Prevention of HIV/AIDS

through Promotion of Reproductive Health in Myanmar

unicef
MYANMAR
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Executive Summary

Year 2000 is final year of the current UNICEF country programme cycle (1996-2000). During the country programme cycle, UNICEF Myanmar with its implementing partners and counterparts have achieved the implementation targets and a wide geographical coverage of the "Prevention of HIV/AIDS through Promotion of Reproductive Health Project" with continued financial support from the Netherlands National Committee for UNICEF.

With financial assistance from the Netherlands National Committee, UNICEF Myanmar has implemented the following project components:

- Life skills and HIV/AIDS including School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE);
- Sexually Transmitted Diseases (STD) care and management;
- UNAIDS partnership building;
- Targeting high-risk groups and ethnic minorities;
- Responsive and innovative activities such as working with religious groups; and
- Monitoring and evaluation.

From 1996 onwards, UNICEF Myanmar has been working with the Department of Education, Planning and Training (DEPT) of the Ministry of Education (MOE) to implement SHAPE activities in 60 project townships covering nearly 8,000 primary schools, 600 middle schools and 300 high schools. Nearly 70,000 teachers received SHAPE training, which benefits approximately 1.2 million students. A qualitative assessment for SHAPE project will be carried out as one of the end decade review activities this year.

Primary school children studying SHAPE lessons

Life skills and HIV/AIDS training for youth and women have been carried out in 45 and 65 townships respectively. During the last three years, nearly 30,000 youth and 40,000 women have been trained on life skills. A modification process of existing life skills training curriculum and methodology is underway during this year. It will be finalized before the end of 2000 to address more effectively for change of behaviour especially among youth.

UNICEF Myanmar has played a pivotal role in STD care and management through provision of essential supplies such as STD drugs, test kits and laboratory equipment, and training of basic health staff and public STD team members. More than 6,000 basic health staff have been trained on STD prevention and care including syndromic management during the reporting period. UNICEF also collaborated with technical partners such as the Population Council to strengthen the STD data management and reporting system of public STD centers. An assessment of effective use of UNICEF assisted STD drugs and test kits by public STD team is underway for future planning and procurement of drugs and test kits.

Under the UNAIDS umbrella, UNICEF introduced Population Services International (PSI) into Condom Social Marketing activities and continued its support especially on Information, Education and Communication (IEC) materials development. Based on the estimations made by PSI and UNAIDS, Myanmar requires 50 million condoms a year of which only 14 million have been distributed. UNAIDS partners in Myanmar are seeking the possible funding for 36 million condoms still needed for the effective condom promotion.

As a co-sponsor of UNAIDS, UNICEF participated in several regional meetings and conferences together with technical counterparts. Currently, UNICEF is chairing two UNAIDS sub-groups, co-chairing one group and participates in the rest of the sub-groups. The active participation of UNICEF in UNAIDS is well recognized by the other team members. UNICEF is also leading the Prevention of Mother-to-Child Transmission (PMCT) and voluntary counseling and testing (VCT) pilot activities in Myanmar.

"Smarter than AIDS" HIV/AIDS information training by MDM in Myitkyina

Studies and reports showed that Myanmar has a large number of high-risk groups such as injection drug users (IDUs)- 300,000, sex workers & hospitality girls – 30,000 to 50,000, and migrant workers – 1 million in Thailand. To address high-risk and ethnic minorities' needs, UNICEF supports Medecins du Monde (MDM) to strengthen the awareness on HIV/AIDS prevention targeting high-risk groups such as sex workers and injection drug users (IDUs), and ethnic minorities in Kachin State. UNICEF will extend its support to MDM for future activities in Kachin State as well as CARE Myanmar and World Vision to implement HIV/AIDS prevention among seafarers in the southern part of the country. In addition to working with International Non-Governmental Organizations

(INGOs), UNICEF works closely with the National AIDS Program (NAP) to address high-risk groups through social mapping exercise. It was first introduced in two townships during 1996-97. Based on the experiences gained and lessons learned, a guideline was developed and the exercise will be implemented in three additional townships this year.

UNICEF has been actively pursuing the possible involvement of Buddhist Organizations and Monks in HIV/AIDS prevention besides its regular activities with church-based Christian organizations. A concept paper to mobilize Buddhist organizations is in the final stage for dissemination, which will be followed by future planning and implementation. As an innovative activity, UNICEF published a youth friendly booklet on HIV/AIDS knowledge that was well accepted by all partners.

The Netherlands National Committee supports UNICEF Myanmar through its Mekong Sub-region project, which consists of six countries. Though this sub-region has a rapidly expanding epidemic, both the external and internal support varies significantly. In Thailand, total per capita expenditure on HIV/AIDS prevention was US$ 4.8 whereas Myanmar spent only US$ 0.07.

Because of major push and pull factors from inside as well as outside the country, young people are attracted easily to work as migrant or sex workers along the border areas. It is an enormous challenge for a least developing country like Myanmar with its long and porous borders. Lack of strong civil society organizations also hinders the access to a larger group of vulnerable young people to provide adequate information and skills for change of behavior.

Exhibition on HIV/AIDS IEC materials produced by Myanmar Medical Association (MMA), CARE and Population Services International (PSI)

As expected there are several constraints in actual implementation of project activities on political, economic, organizational, managerial and operational issues. External factors affecting the project implementation are related to political situation, economic collapse in the region and government's low expenditure on social sector. Organizational constraints include limited resources and capacity of national NGOs, low coverage of international NGOs and limitations to their movement in sensitive geographical areas. As managerial problems, there were frequent changes in leadership of NGOs, lack of managerial skills and high turn over rate of skilled/trained staff. There were also several operational constraints such as weakness of public STD centers to attract patients, limited and non-specific IEC materials, low implementation of SHAPE in some schools/townships due to negative attitude towards sex education by some teachers, language barrier in some states, rigid program designs and under utilized mass media.

