

A photograph of a woman with dark hair, wearing a pink and grey striped shirt with a red sash, carrying a young child on her back. The child is holding a small orange. The background is blurred, showing other people in a public setting.

Annual Report 2016



**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



During one of my visits to a Women and Girls Centre in Myitkyina, a displaced Kachin woman told me a very personal story of how she and her husband transformed their relationship.

The woman had become more aware about gender inequality and how she was experiencing this when she began attending the Women and Girls Centre that had opened close to her camp. The way she chose to share her new insights with her husband was at a most intimate time of day: at bedtime. She would tell stories that challenged gender roles, and these turned into conversations. One day she found her husband doing the washing up after dinner, and as time went on they started sharing more and more household chores.

The intimate bedtime dialogue connected them. And that connection made them more attuned to each other and the needs of the other. Most of all, it gave a new meaning to reaching her full potential and it opened up space for her to consider new possibilities and have the ambition to pursue these.

I've thought of her story often, because it shows that the desire for and realization of personal transformation can stem from the empathy that intimacy and emotional connection brings. Women's path to gender equality and empowerment may often begin like this story - through experiences, relationships and negotiations in the home and in the community. However, for these to flourish, there needs to be clear and strong policy and political backing at every step.

As Myanmar transforms as a country, so do the perceptions and views of its people. This year's annual report provides many facets of the journey to gender equality. It tells a story of widening horizons for women, of women being capable in their own right. It is also a story of women fulfilling their reproductive rights, and of couples having access to family planning choices. Modern contraception brings hope that women no longer need to die in silence when giving life.

Family planning is inextricably connected to gender equality. Women's empowerment can start in the home but must not be confined to there. The awakening must be political as well as personal, and both women and men need to experience the full force of political will and progressive policies.

Census data shows that Myanmar can harness a demographic dividend if it invests in young people. Myanmar can also generate a gender dividend by paving the way for more women to enter the workforce. When given equal rights to education, jobs, credit and land, women can benefit from as well as to contribute to Myanmar's prosperity. With women playing a crucial role in economic growth, Myanmar can harness a double dividend – both youth and gender.

Janet Jackson

UNFPA Representative for Myanmar

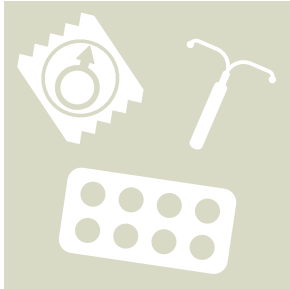
UNFPA in Myanmar

UNFPA has a history of more than 40 years in Myanmar, working at first to support population data and focusing more recently on family planning and maternal health. 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
- Population and development
- Young people
- HIV and AIDS
- Gender equality
- Gender-based violence
- Emergencies and humanitarian assistance



2016 Highlights



Sexual and reproductive health

- Providing contraceptives – making the difference between life and death
- Delivering to the last mile – a modern logistics system that reaches those in most need
- Supporting the development of a midwifery workforce strategy that can save 80,000 lives
- Recording the story of each maternal death – developing a tool to prevent future tragedies
- Introducing long-acting, free of charge, contraceptives to the public health sector



Population and development

- Thematic reports highlight where change is most needed
- Building countrywide capacity to use census data for development
- Employment data puts spotlight on child labour
- Data on religious affiliation is released peacefully



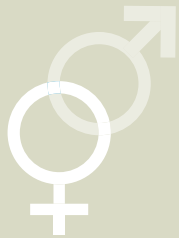
Young people

- Protect: Strengthening dignity and rights through youth-friendly health services
- Empower: Giving young people a voice in the policy dialogue
- Educate: Pioneering mobile app on sexual health for young people, by young people



HIV and AIDS

- Teaming up with sex workers as partners, not beneficiaries
- Bringing modern family planning to sex workers through peer educators
- Supporting sex workers as agents in the policy reform dialogue



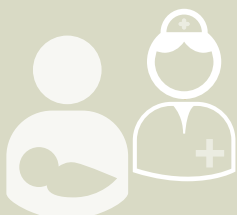
Gender equality

- Supporting the Government to eliminate discrimination against women and girls
- Building capacity for gender mainstreaming in policies and programmes
- Bringing dignity and gender dimensions into humanitarian action
- Challenging social norms with cartoons



Gender-based violence

- Women and Girls Centres protect women affected by conflict in Kachin and Rakhine
- Mobile GBV clinics support displaced women in northern Shan
- Training police officers to respond professionally to women who report violence
- Flood response reaches more than 26,000 people



Humanitarian assistance

- Reaching over 100,000 people
- Supporting safe births for 24,400 women
- Proving reproductive health care to 76,700 people
- Building Government capacity to deliver reproductive health care in humanitarian crises



Sexual and reproductive health

2016 HIGHLIGHTS

- Providing contraceptives - making the difference between life and death
- Delivering to the last mile - a modern logistics system that reaches those in most need
- Supporting the development of a midwifery workforce strategy that can save 80,000 lives
- Recording the story of each maternal death - developing a tool to prevent future tragedies
- Introducing long-acting, free of charge, contraceptives to the public health sector

In Myanmar 2,800 women die each year from preventable causes related to pregnancy and childbirth. The 2014 Census revealed that at 282 per 100,000 live births, Myanmar's maternal mortality ratio (MMR) is the second highest in the region, and significantly higher than the ASEAN average of 140. About one in ten deaths among women of reproductive age is a maternal death. One in five deaths among young women is a maternal death. Most of these tragedies are caused by preventable complications such as bleeding and infection.

Providing contraceptives - making the difference between life and death

A significant decline in maternal mortality would be achieved if women had the choice to give birth to fewer children. Although the Government increased the central budget for contraceptives significantly to US\$0.56 million in 2016, this only covers a small share of the estimated public sector need. About one in six women of reproductive age have an unmet need for modern contraceptives. This means that although they would like to, they cannot access the modern methods of contraception that enable them

to practice family planning. These barriers, compounded by financial constraints, lead to unintended pregnancies, unsafe abortions, and maternal and infant death.

For these reasons, UNFPA works with the Ministry of Health and Sports, the International Planned Parenthood Federation, Marie Stopes International, Myanmar Maternal and Welfare Association and Population Services International to provide contraceptives and reproductive health commodities in Myanmar. In 2016, UNFPA invested US\$1.6 million in contraceptives representing over one million couple years of protection (CYPs). One CYP corresponds to the amount of contraceptives one couple needs to avoid unintended pregnancies during a one-year period. This contributed significantly to national achievements, including averting:

- 1.3 million unintended pregnancies
- 480,000 unsafe abortions
- 2,000 maternal deaths

UNFPA's work for maternal health in Myanmar is guided by the country's 2013 commitment to Family Planning 2020. This is based on the principle that all women, no matter where they live or who they are, should have access to modern contraceptives. In Myanmar, 52.2 per cent of married women practice family planning. The vast majority of these, 51.3 per cent of married women, use modern contraceptives. The target is to increase the modern contraceptive prevalence rate for all women to 60 per cent, and to reduce the unmet need for family planning from 16 per cent to below 10 per cent by 2020. These are critical milestones to achieving Sustainable Development Goal #3, which includes universal access to sexual and reproductive health services and rights by 2030. UNFPA's provision of contraceptives is designed to demonstrate the value of family planning, and to serve as an incentive for increased government budget allocation towards contraceptives.

Delivering to the last mile – a modern logistics system that reaches those in most need

But it is not enough to provide a country with contraceptives. There must be functioning systems in place to ensure that they reach the women who need them. In 2016, UNFPA worked with the Government and John Snow, Inc. on the roll-out of the Reproductive Health Commodity Logistics System (RHC-LS). Piloted in 2014 with UNFPA support, the RHC-LS brings together logistics management information and inventory control under one umbrella. The system standardizes quantification, procurement, storage, and distribution while strengthening management and coordination structures. The LMIS moves distribution from a *push* system based on centrally estimated quotas, to a *pull* system based on actual demand. Special attention is given to rural health facilities in remote areas. These need larger stock on hand that will last through the rainy season when transportation is limited.



