3MDG’s gender sensitive steps align with and contribute to Sustainable Development Goal 5, which aims to achieve gender equality and empower women and girls, and Myanmar’s Strategic Plan for the Advancement of Women (2013-2022). This is a ten-year country strategy which prioritizes two areas of the strategic plan, “Women and Health” and “Women and Decision Making”, towards which the Fund is contributing. The gender sensitive steps further align with the government ratified Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), particularly its emphasis on not discriminating against women and girls in health care especially those in rural areas 3MDG’s gender steps take a human rights based approach and consider how our work impacts all people, including women, at-risk men, vulnerable, and sexual and gender minorities.

In addition, “gender parity is critical for UN for its efficiency, impact and credibility as a standard bearer”. As one of the entities in UN system, 3MDG is taking action to achieve gender parity within entity. These gender sensitive steps also aim to reinforce the implementation of UN system wide gender parity strategy within 3MDG and also to stand as a role model entity on achieving and sustaining gender parity to its partner organisations. Gender parity is a crucial first step to orienting the system more strongly to deliver on gender equality and Agenda 2030 as a whole.

In focusing on vulnerable populations, the Fund puts gender at the centre of its approach; ensuring service-provision understands and alleviates barriers to women’s access to health care. The Fund is guided by a rights-based approach to health – encompassing support to the availability, accessibility, acceptability, and quality of health services, as well as the principles of equity, inclusion, and accountability. We generate gender-related information to learn more about health-seeking behaviour through the Collective Voices project, in particular how men’s and women’s social roles, knowledge and attitudes affect their decisions to access health care in Myanmar.

To make sure that public health staff from the Ministry of Health and Sports, 3MDG implementing partners and other stakeholders can take informed action to address discrimination in access to health care, 3MDG conducts training and workshops to raise awareness and build capacity.

**WHAT WE DO**

- Provide funding for local civil society organizations to learn more about how gender influences health services uptake at the community level.
- Provide ongoing training for partners and public health staff from central, regional and township levels to improve knowledge of how gender can affect health and access to care.
- Conduct Collective Voices qualitative study to improve understanding on health seeking behaviors of village women related to Maternal, Newborn and Child Health and personal hygiene practices; understand the male role and promote male involvement in family health care to improve gender equality.

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"There is no greater protection mechanism for women’s rights than empowerment." In 2017, women participation in community health education and promotion sessions and village health committees are good as in previous years.

- There were 139 women on township health committees, representing 29 percent of the total members.
- There were 15,636 representatives on village health committees, 43 percent of the total members.

Training health staff in accountability, equity, inclusion and conflict sensitivity

In 2017, 5,121 health staff from central, state/regional and township levels attended training in accountability, equity (including gender equity), inclusion and conflict sensitivity (AEI&CS).

- There were 3,181 women and 1,940 men.
- There were 2,765 people trained from the Ministry of Health and Sports
- 1530 from 3MDG implementing partners
- 826 people from local non-government and community-based organizations.

Step 2. Provide essential health services for women and at-risk men

3MDG supports essential health services so that people can realize the right to health, which is only possible if those services can be accessed 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. At-risk men such as migrants working in mines and people who inject drugs are exposed to conflict and high physical vulnerability.

3MDG is also supportive in creating an enabling environment to address policy, legal, and social barriers to expand and improve HIV prevention for people who inject drugs, people engaged in sex work, men who have sex with men and transgender people in Myanmar.

WHAT WE DO

Support women and children with immunization, nutrition support, antenatal and postnatal care, and health promotion.
- Strengthen midwifery services to improve maternity care for women.
- Provide contraception so women and men can plan their pregnancies and family size, and protect themselves against sexually transmitted infections.
- Support drop-in-centres, prevention programmes, counselling and testing for HIV, and needle and syringe distribution for people who inject drugs. These are primarily at-risk men.
Support advocacy and awareness-raising to reduce stigma and discrimination towards people engaging in injecting drug use, male to male sex and sex work.