Although there were several constraints, the project has progressed and will be moving with a much faster pace in the next programme cycle. During the course of the project, it has achieved some influence on policy issues such as implementation of SHAPE curriculum, publication of national STD treatment guidelines, and approval of Ministry of Health for prevention of mother-to-child transmission (PMCT) and voluntary counseling and testing (VCT). Recently, and as a result of UNAIDS efforts, there is renewed interest in HIV/AIDS prevention activities from all partners. There is also a softening of the government's attitude towards HIV/AIDS prevention that was revealed recently in the approval of PMCT and VCT pilot activities, 100% condom use among selected target groups, and promotion of SHAPE.

With the leadership of WHO and NAP, UNICEF and its UNAIDS partners will participate in the implementation of 100% condom use pilot activities in selected townships. HIV/AIDS project will collaborate closely with trafficking of women and children, and children in need of special protection projects to protect and support the most vulnerable groups.

UNICEF will further strengthen its collaboration with international NGOs to achieve strong partnership building. Future UNICEF activities will also support children affected and infected, care for people living with HIV/AIDS (PLWAs), and work place life skills training. Apart from the service delivery, UNICEF will effectively utilize its limited financial resources in crucial areas such as investing in youth and building civil society organizations to confront this growing epidemic on self-reliance basis.

Introduction

UNICEF supported "HIV/AIDS Prevention through the Promotion of Reproductive Health Project", conceived since December 1993 and launched in November 1994, has continued up to date and received financial support from different sources such as the Netherlands and Japan National Committees for UNICEF, AusAID and the Rockefeller Foundation.

The epidemiological picture within South and South East Asia presents a diverse set of characteristics of HIV prevalence, modes of HIV transmission and potential contributing factors. The Mekong Sub-region has a rapidly expanding epidemic associated with injection drug use (IDU) and heterosexual transmission. Though the epidemic is more visible in Thailand, Cambodia and Myanmar, both external and internal support for HIV/AIDS prevention varies significantly. In Thailand, total per capita expenditure on HIV/AIDS prevention was US$ 4.8 of which National Government expenditure was 3.5, private sector 0.8, and donors 0.5[1]. Compared to Myanmar, estimated total per capita expenditure on HIV/AIDS prevention was US$ 0.07 majority of which were funded by international organizations and donors. Government and private sector expenditure was so minimal to confront this growing epidemic.

With the financial assistance from the Netherlands National Committee, UNICEF Myanmar designed a project to reduce the HIV transmission, and raise community acceptance and support for women, children and families affected by HIV/AIDS. The project focused on women of reproductive age, children and youth, and within these populations, a specific focus on ethnic minority populations.

1. Life Skills and HIV/AIDS

- School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE) was first conceived in the early 1990's when HIV/AIDS emerged as a major public health problem, with the disease no-longer confined to high-risk groups but spreading to the general population. To reach the most vulnerable group of children and youth, it was decided that basic education schools should play a role to stop the spread of

[1] *World Bank Policy Research Report 1999: Confronting AIDS, Oxford University Press.*

Teachers' Training on SHAPE

HIV/AIDS with teachers as health educators. SHAPE is more than just a school subject about diseases and HIV/AIDS prevention taught in grades 2 to 9. It equips young people with the necessary knowledge and skills to promote healthy living and prevent the transmission of HIV/AIDS through the active participation and involvement of teachers, students, principals, school officials, parents and other community members. Currently, SHAPE is operational in 60 townships.

- Myanmar Red Cross Society (MRCS) and Myanmar Maternal and Child Welfare Association (MMCWA) have been working on behavioural change activities among youth and women through life skills training including skills for psychosocial competence and prevention of HIV/AIDS. The full-fledge training sessions of MRCS and MMCWA have taken place respectively in 45 townships and 65 townships, which are identified as high risk townships for HIV transmission.

2. STD care and management

UNICEF is the major contributor to STD prevention project in Myanmar. Since 1996, UNICEF has continuously been supporting the procurement of STD drugs and STD test kits for 36 public STD centers in 27 townships. Yearly, UNICEF provides a variety of antibiotics, anti-fungal, anti-viral (for herpes and warts), reagents for VDRL tests, rapid tests for Syphilis, TPHA confirmatory tests for Syphilis and gram stains for Gonococcal infections. A study in 1998 revealed that approximately 20,000 STD patients benefited from the continued support of UNICEF to STD care and management during 1996-1998. Though it was estimated that only 25% of STD patients visited public STD centers, they were from low-socio economic status or low class sex workers. These people are cash poor who could not afford the high cost of treatment at private clinics. In collaboration with the National AIDS Program and Central STD Control Project, UNICEF carried out the following activities for STD care and management.

- Training of basic health staff on STD management and care by National AIDS Program (NAP).

- Strengthening of Public STD clinics by providing management and care training, drugs, supplies & equipment (laboratory) at 36 public STD clinics in 27 townships.

- Upgrading the standard of public STD teams by strengthening STD data management and report preparation

3. UNAIDS partnership

In 1998, UNAIDS prepared a national strategy for HIV/AIDS prevention in Myanmar and Condom Social Marketing is one of the six major strategies. Since the beginning of the year 2000, UNAIDS Asia and Pacific Inter-country Team (APICT) identified four major areas of intervention: Condom Promotion, Life Skills, substance abuse and care & support for people living with HIV/AIDS. Currently, Population Services International (PSI) and UNAIDS partner agencies are working on condom promotion though Social Marketing approach. Myanmar approximately requires 50 million condoms per year, estimated by PSI and UNAIDS. To date, only 14 million condoms per year have been distributed in Myanmar of which 12 million by PSI, 1 million through NAP and the remaining 1 million by the private sector.

UNICEF introduced PSI into Condom Social Marketing in Myanmar since mid-1995. From then UNICEF, through its UNAIDS partners, continues the support for PSI in the development of IECs. UNICEF participates in the following UNAIDS activities with the financial support from The Netherlands National Committee.

