

Union of Myanmar
Ministry of Social Welfare Relief & Resettlement

National Committee on the Rights of the Child

Myanmar National Plan of Action for Children

2006 -2015

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Myanmar National Plan of Action for Children (2006-2015)

Introduction

1. The Union of Myanmar acceded to the Convention on the Rights of the Child (CRC) on 16, July 1991. On 15 August 1991, Myanmar became a State Party to the CRC. In line with the CRC, “the Child Law” was enacted on 14, July 1993 and followed by a promulgation of rules of procedure on 21 December 2001.

2. The National Committee on the Rights of the Child and its Working Committee were formed in line with the Child Law in 1993 for effective implementation of provisions of the Child Law. State, division, district and township level committees were also established for the same purpose.

3. The article 8 of the Child Law states that the State recognizes the right of every child to survival, development, protection and care and participation in the community. Furthermore, the article 27 stipulates responsibilities of childcare personnel as having first and foremost priority to protect the interest of the child in accordance with the maxim “First Call for Children” which stresses that every child has a right to be given priority to receive protective care of a community.

4. The respective Ministries are implementing measures on protection, survival, development and participation that children may fully enjoy their rights in accordance with the law.

5. Myanmar regards children as precious gems for a future community and a society and therefore all round measures have been devised and taken under the Myanmar National Plan of Action for Children in conformity with the CRC, the Child Law, the Millennium Development Goals (MDGs), the World Fit for Children (WFFC), and various regional plans of actions drawn up for the implementation of child rights.

6. Myanmar National Plan of Action for Children (2006 – 2015), which consists of plans based on the MDGs and the WFFC will take measures for implementation in 4 focused areas – Health and Nutrition, Water and Sanitation, Education and Child Development, and Child Protection.

Part (1)
Health and Nutrition

Justification

7. In Myanmar, the health objectives set for children will be achieved through health care deliveries including Expanded Programme on Immunization, Iodized Salt distribution, Vitamin A capsule supplementation, safe water supply and sanitation, promotion of breast feeding, control of diarrhoeal diseases and management of acute respiratory tract infections.

8. As the Expanded Programme on Immunization coverage had achieved more than (80%) of the under one population, it could be seen that the morbidity and mortality of the (6) vaccine preventable diseases have been declining yearly since 1996. National Immunization Day activities had supplemented the routine Expanded Programme on Immunization with active involvement of the community, preventing all children under (5) years of age from poliomyelitis and measles. The (2003) Multiple Indicator Cluster Survey also indicated that nine out ten mothers had received tetanus vaccines inoculation to prevent their children from neonatal tetanus.

9. Universal Salt Iodization is being implemented with the aim to develop the intellectuality of the children. According to Iodized Salt Consumption Survey (2004) conducted by National Nutrition Center, (86%) of the families were using iodized salt. Vitamin A supplementation and Iodized salt distribution activities were being carried out to reduce the malnutrition rates. According to Multiple Indicator Cluster Surveys, the prevalence of underweight children declined from (38.6%) in 1997 to (31.8%) in 2003 activities were being carried out with the aim to reduce the underweight prevalence to (19.3%) by 2015.

10. Acute respiratory tract infection and diarrhea are the most common diseases that cause child morbidity and mortality in Myanmar. Apart from those diseases, about one third of child population under five years of age are also suffering from malnutrition due to improper feeding practices and lack of hygiene. Although various programmes and projects are being implemented to control these diseases, more input are needed for training on prevention and of diseases, community participation and resource mobilization.

11. Malaria and HIV/ AIDS are also threatening the people. Although malaria mortality was only (4.4) per 100,000 population among the general population, it was (5.5) per 100,000 under five children. Hence, malaria is threatening the lives of under five children and HIV / AIDS has also become a major health problem. HIV / AIDS prevalence rate was (1.74)% of pregnant woman within 15 to 24 years of age; according to the estimation done by Department of Health, UN agencies and related Ministries, there (338,911) people with HIV/AIDS in 2004. It is essential to enhance the momentum of disease control activities.

12. According to the maternal mortality survey conducted in 1999, the maternal mortality rates was (255) per 100,000 live births. More than half of the maternal deaths occurred in outreach areas far from the health centres. The main causes of maternal mortality were due to inadequate facilities for emergency obstetric care, timely referral and complications arising from abortion.

13. Myanmar's efforts in promoting health care services have achieved certain successes as they have improved the quality of life of millions of women and children. Yet those efforts are required to be sustained and extended in order to reach all the families across the country. According to the 2003 cluster survey, it is indicated that the infant mortality rate was 49.7 per 1,000 live births and mortality rate of under five years old children was 66.1 per 1,000 live births. The numbers showed that there was a decline in child mortality rate in the last decade. It is observed that infant mortality rate in Myanmar is lower than in the countries in the South and Southeast Asia region such as Laos, Cambodia and Pakistan. Myanmar has successfully met the targeted 50 per 1,000 live births for the year 2000.

14. Myanmar Women's Affairs Federation has also been taking active participation in safe child delivery, child health care and nutrition programmes.

15. Myanmar Maternal and Child Welfare Association is also providing health care services, maternal an prenatal health education and nutritious food programme for mal-nutritious children under five in order to reduce maternal and child mortality rate.

16. Although efforts are being made to extend the provision of health care services, there remains much work to be done to make health care services more accessible. It has been observed that maternal and child illnesses and mortalities are caused mostly by insufficient family income, insufficient health care services are being extended, it is still inadequate for public health care services and health information to reach many people living in the border areas and to some urban poor. In the future, priorities are to be given to projects and programmes that will address those inadequacies and inequalities.

