

# Country WID Profile (Myanmar)

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# Country WID Profile (Myanmar) Table of Contents

Abbreviation	page	
1	Basic Profile	
	1-1 Socio-Economic Profile	1
	1-2 Health Profile	2
	1-3 Education Profile	2
2	General Situation of Women and Government Policy on WID/Gender	
	2-1 General Situation of Women in Myanmar	3
	2-2 Government Policy on WID/Gender	5
	2-3 National Machinery	9
3	Current Situation of Women by Sector	
	3-1 Education	11
	3-2 Health	14
	3-3 Agriculture, Forestry, Fisheries	20
	3-4 Economic Activities	23
4	WID/ Gender Projects by other Donors	25
5	WID/Gender Information Sources	
	5-1 List of International Organizations and NGOs related to WID/Gender	27
	5-2 List of Reports and References related to WID/Gender	28
6	References	29
7	Definition	

## List of Abbreviations

(Myanmar)

ACCU	Asia/Pacific Cultural Centre for UNESCO
CSO	Central Statistics Organization
CSW	Commercial Sex Workers
DBE	Department of Basic Education
DOH	Department of Health
EFA	Education For All
ESCAP	Economic and Social Commission for Asia and Pacific
FAO	Food and Agriculture Association
FD	Forest Department
FPIA	Family Planning International Alliance
FRHS	Fertility Reproductive Health Survey
HRD	Human Resources Development
IDD	Iodine Deficiency Disorder
IEC	Information, Education and Communication
IMMCI	Integrated Management of Maternal and Childhood Illnesses Programme
IMR	Infant Mortality Rate
LFS	Labour Force Survey
MCH	Maternal and Child Health
MMA	Myanmar Medical Association
MMCWA	Myanmar Maternal and Child Welfare Association
MMR	Maternal Mortality Rate
MRC	Myanmar Red Cross
MWEA	Myanmar Women Entrepreneur Association
NGO	Non Governmental Organizations
NPH	National Health Plan
PCFS	Population Changes and Fertility Survey
PEM	Protein Energy Malnutrition
STD	Sexually Transmitted Diseases
TBA	Traditional Birth Attendants
UNCED	United Nations Conference on Environmental and Development
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Science and Cultural Organization
UNFPA	United Nations Population Fund
VAW	Violence Against Women
WHD	Women Health and Development
WID	Women in Development

1. Basic Profile

1-1 Socio-Economic Profile

Socio-Economic Profile							Ref.
Economic Indicators ( '97)	GNP/Capita	Growth rate of real GDP		Inflation R.*	Gini coefficient*		1
	US\$48. 76	30%		30.0%	na		
Public Sector(% of total Ex.'99)	Health	Education	Social Welfare	Defense	Agriculture	Industry	2
Expenditure to sectors	1.0%	2.0%	3.8%	5.1%	12.8%	6,6%	
Population(97)	Total	Urban population		Population growth rate('97)			3
	Total	47.25 millions		8466 thousands		1.80%	1
	Women	23.79 millions		4256 thousands			6
Industry/Nationl total invest.	Agriculture	Industry(Manufacture)		Service			
	13. 1%	3. 8%(96-97)		na			
Proportion of workers('90)	Agriculture	Industry	Service	Aid/GNP			4
	Men	62. 89%	16. 25%	3. 68%	2217.85 million\$		
	Women	46. 67%	57. 69%	4. 77%			
Labour Indicators(90)	Labour force(% of pop).	Unemploy. R.	Minim. wage	Women/Total*			4
	Men	76. 54%	3. 68%(97)	Kyats3000/ month(US\$9.3)	na		5
	Women	46. 01%	4. 77%(97)				7
Decision-making	Women/Total		Women/Total				
	Member of parliament	na	Managers	na			
	Ministries	na	Technicians	na			
	deputy ministries	na	mid-to-top position in Govern. Serv.		39%		
Law for Women		Year	Details				
	Marriage Law	na	After 16 years, she can marriage without the parent's consent				7
	Election Law	na	equal right to vote and to be elected(after 18 years)				7
Ratification and signature of international law for women			Ratification	Year			
	CEDAW		yes	22th July 1997			
Policy of WID							
	Child Law against the economic exploitation of working children		1993				
	Occupational health legislation in the labour Laws						
	Myanmar Agriculture and Rural Development Bank Law No.17/90		1990				
Governmental organization of WID							
	National Machinery						
	Myanmar National Committee for Women's Affairs(Formed on 7 Oct. 96)						

References

- 1)CSO
- 2)Gazette
- 3)PCFS
- 4)LFS
- 5)Human Resource Development Indicator(96/97)
- 6)Census 1983
- 7)Human Resource Development Indicators- Department of Labour/UNFPA, 1998

\*Refer to 7. Definitions

1-2 Health Profile

Health Profile					ref.	
Life expectancy( 97)	Male 59, Female 62		Population growth rate	1. 8% (97)		1
Expansion of health service	Population /Doc.	3326	Population/Nurse and Midwife		4148	2
Government expenditure to health (% of GDP '99)	1.0%					3
Infant mortality rate(per1,000)*			% of the vaccinated	1-year-old child.		
	Total	79. 06persons(98)	Law-weight	BCG('90-'95)	89%	4
	Female	%		DPT('90-'95)	86%	
Under-5 mortality rate(per1,000)*				Polio('90-'95)	91%	
	Total	112. 74 persons(98)		Measles('90-'95)	83%	4
Fam. Plan(98)		Contraceptive rate(98)	32. 78% (Modern method 28. 38)			4
	Births attend. rate*	83% (Doc.11. 5%, Nur./Midw.44. 9%, TBA38. 1%)				4
	Maternal anemia rate*	58. 06%(94)		Total fertility rate(98)*	2. 8	9
	% of TT vaccinated	71%(pregnant women)		Age at first marriage	M.-27. 5, F-26. 4	5
	Maternal mortality rate	123 persons per 0.1million				
			ORT use rate*	na		
Nutrition	Iodine deficiency	33. 08% total goitre rate('94, 5-14years, South Shan State) 59%				11
	Malnutrition	Protein Energy malnutrition		male 33. 8%	female 28.4%	10
		Anemia rate among young girl		26.40%		
Community health (96 )	urban 70.1%				urban 70. 05%	
	Access to safe water	rural 42.2%	Access to adequate sanitation		rural 44%	
HIV/AIDS		HIV infected		AIDS cases		
	Statistics( 95 )	1.7 % of pregnant women		na	[ higer level at border areas]	

1-3 Education Profile

Education Profile						
Education system	Primary -5year, Middle-4years, High-2years					
Public expenditure on education						
% of GNP(1999)	2.0%					
Adult literacy rate(83)	male 86 %, female 71.3 %					6
by race						
Primary education('98)	Net enrollment ratio	Coplete. R.	Dropout rate			7
Male	105%	63.6%	2.37%			
Female	100%	58.1%	2.43%			
<Educational Issues>	Drop out, educational wastage, non-enrollment of girls in certain regions					
Secondary education('97)	Net enrollment ratio*		Female ratio of higher education(96/97)			8
Male	lower 104%	na	Professional Institute		66.7%	12
	higher 84%		Arts and Science Universities		62.3%	12
Female	lower 100%	na	Government Technological Colleges		27.1%	12
	higher 100%		Government Agricultural Sciences		42.4%(95/96)	12
<Educational Issues>						
Higher education('97)	Enrollment ratio					
Total	na					
Female	(M/F)1:4					12

References

- |                     |  |
|---------------------|--|
| 1)CSO               | 7)DBE  |
| 2)Health in Myanmar | 8)Survey(96/97)  |
| 3)Gazette           | 9)Khin Mg Naing et al(1994)  |
| 4)FRHS              | 10)National Nuturition Centre  |
| 5)DOH               | 11)Survey in Southern Shan State(1994)                                     |
| 6)Census(83)        | 12)Human Resource Development Indicators- Department of Labour/UNFPA, 1998 |
- \*Refer to 7. Definitions (p. )

## 2. General Situation of Women and Government Policy on WID/Gender

### 2-1 General Situation of Women

#### General Situation of Women in Myanmar

-Myanmar, which is placed between the Indian sub-continent and China, is greatly influenced by those ancient civilizations. However the status of women has always been high since the days of Pyu Kingdom (from 5<sup>th</sup> to 9<sup>th</sup> Century A D). No social inequalities can be discerned between men and women and there is no discrimination based on culture, class or colour although there are regional differences based on local customs.