PSI's IEC material for condom promotion

- Condom social marketing and development of IEC materials with Population Services International (PSI) in 1996-97
- Participation in regional meetings and workshops
- Prevention of mother-to-child transmission (PMCT) interventions in two pilot townships

4. Addressing high-risk groups and ethnic minorities

In addition to the large number of injection drug users, there are several risk groups as well as vulnerable groups who are prone to HIV transmission in Myanmar. Because of

the downward economic trend, high inflation rate and increased in consumer products, a lot of vulnerable groups transformed into risk groups such as sex workers including hospitality girls (estimates: 30,000 to 50,000 in Myanmar), and migrant & transient workers (estimates: 1 million in Thailand alone) along the border areas. Ethnic minorities residing along the border areas have been attracted by the pull factors such as good living standard and high salaries and by the major push factor: "poverty". While addressing youth and general population, UNICEF considered the importance of targeting high-risk and ethnic minority groups for effective HIV prevention and control activities. With the financial support of the Netherlands National Committee, UNICEF collaborated with INGOs and NAP to carry out the following activities.

- Project cooperation agreement with MDM for HIV/AIDS prevention and care activities in Kachin State focusing migrant workers, sex workers, injection drug users and vulnerable groups.

- Social mapping exercise with NAP, community-based organizations and high-risk groups themselves in Pyay and Bago to identify high-risk behaviours and plan for prevention in a participatory process during 1996-98.

5. Responsive and innovative activities

- Training of religious leaders from Myanmar Council of Churches (MCC), Myanmar Baptist Convention (MBC) and Myanmar Baptist Churches Union (MBCU), and youth Organizations such as University Christian Fellows (UCF) and Catholic Youth Apostles.

- Preparation of a concept paper on the role of Buddhism and HIV/AIDS prevention that will be followed by a dissemination workshop and plan of action.

- Publishing of 100 frequently asked questions on HIV/AIDS

6. Monitoring and Evaluation

- A survey on STD Care and Management in Myanmar for Mid-term review 1998

- Regular monitoring and supervision trips

- Myanmar country review of the Mekong Sub-regional HIV/AIDS project was prepared by an independent international consultant in February 1999

UNICEF Myanmar and its partners/counterparts have been implementing the above-mentioned activities since 1994. Department of health, department of education, three national NGOs, three international NGOs and some religious organizations have carried out the whole sets of activities. The project started with HIV/AIDS prevention and control activities, which are now transforming into care, compassion, counseling and support for those affected or infected. However, the primary prevention; life skills and STD prevention & care, still plays a major role in HIV/AIDS prevention program.

Current HIV/AIDS Situation in Myanmar

Though the first AIDS case in Myanmar was detected in 1988, AIDS had been a potential threat for some years back due to the risk related characteristics such as large number of Injection Drug Users (IDUs - estimated number of drug users in Myanmar is more than 300,000[2]) and migration to border areas because of socio-economic reasons. While the HIV/AIDS epidemic has started relatively recent in Myanmar compared to its neighboring country, there is evidence from several HIV sentinel surveillance sites (regular monitoring since 1992) that it is spreading quickly and towards low-risk population in the community.

In early 90's, at the inception of border trades among China, Thailand and India attracted a large number of migrant and transient labor forces along the neighboring countries. Massive internal movements were also documented along the major mining areas, construction sites and logging camps. These are the pulling factors hoarding scores of migrant and transient labor forces, which are the key factors in spreading of HIV infection. Lack of knowledge, negotiation and informed decision-making skills especially among youth and difficulties in development of positive behaviour are also contributing factors for rapid increase of HIV infection in Myanmar. There is a general sense among HIV/AIDS project personnel that some general information on HIV/AIDS infection prevails among young people but they still lack the appropriate knowledge, attitudes, practices and behaviours on prevention, care and compassion towards PLWAs.

[2] *Rapid Assessment of Drug Users in Myanmar by MOH and UNDCP, 1995.*

By December 31 1999, a total of 26,736 HIV infections and 3,656 AIDS cases were reported by the National AIDS Programme of the Department of Health with 1,394 reported deaths due to AIDS in Myanmar officially[3]. The male/female ratio of HIV infections officially reported is heavily skewed in favor of men, however this is likely not representative of the actual male/female ratio. It can be explained that out of seven sub-population groups in sentinel surveillance, sample collections being taken from four male groups compared to three female groups. In addition, sero-positive reports coming from various hospitals were mainly of blood donors who are male dominant in nature. Reports from States and Divisions showed that most of the AIDS cases (as of December 1999) were from Kachin State, Tanintharyi Division, Mon State, Shan State, Yangon and Mandalay Division, most of which lie along the Thai or Chinese borders.

A report on Myanmar's STD/HIV/AIDS situation by WHO/UNAIDS in June 2000 mentioned that the total number of estimated HIV infection in Myanmar was 530,000 revealing adult HIV rate of 1.99%. The estimated number of adults (15-49) with HIV/AIDS was 510,000 including 180,000 women (15-49) and children (0-14) living with HIV/AIDS at the end of 1999 were 14,000. The estimate for AIDS deaths in 1999 alone was 48,000. It also showed that the estimated number of cumulated AIDS orphans was 43,000[4].

National AIDS Program has started the sentinel surveillance system since 1992 in 19 sentinel sites along the twelve States/Divisions (Myanmar has 14 States/ Divisions). Public STD teams are the key players in conducting sentinel surveillance where they collect blood samples from seven sub-sentinel population groups twice a year (March & September). The groups are IDUs, sex workers, male STD cases and female STD cases identified as high-risk groups and low-risk groups such as pregnant women attending ante-natal clinics, blood donors and new military recruits. One weakness of this sentinel surveillance is only two sentinel sites (Yangon & Mandalay) incorporate all sentinel sub-population groups. The rest carry out with either two to three sub groups only. In 1998-99, the number of sentinel sites increased to 21 including two remaining States (Chin & Kayah) into the sentinel system.

