

Part I
A. Data and Statistics

1. Disaggregated statistical data by (sex, age groups and States and Divisions) for the years 2001, 2002 and 2003 on the number and proportion of children under 18 living in the State Party.

**ESTIMATED POPULATION OF CHILDREN BY STATE & DIVISION, BY BROAD AGE-GROUP
AND BY SEX (2001)**

Table:1 **(In Thousand)**

S.N	State and Division	Sex	(0-4)	(5-9)	(10-14)	(15-16)	17
	UNION TOTAL	Total	6138.61(31.29%)	5633.91(28.71%)	4959.18(25.28%)	1928.42(9.83%)	960.61(4.90%)
		Male	3101.08(31.08%)	2816.72(28.23%)	2566.38(25.72%)	998.94(10.01%)	495.63(4.97%)
		Female	3037.53(31.50%)	2817.19(29.22%)	2392.80(24.82%)	929.49(9.64%)	464.99(4.82%)
1	Kachin State	Total	168.72(31.63%)	153.18(28.72%)	134.74(25.26%)	51.37(9.63%)	25.32(4.75%)
		Male	84.93(31.49%)	75.93(28.15%)	69.43(25.74%)	26.46(9.81%)	12.98(4.81%)
		Female	83.79(31.78%)	77.25(29.31%)	65.31(24.78%)	24.91(9.45%)	12.35(4.68%)
2	Kayah State	Total	41.61(32.34%)	36.88(28.67%)	32.62(25.35%)	11.86(9.22%)	5.69(4.42%)
		Male	21.23(32.23%)	18.67(28.34%)	16.79(25.49%)	6.19(9.40%)	2.99(4.53%)
		Female	20.38(32.46%)	18.22(29.01%)	15.83(25.20%)	5.67(9.02%)	2.70(4.30%)
3	Kayin State	Total	193.59(31.55%)	174.48(28.44%)	154.26(25.14%)	60.78(9.91%)	30.45(4.96%)
		Male	97.62(31.42%)	86.77(27.93%)	79.56(25.61%)	31.21(10.05%)	15.54(5.00%)
		Female	95.97(31.69%)	87.71(28.96%)	74.70(24.66%)	29.56(9.76%)	14.91(4.92%)
4	Chin State	Total	54.43(31.16%)	50.10(28.68%)	42.18(24.15%)	18.33(10.49%)	9.65(5.53%)
		Male	27.33(31.04%)	24.71(28.07%)	21.84(24.80%)	9.32(10.59%)	4.85(5.51%)
		Female	27.10(31.28%)	25.39(29.30%)	20.34(23.84%)	9.00(10.39%)	4.80(5.55%)
5	Sagaing Division	Total	701.44(31.80%)	630.10(28.56%)	555.55(25.18%)	213.26(9.67%)	105.59(4.79%)
		Male	353.72(31.69%)	313.13(28.05%)	286.70(25.68%)	109.19(9.78%)	53.59(4.80%)
		Female	347.72(31.91%)	316.98(29.09%)	268.85(24.67%)	104.07(9.55%)	52.00(4.77%)
6	Tanintharyi Division	Total	194.36(32.17%)	172.76(28.60%)	153.42(25.40%)	56.35(9.33%)	27.22(4.51%)
		Male	98.45(32.10%)	86.42(28.18%)	78.67(25.65%)	29.10(9.49%)	14.06(4.59%)
		Female	95.91(32.25%)	86.34(29.03%)	74.75(25.13%)	27.25(9.16%)	13.16(4.42%)
7	Bago Division	Total	600.24(30.98%)	557.66(28.78%)	488.05(25.19%)	193.84(10.00%)	97.68(5.04%)
		Male	308.94(30.96%)	281.52(28.21%)	254.98(25.55%)	101.55(10.18%)	51.00(5.11%)
		Female	291.30(31.01%)	276.14(29.39%)	233.07(24.81%)	92.30(9.82%)	46.68(4.97%)
	Bago (East)	Total	349.59(31.43%)	319.25(28.70%)	281.97(25.35%)	108.04(9.71%)	53.49(4.81%)
		Male	179.24(31.20%)	162.18(28.23%)	148.51(25.85%)	56.70(9.87%)	27.89(4.85%)
		Female	170.36(31.68%)	157.07(29.20%)	133.45(24.81%)	51.35(9.55%)	25.60(4.76%)
	Bago (West)	Total	250.65(30.38%)	238.41(28.89%)	206.08(24.98%)	85.80(10.40%)	44.19(5.36%)
		Male	129.71(30.63%)	119.34(28.18%)	106.46(25.14%)	44.85(10.59%)	23.11(5.46%)
		Female	120.94(30.11%)	119.07(29.65%)	99.62(24.088%)	40.95(10.19%)	21.08(5.25%)
8	Magway Division	Total	593.85(31.41%)	537.95(28.45%)	478.06(25.28%)	187.47(9.91%)	93.55(4.95%)
		Male	299.60(31.26%)	267.34(27.90%)	247.27(25.80%)	96.41(10.06%)	47.73(4.48%)
		Female	294.25(31.55%)	270.61(29.02%)	230.80(24.75%)	91.06(9.77%)	45.81(4.91%)

