STRATEGIC FRAMEWORK

for

THE UN AGENCIES IN MYANMAR

Yangon, 22 April 2005

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Introduction

The work of the United Nations (UN) and all its constituent parts in Myanmar is guided by the UN Charter, the Universal Declaration of Human Rights, relevant international human rights instruments, and humanitarian law. While some components of the UN are primarily concerned with the protection of political and individual rights, the UN agencies have as a primary responsibility the provision of assistance, particularly to vulnerable populations, in line with humanitarian principles and global development goals. In addition to humanitarian assistance and social support, some of the UN agencies also have a mandate to address specific rights and protection issues.

The present document provides a broad Strategic Framework for all UN assistance programmes in Myanmar. The UN system has been providing essential assistance to Myanmar since independence in 1948 and today is the largest source of humanitarian aid and social support in the country. At the same time, Myanmar has long been committed to the UN, which is reflected in the government's support for the UN's role in addressing human security and basic needs in the country. This places the UN agencies in a unique position to work with those active in addressing vulnerability in the short-term, as well as in promoting appropriate long-term policies.

The document provides an overview of UN assistance principles and priorities in Myanmar. Recognizing the multitude of often-contradictory information about the country, this document outlines the United Nations Country Team's (UNCT) analysis of the major vulnerabilities of the population that the UN agencies operating in Myanmar are aiming to serve, and the priority areas of intervention to address those vulnerabilities. The analysis aims to provide this Strategic Framework for operational activities in Myanmar not only as a reference for the UNCT itself, but also for other organisations and missions, particularly those who are currently not present in the country but are increasingly interested in Myanmar.

It is important to note that compared to the situation in other countries, the UN organisations working in Myanmar operate under different, and in many cases restricted, mandates, and are increasingly trying to coordinate their activities in spite of these differences. In addition, they are seeking common analyses and actions with other partners. The UN agencies working in Myanmar recognize that the analysis of vulnerabilities and priority interventions outlined in this document lacks the details that would be found in countries with a stronger information base, more regular relationships with various partners, and a larger donor community. In addition to providing an overview of vulnerabilities and priority interventions, the document therefore aims to contribute to facilitating progress in each of these areas.

Myanmar today lags far behind most of its neighbours in economic and social development, with a Human Development Index (HDI) ranking of 132 out of 177 and a Gender-related Development Index (GDI) of 106 out of 146. Although hard data is still lacking in many areas, recent surveys and substantial anecdotal evidence suggest that significant segments of the population are experiencing extremely difficult socio-

economic conditions with a growing number of households living in acute poverty and facing other serious threats to their livelihood, including limited health care, insufficient education opportunities, and vulnerability to exploitation and abuse.

Myanmar in fact possesses considerable development potential, given its rich endowment of natural resources, fertile agricultural land, and potential as a locus of regional trade. However, these assets are outweighed by the long-standing reality of macro-economic stagnation and deepening, structural poverty. The downward spiral began during the Second World War. In the 1930's, Myanmar was the world's largest exporter of rice, as well as a net exporter of energy (oil), and was widely perceived as the most promising economy in the region. But the war devastated that promise, and since independence in 1948 Myanmar has suffered from a multitude of ideological, ethnic, and more opportunistic insurgencies, which have impoverished the state and undermined normal economic activities, particularly in the border areas where most of the fighting has taken place. The failure of socialist economic policies under the Ne Win regime (1962-1988) further added to the country's economic woes, causing the government to apply for Least-Developed Country status, which was granted in 1987.

The current regime, which assumed power in 1988 to counter a popular uprising, instituted some market-oriented economic reforms and negotiated ceasefires with most of the main insurgent groups. However, the resulting limited economic growth had few trickle-down effects beyond benefiting the very richest, and did not facilitate much-needed structural change. Trade and investment suffered a double blow in 1997, when US sanctions forbade any further American investments, and the Asian economic crisis struck. This situation was further compounded by new sanctions imposed by different countries after the 30 May 2003 attack on the convoy of the opposition party's leader, Aung San Suu Kyi, and her subsequent detention.

The general population continues to be vulnerable to economic shocks. The government's ban on rice exports in December 2003 caused rice sale prices to fall below the cost of production, causing great difficulties for rice farmers. In many areas, farmers also face problems of deteriorating soil quality and declining yields, resulting from overuse of land or deforestation. Incomes are not keeping pace with inflation, and government expenditures on health and education are very low. Additional costs for health and education thus force the poor to stretch their already-meagre resources. The deleterious effects of these conditions on the population of Myanmar are compounded by the weakness in the rule of law, which leaves people more vulnerable to the abuses outlined in the regular reports of the UN Special Rapporteur on Human Rights.

The following discussion begins by outlining the general role of the UN agencies. This is followed by an elaboration on assistance needs and responses in Myanmar within five thematic areas identified collectively by the UN Country Team (UNCT) as priority areas for interventions: (1) alleviating acute income poverty; (2) improving food security and nutrition; (3) ensuring access to essential health and education services and interventions; (4) ensuring a protective environment; and (5) reducing regional disparities. The last section outlines a number of mechanisms that have been – or are in the process of being –

set up for better collective understanding and action these priority areas. An overview of the mandates of the UN agencies active in Myanmar is included in Annexes I and II.

I. The Role of the United Nations Agencies

I.A. UN Mandates and Humanitarian Principles

The United Nations is guided in its work by the UN Charter, which sets out the rights and obligations of Member States, and establishes the United Nations organs and procedures. The purposes of the United Nations, as set forth in the Charter, are to maintain international peace and security, to develop friendly relations among nations based on the principle of equal rights and self-determination of peoples, to cooperate in solving international problems and promoting respect for human rights and fundamental freedoms, and to be a centre for harmonizing the actions of nations in attaining these common ends.

The United Nations is further mandated by international human rights law to promote and protect the human rights of the people it serves and to assist governments in carrying out their human rights obligations. The cornerstones of international human rights law are the UN Charter itself, and the Universal Declaration of Human Rights. These encompass economic, social and cultural rights as well as civil and political rights. Myanmar has ratified the following human rights instruments: *the Convention on the Prevention and Punishment of the Crime of Genocide*, *Convention on the Rights of the Child*, *Convention on the Elimination of All Forms of Discrimination against Women*, *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, *the Slavery Convention of 1926*, *the 1953 Protocol amending the 1926 Convention,* and *the Slavery Convention of 1926 as amended.*

Guided in their actions by humanitarian principles, the UN agencies offer technical expertise and broad-based experience to support the people of the country with a particular focus on the humanitarian protection of civilian populations, and especially the most vulnerable. A number of these guiding humanitarian principles are of special importance to the delivery of assistance to the peoples of Myanmar, given the complexities of the environment. The principles listed below help ensure that the work of the UN in the country is grounded in humanitarian values. The universality of these principles is based upon the responsibility and duty of all parties to alleviate human suffering.

- The principle of *humanity* is based on the right of those in need to receive assistance as a fundamental human tenet, which should be enjoyed by all citizens of all countries.

- The principle of *impartiality* is the condition for non-discriminatory assistance. Aid is provided regardless of the race, politics, religion and gender of the recipients. Aid priorities are calculated on the basis of need.

- The principle of *independence* states that agencies are not instruments of individual governments' foreign policies.

Moreover, as codified in a number of important documents, the UN is committed to a policy of gender equality and recognizes that the advancement of women is fundamental to achieving broader objectives of poverty reduction, humanitarian aid, and development assistance.

Working collaboratively within the framework of the UNCT, each UN agency has its own particular mandate and specific programme for Myanmar. In addition to humanitarian assistance and social support, some of the UN agencies also have a mandate to address specific rights and protection issues. Annex I provides a summary of the mandates and priority activities of the 10 UN organisations that have offices in Myanmar, while Annex II covers those that are based in Bangkok but have activities in the country.

Beyond their individual objectives, all United Nations agencies, as well as the 191 UN member states, are committed to the Millennium Development Goals (MDGs) and the Millennium Declaration through the commitment made at the UN Millennium Summit in September 2000 to:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

These goals provide a framework within which the UN system works together and with governments towards a common purpose.

I.B. Constraints and Opportunities

The activities of UN agencies in Myanmar are influenced by a complex political situation that affects both the national environment for assistance and the attitude of international donors. Since 1993, some agencies have been restricted to humanitarian assistance and social support activities with a clear and sustainable grass-root impact. Although conditions within the country are changing and concerns about deepening poverty and social vulnerability are growing, these restrictions continue to constrain support for government programs and broad capacity-building. At the same time, there has been growing appreciation by the international community in recent years of the need for policy dialogue and expanded assistance to stem the deteriorating socio-economic conditions. The UNCT has been encouraged to take a more active role in assessing these needs and proposing ways to respond to them.

Recent developments have altered the environment facing the UN agencies in ways that impose new constraints and offer new opportunities. These include:

- *Diverging policy stances towards Myanmar in the international community.* While some countries, sceptical of the pace and process of political reform, have recently tightened sanctions and reduced planned assistance to Myanmar, others are encouraging the national reconciliation process and increasing their engagement with both the government and civil society. Still others are introducing new assistance programs.

- *Domestic political developments.* The past two years have seen several significant political shifts. Major restrictions were placed on the opposition party, the National League for Democracy, in May 2003, terminating an embryonic process of confidence-building talks between the two sides. Three months later, the government announced a seven-step "road map" for a democratic transition. This led to the reconvening in May 2004 of the National Convention to continue deliberations on a new constitution and also saw a period of improved working relations between the government and international organisations. However, in October 2004, several top government officials were removed and replaced by army commanders, and the National Convention went into recess in March 2005. The military leadership has assured the world that there will be no shift in policy direction, but the need to build new relationships has temporarily delayed some assistance programs.

- *Growing attention to ethnic nationality issues.* The resumption of the National Convention changed the dynamics of the political process as negotiations between the government and some twenty armed ethnic groups have moved to the forefront. This has increased attention by all parties concerned to the complexity of the issues relating to ethnic political, social and economic rights and the need to foster better governance and bring assistance to the border regions, which, despite the long-standing ceasefires in several cases, only enjoy a precarious peace.

- *Increasing access for aid agencies to remote and conflict-affected areas.* Growing recognition within the government of the need for partnerships in addressing the country's humanitarian and development challenges, together with increasing understanding of the operations of international aid agencies, is facilitating an expansion of new assistance programmes into remote and conflict-affected areas, which until recently were out-of-bounds to some UN agencies, though accessible to others. This has significantly improved the ability of more aid agencies, including UN agencies who previously had more restricted geographical mandates, to reach more of the poorest and most vulnerable segments of the population.

- *Increasing experience with joint programmes.* The level of commitment of the government and other parties to joint programmes offers new opportunities to move from a project logic towards a programme approach. Furthermore, it demonstrates that UNCT initiatives can succeed in identifying priorities, mobilizing resources, building broad-based partnerships between the UN, the government, international and local non-governmental organisations (NGOs) with effective coordinating mechanisms, and delivering results. The success of the Joint Programme on

HIV/AIDS is perhaps the most prominent example of this. Other existing or emerging broad-based thematic partnerships focus on child immunization, basic education and trafficking in persons. Furthermore, geographically-based partnerships illustrate the potential for increasing the scope and effectiveness of assistance by coordinating on-the-ground operations. Such partnerships include those established in 1995 between several UN agencies, international NGOs, local NGOs and the government in northern Rakhine State, as well as the more recent similar partnership in the Wa-Kokang region. These operations-oriented approaches have made a significant difference in the lives of some of the most vulnerable groups in Myanmar, including returnees from Bangladesh and their host community in northern Rakhine State, and former opium farmers and their families in the Wa and Kokang regions, and children in many different areas.