According to sentinel surveillance data from September – October 1999[5], HIV infection rate among Male STD cases was 8%, which increased from 5% in 1994. HIV

[3] *HIV/AIDS Situation in Myanmar by National AIDS Programme, February 2000.*

[4] *Report on the global HIV/AIDS epidemics by UNAIDS, June 2000.*

[5] *Sentinel Surveillance data for September – October 1999, National AIDS Programme (DOH), 15 March 2000.*

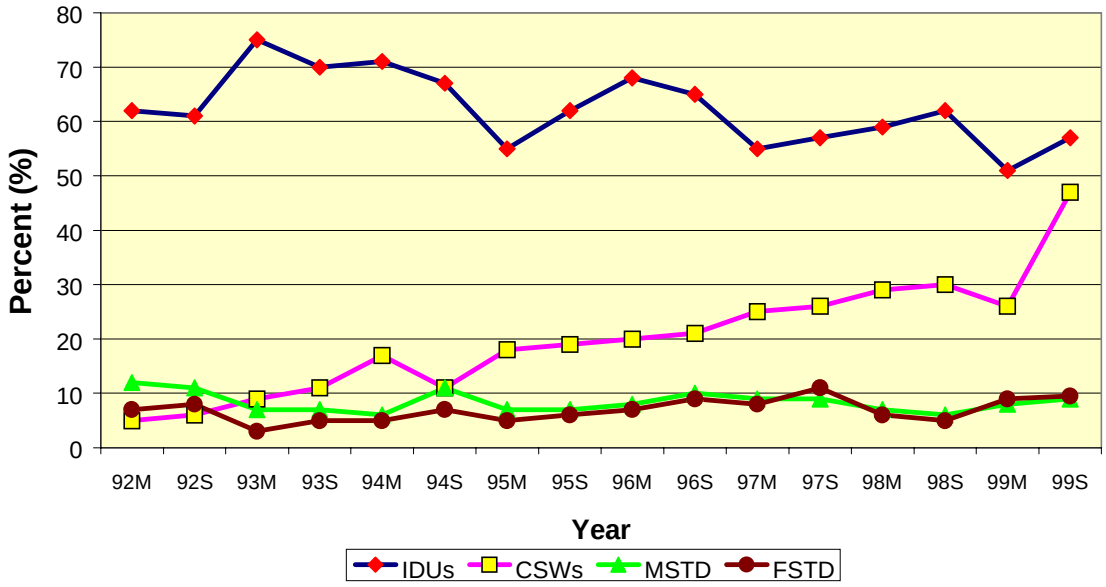
infection rate among Female STD cases also increased from 4% in 1994 to 9.7% in 1999. The infection rate among sex workers was carried out in two sentinel sites and increased alarmingly from 16% in 1994 to 47% in 1999. Sex workers in Mandalay were found to be 57% in 1999 whereas those from Yangon showed 37%. Injection drug users showed rather stable infection rate over the time span of six years at 50% – 60%. Among low-risk groups such as pregnant women, the infection rate increased from 1.5% in 1994 to 2.65% in 1999. Infection rate among blood donors was 0.3% in 1994 which was 1.2% in 1999. HIV infection among new military recruits also increased from 1.3% in 1994 to 2.7% in 1999.

A study on age specific sero-positive rate (%) among "high risk behaviours" sentinel populations at all sentinel sites was carried out by NAP during September–October 1999. For IDUs, sero-positive rate was highest among 20-24 years age group followed by 15-19 years age group. Among Female STD cases, incidence was highest among 15-19 years age group. For sex workers in Yangon and Mandalay, age specific incidence rate was highest among 30-34 followed by 15-19 age group. A similar study was carried out among "lower risk behaviours" sentinel populations and highest incidence was found among 15-19 age group of pregnant women. Sero-positive rate among age specific groups revealed that HIV infection is spreading significantly among the younger segment of population. The anecdotal reports revealing that the average age of sex workers are becoming younger along with the worsening of the economic status elsewhere. The implication of this finding is to protect the potential danger of child prostitution and trafficking of women and children, the most vulnerable groups. Central, southern and western parts of Myanmar become the feeder regions for scores of young people to the border areas and mining places where they work as migrant, transient or sex workers. Since the sentinel surveillance system is conducted in urban areas, migrant and sex workers residing in the rural areas are likely to be left out.

The whole picture of sentinel surveillance showed increasing trend of HIV infection among different sub-groups both low-risk and high-risk. The rapid spread of HIV/AIDS epidemic in Myanmar, tragically, is evolving in a period when the country is in a difficult situation according to the economic and human development indicators.

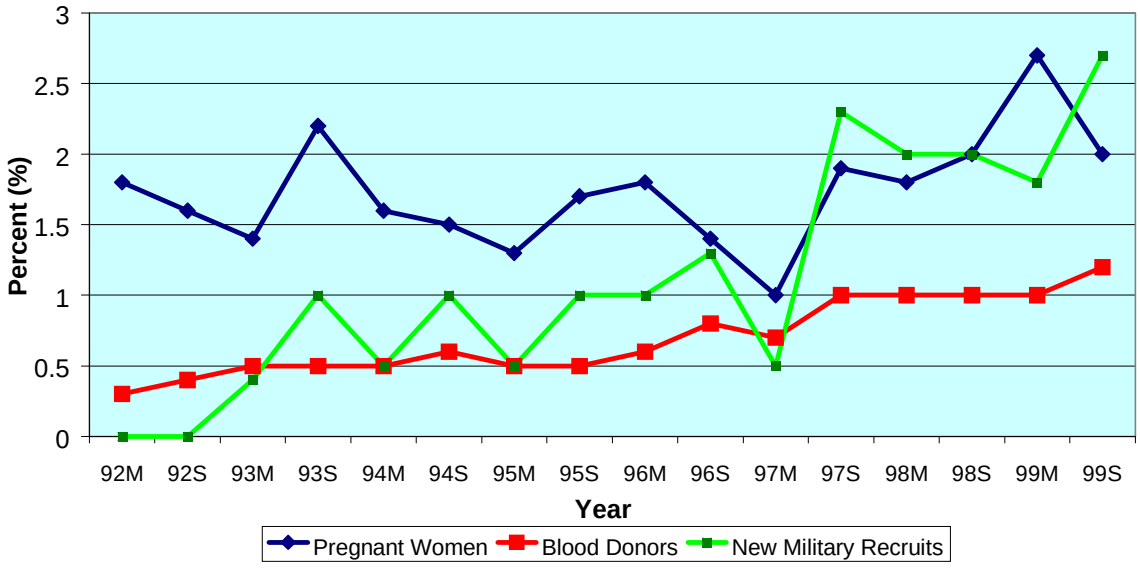
Graph-1. HIV sentinel surveillance data for High-risk Groups (1992-1999)