Objectives

17. The following objectives have been laid down and will be implemented under the National Plan of Action for Children:

- (a) To fully immunize infants and under five year of children from tuberculosis, diphtheria, whooping cough, tetanus, poliomyelitis, measles and hepatitis B to reduce morbidity and mortality rate.
- (b) To enhance the quality and provision of primary health care services for treatment, prevention and control of diseases such as diarrhea, dysentery, acute respiratory tract infection, worm and parasite infestation, malaria, DHF and tuberculosis in children.
- (c) To improve the quality of health care services by enhancing child delivery services, and emergency obstetric care and referral in order to provide a better access to pre-natal health care, safe delivery and post-natal health care for pregnant mothers.
- (d) To prevent the transmission of HIV / AIDS and to reduce the negative effect of HIV / AIDS among the people affected with HIV / AIDS and their families.
- (e) To reduce the malnutrition rate to under five children and to reduce the iron deficiency anemia among pregnant mother and breastfeeding mother.

The impact indicators to assess the achievement of these objectives are shown in Appendix (A).

Strategies

18. The following strategies and approaches will be used to achieve the objectives set for the health of the women and children:

- (a) To provide effective and comprehensive health care with priority to the mothers and children living in remote areas and to the ethnic minorities;
- (b) To build the capacity of maternal and child health care providers to expand health facilities;
- (c) To advocate authorities at various levels to obtain the political commitment for the prevention and control of HIV / AIDS, malaria and tuberculosis;
- (d) To increase the community participation in regional health planning, implementation of health services and health management by increasing social mobilization and public relation activities;
- (e) To enhance community participation by increasing effective communication and coordination.

Plan of Action

19. The following activities will be implemented to achieve the objectives and targets set for women and children:

(a) Universal Children Immunization

Universal immunization of vaccine preventable diseases that cause illness and mortality in children will be carried out on sustainable basis to cover 90% of child population including those in outreach areas.

(b) Women and Child Health Development

Activities such as malaria control, growth monitoring of children, nutrition promotion, effective treatment of childhood illness, exclusive breast feeding and supplementary feeding at six months will be implemented.

(c) Prevention and Control of HIV/AIDS and Care of People Living with HIV/AIDS

Activities such as dissemination of relevant health information regarding HIV/AIDS to adolescent boys and girls, provision of reproductive health services, voluntary testing for HIV/AIDS and counseling, and prevention of mother to child transmission will be carried out. Activities will also include establishment of youth friendly services for capacity building of health personnel and the community, surveillance of risk behavior, counseling and care for people with risky behavior, counseling and care for people with risky behavior and for people who are at risk of getting transmitted with HIV/AIDS.

(d) Nutrition Promotion Project

To solve the major nutrition problems and to promote the nutrition status of mother and children, activities such as nutrition education, community based nutrition promotion, supplementation of vitamin A and iron tablets and de-worming will be carried out.

(e) Environmental Sanitation and Personal Hygiene Project

To achieve full environmental sanitation in the whole country, activities such as promotion of health education program, encouragement of public participation in National Sanitation Week activities and provision of sanitary latrines in school and in health centers will be carried out.

Resource Requirements

20. Resources required for the implementation of the National Plan of Action for Children can be categorized into financial, technical and human resources. Those required resources can be estimated based on the projects and programmes of the National Action Plan. Initially these resources can be obtained from the government, international sources and community contributions. In the events that the acquired resources do not meet the required estimate, coordinated and collaborated efforts with relevant organizations are to be carried out to mobilize additional resources.

International Cooperation and Collaboration

21. Partnership development and inter-country collaboration are essential for the health and nutrition and development of women and children. The National Plan of Action will be implemented with effective cooperation and coordination within related ministries, UN agencies, international and national NGOs, other civil societies and private sector. Coordinated projects, integrated training and coordinated services will be specifically prioritized during the implementation of National Plan of Action.

Monitoring and Evaluation

22. The relevancy and effectiveness of the programmes and projects aiming to promote the lives of women and children will be assessed by collecting information and by active and continuous surveillance and evaluation. Information collected from the monitoring and evaluation will be used to plan for the future and to improve the future activities. Yearly evaluation and midterm review of programmes will be conducted regularly for effective utilization of resources to meet the objectives and to improve the quality of services; necessary data and information will be collected from relevant organizations regularly and as necessary for continuous monitoring, supervision and evaluation.

Expected Outcome

23. The Myanmar National Plan of Action for children will improve the health services of the country and build the capacity of the basic health staff. Coordination among related organizations, voluntary health workers and the community will be improved. The morbidity and mortality of children will decline further and the health status of all people will be improved.

Part (2)

Safe Water Supply and Environmental Sanitation

Justification

24. In most rural areas, women and children spend three to four hours daily or as much as one third of the daytime fetching water that is often unsafe for use. This leaves little time for them – to pursue other family incoming earning activities that are required to supplement family livelihood or to pursue household chores women folks are required to do for their family well-being or in the case of children, to pursue education.

25. People living in some rural areas and certain urban areas occasionally suffer from diarrhoeal diseases due to improper sanitation and unsafe water supply, unhygienic food and lack of personal hygiene.

26. The main requirement of the women and children living in some underdeveloped urban areas and most of the rural areas are safe water supply and environmental sanitation.

27. The Rural Safe Water supply programme, from the financial years 2000-2001 to 2004-2005, has provided 10,044 water supply systems to 7,157 villages in 3 Divisions in the dry zone and 10,430 water supply systems to 7,152 villages in other States and Divisions, making it altogether 20,474 water supply systems providing safe water to a total of 14,309 villages.

28. The Environmental Sanitation Section was established in 1952 under the Public Health Division, Directorate of Health, Ministry of Health. Since then, it has been implementing environmental sanitation and water supply activities such as construction of pilot models for water and sanitation; advocacy, trainings and provision of technical support.

29. With United Nations Children's Fund (UNICEF) support, activities such as drilling of tube wells at hospitals and health care centers, construction of water pipe line network, construction of water tanks and water trestle and installation of water pumps and air compressors have been carried out since 1962.

30. In the year 1982, as one of the activities of Peoples' Health Plan II, plastic pans for construction of latrines were distributed free of charge with the support from UNICEF. Water supply for schools and health facilities had been supported with the supply of pipes and water pumps. Up to 2004, the Sanitary Fly-proof Latrine Project had covered (255) townships, (7) Sub-townships, altogether (262) townships.