By the end of 2016, the system was expanded to 72 townships in six states. 4,128 basic health staff had been trained to use the system. As a result, the percentage of health facilities with adequate stock increased from 4 per cent to 39 per cent in RHC-LS townships between 2014 and 2016. The percentage of health facilities with stock-outs decreased from 50 per cent to 20 per cent. This information comes from health facility assessment surveys. UNFPA supports these national efforts to monitor and evaluate investments and their progress. By 2018, the RH-LMIS will cover the entire country.

INTRODUCING LONG-ACTING, FREE OF CHARGE, CONTRACEPTIVES TO THE PUBLIC HEALTH SECTOR

In 2016, UNFPA collaborated with the Myanmar Ministry of Health to offer long-acting implant contraceptives free of charge for women. This is the first time that implants, which are effective for 3-5 years, are available in public health facilities.

UNFPA invested US\$ 442,000 in 52,000 reversible implants representing 150,000 couple years of protection. UNFPA also supported training of 270 doctors, provided registry books, and developed waste disposal guidelines. More than half a million pamphlets about implants and over 10,000 vinyl posters on family planning options were distributed to help ensure that women are fully informed of their contraceptive options before making a choice. Partners included Jhpiego, Marie Stopes International, Pathfinder, and Population Services International.

This first stage of the implant initiative covered 72 townships. It targeted women whose need for long-acting and free contraceptives is the greatest: The urban and peri-urban poor, as well as women living in remote areas, including ethnic minorities.

Supporting the development of a midwifery workforce strategy that can save 80,000 lives

Midwives are frontline health workers. They handle life-and-death situations in remote villages on their own. When well trained, midwives can avert two-thirds of all maternal and newborn deaths. Yet midwives often lack the skills needed to perform their job well. This is why UNFPA works to professionalize midwifery in Myanmar, and to build a more competent midwifery workforce. In 2016, UNFPA and the Government jointly developed and distributed the new National Standards for Midwives to all midwifery schools in the country. UNFPA also helped train midwifery school faculties in hands-on basic emergency obstetric care, and essential newborn care.

At policy level, the planning and management of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) care in Myanmar is hampered by a lack of accurate information about the workforce. In 2016, UNFPA partnered with the Government to address this gap by



conducting a nationwide SRMNAH workforce assessment. The findings will support an evidence-based midwifery strategy, which could save 80,000 lives in the next 15 years - the deaths of about 2,000 mothers, 59,000 newborns and 19,000 stillbirths would be averted.

Total fertility rate
(all women)

2.51^{*}



Total fertility rate
(married women)

4.99^{**}



Maternal
mortality ratio
(deaths per 100.000 live births)

282^{**}



Antenatal
coverage rate
(4+ ANC visits)

59%^{***}



Myanmar
reproductive
health indicators

Births attended
by skilled birth
attendants

60%^{***}



Contraceptive
prevalence rate
(married women)

52.2%^{***}



Women with an unmet need
for modern contraceptives
(married women)

16%^{***}



Number of
unintended pregnancies

746,000^{****}



* 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

**** FP2020 Momentum at the midpoint 2015-2016



Recording the story of each maternal death – developing a tool to prevent future tragedies

Understanding exactly why a woman died in pregnancy or around the time of giving birth is a crucial first step towards being able to do something about it. As well as identifying the medical causes, it is important to know the precise circumstances of a woman's death. Where was she when she died? Did she and her family realize she needed emergency care? Was skilled care available to her and was it of good quality? Were there obstacles to her accessing care?

To reduce maternal death, UNFPA worked with WHO to support the government's 2016 introduction of a Maternal Death Surveillance and Response action programme (MDSR). This tool, which is used globally, is a cycle of continuous surveillance and action. It records how many mothers are dying, when, where, and why in real-time. This information enables the public health system to evaluate the impact of initiatives aimed at reducing maternal death. It guides the response to the root causes of maternal deaths with a view to prevent future deaths.

“ Each maternal death is a tragedy. Each maternal death has a story. The MDSR is the tool that will ensure that every maternal death is recorded, counted and understood. Once we know the true magnitude of maternal mortality and also its causes, the Myanmar health system will be more able to prevent future deaths. ”

Janet Jackson, UNFPA Representative for Myanmar

UNFPA's targeted advocacy helped pave the way for Myanmar's transition from the intermittent and static Maternal Death Review approach to the real-time MDSR system. UNFPA supported the successful launch of the system by training health staff and government officials centrally, regionally and locally, and by developing and distributing manuals, guidelines, and forms used to record maternal death. The system will be fully rolled out to all states and regions in 2017.



Population and development

2016 HIGHLIGHTS

- Thematic reports highlight where change is most needed
- Building countrywide capacity to use census data for development
- Employment data puts spotlight on child labour
- Data on religious affiliation is released peacefully

Conducted by the Government of Myanmar, 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, the census was an undertaking on a massive scale. It is one of the country's most participatory development efforts to date, with profound significance for Myanmar's future, including its political and economic transition, and peacebuilding efforts. The results provide demographic and socio-economic data that is vital for planning, resource allocation and decision-making at all levels of government.

UNFPA provides the Department of Population in Myanmar's Ministry of Labour, Immigration and Population with technical and financial support towards the census project, which benefits from strong donor support. The main results were released in May 2015, but did not include data on religion, ethnicity, and occupation and industry. These datasets, except ethnicity, were published in 2016, which also saw the publication of the first set of thematic reports. Extensive consultation and capacity-building supported the production, publication, dissemination and active use of results. In 2016, 60,000 census publications were printed and distributed, and 2,200 local, national and international stakeholders attended census workshops and trainings.

Thematic reports highlight where change is most needed

As part of the census project, UNFPA supports the Department of Population to produce a series of thematic reports on diverse topics. The thematic reports contain new data as well as previously released data which has been statistically adjusted for higher accuracy. In a context where credible demographic data has been non-existent for over 30 years, the reports provide unprecedented demographic analysis of the relationship between different data. They expound on what the numbers tell us about the lives and living conditions of people in Myanmar, and they make policy recommendations which enable planners to formulate strategies for improving the provision of public goods and services such as education, health care, and infrastructure.

In 2016, thematic reports on Fertility and Nuptiality; Mortality; Maternal Mortality; Migration and Urbanization; and Population Dynamics were published. A launch event for the fertility/mortality set formed a first platform for Government, civil society, academia and the media to discuss the stark realities and policy implications of the findings.



An estimated **1.09 million people** who wished to self-identify as Rohingya were not enumerated in the census. Most face severe restrictions in freedom of movement, depriving them of access to health services, education and employment. Many remain displaced from their homes. UNFPA recognizes their non-enumeration as a serious shortcoming of the census and a grave human rights concern, and regards it as critical that this and all rights are restored as soon as possible.



Building countrywide capacity to use census data for development

An important part of the census project is to build the capacity of authorities and civil society to use the data for development, democratization and peacebuilding. In 2016, UNFPA participated in the induction training of the new democratically elected Union parliament and provided census reports to 700 parliamentarians. UNFPA additionally helped train 80 female parliamentarians at state/region level, as well as nearly 100 parliamentarians from the Yangon Region Parliament. The initiative increased their ability to use evidence-based and equitable planning to respond to the specific challenges related to Yangon's rapid growth. At district level, UNFPA supported census data workshops for a broad set of stakeholders, enabling them to make informed development decisions for their districts, towns and villages. In collaboration with the Kachin National Assembly, a census data workshop was held for more than 100 Kachin ethnic and religious leaders.

UNFPA engaged both national and international demographers, reviewers and editors to work with counterparts in the Department of Population on the thematic reports, building national capacity for data analysis and presentation. To ensure that the reports are relevant to authorities and organizations who will use the data, user-producer consultations were held between report producers and future data users at the outset of each report. In addition, staff from key ministries were trained on how to understand and apply the findings in thematic reports to their work.

Training was also given to staff in the Myanmar Parliament Research Service that support parliamentarians from across the country in all three chambers. With little previous experience of how to use basic statistics, the research staff are now better equipped to prepare a factual base for parliamentary deliberations and law-making. Recognizing the need for more in-depth and factual reporting, the media too was trained through a dedicated data journalism programme.



Proportion of recent migrants who are women:

53%

Proportion of long-distance female migrants who are unmarried:

49%

“Female migrants are particularly vulnerable. Myanmar needs policies and interventions that protect female migrants from exploitation, including the provision of secure accommodation and information about their rights.”