Source: National AIDS Program, Department of Health



Graph-2. HIV sentinel surveillance data for Low-risk Groups (1992-1999)

Source: National AIDS Program, Department of Health



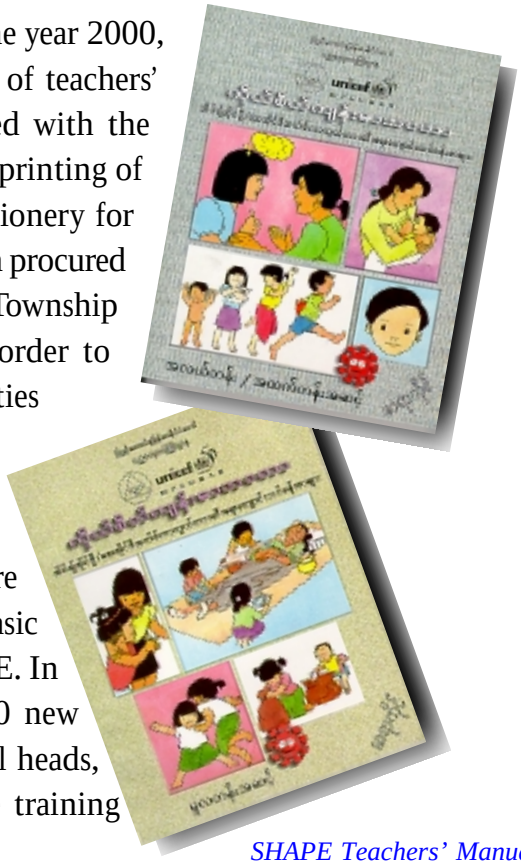
Achievements of Project Implementation

With the continued financial support from the Netherlands National Committee, the following achievements were reached during the reporting period of September 1996 to September 2000. During the course of the implementing project activities, UNICEF and its partners have achieved some influence on policy issues such as accomplishment of SHAPE curriculum, publishing of STD national standard treatment guideline and modification of counseling manuals in order to cater specific Prevention of Mother-to-Child Transmission (PMCT) services.

1. Life Skills and HIV/AIDS

School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE)

SHAPE project has started since 1996 and in the year 2000, it has expanded into 60 townships. Large quantities of teachers' manuals and teaching aids for students were printed with the Netherlands financial assistance. Reams of papers for printing of SHAPE curriculum were procured as well as the stationery for SHAPE training and workshops. 696 bicycles have been procured for Township Education Officers (TEOs), Assistant Township Education Officers (ATEOs) and cluster heads in order to facilitate, monitor and supervise the SHAPE activities within the townships. During the 1998-1999 school year, more than 700,000 school children from grades 2 to 9 in basic education schools in 30 townships experienced SHAPE. In 1999-2000 school year, more than 400,000 school children from grades 2 to 9 in basic education schools in 20 townships experienced SHAPE. In the year 2000, SHAPE expanded its project into 10 new townships. It included training of trainers and school heads, training of teachers and a workshop to develop the training



SHAPE Teachers' Manuals (Primary, Middle and High School)

package for Parents Teachers Association (PTA) members. As one of the end-decade review activities, qualitative assessment of SHAPE project will be carried out at the end of the year 2000.

Table –1. SHAPE implementation in schools

	Whole Country	SHAPE in 60 Townships (1997-2000)	
High Schools	937	287	31%
Middle Schools	2,114	600	28%
Primary Schools	36,487	7,836	21%
High School Teachers	15,608	5,340	34%
Middle School Teachers	89,781	18,038	20%
Primary School Teachers	87,296	39,633	45%
High School Students	505,265	106,773	21%*
Middle School Students	1,519,490	505,911	33%
Primary School Students	4,687,014	663,648	14%*

**Primary and high school students do not include KG, Grades 1 and 10.*

Life skills training for youth and women

From 1994 to 1997, life skills and HIV/AIDS training for youth and women had been carried out in 27 townships as phase-I activities. The Netherlands National Committee funded more than one third of phase-I 27 townships resulting in training of 6,400 youth and women directly. As the result of multiplier effect in the communities 32,000 youth and women received essential messages on life skills and HIV/AIDS prevention.

The life skills training expanded to 69 townships during 1998-99 where 5,440 women from 17 townships in Mon and Tanintharyi benefited directly from the training and 27,200 women received multiplier courses of life skills training. During that period MRCS recruited 20 central core trainers and 20 at states/divisions since dropout rate was high among youth trainers. There were three central level coordinators each from MRCS and MMCWA

Youth training by MRCS

Training of women by MMCWA

recruited to carry out planning and implementation of training activities.

One of the Mid-term review recommendations (1998) was to modify the life skills training curriculum and methodology, which have been developed since 1993. MRCS and MMCWA took initiatives in forming working groups, conducting state/divisional level workshop and designing modification of curriculum and methodology resulting in a first draft of modified training curriculum.

Once the revised curriculum and teaching methodology is finalized, a state/ divisional workshop will take place to discuss on modifications. Consequently, this group will prepare a work plan to implement a series of cascade training on modified life skills and HIV/AIDS from the year 2001 onwards.

2. STD care and management

UNICEF is the major contributor to STD prevention project in Myanmar. Since 1996, UNICEF has continuously been supporting the procurement of STD drugs and STD test kits for 36 public STD centers in 27 townships. A study in 1998 revealed that approximately 20,000 STD patients benefited from the continued support of UNICEF to STD care and management. Though it was estimated that only 25% of STD patients visited public STD centers, they were from low-socio economic status or low class sex workers. These people are cash poor who could not afford the high cost of treatment at private clinics.

