





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.

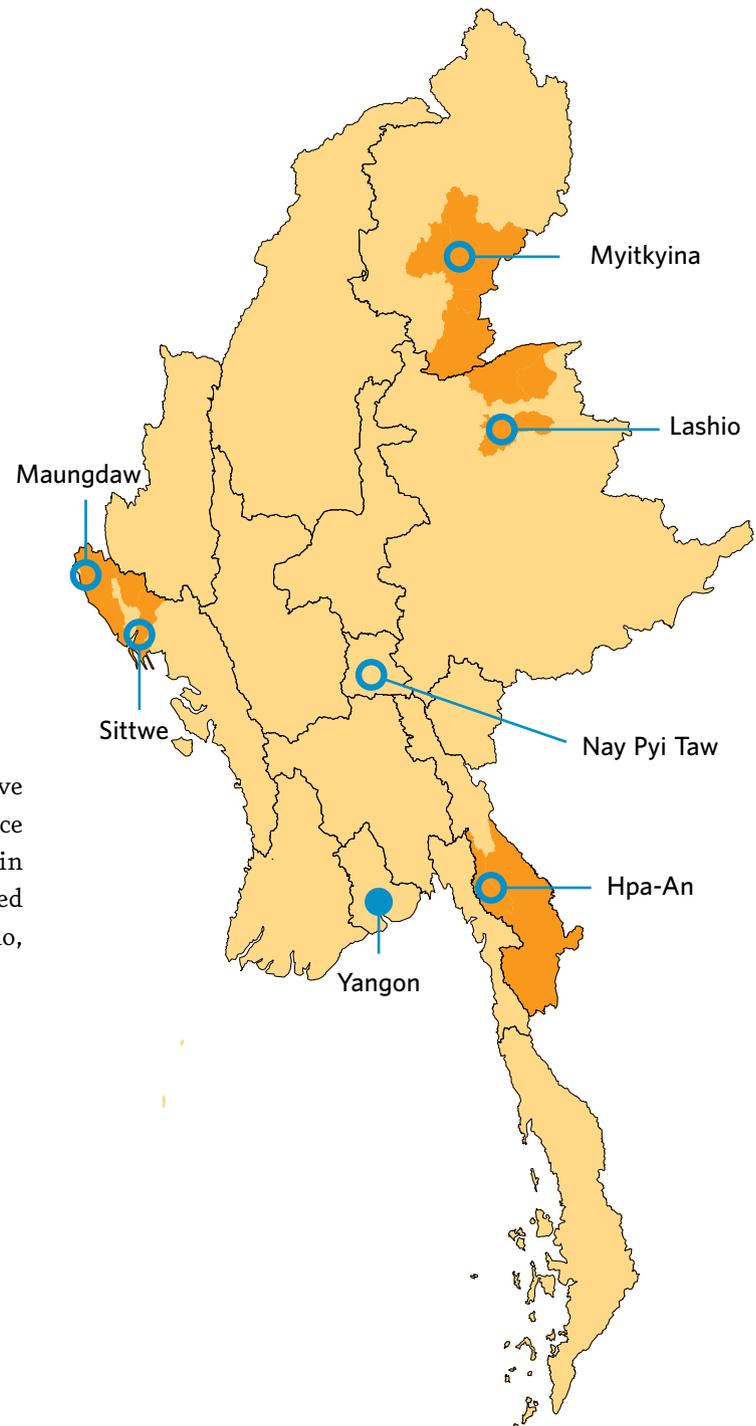
The Women and Girls First initiative addressed gender-based violence across the humanitarian, peacebuilding and development nexus. It also focused on a stronger integration of sexual and reproductive health, and gender-based violence services. Five new field offices were established to support the large-scale 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





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