UNION OF MYANMAR

MYANMAR COUNTRY REPORT

FOR

THE 7TH ASEAN & JAPAN HIGH LEVEL OFFICIALS MEETING ON CARING SOCIETIES

31 AUGUST- 3 SEPTEMBER 2009

TOKYO, JAPAN

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1. Follow up of the 6th High Level Officials Meeting, "Healthy Next Generation"

Department of Health is committed to promoting and maintaining the health and welfare of mothers and children through Maternal and Child Health and related projects in collaboration with Department of Social Welfare and some other related sectors.

The National health Committee was formed on 28 December 1989 as part of policy reforms. The committee takes the leadership role and gives guidance in implementing the health programs including maternal and child health and welfare systematically and efficiently. The high level policy making body is instrumental in providing the mechanism for inter-sectoral collaboration and coordination. Under the guidance of the National Health Committee various health committees had been formed at each administrative level. Local NGOs such as Myanmar Maternal and Child Welfare Association and Myanmar Women's Affairs Federation are also taking some share of service provision for promoting health and welfare for mothers and children in Myanmar. Since 2002, Myanmar RH Policy has also been developed in line with Population Policy and National Health Policy.

In line with the recommendations of the 6th High Level Officials Meeting, "Healthy Next Generation" Myanmar Strategic Plan for Reproductive Health (2009-2013) have been formulated with the objective of promoting maternal and child health and welfare . Implementation of the plan at various levels is carried out in collaboration and cooperation with health related sectors and NGOs. Moreover, Department of Health has already proposed one year Diploma course for Medical Social Workers to Department of Medical Science's existing diploma courses.

Thus, Myanmar Maternal and Child Health and Welfare activities are gaining momentum with active involvement of related health projects and Department of Social welfare as well as UN organizations, local and International NGOs.

2. Current Situation

2.1 General information

(a) GDP

Gross Domestic Product (kyats in million)

GDP	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07[a]
Current	3548472.2	5625254.7	7716616.2	9078928.5	12286765.4	16715664.9
Growth (%)	11.3	12.0	13.8	13.6	13.6	12.7

Source: Statistical Year Book 2007, Central Statistical Organization

(b) Adult Literacy Rate

Male – 97 % 2007 (UNESCO, Institute for Statistics)
Female- 96 % 2007 (UNESCO, Institute for Statistics)

(c) The budget for Health

The major sources of finance for health are the government and the private households. Government has increased health spending on both current and capital yearly. Total government health expenditure increased from kyats 464.1million in 1988-89 to kyats 48489.6 million in 2007-2008.

	1988-1989	2005-2006	2006-2007	2007-2008*
Health Expenditure (Million Kyats)				
-Current	347.1	15407.5	35914	37949.6
-Capital	117.0	8033.9	10718	10540.0
Total	464.1	23441.4	46632	48489.6

*

Provisional actual

2.2 Vital Statistics

Health Index	1988	1999	2001	2002	2003	2004	2005	2006
Crude Birth Rate (per 1,000 population)								
-Urban	28.6	24.5	23.9	21.2	19.9	19.1	19.0	19.0
- Rural	30.5	27.1	26.3	24.6	22.4	22.0	21.9	21.5
Crude Death Rate (per 1,000 population)								
- Urban	8.9	6.0	6.2	6.1	5.6	5.5	5.5	5.3
-Rural	9.9	7.8	7.1	7.0	6.5	6.4	6.4	6.3
Infant Mortality Rate (per 1,000 live births)								
- Urban	47.0	55.1 A	48.3	48.4	45.3	45.2	45.1	44.9
- Rural	49.8	62.5A	50.1	50.7	47.1	47.0	47.0	46.9
U5 Mortality Rate (per 1,000 live births)								
-Union	-	77.77 A	-	-	66.1B	-	-	-
- Urban	72.9	65.12A	73.1	72.6	72.2	70.1	70.0	64.15
- Rural	-	85.16A	73.8	73.5	73.2	71.4	71.2	-
Maternal Mortality Ratio (per 1,000 live births)		A						
-Union	-	2.5	-	-	-	-	-	-
- Urban	1.0	1.8 A	1.0	1.1	0.98	0.98	0.96	0.96
- Rural	1.9	2.8A	1.8	1.9	1.52	1.45	1.43	1.41
Population Growth Rate	1.96	2.02	2.02	2.02	2.02	2.02	2.02	2.02
Average Life Expectancy								
- Urban (Male)	59.0	61.0	61.5	61.8	62.1	62.4	62.5	62.9
(Female)	63.2	65.1	65.6	66.0	66.2	66.5	66.6	67.3
- Rural (Male)	56.2	60.3	60.8	61.3	61.5	61.8	62.0	62.5
(Female)	60.4	62.7	63.3	63.8	64.0	64.5	64.9	65.4