▪ *New experience with multilateral funding mechanism.* In 2004, Myanmar began receiving funds from the Global Fund to fight AIDS, Tuberculosis and Malaria. This set a precedent for Myanmar's receipt of assistance through a multilateral funding mechanism under the present government. In order to access the funds, the government in 2003 agreed to the designation of UNDP as the Principal Recipient. In 2004 a range of monitoring mechanisms to ensure accountability and full transparency of operations were established with the cooperation of the government and in collaboration with a number of the UN agencies. The structures were put in place to support the effective implementation of programmes through a range of sub-recipients.

I.C. Objectives for the UN Country Team

The immediate objective of the UN agencies in Myanmar is to help provide for the basic needs of the population. Such support includes social service delivery directly to vulnerable beneficiaries, protection interventions in favour of individuals or groups of concern, technical assistance and capacity-building as well as integrated community-based support programmes. The ultimate objective, though, is to reduce systemic vulnerabilities and to address the structural obstacles to progress. In all of its activities, it is the intention of the UNCT to promote gender equality and equity.

Due to the UN's long experience in the country, the UN agencies have a responsibility to articulate authoritative and balanced messages to the international community and domestic audiences. For this purpose, and taking advantage of increasing geographical access, the UNCT has expanded its efforts to compile more reliable data on both national and local levels to significantly strengthen the database of information and analysis on the socio-economic situation in Myanmar. This knowledge-based exercise will feed into more comprehensive emergency preparedness and contingency planning processes.

Being the largest provider of humanitarian assistance and social support present in the country, the UN system also has a special responsibility for taking a leading role in

continuing to support and improve a set of coordination mechanisms, ensuring the best use of limited resources available.

I.D. UN Country Team Approaches

In prioritising UN programmes and interventions, it is crucial to scale up humanitarian assistance and social sector support in order to reduce pressure on the most vulnerable groups and stem deepening poverty, as well as to engage the government and other national stakeholders on the underlying structural constraints to broad-based socio-economic development. Reducing systemic vulnerabilities and addressing structural obstacles to progress can be done through improvements in the enabling environment, including data collection and analysis, policy dialogue, programme planning, technical and administrative capacity development and civil society participation.

Humanitarian assistance and social support. Humanitarian interventions are implemented both directly by UN agencies and in partnerships with international and local NGOs, and through accessing government structures and services to ensure maximum outreach. They include expanding existing sectoral and geographic programme activities, as well as extending these approaches to other sectors. Importantly, humanitarian assistance and social service support are aimed at saving – or improving the immediate quality of – people's lives in ways which build local capacities and reduce disparities and thus contribute towards longer-term sustainability of efforts. UN interventions in this area emphasize participatory programs that, besides empowering local communities, build long-term technical capacity and take a holistic approach to basic human needs and rights.

Data collection and analysis. Data weaknesses present a major obstacle to needs assessments, strategic planning and programme implementation for all national and international entities working in the social sectors. A comprehensive understanding of the needs of the population, and the geographical location of these needs, is critical to make certain that the resources available are directed in the best way feasible. The UN agencies therefore plan to expand their efforts to fill information gaps by developing the Myanmar DevInfo system as a reliable collective database that provides information necessary for planning and analysis of social sector interventions that can be used as a tool for monitoring the progress of the MDGs and for assessing and tracking vulnerability. Whenever opportunities present themselves, the agencies will incorporate systematic and sex- and ethnically disaggregated data collection, as well as gender sensitive analysis, into programmes. This will also be important for effective contingency planning for emergency preparedness. For medium to long-term improvements, technical assistance and training of civil service officials will increase national capacities to collect, evaluate and interpret data and thus contribute to strengthening the policy response to a wide range of issues, as well as improving the design and execution of particular activities. Besides the technical capacity needed to collect and analyse data, the understanding of the government to allow a wider range of data to be collected, analysed and then shared without alteration will be extremely important.

Policy dialogue, programme planning and design. The interest in, and ability of, the government to formulate and implement sound socio-economic policies is vital for any sustained effort to overcome the current social development gaps. Yet four decades of self-imposed and externally-enforced isolation have limited the access of government officials to the latest global knowledge in a number of areas. The UN agencies aim to use their access to decision-makers to communicate the extensive experience of the UN and other organisations around the world to help design programs that address the needs of the poor and vulnerable. Through this dialogue, the UN agencies also aim to encourage the adoption of more participatory methods in planning and programme design, especially at the community level, and to help facilitate an exchange of experiences and approaches with countries in the region, where this approach has been used.

Technical and administrative capacity development. Many of the problems aid agencies and the government itself encounter in Myanmar are created not by policy as such, but by rigidities, inefficiencies, and at times misallocation of funds at different levels. In order for improvements in the policy framework to have the desired effects, appropriate policies must not only be formulated but also be systematically enforced. The UN agencies aim to help build technical and administrative capacity of officials and departments, including those working most directly with communities at the local level to support improved service delivery and progressively broader policy reform. A broader programmatic approach is preferable to a proliferation of many smaller projects.

Civil society participation. The UN agencies are working to revitalise and empower local communities by encouraging and supporting the growth of civil society, including national NGOs, community-based organisations, women's groups and other self-help groups.[1] Such groups not only increase the reach, effectiveness and sustainability of international assistance programs, but also complement the state by providing additional social services and mobilising local resources for development.

The UN further works to foster cooperation among local authorities and civil society groups. At the township level and below, these actors often share a commitment to bring development to their local communities. Support for increased cooperation between the state and civil society is therefore expected to increase the effectiveness and sustainability of local programmes and to increase local participation in community development.

II. Priority Issues and Programmes

The magnitude of needs in Myanmar makes it difficult to choose among the many areas requiring action. However, extreme funding constraints necessitate a focus on immediate priorities and a clear perspective on how these link into broader humanitarian and development goals and meet the needs of the general population for whom the UN has a overall responsibility.

In order to promote the overall objectives of the UN discussed in section I, including the Millennium Development Goals, the UN agencies focus on five broad thematic areas: (1) alleviating acute income poverty; (2) improving food security and nutrition; (3) ensuring access to essential health and education services and interventions; (4) ensuring a protective environment; and (5) reducing regional disparities. Gender equality and equity are cross-cutting themes. While activities addressing the growing AIDS epidemic are included under "Ensuring Access to Essential Health and Education Services and Interventions", it is recognised that AIDS is an exceptional, cross-cutting issue. It is exceptional because of its disproportionate impact on the most productive members of society and potential to undermine other humanitarian efforts, as well as the need for the high-level officials to address sensitive issues well beyond the purview of health officials.

Within each of these areas, outlined below, priority is given to programmes that: (1) cost-effectively and equitably address basic needs and human rights affecting significant sections of the population; (2) are agreed high priority by local communities, the government, civil society and donors alike, to ensure a conducive environment for implementation and to facilitate the generation of additional resources; and (3) can have significant 'spin-off' effects in other areas.

Future programmes will be directed at consolidating progress made through past and present activities, including effective continuation of joint sectoral and geographic coordination and expansion of this coordination to additional areas.

II.A. Alleviating Acute Income Poverty

Insufficient income and a shortage of economic assets at the household level, compounded by deteriorating terms of trade and very limited external assistance, lie at the heart of many of the most urgent poverty issues, including food insecurity, growing indebtedness, poor health and low educational attainment. These factors also contribute to social problems such as opium cultivation, drug use, human trafficking, prostitution, street children and child labour, and are the main cause of large-scale migration flows across the country and its borders, which divide families and fuel each of these maladies.

Reliable poverty figures are lacking, but the average household in 2001 was spending 72 percent of its budget on food,[2] leaving little to cover the cost of housing, health care, education, and so on. However, under increasing strain from declining macro-economic trends and interventions by powerful groups in local economies, more and more families

all around the country are being forced to adopt negative or unsustainable coping strategies, such as selling important assets, borrowing money from local moneylenders at exorbitant rates, cutting meals, or taking children out of school to work, which are increasing vulnerability and deepening poverty.

The largest number of poor is found in rural areas, where three-fourths of the population live. Over 60 per cent of farmers today own less land than the 5 acres considered necessary to maintains subsistence levels.[3] Agricultural conditions are particularly harsh in the dry zone and highland areas, due to infertile soil and difficult weather conditions. Yet pockets of extreme distress exist also in the peri-urban areas of Yangon, Mandalay and other cities, where new migrants and other disadvantaged groups suffer from poor living conditions and limited opportunities for growing food to offset high inflation and income shortfalls in the weak urban economy. With little non-agricultural economic activity in rural areas, many people are migrating to the cities and towns (or neighbouring countries), thus exacerbating these problems.

The AIDS epidemic risks further impoverishing families and impeding any future progress in poverty alleviation, in Myanmar as elsewhere in the region. The Asian Development Bank has estimated, for instance, that AIDS will slow the rate of poverty eradication in Cambodia by 60 percent every year between 2003 and 2015 and in Thailand by 38 percent annually.[4] Although these estimates are not available for Myanmar, with prevalence rates on par with these neighbours, similar impacts are likely in Myanmar, especially as prevalence continues to rise.

The government has been carrying out an extensive infrastructure development programme, including roads, bridges, and irrigation, in support of its broader development objectives. It has also been pushing hard for an expansion in agricultural production through land reclamation, double cropping and support for large-scale commercial ventures. Yet while these policies support long-term aggregate growth by improving market access and intensifying agricultural production, they often hurt the poor, at least in the short- to medium-term. Although the country is in great need of infrastructure, current levels of activity are greatly overstretching government budgets and fuelling inflation, as well as in some cases, the use of forced labour. Similarly, the push for intensification of agriculture at times contributes to ecological problems and causes displacement of small farmers and landless labourers. Rather than promote broad-based development, it may thus undermine a natural equilibrium in the country's traditional subsistence agricultural economy. Further examples of public policy contributing more directly to the vulnerability of local populations are discussed in section II.D below.

Priority areas of intervention/response

▪ *Livelihood initiatives.* Integrated, sustainable livelihood projects in the most vulnerable townships and villages enhance the capacity of poor communities to improve their social as well as economic status. Micro-finance activities, supported by equitable agricultural extension services and other income-generation training,

help improve agricultural yields, promote small-scale business initiatives, and lessen the overall debt burden of poor households. This also helps poor communities link up to broader development processes. People living with HIV/AIDS and their communities need to be targeted.

▪ *Poverty monitoring capacity development*. Support for improving the statistical base and strengthening national capacity for data analysis helps provide the information necessary to design social and economic policies for long-term development. Surveys are crucial not only for identifying issues related to the alleviation of extreme poverty, but also for initiating activities that create longer-term benefits for communities such as rural infrastructure, environmental remediation and education.

Enabling environment/Governance issues

▪ *Macro-economic reforms*. No poverty alleviation efforts will be sufficient or sustainable without a stable macro-economic environment, conducive to broad-based growth. A pro-poor growth strategy needs to be devised and implemented, including structural reforms that reduce inflation, bring down the government budget deficit, and mobilise both domestic and foreign savings required for investment in long-term development and greatly expanded social expenditure.

▪ *Agricultural sector reforms*. The current push for large-scale, commercial farming and reclamation of marginal lands should be refocused in favour of support for increased productivity among existing small and marginal farmers. This requires further liberalisation of input and output markets, as well as better access to credit, water, improved technology, extension services and markets. There is also a need to revise land use rights to secure long-term tenure.