Janet Jackson, UNFPA Representative for Myanmar

Employment data puts spotlight on child labour

During the census-taking, data on occupation and industry was collected through open-ended questions, which were handwritten. After completing the semi-manual coding that applied International Labour Organization standards, the data was released in March 2016. It revealed that one in five children in Myanmar aged 10-17 go to work instead of going to school. The finding sparked debate and helped catalyse government interventions to reach and support child workers.

The report also highlighted a profound gender gap in the country's labour market. Only 50.5 per cent of women are economically active compared to 85.2 per cent of men. Women are also more than twice as likely as men to be working for their family without pay as “contributing family workers”.

Data on occupation and industry is important for planners in both the public and private sector. It enables fact-based decisions on labour-force development including education and vocational training; location for industries and economic zones; commercial investments such as new technologies; and policies that promote the economic empowerment of women and young people.

CHILDREN WHO GO TO WORK INSTEAD OF GOING TO SCHOOL: 21 PER CENT

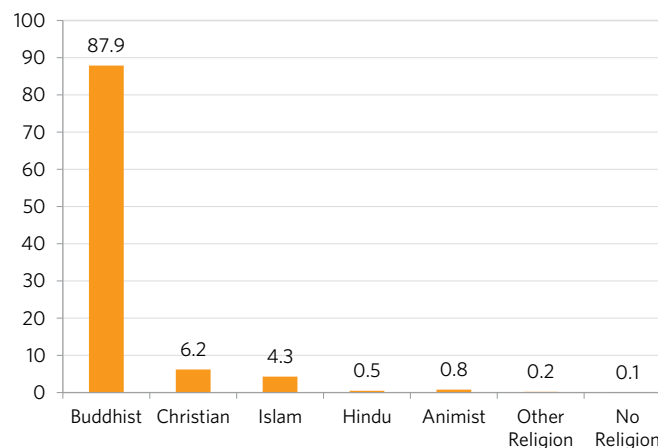
“Today, one in five children aged 10-17 are missing out on the education that can help them get good jobs and have employment security when they grow up.”

Janet Jackson, UNFPA Representative for Myanmar

Data on religious affiliation is released peacefully

Due to the socio-political situation in Myanmar, data on religious affiliation was not included when the main census results were published in May 2015. The highly anticipated results were instead released in July 2016 following intensive dialogue with stakeholders from government, civil society, religious and ethnic groups, and independent international experts. The consultations involved unprecedented interaction between interfaith representatives and Government officials to avoid the release sparking inter-communal conflict. Despite much speculation, the data release was peaceful.

Census results on religious affiliation



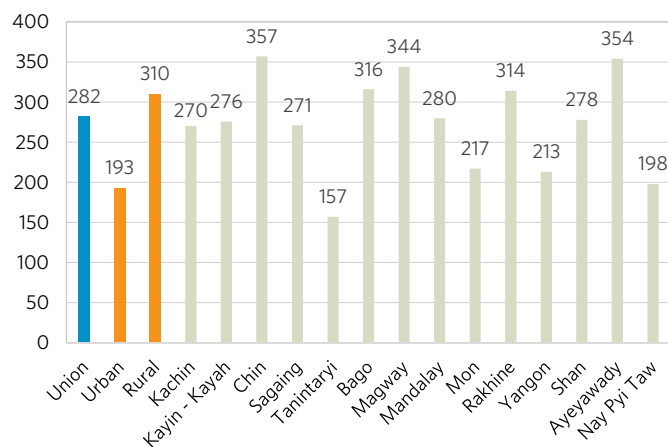
PEOPLE LIVING IN WA ENUMERATED FOR THE FIRST TIME IN HISTORY

Before the 2014 census, the people living in the Wa Self-Administered Division had never been enumerated in a census. No one knew for sure how many people lived there, how many children went to school, or how many communities had access to clean water.

In 2013, UNFPA helped reach out to local authorities in Wa and in other non-government controlled areas in Myanmar to build trust in the census. As a result, all people living in Wa were enumerated for the first time in history. In 2016, census data was brought back to the communities that provided it. Local training sessions held by mixed teams consisting of both government and civil society representatives provided participants with the knowledge and tools they need to understand and use census data, enabling them to make informed development decisions for their districts, towns and villages.

“As a woman, I am concerned that illiteracy is higher among women than among men where I live. In this way, understanding the census data motivates me to advocate for more girls to attend school”, said Yex Ahng, representing the Wa Traditional Culture Association at a census workshop in Hopan district.

AT **282 PER 100,000** LIVE BIRTHS, MYANMAR'S MATERNAL MORTALITY RATIO IS THE SECOND-HIGHEST IN ASEAN. ONE IN FIVE DEATHS AMONG YOUNG WOMEN IS A MATERNAL DEATH. THE MOST IMPORTANT FACTORS CONTRIBUTING TO MATERNAL MORTALITY ARE ISOLATION AND DEPRIVATION.



“The findings reveal the suffering of women and the anguish of surviving families. A significant decline in maternal mortality rates would be achieved if women had the choice to give birth to fewer children. The report underlines the need for better family planning options in Myanmar.”

Janet Jackson, UNFPA Representative for Myanmar

WHILE THE TOTAL FERTILITY RATE IN MYANMAR IS **2.5 CHILDREN PER WOMAN**, AND ON PAR WITH ASEAN AVERAGES, MARRIED WOMEN IN MYANMAR GIVE BIRTH TO **FIVE CHILDREN ON AVERAGE**. FERTILITY RATES ARE STRONGLY INFLUENCED BY GEOGRAPHICAL AND SOCIOECONOMIC FACTORS, INCLUDING THE LEVEL OF EDUCATION OF WOMEN.



“The report uncovers the hardship of parents who struggle to care for large families. It reveals the vulnerability of women who cannot access the contraceptives they want. Poor and uneducated women in remote areas carry the heaviest burden. The findings highlight the need for better family planning options, and for investment in girls’ education.”

Janet Jackson, UNFPA Representative for Myanmar

WOMEN WHO ARE
ECONOMICALLY ACTIVE:
50.5%



MEN WHO ARE
ECONOMICALLY ACTIVE:
85.2%



WOMEN WORKING
WITHOUT PAY AS
"CONTRIBUTING FAMILY
WORKERS":
26%



MEN WORKING
WITHOUT PAY AS
"CONTRIBUTING FAMILY
WORKERS":
11%



/// These figures show women's profound vulnerability when it comes to paid employment. But they also reveal women's economic potential. The data shows that women hold a key to Myanmar's future prosperity. The "gender dividend" can be unlocked immediately if jobs are created. But for this to happen, women need equal rights to education, jobs, credit and land. ///

Janet Jackson, UNFPA Representative for Myanmar

Young people

2016 HIGHLIGHTS

- **Protect:** Strengthening dignity and rights through youth-friendly health services
- **Empower:** Giving young people a voice in the policy dialogue
- **Educate:** Pioneering mobile app on sexual health for young people, by young people



The dignity and rights of young people are central to long-term development. 10-24 year olds account for almost 30 per cent of Myanmar's population. They form a huge reservoir or potential for the country's social, economic and political transition. The Government and people in leadership positions in communities must create the conditions that allow young people to unleash their full potential. Decisions made now will seal the future and fate of the country's young people, and will determine if today's young generation will become an asset for Myanmar, or if it will come to embody a missed opportunity.

Protect: Strengthening dignity and rights through youth-friendly health services

Young people are vulnerable to unintended pregnancy and sexually transmitted infections. Each year in Myanmar, 33 of every 1,000 girls aged 15-19 give birth. In Shan and Chin the numbers are higher still at 59 and 50. When a girl becomes pregnant, her life changes radically. Her education may end and her job prospects diminish. She becomes more vulnerable to poverty and exclusion, and her health often suffers. One in five deaths among adolescent girls in Myanmar is due to complications from pregnancy.

To protect their health, well-being and dignity, young people need sexual and reproductive health services that welcome them and facilitate their choices. For this reason, UNFPA works to improve the quality and equity of health services for young people. In 2016, UNFPA supported a cascading training programme that helped health workers put the *Youth Friendly Health Services Manual for Basic Health Staff* into practice. The manual and complementing training teaches health staff how to communicate effectively and with sensitivity when young people come for advice and treatment. In 2016, 400 basic public health workers and 435 doctors were trained in partnership with the Government, the Myanmar Medical Association, and Marie Stopes International.