Source: StatisticalYear Book, Central Statistical Organization (CSO), 2007

A *National MortalitySurvey, CSO, 1999*

B *Overall and Cause Specific Under Five Mortality Survey, Ministry of Health/ UNICEF, 2002-2003*

2.3 Population

Estimates of population and it's structure (1980-2007)

Population / Structure (in million)	1980-81		1990-91		2000-01		2006-07		2007-08	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
0-14 years	13.03	38.77	14.70	36.05	16.43	32.77	18.37	32.50	18.57	32.30
15-59 years	18.44	54.86	23.47	57.55	29.72	59.29	33.41	59.11	33.87	58.90
60 years and above	2.14	6.37	2.61	6.4	3.98	7.94	4.74	8.39	5.06	8.80
Total	33.61	100	40.78	100	50.13	100	56.52	100	57.50	100
Female	16.93	50.37	20.57	50.28	25.22	50.31	28.42	50.28	28.92	50.29
Male	16.68	49.63	20.21	49.72	24.91	49.69	28.10	49.72	28.58	49.71
Sex Ratio (M /100 F)	98.52		98.25		98.77		98.87		98.85	

Source: Planning Department, Ministry of National Planning and Economic Development

3. Current Situation concerned with Children with Disabilities

3.1 Statistics of Children with Disability

A survey on Types and Severity Levels of Disabilities in Khayan Township, Yangon Division, Myanmar was conducted by Community-based Rehabilitation Project of Department of Health in 2007. The survey indicated at (1.9) % of the population had disabilities. Summary information of the survey is as follows:

Reasons for selection of present location

1. **Area covered**
   100% coverage of Township (Khayan Township, Yangon Division(2006-07)
2. **Location- distance from nearest town**
   53 Miles from Yangon
3. **Number of wards/ villages covered**
   158 wards/villages
4. **Number of persons with disabilities served/supported through services/programmes**
   Total population covered – 153398 Total disabled person – 292 – (1.9%)

Types and severity levels of disabilities covered under this programme

1. **Bliness, Low vision**
   841 – 28.79%
2. **Hearing and Speech impairment**
   478 – 16.36%
3. **Mobility – impairment**
   1068 – 36.35%
4. **Mental or intellectual disability**
   58 – 1.98%
   (1) Cerebral Palsy - 25 - 0.85%
   (2) Learning Disabilities - 33 - 1.12%
5. **Psycho- social disorders or mental illness**
   75 – 2.56%
6. **Leprosy**
   24 – 0.82%
7. **Autism**
   -
8. **Multiple Disabilities**
   243 – 8.3%
9. **Any other**
   (1) Person with fits - 91 - 3.11%
   (2) Other chronic disabilities (caused by non communicable diseases e.g COPD,CVD etc. - 43 - 1.47%

According to the DSW's recent survey of 60 townships in 7 States and Divisions, the number of PWDs are about 2.35% of the population.

3.2 Summary of the laws for children with disabilities

The law on Rehabilitation and Employment of persons with disabilities was first enacted in 1958. For the time being, the existing law is being reviewed in preparation for the fourth draft law for persons with disabilities, which is being prepared to provide more disability-related services and programs. Prior to the proclamation of the Asian and Pacific Decade of Disabled Persons, 1993-2002, the Central Law Scrutinizing Committee reviewed the disability laws in Myanmar. It is now in the technical finalization stage and it is hoped that the law will be enacted in the near future. The newly drafted law ensures broader rights of persons with disabilities, including the right to health, education and employment opportunities.

