence affects the course of their lives. How they grow up and what they become, affects the course of society and whole countries. Yet many young people do not have the opportunities that allow them to realize their full potential. For girls, the barriers are even higher than for boys. UNFPA works to equip and empower young people to become drivers for positive change in Myanmar. In 2017, UNFPA reached over 50,000 young people, supporting youth health, youth empowerment, and peace.

## A mobile app with answers about love and life

Young people in Myanmar are making their transition to adulthood in a society that is modernizing rapidly. Traditions and values are changing. Young people need accurate information to make healthy life choices. Yet the sheer volume and deluge of information that Myanmar youth can now access online can be overwhelming. And many young people do not have the skills to tell the difference between fact and fiction, between healthy and harmful information. At the same time, parents and teachers are often shy to talk about sexuality, relationships, love and health. Instead,

young people repeat hearsay between friends, and often perpetuate incorrect and unsafe information.

To help young people learn about their bodies and to adopt a healthy lifestyle, UNFPA has developed *Love Question, Life Answer* – a mobile app with facts about relationships, love, sex and health. After a soft launch in 2016, the app was officially launched in 2017.

The app has been developed in consultation with young people, and it is designed to give them the confidence they need to make decisions that are safe, and that they will not regret. With the backing of the United Nations and the Government of Myanmar, both young people and parents can trust the app. A key aspect of the app is that it allows young people to find out about sensitive issues confidentially, without embarrassment, shame or privacy concerns.

The app breaks taboos by addressing both physical and emotional topics: safe sex and contraceptives; early marriage and unwanted pregnancy; sexually transmitted infections and HIV; puberty and menstruation; gender and body dilemmas; drug abuse and alcohol problems; and last but not least: love and relationships.



## Realities of young people in Myanmar



- In the next four years, one million new jobs are needed to ensure employment for Myanmar's large youth population.
- One in four 15-24-year-olds is neither in education, employment, or training (NEET). NEET is more than double for young women (34.9 per cent) than for young men (15.8 per cent).



ALMOST  
**300,000**  
TEENAGE GIRLS ARE MARRIED



**89,000**  
GIRLS AGED 15-19  
HAVE GIVEN BIRTH



**1/3**  
YOUNG PEOPLE LIVE IN  
HOUSEHOLDS THAT LACK  
ACCESS TO SAFE DRINKING WATER  
OR AN ADEQUATE TOILET



**500,000**  
YOUTH CANNOT READ OR WRITE



**1/5**  
CHILDREN AGED 10-17  
GO TO WORK



**50%**  
14-15 YEAR-OLDS  
DO NOT GO TO SCHOOL



*The time to invest in jobs and education is now. Young people need skills and decent jobs to find their place in the labour market and in society."*

Janet Jackson, UNFPA Representative for Myanmar

## **Inclusive participation of young people in policy development**

Millions of young people in Myanmar are growing up in dire conditions that hamper their potential in life.

To address these challenges, which span across several sectors, Myanmar needs a central policy framework that is dedicated to the advancement of young people. UNFPA began supporting the development of Myanmar's first National Youth Policy in 2015, with a focus on giving young people a voice in decisions that affect them.

Throughout 2017, UNFPA partnered with youth networks to ensure inclusive participation of young people from all parts of Myanmar in the development of the policy. This built on 2016 consultations with youth groups at state and region level, led by the Government and supported by UNFPA.

The National Youth Policy was finally launched in January 2018. An important milestone, it outlines how investment in young people can best contribute to individual well-being, as well as to broad social and economic development.

The policy paves the way for more equitable access to education, health care, and decent jobs. It also aims to promote good leadership, peacebuilding, gender equality and environmental protection. The policy pays special attention to ethnic groups, to sexual-orientation and gender minorities, to young people with disabilities, and to those who are in need of protection or support, such as displaced, migrant, HIV-positive, exploited or abused youth, and orphans.



*“I was born in a place torn by conflict, and I realize the importance of peace. Although there is no longer any fighting, we still bear the scars of it.”*

19-year-old Nan Su Su Naing in Kat Pa Li Village in Kayin

*“The voices of young people must be heard in the peace process. We have suffered so much. What we want now is sustained peace so that we can move forward. Our people deserve that.”*

26-year-old Saw Naung Hein in Kat Pa Li Village in Kayin

## Promoting youth as a driver for peace and security

In Myanmar, millions of young people are profoundly affected by armed conflict in several parts of the country. They grow up in camps, family members have been killed, and communities have been torn apart. Rape and terror are used as instruments of war. These experiences can be demotivating, they make young people vulnerable, and they can lead to a radicalization of young people, with continued and escalated violence as a consequence. The same is true in many countries all over the world.