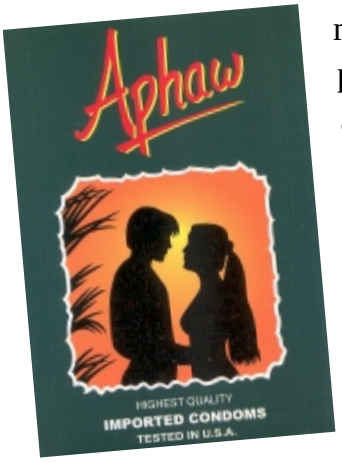
NAP, central STD control project and UNICEF Myanmar started a joint assessment on effective use of UNICEF assisted STD drugs using self-administered questionnaires for 36 public STD teams during May 2000. A detailed report will be prepared before the end of the year for future planning and procurement of STD drugs and test kits effectively.

With technical inputs from the Population Council of Bangkok, UNICEF and NAP have developed a user-friendly computer software program to collect and compile STD data from 36 public clinics, and prepare a systematic and timely STD annual report.

3. UNAIDS partnership

Working with PSI

With support from UNICEF in mid-1995, PSI conducted initial social marketing formative research resulting in development of an appropriate brand name, packaging design, and motivational messages, all in Myanmar, for a condom social marketing campaign. In mid-1996, UNICEF funded a 10-month pilot project for condom social marketing in 8 townships. Between 1996 and 1997, innovative communication techniques included traditional music and dance events; a football tournament with Aphaw (condom brand in Myanmar) uniforms; a rock concert for youth by a famous band and singers; and special promotional events during a traditional full moon pagoda festival. Since then PSI, with its own funding and UNAIDS Geneva support, continues implementing condom social marketing largely in over a hundred townships.



Participation in regional meetings and conferences

With financial support of the Netherlands National Committee, UNICEF staff members and its implementing partners participated in regional meetings, UNAIDS meetings and Asia & Pacific Regional HIV/AIDS conference in Kuala Lumpur in 1999. These were beneficial for both UNICEF and its partners in sharing experiences and improved working relationships by engaging through discussions and group works.

Prevention of mother-to-child transmission (PMCT)

UNICEF Myanmar initiated PMCT issue since late 1999. A field assessment was carried out in February-March 2000, in Tachileik with a group of UNICEF and UNAIDS members led by an international consultant. UNICEF Myanmar recruited one national

consultant to collect and compile data on PMCT before the assessment. The assessment was successfully accomplished resulting in a final report, draft work plan and formation of a working group. Then the same methodology was applied to conduct a second assessment in Kawthaung of Tanintharyi Division by NAP. Pilot PMCT interventions will be implemented in those two townships by the end of October 2000.

4. Addressing high-risk groups and ethnic minorities

Working with Medecins du Monde (MDM)

To address the high-risk groups and vulnerable people such as ethnic minorities, UNICEF supported MDM for its activities in Kachin State. In June 1996, UNICEF agreed to support MDM for its activities from May 1996 to 1997. A subsequent two-month "no cost" extension was approved to complete some delayed activities.

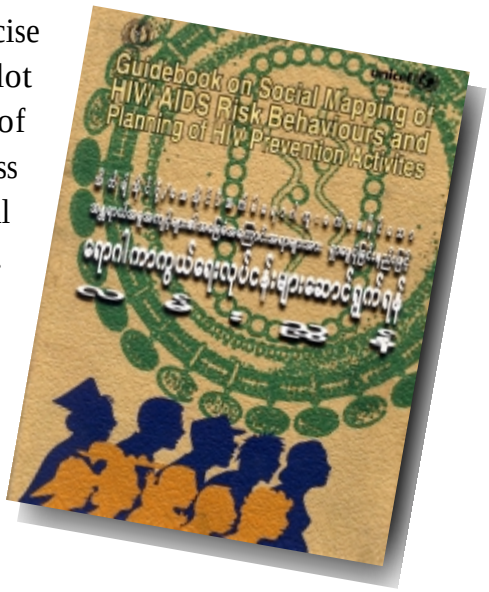
MDM's innovative dice-throwing game of HIV/AIDS information for transport workers in Myitkyina

A new project cooperation agreement between MDM and UNICEF was signed in March 1999 to conduct an eight-month project in Myitkyina and Kachin State to address the high-risk groups such as injection drug users, sex workers and migrant workers through training, information and IEC materials distribution. MDM uses innovative approaches in reaching very difficult to reach population such as sex workers. Condom promotion is frequently carried out at brothels in Myitkyina and Mogaung. MDM also works closely

with public STD center and Drug Treatment center in Myitkyina to reach high-risk groups. Its out-reach programs around Myitkyina and nearby townships help the ethnic minorities to learn about HIV/AIDS/STD infection and prevention aspects. In March 2000, misunderstanding between the State Authorities and MDM caused a three-month suspension of MDM activities in Myitkyina. However, the decision was canceled in June 2000 by Ministry of Health to let MDM continue with its activities in Kachin State. A ten-month no cost extension was allowed to MDM to complete its delayed activities during the period of suspension.

In order to facilitate MDM's activities in Kachin State, UNICEF provided office equipment such as computer and photocopier for training information center in Myitkyina and five motor bicycles for out-reach activities with ethnic minorities. UNICEF will continue its support to MDM in Kachin State. In addition to MDM's activities, UNICEF will also support CARE Myanmar and World Vision for their HIV/AIDS prevention activities among seafarers in southern part of the country.

Social Mapping Exercise



UNICEF and NAP started the social mapping exercise during 1996-97 in two townships, Bago and Pyay, as pilot project. The main objectives were capacity building of community-based organizations (CBOs), participatory process to identify risk behaviours/risk groups in communities, local plan of action according to the situation, and implementation. STD team leaders in those townships organized the process with CBOs and risk groups to identify risk behaviours, analyze the underlying causes, plan for interventions and implement them in a participatory process.