Myanmar Child Law was enacted in 1993 for ensuring education and protection for all children with disabilities. As mentioned in section 18 of the Child Law, a mentally or physically disabled child shall enjoy basic education (primary level) or vocational education in special schools run by the Department of Social Welfare or private individuals or non-governmental organizations; he should have the right to enjoy special care and assistance provided by the Government; should enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community; As mentioned in Disabled Person Employment Act 4 (3) enacted in 1958, the President can form a new department or organization to provide vocational education and medical care to those who are physically disabled or mentally defective; According to section 32 (c) of the Child Law, mentally defective children are regarded as children who need protection and care. Thus, section 34 (d) of the Child Law states that the Director-General of the Department of Social Welfare has the right to send mentally defective children to a mental hospital for treatment.

3.3 Summary of official support programs for children with disabilities in health and social welfare sectors

Disability-related Governmental Organizations

(1) Department of Social Welfare, Ministry of Social Welfare Relief and Resettlement is responsible for Social rehabilitation, education, vocational training, training for care providers for persons with disabilities, establishment of disability-related laws and committees.
(2) Department of Health, Ministry of Health is responsible for Medical treatment , orthopedic and plastic surgery as well as medical rehabilitation
(3) Department of Education Planning and Training, Ministry of Education is responsible for Inclusive Education for children with disabilities
(4) Myanmar Disabled Sports Federation is responsible for organizing sports for persons with disabilities. training and selecting athletes for international sports events for persons with disabilities.

Public Facilities for Children with Disabilities

(a) Schools

(1) School for Blind (Yangon)
(2) School for Blind (Sagaing)
(3) School for the Deaf
(4) Training School for the Disabled Youths

(b)Hospitals/Rehabilitation Centers

(1) National rehabilitation Hospital, Yangon
(2) Eyes Hospitals , Yangon
(3) Ears, Nose and Throat Hospital, Yangon
(4) Eyes, Ears, Nose and Throat Hospital, Mandalay

3.4 Non-governmental support programs for children with disability Organizations of Persons with Disabilities

(a) Local Organizations

(1) Myanmar national Association of the Blind
(2) Myanmar Physically Handicapped Association
(3) Myanmar Blind development ssociation
(4) The Myanmar Disabled Sports Federation
(5) Myanmar Disabled Persons Association
(6) Eden Handicap Service Center
(7) Myanmar Christian Fellowship of the Blind
(8) The Myanmar Council of Churches
(9) Zion Disabled Women's Development Center
(10) Kachin Baptist Convention (KBC)

(b)International Organizations

(1) JICA
(2) Association for Aid and Relief (AAR), Japan
(3) World Vision
(4) ADRA
(5) New Humanity FOSIV (NHF)
(6) APCD
(7) The Leprosy Mission International (TLMI)

3.5 Implementation of Community –based Rehabilitation (CBR)

Union of Myanmar provides rehabilitation services for people with disability through institutional based rehabilitation since 1959. The institutional based rehabilitation service is provided by National Rehabilitation Hospital. Two Departments of Physical Medicine and Rehabilitation in Yangon and Mandalay and Physiotherapy Units attached to General and Specialist Hospital in the State & Division.

However, about 70% of the country's population are residing at the rural villages and virtually inaccessible to the rehabilitation services. To expand the Rehabilitation facilities to cover the rural population in near future is impossible. Therefore, the community based rehabilitation services was considered in response to global change of strategy concerning rehabilitation. The experimental community based rehabilitation program was formulated and implemented since 1982.

Up till 2005, with the assistance of UNDP, Mission administer fund, Canadian Embassy, World vision Myanmar and World Health Organizations Myanmar has covered (588183) population from 218 villages, 88 wards of 27 townships. Identified 9416 disabled of various categories, ie nearly 2%. International evaluation team (External Review) which came to evaluate the program impact and strongly recommended to expand the program to cover the whole country in phase wise manner.

In addition, not only the general population but also many health professionals are still not adequately aware of the disability related issue and how, after proper rehabilitation, the disabled persons can contribute towards socio-economic development of the country.

The dwindling numbers of rehabilitation wise trained health personnel including doctors hamper the proper expansion of the institutional services as well. There are only few trained doctors to cater for the rehabilitation service of the country. We have to train more. There is a shortage of trainers in Rehabilitation Nursing with the result of difficulty in output of related personnel.