-The population of female outnumbers that of male and 46.01% are in the Labour Force (Myanmar Labour Force Survey). From childhood, young Myanmar girls are trained to undertake work in and around the house.

- Regarding education of Myanmar women, there is at present no gender gap at any level in the developing regions, although it was not so in the olden day when girls were kept at home to do the housework and to look after younger siblings.

It is a common sight in rural areas to see young girls caring their younger siblings and collecting water or firewood during school holidays. With the development of agricultural communities women's work revolved more around the house. They prepared food, made clothing, took care of the children while also helping to plough fields, harvest crops and tend animals. As cities develop some woman sold or traded goods in the market place. As in many countries a very high proportion of all female employment is absorbed by the informal sector. The activities for the women range from subsistence farming, petty trading and hawking, wage employment in unregulated small enterprises or have based contact work for larger formal sector firms, in skilled work such as tailoring, weaving, embroidery and food production. Their contribution to the economy remains largely invisible as does that of women who work as help in a family unit.

Women who live and work for their living in rural areas, most work as agricultural labourers, transplanting, weeding and harvesting for daily wages paid in cash or kind. As agriculture work is seasonal, and often weather-dependent, other income generating activities should be considered and promoted. Regarding the women residing in urban areas, they are not well equipped with skill and also have no education. They are working mostly as porters at worksites using their physical strength, and making, packaging and assembling products of all kinds at workplaces. For woman in these jobs, their health is their capital. Skill-based literacy programmes should be implemented to improve their quality of life.

In the United Nations report on social development in 1990, poverty was classified into two categories namely absolute poverty and relative poverty. However poverty line is not clear in Myanmar, the percentage of the population below the line is not known. The data on population in slum and squatter areas also is not available. Most of the people

living in slum and squatter areas are engaged in various governmental as well as private sectors.

The health-care system in Myanmar has public, private and co-operative sectors. In the public sector the Ministry of Health is primarily responsible for the provision of health-care and the Department of Health under this Ministry has the responsibility for the organization and management of all allopathic (Western Medicine) health care delivery. It is organized into several levels -Central, State/Divisional, District, Township and Village. The private sector includes both traditional and Western medical care at private clinics, hospitals and drug stores selling pharmaceutical products. There are a number of co-operative and joint venture clinics and hospitals, which also provide health services to the population. The National Health Plan has six broad programme areas

**(a) Community Health Care Programme (b) Disease Control Programme (c) Hospital Care Programme (d) Environmental Health Programme (e) Health Systems Development Programme (f) Organization and Management Programme**

Nutrition development was a sub-programme under Community Health Care Programme and it was found that Myanmar girls suffered from Protein Energy Malnutrition (PEM). (urban girls 26.98% and rural girls 29.31%) More than fifty percent of Myanmar women suffered from Iron Deficiency Anemia during pregnancy. The leading causes of morbidity and mortality computed from the hospital reports showed that (Annual Hospital Statistics Report 1993) the top ten leading causes of morbidity are malaria, ill-defined intestinal infections, unspecified abortions, other symptoms and ill defined conditions, other diseases of digestive system, certain traumatic complications and unspecified injuries, other diseases of respiratory system, complications occurring mainly in the course of labour and delivery, pneumonia, other intracranial injuries. The top ten leading causes of mortality are very much the same as above except heart diseases, pulmonary tuberculosis, acute but ill-defined cerebrovascular diseases were added to the list.

As in any developing countries, there are certain traditional customs and cultural beliefs, which are harmful. Some customs such as not avoiding any food during pregnancy, not lifting heavily loads during pregnancy, breast feeding to space the child are beneficial but just eating rice and dried fish during postnatal period, keeping the mother and child in a dark and poorly ventilated room are practiced.

Regarding education of women, in the olden days the ability to read and write was considered "ornamental" and Myanmar women were illiterate. With the aim of "Education for All" by the Year 2000, the Government of Myanmar is striving its best to reach the goal. The issues that are being vigorously addressed are the dropout and educational wastage. In the less developed regions, non-enrollment in school of girls is still a problem. The basic cause of this is the financial reason and as stated above if a family could not afford to educate all the children or where a child was needed to help the parents in the house or in the fields or to look after its siblings, it was a girl rather than a boy who was kept away from school.



Equality of women and men without gender discrimination before the law is provided in Article 145(a) of the 1947 constitution of the Union of Myanmar as well as in Article 22 of the constitution of the Socialist Republic of the Union of Myanmar. Likewise in the basic principles of the draft constitution adopted by current National Convention there are provisions for the protection of the rights of women.

## 2-2 Government Policy on WID/Gender

### Government Policy on WID/Gender

-Six areas of concern for the advancement of women was identified. They are (1)Education (2)Health (3)Violence Against Women (4)Economy (5)Girl Child (6)Culture  
- The Myanmar National committee for Women's Affairs laid down National Plan of Action and the objectives to deal with the issues regarding the advancement of women and respective sub-committees to implement their activities are formed.

The policy guidelines laid down by H.E. Lt. General Khin Nyunt Secretary (1) of the State Peace and Development Council are

- (a) To effectively promote the health, education and socio-economic status of the entire mass of Myanmar Women down to the grass roots level.
- (b) To educate and organize the Myanmar Women to uphold the tradition, culture and to safeguard one's own lineage and religion with a view to combat the infiltration and influence of foreign culture, which could lead to social problems.
- (c) To strive in unison for the emergence of a peaceful, modern and developed nation by all the women force from government departments, non-governmental organizations, social organizations and members of the Union Solidarity and Development Association, at various levels, engaged in Women's Affairs.
- (d) To implement the resolutions of the World Women's Conferences into action in accord with the State policy and political, economic and social objectives.
- (e) To make endeavours by the Women's sector in assisting the political, education and social objectives of the State by formulating relevant aims and objectives based on the momentum of success gained.

From these policies it is evident that the Myanmar Government is pro-active in its efforts to formulate strategies for advancement of women. To systematically carry out activities the Myanmar National Committee for Women's Affairs was formed and it held National Plan of Action. The strategic objectives are as follows (see underline) and for those objectives, following activities are drawn by the six sub-committees.

#### (1)Education and Training of Women

##### **Ensure universal access to primary education**

- To have universal access to basic education and completion of primary education by at least 80% of primary school-age children both through formal and non-formal education by the year 2000.

- Increase enrollment and retention rates of girls by enlisting the support of parents and community throughout the country and by offering stipends and scholarships to the needy.
- Improve the quality of education for women of all ages to acquire knowledge and development capacities, and reduce the dropout rate.