▪ *Industrial sector reforms*. Small- and medium-scale enterprises, as well as larger labour-intensive industries, should be promoted to expand job opportunities in both rural and urban areas. Agro-based industries are particularly promising due to the availability of domestic crops, wood and marine products.

▪ *Environmental protection*. In order to secure sustainable agricultural growth, forest harvesting and fishery management, and to counteract serious ecological damage, a unified effort is needed through improved practices, land tenure laws, reforestation and revitalisation of degraded land. At the same time, industry promotion needs to take into consideration the protection of the environment, especially in agro- and natural resource-based industries.

II.B. Improving Food Security and Nutrition

Food security exists when all people at all times have physical and economic access to sufficient, safe and nutritious food to live an active and healthy life. In other words, it depends on the *availability* of food in local areas, as well as *access* to and *utilization* of food at the household and individual level. This may vary over the year, particularly in

response to the harvest cycle. Poverty, agricultural policies, weak natural resource management, low social investments, cultural practices and lack of access to productive resources all contribute to nutritional challenges.

Myanmar's poorest and most vulnerable lack adequate food security. In 1997, government figures indicated that only 37 percent of households were consuming calories at or above recommended daily requirement and only 56 percent were consuming enough protein.[5] Iodine, vitamin A, and iron deficiencies are also prevalent, with three-quarters of children under five suffering from anemia.[6] Almost one-quarter of all infants are born underweight, and one out of every three children under five years old is moderately or severely malnourished.[7] Increased prevalence of malnutrition is of particular concern because of its impact on people's ability to combat other diseases and its impact on maternal and child health.

The situation, of course, varies between different parts of the country. A preliminary study, combining indicators of availability, access, utilization and outcome show that food security is particularly low in Shan State, followed by Chin, northern Rakhine and Kayah States and Magwe Division.[8] A parallel survey of conditions at township level, using a different methodology, found that 35 percent of the 285 townships for which data are available have very low or low food security.[9] Apart from the previously mentioned states and divisions, Kachin and Rakhine States and Tanintharyi Division have a high percentage of food insecure townships.[10]

Priority areas of intervention/response

- *Food assistance*. School feeding, food-for-work and vulnerable group feeding address immediate hunger while food-for-training for skills development simultaneously provides longer-term livelihood benefits. Target groups are identified through vulnerability assessments, and include people living with HIV/AIDS.

- *Intensive dietary diversification supplementation programmes.* Countrywide delivery of supplementary micronutrients, such as iodization of salt, vitamin A supplementation, iron and folic acid, is an effective and cost-effective way to reduce morbidity and mortality in pregnant women and children. Basic outreach services and food aid help deliver micronutrients to remote and hard-to-reach areas.

- *Food-based approaches to nutrition improvement.* Promotion of new and more appropriate agricultural and horticultural technologies, targeting the most food insecure areas, help to overcome micronutrient deficiencies. This requires stronger inter-sectoral cooperation in agriculture, health, nutrition and education, including wider sharing of data on the micronutrient content of local food. Promotion of small-scale businesses selling micronutrient-rich food also serves this purpose.

- *Nutrition education programmes.* Awareness and knowledge are central to any essential health intervention. These programmes target food insecure and nutritionally vulnerable groups including pregnant women, lactating mothers, children under five

years of age and adolescent girls, as well as elderly people. Nutritional advice and dietary management strategies for HIV/AIDS patients, preferably in the early stages of the infection, help to maintain and improve their immune systems.

- *Food security information system.* Establishing a national food security information system through development of the Food Insecurity and Vulnerability Information Mapping System (FIVIMS) and the Vulnerability Assessment Mapping exercise (VAM) will be instrumental in securing reliable information on household food insecurity, food marketing, food crop production, and situation analyses for dissemination and timely action.

Enabling environment/Governance issues

Incorporating nutrition in government development policies and programmes. The integrated and inter-sectoral approach outlined in the National Plan of Action for Nutrition, which is currently in the process of revision, is a high priority for implementation and support. Nutritional status is a multi-sectoral responsibility that needs to be addressed through programmes which strategically target the malnourished who usually are both poor and food insecure. Agricultural policies that affect food production, processing, preservation and marketing play a vital role in nutrition, and opportunities to include nutrition considerations into sector policies and programmes should specifically be explored. Most importantly, the synergistic effect of sector policies and programmes needs to be optimized by promoting collaboration among different sectors and disciplines so as to address the multi-faceted causes of malnutrition.

II.C. Ensuring Access to Essential Health and Education Services and Interventions

Widely available and affordable social services, including primary health care and basic education, are critical to human development and the welfare of the most vulnerable segments of the population who otherwise lack the means to improve their situation.

II.C.1. Action against a growing AIDS epidemic

One of the most urgent development concerns in Myanmar today is the escalating HIV/AIDS epidemic. Estimates of the number of people living with HIV/AIDS range from 340,000 upwards, at the end of 2003.[11] This translates into at least 1.3 percent of the most productive age group of 15- to 49-year-olds. Myanmar has the third highest prevalence rate in Asia, but while prevalence rates are declining in Cambodia and Thailand, they are increasing in Myanmar. AIDS causes roughly 20,000 new deaths each year, many of them primary income earners in their families.[12] Estimates of those needing anti-retroviral treatment – 46,500 for Myanmar during 2005 – suggest that the annual death figure might be significantly higher.[13] AIDS has been a priority disease of the National Health Plan[14] since 1996. Trends in official surveillance data from 2003 show high rates of HIV infection among key sentinel groups: female clients to STD clinics patients (9.1 percent), sex workers (31.4 percent) and intravenous drug users (37.9 percent).[15] Of great concern are high, and in some cases increasing, prevalence rates

among "lower risk" groups including blood donors (1.2 percent), new military recruits (2.1 percent) and pregnant women (1.6 percent).[16]

AIDS carries high social stigma in society. Infection is spreading rapidly throughout the country, principally through sex but also through sharing of needles among intravenous drug users. The virus' spread is fuelled by mobility and poverty – themselves interlinked – which foster risky sexual activity, commercial sex and drug-taking. While public acknowledgement of the need to fight AIDS has increased and some important projects have begun, further high-level support will be needed to address some of the most pressing concerns.

Gender norms significantly affect an individual's risk and societal vulnerability to HIV/AIDS. In most societies, women and girls face heavier risks of HIV infection than men because their economic and social status compromises their ability to choose safer and healthier life strategies. Available data on behaviour surveillance in Myanmar suggests that while condoms are more likely to be used during commercial sex than several years ago, the most common reason cited by sex workers as to why it has not increased further is that the male client refuses.

The virus has become firmly established in the general population, which among other consequences has increased the number of women being infected by their husbands.[18] In turn, this multiplies the number of HIV-positive pregnant women who risk transmitting the virus to their babies, and increases the number of orphans and vulnerable children left behind as parents fall ill and die. Caring for and supporting HIV-positive family members, combined with the loss of income from those weakened or killed by HIV/AIDS, is further burdening hundreds of thousands of households, exacerbating poverty. If the epidemic is not brought under control, AIDS will erode the foundation for future economic development and diminish Myanmar's chances of achieving the Millennium Development Goals.

Priority areas of intervention/response

A cooperation and coordination framework, *Joint Programme for HIV/AIDS: Myanmar 2003-2005* has been established to enable government programmes and international actors interested in investing in and/or undertaking activities in Myanmar to coordinate work effectively. It provides a common indicator framework. Through this mechanism, the UN mobilized new resources for AIDS through the Fund for HIV/AIDS in Myanmar (FHAM) and contributed to policy development. The common framework served as a useful basis for a successful grant from the Global Fund for HIV/AIDS, TB and Malaria. Priority interventions are:

- *Targeted condom promotion and prevention and care of sexually transmitted infections.* To reduce sexual transmission of HIV, programmes promoting safe and responsible sexual behaviour and consistent use of condoms in non-regular sexual partner activity are required. Condoms must be more accessible, more desired by

those having sex with non-regular partners, and individuals must have better access to prevention and management services for sexually transmitted infections.

- *Injecting drug user interventions.* A comprehensive package of services for injecting drug users, using a community-based approach such as through outreach programmes and drop-in centres, must be scaled up in order to have a real impact on the epidemic. The package of services should include: health education; substitution therapy; health care; voluntary confidential counselling and testing (VCCT); needle exchange and other activities to reduce the risk of HIV transmission while injecting; and social and economic support services.

- *Awareness-raising for the general population on prevention methods, with a focus on young people.* Mass media and other communications channels are insufficiently harnessed to rapidly scale-up awareness. More effective communications activities, benefiting from leading global experience with behaviour change programmes, need to be developed for the general population, higher risk groups and subpopulations more likely to be involved in the transmission of the virus.

- *Prevention, compassion, care and support for people living with HIV/AIDS.* (See HIV/AIDS activities detailed under "II.C Combating Major Health Problems", below).

Enabling environment/ Governance issues

- *AIDS policies.* Recognition at the highest levels of government, and within a cross-section of Ministries beyond the health sector alone, of the need for government leadership and support for the development of pragmatic policies is vital for beating AIDS. Authorities at all levels need to endorse community-based approaches, allowing for sustainable access to vulnerable communities, such as sex workers or intravenous drug users, without fear of arrest. In addition to supporting prevention and crucial care and support and treatment interventions, HIV/AIDS policies are required to ensure non-discriminatory access to these services, especially for particularly vulnerable groups. More research and public availability of data is required to support the policy development process.

II.C.2. Combating major health problems

The risk of illness is greatly increased by poverty, but poverty is also often its cause. Serious illness reduces people's ability to be productive, to learn and to earn decent incomes. For the poor, the costs of health care combined with the loss of income contributes to a deepening cycle of poverty.

In addition to AIDS (discussed above), malaria and tuberculosis are illnesses of major concern, although both are preventable or curable through relatively simple interventions. High morbidity and mortality rates from malaria are due to treatment with substandard or failing drugs, in addition to limited preventive measures, as well as the spread of drug-

resistant strains. Tuberculosis also affects a considerable and rising proportion of the population, not least due to the HIV/AIDS epidemic. Like HIV/AIDS, it mainly affects the most productive age groups and therefore has substantial socio-economic consequences.

Apart from communicable diseases, child, maternal and adolescent health present serious challenges. Infant and under-five mortality rates are very high, at 76 and 107 per 1,000 live births respectively.[17] Myanmar is estimated to have about 130,000 deaths of children under five annually.[18] Although information is limited, the country appears to fit the general profile from other developing countries where pneumonia, diarrhoea, malaria and neonatal causes are the primary causes of under-five mortality, each responsible for 20-25 percent of deaths.[19]

The national average for maternal mortality is 360 per 100,000, which varies widely among the different states and divisions.[20] The major causes of deaths are complications of haemorrhage, eclampsia, prolonged or obstructed labour and abortion.[21] Lack of access to referral services, cost of services, and preparedness of hospitals to provide care are major obstacles to the provision of quality obstetric care.

Approximately 20-30 percent of maternal deaths are women below 25 years old.[22] Sentinel surveillance data from 29 sites indicated HIV prevalence among pregnant women to be 1.64 percent.[23] Unmarried women and youth are especially vulnerable to unwanted pregnancies and sexually transmitted infections, including HIV, since reproductive health services, including birth spacing, traditionally only have targeted married woman of reproductive age.