EMPOWER + EDUCATE + EMPLOY = DEMOGRAPHIC DIVIDEND

5-14 year-olds are Myanmar's largest population group. The country is on the verge of a unique window of opportunity that opens when there are more people of working age than there are people above or below working age. This is the demographic dividend, the phenomenon which has been a major driver of rapid economic growth in the Asian Tigers.

A 2016 census report revealed that despite its young population, Myanmar must position itself better. The country can still harness a modest demographic dividend, but only if it invests in its young people. Targeted policies and interventions are needed for young people's health, education, training, and jobs.

The ability of young people to reach their potential depends on a simple formula:
Empower + Educate + Employ = Demographic Dividend



Empower: Giving young people a voice in the policy dialogue

How young people navigate their adolescence determines not only the course of their own lives, but also that of their country. Youth policies are important to development because they make the connection between individual rights and equality; social matters such as education and health; and macro-economic issues such as employment.

In 2016, UNFPA's policy level work focused on enabling the meaningful participation of young people in the development of Myanmar's first Youth Policy. To provide strong and evidence-based foundations for the Youth Policy, UNFPA launched a nationwide consultation. Working with

local youth coordinators, UNFPA stimulated, collected, and consolidated the voices of young people through awareness-raising activities, forums and surveys, including on social media.

This work culminated in the formation of a National Steering Committee, a National Level Task Force Committee and a Drafting Committee that placed ministers, parliamentarians, senior government officials, and a United Nations team around the same table as young people. Coming from all states and regions, these young people represented interests ranging from health, education, peace, development, and humanitarian assistance, to disability and gender, including lesbian, gay, bisexual and transgender issues. The meeting resulted in an agreement on the policy framework.

PROMOTING YOUTH LEADERSHIP OF THE 2030 AGENDA

For the 2016 International Youth Day UNFPA partnered with the Myanmar Medical Association to motivate young people of all ages to become champions of the 2030 Agenda. 120 young people from all states and regions, and from diverse backgrounds, were brought together in Yangon for a day of edutainment about the Sustainable Development Goals.

The event focused on sustainable consumption and production as a means for young people to drive poverty eradication and sustainable development. A panel discussion with environmental experts and young people explored the theme Youth Leading Sustainability.



“The time to invest in jobs, education and skills training is now. Without new jobs, young people who are unable to find their place in the labour market and in society, may become disillusioned and not reach their full potential. Unless millions of new jobs are created, the prospect of even a modest demographic dividend may evaporate.”

Janet Jackson, UNFPA Representative for Myanmar.

Educate: Pioneering mobile app on sexual health for young people, by young people

Young people in Myanmar are growing up in a rapidly modernizing society, where traditions and values are changing. They need to be equipped to handle new challenges and to make informed life choices. But the quickly evolving IT landscape with increased internet access, more affordable smart phones, and reduced censorship means that the sheer volume of information that Myanmar youth can suddenly access online is overwhelming. Most young people do not have the skills to tell the difference between fact and fiction. At the same time, parents and teachers are often shy to talk about sexual health. Instead, young people repeat hearsay between friends, often perpetuating incorrect information, risky behaviour and harmful practices.

UNFPA works to provide young people with the information they need to understand their bodies, to adopt a healthy lifestyle, and to have the confidence to make safe decisions that they will not regret. In 2016, UNFPA introduced the *Love Question, Life Answer* mobile app with facts about



GIVING YOUNG PEOPLE AN IMPACTFUL VOICE AT REGIONAL REPRODUCTIVE HEALTH CONFERENCE

In another 2016 initiative to give young people an impactful voice, UNFPA sponsored 50 young people from across Myanmar to participate in the Asia Pacific Conference for Reproductive and Sexual Health and Rights. Held in Nay Pyi Taw, the event enabled them to connect with young leaders in the region and to learn from each other.

“This is an opportunity for young people to express their own experience in their own words, and to be involved in issues that relate to their sexual and reproductive health and their choices in relationships”, said Janet Jackson, UNFPA Representative for Myanmar.

love, sex and health from a trusted source. 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.

The app, which is a UNFPA collaboration with the Ministry of Health and Sports and the Myanmar Medical Association, allows young people to find out about sensitive issues without shame or privacy concerns. It builds on years of experience from a telephone hotline and a peer education programme dedicated to the sexual health of young people.

In another 2016 education initiative, UNFPA supported training of 400 rural youth volunteers to become sources of trusted information among their peers on adolescent sexual and reproductive health and life skills. The programme also covered behaviour change communications techniques, enabling the volunteers to become agents for change in their own communities.





HIV and AIDS

2016 HIGHLIGHTS

- Teaming up with sex workers as partners, not beneficiaries
- Bringing modern family planning to sex workers through peer educators
- Supporting sex workers as agents in the policy reform dialogue

Female sex workers are at great risk of contracting and transmitting HIV. They are also particularly susceptible to unintended pregnancy. Due to their profession, female sex workers also experience social disapproval and discrimination. The stigma often bars them from accessing vital services such as sexual and reproductive health care – the very services that can enable them to avoid contracting HIV or help them manage HIV infection. Access to health services also helps prevent transmission of the virus to clients, partners and other family members, including mother-to-child transmission.

Teaming up with sex workers as partners, not beneficiaries

In keeping with the principle of leaving no one behind, UNFPA works to improve the lives of female sex workers and their families, and to reduce transmission of the HIV virus in Myanmar. In 2016, UNFPA focused on:

- Empowering sex workers to become active and respected partners in the policy dialogue with a view to change punitive laws and to reduce stigma and discrimination.
- Improving access to both HIV and reproductive health care and information for sex workers.

- Promoting sex worker peer outreach to expand the number of sex workers who can access support, services and information.
- Building the capacity of sex workers to develop and effectively manage their organizations.

Bringing modern family planning to sex workers through peer educators

UNFPA has supported sex-worker led organizations since 2012, promoting HIV prevention by generating demand for health services, such as HIV testing and supplies, including condoms, while at the same time linking sex workers to health care providers.

In 2016, this partnership focused on creating demand for and access not only to HIV-related health care, but also to sexual and reproductive health care, including

“Acknowledging the reality of sex work in society, we need to protect sex workers as they are girls and women like our sisters.”

Aung Kyi Nyunt, Member of Parliament, Bill Committee, Amyotha Hluttaw



“We need a comprehensive approach towards improving the health, protection and human rights of sex workers in Myanmar.”

Aung Thike Win, Director, General Administration Department, Ministry of Home Affairs

family planning. Sex workers were trained to become peer educators on reproductive health, modern contraceptive options and on how to obtain these. They are now passing this knowledge on to other sex workers in their neighbourhoods through education sessions run by community-based organizations supported by UNFPA. As a result, female sex workers received modern contraceptives, such as implants, to prevent unintended pregnancy with their regular partners.

The initiative included coaching sex workers to encourage HIV testing in their communities, as well as to share information about sexual and reproductive health. People at high risk include married women whose husbands visit sex workers.

UNFPA also helped build institutional capacity, enabling sex workers to develop and manage their organizations in accordance with good business practice. Trainings also developed sex workers' capacity to advocate, to build partnerships and to network.

In 2016, over 8,000 sex workers in Bago, Mandalay, Shan and Yangon were reached through the UNFPA peer educator programme in collaboration with Aye Myanmar Association, Myanmar Anti-Narcotics Association, Sabae Phyu, and Yin Khat Pan.

Supporting sex workers as agents in the policy reform dialogue

A main challenge for sex workers in Myanmar is the country's punitive legal framework. The Suppression of Prostitution Act of 1949 criminalizes sex workers, and reinforces discrimination in communities and by authorities, including police officers and health care providers.

As part of its advocacy for policy reform, UNFPA, together with UNAIDS, organized a study mission to neighbouring Thailand in 2016. The mission introduced key legal and health officials, and parliamentarians to the benefits of reforming the legal approach to sex work. The mission studied how sexual and reproductive health services are delivered to sex workers in an environment where public health concerns are prioritized, and where sex worker organizations and the police are partners. The mission also included representatives from sex worker organizations, and consequently served as an opportunity to build a rapport between policymakers and sex workers.