#### **Eradicate illiteracy among women**

- Reduce the female illiteracy rate and implement functional literacy programmes for the 15+ age group in all the States and Divisions, especially in the rural and border areas.

#### **Improve women's access to vocational training**

- Develop and implement training for especially young women, to provide skills to meet the needs of a changing socio-economic context for improving employment opportunities.
- Provide recognition to non-formal education opportunities for girls and women in the education system, and information on the availability and benefits of vocational training.
- Ensure access to quality education and training at all appropriate levels for adult women with little or no education

#### **Promote life long education and training for girls and women**

- Ensure the availability of a broad range of education and training that lead to ongoing acquisition of knowledge and skills as well as support for child care to enable mothers to continue their schooling.

### (2) Women and Health

#### **Increase women's access through out the life cycle to appropriate affordable and quality health care, information and related services**

- Strengthen health services, particularly primary health care and under-one infant care and under-five child care as well as Increase birth-spacing education and services.
- Promote exclusive breast feeding and promote household food and nutrition security.

#### **Strengthen preventive programmes that promote women's health**

- Create self-care programmes to enable women to acquire knowledge and take responsibility for their own health as well as the health of their families

#### **Undertake gender-sensitive initiative that address sexually transmitted diseases, HIV/AIDS and sexual and reproductive health issues**

- Provide information and education to the general community and high risk groups.
- Provide hospital-based counseling services and HIV/AIDS/reproductive health education.

#### **Promote research and disseminate information on women's health**

- Disseminate the findings from the WHD profile. Conduct a research study on the implementation of Essential Obstetric Services in a township. Collect gender- desegregated statistics for health. Conduct research on adolescent reproductive health and disseminate findings by the year 2000.

### (3) Violence against Women (VAW)

#### **Take integrated measures to prevent and reduce VAW**

#### **Study causes/consequences of VAW and effectiveness of preventive measures.**

- Conduct a research on VAW in townships with the following objectives. ; to explore the magnitude of the problem of violence against women. ; to identify the possible causes of violence against women. ; to determine the consequences of violence against women
- Disseminate the findings from the research.

#### **Reduce trafficking in women and assist victims of violence due to prostitution and trafficking**

- Establish the Ministry for Progress of Border Areas and National Races and conducts domestic science training in the States and Divisions for young women and girls to be able to carry out income-generating activities.
- Conduct combating trafficking of women/girls by means of education, poverty alleviation and income generation. Impose restriction on girls under 25 years old travelling across the border.

### (4) Women and the Economy

- **Promote access to appropriate working conditions and flexible structures to enable the dual responsibilities of job and home.**
- Promote technology transfer
  - **Facilitate women's access to resources, employment, markets and trade.**
  - **Provide business services and training to promote access to markets, information, and technology, particularly for low-income women, including women in the rural areas**
  - **Promote harmonization of work and family responsibilities for women and men and women's access to savings and credit mechanisms**

### (5) The Girl-Child

#### **Eliminate negative cultural attitudes and practice against girls**

- Conduct advocacy meeting relating to negative cultural attitudes/practices against girls.

**Increase awareness of the girls' needs and potential**

- Ensure universal access to and completion of primary education by all children by the year 2000 and increase enrollment and retention rates of girls by enlisting the support of parents and community throughout the country.
- Generate awareness of the disadvantaged situation of girls among policy makers, planners, administrators and implementers at all levels and within households/communities.
- Facilitate the appropriate services to girls with disabilities and provide their families with related support services.

**Eliminate the economic exploitation of working children**

- Ensure effective enforcement of the already existing Child Law (1993) against the economic exploitation of working children.

**Promote the girl-child's awareness of and participation in social, economic and political life**

(6) Women and Culture

**To uplift dynamism of patriotic spirit, national prestige and integrity**

- Conduct essay and poetry competitions as well as extempore talks to promote dynamism of patriotic spirit, national prestige and integrity. Stress on civic lessons in basic education.

**To preserve the cultural heritage**

- Encourage the wearing of traditional attire by means of fashion shows and movies as well as the participation of the Myanmar Traditional performing arts competitions, which include, music, dancing, composing and singing organized by The State.
- Hold traditional festivals, produce publications on the cultures/customs of national races.

**To preserve and safeguard the Myanmar culture and traditions**

- Include the tradition of venerating elders and provide religious classes during vacations.
- Share knowledge on the cultures of the various ethnic groups as well as holding talks by eminent literary figures on "Patriotism and Culture"
- Publish publications for women with a focus on Myanmar culture and traditions .and have radio talks and television spots especially directed towards women.

## **2-3 National Machinery**

### **Myanmar National Committee for Women's Affairs**

The Myanmar National Committee for Women's Affairs (MNCWA) was formed on 3 July 1996 and the Myanmar national Working Committee for Women's Affairs on 7 October, 1996 with the aim to implement the Beijing Platform for Action and future programmes for women's advancement.

#### **[Background]**

To promote the advancement of women and to ensure the full participation of their work force, National Committees for Women's Affairs are established. The main function of the committee is to enhance the National Plan of Action implemented by the Government and the participation of the non-governmental organizations and the community.

The Government has designated the Ministry of Social Welfare, Relief and Resettlement as the National Focal point for Women's Affairs. MNCWA laid down the policy guidelines for the advancement of women, especially those living in the far reaching remote border areas. The Myanmar national Working Committee for Women's Affairs was subsequently formed to carry out the activities for advancement of women. Both Committees comprise high-level personnel from government ministries and NGOs responsible for women's advancement.

One important point to be noted is this MNCWA is a committee and not an association and thus does not have members but only voluntary workers chosen to be committee members. As it is also not a governmental organization, it does not receive any specific funding from government budget and thus have to implement fund-raising activities and also receive donation from well wishers.

#### **[Main fields of activities]**

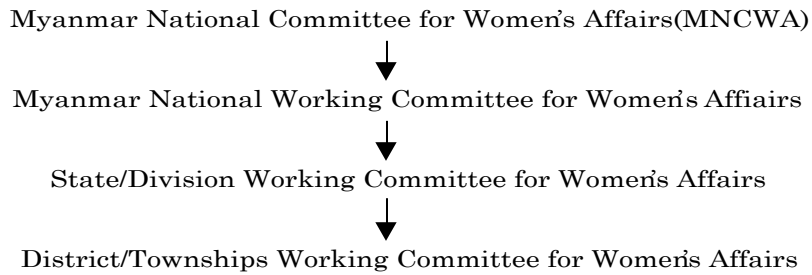
The Beijing Platform for action describes twelve critical areas of concern to women around the world. From these twelve areas of concern, the Myanmar National Committee for Women's Affairs identified five areas (Education, Health, Economy, Violence against Women and Girl Child) and added another area namely culture that were considered to be most relevant for the advancement of Myanmar women. For implementation of the activities, respective sub-committees were formed for each activity.

As well, the Women Affairs Committees are also established at the State and Division, District and Township levels (grass roots) to fulfill the commitments made in Beijing. The strategies are formulated and the activities that are planned is in conformity with the cultural background and the ethical values of Myanmar people.