Five-year government plans exist for combating many of these public health challenges, reflecting a high level of technical expertise in the health sector. Government achievements in this area include progress towards polio eradication, the elimination of iodine deficiency disorders and leprosy as a public health problem. However, the scope and depth of implementation is often low, due to chronic under-funding, resulting in insufficient quantity, as well as quality, of public health services. Over the past decade, privatisation in the health sector, including the *de facto* introduction of user fees in the public sector, has contributed to worsening conditions for some segments of the population who are unable to afford proper health care. In addition to the abovementioned access problems, fear of discrimination and stigmatisation sometimes hinder adolescents and unmarried women, in particular, from accessing proper health services.

Priority areas of intervention/response

▪ *Essential health intervention packages.* A minimum package of essential health interventions including the provision of essential drugs and vaccines at no cost, or as inexpensively as possible, is essential for protecting poor families, who otherwise face debilitating health expenditures when member(s) of the household fall ill.

- *Improved communicable diseases surveillance*. While communicable diseases, old and new, continue to pose major threats, Myanmar's recent profound transitions in socio-economic, demographic, and lifestyle terms has led to an unprecedented emergence of non-communicable diseases as a major cause of morbidity and mortality. At the same time, in view of mounting challenges and threats such as SARS and Bird Flu, it is imperative to enhance efforts to strengthen early recognition, alert and containment of infectious disease outbreaks. The International Health Regulations (IHRs) provide a legal framework for such efforts. Strengthening of national surveillance and response systems, with a township focus, where most actions need to be spearheaded, is essential. Improving surveillance and response systems, through epidemic intelligence, epidemic preparedness, coordination of efforts, building laboratory capacity, and improving skills in field epidemiology, is critical for effectiveness of the system. An integrated approach to surveillance, with a focus on common functions, and structures where feasible, provides opportunities to maximize the benefits of such inputs.

- *HIV/AIDS: prevention, compassion, care and support*. Based on successful cooperation with other partners with the Joint Programme on HIV-AIDS, UN facilitation aims at ensuring maximum gains from existing resources and mobilizing full funding of the Joint Programme both from traditional resources and through an innovative, UN-coordinated, pooled funding mechanism, the Fund for HIV-AIDS in Myanmar (FHAM). In addition, UN agencies assist the government and others with the HIV-AIDS allocation by the Global Fund for HIV-AIDS, TB and Malaria. Having initially focused primarily on prevention, UN support is broadening to include care and support activities, including prevention of mother-to-child transmission (PMCT) and provision of antiretroviral treatment (ART). Implementation and scaling up voluntary confidential counseling and testing (VCCT) services is critical for both prevention and treatment. There is an urgent need for both governmental and non-governmental actors to help ensure that those in need have access to these services. While increased availability of well-implemented ART is crucial, the challenge remains important to strike a balance between prevention and care in the response to HIV-AIDS. The needs of people living with HIV-AIDS must be well reflected in this response. Also, a framework for the care and protection of orphans and vulnerable children (OVCs) affected and infected by HIV-AIDS – prioritizing community-based interventions and psychosocial support – will be required.

  - *Malaria and tuberculosis prevention and care.* The partnerships under the Roll Back Malaria and Stop TB initiatives continue to be vitally important in the national response to malaria and tuberculosis. To contribute effectively to malaria control, implementation of anti-malarial multi-drug based treatment policy and insecticide-treated nets requires further support. In tuberculosis prevention and control, it is vital to sustain national Directly Observed Treatment, Short-course (DOTS) coverage at the township level and attain targets for cure and case detection rates. To take both malaria and tuberculosis prevention and treatment to the scale required, further support from the Global Fund for AIDS, TB and Malaria will be essential.

- *Child health*. Investing in child health is one of the crucial steps needed to achieve the Millennium Development Goals. Malnutrition, morbidity and mortality among children, particularly those under-5 and in rural areas, are among the major health concerns. Cost-effective interventions are available to address malnutrition and the leading causes of morbidity and mortality, which are acute respiratory infections, diarrhea, malaria and neonatal conditions (i.e. prematurity/ low birth weight, sepsis, and asphyxia). All the key interventions needed to address the above problems are embodied in the national five-year strategic plan on child health and development launched by the Myanmar Ministry of Health in February 2005, including the provision of essential drugs, training, and the promotion of breastfeeding. Strengthening the national health system and community-based initiatives are among the most essential approaches to be implemented in order to reach out to the highly vulnerable groups such as the poor, ethnic natinalities, migrant populations, and others in hard-to-reach areas. More focus should be given to peri-natal and neonatal mortality through safer motherhood interventions, namely quality antenatal care, promotion of delivery by skilled birth attendants, health facilities equipped to deliver Emergency Obstetric Care services, together with essential newborn care. In addition, more attention should be given to strengthening community and family practices that promote the growth and development and improve the survival of children.

- *Immunization.* Support to child immunization against the seven preventable communicable diseases will be crucial in preventing young child deaths, including sustaining polio-free status, preventing Hepatitis B, eliminating maternal and neo-natal tetanus, and reducing measles mortality. Routine immunization services will need to be supplemented through campaign and mop-up activities with special focus on covering children in remote and hard-to-reach areas.

- *Adolescent health.* 'Tailor-made' information and services for adolescents and youth through youth-friendly health centres, peer education and counselling programmes are critical for overcoming particular sensitivities and health problems of this age group. Further research into adolescent health and nutrition to provide better availability of data is also important.

- *Reproductive health*. Issues of quality and access both need to be addressed to improve the reproductive health situation as well as to reduce maternal mortality. The availability of drugs, supplies and equipment for the provision of quality reproductive health services needs to be assured in the public sector. Expansion of public sector birth spacing programmes into all townships is needed to reduce the number of unwanted pregnancies, thereby reducing the number of abortions. To reduce the impact that unsafe abortions have on maternal mortality, strengthening the management of post-abortion complications in hospitals is also a key issue to address. Additionally, maternal and neonatal healthcare services, as well as prevention of sexually transmitted diseases, need to be strengthened through a variety of mechanisms.

- *Water and sanitation*. Better access to safe water and sanitation, as well as improved knowledge about safe food handling and cooking practices, feeding methods and general hygiene can help to prevent many serious health problems. Water supplies must be tested for arsenic and other heavy metal contamination and steps taken to find alternative sources of safe water where necessary.

Enabling environment/ Governance issues

- *Budget allocations*. The public health budget is currently insufficient to provide health staff and facilities with adequate and appropriate supplies, equipment and operational budgets. In particular, the low level of support in terms of educational facilities for training doctors and other staff, compensation, equipment and supplies, and follow-up training for basic health staff in the communities is incompatible with the high expectations and importance of the staff and needs to be rectified.

- *Health policies.* Creating supportive health policies helps to put health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept responsibility for health. This includes diverse but complementary approaches including legislation, fiscal measures and organizational change.

- *Service delivery structures.* For implementation to be effective, community participation in service delivery structures should be strengthened.

- *Private health sector regulations.* In order to maintain the overall quality of health care services, care must be taken to ensure that the private sector complies with reasonable standards. Further, efforts must be made to ensure that resources are not drawn away from the public sector and into private health care service, which often are too expensive for the poor to access.

II.C.2. *Ensuring access to and enhancing the quality of basic education*

Low educational attainment is depriving many Myanmar children of a good start in life and significantly lowering their income opportunities and productivity as adults. The weak education system also has long-term implications for the ability of the country to develop.

Myanmar families traditionally place a high value on education. However, faced with deepening poverty, many can no longer afford to send their children to school. More than 50 percent of children do not finish the first five years of primary school.[24] Although the official literacy rate is 84 percent, this does not adequately reflect the level of functional literacy and some studies in very remote areas show figures even below 10 percent.[25]

Primary education is in principle free of charge. However, due to low and falling government expenditure, parents typically not only have to cover the costs of uniforms, textbooks and stationery, but often also must contribute to teachers' salaries and

maintenance of school buildings. The total contribution of families and local communities is estimated to be at least three times the official government expenditure on education.[26] This is particularly burdensome for poor and food-insecure families, who further face the opportunity costs of sending their children to school when they are needed to help in the field or work to contribute to household income.

The pressure on the public education system is alleviated in some communities by the long tradition of monastic schooling. Whereas traditionally, the monastery was the centre for learning about the scriptures and morals of Buddhist life, in recent years there has been a move to recognise secular subjects, such as arithmetic, geography and history, among those taught at the monastery. Other private initiatives also exist. Nevertheless, educational disparities are increasing, and are reinforcing other social and economic inequalities. Children in remote areas, where many of the ethnic nationality groups reside, are particularly disadvantaged, partly because schools are far apart and difficult to access, but also because many do not master the Myanmar language, which is the official language of instruction (although nationality languages are sometimes used locally).

The government has committed itself to the global Education-for-All initiative with child-friendly schools as one of it main strategies and has built a significant number of new schools. However, with still low investment in the public basic education sector, the increase in quantity has come at the expense of quality. While there has been an emphasis on constructing more primary schools in recent years, schools generally do not provide a conducive learning environment for children because of large classes, inadequate buildings, and lack of water and sanitary facilities. Lack of clean water and sanitation directly influences child health through increased cases of diarrhoea and other water-borne diseases, affecting participation and retention. Learning achievement is further reduced by a serious shortage of qualified teachers, textbooks, and teaching materials, as well as teaching methodologies focusing on rote learning. The shortage of qualified teachers is due to low pay, difficult working conditions, and inadequate training. In addition, there is a shortage of trained personnel to manage the education system, which impacts adversely on the overall efficiency of the system.

Moreover, as in many other countries, there is little recognition in Myanmar of the importance of early childhood development, focusing on meeting the psycho-social, intellectual and physical needs of young children, as well as few opportunities for non-formal education. For those children who complete primary school, access to middle (secondary) school is very limited, particularly in rural areas. Private learning centres and tutoring have expanded to fill a small part of the gap, but are too expensive for poor families to access.

The inadequate state of the basic education system to meet the country's needs and goals, coupled with limited access to non-formal education and a lack of non-agricultural job opportunities, is creating difficulties for many young people in preparing for a productive life. It will be a long-term challenge to rekindle opportunities for these youth and engage them as participating members of society.

Priority areas of intervention/response

- *Early childhood care and development*. Access to basic early childhood development services in kindergartens, preschools and day-care centres must be expanded, together with hands-on parenting/family programmes for improved home-based early childcare that also address malnutrition among young children and their families.

- *Primary education*. A comprehensive basic education support programme is crucial for a quality education that would improve retention and learning outcomes, and reduce the costs of education for parents. This must include a supportive learning environment that would promote school feeding programmes and the provision of quality textbooks for all children, as well as the promotion of child-centred teaching/learning practices and aids for teachers. Teachers must be trained so that they can participate actively and promote participation of their students in the social transformation of their communities. Parent-Teacher Associations (PTAs) and communities need to become "child-seeking" communities to ensure all children have access to quality basic education.

- *Non-formal education.* Non-formal education opportunities help empower the poor and out-of-school children and youth with life-skills and knowledge they can use to become more self-reliant and productive. These can be expanded through the establishment of easy-to-access learning environments and youth-friendly spaces in schools, public buildings and community centres, using non-formal methods to deliver information and social services, including income-generation skills, health education, and so on. After-school and extended learning opportunities for out-of-school children and young people should be increased wherever possible.