In 2017:
- 76,884 women visited four times for antenatal care
- 87,375 women accessed postnatal and newborn care
- 451,861 married couples who used contraceptives in 3MDG-supported townships
- 17.2 million needles and syringes distributed to people who inject drugs
- 42,977 people who inject drugs were reached by the prevention program; advocacy and training materials were developed
- Number of paralegals, spokespersons and advocates from local community groups trained to protect the rights of key populations and foster an enabling environment to scale up the HIV response

Gender is an important social determinant of health. Gender norms, roles, and inequalities limit opportunities to seek appropriate health care and lead to health risks for women and girls in different ages and social groups. Gender norms (e.g. men's control over healthcare and reproductive choices, women's duty to have children, women's roles as care givers, women's double or triple labor burdens, women's lack of economic independence, etc.) influence access and control over the resources that contribute to attaining prime health.

Within traditional patriarchal structures common in Myanmar family life, men are the primary decision-makers, including when it comes to health and finances. Women may not be able to access or pay for the health care services that they need.

3MDG helps to implement demand side financing to increase access to services for women, in particular poor women and their children who cannot afford to pay for healthcare. In emergencies, this is provided through financial support for transport, food, certain medical tests and drugs for the patient to attend the nearest hospital. More women are able to deliver their babies safely in centres with skilled birth attendants.

WHAT WE DO

Fund the cost of emergency referral services to hospitals for pregnant women developing a complication during pregnancy or childbirth (in 3MDG-supported townships).
- Fund civil society organizations to improve health-seeking behaviour in communities, including empowering women to make personal and family health decisions.

In 2017:
- 23,041 emergency referrals used by pregnant women to reach care.
- 72,307 births attended by a skilled person.

Step 4. Strengthening women’s voice and representation

3MDG works with implementing partners to facilitate the 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.

Women also provided feedback relating to health services directly to health service providers at community engagement meetings organized by 3MDG IPs. In community engagement meetings organized by IRC in Nan Phe Village, Bawlakhe Township, women were invited and encouraged to attend.

IRC made up about half of all attendees and arranged to have at least one women facilitator during meetings to pay special attention to women attendees. Women were encouraged to speak up, actively participate, and enhance their role in the community. They became more empowered, provided feedback about maternal, newborn and child health services directly to basic health staff.

As a result of the feedback, the delivery room was renovated and the delivery bed was improved. Women felt more confident to delivery their babies at the RHC delivery room.

In 2017:
• All implementing partners (28 out of 28) included participation and engagement between health care providers and target communities in their activities
• 1,586 women attended the annual review workshop on the comprehensive township health plans. This is 72% of all attendees.
• 139 women are on township health committees. This is 29% of all members
• 15,636 women are on village health committees. This is 43% of all members.
• There were 14,648 pieces of feedback received by implementing partners from community members. Of this, 92% has already been addressed.

WHAT WE DO

Provide training to Ministry of Health and Sports staff on community engagement. This includes training on gender equity and social inclusion.

• Assess all new proposals for 3MDG funding based on the project’s contribution to gender equity (using Gender Marker Tool)

• Use gender-relevant indicators and collect sex disaggregated data wherever possible.

• Require our partners to listen to feedback from women and men about 3MDG supported health services and promote women representation and voice.