31. Under the guidelines laid down by the National Health Committee and with a coordinated effort of the Ministry of Progress of Border Area and National Races and Development Affairs, the construction and utilization of fly-proof latrines project in both rural and urban areas throughout the country has been implemented on self-reliance basis.

32. In order to further enhance the momentum gained, the Government designated National Sanitation Week, which is a yearly activity undertaken with Government's full political commitments to promotion of public health since 1998 and recently in 2004, the seventh National Sanitation Week and been successfully held. It is seen that the full political commitment from the Government, heightened public awareness, and integrated efforts of departments concerned have enabled marked increase in national sanitation coverage from 45% in 1998 to 82.43% in 2004. Myanmar's success had been accorded recognition by officials concerned from Indonesia, Pakistan, Bhutan, Vietnam, China and Nepal who came to Myanmar of field visit and shared Myanmar's experience.

33. The Environmental Sanitations Section of the Department of Health will continue to prioritize activities such as provision of water supply and sanitation to rural areas, maternal and child care centers; drinking water quality surveillance in some townships; acquiring water treatment and purification technology; proper disposal of hospital waste; environmental pollution advisory activities; and promotion of public awareness education.

Objectives

34. Under the guidance of the Head of State, the Ministry of Progress of Border Area and National Races and Development Affairs has been

implementing a ten-year safe water supply project in the dry zones of Sagaing, Magwe and Mandalay Divisions since the year 2000-2001. 8,042 villages out of a total of 15,802 villages in the three Divisions are targeted for safe water supply projects within the ten-year plan period.

35. Similarly, ten-year safe water supply projects to provide water to rural areas in the remaining 11 States and Division have also been implemented starting from the year 2000-2001. Within a ten-year plan period, (15,138) out of a total of (36,208) villages will be provided with safe water supply. The Development Committees will take on the responsibility to implement these projects as they fall under the Committees' purview in accordance with 1993 Development Committee Law, Article (3), Sub-article (b).

36. The following objectives were set for the environmental sanitation:
- (a) To achieve universal coverage of sanitation and to maintain the success already gained.
 - (b) To install safe water supply and systematic waste disposal systems in public hospitals and health facilities.
 - (c) To carry out Drinking Water Quality Surveillance and Monitoring System throughout the country.
 - (d) To develop model villages for environmental sanitation.
 - (e) To promote community awareness of basic health education on clean water, sanitation, food nutrition and hygiene, and proper waste and sewage disposal.
 - (f) To attain the hygienic practice on water and sanitation even at the beginning of young school-age.
 - (g) Prevention of environmental pollution related diseases and illnesses by dissemination of environmental awareness education to the general public.

Strategies

37. The following strategies will be used to have adequate drinking water in both urban and rural areas:

- (a) Self-help planning and implementation.

- (b) Provision of health education down to the grass-roots level to increase community participation with voluntary spirit.
 - (c) Use of relevant low-cost technologies.
 - (d) Work towards gaining cooperation from domestic and international donors and social organizations to work together in coordinated and collaborated efforts.
 - (e) Strengthening of governmental infrastructure and effective deployment at appropriate sectors.
 - (f) Promote wider involvement of private sector.
38. Strategies for environmental sanitation include the following;
- (a) Training of in-services staff trainers at home and abroad in both theoretical and practical application courses for their capacity building.
 - (b) Broadening public awareness and knowledge of sanitation and hygiene through all available communication mediums.
 - (c) Conducting drinking water quality surveillance system to ensure safety of water nationwide.
 - (d) Cooperation with other departments concerned, such as Department of Development Affairs, Yangon and Mandalay City Development Committees, Water Resources Utilization Department etc.
 - (e) Cooperation with domestic and international social organizations.
 - (f) Cooperation with United Nations Agencies such as the World Health Organization (WHO), the United Nations Development Programme (UNDP) and the UNICEF.
 - (g) Practical demonstrations and applications
 - (h) Researching
 - (i) Consultation and technical advise.
 - (j) Cooperation and active participation in drafting, enactment and amendment of procedures, rules and regulations.

Plan of Action

39. In accordance with the guidance of the Head of State, respective Development Affairs Committees have been devising and implementing ten-

year drinking water supply projects (from 2000-2001 to 2009-2010) to provide safe drinking water to rural areas as follow:

- (a) the 10-year project for water supply in the three arid divisions
- (b) the 10-year project for water supply in the remaining states and divisions

40. In the process of implementation of the ten-year drinking water supply projects, priorities will be given to villages in the dry regions of Sagaing, magwe, and Mandalay Divisions based on the following criteria:

- (a) First priority to villages where water is scarce
- (b) Second priority to villages that do not get sufficient water
- (c) Third priority to villages that do not get safe potable water

41. Survey of water scarcity and water requirement done based on the collected field data from dry arid regions of the three Divisions shows that there are 535 villages with scarcity of water; 3,677 villages without adequate water supply; and 3,830 villages without safe drinking water. Thus, there are altogether 8,042 villages where water supply projects have to be carried out.

42. Similar survey done on the remaining States and Divisions shows that there are 15,183 villages to be prioritized as 344 villages with scarcity of water; 5,489 villages without adequate water supply; and 9,350 villages without safe drinking water.

43. Measure are being taken to supply safe water for above-mentioned villages through the following five methods:

- (a) Sinking tube-wells.
- (b) Digging new lakes to store rain water and upgrading the old ones.
- (c) Digging new wells and upgrading the old ones.
- (d) Getting water from springs and streams through canals.
- (e) Pumping water from rivers and creeks.

44. The following activities will be implemental for environmental sanitation:

- (a) Construction, use and maintenance of latrines on self-help basis.
- (b) Identification and implementation of environmental sanitation model quality assessment.
- (d) Technical advice.

- (e) Postgraduate training.
- (f) Production of IEC materials on water and sanitation.
- (g) Monitoring, supervision and construction of latrines at hospitals and RHCs.
- (h) Multiplier courses for HBS.
- (i) Promotion of community awareness using various techniques.