The situation highlights the urgent needs to envelope appropriate rehabilitation service, particularly the community based rehabilitation with ultimate integration into Primary Health Care delivery system as well as to develop necessary related health manpower so as to achieve a comprehensive health by all strategies. Myanmar is one of the 55 developing countries implementing this project.

According to the community-based rehabilitation project, rehabilitation programmes for all disabled persons, including children, are carried out, including home-based rehabilitation, protecting

them against becoming disabled again, compilation of manuals for training courses, making arrangements for disabled children to pursue education at ordinary schools and giving treatment by sending instructions. Moreover, 37.7 per cent of the 844 disabled persons in the three townships in one state and one division, taking part in the above-mentioned projects, are children.

3.6 Summary of the Education systems for children with disability

Myanmar has demonstrated its commitment to education through establishing the right to education for every child, both constitutionally and through legislation. As a signatory to the Global Education for All Declaration (Dakar, April 2000), Myanmar formulated a national Education for All National Action Plan (EFA NAP) in 2003, that outlines the educational developments the country requires until 2015.

In line with the Salamanca Statement (1994) and reinforcement of Inclusive Education (IE) in the Global EFA plan (2004), Ministry Of Education is making special arrangements for the disabled and other excluded children to attend formal schools and to continue their education receiving special care and attention, In Myanmar, the IE programs were formulated to accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions, These programs include all vulnerable children such as disabled and gifted children, children form mobile families, orphans, street children, children from remote/ border areas and disadvantaged children.

Increased implementation of the EFA-NAP opens access to and opportunities for education, as well as offering quality education for all students. It also provides opportunities for children who need special care and attention to have access to Basic Education. Inclusive Education is an education programme that creates opportunities for children with disabilities and other disadvantaged children to pursue education together with non-disadvantaged children at formal schools. This is the national commitment of Myanmar for achieving EFA goals. The number of children in Inclusive Education is shown below.

Children in Inclusive Education Programme, Ages 5-15 (2005)

Type	Number
Children with disabilities in Special Schools	708
Children with disabilities in Formal Schools	10,268
Children with disabilities in Monastic Schools	9227

As a result of the measures taken to make basic education more accessible to all children, including disabled children with mild to moderate degree of special needs are enrolled in formal schools. Moreover some disabled children, graduated from primary schools of special education join the ordinary middle and high schools. So, the number of children with special learning needs has been increased in formal schools.

The community support for education and efforts of well-wishers and toward the school children are recorded in order to upgrade social living standard of the local people who has false beliefs. Myayadanar, self-reliant primary school, which was founded in 1993 and good conditions of school children become well-known as No.25 Basic Education Primary School (Yangon) is the witness of Ministry of Education in implementing Inclusive Education.

The Department of Myanmar Education Research Bureau has produced sample lessons for the blind and the deaf students in audio and video formats. This programme will continue till the necessary modules for high school level are completed. Myanmar has completed translating the Toolkit for Creating Inclusive Learning-Friendly Environment (ILFE Toolkit) and already distributed for trainers and trainers in Education Collages and for schools in project Townships and NGOs and GOs. MOE has published and distributed Inclusive Education related materials and the booklet "That All Flowers May Bloom" are published for awareness raising.

3.7 Case examples of services for children with disability

As the Department of Health implements the tasks of providing for medical treatment and rehabilitation, the Social Welfare Department implements the tasks of social rehabilitation. The Ministry of Health has a program for early detection, intervention and management of disabilities. Immunization, prenatal care, health education and information on the care of newborn babies are part

of the program. Immunization has been implemented to prevent polio. An anti-polio campaign, followed by a national immunization program has been carried out throughout the county.

Department of Social Welfare (DWS) implements eight types of social services including rehabilitation of PWDs. Under the disabled sector, Empowerment of PWDs, Building the Barrier Free Environments, Encouraging to organize SHO/SHG and Capacity Building of PWDs are main focus for DSW.

In Myanmar, Self-help organizations (SHOs) of PWDs and related family and parents associations are developed with the encouragement of DSW. The emergence of SHOs and SHGs (Self Help Groups) empower PWDs to help each other including children with disabilities and to get independent living in the community.

The Myanmar Maternal and Child Welfare Association and UNICEF have also been providing preventative program.