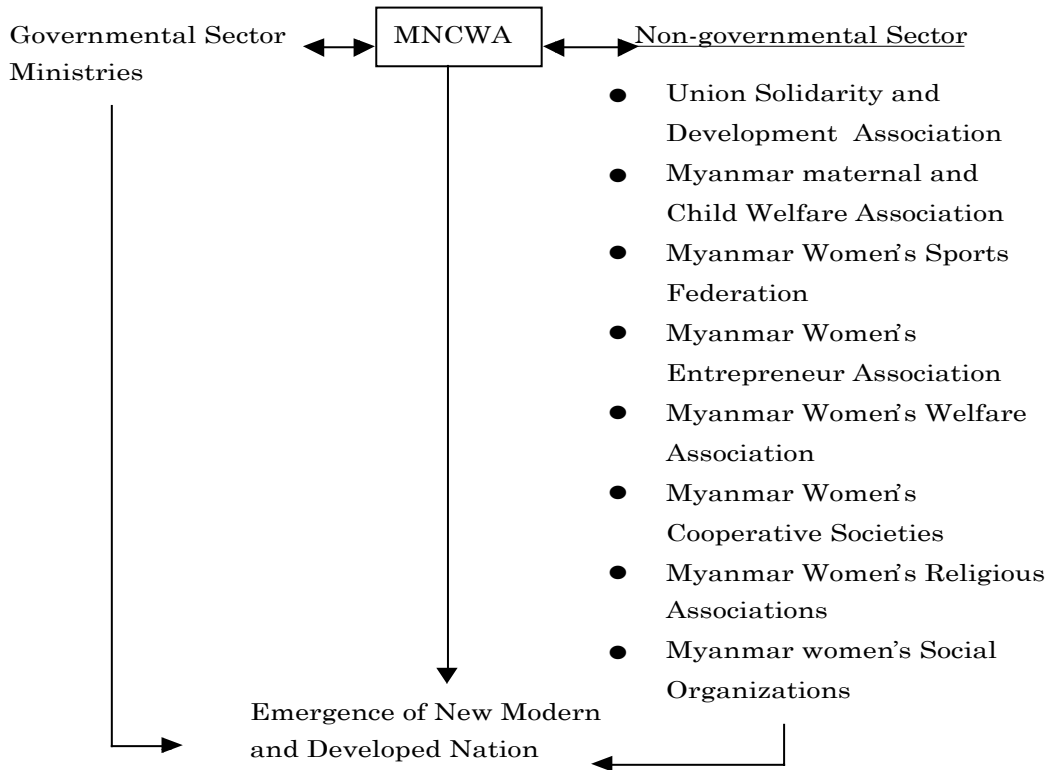
The Working Committee has held advocacy meetings in States and Divisions and each State and Division choose its own critical area of concern, which it will be focusing its

attention on. One thing to be noted is although it had identified six areas, the other areas are also given due attention such as “Women and Environment.

ORGANIZATION



OPERATIONAL MECHANISM



**[Other Agencies]**

Concerning other ministries, there are various activities focusing on women issues. For example the Ministry for Progress of Border Areas and National Races copes with the problems of women trafficking and prostitution, while the Ministry of Health formed a Food and Nutrition Control Committee with the aim to promote nutritional condition. In Education sector The department of Technical, Agriculture and Vocational Education

implements mobile education units for women and the Myanmar Naingngan Education Committee co-ordinate education activities and plan new ones at the national level,

As well, large- scale local NGOs such as MMCWA implement various activities in multi-sectors for women such as reproductive health service, vocational/technical training, support for starting own business and credit/loan.



### 3. CURRENT SITUATION OF WOMEN BY SECTOR

#### 3-1 Education

##### Education

- As can be seen from enrollment rates of primary and secondary schools, and the rate of women teachers, education in Myanmar is basically “feminine setting”.
- Literacy courses for adult women and vocational training are implemented.
- Based on the World Declaration on ‘Education for All’, their own national targets are set and various kinds of programmes along with the objectives have been implemented with the support of International organization etc.

#### [General Situation]

On completing eleven years of schooling (5-4-2) school children appear for the Basic Education High School Examination. Depending on their performance in this examination, the secondary school (Higher Level) graduates are accepted in institutes of higher education. The total number of students completing secondary school is 47,820, out of which 46.8% are females.

The schools in Myanmar are basically " feminine settings " in that most teachers are women. The statistics from DBE showed that women teachers outnumber men in primary, secondary and high schools. [ 72.9% in primary, 72.9% in secondary (lower) and 70.5% in secondary ( Higher )].

Apart from the formal education, women are also educated through non-formal education. The Ministry of Education has implemented non-formal education projects with the collaboration of UN agencies. The Department of Technical, Agriculture and Vocational Education has mobile units in border areas to educate the women residing in these areas.

Another education system that had prevailed since the time of Bagan era is the monastic education. It has always played a major role in fostering basic literacy among people from all walks of life. It became less prominent under British rule from 1886 to 1948. However it has revived again, and has a deep and wide influence on the life and culture of the Myanmar people. Because of it, Myanmar people are by and large religious and have respect for education and educators and this deep-rooted tradition serves as a very positive foundation for educational practices.

#### [Government Policy and Budget]

Education is one of the best long term investments any country can make and therefore is the foundation of human resources development processes as it contributes to

the national economic progress and nation building. Thus it is evident that to build a new modern developed nation, uplift of health, fitness and education standards of the entire nation is a requisite. To implement an education system which is equitable with the cultural, traditional, and the social values of the country and in keeping with the economic system which will facilitate national development and nation building, the Government has set the following educational objectives.

- (a) to enable every individual to acquire Basic Education
- (b) to base education on the raising of moral standards
- (c) to develop knowledge including scientific and technical know-how needed for nation building
- (d) to produce technicians, skilled workers and proficient intellectuals with practical knowledge who are loyal to the state and will contribute to nation building endeavours
- (e) to train the citizens so that they will achieve all-round development.
- (f) to allow those who possess the intellectual ability, calibre and industriousness to acquire university education to do so
- (g) to offer undergraduate and post graduate courses for those who are working and thereby enable them to study during employment

Legislation has been passed to reaffirm that basic education is the right of every child and essential to the development of the person. The administrative process through out the education sectors is centralized but shared among several ministries. The educational planning is also centralized, but decentralization of control and responsibility has been developed and community participation is active. Education decisions and initiatives are largely the province of central ministerial departments. The Myanmar Naing-ngan Education Committee has been formed and this committee co-ordinate education activities and plan new ones at the national level. The ministry of education is functionally the main sponsor of education and training especially in the areas of basic education and higher education.

Administration and management of the Department of Basic Education are being carried out by education personnel at five distinct levels: central, state and division, district, township and school levels. The curriculum division under the Department of Basic Education is responsible for developing the basic education curriculum and textbook production. The Basic Education Curriculum Committee is continually revising the curriculum to meet the changing needs of the country. Basic education expenditure in 1996-97 is 4794 million kyats.

### **[Educational Programmes and Objectives]**

The World Declaration on "Education For All" adopted at Jomtien in 1990 urged all governments to set their own targets to meet the basic learning needs of children, youth and

adults. These targets were to cover the six target dimension of EFA set forth in the Jomtien Framework for Action to Meet Basic Learning Needs. These dimensions are:

1. Expansion of early childhood care and development activities, especially for poor, disadvantaged and disabled children.
2. Universal access to, and completion of primary education by year 2000.
3. Improvement in learning achievement such that an agreed percentage of an appropriate age cohort attains or surpasses a defined level of necessary learning achievement.
4. Reduction of the adult illiteracy rate to one-half of its 1990 level by the year 2000, with sufficient emphasis on female literacy to significantly reduce the current disparity between male and female illiteracy rates.
5. Expansion of provision of basic education and training in other essential skills required by youths and adults, with programme effectiveness assessed in terms of behavioural changes and impacts on health, employment and productivity.
6. Increased acquisition by individuals and families of knowledge, skills and values required for better living and sound and sustainable development made available through all education channels including the mass media, other forms of modern and traditional communication, and social action, with effectiveness assessed in terms of behavioural change.