Resource Requirements

45. The following are major requirements for supply of sufficient safe water for local people in urban and rural areas including children and women:

- (a) Funds
- (b) Modern machinery
- (c) Modern technologies
- (d) Participation of world nations and international organizations

46. Machinery, employee, public local and international NGOs and government funds are needed to be mobilized in order to effectively carry out sanitation projects.

International Cooperation and Coordination

47. The Department of Development Affairs under the Ministry for Progress for Border Areas and National Races and Development Affairs had collaborated with the UNICEF in rural water supply and environmental sanitation projects starting from 1997-98 financial year. While the UNICEF provided necessary support and resources, implementation was done by respective township Development Committees. There were altogether 5,362 countrywide projects between 1997-1998 to 2000-2001 financial years and 2,476 countrywide projects between 2001-2002 to 2004-2005 financial years that were completed in collaboration with the UNICEF. The 2,476 countrywide projects included 150 projects for 5 villages in the Sagaing Division, 198 projects for 71 villages in the Magwe Division, 120 projects for 16 villages in the Mandalay Division and 2,008 projects for 1,640 villages in the remaining States and Divisions.

48. With financial support from the World Health Organization (WHO) the public water utility and sanitation project plans are being carried out as follows:

- (a) Technical consultancy
- (b) Workshops, researches
- (c) Logistics and supplies
- (d) National and international training and
- (e) Participation in international meetings

49. For environmental sanitation and water supply the following activities are being implemented in collaboration with UNICEF:

- (a) Drinking water supply (Drilling of tube wells and installation of water pipe lines at schools and rural health centers).
- (b) Sanitation (construction of sanitary fly-proof latrines at schools and health centers).
- (c) National Sanitation Week activities.

50. Local and International social organizations are cooperating in technical know-how.

Monitoring and Evaluation

51. Because of an increasing number of projects under the 31 functional duties tasked by the “Development Committee Law” aiming for regional development, improvement of transportation and provision of safe water supply for the urban and rural populations, the Ministry of Progress of Border Areas and National Races and Development Affairs established 17 States and Divisions Development Affairs Committees, 286 township Development Affairs Committees and 60 sub-township Development Affairs Committees, and 1 City Development Committee for a systematic supervision and implementation of the regional development projects.

52. In its drive to put into reality the objective “Rapid development of towns and villages”, and two of the five rural development policies aimed at ensuring smooth transport and supply of safe water in rural areas, the Department of Development Affairs implements the directives of the Ministry, delivers the Ministry’s directives to state/division development affairs committees, and

closely supervise the tasks of township development affairs committees. The indicators for assessment are described in Appendix (B).

53. The implementation of Environmental Sanitation programmes are monitored through regular reports, field visits and assessment workshops. The indicators for assessment are described in Appendix (C).

Expected Outcome

54. The rural water supply projects have been implemental since 2000-2001 fiscal year. Up to the 2004-2005 financial year, a total of 20,474 water supply projects have been completed in 23,225 villages across the nation – 10,044 projects in 8,042 villages in the three arid divisions and 10,430 projects in 15,183 villages in the remaining states and divisions. Up to 2004-2005 financial year, the drive has covered 7,157 out of 8,042 villages in he three arid divisions, villages in the 89 per cent of the target, and 7,152 out of 15,183 villages in the remaining states and divisions, accounting for 47 per cent of the target. So, out of 23,225 villages throughout the nation, 14,309 villages have enjoyed sufficient safe water, accounting for 62 per cent of the target.

55. The project on safe drinking water for all villages in the three arid divisions will be implemented before 2009-2010 fiscal year. The provision of safe drinking water will be undertaken with an aim to meet the need of the increasing population. Similar projects will also be carried out in the remaining States and Divisions.

56. By systematic implementation of water supply and environmental sanitation activities, women, children and all people living in Myanmar will gain the knowledge of preventing the diseases arising from unsanitary situations and use of unsafe water; prevalence of these diseases will decline and gradually get eliminated from the country.

Part (3)

Education and Early Childhood Development

Justification

57. The Basic Education Structure in Myanmar consists of 5 years of Primary level, 4 years of Secondary level and 2 years of High School level. In the 2004-05 academic year, statistics showed that 7.78 million students enrolled in 40,525 basic education schools, taught by 0.24 millions teachers. The official enrollment age for primary education is five-year of age but it is seen that some children, particularly from rural areas, entered school later than five.

58. Net enrollment of Kindergarten student increased from 90.97% in 199-2000 academic year to 96.56% in 2004-2005 academic year. This is due to a drive to have all Kindergarten-age school children enroll in schools by designating the last week of May as “School Enrollment Week” starting from 1999-2000 academic year. This activity facilitated Kindergarten students enrollment into schools and brought down the rate of over-age students enrollment into the primary level. In terms of numbers of available schools, while there was only one school for every 3 villages in 1983, at present there are 3 schools for every 5 villages. As an opportunity has been presented to enable children to receive education, it has also become necessary to ensure a quality education by effective management of educational system. These include provision of qualified teachers and school headmasters and supporting facilities such as school buildings, learning materials, and other educational supports. However, the task is found to be a difficult one (or a challenging one) to be achieved within a short period of time.

59. The current primary school curriculum has been introduced since 1998 to respond to the need for children to have a more balanced curriculum including school activities and life skills rather than emphasizing only on academic subjects.

60. In order to move away from a general lecture-style teaching and memorization learning method to a child-centered approach (CCA) in schools, series of trainings projects in CCA are conducted in selected township schools with support from the UNICEF, the UNESCO and the JICA. In addition to

selected township, a nationwide extension of training projects and creation of a teaching and learning environment that is conducive to effective applications of new methods and teaching-learning processes are needed to be promoted.

61. The Education Promotion Program of 1998-99 has had remarkable effects on promotion and repetition rates of Grade 1, the first year of primary school. The promotion rate Grade 1 was (56%) in 189-90 and increased to (87.54%) in 2004-05. The Grade 1 dropout rate was around (22%) in (1989-90 and was even higher in the following years, but fell to (11.52%) in 2004-05. Obviously, the dropout rates indicate that there is a great need to make schools more effective to become child – friendly schools, although external factors such as economic and social issues may also have a significant impact.

