Myanmar

(South-East)

Total Population of Concern

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Total Population of 16 townships of SE (UNHCR operates)	2.8-3.2 million
Total Population of SE Myanmar	5.8 million
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Total Population of Myanmar	57.5 million
% Population of urban dwellers	30%
% Population of rural dwellers	70%
% Population of 0-14 years	32%
% Population of 15-59 years	58%
% Population of 60 years & above	10%

Origin of IDPs:

Mon, Kayin, Tanintharyi (population 241,000) Potential Returnees

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Myanmar refugees in Thai camps (population 150,000) 75% from Kayin state, Mon state & Tanintharyi division Implementing Partners:

MRCS
Alliance, MRCS, BAJ
BAJ

IDP Fact Sheet 2009 Public Health & HIV

	Country Public Health Data	
	Life expectancy	59 (51-66)
	Total fertility rate	2.17
_	Births per year	976,000
Data	% births with skilled attendants	56%
ţ	Home deliveries	70%
leal	Maternal Mortality Ratio (varies between rural and urban areas)	360 (91-660)
Child Health Data	AN coverage(varies between rural and urban areas)	60%
	IMR (rural)	47.0
pue	IMR (urban)	45.2
ala	U5MR (rural)	71.4
Maternal and	U5MR (urban)	70.1
Mat	Immunisation rates	70-90%
	Exclusive breastfeeding 0-3 months	16%
	Worm infestation, pregnant women	44.3%
	Prevalence of underweight children <5	31.5%
	Iron deficiency anaemia in pregnant women (hilly regions)	51%

HIV sentinel surveillance 2007	
Categories	HIV Prevalence (%)
High risk populations	
Male STI Patients	5.3
Female Sex Workers	15.6
Injecting Drug Users	29.2
Men who have sex with men	29.3
Low risk populations	
Blood Donors	0.4
New Military Recruits	1.3
Pregnant Women attending AN clinics	1.4
New Tuberculosis Patients	9.8

Operational Summary

UNHCR became operational in South East Myanmar in 2004. The operational area in the South East is vast - the surface area of Kayin, Mon and Tanintharyi is 86,359 square kilometres comprising about 4,500 villages. The area's size, the lack of reliable and accurate statistics and the limited number of humanitarian and development agencies working in the area make for a challenging environment in which to operate.

UNHCR initially had a Letter of Understanding with the Ministry of Progress of Border Areas and National Races (known as NATALA) and has since focussed on rehabilitation of basic community infrastructure including health centres.

As UNHCR does not have a memorandum of understanding (MoU) with the Ministry of Health (MOH), health activities cannot be implemented effectively or widely. To date UNHCR has supported the existing health system by constructing new rural health sub-centers (RHSCs), renovating existing ones, providing clean delivery kits and basic medical and surgical equipment.

The development of health services in this region may also benefit to some 150,000 refugees still living in camps in Thailand. Although currently repatriation is not an available option, should it become one in the coming years, the returnees will need access to essential health services.

The total population of the 16 townships where UNHCR operates [see right table] is within a range of 2.8-3.2 million.

The South-Eastern Myanmar, Public Health and HIV programme (2009) Aim

To assess the health situation in South-eastern Myanmar with the aim of developing a public health and HIV strategy for UNHCR.

Population of Concern : Populations Affected by Movement and their host communities

Objectives (medium and long term) of Overall SE programme

By promoting access to basic human needs and rights

- By supporting local communities
- By working towards prevention of HIV/AIDS, SGBV
- To prepare conditions conducive to repatriation
- By confidence building

By infrastructure and services rehabilitation

KAYIN STATE	MON STATE	TANINTHARYI DIVISION		
Hpa-An	Mawlamyine	Dawei		
Hlaingbwe	Thaton	Yebyu		
Kawkareik	Ye	Myeik		
Thandaung	Kyaik Ma Yaw	Palaw		
Kyar Inn Seikkyi		Tanintharyi		
Hpa-pun				
Myawaddy				

Objectives

1. To become familiar with local Health Authorities, local authorities, Basic Health staff working in affected regions, INGOs, LNGOs and CBOs to better understand the health situation in South-Eastern Myanmar.

2. To assess the existing health facilities (of the MOH and NGOs) including gathering data of service coverage and quality where possible.

3. To explore the health related needs of the beneficiaries.

HIV/AIDS in SE

The south-east is one of the worst affected areas of the county in terms of HIV with prevalence rates in pregnant women indicating a generalized epidemic in large parts of the south-east. In Mawlyamine, Mon State the HIV prevalence in pregnant women in 2008 was 1%, in Dawei, Taninthyri Division it was 1.5%, in Myeik it was 0.5% and in Hpa-an, Kayin State it was 1.25%.

UNHCR started to support HIV activities May 2008 local NGOs and CBOs for HIV/AIDS prevention, care and support in Mon and Kayin states. In 2009, UNHCR support was extended to a new organisation in Dawei in Tanintharyi Division. During this period, the project provided support to seven organisations for HIV prevention and care activities Program annual achievement against targets.