9	Mandalay Division	Total	897.02(31.66%)	813.98(28.73%)	721.43(25.46%)	269.32(9.51%)	131.32(4.64%)
		Male	452.69(31.52%)	405.24(28.22%)	372.67(25.95%)	138.52(9.65%)	67.07(4.067%)
		Female	444.32(31.81%)	408.74(29.26%)	348.76(24.97%)	130.79(9.36%)	64.25(4.60%)
10	Mon State	Total	353.34(32.07%)	315.62(28.65%)	279.74(25.39%)	103.06(9.36%)	49.87(4.53%)
		Male	178.93(31.86%)	158.35(28.19%)	144.85(25.79%)	53.63(9.55%)	25.90(4.61%)
		Female	174.41(32.30%)	157.27(29.13%)	134.90(24.98%)	49.43(9.15%)	23.96(4.44%)
11	Rakhine State	Total	335.72(31.08%)	305.75(28.30%)	271.11(25.10%)	111.03(10.28%)	56.59(5.24%)
		Male	169.37(30.76%)	153.50(27.88%)	140.91(25.59%)	57.64(10.47%)	29.24(5.31%)
		Female	166.36(31.41%)	152.25(28.75%)	130.20(24.59%)	53.39(10.08%)	27.31(5.16%)
12	Yangon Division	Total	615.20(30.35%)	603.05(29.75%)	516.74(25.49%)	195.46(9.64%)	96.80(4.77%)
		Male	309.28(30.14%)	299.35(29.17%)	265.52(25.87%)	101.71(9.91%)	50.45(4.92%)
		Female	305.91(30.56%)	303.70(30.34%)	251.22(25.10%)	93.75(9.37%)	46.35(4.63%)
13	Shan State	Total	550.78(30.96%)	505.67(28.43%)	446.10(25.08%)	182.93(10.28%)	93.46(5.25%)
		Male	276.33(30.49%)	255.62(28.21%)	230.74(25.46%)	95.01(10.48%)	48.49(5.35%)
		Female	274.46(31.45%)	250.05(28.65%)	215.37(24.68%)	87.93(10.07%)	44.96(5.15%)
	Shan(East)	Total	89.09(31.21%)	76.16(26.68%)	73.71(25.82%)	30.80(10.79%)	15.68(5.49%)
		Male	45.23(30.61%)	39.48(26.72%)	38.73(26.21%)	16.13(10.91%)	8.18(5.54%)
		Female	43.86(31.85%)	36.68(26.64%)	34.98(25.40%)	14.68(10.66%)	7.50(5.45%)
	Shan(South)	Total	222.26(31.21%)	109.01(26.68%)	183.89(25.82%)	76.85(10.79%)	39.12(5.49%)
		Male	112.29(30.61%)	98.02(26.72%)	96.15(26.21%)	40.03(10.91%)	20.31(5.54%)
		Female	109.97(31.85%)	91.99(26.64%)	87.74(25.41%)	36.82(10.66%)	18.81(5.54%)
	Shan(North)	Total	239.43(30.64%)	239.50(30.65%)	188.51(24.13%)	75.28(9.63%)	38.66(4.95%)
		Male	118.81(30.34%)	118.12(30.16%)	95.85(24.48%)	38.85(9.92%)	20.00(5.11%)
		Female	120.63(30.95%)	121.38(31.14%)	92.66(23.77%)	36.43(9.35%)	18.66(4.79%)
14	Ayeyarwady Division	Total	838.31(30.92%)	776.75(28.65%)	685.18(25.27%)	273.38(10.08%)	137.43(5.07%)
		Male	422.65(30.54%)	390.19(28.19%)	356.47(25.76%)	142.99(10.33%)	71.74(5.18%)
		Female	415.67(31.32%)	386.56(29.13%)	328.72(24.77%)	130.39(9.83%)	65.69(4.95%)