62. Low retention rate is a fundamental issue in primary education. The recent reforms have led to an improvement at the primary level. In 2004-05, the retention rate was nearly (71.7%) for the five-year primary cycle and (80%) for the four-year middle school cycle.

63. The introduction of a non-formal channel for primary and middle school education level will be invaluable for children and young people who have never enrolled in school and for those dropping out of school. The NFE programs need to be strengthened to meet the needs of the out of school children.

64. Adult literacy programme has been implemental in border areas. A number of Community Learning Centers (CLCs) have also been established so that the adult literacy rate increased to (93.3%) in 2004. Although the current literacy campaigns have achieved in many of the States and Divisions by 2005, the people who have completed adult literacy programme need to be provide with continuing education in a systematic manner. The upgraded literacy program including such “functional” components school be integrated with an income generating component and life skills for better living.

65. The Department of Social Welfare (DSW) has been the focal point for the provision of (ECD) services for children between the ages of (2½) and (5) since 1948. By 2004, DSW has been operating (62) pre-schools and giving technical

assistance to (2061) voluntary pre-schools including the pre-schools opened by the Myanmar Maternal and Child Welfare Association. (7,715) children are attending in (62) pre-schools, (91,761) children in (2,061) voluntary pre-schools and (181,190) children in (5,004) pre-schools according to the 2004 statistics by DSW. Under the Education Promotion Program launched in 1998, the Ministry of Education (MOE) opened pre-primary classes attached to basic education schools. In 2004-05, (19077) children are enrolled in 905 schools. Therefore, a total number of re-schools are (8,032) and a total number of children are (299,743). Social organizations, voluntary welfare schools, monasteries and churches have also been providing day-care and similar pre-schools learning in urban areas of man parts of the country for quite some time. The statistics of the numbers of these pre-schools are not yet available. At present time, various pre-school and day-care facilities are only available for about 10 percent of a total child population under five. It is therefore, necessary to put in more efforts to expand and comprehensively enhance early childhood care and education.

66. Myanmar Women's Affairs Federation and Myanmar Maternal and Child Welfare Association closely cooperates with the Ministry of Education in activities such as completion of basic primary education for all school children, providing scholarship, established preschools and voluntary night schools for non-formal education and reading centres and community learning centres.

Objectives

67. The goals of the EFA-NAP (2015), which were set within the Dakar Framework for Global Action have been formulated in 2002 to be more pragmatic and to be in line with the Long-Term Basic Education Development Plan of the country. It will enable the country to meet the set U.N. Millennium Development Goals, which aims to achieve universal primary education for all and the World Fit for Children Education Goals. Therefore, the Myanmar National Plan of Action for Children which is formulated in line with the EFA-NAP has set the following goals:

- (a) To ensure that significant progress be achieved so that all school age children have access to and opportunity to free and compulsory basic education of good quality by 2015

- (b) To improve all aspects of the quality of basic education teachers, educational administrative persons and curriculum.
- (c) To achieve significant improvement in the level of functional literacy and continuing education for all by 2015.
- (d) To ensure that the learning needs of the young people and adults are met through non-formal education, life skills and preventive education programs.
- (e) To expand and improve comprehensive early childhood care and education.
- (f) To strengthen education management and EMIS (Educational management and Information System).

Strategies

68. Six strategies will be developed under six goals for children. They are as follows:

- (a) Making basic education more accessible to children.
- (b) Developing and expanding child-friendly schools for children.
- (c) Increasing retention and completion rates in schools.
- (d) Assisting (0-5) children to develop to their fullest potential.
- (e) Enhancing literacy and continuing education through non-formal education (NFE).
- (f) Modernizing education management and information system.

Plan of Action

69. According to the strategies, the following activities will be implemented:

- (a) **Making basic education more accessible to children (Strategy-1)**
 - (1) Providing training to TEOs in school mapping and micro planning.
 - (2) Conduction field studies, formulate policy framework and plans to develop “Inclusive Education”.
 - (3) Devising outreach programs for children in remote areas.
 - (4) Ensuring increased enrollment through “Enrollment Week” and “Post Primary School Projects”.

- (5) Undertaking a pilot program on Non-Formal Primary Education (NFPE).
 - (6) Increasing coordination with monastic schools.
- (b) Developing and expanding child-friendly schools for children (Strategy-2)**
- (1) Constructing or renovating schools.
 - (2) Promoting a Child-Centered Approach.
 - (3) Improving students assessment system with CCA.
 - (4) Ensuring an adequate supply and use of effective teaching learning materials.
 - (5) Improving school management.
 - (6) Implementing the five school health care programs at basic education schools in the School Health Care Activities Week in coordination with the Ministry of Health for uplift of health standard of the entire students.
 - (7) Motivating and organizing community participation.
 - (8) Improving the schools inspection system and the teacher deployment system in order to support the quality improvement activities.
- (c) Increasing retention and completion rates in schools (Strategy-3)**
- (1) Providing free textbooks and stationery to primary students
 - (2) Supporting poor students in primary schools with basic requirements
 - (3) Acknowledge and encourage increment retention and completion of basic education
 - (4) Organizing motivational activities using IEC materials
 - (5) Finding ways for creative teaching-learning methods among ethnic national groups
 - (6) Ensuring that each school has an adequate number of trained teachers throughout the schools year
 - (7) Practicing flexible learning programs for maximum participation
 - (8) Continuing to equip basic education schools with ICT, e-Education, etc.