The mission presented policy recommendations and proposed priority actions at a workshop in Nay Pyi Taw. The discussion incorporated members of both the upper and lower houses of parliament; senior government officials, including from the Ministry of Home Affairs Anti-Trafficking in Person Unit, the Office of the Attorney General; and sex worker networks.

In addition to supporting policy reform, the initiative helped sex workers move from being mere subjects of punitive laws to becoming agents and partners in the policy reform process.

UNFPA advocacy in 2016 contributed to:

- Deferral of the punitive 2015 amendment to the Suppression of Prostitution Act.
- Active reform dialogue for the 1949 Suppression of Prostitution Act.
- Development of a new HIV Law, intended to protect people living with HIV.



// We urge all the politicians and participants to work towards improving the legislation. //

Thuzar Win, Representative for Sex Workers in Myanmar



Gender equality

2016 HIGHLIGHTS

- Supporting the Government to eliminate discrimination against women and girls
- Building capacity for gender mainstreaming in policies and programmes
- Bringing dignity and gender dimensions into humanitarian action
- Challenging social norms with cartoons

Despite the fact that Myanmar has ratified and endorsed the major international conventions and agreements on gender equality, women and girls face multiple forms of discrimination. This affects their ability to access opportunities, to exercise control over resources, and to make decisions in both public and private spheres. Gender inequalities remain in legislation, in access to economic opportunities, and in political representation. The United Nations 2014 Gender Inequality Index ranked Myanmar 85th of 187 countries while the 2012 OECD Social Institutions and Gender Index placed Myanmar as eighth out of nine ASEAN countries. For millions of women and girls, gender equality and the full enjoyment of human rights remain elusive.

UNFPA works towards equality between women and men, between girls and boys in policy and on the ground, including in humanitarian and peacebuilding settings. UNFPA also assists the Myanmar Government in fulfilling state commitments to gender equality and women's rights.

Eliminating discrimination against women and girls

Myanmar is a signatory of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which is the global standard setter for the achievement of gender equality and women's rights. CEDAW is an important demonstration of government accountability to women, and as a part of this commitment, each country submits a progress report, which is then reviewed by an international committee.

UNFPA provides technical and financial assistance to the Government committee in the Department of Social Welfare that is responsible for reporting on progress. In 2016, UNFPA was one of several agencies that assisted the government's CEDAW delegation to prepare for Myanmar's CEDAW review session in Geneva. This support builds government capacity to identify and address gender equality gaps in the country. The preparation for the CEDAW review sessions is also an important platform for drawing the attention of decision-makers to key issues that affect gender equality and women's empowerment.

In addition, UNFPA provides advice and support to assist Myanmar in addressing the recommendations of the United Nations Universal Periodic review (UPR), which is a wide-ranging report on the country's human rights



performance. In the 2015 review, Myanmar received 281 recommendations, out of which 166 were accepted. Over 50 of these relate to gender equality, violence against women, sexual and reproductive health and rights, young people, and population dynamics. In 2016, UNFPA engaged on these recommendations with the government and with civil society as part of its advocacy and technical assistance.

Building capacity for gender mainstreaming

The National Strategic Plan for the Advancement of Women 2013–2022 (NSPAW) is the key mechanism for turning CEDAW into action. In 2016, UNFPA worked together with civil society organizations and the Department of Social Welfare to mainstream gender into policies, plans, and programmes in all areas of government. A training programme that builds NSPAW awareness and implementation capacity was rolled out in ministries, including Labour, Immigration and Population; Agriculture, Livestock and Irrigation; Natural Resources and Environment; Religious Affairs and Culture; Hotel and Tourism; and Information.

Gender in humanitarian action

When disaster strikes, women and children are more vulnerable than men, and more women and children die. Women continue to get pregnant and have babies during emergencies and conflicts. To increase understanding of gender dimensions in crises, and to improve preparedness in Myanmar, UNFPA works to build capacity among key actors in both the government and the NGO sector. In 2016, UNFPA and the Department of Social Welfare co-organized a series of “Gender in humanitarian action” workshops in Rakhine, Kachin and Nay Pyi Taw. The events brought together staff from national and international NGOs with staff from government agencies and departments as diverse as Social Welfare, Fishery, General Administration, Forestry, Planning, Border Affairs, Police, Labour, Health, and Education.

Focusing on gender and human rights, the workshops provided tools for incorporating measures for gender equality into humanitarian programming. It covered the importance of age and sex disaggregated data,



By Phyto Wai Soe



By Han Myo Aung

and also how to prevent and respond to gender-based violence. Highlighting both the vulnerability and the capacity of women during disasters, the training is part of a global initiative led by the Inter-Agency Standing Committee for coordination of humanitarian assistance.

UNFPA also continued to advocate for improved space allocation for families in temporary shelters. Space for privacy and intimacy for couples are critical aspects of welfare and resilience for families.

Cartoon competition challenges social norms

Change in the private sphere is equally important as change in the public sphere. Part of UNFPA's work is to prompt change at the individual, family and community levels by building broad public awareness and support of gender equality and women's rights. To mark International Women's Day, UNFPA organized a cartoon competition and exhibition in partnership with Association François-Xavier Bagnoud and the Department of Social Welfare.

Competition entries reflected problems faced by women and girls in Myanmar. But there were also entries which conveyed positive messages. A winning cartoon by Phyto Wai Soe, 12, from Mon State, highlighted the importance of shared responsibilities. At the award ceremony, UNFPA's Country Representative for Myanmar, Janet Jackson, said:

"These cartoons challenge our beliefs around social and cultural norms. They force us to think about the roles of men and women in the home and the community. They tell us about the issues we need to confront in order to achieve change. First in ourselves, and then in the world around us."



Gender-based violence

2016 HIGHLIGHTS

- Women and Girls Centres protect women affected by conflict in Kachin and Rakhine
- Mobile GBV clinics support displaced women in northern Shan
- Training police officers to respond professionally to women who report violence
- Flood response reaches more than 26,000 people

Violence against women and girls in Myanmar is a silent emergency. It ranges from domestic violence to human trafficking and sexual violence. While violence against women is a global problem, the situation in Myanmar is exacerbated by high levels of social acceptance, armed conflict, discrimination against minorities, and a weak legal system which permits gender-based violence to be committed with impunity and with little attention to the needs and rights of survivors.

While research and information on the prevalence of gender-based violence in Myanmar is limited, the Myanmar Demographic and Health Survey 2015-16, the first of its kind, revealed that 51 per cent of women and 49 per cent of men think that wife beating is justified for at least one of these five reasons: Burns the food; Argues with him; Goes out without telling him; Neglects the children; Refuses sexual intercourse. In the same survey, which is the first household survey, 21 per cent of ever-married women reported that they have experienced spousal violence. Data collected by UNFPA shows that 70-80 per cent of women visiting UNFPA Women and Girls Centres have experienced domestic violence.

UNFPA works towards zero-tolerance of gender-based violence (GBV) in communities and in the law. The key vehicle is the *Women and Girls First* initiative which

protects the rights of the most vulnerable women and girls in Myanmar.

Women and Girls Centres protect women affected by conflict in Kachin and Rakhine

To help women and girls in camps for internally displaced persons (IDPs), UNFPA has established 15 Women and Girls Centres in Kachin and Rakhine. In the centres, women and girls who have been subjected to GBV such as abuse, assault and trafficking receive help to get to hospital for medical assistance. Emergency treatment is particularly important in rape cases, where treatment must be started within 72 hours to prevent both pregnancy and infection, including HIV.

In the face of a weak legal system, fear of reprisal and the stigma of community disapproval, few women choose to report assaults. But those who do are supported by the Women and Girls Centres when they go to the police station and if and when their case is brought to trial.

The women-only centres offer counselling and psychosocial support to help deal with the trauma. The centres are both service hubs and safe havens where women can talk openly without fear of judgment and shame. They can learn skills and access information, including on family planning and sexual and reproductive health and rights.



EMPOWERING WOMEN LIVING IN PROTRACTED DISPLACEMENT

All the staff in the Women and Girls Centres in Rakhine are themselves displaced. Supporting IDPs to help other IDPs sets up an important peer-to-peer mechanism. The ability to shape the response to gender-based violence in the camps also helps empower women who live in protracted displacement. In addition, the compensation the staff receive for their work at the centres brings financial security to women and families in a situation where people have lost their livelihoods.