Another strategy to meet this objective is implementing functional literacy programmes for 15+ age group in all the states and divisions. As well, to improve women's access to vocational training, vocational training programmes such as sewing classes, embroidery classes, livestock breeding training are held with the collaboration of UNDP and UNESCO as part of Human Development Initiative Programme. Teaching materials are also provided for skill-based literacy Programme through non-formal education. To ensure access to quality education and training at all appropriate levels for adult women with little or no education, Myanmar Educational Research Bureau and ACCU from Japan are to establish Literacy Resource Centre Specially For Women And Girls. To promote life long education and training for girls and women is to ensure the availability of a broad range of education and training programmes that lead to ongoing acquisition by women and girls of knowledge and skills.

Thus the EFA related activities includes the skills based literacy Programme for women and girls along with the Early Childhood Development Project, Education Sector Study Project, Strengthening and Upgrading of Teacher Training Colleges and Teacher Training Schools Projects.

### 3-2 Health

#### Health

- The national Health plan has six broad programme areas (cf.2-1)and forty seven sub-programme areas are identified. Women targeted or related broad and sub - programme are including maternal and child health, birth spacing, reproductive health, nutritional development, expanded programme of immunization, and sexually transmitted disease control.
- Efforts are being made to improve services. By the year 2000, the midwife: population ratio will be 1:3,000 instead of the current 1:3,870. The ratio of nurse to population will be 1:3,215, an improvement of the current 1: 4,148.
- The coverage of health services will also be increased to the border and undeserved areas.

#### [General Situation]

Myanmar women and men have equal access to health services. Myanmar National Health Policy is, "to raise the level of health of the country and promote the physical and mental well-being of the people", which includes both men and women. Health services in Myanmar are aimed to provide a holistic, lifecycle approach to health care for women. The needs of the girl child has taken care of as well as the health needs of women in the reproductive age. For older women also, there is a health programme to cater their needs.

Occupational health legislation embodied in the labour laws of the country cover all working women. Pregnant women are entitled to three months maternity leave. In the organized sector it is compulsory to provide facilities at worksites, including out patient clinics, nurseries, day-care centres. Medical care available includes prenatal care, postnatal care, pediatric care of insured mothers up to six months, and leave for up to six months in the care of miscarriage.

One of the statements of the National Population Policy is "to improve the health status of the women and children by ensuring the availability and accessibility of birth-spacing services to all married couples voluntarily seeking such services". Family spacing is justified on the basic of its importance on maternal child health and not as a demographic measure. Population related activities carried out in Myanmar included birth-spacing programmes and conduct of census and surveys. In surveys, data on specific indicators in specified fields are collected whereas census comprises collection of basic data. Birth spacing programmes are carried out by the governmental sector as well as by non-governmental organizations with assistance from international agencies.

The prevalence of protein energy malnutrition (PEM) in the series of studies conducted by National Nutritional centres since 1991 has constantly shown less girls

suffering from PEM than their male counterparts.(boys 33.8%, girls 28.4%) . According to survey data by Khin Mg Naing et.al 1994, the proportion of anemia in adolescent girls is 26.4% from the same study. The prevalence of iron deficiency anemia in pregnancy is 58.06%. As for other micronutrient deficiencies goitre is the commonest visible form of iodine deficiency disorder (IDD) in Myanmar. Survey results in 1994 from Southern Shan State (hilly region) revealed that the total goitre rate among school children of 5-14 being 59% and visible goitre rate ranges from 15% to 67.2% in these areas.

Upper reproductive tract infection i. e. pelvic inflammatory disease was found in 6.34% of gynaecological cases admitted to Central Women's Hospital . Post-abortal pelvic inflammatory disease was encountered more frequently than pelvic inflammation due to sexually transmitted disease. Among STD clinic attendees, gonorrhoea is the most common STD whereas nongonococcal urethritis is one of the commonest second generation STDs. In primipara pregnant women, seropositivity rate is 4.1%.

The HIV prevalence of pregnant women attending antenatal MCH clinics has been low with an overall rate in September 1995 of about 1.7%. Higher rates have consistently been found at major border crossover points.

### **[Government Policy and Objectives]**

The objectives set for women's health are to reduce morbidity and mortality from disease/ conditions effecting mothers school children and growing people. The following goals have been set with a view to be reached by the year 2000. These are to reduce Infant Mortality Rate(IMR) from 47.5 to less than 45 per 1,000 live births, to halve the Maternal Mortality Rate(MMR) from 1 to 0.5 per 1,000 live births, to achieve and maintain a full (6 atigens) immunization coverage rate of over 90 percent of all infants and all pregnant women against tetanus, to provide access to information on preventive measures against HIV/AIDS to all youth and women, to reduce iodine deficiency disorders from 33.08 percent to less than 20 percent, to increase the rate of pregnant women to accessible pre-natal, safe delivery, and referral services, to provide universal access to information and services relating to birth spacing and to reduce iron deficiency anemia among pregnant women from 58.06% to less than 20%.

The government is committed to a strategy of providing essential health care using the primary health care approach. The main emphasis is upon prevention of disease and promotion of health life style. Nutrition is one of the essential elements for attaining an acceptable state of health.

Policy objectives and actions related to nutrition include improving and extending nutrition programmes, adoption of a national breast feeding policy to promote exclusive breast feeding of babies up to four to six months of age. Information, education and counseling regarding continuing breast-feeding till 2 years and appropriate complementary feeding practices have been disseminated.

The Ministry of Health has formed a Food and Nutrition Control Committee and task forces under the National Health Committee in 1995 aiming towards a multi-sectorial involvement in food and nutrition development activities.

### **[Promotion of Reproductive Health]**

Reproductive Health is one important component of the National Health Plan in Myanmar. Promotion of Reproductive Health includes not only safe delivery, safe motherhood, and birth spacing, but also the prevention of sexually transmitted diseases (STDs) and HIV/AIDS, education of women at reproductive age on health related issues, education of youths on necessary life skills, and condom promotion for safer sex. These activities are being conducted by the various departments of the Ministry of Health in collaboration with local and international NGOs, and other related ministries, and private sector as well. Although promotion of reproductive health activities are implemented under various workplans, the following are the comprehensive list of activities being carried out in Myanmar.

#### (a) Life Skill Training for women at reproductive age and youths

Out of 324 townships in Myanmar, Myanmar Maternal and Child Welfare Association (MMCWA) has conducted training on life skills for women in (96) townships since 1997. Both urban and rural women have been given messages on AIDS/STD prevention, birth spacing, prevention of other infectious diseases and necessities for healthy living in life. These women in turn disseminate these knowledge to other women in their localities. Similar programmes have been conducted for youths in the same areas through members of the Myanmar Red Cross Society. Both women and youth education programmes will be expanded to remaining townships in the following years.

#### (b) Prevention and treatment of STDs

Apart from health education for the prevention of STDs, early case detection, early diagnosis and adequate treatment are also effective measures for reducing STD prevalence and prevention of further spread to their sex partners. The Department of Health has done training courses on syndromic management of STDs for general practitioners, township medical officers, doctors from the maternal and child health centers, and other basic health staff in (96) townships. The training courses will be extended to the remaining townships and the whole country will be covered by the year 2001.