- (9) Motivating and organizing community participation
- (d) **Assisting (0-5) children to develop to their fullest potential (Strategy-4)**
 - (1) Creating a policy framework and to advocate the ECCD at the highest level.
 - (2) Raising awareness of ECCD effectively through IEC.
 - (3) Expanding home-based ECCD and family-based ECCD and provide technical services including “parental education”.
 - (4) Supporting the establishment of quality ECCD centers by providing training and by helping to coordinate funding and material support.
 - (5) Creating an ECCD database and multi-sector network with active support of partners.
 - (6) Increasing budget to government departments, which are involved in development of pre-primary education and ECCD services, e.g: MOE and MSWRR.
 - (7) Improving the nutrition of children while also providing access to basic social services and adequate caring practice.
 - (8) Promoting physical, mental and emotional health among children through play, and cultural expression.
 - (9) Forming a Technical Working Group consists of experts policy makers and persons who are involved in ECCD Program.
- (e) **Enhancing literacy and continuing education through non-formal education (NFE) (Strategy-5)**
 - (1) Continuing the Basic Literacy Program (BLP) in all States/Divisions.
 - (2) Developing Continuing Education (CE) Program activities alongside training on the management of CLCs.
 - (3) Raising awareness of prospective learners about literacy and NFE programs.
 - (4) Developing learner-oriented literacy programs along with income generating and better life skills programs.
 - (5) Developing functional literacy materials by local groups.
 - (6) Motivating and organizing community participation

(f) Modernizing education management and information system (Strategie-6)

- (1) Developing an improved procedure for recruitment and development of teaching staff.
- (2) Developing and practicing a more effective system of school inspection.
- (3) Providing “management training programs to education personnel for their professional development”.
- (4) Developing EMIS and Decision Support System (DSS) for more comprehensive and reliable information.
- (5) Appointing additional staff at Central, State/Division and Township Levels and train them in EMIS to develop a network.
- (6) Equipping the EMIS and DSS offices with appropriate computers and software.

Resource Requirements

70. Each educational activity carries an outlay involving personnel salary, cost of training facilities, expenses for supplies and equipment, publication of training manuals, researching, monitoring and miscellaneous expenses. The said financial requirements will be fulfilled and obtained from Government’s budget allotments with the cooperation of the Ministries concerned, United Nations Agencies, donors, international and regional social organizations.

International Cooperation and Collaboration

71. These activities will be implemented in cooperation and collaboration with various Ministries, the United Nations Agencies, and international and regional social organizations.

Monitoring and Evaluation

72. For the quality control of NPA implementation, all concerned parties will develop appropriate planning procedures and instruments for self-monitoring or joint evaluation of the progress. As much as possible, implementation results

can be checked against the quantity and quality expected as well as the satisfaction of both implementers and target audiences. The adequacy of input resource can also be evaluated and follow-up actions taken in the shortest possible time. The table mentioned in Appendix-D provides target indicators for monitoring and evaluating progress towards the goals.

Expected Outcome

73. Successful formulation and implementation of the Myanmar National Plan of Action for Children will enable children to have access to and opportunities to complete free, compulsory and good quality primary education by 2015.

Part (4)
Child Protection

Justification

74. The estimated total population of Myanmar for 2004 is (54.299) million in which demographic composition is (27) million males and (27.299) million females. Under (18) years old child population is (20.546) million and over 60 adult population is (4.463) million.

75. Based on its own situation all over the world, each country defines the concept of children in need of special protection in various ways. In Myanmar, children who are neglected, abandoned, abused and exploited are regarded as children in need of special protection.

76. In line with Myanmar Child Law (1993), the Department of Social Welfare is taking care of children who are in need of special protection and juvenile delinquents through institution based and community based programmes.

77. Children who are in need of special protection such as orphans, street children, abused children, working children and handicapped children are provided with essential social care and protection by the Department of Social Welfare. Similarly, the relevant Juvenile Justice Court undertakes care of juvenile delinquents. Reintegration of these children into their families is the most important part of the institution-based programmes. In these families and relatives of the children to monitor progress of their integration.

78. Although orphans, abandoned children, street children and anti-social or criminal children are being taken care of and protected in institutions, more needs to be done for those children in terms of provision of protection, provision of alternative care methods, conducting research, monitoring and assessment of situations. Furthermore, not only an institution-based care but also a community-based care of juveniles should be provided.

79. Youth correctional and rehabilitation centers under the Department of Prison are providing young juveniles with basic primary education courses and vocational training.

80. The State, Division, District and Township Child Rights Committees, which were organized in accordance with the Child Law, also undertake activities for protection of children in collaboration with the UNICEF. The Department of Social Welfare and the Myanmar Education Research Bureau are conducting awareness raising workshops on the Convention on the Rights of the Child, the Child Law and the child protection in townships, districts, states and divisions from 2002 to 2005. Well-trained mobile teams held (271) workshops and discussions with departmental officials, members from social organizations and community members.

81. The issue of working children and street, children is not common in Myanmar compared to other developing countries. Nevertheless there is still a need to look after and take care of the education, health and social needs of those children.

82. The Department of Social Welfare is carrying out rehabilitation of physically and mentally handicapped children through institution-based and community-based measures. One such measure is the “Inclusive Education” programme, which enables handicapped children to attend Basic High School and Middle School together teaching aids and teaching methods to teachers in normal schools. It is also expanded to colleges and universities to enable handicapped children to get higher education. For physically disable children in Myanmar, the early intervention to prevent disabilities and provision of basic primary education are needed to be carried out to tackle this issue.

83. In Myanmar, protective and preventive measure against child abuse, neglect, exploitation, violence and discrimination are being taken in line with the CRC. Although child abuse and child exploitation cases are very few in number, the issue still needs to be given attention terms of doing systematic research and devising preventive measures.

84. In regard to the menace of narcotic drugs, the 15-year narcotic drugs eradication plan and the New Destiny project are being implemented. In

addition to actions being taken in accordance with the law, there are also programme on raising the awareness of danger of narcotic drugs, educational talk on prevention of drug use, training, and workshops held throughout the country. Drug demand reduction and rehabilitation programmes are also being implemented.

85. Due to uneven economic developments and instability in the international political environment, the phenomenon of trafficking in women and children has increased since the late 1980s. This has serious implications for the future development of a country and the international community is now making concerted efforts to control trafficking in persons.

86. As trafficking in persons has negative impacts on Myanmar values, which are based on love and respect for its culture and people, it has been designated as an issue of national concern and national policies have been laid down and implemented since 1996 to fight against trafficking of persons.