**ESTIMATED POPULATION OF CHILDREN BY STATE & DIVISION, BY BROAD AGE-GROUP AND BY SEX
(2002)**

Table:2

(In Thousand)

S.N	State and Division	Sex	(0-4)	(5-9)	(10-14)	(15-16)	17
	UNION TOTAL	Total	6217.97(31.17%)	5754.22(28.84%)	5083.67(25.48%)	1937.45(9.71%)	956.75(4.80%)
		Male	3148.14(31.07%)	2872.55(28.35%)	2610.54(25.76%)	1005.13(9.92%)	496.67(4.9%)
		Female	3069.83(31.27%)	2881.67(29.35%)	2473.13(25.19%)	932.32(9.5%)	460.08(4.69%)
1	Kachin State	Total	170.94(31.48%)	156.48(28.82%)	138.23(25.45%)	51.95(9.57%)	25.44(4.68%)
		Male	86.28(31.46%)	77.46(28.24%)	70.60(25.74%)	26.81(9.78%)	13.14(4.79%)
		Female	84.66(31.5%)	79.02(29.4%)	67.62(25.16%)	25.13(9.35%)	12.30(4.58%)
2	Kayah State	Total	42.59(32.27%)	37.81(28.65%)	33.52(25.39%)	12.21(9.25%)	5.86(4.44%)
		Male	21.75(32.24%)	19.13(28.35%)	17.17(25.45%)	6.35(9.42%)	3.07(4.55%)
		Female	20.83(32.29%)	18.68(28.96%)	16.35(25.34%)	5.86(9.08%)	2.79(4.33%)
3	Kayin State	Total	196.62(31.54%)	178.33(28.61%)	157.51(25.27%)	60.73(9.74%)	30.18(4.84%)
		Male	99.40(31.52%)	88.57(28.08%)	80.59(25.55%)	31.29(9.92%)	15.53(4.92%)
		Female	97.22(31.57%)	89.76(29.14%)	76.92(24.97%)	29.45(9.56%)	14.65(4.76%)
4	Chin State	Total	54.93(31.18%)	51.20(29.06%)	43.23(24.54%)	17.69(10.14%)	9.13(5.18%)
		Male	27.68(31.18%)	25.21(28.4%)	22.16(24.96%)	9.07(10.21%)	4.65(5.24%)
		Female	27.25(31.17%)	25.99(29.73%)	21.08(24.11%)	8.62(9.86%)	4.48(5.12%)
5	Sagaing Division	Total	713.13(31.73%)	644.77(28.69%)	569.03(25.32%)	215.08(9.57%)	105.76(4.71%)
		Male	360.57(31.72%)	319.98(28.15%)	291.29(25.63%)	110.62(9.73%)	54.24(4.77%)
		Female	352.56(31.73%)	324.79(29.23%)	277.74(25%)	104.46(9.4%)	51.52(4.64%)
6	Tanintharyi Division	Total	198.07(32.08%)	176.78(28.63%)	157.15(25.45%)	57.67(9.34%)	27.84(4.51%)
		Male	100.51(32.10%)	88.37(28.22%)	80.08(25.57%)	29.75(9.5%)	14.41(4.6%)
		Female	97.56(32.05%)	88.40(29.04%)	77.07(25.32%)	27.92(9.17%)	13.43(4.41%)