In 2016, over 21,000 people in Kachin were reached through eight Women and Girls centres and an extensive volunteer and outreach programme. The centres serve both camps and host communities in both government controlled areas and non-government controlled areas. In Rakhine, more than 11,000 people were reached through seven Women and Girls centres in both Muslim and Rakhine IDP camps.

Mobile GBV clinics help displaced women in northern Shan

In response to escalated conflict and displacement in northern Shan in 2016, UNFPA helped set up mobile health clinics, which also address GBV. Through the clinics, trained case workers provide confidential counselling in private settings. The clinics raise awareness about GBV and available support services through learning sessions and information materials.

In a context where limited support is available to GBV survivors, UNFPA worked to identify and expand referral pathways by collaborating with the Government, and international and national organizations, including local women's groups. In 2016, 5,500 women and girls accessed GBV services through mobile clinics in 19 IDP camps. The majority of these are located in northern Shan, while some are located in neighbouring southern Kachin.

Training police officers to respond professionally to women who report abuse

Data collected by UNFPA indicates that only one in ten women who have been abused or assaulted report the crime to authorities. Assessments also show that the majority of police officers in Myanmar do not have the skills needed to manage GBV cases. Some do not know that domestic violence is a criminal offence.

But police officers can and should play a key role in GBV prevention and response. To build the capacity of the Myanmar Police Force to respond professionally and sensitively to women who report domestic violence and

One of the greatest fears for women and girls in the camps is having to go to the latrines in the evening. Walking in the dark, they are at risk of sexual assault and rape. In 2016, UNFPA distributed nearly

600 solar torches to increase their safety.





THE MEN WHO STAND UP AGAINST DOMESTIC VIOLENCE

Male engagement is an important part of the battle against domestic violence. Domestic violence is not isolated to IDP camps. But the protracted displacement and loss of livelihoods heighten tensions. UNFPA has helped create a network of male volunteers that cover 39 IDP camps in Kachin. The volunteers, who are themselves IDPs, are given tools to act against gender-based violence in their own communities. The volunteers respond to domestic violence among their neighbours, and also prevent violence through awareness-raising sessions for boys and men. The learning sessions are run as a collaboration between female staff from Women and Girls Centres and the male volunteers in the camps.

sexual assaults, UNFPA trains police officers on GBV. The training focuses on compliance with the national legal frameworks such as the Penal Code. It also covers international standards and practices for security forces, including personal conduct and the ability to protect the safety of women who report crimes. In 2016, over 700 police officers in Rakhine, Kachin, northern Shan and nationally were trained.

Flood response reaches more than 26,000 people

In 2016, 442,000 people fled their homes as heavy monsoon rains led to severe flooding, primarily in Ayeyawady, Magway and Mandalay. To reach survivors of domestic and sexual violence UNFPA's flood response used health services as an entry point. Health staff were trained to deliver both psychosocial support and post-rape medical care. To raise awareness about GBV and about the services available to survivors, UNFPA held GBV information sessions in flood-affected communities, reaching more than 26,000 people.



WOMEN AND GIRLS FIRST BENEFITS FROM STRONG DONOR SUPPORT AND A BROAD NETWORK OF PARTNERS. 2016 PARTNERS INCLUDED THE MYANMAR DEPARTMENT OF SOCIAL WELFARE, ASSOCIATION FRANÇOIS-XAVIER BAGNOUD, INTERNATIONAL ORGANIZATION FOR MIGRATION, INTERNATIONAL RESCUE COMMITTEE, METTA DEVELOPMENT FOUNDATION, MYANMAR MEDICAL ASSOCIATION, MYANMAR NURSE AND MIDWIFE ASSOCIATION, AND TRÓCAIRE.



Humanitarian assistance

2016 HIGHLIGHTS

- Reaching over 100,000 people
- Supporting safe births for 24,400 women
- Providing reproductive health care to 76,700 people
- Building Government capacity to deliver reproductive health care in humanitarian crises



Millions of people, especially in border areas, are affected by internal conflicts in Myanmar dating back nearly seven decades. The country is also prone to natural disasters, including floods and earthquakes. At least 1 million people in Myanmar were in need of humanitarian assistance in 2016.

Conflict response: Bringing reproductive health care to people in conflict zones

UNFPA supports mobile medical clinics that serve people who are affected by conflict, and who have little or no access to regular medical care. The mobile clinics operate in Kachin and Rakhine in camps for internally displaced people (IDPs) and in villages in conflict-affected areas.

Mothers visit the clinics for antenatal, postnatal and newborn care. Women from all walks of life come for contraceptives and treatment of gynaecological problems. When the staff spot serious complications, they refer patients to specialist care at the nearest hospital. If a woman cannot afford to go to hospital, the mobile clinics help fund her hospital visit.

The clinics conduct information sessions about health and family planning. They distribute information material, set up condom boxes and maintain family planning information boards in camps. In 2016, the mobile services, which are operated by the Myanmar Medical Association and the Myanmar Nurse and Midwife Association covered 16 IDP camps and 42 villages in Kachin, and 7 IDP camps and 68 villages in Rakhine.

UNFPA also works to strengthen the public health system in conflict zones by providing reproductive health training, medicines, and medical supplies and equipment to hospitals and health centres. An important part of this work is to support the upgrade of local health centres by assessing needs and funding renovations. In 2016, this included



delivery beds, vacuum devices for assisted delivery, and caesarean section operation instruments. In addition, UNFPA funded incinerators for medical waste disposal, and refrigeration for life-saving medicines such as oxytocin, which stops bleeding after childbirth. Postpartum haemorrhage is the leading cause of maternal death in Myanmar.

The reproductive health activities in conflict zones integrate gender-based violence services. Training, awareness-raising sessions and information material on both reproductive health and gender-based violence were provided to health workers, women's organizations and the public. Topics covered in 2016 included breast feeding, newborn care, personal hygiene, disaster risk reduction, early marriage, economic empowerment, post-rape treatment, psychosocial support, and referral pathways.

SUPPORTING COMMUNITY HEALTH AND HARMONY THROUGH CHINLONE

Using the traditional ballgame of chinlone, UNFPA brought together communities who have been displaced and separated by conflict. The chinlone events provided a platform for educating internally displaced people (IDPs), particularly boys and men, about reproductive health, while at the same time promoting harmonious co-existence. Young men who identify as Rohingya played side by side with young Rakhine men in the Thet Kal Pyin IDP camp in Sittwe.

More than 150 young IDPs participated in the first game, and 500 camp residents came to watch. Before the game began, a doctor from UNFPA partner the Myanmar Medical Association spoke about HIV, family planning, and gender-based violence.

When given the opportunity, young people can be agents for peace, and chinlone is a game that unites. It is non-competitive, and it has no teams. Instead, the players help each other to keep the ball in motion with their feet, knees and heads. The focus is on how beautifully the game is played.

Flood response: Supporting safe delivery for women displaced by flooding

In 2016, heavy monsoon rains caused severe flooding. More than 100 people lost their lives, and 422,000 people were displaced. Many of these fled their houses with only the clothes on their backs, and without drinking water or food. They were trapped for weeks in monasteries on higher ground. In some areas, almost all health infrastructure was damaged, and rescue activities were hampered where turbulent water restricted access to flooded areas.

By working with partners Marie Stopes International and the Myanmar Medical Association, UNFPA ensured safe delivery for over 4,000 pregnant women who had little or no access to maternal health services and supplies in Ayeyawady, Magway, Mandalay and Rakhine. Mobile medical teams were dispatched to the most hard-to-reach



villages, where they provided health care, emergency referrals and clean delivery kits to pregnant women. Over 21,000 women received antenatal care, postnatal care, medication, or other reproductive health services. UNFPA also replenished reproductive health supplies in damaged hospitals and health centres.

The medical services were tailored to double as entry points for gender-based violence services. Health staff were trained on how to provide post-rape medical treatment as well as psychosocial support. The flood response promoted resilience by establishing referral procedures that were sustained also after the emergency.