The effects of conflict on young people pose a threat to stability and development. But the energy and drive held by young people can be turned from a negative to a positive dynamic. The United Nations Security Council resolution 2250 on Youth, Peace and Security recognizes the importance of young people as agents for peace, and it urges countries to give youth a greater voice in decision-making at all levels.







To respond to the call in resolution 2250, and to enable young people to participate meaningfully in peace processes, UNFPA supported a consultative workshop for youth, peace and security in 2017. 25 girls and boys from different ethnic groups met over two days to discuss how young people can contribute to lasting peace and prosperity in Myanmar. The result is a list of concrete recommendations for genuine involvement of young people in the country's peace-building

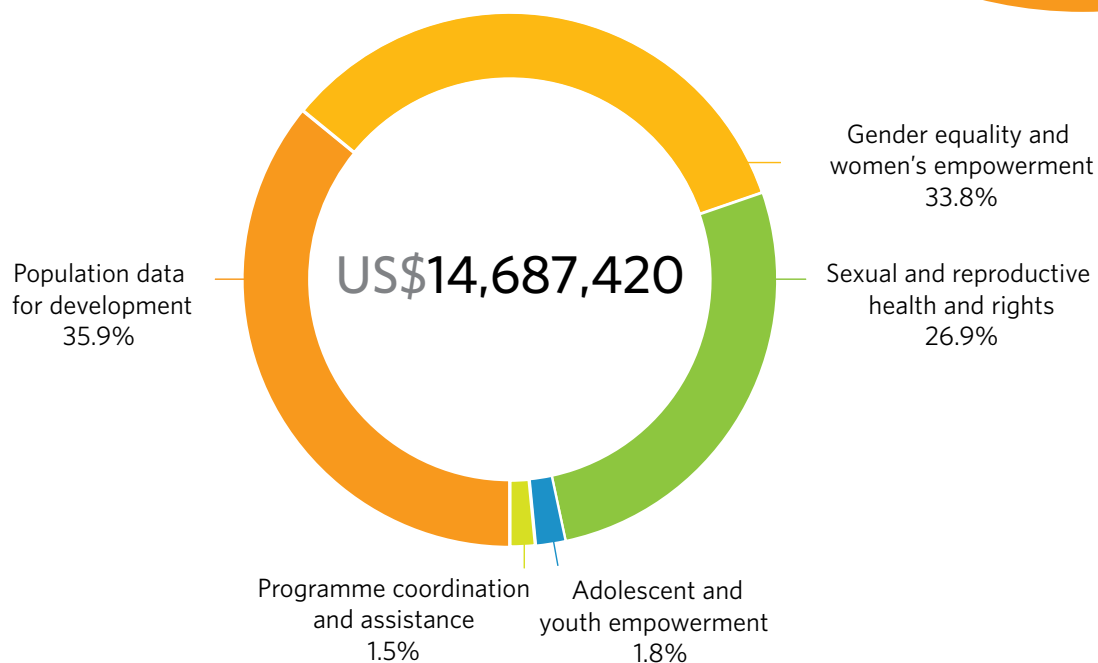
processes. Two of the workshop participants presented the ideas from Myanmar at a regional youth, peace and security consultation in Bangkok, which brought together young people from across Asia. The consultation contributed to the Youth, Peace and Security progress study due to be presented to the United Nations Security Council in 2018.





# Resources & partnerships

## 2017 EXPENSES



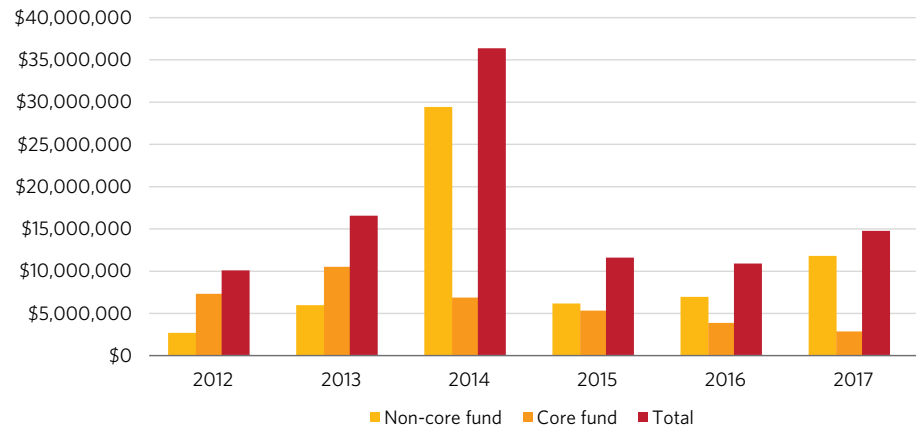
## FUNDS MOBILIZED FROM DONORS TOWARDS 2017 EXPENSES