Table:2 **(In Thousand)**

S.N	State and Division	Sex	(0-4)	(5-9)	(10-14)	(15-16)	17
7	Bago Division	Total	605.95(30.86%)	568.42(28.95%)	499.88(25.46%)	193.06(9.83%)	96.17(4.9%)
		Male	312.83(30.95%)	287(28.4%)	259.01(25.63%)	101.26(10.02%)	50.52(5%)
		Female	293.11(30.76%)	281.42(29.53%)	240.87(25.28%)	91.81(9.63%)	45.65(4.79%)
	Bago(East)	Total	355.67(31.43%)	324.80(28.7%)	286.88(25.35%)	109.92(9.71%)	54.42(4.81%)
		Male	182.47(31.2%)	165.11(28.23%)	151.19(25.85%)	57.72(9.87%)	28.39(4.85%)
		Female	173.21(31.67%)	159.70(29.2%)	135.67(24.81%)	52.21(9.55%)	26.03(4.76%)
	Bago(West)	Total	250.27(30.09%)	243.61(29.29%)	213(25.61%)	83.14(10%)	41.75(5.02%)
		Male	130.37(30.62%)	121.89(28.63%)	107.82(25.32%)	43.54(10.23%)	22.13(5.2%)
		Female	119.91(29.53%)	121.73(29.98%)	105.19(25.91%)	39.60(9.75%)	19.62(4.83%)
8	Magway Division	Total	604.24(31.41%)	549.57(28.57%)	488.59(25.4%)	188.01(9.77%)	93.13(4.84%)
		Male	305.69(31.39%)	272.71(28%)	250.54(25.72%)	97.07(9.97%)	47.99(4.93%)
		Female	298.55(31.44%)	276.86(29.16%)	238.05(25.07%)	90.95(9.58%)	45.14(4.75%)
9	Mandalay Division	Total	910.07(31.49%)	832.31(28.8%)	739.98(25.6%)	274.41(9.49%)	133.30(4.61%)
		Male	460.46(31.46%)	413.81(28.27%)	379.2(25.91%)	141.61(9.67%)	68.71(4.69%)
		Female	449.61(31.52%)	418.50(29.34%)	360.79(25.3%)	132.80(9.31%)	64.60(4.53%)
10	Mon State	Total	359.71(31.95%)	323.10(28.7%)	286.70(25.47%)	105.41(9.36%)	50.93(4.52%)
		Male	182.52(31.84%)	161.92(28.25%)	147.39(25.71%)	54.86(9.57%)	26.57(4.63%)
		Female	177.19(32.07%)	161.18(29.17%)	139.31(25.21%)	50.55(9.15%)	24.36(4.41%)
11	Rakhine State	Total	340.36(31.12%)	312.09(28.53%)	276.27(25.26%)	109.70(10.03%)	55.30(5.06%)
		Male	172.02(30.9%)	156.32(28.08%)	142.55(25.61%)	57.07(10.25%)	28.76(5.17%)
		Female	168.34(31.35%)	155.77(29.01%)	133.72(24.9%)	52.63(9.8%)	26.55(4.94%)
12	Yangon Division	Total	615.97(29.82%)	616.33(29.84%)	537.83(26.04%)	198.54(9.61%)	969.85(4.7%)
		Male	310.44(29.74%)	305.63(29.28%)	273.94(26.25%)	103.08(9.88%)	50.64(4.85%)
		Female	305.53(29.9%)	310.71(30.4%)	263.90(25.82%)	95.46(9.34%)	46.34(4.53%)
13	Shan State	Total	555.9(30.92%)	515.75(28.69%)	454.70(25.29%)	180.38(10.03%)	91.05(5.06%)
		Male	278.98(30.52%)	259.95(28.44%)	234.12(25.61%)	93.68(10.25%)	47.33(5.18%)
		Female	276.92(31.34%)	255.80(28.95%)	220.58(24.96%)	86.70(9.81%)	43.72(4.95%)