Objective 1: Prevention, treatment and care services for key populations affected by HIV provided by local NGOs and CBOs.

Activities:

 a) Prevention with sex workers: Peer to Peer Sharing Activities, Self Help Support Groups Condom Distribution and Demonstration, Referral for STI Testing and Treatment.

b) Prevention with men who have sex with men: ME+N (Mobilise an

Environment for Positive Norms (ME+N) among the MSM community) Workshop, Peer to Peer Sharing Activities, Condom Distribution and Demon-stration, Referral for STI Testing and Treatment.

UNHCR-MRCS , UNHCR-BAJ Projects

Community Support Projects (2004 - 2009)

Sector		2004	2005	2006	2007	2008	2009	Total
Education (Primary School construction, provision of supplies)	Infrastructure	18	24	14	12	10	9	87
	Others	40	72	89	12	11	9	233
Health (Rural Health Sub Centre construction, provision of supplies)	Infrastructure	8	15	10	10	10	9	62
	Others	21	14	11	152	20	9	227
Water (Tube well, Open well, Gravity flow water system, pond)	Infrastructure	54	58	49	42	42	30	275
Transport (Bridges, access road)	Infrastructure	4	9	3	-	-	-	16
Shelter Assistance		-	-	-	-	78	-	78
Livelihood		-	-	-	-	1	-	1
Emergency Assistance		-	-	-	-	2	2	4
Capacity Building (Strengthening CBOs, Refugee Law workshops, trainings, etc.)		8	23	46	176	277	-	530
Year Total		145	192	176	228	92	62	1,513

Conclusion

In South-eastern Myanmar, the majority of health services are concentrated at township and state/ division capital level. In remote areas of South-east where UNHCR persons of concern are residing, Basic Health Staff (BHS) are the field frontline staff as there are no medical doctors. They are not well-supplied with essential medicines and equipments, and the quality of health services is uncertain. Furthermore, a significant proportion of populations affected by movement live in far remote or insecure areas, so they cannot access health centers (RHC or RHSC). The populations in the South-east have been facing a variety of public health problems and vulnerabilities, including HIV/AIDS.

c) Care and support for people living with HIV: PLHIV (adult,children,family members) reached with community home based care, PLHIV (adult,children) on ART,children (CABA,OVC) reached with education support, OVC receiving care and support within the community,IEC materials disseminated, condoms distributed.

Objective 2: Capacity of civil society organisations strengthened

Activities:

Consultancy on building skills for peer to peer sharing (for FSWs and MSMs), Workshop on Child Protection and Convention on the Rights of the Child for staff and volunteers from the care and support/OVC projects.

Skills building and awareness raising activities for youth and CBO members, PLHIV supported with transportation cost for hospitalization, PLHIV supported for meal during hospitalization, PLHIV supported for bedside care during hospitalization.

Annual Target Indicators: cumulative total for year 2009

No. of people living with HIV receiving anti-retroviral treatment - 35 No. of people living with HIV reached with community home based care - 1,028 No. of sex workers reached with prevention - 731

No. of MSM reached with prevention - 1,694

No. of condoms distributed - 114,701

No. of organisations supported - 7

Capacity Building Trainings (2004 - 2008)

Trainings	2004	2005	2006	2007	2008	Total
Early Childhood Care & Development training (Training for Trainer)	-	-	-	16	24	40
Early Childhood Care & Development training (Multiplier Training)	-	-	-	63	120	183
Prevention of Diseases, Life Skills & Basic First Aid training	-	-	-	42	68	110
Basic Carpentry & Masonry training to community for pilot project	-	-	4	6	11	21
Bookkeeping training to community for pilot project (Basic Accounting)	•	-	4	6	11	21
Basic Maintenance of well, pump & water related hygiene training	-	20	37	42	41	140
Human right laws	5	2	-	-	-	7
International Human rights laws and Refugee laws	3	1	-	-	-	4
Refugee laws	-	-	1	-	-	1
UNHCR mandate & Humanitarian laws	-	-	-	1	-	1
Regional Environment Management & climate change	-	-	-	-	1	1
International Humanitarian Response	-	-	-	-	1	1
Year Total	8	23	46	176	277	530

Recommendations and Action Points

Lessons Learnt:

- There is need for more coordination with Unicef, UNFPA on safe motherhood, PMTCT, Reproductive Health.

- Mission findings on HIV should be shared with other agencies in order to increase the effectiveness of HIV programs in SE.

- Technical guidance from Regional PH & HIV Officers is needed, but difficult due to visa and travel restrictions.

- Reporting from SE should be improved, in order to receive better support from Regional PH & HIV Officers on planning and strategy development.

 Better networking with LNGOs/CBOs/FBOs in South-east could help overcome gaps in the coverage of agencies in remote, insecure areas of SE where UNHCR PoCs are residing.

Activities and priorities needed to achieve the expected goals in 2010 Reproductive Health, HIV/AIDS, Immunization, Malaria, TB, WASH



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