Central Emergency Response Fund/Office for the Coordination of Humanitarian Affairs	\$658,189
Department of Foreign Affairs and Trade, Australia	\$1,864,280
Government of Finland	\$1,119,820
Government of Sweden	\$607,115
Myanmar Humanitarian Fund/Office for the Coordination of Humanitarian Affairs	\$61,635.46
<b>Total</b>	<b>\$4,311,039.85</b>

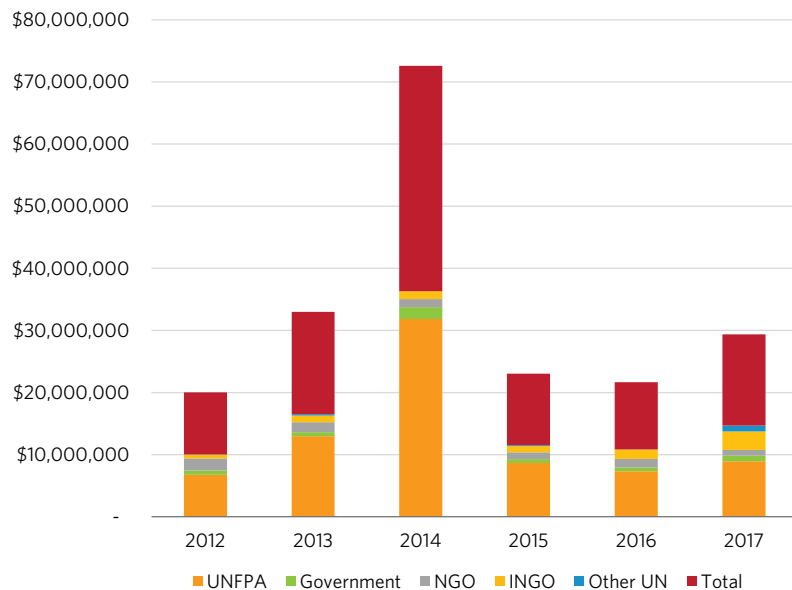
## THIRD COUNTRY PROGRAMME 2012-2017 TOTAL EXPENSES

TOTAL EXPENSES  
2012-2017  
US\$99,8 million

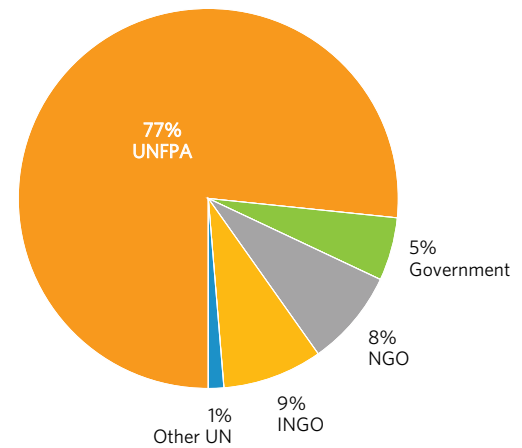
### BY RESOURCE TYPE



### BY IMPLEMENTING AGENCY



2012-2017



## PARTNERSHIPS IN 2017

Activity area	Sexual and reproductive health and rights	Gender equality and women's empowerment	Population data for development	Adolescent and youth empowerment
<b>I. Government</b>				
Department of Human Resource for Health	•			
Department of Medical Research	•			
Department of Population			•	
Department of Public Health	•			•
Department of Social Welfare		•		•
<b>II. NGOs</b>				
Metta Development Foundation		•		
Myanmar Medical Association	•	•	•	•
Myanmar Maternal and Child Welfare Association	•			
<b>III. INGOs</b>				
Action Contre La Faim		•		
Association François-Xavier Bagnoud		•		•
CARE Myanmar	•	•		
Community Partner International	•	•		
Danish Refugee Council		•		
International Rescue Committee		•		
John Snow Inc.	•			
Marie Stopes International	•	•	•	•
Population Services International	•			
Trócaire		•		
Health Poverty Action	•	•		
<b>IV. UN agencies</b>				
UNDP		•		
UNESCO			•	
UNODC		•		
UN Women		•		
IOM		•		





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