87. One of the contributing factors that escalates trafficking in persons is illegal migration to seek employment but often end up working illegally and being exploited. Hence, in order to mitigate illegal migration problem, a mechanism under the arrangement of the Ministry of Home Affairs was established in 2001. The mechanism includes public education and awareness programmes on trafficking in persons, intervention and prevention on the way to seek illegal migration and employment, and taking actions against traffickers in accordance with the law. From October 2001 to May 2005, (735,381) persons underwent education programme, and (18,453) persons were prevented from illegally migrating and were returned to their families. Actions were also taken against (1,678) persons who fail to abide by the law.

88. “The Trafficking in Person Preventive Committee” was formed on 17-7-2002 to take more effective legal measures against trafficking of persons and had been gaining dynamism and momentum at its task. The committee is further extended to state/division, district, township and ward/village tract committees. The committees at different basic levels are engaging in preventive programme in cooperation with social organizations of ward/village tract for such practical fields as advocacy, prevention, care and monitoring. The Trafficking in Person

Preventive Committee was able to identify 547 cases, arrested 1,083 brokers and rescued 2,952 persons from being trafficked by brokers up to 2005 June 30. As Myanmar being emphasized on international cooperation, Myanmar signed Mo U on Asia Regional Cooperation to Prevent People Trafficking (ARCPPT) with Thai, Cambodia and Laos.

89. Myanmar became a state party to the Convention against Transnational Organized Crime (CTOC) and its two protocols; the Protocol to Prevent, Suppress and Punish Trafficking in Person especially Women and Children (TIP); and the Protocol to Combat the Smuggling of Migrants by Land, Sea and Air (SOM). In line with these respective international conventions and protocols, Myanmar implements anti-trafficking measures which includes enactment of Anti Trafficking in Persons Law on 13th, September 2005.

90. In order to combat trafficking in persons in Mekong basin region, Myanmar coordinated with UNIAP and the COMMIT-Mo U on “Coordinated Mekong Ministerial Initiative against Trafficking” was signed on October 29, 2004 by the Ministers of Mekong 6 Countries. The COMMIT-Mo U is the first of its kind among the agreements in the entire world. Myanmar-China Conference on Transnational Crime and Peace and Tranquility in Cross Border was held at senior official level in 2004. On December 15, 2004, an agreement on areas of cooperation to combat trafficking in persons was signed by the two Deputy Ministers.

91. Myanmar Women Affairs Federation also takes part in repatriation, rehabilitation and reintegration programmes for girl-child trafficked victims in collaboration with the Department of Social Welfares.

92. Myanmar will further promote the rights of the child and will maintain the momentum gained in protection of child rights in conformity with the theme of “A World Fit for Children”, the Millennium Development Goals, the Siem Reap Agreement, existing domestic laws, rules and regulations, and in keeping with Myanmar traditions and culture.

Objectives

93. The objectives of the child protection programme are as follow;

(a) General Objectives

- (1) To protect children from abuse, neglect and exploitation
- (2) To protect children from various violence in the family and social environment by the community
- (3) To promote activities on child protection

(b) Main Objectives

- (1) To protect children from violence, abuse, neglect and exploitation
- (2) To protect children from arm conflict
- (3) To protect children from trafficking and sexual abuse
- (4) To protect children in needs of special protection such as disabled children, working children, street children, children in conflict with the Law and orphans infected with HIV/AIDS.
- (5) To protect and prevent children from various violence in the family and social environment and sexual abusing through child sex tourism.
- (6) To rehabilitate children who are in special needs of protection, conflict with the Law and reintegrate them into the society.

The impact indicators to assess the achievement of these objectives are shown in Appendix (E).

Strategies

94. Strategies of the child protection programmes are as follows:

- (a) To strengthen the organization at different levels on child protection.
- (b) To raise the capacity building on child protection programmes
- (c) To promote the protection programmes
- (d) To educate the public and responsible personnel
- (e) To develop and establish a network among community, GO, NGOs and INGOs

- (f) To build monitoring and indicator system
- (g) To evaluate protection programmes
- (h) To make assessment and analysis

Plan of Action

95. The implementation programmes (2006-2015) are as follows:

- (a) **To strengthen the organization at different levels on child protection**
 - (1) Upgrading the CRC Committee at different levels
 - (2) Data collecting on child protection
 - (3) Monitoring the activities of committee at different levels
 - (4) Promoting the empowerment and involvement of voluntary organizations on child protection
- (b) **To raise the capacity building on the protection programmes**
 - (1) Promoting the capacity building of persons and voluntary organizations, government organizations on child protection
 - (2) Expanding necessary voluntary institutions
 - (3) Sharing information on child protection
- (c) **To promote the protection programmes**
 - (1) Improving family-care system and practices
 - (2) Carrying out institution based programmes
 - (3) Carrying out community based programmes
 - (4) Carrying out the alternative care programmes
 - (5) Carrying out child centered approach
 - (6) Create a child friendly environment
- (d) **To advocate public and responsible personnel**
 - (1) Educating through mass media communication mechanism
 - (2) Disseminating IEC materials
 - (3) Raising Public awareness through mass campaign
- (e) **To develop and establish a network among community, GO, NGOs and INGOs**
 - (1) Mobilizing involvement of GO, NGOs and INGOs
 - (2) Collaboration on preventive actions
 - (3) Identifying the needs of the community
 - (4) Formulating the action plan for child protection

- (5) Integrating the best intervention and protection programmes
- (6) Exchanging of Information
- (7) Strengthening network programmes.
- (f) To build monitoring and indicator system**
 - (1) Recording the current implementation of child protection
 - (2) Assessing the progress of implementation
 - (3) Identifying weakness, strengths, opportunities and constraints
 - (4) Making survey, assessment and research
 - (5) Reviewing child protection activities
 - (6) Establishing a system of reliable indicators
- (g) To evaluate the protection programmes**
 - (1) Review programmes
 - (2) Supervise and monitor programmes
 - (3) Every level of trafficking prevention and protection work should be assessed by respective level of preventive and protective committees.