- *School AIDS and health programmes.* The school health programme is an important practical and programmatic entry point for a number of necessary, low cost interventions. Delivery of de-worming tablets for the treatment of intestinal parasites, widely prevalent in large parts of the country, has been successfully initiated and needs to be scaled up along with vitamin A and iron tablet distribution to increase the nutritional and educational benefits for children. Similarly, improving the water supply and sanitation facilities in schools would help promote hygiene and health education. HIV/AIDS awareness needs to be fully integrated into both formal and non-formal educational settings.

Enabling environment/Governance issues

- *Education sector reform*. The entire basic education system must be revitalized through increased budget allocations, revisions of curricula and improved teacher training and methodologies as well as materials. The existing national action plan in support of the Education-for-All commitment provides a good framework for these improvements, but remains a largely aspirational document in the absence of adequate funding.

II.D. Ensuring a Protective Environment

For more than half a century, armed conflict and weak governance structures have weakened the rule of law, allowing powerful groups to exploit the poor and vulnerable. The cessation of many conflicts following a series of ceasefires has somewhat improved the situation, and in recent years both central government and local authorities have shown an increasing willingness to crack down on activities such as illicit drugs and the trafficking of women and children, as well as to address the issue of forced labour. The work of UN agencies with specific human rights and protection mandates is also progressing on issues of under-age recruitment and returnees, among others. Nonetheless, more needs to be done to eliminate exploitative practices including forced relocations and confiscation of land and other property, forced labour and various forms of compulsory contributions, cultivation and conscription, as well as restrictions of freedom of movement, all of which continue to pose a serious threat to the livelihood of many people.

Existing laws need to be reformed to ensure that all women and men have equal access to public services and are assured land and property rights necessary to engage in longer-term productive investments. Enforcement of recent legislative changes and development of viable alternatives to the 'self-reliance' policy of the army, whereby troops rely on the local population for supplies and logistical support, are needed. Gender-based violence is of particular concern for women and girls among displaced populations and must be appropriately addressed and prevented. Furthermore, addressing issues of women's empowerment will be critical for successfully, and sustainably, reducing the AIDS epidemic. There is also a need to protect children from violence, exploitation, abuse and neglect by improving national policies, systems and services, as well as encouraging better practices at the family and community levels.

All UN agencies have a responsibility to address underlying structures of violence, inequality and injustice, which impede social and economic development.

II.D.1. Creating conditions for a sustainable reduction of illicit drugs

Myanmar is the world's second largest producer of opium and recently has become a major source of amphetamine-type stimulants (ATS) as well. Concerted eradication efforts by the Myanmar government and local authorities have helped reduce the area under opium cultivation by 73 percent from 1996 to 2004, with further reductions to be expected over the coming years as opium bans in the Wa area and elsewhere come into effect.[26] However, this development, although welcome, presents its own challenges, which must be met in order to consolidate the gains made to date.

The production and trafficking of illicit drugs has long been an essential element in the economy of war, feeding and sustaining armed conflicts between the central government and ethnic nationalist armies, as well as between different insurgent and criminal groups. This connection with warfare has weakened with the ceasefires. However, the continued influence of the drugs economy is evident in the criminalisation of political and economic

structures – especially, though not exclusively, in the main areas of production – and constitutes a major obstacle to democratisation and good governance.

Drug production and trafficking also fuel problems of drug abuse, which increases in the areas of production and along trafficking routes. Myanmar today has an estimated 300,000 drug users, most of whom are addicted to opium or heroin.[27] Many users have greatly decreased productive capacity and become a burden on their families, and an increasing number are injecting drug users and thus a primary channel of HIV transmission into the general population.

While the eradication of opium is essential for progress in these areas, ultimate success depends on similar advances in limiting ATS production and trafficking. Moreover, the progress made so far must be viewed against a backdrop of increased suffering among poor farmers, who grow the illicit crop to offset chronic rice deficits and have no comparable income opportunities in the weak, highland subsistence economies.

The dangers of eradicating opium without developing alternative income opportunities are exemplified by experiences in the Kokang region where, within a year of the total opium ban implemented in 2003, school enrolment had dropped by 50 percent and one in three private health centres had closed, leaving the population with few options given the absence of public health care.[28] An estimated 60,000 people, out of a population of 200,000, found themselves destitute and migrated out of the region in search of alternative livelihoods.[29] The population in Kokang is relatively small, but the number of people affected will multiply in 2005 when the Wa plan to enforce an opium ban in their region, which is home to 400,000 people. Over the following years, eradication is likely to affect up to two million people nationwide who rely on opium as their primary source of income.

The humanitarian imperative of helping these families, who have lost or stand to lose their primary livelihood as a result of broader political and international pressures, is reinforced by concerns over their fundamental human rights. Without alternative sources of income, more farmers are likely to resist the authorities, leaving the door open for repressive enforcement measures and serious human rights abuses. Poverty also renders farmers and their families vulnerable to other aspects of transnational crime, including human trafficking.

Ultimately, if farmers are unable to find alternative means of survival, they are likely to return to growing opium, and current eradication efforts may therefore prove illusive. As the Afghanistan experience shows, law enforcement must be complemented with international assistance if opium reduction is to be sustainable.

Priority areas of intervention/response

▪ *Disseminating information and data.* Dissemination of neutral and reliable information and data through continued monitoring of the drug situation and the

evaluation of ongoing interventions continue to be important for assessing policy options, as well as assistance needs.

- *Providing for basic human needs.* In order to consolidate the gains made in opium reduction and help former opium farmers live in dignity without the income derived from opium cultivation, international assistance is needed to meet basic human needs, both in the short-term through emergency food assistance, and in the longer-term through promotion of alternative crops and income opportunities.

- *Reducing drug demand.* Further assistance is also needed for drug demand reductions in vulnerable areas as well as the reduction of harmful social and health impacts of drug use (e.g. HIV/AIDS).

Enabling environment/ Governance issues

- *Responsible eradication.* Opium eradication efforts must proceed in a systematic and humane way, recognising the legitimate survival needs of opium farmers and their families.

- *Cross-border cooperation.* Cooperation between the Myanmar authorities, other regional governments and international organisations must be strengthened in order to halt the production and trade of *all* illicit drugs, including ATS, as well as to implement rules and regulations to counter transnational crime and corruption, with an emphasis on transparency and accountability.

II.D.2. Improving conditions for the return of displaced populations, as well as the stabilization of returnees

A resolution of long-standing refugee situations and population displacements in remote border areas is an essential pre-requisite for national reconciliation. The return of these populations and their sustainable reintegration will significantly contribute to longer-term peace and development and nation building. This requires addressing root causes such as armed conflict and insurgency, as well as ensuring that socio-economic conditions in refugees' home areas are conducive to their return and effective reintegration.

Following concerted efforts, 236,000 persons have now returned to northern Rakhine State of Myanmar from Bangladesh. This represents over 94 per cent of those who had left in 1991-92. Returnees now constitute one-third of the population in the townships of Maungdaw, Buthidaung and Rathedaung.[30] Four UN agencies, nine international NGOs and two national NGOs have been coordinating a multi-sectoral programme to provide humanitarian assistance to local communities and facilitate the reintegration of returnees.

The Muslim population in northern Rakhine State, including returnees and their host communities, continues to confront a number of public policy issues which constrain livelihood options, such as restrictions of movement, lack of citizenship, land reallocations and a continued practice of forced labour and compulsory contributions in

some areas. As a result of an established dialogue with the Myanmar authorities regarding these practices in northern Rakhine State, there has been tangible progress in some areas. This progress is, however, geographically uneven and its sustainability remains to be seen. Issues of public policy are compounded by the isolation of the area, the absence of basic infrastructure, adverse weather conditions, a very high population density and the scarcity of arable land. A pre-dominantly agricultural economy, northern Rakhine State nevertheless suffers from a food deficit, estimated at 20,000 to 40,000 metric tones annually.[31]

The very difficult situation of the Muslim population, including returnees, is apparent from a broad range of indicators. 90 percent of returnees are landless with few skills and depend on seasonal labour work for their survival.[32] The Muslim population as a whole has a literacy rate of only 16 to 27 percent.[33] Speaking a dialect of Bengali of which there is no written form, few are literate in the Myanmar language. Communication between the Muslim population and the authorities is therefore very limited. Recent surveys revealed that 64 percent of children under the age of five suffer from chronic malnutrition, and 16 percent from acute malnutrition.[34] A lack of adequate health care has led to an infant mortality rate which is four times the Myanmar national average.[35] Some 80,000 persons among the Muslim population of 800,000 still live under extremely precarious conditions and require continued humanitarian assistance.

The south-eastern border areas of Myanmar with Thailand provide another major challenge in terms of the return and rehabilitation of displaced population. Extreme vulnerabilities affect people in this area who have been displaced by years of conflict. The recent approval of the Myanmar authorities for the UN to initiate activities in 14 townships in Kayin and Mon States and Tanintharyi Division aimed at strengthening the ability of local communities to absorb returnees is a positive development, which opens new and unprecedented opportunities for assistance to some of the most vulnerable populations in the country.

Priority areas of intervention/response

- *Community-based activities.* In northern Rakhine State, targeted community-based assistance activities support self-reliance and empowerment. Improving the language, vocational and community saving skills of the most vulnerable enables them to better handle their environment and directly interact with non-Muslim communities and local authorities.

- *Phased development interventions.* New UN humanitarian activities, including an expansion of AIDS prevention activities, in addition to essential health and education support already being provided by the UN, in areas of potential refugee and internally displaced persons (IDPs) return in the Myanmar-Thailand border region should permit the development of improved inter-agency coordination of programme interventions to facilitate the reintegration of refugees when they return to Myanmar.

Enabling environment /Governance issues

- *Public policy dialogue.* The dialogue established between the UN and the authorities on public policy and governance issues affecting returnees and host communities in northern Rakhine State must be strengthened and extended to encompass issues on the Thai border in order to mitigate the causes of displacement.

- *Building national capacity.* National reconciliation and development of the border areas are stated priorities of the Myanmar government. UN interventions must contribute to building national capacity to this end.

- *Promoting human rights law.* UN promotion of human rights law initiatives are crucial for increasing awareness about basic conditions essential to creating an enabling environment for the peace-building process.

II.D.3. Preventing Trafficking in Persons

Trafficking in persons, especially women and children, occurs both internally and across borders to Thailand and China. Although estimates remain uncertain, there are an estimated 10,000 girls trafficked every year from Myanmar to Thai brothels alone.[36] The underlying cause of human trafficking is poverty, but weak governance and lack of information compounds the problem. Victims of trafficking are often persuaded to migrate by traffickers providing false information on economic opportunities, the types of work available and working conditions. However, a significant number of those ending up being trafficked migrate "voluntarily", based on economic and social cost calculations.

When trafficking occurs across borders, the trafficked person is particularly vulnerable as most laws fail to make a distinction between trafficking and illegal entry as a migrant. The fact that many trafficked persons are out of their social security network, in linguistically and culturally unknown places with no proper documents, further exacerbates their vulnerability.

Trafficking of persons has been increasingly recognized in recent years by the government and is one of the protection issues where progress is being made through a broad range of activities, including the establishment of an inter-agency working group on trafficking, a systematic repatriation process, targeted training programs, research and awareness raising activities, and the development of information, education and communication (IEC) materials.

Priority areas of intervention/response

- *Preventing trafficking.* Trafficking requires a multifaceted and multi-sectoral response. Law enforcement measures, while extremely important, must be complemented by attention to prevention and assistance to victims. Many victims, as

noted, are lured by middlemen with offers of jobs, often being uninformed of the possible dangers of irregular migration. This must be counteracted through targeted community interventions, aimed at raising awareness about trafficking-, as well as providing alternative income-generation strategies, especially for young women. Such efforts must be integrated with HIV prevention efforts.   Capacity-building activities targeting all professionals involved in anti-trafficking and reintegration initiatives will also be important, in particular on international human rights and child rights standards.