Building Government capacity to deliver reproductive health care in humanitarian crises

UNFPA works for sexual and reproductive health care to be integrated into the public emergency response. It provides the Government with the skills, equipment and supplies needed to reduce maternal death, HIV transmission, unwanted pregnancy, and gender-based violence during humanitarian crises. In 2016, UNFPA together with the Myanmar Red Cross Society supported this mechanism, called the *Minimum Initial Service Package*, in Chin and Kachin.



76,780

people received sexual
and reproductive
health care



70,527

women received
antenatal and
postnatal care



24,400

supported safe births
through clean delivery
kits



1,104

complicated
pregnancies referred
for emergency care



**Humanitarian
assistance reached
101,180 people
in 2016**

7,565

women received
contraceptives



11,509

men received condoms



53,469

people received reproductive
health information



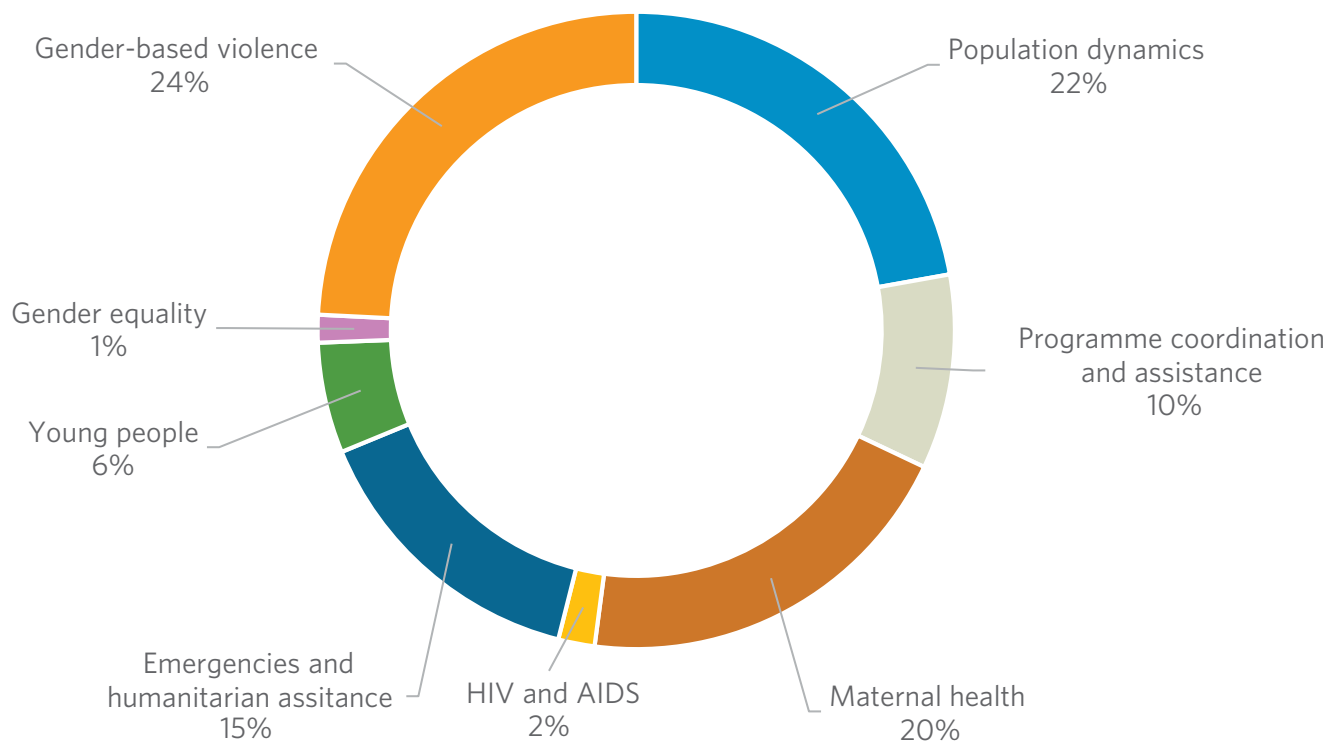
18,713

dignity kits distributed

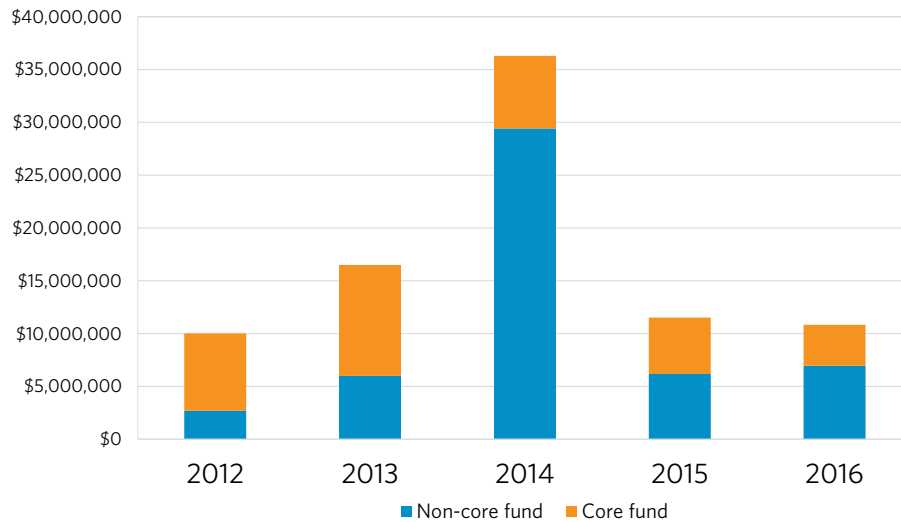


Resources and partnerships

2016 expenses: US\$10,834,504

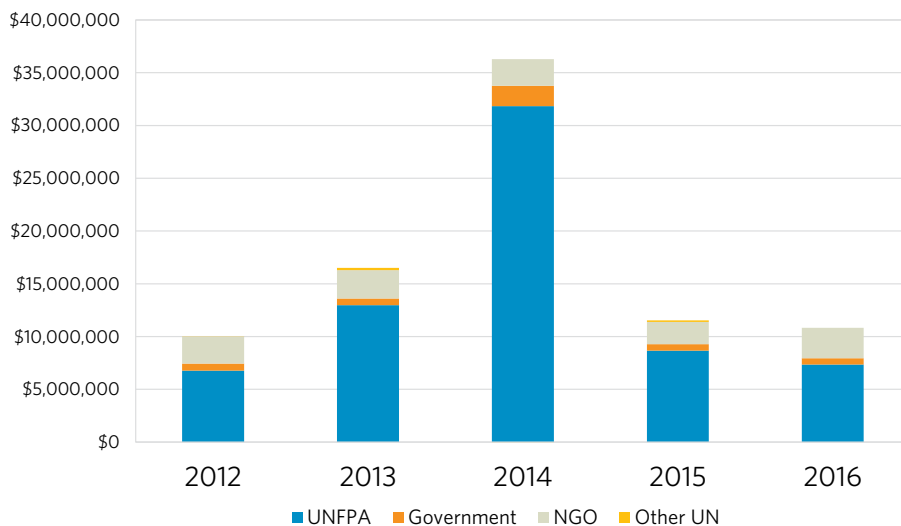


2012-2016 expenses by resource type



2012-2016 EXPENSES
TOTALLED US\$85.1 MILLION

2012-2016 expenses by implementing agency



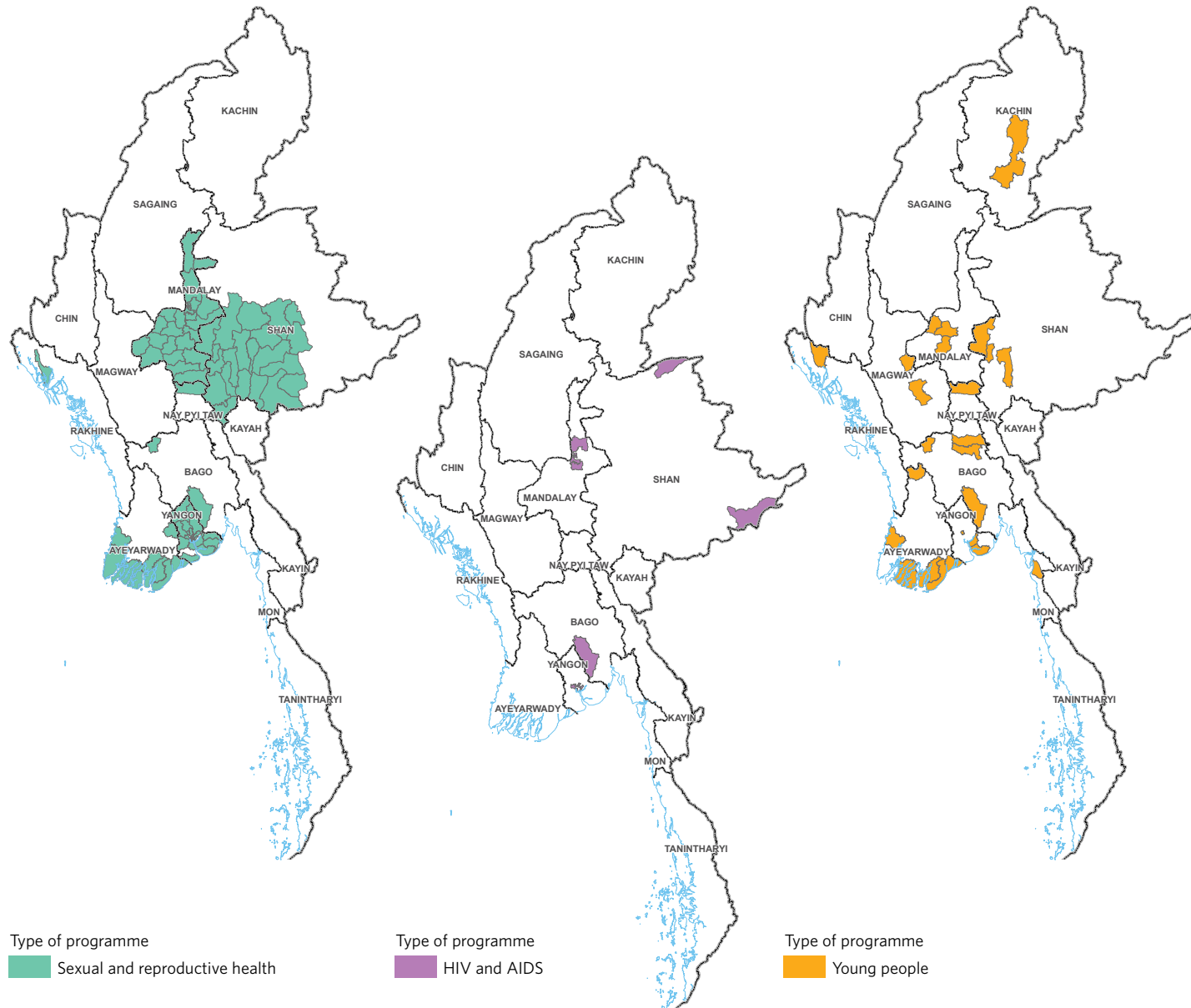
2016 resources mobilized from donors

3MDG Fund (Denmark, European Union, Sweden, Switzerland, United Kingdom, United States of America)	US\$385,040