Resource requirements

97. It is necessary to mobilize the involvement of public, local and international NGOs, well-wishers and government funds to carry out child protection.

International Cooperation and Collaboration

98. To assess the achievement of objectivities, measure will be taken by Committee on the Rights of the Child at various level and the Department of Social Welfare.

Expected Outcome

100. On completion of National Plan of Action in 2014-20, it is projected that successful implementation of the programmes will not only have further extended to cover the general public but will have also systematically improved provision of protection and care of children with special needs.

101. Children in institutions can be better protected through alternative care.

102. Regarding children in conflict with the Law, the number of children can be reduced by means of systematic prevention and rehabilitation.

103. For children with disabilities, early intervention and rehabilitation programmes will prevent children from becoming disabled.

104. In addition to the government, schools, and departmental programmes, cooperation and collaboration with voluntary organizations and international organizations can be further promoted and enhanced for the protection of the child rights.

Conclusion

105. In line with 2006-2015 Myanmar National Plan of Action for children, concerted efforts for survival, development, protection and participation of children are being made by relevant Ministries, non-governmental organizations, international organizations and regional organizations.

106. In addition to the WFFC and the MDGs, the provisions in the Child Law, Rules and Regulations related to the Child Law and the CRC are also adopted in implementation of the NPA.

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Table of Target Indicators for Health

Appendix (A)

No.	Indicators	Baseline 2004	Target	
			Current situation	2015
1.	Prevalence of underweight in under five children	38.6% (1997)	31.8% (2003)	19.3%
2.	Proportion of people consuming less than minimum required	10 (1991)	6(1999)	5
3.	Under five mortality rate	115.6 per 1000 live Births (1990)	66.1 per 1,000 live births (2003)	38.5 per 1,000 live Births
4.	Infant mortality rate	94 per 1,000 live Births (1990)	49.7 per 1,000 live Births (2003)	31.3 per 1,000 live Births
5.	Measles immunization Coverage of under one children	80.6% (1997)	83.1%	90%
6.	Maternal mortality rate	Urban- 1.0 per 1,000 live Births (1990) Rural- 1.9 per 1,000 live births	Urban- 1.0 per 1,000 live Births (2001) Rural- 1.8 per 1,000 live births (2001)	Urban- 0.25 per 1,000 live Births Rural- 0.48 per 1,000 live Births
7.	Percent of births attended By Skilled personnel	58.3 (1996)	67.55 (2003)	90
8.	sitive prevalence to 24 years women	2.71 (1992)	1.74 (2002)	1

Table of Target Indicators for safe drinking water

Appendix (B)

No.	Indictors	Baseline (2004-05) (villages)	Target	
			2010	2015
1.	3 divisions in dry zone			
	(a) Sagaing division	2046 (83%)	100%	100%
	(b) Magway division	1298 (88%)	100%	100%
	(c) Mandalay division	3813 (93%)	100%	100%
		7157 (89%)		
2.	Other states and division			
	(a) Kachin	369 (54%)	100%	100%
	(b) Kayar	39 (19%)	100%	100%
	(c) Kayin	286 (60%)	100%	100%
	(d) Chin	149 (24%)	100%	100%
	(e) Tanintayi	252 (38%)	100%	100%
	(f) Bago	714 (44%)	100%	100%
	(g) Bago (West)	714 (44%)	100%	100%
	(h) Mon	376 (48%)	100%	100%
	(i) Rakhine	496 (54%)	100%	100%
	(j) Yangon	663 (65%)	100%	100%
	(k) Shan (South)	344 (31%)	100%	100%
	(l) Shan (North)	370 (56%)	100%	100%
	(m) Shan (East)	232 (23%)	100%	100%
(n) Ayeyarwaddy	2148 (49%)	100%	100%	
		7152 (47%)		

Table of Target Indicators for Environmental Sanitation

Appendix (C)

No.	Indicators	Baseline 2004	Target	
			2010	2015
1.	Construction and use of Self-help fly-proof Latrine	82% of Population	100%	100%
2.	Construction of RHC Latrine	217RHCs	517	765
3.	Water quality surveillance And monitoring	(7) project Townships	17	27
4.	IEC production	(5) Categories	(8) Categories	(12) Categories

**Table of Target Indicators for Education and Early
Childhood Development**

Appendix (D)

No.	Indicators	Baseline 2004	Target	
			2010	2015
1.	Gross enrolment in ECCD Program (percent of total Population of 3-5 years of age)	10.0	20.0	25.0
2.	G-1, Net Intake Rate (Number Of 5 Years old enrolled in G-1 as a Percentage of total population of the same age group)	96.56	99.0	99.5
3.	Primary Level, Net Enrolment Rate (Number of 5-9 year Children enrolment as a Percentage of total population of the same age group)	81.34	90.0	95.0
4.	Percentage of primary and Lower secondary school teachers who have attended certified courses	97.0	98.0	99.0
5.	Pupil- Teacher Ratio - primary school level - lower secondary cycle	31:1 36:1	30:1 32:1	30:1 30:1
6.	Completion Rate - primary cycle - lower secondary cycle	71.6 77.1	80.0 80.0	85.0 85.0
7.	Transition Rate - Grade-5 (last grade of primary cycle) to Grade-6 (first grade of lower second cycle) - Grade-9 (last grade of lower Secondary circle) to Grade-10 (first grade of upper cycle)	79.9 96.1	90.0 97.0	95.0 98.0
8.	Adult Literacy Rate of over 15 Years of age	93.3	96.0	99.0

Table of Target Indicators for child protection

Appendix (E)

No.	Indicators	Baseline 2004	Target	
			2010	2015
1.	<u>Government Organizations</u>			
(a)	Institutionalized children	1750	1500	1400
(b)	Children in conflict with the law	189	150	100
(c)	Disabled children who are taken care of institutions	490	700	800
2.	<u>Voluntary Organizations</u>			
(d)	Children who are in need of Protection from voluntary youth centres	7749	8000	8500
(e)	Disabled children who are taken care in voluntary organizations	712	800	950

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