Based on the experience learned, UNICEF and NAP prepared a guidebook in Myanmar language on social mapping of high-risk behaviours. A total of 500 guidebooks were printed in 1999 and it was shared with all STD team leaders from 36 public STD teams during the STD team leaders annual meeting in January 2000 in Yangon. NAP and UNICEF selected three townships namely Lashio of Northern Shan State, Meikhtila of Mandalay Division and Shwebo of Sagaing Division to conduct the exercise in 2000.

5. Responsive and innovative activities

Training of religious leaders/youth organizations

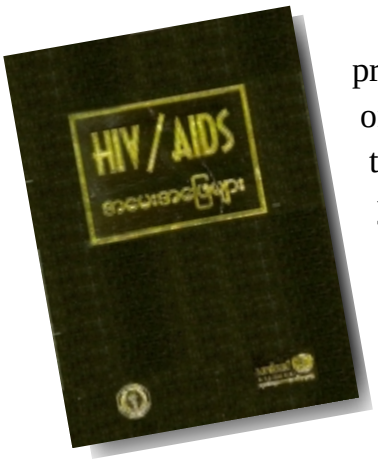
From 1997 to 1999, UNICEF with the collaboration of the Myanmar Council of Churches (MCC), Myanmar Baptist Convention (MBC), Myanmar Baptist Churches Union (MBCU), University Christian Fellow (UCF) and Catholic Youth Apostles, conducted several training sessions on Life Skills and HIV/AIDS to religious leaders and youth groups. The training sessions took place mainly in Yangon with participation of youth and religious leaders from different states/divisions including representatives of ethnic minority groups. A total of 400 religious leaders/youth received a five-day training of trainer course on life skills and HIV/AIDS based on MRCS guidelines with a few modifications. Recently, Program Communication and Information Section of UNICEF Myanmar is working with above-mentioned religious organizations on training of "Facts for Life", which includes HIV/AIDS prevention, which will be disseminated towards communities as an essential message.

Role of Buddhism in HIV/AIDS Prevention

UNICEF project on HIV/AIDS prevention not only focuses on the church-based Christian religious groups but also all religious groups in Myanmar. Since 85% of the population in Myanmar are Buddhist, UNICEF has planned since the inception of this project to include Buddhist monks and organizations in HIV/AIDS prevention and provision of care for PLWAs. There are many Buddhist groups in Thailand, Laos and Cambodia actively participating in HIV/AIDS prevention and care such as the Sangha Metta project. The main constraint of working with Buddhist monks is the unique practice of strong religious role in Myanmar. Their involvement in the social sector is strictly against the religious order. Another constraint is the political implication of involving monks in either education or HIV/AIDS prevention and care activities. Since the government strongly controls the movement of monks not to be secular or political, it is difficult to mobilize them in larger scale activities.

Based on these experiences, UNICEF Myanmar recruited one consultant to prepare a concept paper on the role of Buddhism in HIV/AIDS prevention, which is almost in the final draft. There will be a seminar on dissemination of this paper to Buddhist organizations, which will be followed by a workshop with layperson Buddhist organizations and a few organizations of monks/nuns to plan for the future activities. Since the role of Buddhist monks is important for day-to-day lives of rural people, UNICEF took the initiative to respond to the growing needs through an influential channel of communication towards the communities.

100 frequently asked questions and answers on HIV/AIDS



With the help of a national consultant, UNICEF Myanmar prepared a booklet on "100 frequently asked questions and answers on HIV/AIDS" in Myanmar language. The booklet was based on the questions compiled during the various training sessions with youth. 100 frequently asked questions were retrieved and answered by a group of technical persons from NAP and UNICEF. It was published as an extra-curricular reading material for SHAPE schools and students. However, there was a great demand for this booklet from many organizations thus, it will be reprinted in August since the first publication of 5,000 booklets had already been distributed during the first six months of 2000.

6. Monitoring and Evaluation

Survey on STD care and management in Myanmar (1998 for Mid-term review)

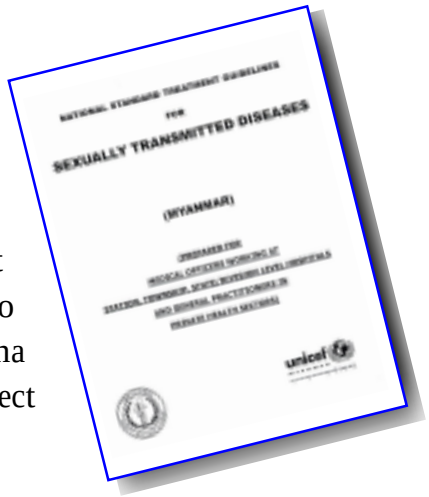
In March 1998, UNICEF Myanmar funded a study on STD care and management in five townships as part of the Mid-term review. An international consultant conducted this study with the collaboration of NAP and Myanmar Medical Association (MMA). The study was conducted to provide an accurate picture of UNICEF-supported, MMA-trained STD care at township level, to identify problems and define possible solutions. The STD case management indicators, developed by WHO, were used to measure the quality of STD care and management.

The significant findings revealed that the training should target providers caring for a large number of STD patients including private pharmacists and drug sellers rather than giving blanket training to all private practitioners in the project townships. To encourage the use of two inexpensive drugs for syndromic management, and support publication of national standard STD treatment guidelines were also the important recommendations of this study.

UNICEF and NAP recruited one national consultant to prepare national STD standard treatment guidelines, which was published and distributed, to both private and public sector health care providers through NAP and MMA during 1999-2000.

Monitoring and supervision of project activities

UNICEF with its implementing partners regularly visited the project areas for monitoring and supervision purpose. The trips were made to STD teams, life skills training townships, SHAPE townships, STD survey townships, MDM project townships and PMCT pilot areas. A joint trip was also made by the SHAPE project personnel to Myitkyina and Kachin State to monitor the convergence of project activities.



Country review of the Mekong sub-regional HIV/AIDS project (February-March 1999)

An independent international consultant was recruited in December 1998 to conduct the Myanmar Country Review of the Mekong Sub-regional HIV/AIDS project; HIV/AIDS prevention through promotion of reproductive health. A desk review of project documents, proposals and donor reports was carried out during the first phase, which was followed by meetings and interviews with various partners of UNICEF Myanmar. A field trip to the project site was also made to complete the review process. The document was finalized and sent to UNICEF East Asia & Pacific Regional Office (EAPRO) for the external Mekong sub-region HIV/AIDS project review team.