Following the training, the township hospitals and maternal and child health centers were provided with drugs to treat STDs. HIV/AIDS force of the Myanmar Medical Association in both lower and upper Myanmar have also done STD syndromic management training courses for general practitioners.

Condom promotion for the people with high-risk behaviour such as clients of CSWs or the people with multiple sex partners is also done in collaboration with some local and international NGOs particularly in big cities and border towns.

#### (c) Community education programmes for HIV/AIDS prevention

Education aiming at change in behaviour is one of the major strategies in the prevention of HIV/AIDS. Information, education and communication materials (IEC) have been produced in different ethnic languages. IEC for targeted groups such as drug users, youths, and women at risk are produced and distributed in different parts of the country.

#### (d) AIDS Education in schools

School youths are given AIDS education by the township health departments, school health teams and the trained persons from the Department of Basic Education. A curriculum has already been developed by the Ministry of Health and the Ministry of Education. Orientation courses for teachers to use this curriculum have been done in (50) townships and the teachers are now teaching students for healthy living, AIDS prevention and to develop necessary skill for avoiding risk factors.

#### (e) Capacity building of community organizations and volunteers

Representatives from community organizations and volunteers were trained to promote community education and awareness programme on AIDS/STD issues. Gender specific messages are included in the education materials produced by these organizations.

#### (f) Expansion of birth spacing programmes

Promotion of reproductive health is reinforced by the introduction of birth spacing programme in Myanmar since early 1990's. By the end of 1998, birth spacing programme has been extended to (117) out of (324) townships. The programme activities include training of basic health staff, voluntary health workers and volunteers from MMCWA on birth spacing issues, community education on benefits of birth spacing and provision of contraceptive materials. In remaining townships, similar activities have been done except material support. These activities have been assisted by UNFPA, UNDP and FPIA.

#### (g) Integrated Management of Maternal and Childhood illnesses programme

The Integrated Management of Maternal and Childhood Illnesses Programme (IMMCI) was developed based on the on-going maternal child health care programme which is one component of the Primary Health Care Programme under NHP. Not only the treatment and prevention of common childhood diseases such as diarrhoea diseases and acute respiratory infections, but also the activities for safe motherhood has been incorporated into this programme. Proper management before, during and after delivery has been promoted through trained primary health care workers and voluntary health workers particularly the auxiliary midwives in the rural area. Traditional birth attendants were also given training on sterile and safe delivery, and on conditions requiring referral to an appropriate health center.

### **[Access To Health Services]**

The health services delivery system is organized in three levels, the central, intermediate and peripheral level. The central level is responsible for the overall

formulation of policy, planning, training, supervision, monitoring and evaluation of health services in the country as a whole. In the intermediate level, there are State and Divisional Hospitals where specialists are based and in the peripheral level there are township and station hospitals, rural and sub-rural health centres and village health posts. At all these points services are available for women's health needs. The services are available to both men, women and children. In the rural health centres, maternal and child health clinics are organized in the afternoons, so that women and children will be able to utilize them to their full advantage.

Maternity services are delivered by doctors, lady health visitors and midwives at the maternal and child health centre, or in larger towns, at the urban health centre. To increase the MCH coverage, there are voluntary health MCH posts with auxiliary midwives. The FRHS reveals that 44.9% of midwives deliver antenatal care. The average number of prenatal visits per pregnant mother for midwives is three per pregnancy. There is 83.0 percent coverage for attendance by trained personnel (midwives, auxiliary midwives and trained TBAs) in the rural areas. Approximately 40 percent of deliveries occur in government hospitals and 2-3 percent in private hospitals and nursing homes in urban areas.

Non-governmental organizations like the Myanmar Maternal and Child Welfare Association (MMCWA) provides antenatal care at the (MMCWA) centres as well as family planning services. Deliveries are conducted at 33 maternity shelters all over the country. If there are other reproductive health problems, the patients are referred to the nearest hospital or MCH centres.

The findings from FRHS regarding contraceptive prevalence are 32.78% of women used all methods (i.e. traditional and modern) In a previous study in Mandalay in 1988 only 20.9% were users although 97% had knowledge of contraceptive methods. The same kind of finding was found (i.e. the sizeable gap between knowledge and practice) in rural area near Yangon(1990). Knowledge was as high as 84% where as only 10% were current users. Hormonal contraceptive pills and injectables are the most widely used, followed by intra-uterine contraceptive device and female sterilization. In a research carried out in Kyaing Tong in Eastern Shan State (Psychology Department, Y.U. 1998) 82.30% of the sampling population knew what a condom was and 55.62% of those who knew condoms are users.

Regarding abortion, there is no statutory provision for abortion services. However, if women with unsafe abortion present at the hospital, there are provisions for emergency services and follow-up care, including post-abortal contraception. Many women also employ traditional medicine for minor complaints. Some women use herbal preparations for menstrual regulation.

It appears women approve of the way they are treated by the medical services. The majority of health care providers for antenatal care, deliveries or reproductive health services are women. Culturally, Myanmar women feel more comfortable consulting a medical personnel of the same gender regarding reproductive health. Health messages



concerning tetanus immunization, ingestion of vitamins and minerals and blood testing for syphilis during pregnancy are rigorously followed.

In Myanmar, many groups of women participate in health related NGOs such as MMCWA, MMA and MRC. The MMCWA is a huge voluntary NGO which has many branch organizations throughout the country. Most of its members and staff are women from different social strata and they are dedicated to health and welfare of women, children and families. Cooperation between government health services and NGO in delivery of birth spacing services makes the programme more effective and efficient.

### **[Other social development sectors]**

To achieve the aims of social welfare services eight types of services are implemented as follows (1) Child welfare services (2) Youth welfare services (3) Women welfare services (4) Care of the Aged(5) Rehabilitation of the Disabled(6) Grants in Aids to Voluntary Organizations(7) Resettlement and Rehabilitation of Vagrants(8) Rehabilitation of Ex-drug Addicts

Six Residential Nurseries, 61 Pre-primary schools and Day-care Centres, 952 Voluntary Pre-primary School and Day-care Centres have been opened. Two Women's Homes have been opened in Yangon and Mandalay to look after Women of age above 18 group which are facing social difficulties. These Homes look after the social needs, give academic education and vocational training and arrange placement of employment. Three Training School for Adult Women have been opened in Yangon, Mandalay and Myeik for commercial sex workers. These schools carry out institutional care, counseling and vocational training through income generating activities. Six women's Homes run by voluntary organizations have received grant from the Department of Social Welfare. Home-making Training Courses and Day-care Teachers Training Courses were also conducted in various States and Divisions.

The Union of Myanmar is still in the process of formulating a comprehensive national environmental policy encompassing all aspects of environmental conservation and protection. However there are legal instruments and specific legislation such as Forest Act, Food and Drug Act the Pesticide Law, the Marine Fisheries Law-etc.

### **[Access to Water and Sanitation]**

For access to safe drinking water, portable water from tube wells and piped water reticulations are supplied to the rural population. According to 1996 data (CSO) 12,797 million population in the rural areas and 6.399 million population in the urban areas have access to water. In the urban areas, 70.5% of the population have access to sanitation facilities, while 44% of the rural population have access to sanitation facilities.