Basically, there are seven schools for the blind, two schools for the deaf, one school for the disabled children and two vocational training schools for the adult disabled and six training schools for boys and two training schools for girls under DSW, collaborate effort with the NGOs such as Marry Chapin, Eden, Schools for the blind in Kyimyindine, Mandalay etc.

These children are now enjoying their study in schools with the help of teachers and compassionate peer learners. This has been a normal practice in Myanmar. One good example is that of Ma Su Pon Chit, a 15 year-old disabled girl student of B.E.H.S, Hlaing Tharyar who has been awarded the **Student of the Decade** for excellent academic achievement and high performances in educational activities. Due to Ma Su Pon Chit's devotion to her studies, she passed the matriculation examination with four distinctions in July 2004. She is now In Western Yangon Technological University as a first-year B.Tech; student.

There is a special Project for hearing impaired provides by JICA. The project standardizes the sign language and raises the awareness for sign language conversation to the community for promoting of social participation.

Every year Myanmar cerebrates the International Day of Disabled Persons with the aim of encouragement and empowerment for PWDs especially for children with disabilities by making skill competitions and showing their talents.

3.8 Current situation of International cooperation of health and social welfare services for children with disabilities

In terms of International NGOs, there are some activities focused on disabilities. For example, World Vision International has cooperated in the medical treatment and rehabilitation of the hearing impaired with the Eyes, Ears, Nose and Throat (EENT) Hospital. They have visited patients who live in Dawpon, Dagon Myothit (South) and Hlaingthayar townships and provided medical treatment. Various types of activities were implemented according to the needs of patients. For example, medicines were distributed to those who could be cured through medication. Those who could not be cured by medicine were sent to EENT Hospital for the necessary treatment. Others in need of hearing aids were provided with them. Weekly statistics were collected on weekly field visits. Voluntary Health Workers brought the people to the center, where doctors provided medical treatment. Those activities were carried out in cooperation with voluntary and international organizations, including the WHO and World Vision International, Myanmar.

To reinforce long friendship between the Government of Japan and Myanmar, the government of Japan renovated the National Rehabilitation Hospital to be barrier-free and to repair damage of the cyclone Nargis in 2008. The Japan International Cooperation Agency (JICA) executed the renovated work which costs approximately two hundred thousands US$. Renovation commenced in December 2008 and completed in March 2009. Upon completion, JICA officially handed-over to the Department of Health on 6th August 2009. In addition, considering the high needs for rehabilitation to physically disabilities. JICA has been implementing the “Project on Strengthening of Rehabilitation in Myanmar” at the hospital since March 2008 in cooperation with the Department of Health under the Ministry of Health. Two Japanese Long Term Experts have been operating the Project since July 2008 by working hand-in-hand with the staff of the National Rehabilitation Hospital. The purpose of the Project is to strengthen the system for providing quality rehabilitation services in the National Rehabilitation Hospital. The implementation period of the project is for five years. Under the project frame work, the project focuses mainly on improving education on rehabilitation, upgrading clinical and operational facilities and establishing information network among rehabilitation related institutions such as the Ministry of Social Welfare, Relief and Resettlement. According to JICA’s Technical Cooperation Scheme, JICA has been contributing the

project by dispatching Japanese experts, providing technical equipments, accepting counterpart personnel for training in Japan or in the neighboring countries.

Similarly, the Christian Blind Mission also supported the visually impaired person with financial funding. Other international NGOs, such as the International Committee for the Red Cross (ICRC), and the Adventist Development and Relief Agency (ADRA), provided support for imported components and, at times, for imported technology. However, it is difficult for these foreign organizations to implement their own disability-related support projects, with the majority implementing projects in partnership with the Government.

JICA has provided training opportunities in Japan for persons with disabilities, disability-related personnel or administrators.

Since 1999, a few trainees from Myanmar have participated in the following workshops and meetings.

- Leaders of Persons with Disabilities Course
- Leadership Training of Asian and Oceanian Deaf Persons Course
- Independent Living for Disabled Persons Course
- ACPD 's CBR Training and workshops

At the NGO level, Japan's Association for Aid and Relief (AAR) has been providing vocational training giving priority to women with disabilities. The project has 2 Japanese staff and a local staff organizing vocational training courses for about 30 persons with disabilities in Yangon. AAR has received land outside of Yangon from the Myanmar Government and is building a vocational training school for persons with physical disability.

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