Table:2 **(In Thousand)**

S.N	State and Division	Sex	(0-4)	(5-9)	(10-14)	(15-16)	17
	Shan (East)	Total	90.51(31.21%)	77.37(26.68%)	74.88(25.82%)	31.29(10.79%)	15.93(5.49%)
		Male	45.95(30.61%)	40.11(26.72%)	39.35(26.21%)	16.38(10.91%)	8.31(5.54%)
		Female	44.55(31.85%)	37.26(26.64%)	35.53(25.4%)	14.91(10.66%)	7.62(5.45%)
	Shan (South)	Total	225.79(31.21%)	193.03(26.68%)	186.81(25.82%)	78.07(10.79%)	39.75(5.49%)
		Male	114.08(30.61%)	99.58(26.72%)	97.68(26.21%)	40.67(10.91%)	20.63(5.54%)
		Female	111.72(31.85%)	93.45(26.64%)	89.13(25.41%)	37.41(10.66%)	19.11(5.45%)
	Shan (North)	Total	239.60(30.55%)	245.35(31.28%)	193.02(24.61%)	71.02(9.05%)	35.37(4.51%)
		Male	118.96(30.4%)	120.26(30.73%)	97.09(24.81%)	36.63(9.36%)	18.39(4.7%)
		Female	120.64(30.7%)	125.09(31.83%)	95.92(24.41%)	34.39(8.75%)	16.98(4.32%)
14 Ayeyarwady Division	Total	849.50(30.89%)	791.28(28.77%)	701.05(25.49%)	272.61(9.91%)	135.69(4.93%)	
	Male	429(30.62%)	396.49(28.3%)	361.91(25.83%)	142.62(10.18%)	71.13(5.08%)	
	Female	420.50(31.17%)	394.79(29.27%)	339.14(25.14%)	129.99(9.64%)	64.56(4.79%)	

ESTIMATED POPULATION OF CHILDREN BY STATE & DIVISION, BY BROAD AGE-GROUP AND BY SEX
(2003)

Table:3 (In Thousand)

S.N	State and Division	Sex	(0-4)	(5-9)	(10-14)	(15-16)	17
	UNION TOTAL	Total	6307.44 (31.08%)	5851.96(28.84%)	5231.53(25.78%)	1949.83(9.61%)	952.38(4.69%)
		Male	3192.51(31.03%)	2925.06(28.43%)	2661.77(25.87%)	1012.05(9.84%)	497.41(4.83%)
		Female	3114.93(31.14%)	2926.90(29.26%)	2569.76(25.69%)	937.78(9.37%)	454.97(4.55%)
1	Kachin State	Total	173.29 (31.34%)	159.21 (28.8%)	142.20(25.72%)	52.62(9.52%)	25.56(4.62%)
		Male	87.43(31.37%)	78.97(28.33%)	71.86(25.78%)	27.19(9.75%)	13.30(4.77%)
		Female	85.86(31.32%)	80.24(29.27%)	70.33(25.66%)	25.43(9.28%)	12.26(4.47%)
2	Kayah State	Total	43.57(32.19%)	38.73(28.61%)	34.44(25.44%)	12.58(9.29%)	6.04(4.46%)
		Male	22.25(32.21%)	19.61(28.39%)	17.56(25.41%)	6.51(9.43%)	3.15(4.56%)
		Female	21.32(32.17%)	19.11(28.85%)	16.88(25.47%)	6.06(9.15%)	2.89(4.36%)
3	Kayin State	Total	199.86(31.53%)	181.70(28.67%)	161.57(25.49%)	60.79(9.59%)	29.87(4.71%)
		Male	100.99(31.55%)	90.41(28.24%)	81.85(25.57%)	31.39(9.8%)	15.51(4.84%)
		Female	98.86(31.52%)	91.29(29.11%)	79.72(25.42%)	29.40(9.38%)	14.37(4.58%)
4	Chin State	Total	55.78(31.31%)	51.81(29.08%)	44.90(25.2%)	17.10(9.6%)	8.57(4.81%)
		Male	28.09(31.34%)	25.57(28.53%)	22.70(25.33%)	8.83(9.85%)	4.44(4.95%)
		Female	27.69(31.28%)	26.24(29.64%)	22.20(25.07%)	8.28(9.35%)	4.13(4.66%)
5	Sagaing Division	Total	725.21(31.66%)	657.74(28.71%)	584.64(25.52%)	217.36(9.49%)	106.01(4.63%)
		Male	366.53(31.68%)	327.05(28.27%)	296.21(25.6%)	112.18(9.7%)	54.96(4.75%)
		Female	358.69(31.63%)	330.69(29.16%)	288.43(25.43%)	105.19(9.28%)	51.05(4.5%)
6	Tanintharyi Division	Total	201.65(31.96%)	180.67(28.63%)	161.00(25.52%)	59.11(9.37%)	28.52(4.52%)
		Male	102.31(32.03%)	90.45(28.31%)	81.47(25.5%)	30.43(9.53%)	14.78(4.63%)
		Female	99.35(31.89%)	90.22(28.96%)	79.53(25.53%)	28.68(9.21%)	13.74(4.41%)