Central Emergency Response Fund (CERF)/Office for the Coordination of Humanitarian Affairs (OCHA)	US\$1,073,206
Department of Foreign Affairs and Trade (DFAT), Australia	US\$1,142,422
Department of International Development (DFID), United Kingdom	US\$671,429
dtac Thailand	US\$6,663
Friends of the United Nations Asia-Pacific (FOUNAP)	US\$2,059
Government of Finland	US\$1,868,630
Government of Sweden	US\$990,749
Total	US\$6,140,198

Partnerships in 2016

Activity area	Sexual and reproductive health, HIV & AIDS, Emergencies and humanitarian assistance	Young people	Gender equality, Gender-based violence	Population & development
Government				
Department of Human Resource for Health	•			
Department of Medical Research	•			
Department of Population				•
Department of Public Health	•	•		
Department of Social Welfare		•	•	
NGOs				
Association François-Xavier Bagnoud		•	•	
International Rescue Committee	•		•	
John Snow Inc.	•			
Marie Stopes International	•	•	•	•
Metta Development Foundation			•	
Myanmar Anti-Narcotics Association	•		•	
Myanmar Medical Association	•	•		•
Myanmar Nurse and Midwife Association	•			
Myanmar Red Cross Society	•			
Malteser	•			
Population Services International	•			
Trócaire			•	
Myanmar Maternal and Child Welfare Association	•	•		
UN agencies				
IOM Myanmar	•			

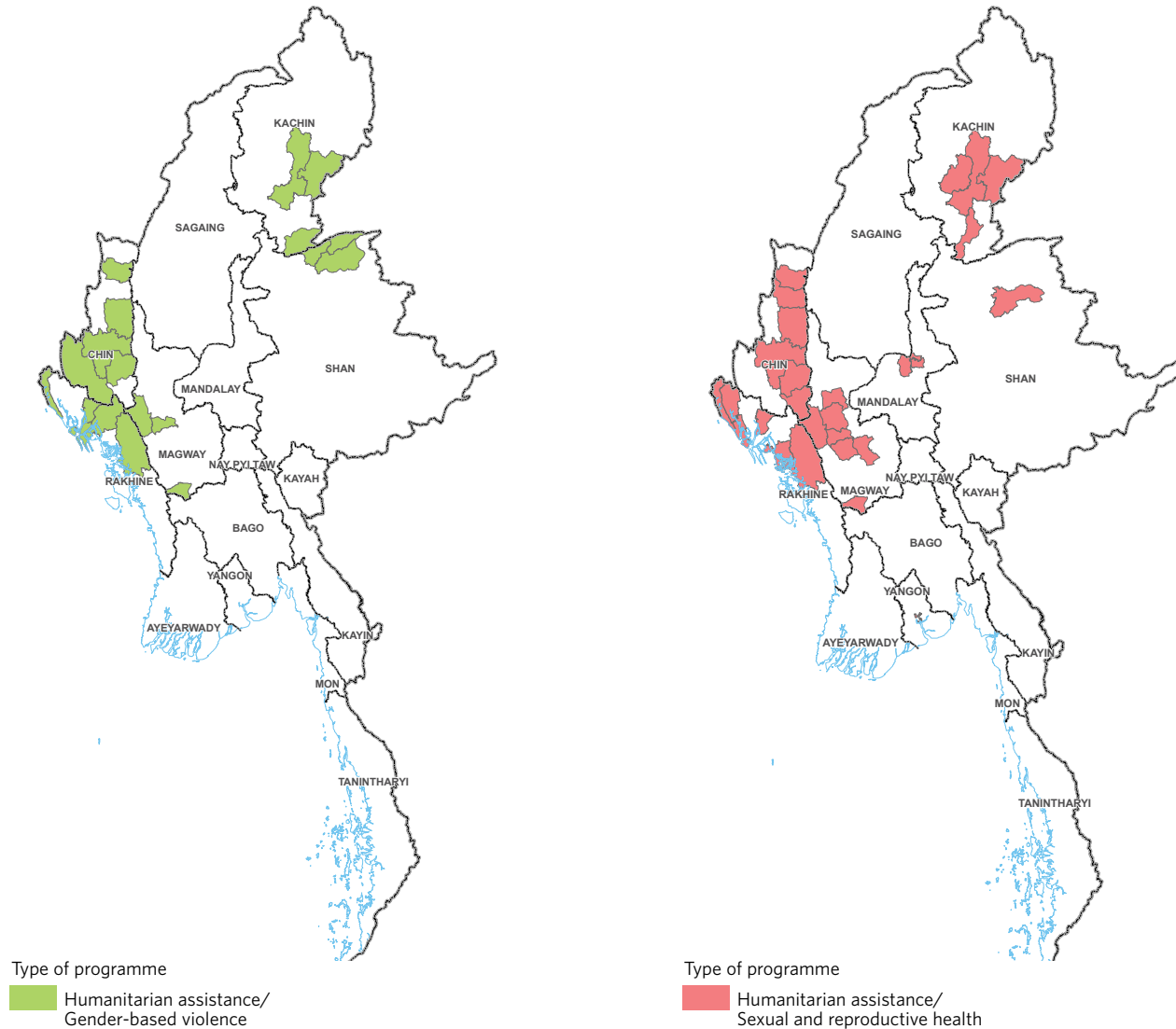
Where we work



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

Countywide programmes

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



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