The 3MDG Fund accelerates progress towards the health Millennium Development Goals and Universal Health Coverage (UHC) in Myanmar, through a rights-based approach.

The right to health means that all people have access to basic health services without discrimination. Discrimination can prevent many girls and women, and at-risk men, from receiving the information and health care they need. In addition, women and men’s ability to access health care is influenced by social norms and roles, cultural beliefs and practices, and a lack of awareness of rights.

Health can affect women, girls, men and boys differently. Women and girls often face particular health issues and forms of discrimination. They can be more vulnerable to ill health, increased risk of sexually transmitted infection and gender-based violence, yet have fewer resources and opportunities to protect their health or to seek care. They also face the triple burden of employment, domestic and community tasks, and typically care for the sick.

The 3MDG Fund aims to improve health outcomes and empower the poorest and most vulnerable people in Myanmar, particularly women and children.

We use every opportunity to promote gender equality and address discrimination and social norms that undermine the rights of women and at-risk men, to achieve health for all.
OUR PRINCIPLES

- Recognize: Men and women have different health needs
- Be fair to all people
- Engage and listen to women and men equally
- Promote gender equality
- Strengthen women’s representation in health planning and decision-making
- Improve access to health for all
- Empower all women, including vulnerable population groups

OUR GENDER SENSITIVE STEPS

1. Improve understanding through research and awareness-raising
2. Provide essential health services for women, girls of reproductive age, their children and at-risk men
3. Increase access to health with financial support for poor people (in particular women and their children)
4. Strengthen voice and representation through participation, information sharing and feedback mechanisms

We use every opportunity to promote equality between women and men
We address discrimination that undermines the rights of women
We contribute to a responsible, fair and inclusive health sector

Improved health for all in Myanmar
WHAT WE DO

1 IMPROVE UNDERSTANDING OF HOW GENDER AFFECTS HEALTH

We generate information and gender-related health research to learn more about health-seeking behaviour; how men’s and women’s social roles, knowledge and attitudes affect their decisions to access healthcare in Myanmar. We also raise awareness and build capacity of our implementing partners and other stakeholders; then they can take informed action to address discrimination and support all people to receive the information and health care they need.

HIGHLIGHTS

• Continually train partners to build their knowledge of how gender affects health
• Funding Civil Society Organisations (CSOs) to generate information at the community level on how gender influences health services uptake.
• Funding gender-related research for evidence-based learning, e.g. UNAIDS Situation Analysis on HIV among Female Sex Workers and their clients in Myanmar.
• Requiring partners to undertake an annual self-assessment, including if women and girls have equitable access to project activities.

133 partner staff trained on:
Gender roles and stereotypes
Gender analysis and mainstreaming
Gender Based Violence (GBV)
Integrating gender throughout the project cycle
Gender and conflict sensitivity

2 PROVIDE ESSENTIAL HEALTH SERVICES FOR WOMEN AND AT- RISK MEN

We support essential health services so that people can achieve the right to health – ‘access to basic health services without discrimination’. Without basic healthcare, mothers, women, girls of reproductive age and at-risk men are more likely to suffer illness or death. Women are particularly vulnerable during pregnancy and childbirth, requiring quality reproductive health care, while at-risk men such as migrants working in mines and injecting drug users are exposed to conflict and high physical vulnerability.

HIGHLIGHTS

• Supporting women and children with immunization, nutrition, antenatal and postnatal care, and health promotion.

3 INCREASE ACCESS TO HEALTH WITH FINANCIAL SUPPORT

Women and young children are most affected by the lack of affordable, quality health services in Myanmar, and women often have unequal access to financial resources within the household to make family health decisions. Therefore even where services are available, access for the poorest is limited by financial, cultural and social barriers. We increase access to services for women, in particular poor women and their children who cannot afford to pay for healthcare, through financial support for transport, food, certain medical tests and drugs for the patient to attend the nearest hospital in emergencies. This means more women can deliver their babies safely in centres with skilled birth attendants.

HIGHLIGHTS

• Funding the costs of emergency referral services to hospitals for pregnant women developing a complication during pregnancy or childbirth (in 3MDG-supported MNCH areas).
• Funding Civil Society Organisations to improve health seeking behaviour in communities, including empowering women to make personal and family health decisions.

+20,000 pregnant women have used emergency referrals since 3MDG began
+70,000 births attended by a skilled person since 3MDG began
4 STRENGTHEN WOMEN’S VOICE AND REPRESENTATION

Women often have little influence over decisions about health, yet are an important resource in designing and delivering healthcare. Participation, including voice and representation, empowers women and helps ensure that health services are responsive to their needs.

We work with our implementing partners to strengthen equal engagement of women and men, focusing on information-sharing, participation and feedback mechanisms that reach women and girls.

This is reinforced with behaviour change initiatives for women, men and communities.

HIGHLIGHTS

- Training Ministry of Health staff on community engagement, including gender equality and social inclusion.
- Assessing all new proposals for 3MDG funding on the project’s contribution to gender equality (using the Gender Marker Tool)
- Having gender-relevant indicators and collecting sex disaggregated data wherever possible
- Requiring our partners to listen to feedback from women and men about 3MDG supported health services.

921 beneficiaries were consulted in 2014
458 women
463 men

Consult women and men on how they’d like to provide feedback about health services.

In Mindat and Matupi Townships (Chin State) most people prefer to provide verbal feedback via phone or via village health committees. Men voiced a preference to be able to provide written feedback (more men than women are literate) because they can be more detailed in their requests than they can by phone (Source: Danish Red Cross)

Monitor the participation of women in health planning and decision-making bodies. From January to June 2015:

27% of women were represented on Township Health Committees
59% of women were represented on Village Tract Health Committee and Village Health Committees
69% of women (including many midwives, lady health visitors and nurses) participated in annual Comprehensive Township Health Plan review workshops

SUCCESS STORY

Who and what?
Our 3MDG partner, Burnet Institute, opened a Drop-In-Center (DIC) for female-only beneficiaries and helps them by covering the transportation cost to reach the center.

Why?
To break down the barriers of coming to the DIC where males are usually the main clients. This initiative helps to lessen the social stigma of female drug users and to overcome gender discrimination for people who use drugs.

Women are financially vulnerable and can it find difficult to access DIC services. This is why Burnet encourages female visits with a financial incentive.

Collective Voices

3MDG, in partnership with 25 Civil Society Organisations, is implementing community-level social change projects across six States and Regions in Myanmar to 1) improve health-seeking behaviour in the community and 2) empower women to make personal and family health decisions.

They are mobilising communities to increase women’s participation in village health committees, informing communities about health services to increase uptake, raising awareness about health rights, establishing village loan and savings associations to empower women with healthcare expenditure options, facilitating sexual health and family planning classes for men and women in villages, and conducting Adolescent Sexual and Reproductive Health sessions at targeted schools.

All of the attendees at the community meeting were women and girls, including four pregnant women. All of us were Mon ethnicity with different levels of literacy. I had the chance to share ideas including health and financial related issues of pregnant women in my village. I was happy and I felt that I know best about my village health needs and I want to see improvements.”

DAW THIN YEE
Community Meeting Participant
Collective Voices
Mudon Township, Mon State

Australian Aid
Swiss Confederation
European Union
Embassy of Switzerland in Myanmar
Sweden
UKAID
USAID
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