Table:3

(In Thousand)

S.N	State and Division	Sex	(0-4)	(5-9)	(10-14)	(15-16)	17
7	Bago Division	Total	613.39(30.8%)	576.12(28.93%)	514.77(25.85%)	192.67(9.67%)	94.54(4.75%)
		Male	316.50(30.92%)	291.92(28.52%)	264.15(25.81%)	101.04(9.87%)	49.95(4.88%)
		Female	296.89(30.67%)	284.20(29.36%)	250.62(25.89%)	91.62(9.47%)	44.59(4.61%)
	Bago(East)	Total	361.86(31.43%)	330.45(28.7%)	291.87(25.35%)	111.84(9.71%)	55.37(4.81%)
		Male	185.71(31.2%)	168.04(28.23%)	153.88(25.85%)	58.75(9.87%)	28.90(4.85%)
		Female	176.15(31.67%)	162.41(29.2%)	137.99(24.81%)	53.09(9.55%)	26.47(4.76%)
	Bago(West)	Total	251.53(29.94%)	245.67(29.24%)	222.90(26.53%)	80.83(9.62%)	39.18(4.66%)
		Male	130.79(30.54%)	123.88(28.92%)	110.27(25.75%)	42.30(9.88%)	21.06(4.92%)
		Female	120.75(29.32%)	121.79(29.57%)	112.63(27.35%)	38.53(9.36%)	18.12(4.4%)
8	Magway Division	Total	615.66(31.45%)	559.55(28.58%)	501.30(25.61%)	188.71(9.64%)	92.55(4.73%)
		Male	311.33(31.46%)	278.21(28.11%)	254.28(25.69%)	97.70(9.87%)	48.17(4.87%)
		Female	304.33(31.44%)	281.34(29.06%)	247.01(25.52%)	91.01(9.4%)	44.38(4.58%)
9	Mandalay Division	Total	922.72(31.31%)	849.09(28.81%)	759.90(25.78%)	280.03(9.5%)	135.49(4.6%)
		Male	466.67(31.31%)	422.93(28.38%)	385.52(25.87%)	144.84(9.72%)	70.47(4.73%)
		Female	456.05(31.31%)	426.16(29.25%)	374.37(25.7%)	135.19(9.28%)	65.02(4.46%)
10	Mon State	Total	365.76(31.8%)	330.40(28.73%)	293.95(25.56%)	107.94(9.39%)	52.08(4.53%)
		Male	185.54(31.74%)	165.83(28.37%)	149.86(25.63%)	56.13(9.6%)	27.27(4.67%)
		Female	180.22(31.87%)	164.57(29.1%)	144.09(25.48%)	51.81(9.16%)	24.81(4.39%)
11	Rakhine State	Total	345.70(31.18%)	317.14(28.61%)	283.45(25.57%)	108.47(9.78%)	53.84(4.86%)
		Male	174.69(31.02%)	158.88(28.21%)	144.96(25.74%)	56.50(10.03%)	28.18(5%)
		Female	171.01(31.36%)	158.26(29.02%)	138.50(25.39%)	51.96(9.53%)	25.66(4.71%)
12	Yangon Division	Total	619.17(29.41%)	624.55(29.66%)	561.68(26.68%)	202.58(9.62%)	97.47(4.63%)
		Male	311.95(29.39%)	310.24(29.23%)	283.40(26.7%)	104.83(9.88%)	50.96(4.8%)
		Female	307.22(29.42%)	314.32(30.11%)	278.29(26.65%)	97.75(9.36%)	46.50(4.45%)