A three-person external review team visited UNICEF Myanmar during March 1999 for evaluation of the Mekong sub-regional HIV/AIDS project. Finally, it was strongly recommended to continue to support UNICEF Myanmar in its HIV/AIDS prevention project with emphasis on high-risk groups and more active role on care and support of people living with HIV/AIDS.

The map of Mekong region

Constraints and lessons learned in the project implementation

HIV/AIDS is also identified as a disease of poverty. Poverty is the major push factor for young people to cross the porous borders. Good living standard and high salaries are again pull factors from the other side, in increasing the number of migrant and sex workers. Lack of strong civil society organizations and community-based organizations also hinder the access to a larger population of vulnerable groups such as youth and women for primary prevention. During the early 90's, HIV epidemic started among high-risk groups however it is now spreading largely among low-risk groups at the end decade.

External constraints in project implementation that seriously impacted Myanmar in HIV/AIDS prevention activities are economic collapse in South East Asia region, uncertain political situation and economic sanctions by the US government and the European Union. Low level of national resources and limited government expenditure on social sectors such as health, education and social welfare have shown that the trend of HIV epidemic is increasing in Myanmar.

Frequent changes in leadership, lack of managerial skills, limited resources and capacity, and high turn over rate of skilled staff/trainers have delayed many planned activities especially in life skills training process with MRCS and MMCWA. Though the International NGOs have shown effectiveness in their implementation, the coverage was still very limited. INGOs regularly have problems with travel authorization, permission to work in sensitive areas and limited human resources.

Low utilization of public STD centers is noted during the course of intervention. However, those utilizing the public STD centers come from low socio-economic status who can not afford high cost of treatment at outside clinics. Myanmar requires additional 36 million condoms a year despite PSI's effort in bringing in 12 millions a year. It is difficult to identify donors willing to support such commodity as condom, which is the most cost effective intervention activity.

Existing Information, Education and Communication (IEC) materials are dominantly targeted to general audiences and focus primarily on imparting biomedical information. Current IEC materials lack focus, specificity and targeting. There are also very few youth-friendly literatures for both in-school and out-of-school youths.

Most of the constraints in SHAPE project were related to the actual teaching in the classroom. The monitoring and supervision is very weak in most townships as most of the responsible education officials are occupied with non-educational activities. Teacher attrition is high, especially at the primary level, and the shortage of teachers has a negative impact on rural primary schools. Absenteeism of teachers as well as children, mainly due to socio-economic reasons, is a common feature, which has a negative impact on all teaching and learning, including SHAPE.

A negative attitude towards SHAPE was found in some middle and high school teachers who used the overloaded curriculum and many education reform activities as reasons for their negativity towards SHAPE. Although some teachers are still reluctant to talk about sex education, this was not a common finding among students. Though students showed their eagerness to have the SHAPE course taught in the classroom, a lack of supervision by some school principals meant that SHAPE was not included in the teaching timetable, which is determined by the school principals. A lack of motivation among some teachers delayed using the new SHAPE approach of child-centred, activity- based participatory teaching and learning.

A language barrier among ethnic minority children was an obstacle to initiating SHAPE in the classroom with these children needing more attention and time to learn health messages. The timely collection and distribution of teaching materials and supplies was deterred by the high cost in transportation where financial contribution was born by the students and a situation exacerbated by the difficulty in transportation.

Flexibility for program development and delivery are required in the social and cultural context of Myanmar. Traditional conservatism and cultural constraints in Myanmar have restricted access to mass media, including television and newspapers, for HIV/AIDS prevention and care promotional messages. Thus, access to mass media and national level campaigns are crucial to establish a sustainable response to the epidemic.

Future Work Plan

UNICEF will continue its support to Life Skills training for youth and women with a revised training curriculum and methodology in the area focused townships in the next program cycle. UNICEF will also expand its collaboration with INGOs as part of its partnership building and fighting against AIDS epidemic. UNICEF intensifies its involvement in UNAIDS by chairing two sub-groups: behavioural change

communication and IECs, and care, compassion, support, and counseling both of which prepared their work plan for the year 2000 and implementation is on going. UNICEF will continue its support to innovative and responsive activities such as working with religious organizations (including Buddhist organizations), production of youth friendly IECs and addressing a larger population through "Facts for Life" training activities.

UNICEF has committed to continue strengthening the public STD centers in the next program cycles. The townships with public STD centers will be the platforms for HIV/AIDS prevention and care interventions in the future. Training of basic health staff on STD management and care, training of general practitioners, provision of STD drugs and test kits will be continued as strategic components of UNICEF HIV/AIDS Prevention Project.

Prevention of mother to child transmission, voluntary confidential counseling and testing, workplace life skills and HIV/AIDS training, support to children affected and infected by the epidemic and care for the People Living With HIV/AIDS will be the future activities of UNICEF Myanmar from the year 2000 onwards.

As led by WHO and NAP, UNICEF together with its partners especially PSI will participate in 100% condom promotion activities, which will be piloting in Kawthaung and Tachileik. Since these two townships are PMCT pilot areas, there will be convergence of activities, which could be later replicated to other areas. UNICEF activities in the future will be linked to the projects: trafficking of women and children, and children in need of special protection, in order to protect and support the most vulnerable groups with maximum impacts.

In the new SHAPE townships, there will be orientation workshops for township level education officials, training of trainers, principals and teachers. In the 50 'old' SHAPE townships, there will be refresher training for middle and high school principals and teachers as the information in the SHAPE course, the participatory teaching/learning approaches in the classroom and the SHAPE in ACTION activities are so new in Myanmar that additional training is needed to internalize SHAPE and the teaching methods. Additionally, training will be provided to PTAs in 10 townships to equip participants with the knowledge and skills to promote SHAPE in ACTION activities in the community.