▪ *Assisting the victims of trafficking.* Reintegration support for affected children and women, as well as increased cross-border cooperation and collaboration with the authorities in the countries of destination, is needed.

Enabling environment /Governance issues

▪ *Law enforcement.* Intervention in the area of law enforcement in a source country like Myanmar is extremely challenging. Input from different law enforcement agencies such as police, immigration authorities, prosecutors, and judges is essential to prevent, deter, and provide first line assistance to the rescued or repatriated victims of trafficking. Without this link in the anti-trafficking chain, programmes on community awareness raising or assistance to repatriation will only be able to address the problem partially. As it relates to the prevention of HIV/AIDS, sex workers who may be victims of trafficking must be accessible to community outreach programmes. Sex workers should not be arrested under the guise of "anti-trafficking" measures.

▪ *Strengthening of the legal framework.* The Myanmar government has acceded to the UN Convention against Transnational Organised Crime and its supplementing Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, and the Protocol against Smuggling of Migrants by Land, Sea and Air. It has also expressed interest in signing international agreements on prohibition of the sale of children, child prostitution, and child pornography, and should be encouraged and supported to both sign and ratify them. Prior to the accession to the Convention and its Protocols, the government has undertaken a series of exercises on reviewing the existing legal provisions resulting in the drafting of a specific anti-trafficking law. The Government is also in the process of revisiting the somewhat out-dated National Strategy to combat trafficking to reflect current realities of the situation. Both these process should be supported.

II.D.4. Addressing child protection issues

The number of children in need of special protection is increasing. Data on the situation are mostly episodic, anecdotal or qualitative, and need further research. Nevertheless, there is a growing recognition amongst the authorities of the importance of these problems. Some of the most significant protection issues identified are:

(i) Exploited and vulnerable children. Negative household coping mechanisms brought on by increased socio-economic challenges place children particularly at risk. Poor parents take their children out of school to send them to beg, to provide them as cheap workers or even to place them in orphanages. With few or no skills, increasing numbers of these children end up in the informal economy or on the streets where they are exposed to petty crime, risk of arrest, sexual abuse and exploitation, drugs and HIV/AIDS. Girls especially are at risk of being trafficked as they leave their communities in search of work.

(ii) Children in contact with the law. Crimes that children are accused of are often a result of the difficult situations they have to face, so include petty theft, vagrancy, loitering, or drugs. When children come in conflict with the law or are arrested, their treatment is at times compromised and does not generally focus on rehabilitation, since knowledge about protection of children in conflict with the law and protective juvenile justice provisions is limited. There is also a need to protect children who are witnesses and victims, in addition to those who are accused of having infringed the law.

(iii) The use of minors as soldiers. There continues to be no verifiable information on the actual figures of minors associated with military forces and other armed groups. However, although the minimum recruitment age in the armed forces is 18 years according to applicable national law, there continue to be credible reports that a number of the non-state armed groups have minors within their ranks, as does the government military to some degree in spite of the national law.

(iv) Birth and child registration and certification. In order to improve the registration rate in the previously existing system, the piloting of a modified registration system is underway. While this modification is expected to increase access to registration and certification by broadening the group of professionals authorized to carry out birth data collection, more research on the barriers to birth registration will also need to be undertaken to inform social mobilization efforts.

(v) Children deprived of parental care. The government runs a number of residential nurseries and training schools that provide care for orphans, abandoned and destitute children, street children, and children in conflict with the law. Due to an increase in the number of orphans and abandoned children, including those affected and infected by HIV/AIDS, as well as the desire of parents to have their children educated, there are now many small institutions serving small groups of children run by individuals or groups of monks/nuns who are keen to assist needy children. Alternatives to institutional care for orphans, such as fostering programs, group homes and outreach community support are not yet government policy or practice.

The extended family pattern still remains largely intact, especially in rural areas. However, as more heads of households/adult income earners fall ill and die as a result of the HIV/AIDS epidemic, the burden on the extended family/community increases to take care of an increasing number of children left behind. This will be an area of particular concern in the coming years.

Priority areas of intervention/response

- *Awareness-raising and behaviour change.* Support is needed for increased understanding by communities and government officials, as well as other professionals working with children, of international and national child rights and child protection standards, as well as to behaviour change and action to prevent protection abuses of children.

- *Training.* Provision of expertise and support for building capacities of law enforcers, justice officials, social workers, community caregivers and other professionals can strengthen response systems for child victims and provide opportunities for sharing regional experience. The development of community-based monitoring systems on the situation of child protection and qualitative and quantitative data collection to strengthen the knowledge base and understanding of key stakeholders will also be important.

- *Development of Care and Reintegration Models.* Provision of support is critical for the development of community-based service models for children who are deprived of family care, with special attention to those affected by HIV/AIDS, and children who have been detained or are victims of trafficking or other forms of abuse.

Enabling environment /Governance issues

- *Strengthening of the protection framework (including policies, systems and services aimed at improved protection of children from violence, exploitation, abuse and neglect).* The government is showing an increased openness to discuss and act upon protection issues affecting women and children. Various government departments have taken positive steps to address issues of child trafficking, child abuse, the use of minors as soldiers, commercial sexual exploitation of children, social reintegration of exploited and neglected children, care and support for children deprived of family care, particularly those affected by HIV/AIDS, and juvenile justice. Opportunities for increased efforts in all these areas should be encouraged. As mentioned above, support to the ratification and implementation of the two Optional Protocols to the Convention on the Rights of the Child related to the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography will also be important.

- *Strengthening of birth and child registration.* The current discussions with the government on additional registration efforts to ensure birth registration of children living in remote areas, as well as identity card issuance for children who do not hold a birth certificate, will continue, as well as the discussion on how to deal with the increasing number of children deprived of parental care.

II.E. Reducing regional disparities

While poverty, food insecurity, weak social services and the need for protection are countrywide phenomena, conditions vary significantly between different regions. Disparities between central parts of the country and the border areas have particularly serious implications for peace and development. Resultant perceptions of discrimination threaten the ceasefires and could fuel a new generation of armed conflicts. Overcoming such disparities is thus a priority in its own right.

Many of the most deprived areas are to be found in the mountainous border areas, which are inhabited primarily by Myanmar's numerous ethnic nationality groups. Available indicators for household income and health status, as well as access to education, health care and safe water and sanitation, in the border states are significantly lower than the national average. Child malnutrition is most serious in Rakhine and Kayah States, where almost 40 percent of children under five are suffering from severe or moderate malnutrition, or chronic undernourishment (stunting), but Chin, Mon and Thanintharyi follow closely behind.[37] Primary school enrolment is less than 50 per cent in eastern Shan State and only just over that in northern Shan and Rakhine States.[38] These are figures based on general surveys; the actual picture is likely to be significantly worse since many remote and conflict-affected areas are not covered.

The development challenges in the border areas are significant. While they are generally rich in natural resources, including extensive forests, large mineral deposits and fast-flowing rivers, their remoteness from the main centres of power historically have seen them by-passed by the development of modern administrative, economic and social structures in other parts of the country. Half a century of civil war contributed to deepening their isolation and causing widespread physical destruction and social disruptions. Across the border areas, local economies have been geared primarily to the imperatives of war, leading to taxation of local populations by combatants on all sides, together with forced labor, forced relocation and other human rights abuses in a pervasive climate of insecurity. This has imposed considerable limitations to the normal development of human, social and economic capital.

The ceasefire agreements, initially reached in eastern Shan State in the late 1980s and subsequently in other areas along the Chinese and Thai borders, have normalised life in many previously war-torn areas where people now can travel more freely and are re-establishing their fields or starting new businesses. In some areas, civil society is re-emerging in the space created by the end to hostilities. There has also been a decrease in the most severe types of human rights abuses, including extra-judicial killings, rape and forced portering for the army. Yet governance structures remain weak and forms of structural violence persist, often compounded by new exploitative and unsustainable economic practices by the former combatants, as the country's natural resources are being sold off at unsustainable rates with little compensation for local communities.

The government, together with former insurgent groups which are now formally in charge of 17 'special regions', has invested in new roads, bridges, electrification and land

development, as well as some new schools and health centers, but the resources committed are far from sufficient and the emphasis on physical infrastructure leaves many community needs unaddressed.

The slow progress so far in addressing the needs has been emphasized by those ethnic groups still fighting the central government as a reason not to halt hostilities, and new conflicts could easily arise in ceasefire areas if more is not done to spread the benefits of peace. The situation looks particularly dire in Shan State, where drug interests might tap into the social dissent that is brewing as hundreds of thousands of farmers are losing their primary source of income as a result of opium bans. The ceasefires are understood to be explicitly premised on a promise of government support to redress current disparities. The country's future political and economic stability and development therefore depends to a large extent on how rapidly these gaps can be closed, and how equitably the benefits of growth are distributed across the country.

The general underdevelopment and lawlessness of the border areas also has wider regional implications. These areas have long been the source not only of internal instability, but also of several trans-national threats, including drugs, human trafficking and large-scale refugee flows and illegal migration. An estimated 60 percent of the opium produced in Myanmar is shipped through China, with another 30 percent going to Thailand and Lao PDR.[39] This output fuels growing heroin addiction and HIV/AIDS infections, as well as corruption and crime, along the trafficking routes and in destination countries worldwide. Large numbers of people also continue to cross Myanmar's international borders to escape abject poverty or human rights abuses.

Priority areas of intervention/response

- *Gaining access.* Securing wider access to the 'special regions', as well as to 'insecure' areas and armed conflict areas, is a priority issue. It is vital for poverty alleviation, market access and social stability in the border areas to secure access to relocation sites and IDPs, as well as to secure effective resettlement and reintegration of returnees, including wider protection of their basic rights. Before access has been secured, gaining better knowledge of the needs in the area through networking with all knowledgeable parties is a first step.

- *Reaching the unreached.* The totality of vulnerabilities at the community and household level in areas, which for decades have been affected by armed conflict and general insecurity, needs to be effectively addressed through a broad approach that includes integrated rural livelihood strategies, combined with essential infrastructure, agricultural development, AIDS prevention and care, health care, education, and promotion of protective laws and practices.

Enabling environment/ Governance issues

- *Peace-Building.* The primary condition for longer-term progress in the border areas is the restoration of peace and establishment of effective governance structures. This

will require a nationwide ceasefire, broad agreement on a new constitution clearly delineating administrative authority, extensive local capacity building, and, when appropriate, decentralisation of administrative authority, particularly in the social sectors.

- *Crime and corruption.* In an era where the Southeast Asian region benefits from never before seen socio-economic growth, social ills such as poverty, criminal activity, drug abuse and illegal trade should not go unaddressed since these induce instability and open the door for further exploitation and human right abuses. The existence of exploitative business practices, large-scale crime and its ensuing web of corruption, both locally and regionally, enrich criminals and their cronies. With increased access of UN agencies and their partners to areas which previously were plagued by conflict and lawlessness, abuses and exploitative situations can be reduced by introducing concepts of the rule of law and human rights previously unknown or unadhered to by local authorities. While such UN presence is beneficial all over the country, timely accelerated support to specific geographical zones can help prevent conflict and reduce cross-border tensions.