Table:3

(In Thousand)

13	Shan State	Total	561.92(30.9%)	523.45(28.78%)	466.83(25.67%)	178.11(9.79%)	88.41(4.86%)
		Male	282.07(30.56%)	263.31(28.53%)	239.10(25.91%)	92.43(10.01%)	46.05(4.99%)
		Female	279.84(31.24%)	260.14(29.04%)	227.72(25.42%)	85.67(9.56%)	42.37(4.73%)
	Shan (East)	Total	95.56(31.22%)	81.66(26.68%)	79.02(25.82%)	33.02(10.79%)	16.81(5.49%)
		Male	48.25(30.62%)	42.10(26.71%)	41.29(26.2%)	17.21(10.92%)	8.74(5.54%)
		Female	47.31(31.86%)	39.56(26.65%)	37.72(25.41%)	15.81(106.5%)	8.07(5.44%)
	Shan (South)	Total	229.38(31.21%)	196.09(26.68%)	189.78(25.82%)	79.31(10.79%)	40.38(5.49%)
		Male	115.89(30.61%)	101.16(26.72%)	99.23(26.21%)	41.31(10.91%)	20.96(5.54%)
		Female	113.49(31.85%)	94.94(26.64%)	90.54(25.41%)	38(10.66%)	19.42(5.45%)
	Shan (North)	Total	236.98(30.47%)	245.70(31.59%)	198.04(25.46%)	65.78(8.46%)	31.23(4.02%)
		Male	117.94(30.49%)	120.06(31.04%)	98.58(25.48%)	33.91(8.77%)	16.35(4.23%)
		Female	119.05(30.45%)	125.65(32.14%)	99.46(25.44%)	31.87(8.15%)	14.88(3.81%)
14	Ayeyarwady Division	Total	863.76(30.94%)	801.80(28.72%)	720.92(25.82%)	271.77(9.73%)	133.42(4.78%)
		Male	436.16(30.74%)	401.68(28.31%)	368.85(25.99%)	142.05(10.01%)	70.21(4.95%)
		Female	427.60(31.15%)	400.12(29.15%)	352.07(25.65%)	129.72(9.45%)	63.21(4.6%)

source: Department of Population

Part I

A. Data and Statistics

1. Disaggregated statistical data on birth registration for the years 2001,2002 and 2003 including estimates on children not registered.

Percent distribution of children aged 0-59 months by whether birth is registered and reason for Non-registration, Myanmar, 2003