### 3-3 Agriculture, forestry, fisheries

#### Agriculture, Forestry, Fisheries

- Out of the total of 6024.100 employees of this sector, 41.67% are females.
- In these sectors, there is no specific declaration of what are the men's rights and women's rights. As there is no discrimination the government policy treats men and women equally.
- As agriculture is the main economic sector development of Agriculture as the base and all-round development of other sectors of the economy as well, is included in the economic objectives.
- The State investment for agriculture sector totaled 6921 million kyats(13.1% of the total State investment) while in the livestock and fishery sector totaled 213 million kyats(0.4 percent of the total)

#### **[Agriculture]**

With a view to ensuring self-sufficiency, promotion exports and providing required industrial raw materials for local industries, measures are undertaken in seven ways for the development of Agriculture sector.

- (a) Adopting measures such as expansion of cultivated land area, provision of sufficient water supply for cultivation, encouragement of agricultural mechanization, adoption of improved agro-practice and utilization of better quality seeds.
- (b) Granting land leases to organizations and private individuals to enhance the cultivated land area.
- (c) Continuous and concerted efforts for sufficient water supply by five methods.
- (d) Establishing model plots for propagation of improved agro-practices and demonstrating effective utilization of farm machinery and equipment.
- (e) Carrying out research works to produce new strain of quality seeds suited to the ecological conditions of specific regions and disseminating them to farmers in order to improve quality and yield of agricultural produce.
- (f) Facilitating supply of various agricultural inputs such as fertilizers and pesticides not only by State but also by cooperative and private sectors to improve yield of agricultural crops.
- (g) Cultivating paddy, staple crop, for self-sufficiency and export promotion.

Leases were granted to organizations and private entrepreneurs to expand cultivated areas under the management of Central Committee of Cultivable Waste and Fallow Land, consequently in 1996-97, 155024 acres were allocated to 856 organizations and private entrepreneurs, while 3954 acres were leased to 117 organizations and private entrepreneurs for integrated paddy and fish farming.

In order to boost the yield of crops, not only Myanmar Agriculture Service but also other State Organizations have been procuring various kinds of fertilizers. Moreover, educational and organizational efforts are also being carried out for systematic usage of natural fertilizers. For better and effective utilization of quality high yielding variety seeds, more researches were carried out for local and foreign quality seeds for paddy, maize, beans and pulses, sunflower and cotton and adaptability researches are conducted to suit the locality of the region.

The State promulgated the Myanmar Agriculture and Rural Development Bank Law No.17/90 on 6 July 1990 for the purpose of disbursing agricultural loans. Women heading agriculture work can enjoy loans to expand their operations. Agricultural loans are disbursed at different rates for different ways.

The Agriculture Department supports farmers with agricultural technology to increase per acre yield. In border areas, technologies for terrace cultivation, rubber, sugarcane and vegetables are disseminated to substitute for opium poppy. Agriculture extension is also provided for efficient use of fertilizer, the proper use of pesticides and the transfer to quality seeds. The presence of women in agricultural research units and agricultural farms shows the elevation of women's role in the spread of agricultural technology. As Myanmar has moved from manual agriculture to mechanized agriculture some women work along side with men in operating the machines.

### **[Forestry]**

Forests are natural assets of value, which are beyond comparison to all other natural resources. Safe-guarding the forests has always been given top priority as they play a vital role in buffering the deleterious environmental impacts of development. Keeping on line with the forest principles adopted at UNCED 1992 and in compliance with other international forestry obligations, Myanmar Forest Policy was adopted in 1995, and Policy statement was issued in February, 1996. The Policy statement has formalized the commitment and intent of the Government to ensure sustainable development of forest resources while conserving wild life and wild plants, and enhancing the ways of living of indigenous people. The Ministry of Forestry implemented activities in line with this policy. Myanmar started establishing watershed plantations in 1979. A UNDP/FAO aided pilot Watershed Management Project in Southern Shan State was initiated in 1987. As a follow-up watershed Management Project for Three Critical Areas, jointly undertaken by FD and UNDP/FAO has been implemented since 1994. The purpose is to restore degraded forests in the upland catchments of important dams in order to regulate water flow, to minimize surface run off and to check soil movement into reservoirs. The Dry zone of Central Myanmar is a harsh environment covering an area of about 8.72 million

hectare areas in 57 townships. The government has step up greening and rehabilitation activities with energetic efforts for improved social and environmental stability in the entire Central Dry zone. As Myanmar made accession to the UN Convention to combat Desertification, the major tasks of this greening Department are: (1)to establish forest plantations for local supply and greening (2)to protect and conserve remaining natural forests (3)to promote fuelwood substitution and (4)to develop water resources

Forest Department has established 7600 hectare areas of forest plantations for both local supply and catchment protection in border areas as it is most cost-effective means to improved the social and economic setting where national ethnic groups are residing. To combat the deforestation problem of the whole country an afforestation programme has been implemented. This has been reinforced by a nation-wide afforestation campaign with full public participation. Fast growing trees have been planted for fuel wood and it is expected that they would provide the energy needs of the rural population and slow down the rate of deforestation.

Three projects of environmentally sustainable food security and micro-income opportunities in critical water sheds of Shan State of Eastern Myanmar, in Delta area of lower Myanmar, and in the Dry Zone of Central Myanmar are being implemented jointly by FD and UNDP/FAO. These projects as components of UNDP's Human Development Initiative Programme are designed for increased food production and income generation of the rural poor through environmental conservation and management. The women in the rural areas are actively participating in the women income generation groups form among village women by the Shan State watershed project and in the small-scale women's cooperative groups under the Ayeyarwaddy Mangrove Project.

### **[Fisheries]**

To increase the production of livestock and fishery products the following measures are taken by the Government.

- (a) Extending preventive and curative measures, up-grading livestock breeding, and disseminating modern curative methods in accordance with the Animal Health and Development Law enacted in 1993 for promoting livestock development.
- (b) Distributing pedigree livestock, animal feedstuff and producing and distributing animal medicine.
- (c) Taking supervisory measures for enhancement of fish production and preventing depletion of fish stock by enforcing the Laws and Regulations.
- (d) Distributing quality fingerlings, stocking of fish seeds and disseminating improved methods.
- (e) Granting permission to private entrepreneurs for operating some leasable fisheries on three year settlement basis, granting cultivable waste and fallow land to undertake livestock

breeding and fishery on commercial basis disbursing more loans for integrated paddy and fish farming in inundated areas.

- (f) Forming joint ventures between the State and foreign companies as well as local entrepreneurs for production and marketing of fish, prawn and marine products.
- (g) Granting permission to private organization to import off shore fishing vessels.

In order to promote the fish production, the department of fisheries distributed 219.3 million fingerlings to private entrepreneurs and other organizations regardless of sex as stated above.

### 3-4 Economic Activities (Mining, Manufacturing industries etc.)

#### Economic Activities

- According 1996-97 provisional data, the state investment of the processing and manufacturing sector was 3.8% of the total state investment.
- The same data revealed that there were 49,201 industrial enterprises under the processing and manufacturing sector, out of which 3.3% were state-owned, 1.3% under ownership of cooperative and 95.4% under the private ownership.
- Out of 1212.40 thousand employees 504.30 thousand are females

#### **[General Situation]**

Although the processing of agro-based industry goods declined relatively than the previous years, the other manufacturing product including agro-supportive increased. Apart from private industrial enterprises most of the women in the coastal area are involved in fish-paste making and preserving dried fish. To promote the development of private industrial enterprises and promote the development of a market economy the State and private banks are disbursing loans to private entrepreneur..