III. Coordination mechanisms

The UNCT is committed to coordination both within the team itself and in partnerships with the government, international NGOs, civil society and the wider international community. In response to the changing environment, existing long-established coordination mechanisms are being adapted and new types of interventions introduced. Internally, the UN is strengthening its own coordination mechanisms through more regular UNCT meetings on a variety of topics, as well as through greater coordination in research and advocacy. For this purpose, the UNCT is developing a joint research agenda on cross-cutting issues.

Efforts to establish more effective aid coordination are accompanied by steps to upgrade and standardize as much as possible frameworks and mechanisms for transparent decision-making and accountability for use of resources and results. The UNCT believes Myanmar should benefit from the considerable knowledge and experience which exists internationally about ways to strengthen standards and tools in planning, administration, accounting, monitoring and evaluation of both humanitarian and development projects and programs.

Building upon existing thematic and operational coordination mechanisms, a series of sectoral and geographic working groups are now being established or strengthened. These working groups bring together UN agencies, bilateral donors, and international and local NGOs with the principal aim of ensuring successful results and the efficient use of scare resources currently available to Myanmar. The following coordination working groups are being established or modified:

Sectoral Working Groups – A variety of different kinds of sectoral working groups/partnerships have been established to facilitate action in the high priority thematic areas presented in section II of this paper. Others may need to be created as needs arise. The six existing coordination groupings focus on:

- HIV/AIDS
- Health (consisting of a technical working group on tuberculosis and similar groups to be initiated on malaria and child health)
- Basic Education
- Food Security and Nutrition
- Natural Disaster Management
- Human Trafficking

The UNCT recognizes that there is a need for a more comprehensive natural disaster preparedness to be developed in close partnership with other assistance agencies to ensure efficiency. Thus, the natural disaster management team together with INGOs and the Red Cross movement will embark on a contingency planning process.

Geographic Working Groups – There are also two existing geographic working groups that were set up to coordinate operational arrangements between implementing agencies in the following areas:

- Shan State (Wa and Kokang regions), to address the illicit drugs situation and basic needs of the affected poor families
- Northern Rakhine State, to address the returnee and other vulnerable groups' situation

The number of working groups is not necessarily limited to those currently existing or being planned. In the future, areas requiring sectoral or geographic coordination will trigger the establishment of specific mechanisms when conditions are appropriate for doing so.

Chairmanship of each working group is based on functional competency and lead agency mandates. Each working group establishes its own objectives, which are up-dated periodically to reflect the changing environment. The operational or policy interests in the program area determine the participation of other UN agencies in the working groups. The two types of working groups - sectoral and geographical - thus serve to build and maintain effective operational, as well as strategic, partnerships. The groups focus on identifying the needs of the target groups, while paying close attention to reducing gender, ethnic and regional disparities.

In addition to the sectoral and geographical working groups, several UN entities are collaborating to ensure appropriate support for the implementation of the Global Fund projects (on AIDS, tuberculosis and malaria). Strong partnerships are also being formed with a number of international NGOs, which are acting as implementing agencies.

Lastly, a critical role of the UN assistance community is to keep the wider national and international community informed of the condition and needs of Myanmar's vulnerable population, and forge effective partnerships, including with the government, in order to address and reach those most in need. Thus, the UNCT is committed to organizing regular briefings for a wider set of stakeholders. The content of such briefings will be informed by the results of the sectoral and geographic working groups.

UN Organisations Represented in Myanmar

The **United Nations Development Programme (UNDP)** is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. It works to bring its accumulated store of development experiences in the areas of people-centered development through its global knowledge networks to facilitate and promote practices that help countries to improve the lives of their people, particularly the poor.

In Myanmar, UNDP has worked under a restricted mandate imposed in 1993. Since then, UNDP assistance to Myanmar has been targeted towards programmes having grassroots level impact in a sustainable manner, particularly in the areas of primary health care, the environment, HIV/AIDS, training and education, and food security. A set of individual projects called the Human Development Initiative (HDI) is being implemented in 24 townships in some of the poorest areas of Myanmar.

The **United Nations Children's Fund (UNICEF)** is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF is guided by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women and strives to establish children's and women's rights as enduring ethical principles and international standards of behaviour towards children and women.

UNICEF has been supporting assistance programmes to improve the lives of children, young people and women in Myanmar for the past fifty-three years. UNICEF's programme combines components in health and nutrition; water, environmental sanitation and hygiene (WESH); basic education; and child protection. The Health and Nutrition and the WESH programmes address the main causes of high mortality and morbidity in children and women through a combination of immunization support, essential drug distribution, and environmental sanitation interventions for children and families nationwide, and mother and child health, nutrition support, and access to safe water supply in particularly vulnerable communities, especially in the border areas. The Basic Education programme works with families, teachers, children and young people in particularly vulnerable communities to support early childhood development interventions and child-friendly primary education through interactive teaching and learning methodologies, the provision of essential education materials, and life skills education. UNICEF conducts child rights and child protection training for local officials and community leaders and supports projects on juvenile justice, child trafficking, street and working children projects, and children deprived of family care. UNICEF's work in response to HIV/AIDS includes prevention of mother and child transmission, awareness raising and prevention amongst young people, and care and support for orphans and vulnerable children affected by the epidemic. All UNICEF programmes are undertaken in

close partnership with other UN agencies active in Myanmar, technical departments, national and international NGOs, professional organisations, and community groups.

The **World Health Organization (WHO)** works for attainment by all people of the highest possible level of health. Its two main constitutional functions are to act as the directing and coordinating authority on international health work, and to encourage technical cooperation in the areas of health with Member States.

WHO's assistance covers the majority of the projects under Myanmar's National Health Plan. This includes direct technical support in areas such as malaria and vector-borne disease control, tuberculosis and HIV/AIDS control, expanded programmes of immunization, family health, community health, and population issues. Special financial and technical support is provided to poliomyelitis eradication. The priorities for Myanmar are: strengthening health systems; communicable disease prevention and control; child, adolescent and reproductive health; and health and the environment.

WHO is working closely with the Ministry of Health in promoting and supporting capacity building by organizing seminars, training programmes and meetings of expert advisory panels. It also helps to prepare and execute operational research projects.

The **World Food Programme (WFP)** is the food aid arm of the United Nations system. Its mandate worldwide is to eradicate hunger and poverty by providing food aid in order to save the lives of people in emergency situations; improve the nutritional status and the quality of life for the most vulnerable people at critical times in their lives; and help build assets and promote self-reliance of poor people and communities, particularly through labour-intensive work programmes.

WFP's food assistance programmes in Myanmar target people that are unable to feed their families with adequate and sufficient food. WFP is providing food assistance to returnees and other vulnerable groups in northern Rakhine State which helps them reintegrate into society and supports others to improve households food security. Food assistance programmes such as food for education, food for work, food for vocational training and targeted relief for vulnerable families are implemented. In 2004 WFP extended food assistance to the poorer and more isolated village tracts in the central dry zone area of Magway Division. WFP assists, with similar food based interventions, the poor ex-poppy households in northern Shan State while they strive to establish alternative livelihoods since the opium ban was imposed. Through technical partnerships with NGOs, WFP also provides food to poor families affected by HIV/Aids in the dry zone through a home-based care system.

The **Food and Agriculture Organization (FAO)** is working to contribute to the eradication of food insecurity and rural poverty; promoting, developing and enforcing policy and regulatory frameworks for food, agriculture, fisheries and forestry; creating sustainable increases in the supply and availability of food and other products; supporting the conservation, improvement and sustainable use of natural resources for food and

agriculture; and improving decision-making through the provision of information and assessment and fostering of knowledge management for food and agriculture.

Over the past 20 years FAO has provided assistance to Myanmar through over 100 national projects and many regional field projects. These projects covered most of FAO's mandatory sectors (agriculture, livestock/fisheries and forestry) including agriculture and rural investment planning, census and statistics, research in all sectors, food and industrial crops, crops processing and food technology, plant protection, and animal health. Currently FAO is focusing on increasing the income of grain legume and coffee small farmers; a study on comparative advantages of agriculture, livestock, fisheries and forest products in the context of ASEAN for policy advocacy; technical assistance for the Agriculture Census 2003; and agricultural and natural resources management in Rakhine State.

The primary purpose of the **UN High Commissioner for Refugees (UNHCR)** is to safeguard the rights and well being of refugees and secure solutions to their plight. The UN General Assembly has gradually expanded UNHCR's involvement to also provide international protection to people who are stateless or whose nationality is disputed, and, in certain circumstances, to internally displaced persons. UNHCR seeks to reduce situations of forced displacement by encouraging states and other institutions to create conditions that are conducive to the protection of human rights and the peaceful resolution of disputes. In pursuit of this objective, UNHCR actively seeks to promote the reintegration of refugees in their country of origin.

In Myanmar, UNHCR has initially focused its activities on the northern areas of Rakhine State (NRS), to monitor the voluntary repatriation of refugees from Bangladesh to Myanmar. UNHCR helps the returnees to reintegrate durably through an active dialogue with the authorities aimed at mitigating public policy and governance issues affecting the livelihood of the NRS population. Targeted community-based interventions in the areas of Myanmar language education, vocational skills training and income generation, including the creation of neighborhood savings and credit associations, promote self-reliance and empowerment of the most vulnerable. The number of beneficiaries of the UNHCR reintegration and stabilization assistance activities is approximately 800,000 persons, including 230,000 returnees. UNHCR also conducts human rights law and refugee law dissemination activities for government officials and academics. UNHCR has recently reached an agreement with the Myanmar authorities to create conditions conducive to the return of refugees to Mon State, Kayin State and Tanintharyi Division. The voluntary repatriation of refugees from Thailand will, however, only commence after an acceptable settlement between the Myanmar authorities and armed militant groups.

The **United Nations Population Fund (UNFPA)** works to ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals on or before 2015; to support population and development strategies that enable capacity building in population programming; and to promote awareness of population and development issues and to advocate for the mobilization of the resources and political will necessary to accomplish its areas of work.

In Myanmar, UNFPA has carried out a number of reproductive health activities, including training of service providers and volunteer motivators, development and distribution of information, education and communication materials, expansion of birth spacing services, establishment of a relevant management information system, supply of contraceptives and improvement of health facilities. UNFPA is currently expanding these services to target under-served populations such as adolescents, youth and men. UNFPA has also provided technical and financial support for three large-scale surveys on population and reproductive health between 1991 and 2001. These surveys have contributed towards the development of a national population database, including socio-economic indicators, which is vital to national planning. Currently, UNFPA-assisted reproductive health programmes are being implemented in 93 townships and will reach 100 townships by the end of 2005.

The **United Nations Office on Drugs and Crime (UNODC)** programme in Myanmar is focused on replacing traditional criminal or repressive drug control approaches with humanitarian and sustainable methodologies. This ranges from introducing community-based treatment of drug users, to harm reduction in order to halt the HIV/AIDS epidemic spreading further, to providing an alternative income for opium farmers. About 2 million already very vulnerable people will be affected nationwide by the opium bans through the loss of their primary income. As proven in Afghanistan, such fast reduction might not be sustainable over time and may create major hindrances for political reform. Mainstreaming the drug issue in the wider development agenda and building partnerships is the answer for a highly needed geographical expansion. First, additional human and financial resources brought in by partners allow a wider coverage. But, secondly, it also permits UNODC to outsource specific activities to expert agencies while staying at the core of it.