• Conduct Collective Voices qualitative study to improve understanding on women representation in community based health initiatives and level of decision making of village women on Maternal and Child Health and family planning.
<table>
<thead>
<tr>
<th>Lead CSOs</th>
<th>Activities</th>
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| Ar Yone Oo Social Development Association (AYO) | Enhancing women’s decisions in quality health care services provision and their access to health information:  
- Empowering women through strengthening Village Health Committees (VHCs) by:  
  o Training of Trainers for volunteer VHCs members in 60 villages on gender & culture, and reproductive health.  
  o Supporting VHCs to facilitate community meetings at the village level to raise awareness on gender and cultural barriers in accessing health services.  
  o Promoting women’s participation up to at least 40% in 60 VHCs.  
  o Establishing 50 village health funds to empower women and promote their decision-making capacity on healthcare, and support them in emergency health needs  
- IEC and health promotional materials translated into local Chin languages to promote gender equality in health and education. | • Khawnuthung Rural Development Organization (KRDO)  
• K’Cho Land Development Association (COLDA)  
• Matupi Women’s Organization (MWO) | • Kanpetlet Township, Chin State  
• Mindat Township, Chin State  
• Matupi Township, Chin State |
| Bright Future (BF)                             | Enhancing women’s health care services and information access:  
- Setting up a referral system for migrants and hard-to-reach communities including women.  
- Holding interactive health education and promotion sessions and festive booths particularly on reproductive health, sexual health and family planning at festivals and health events.  
- Facilitating two youth centres to provide sexual and reproductive health education to young girls and boys separately through open discussions and video shows.  
- Conducting gender awareness raising trainings to the project community in 12 villages and 11 migrant clusters. | • La Wee Mon  
• Rainmanya Charity Foundation  
• Hnee Padaw Education Support Group | • Mudon Township, Mon State |
| Community Agency for Rural Development (CAD)   | Enhancing women’s involvement in the health care services provision for their community:  
- Recruiting 5 volunteer women per village as Women Health Promoters to facilitate health awareness-raising on gender, RH, family planning and personal hygiene in 50 villages.  
- Providing the Village Women Health Promoters with handouts and other health promotional materials related to personal hygiene.  
- Facilitating gender-specific sexual health and family planning classes for men and women to all communities in 50 villages. | • Love In Action (LIA)  
• Greenland Social Development Organization (GSDO)  
• Chin Youth Organization (CYO) | • Hakha Township, Chin State  
• Thantlang Township, Chin State |
| Community Driven Development and Capacity Enhancement Team (CDDCET) | Enhancing women’s health knowledge, health care service access and decision making in family health care expenditure:  
- Holding community mentoring sessions and contests, and home-to-home family health education sessions on topics such as Adolescent Sexual and Reproductive Health (ASRH), Gender, Rights and Human Trafficking.  
- Conducting 10 ASRH sessions at 4 targeted high schools for 7th, 8th, 9th and 10th standard students (female and male students separately).  
- Establishing a revolving fund with 20 Village Health Committees (VHCs) for the formation of a referral service of emergency cases in the project villages. There were 105 emergency referral cases in 2017. Among them, 70 referral supports were received by women.  
- Identifying focal points, transport channels and communication to prompt referrals to nearest skilled birth attendants for the pregnant women.  
- Developing the capacity of 20 VHCs and increasing women representation in the committees (up to 50%) through advocacy, coaching, and training support including leadership and management, networking, and gender awareness raising, etc.  
- Facilitating 4 community engagement meetings between VHCs and health authorities that provided opportunities for open discussion which ultimately empowered women to speak up on their health concerns. | • Ah Lin Yaung  
• Lanpyakye  
• Paung Kue  
• Lanpyakyesin | • Bilin Township, Mon State  
• Kyaiik Hto Township, Mon State |
| Charity Oriented Myanmar (COM)                 | Enhancing women’s decision making power in personal and family health services decisions:  
- Empowering women through strengthening the capacity of VHCs’ members by trainings on topics such as gender and health in coordination with 3MDG-Maternal Newborn and Child Health partners.  
- Delivering 71 events of community theatre including Questions & Answers, debates and games, in 15 project villages to advocate about gender and basic health information.  
- Conducting gender awareness sessions, i.e., 52 sessions of women talk shows in 15 project villages.  
- Establishing a Village Health Saving Association (VHSA) to develop pooled community health funds to empower women and promote their decision-making capacity and self-reliance for healthcare and expenditure options. | • Social Care Volunteer Group (SCVG)  
• Development Parami  
• Aayarwaddy Social Development Organization | • Magway Township, Magway Region  
• Laputta Township, Ayeyarwaddy Region  
• Myan Aung Township, Ayeyarwaddy Region |