Regarding mining Industry, although the state under took mining gems and metal in the past, at present lead, zinc, gold, copper and platinum in addition to gem stones, are mined under joint-venture contracts with local and foreign entrepreneur. Out of 101.70 thousand only 11.90 thousand are female workers and most of them are from elementary occupation and none at the professional and technician level.

#### **[Vocational Training]**

The MNCWA and MMCWA and MWEA implemented vocational training for women in State and Division along with the Department of Social Welfare.

Women and girls are given vocational training for specific skills such as weaving, sewing, baking, cooking, fruit preservation, agriculture, animal husbandry etc. They select the most appropriate training according to their needs, locality and the potential market for their produce. Following completion of the training, necessary equipment is made available to them to enable them to start their own business. The MMCWA supplies the equipment and the cost of the equipment had to be paid back in small amounts over a period of time. Such income generation programmes are being implemented in 250 townships and beneficiaries are about 15,000 up to 1998 December.

### **[Credit and Loan Scheme]**

In addition to providing vocational training and necessary equipment, Credit and Loan Schemes are also being implement in two ways. One scheme is, formation of co-operatives scheme, MCWA members are provided with loans. Nineteen "Myit tar shin" co-operatives have been formed.

Another scheme is to raise funds for credit and loan scheme, for the purpose of providing loans to members of township or branch associations. One hundred and forty six townships are now implementing these credit and loan scheme. MNCWA and MWEA are also disbursing loans to the women for income generating activities.

#### 4. WID/Gender Projects by other Donors

Project/ Program	Implementing Organisation	Donor Agency	Duration	Budget	Relative to Women
<u>HEALTH</u>					
1. National Reproductive Health	DOH	WHO	1996-2001	N.A.	Reproductive health of Women
2. Women's Health	DOH	UNICEF	1996-2001	N.A.	AMW training TBA training Essential steps for delivery Improving reproductive health care
3. Women's Health	DOH	UNFPA UNDP	1992-96	N.A.	Strengthening of Birth Spacing Programme
4. Women's Health and Development	MNCWA MMCWA	WHO UNICEF UNFPA UNHCR	1999-2001	N.A.	Birth spacing Reproductive Health and other Women's Health
5. IMCCI	DOH	UNICEF	1992	N.A.	Eradication of Polio, Tetanus, Measles
<u>ECONOMY</u>					
1. Micro-credit	MWEA	MWEA	ongoing	N.A.	income generating programme for women
2. Micro-credit	MMCWA	MMCWA	ongoing	N.A.	income generating programme for women
<u>EDUCATION</u>					
1. Literacy Resource Centre	MERB	ACCU	ongoing	N.A.	to enhance literacy for Women
<u>FORESTRY</u>					
1. Watershed Management Project	FD	UNDP/ FAO	1996-1999	2,900,000	Women will be encouraged to take more action part in village meetings & in collective decision making.
2. Myanmar-Yomiuri Afforestation Project	FD	Yomiuri Shimburn	1995-2000	N.A.	Enhancement of environment
3. Dahat-Si Greening Project	FD	JIFPRO	1997-1999	N.A.	Enhancement of environment



Project/ Program	Implementing Organisation	Donor Agency	Duration	Budget	Relative to Women
<u>GENERAL</u>					
1.Sustainable livelihoods through Micro-credit for the poorest	Cottage Industries Department	UNDP	1996- 1999	3,900,000	facilitate access to micro-credit Stimulate small business ventures through a range of critical small business' for rural poor women
2. Child Rights	DSW UNICEF	UNICEF	1996 ongoing	N.A.	Incorporation and implementation of the rights of child as contained in the conventions of the right of child
3. Research on the Child Abuse and Exploitation in the border areas	DSW/ Psychology Dept. Y.U.	ESCAP	1999	N.A.	The Girl-Child
4. Research on Violence Against Women in Yangon Division	MNWCWA Psychology Dept. Y.U.	MNWCWA	1997-98	1500	to find out the magnitude, causes & consequences of violence

## 5. WID/Gender Information Sources

### 5-1 List of International Organizations and NGOs related to WID/Gender

Title	Writer	Year Published	Where Available
Curriculum Development for Skills-based literacy for women and girls	MERB	1992	MERB
Skills-based Literacy Programme for Women & Girls in Myanmar	Hua Hin	1992	MERB
Status of Myanmar Women	Dr. Win May	1995	at all book shops
Women Trafficking Myanmar Perspectives	MNWCWA	1997	DSW
Women Health & Development	WHD Committee	1997	MNWCWA
Strengthening of Higher Education in Women	Ministry of Education	1998	UNESCO
Violence Against Women	Dr. Khin Win Shwe	1999	DSW
National Report on Implementation of Social Development	Related Ministries	1998	DSW
Follow-up to the 4th World Conference of Women (The National Plan for Action )	MNWCWA	1997	MNWCWA/ DSW
The Study of Behavioural Factors Related to HIV/AIDS Infection in Border Areas	Psychology Dept. Y.U.	1996	Psychology Dept. Y.U.

## 5-2 List of Report and References related to WID/Gender

Government Organizations	Name of Organizations	Contact Persons	Contact Address, tel
Ministry of Social Welfare, Relief and Resettlement	Myanmar National Committee for Women Affairs	Professor Dr. May May Yi -Vice President -Adviser to the Minister, Ministry of Social Welfare, Relief and Resettlement	64, Kaba Aye Pagoda Road, Yangon, Myanmar Tel: 095-01-650495
	Myanmar Maternal & Child Welfare Association	Professor Dr. Kyu Kyu Swe -President	Corner of Thanthumar Rd. & Parami Rd., South Okkalapa, Yangon , Myanmar Tel: 095-01-571123
	Myanmar Women's Entrepreneur Association	Daw Sein Sein - President	MWEA Tower, Yangon, Myanmar Tel: 095-01-240127 095-01-243875
Ministry of Education	Department of Psychology, University of Yangon	Professor Daw Khin Aye Win	Department of Psychology, University of Yangon Tel: 095-01-533375
Ministry of Education	Myanmar Educational Research Bureau	U Myat Naing - Senior Research Officer	Myanmar Educational Research Bureau
Ministry of Forestry	Department of Planning and Statistics	U Than Swe Director	Ministry of Forestry Tel: 095-01-664139
Ministry of Health	Department of Health	Dr. Moe Moe Khine Deputy Director	Department of Health Tel: 095-01-246747
Ministry of Livestock & Breeding	Department of Fishery Planning and Finance	U Khin Maung Myint Director	Department of Fishery Tel: 095-01-222962

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1. Statistical Year Book 1997.
2. Women's Health and Development (WHO), Country Profile 1996.
3. Strengthening the Role and Contribution of Women Graduates in the Development Process (1999).
4. The Situation of Human Development of the Union of Myanmar , 1997.
5. Forestry in Myanmar, Forest Department , Yangon, 1999.
6. Myanmar Maternal and Child Welfare Association, 1999.
7. Myanmar National Action Plan for the Advancement of Women, 1997.
8. A Demographic Perspectives on Women in Development in Cambodia, Lao Peoples' Democratic Republic, Myanmar & Vietnam. ESCAP Asian Population Studies Services, No. 148.
9. Union of Myanmar National Report on Implementation of Social Development, 1997.
10. Union Of Myanmar National Report on Fourth World Conference on Women, Beijing, 1995.
11. An Audience Analysis Research of HIV/AIDS Problem of High Risk Men and Women in Kyaing Tong District. Dept. of Psychology. University of Yangon,1998.