The work of UNODC in Myanmar consists of four pillars. The first is advocacy, consisting of monitoring the drug situation in the country and providing objective and reliable information. The second is supply reduction, which aims to provide for the basic human needs of opium farmers to live in dignity without the income derived from opium cultivation. The third is demand reduction, encompassing prevention, treatment and rehabilitation. The final pillar lies in addressing the correlation between injecting drug use and HIV/AIDS. Pursuant to the October 2002 reorganization of the organization, UNODC Myanmar's strengthened mandate now also encompasses money laundering, trafficking in human beings and other international criminal matters.

The global mission of the **Joint United Nations Programme on HIV/AIDS (UNAIDS)**, as the main advocate for worldwide action against HIV/AIDS is to lead, strengthen and support an expanded response to the epidemic. This response has four goals: to prevent the spread of HIV; to provide care and support for those infected and affected by the disease; to reduce the vulnerability of individuals and communities to HIV/AIDS; and to alleviate the impact of the epidemic. UNAIDS achieves these goals by: providing leadership and advocacy for effective action on the epidemic; disseminating strategic information to guide efforts against AIDS worldwide; tracking, monitoring and

evaluating the epidemic and responses to it; supporting civil society engagement and partnership development; mobilizing resources to support an effective response.

In Myanmar, UNAIDS works in close cooperation with the UN cosponsor organisations and other partners, including government, NGOs and civil society, to coordinate the implementation of the Joint Programme on HIV/AIDS. UNAIDS is also coordinating arrangements to support the Joint Programme on HIV/AIDS such as the joint donor funding mechanism, the Fund for HIV/AIDS in Myanmar (FHAM).

The **International Labour Organization (ILO)** is the UN specialized agency which seeks the promotion of social justice and internationally recognized human and labour rights. It formulates international policies and programmes to help improve working and living conditions; creates international labour standards setting minimum standards of basic labour rights: freedom of association, the right to organize, collective bargaining, abolition of forced labour, equality of opportunity and treatment, and other standards regulating conditions across the entire spectrum of work-related issues; carries out an extensive programme of technical cooperation to help governments in making these policies effective; and engages in training, education and research to help advance these efforts.

In Myanmar, the ILO is represented by a Liaison Officer. In accordance with the understanding reached between the ILO and the Government of Myanmar in March 2002, and within the framework of the 1999 Resolution of the International Labour Conference concerning Myanmar, the mandate of the ILO Liaison Officer is restricted to giving advice and assistance to the Government of Myanmar to effectively eliminate forced labour in the country.

UN Organizations and Projects Based in Bangkok

The basic mission of **United Nations Educational, Scientific and Cultural Organization** (UNESCO) is to contribute to sustainable human development in a culture of peace, underpinned by tolerance, democracy and human rights, through programmes and projects in UNESCO's field of competence – education, the natural and social sciences, culture, and communication and information.

UNESCO's activities in Myanmar are handled from the Regional Bureau for Education in Bangkok, which also houses regional units in Culture and Social and Human Sciences. Unesco-supported activities include: Education for All plan development, Community Learning Centers, technical and vocational education, and human trafficking and HIV/AIDS prevention activities in the field of education. The focus of UNESCO's education work in Myanmar is on capacity building at the mid-management and community levels in areas such as localized planning and resource management and operational policy research. From 1990 to 1993 UNESCO undertook the first comprehensive education sector study. The Culture Unit has implemented a number of radio soap opera programmes in ethnic nationality languages, which can be heard in parts of Myanmar, for the prevention of HIV/AIDS, human trafficking and drug abuse. Technical assistance is provided in the fields of culture (preservation of tangible and non-tangible cultural heritage, including a planned Buddhist cultural preservation project) as well as social science studies development. The Communication and Information Unit has been working with Myanmar in improving library and information services through librarian training and promoting UNESCO information management software WINISIS.

The **United Nations Industrial Development Organizations** (UNIDO) is a UN specialized agency with the mandate of supporting developing countries and countries with economy in transitions in their efforts to achieve sustainable industrial development and poverty alleviation. UNIDO mobilizes knowledge, skills, information and technology to promote: (i) competitive economy, (ii) productive employment, and (iii) sound environment. To assist in achieving the MDGs, UNIDO currently focuses on providing its eight technical cooperation service modules: (i) industrial governance and statistics, (ii) investment and technology promotion, (iii) industrial competitiveness and trade, (iv) private-sector development, (v) agro-industries, (vi) sustainable energy and climate change, (vii) Montreal Protocol, and (viii) environmental management.

The UNIDO Regional Office in Bangkok, Thailand is responsible for UNIDO's cooperation with Myanmar. As a member state of UNIDO, the country has received technical assistance from UNIDO the last 30 years. Currently UNIDO focuses its technical cooperation with Myanmar on: industrial governance and statistics, investment and technology promotion, agro-industries, sustainable energy and climate change, and environmental management. UNIDO pays special attention to providing technical assistance to Myanmar under regional and sub-regional cooperation frameworks, such as the Greater Mekong Sub-region, ASEAN, Economic Cooperation Strategy (Thailand,

Lao PDR, Cambodia and Myanmar), and BIMSTEC (Bangladesh, India, Myanmar, Sri Lanka and Thailand Economic Cooperation).

The **UN Inter-Agency Project on Human Trafficking** (UNIAP) in the Greater Mekong Sub-Region (GMS) was established in 2000 to facilitate a stronger and more coordinated response to human trafficking in each of the 6 GMS countries (Cambodia, Lao PDR, Myanmar, PR China, Thailand and Vietnam) and in the region as a whole. The project involves an extensive network of governments, local and international NGOs, UN organisations and donors throughout the six countries with links to similar networks around the world. UNIAP comprises offices in each country plus a regional office in Bangkok. The overall guidance to the project is provided by an Intergovernmental Project Steering Committee, which meets annually.

As well as providing an inter-agency focal point and information at the country level, the project works with partners to build their capacity through technical input and through the creation of a wider and a strengthened network of anti-trafficking community in all the countries and in the region. Building on the lessons learnt and more importantly, trust built among partners and stakeholders in the first phase (2000-2003), UNIAP's second phase (December 2003- June 2006) aims to support closer and more effective working relationships through the facilitation of communication, information exchange, strategic analysis, mutual learning and policy development. One initiative that highlights this role is reflected in the request by the six GMS governments for UNIAP to facilitate and provide secretariat services to the government-initiated sub-regional cooperation-mechanism called the Coordinated Mekong Ministerial Initiative on Trafficking (COMMIT) Process. The Process, which began in 2003 through a series of informal bilateral consultations, gave birth to a COMMIT Memorandum of Understanding signed in Yangon in October, 2004. Turning their political commitments expressed in the MOU into actions, the six countries met in Hanoi in March 2005 to finalize a three year Sub-regional Plan of Action (2005 - 2007) which was agreed in principle by all representatives. Some 14 donor agencies affirmed their support to this process at the meeting.

ENDNOTES

[1] For the purpose of this document, the term 'civil society' is limited to non-governmental organisations (NGOs), community-based organisations (CBOs), and other organisations/structures focusing on humanitarian assistance and social support issues. A crucial criterion is the independence of the organization, which must make decisions without control or interference by any government, political party or military group.

[2] Central Statistical Organization, Statistical Yearbook 2002. This is significantly more than in other Asian countries, e.g., Thailand 32%, Malaysia 37%, Bangladesh 52%, India 54%, Cambodia 57%, Indonesia 59% and Vietnam 62% (SSII, Asian Agrifood Demand Trends to 2010).

[3] World Bank, Myanmar: An Economic and Social Assessment, 1999 [draft].

[4] ADB/UNAIDS (2004), Impact of HIV/AIDS on Poverty in Cambodia, India, Thailand and Vietnam. ADB/UNAIDS Study Series: Paper III.

[5] National Nutrition Centre, National Nutrition Survey, 1997.

[6] See, e.g., UNICEF, Children and Women in Myanmar, April 2001; National Nutrition Centre survey in 4 regions, 2003.

[7] National Nutrition Survey, 1991 (23.5 percent of children born underweight); UNICEF, Multiple Indicator Cluster Survey, 2003 (32 percent of children under 5 moderately or severely malnourished).

[8] WFP study on food security, January 2001.

[9] WFP study on food security, January 2001.

[10] WFP study on food security, January 2001.

[11] ICG, Myanmar: Update on HIV/AIDS Policy, Asia Briefing, 16 December 2004.

[12] UNAIDS, 2004 Report on the global AIDS epidemic: 4th global report, 2004, Table 1.

[13] World Health Organization, "3x5" progress report, December 2004.

[14] Ministry of Health Myanmar, National AIDS Programme 2004, Annex 2.

[15] National AIDS Programme, HSS 2003, Ministry of Health, Myanmar.

[16] National AIDS Programme, HSS 2003, Ministry of Health, Myanmar.

[17] UNICEF, State of the World's Children, 2003.

[18] UNICEF, Fertility and Reproductive Health Survey (FRHS – 2001).

[19] UNICEF, State of the World's Children, 2004.

[20] Five year strategic plan for reproductive health in Myanmar, 2004-2008, Ministry of Health, Myanmar, quoted from Maternal mortality in 2000, WHO, UNICEF and UNFPA, 2004.

[21] Myanmar fertility and reproductive health survey 2001, preliminary report, published in 2002, Department of Population and Immigration,Myanmar, UNFPA; Win Win Mya: An audit on maternal mortality in North Okkalapa general hospital over seven years between 1992-1998. 46th Myanmar medical conference, Yangon, 2000.

[22] Five year strategic plan for reproductive health in Myanmar, 2004-2008, Ministry of Health, Myanmar, quoted from Central Statistical Organisation, National Mortality Survey 1999, published in 2000.

[23] Sentinel surveillance data for March-April 2003, national AIDS programme, Department of Health, Ministry of Health, Myanmar.

[24] E.g., The World Bank, An Economic and Social Assessment. Sep 1999.

[25] E.g., surveys in Wa Special Region 2 indicate a 96% illiteracy rate. UNODC 2004.

[26] UNODC Illicit Crop Monitoring Programme, Myanmar Opium Survey 2004. October 2004, 3. In the Wa Special Region 2, an opium ban will go into effect in June 2005.

[27] Reid, Gary and Genevieve Costigan. Revisiting the Hidden Epidemic: A Situation Assessment of Drug Use in Asia in the Context of HIV/AIDS. The Centre for Harm Reduction, Burnet Institute, Australia, January 2002. 144.

[28] Results of a 2004 JICA assessment mission to the Kokang. Powerpoint presentation.

[29] Results of a 2004 JICA assessment mission to the Kokang. Powerpoint presentation.

[30] UNHCR Village Profile Survey, 2001.

[31] WFP study on food security, January 2001.

[32] UNHCR Village Profile Survey, 2001.

[33] UNHCR Village Profile Survey, 2001.

[34] NGO internal survey held by UNHCR, 2003.

[35] UNHCR Village Profile Survey, 2001.

[36] UNICEF East Asia and the Pacific Regional Office, Trafficking and Commercial Sexual Exploitation of Children (CSEC) in South East Asia, 2003; UNICEF Commercial Sexual Exploitation of Children In East Asia and Pacific, A Regional Overview, December 2001.

[37] UNICEF, Multiple Indicator Cluster Survey, 2003. (Child malnutrition is most serious in Rakhine (47%) Magway (36%) and Tanintharyi (36%) of children under five suffering from severe or moderate undernourishment. Chronic undernourishment (stunting) is most prevalent in Kayah (39%), Rakhine (39%), Mon (37%) and Chin (37%).)

[38] UNICEF, Multiple Indicator Cluster Survey, 2003.

[39] UNODC estimates, 2002.