Table:4

	State/ Division	Birth is Registered	birth is not registered because:						total
			must travel too far	did not know it should be registered	too busy	cost too much	others	reason did not know	
Region	Kachin	73.1	1.2	8	6	0.4	1.4	3.7	100
	Kayah	46.8	0.8	33.5	6.7	1.3	1.3	6.2	100
	Kayin	34.5	1.9	42.2	6.1	0.1	1.3	4.2	100
	Chin	47.1	2.8	26.1	10.8	0.9	1.7	6.1	100
	Mon	72.9	0.1	13.9	5.2	0.5	2.1	1.3	100
	Rakhine	54.2	3.1	21.4	9	2.4	7.1	0	100
	Shan (North)	64.1	4.9	11.4	7.4	2.2	0.4	4.7	100
	Shan (East)	48.1	3.9	28.2	6.1	0.4	0.8	2.6	100
	Shan (South)	55.4	0.8	27.3	6.1	0.4	3.2	3.2	100
	Ayeyarwady	53.3	0.8	20.3	10.5	0.8	1.5	1.7	100
	Bago (East)	54.4	1.4	11.7	16.3	1.2	6	5.4	100
	Bago (West)	63	1.2	14.9	9.9	2.1	3.8	0.2	100
	Magway	64.7	2.7	12.9	9.2	0.4	1.9	2.3	100
	Mandalay	73.8	2	9.8	5.3	1.2	4.7	1.1	100
	Sagaing	82.8	0	9.7	1.6	0	2.4	1.4	100
	Tanintharyi	92.5	0.5	1.9	3.7	1	0.2	0	100
	Yangon	87.8	0.7	0.4	5.7	1.8	0.9	0.4	100
Area	Urban	88.2	0.6	0.7	5.9	1.5	1.6	0.2	100
	Rural	58.7	1.7	4.5	8	0.8	3	2.6	100
Sex	Male	66.1	1.4	3.4	7.2	1	2.7	1.9	100
	Female	63.7	1.5	4	7.9	1	2.8	2.3	100
Age	<6 months	59	2.4	3.4	12.2	0.7	5	2.2	100
	6-11 months	62.7	1.4	4.4	9.5	1.2	2.8	1.6	100
	12-23 months	64.7	1.4	3.8	8.2	0.9	2.8	2.5	100
	24-35 months	65	1.4	3.6	7.5	0.9	2.3	2.1	100
	36-47 months	66.8	1.5	3.3	5.6	1.1	2.9	1.6	100
	48-59 months	67.2	1	3.8	5.7	0.9	1.7	2.4	100
Mother's education level	Below primary	43.9	2.6	5.5	6.2	1.7	4.5	4.1	100
	Primary	62	1.5	4.3	8.3	1.1	2.8	2.4	100
	Secondary +	77.3	1.1	2.1	6.9	0.4	2	0.8	100
Total		64.9	1.5	3.7	7.6	1	2.7	2.1	100

source: Survey data from Department of Health Planning.

Note: Although there is a request for three years (2001,2002,2003), the data for the first two years did not have a complete break down as requested.

Part I
A. Data and Statistics

- 1. Budget and GDP devoted to children in the last three years.**
 - (a) Education
 - (b) Health care
 - (c) Children with disabilities
 - (d) Social Welfare
 - (e) Juvenile justice
 - (f) State allocation

Budget for Children
Table. 5

(In million Kyats)

No	Name of Ministry	2001-2002 Fiscal Year	2002-2003 Fiscal Year	2003-2004 Fiscal Year	Total
a	Education	33563.426	43705.500	50111.541	127380.467
b	Scientific & Technological Research	819.677	1271.614	2998.713	5090.004
c	Health care	1368.791	1483.421	3043.000	5895.212
d	Social Welfare, Relief and Resettlement	216.228	285.693	361.671	863.592
e	Progress of Border Areas and National Races and Development Affairs	157.018	191.960	322.074	671.052
f	Agriculture & Irrigation	55.746	56.251	78.598	190.595
g	Culture	48.098	47.023	82.517	177.638
h	Cooperative	20.399	23.953	18.894	63.246
i	Sports	14.931	58.301	66.459	139.691
j	Livestock & Fisheries	10.453	16.288	18.962	45.703
k	Industry (2)	8.918	8.642	8.140	25.700
l	Forest	2.286	2.420	2.632	7.338
m	Information	2.065	2.285	1.885	6.235
n	Juvenile Court	0.554	0.560	0.565	1.679
	Total	36288.59	47153.911	57115.651	140558.152
	GDP%	1.102%	0.845%	0.926%	

source: Ministries concerned

There is no separate budget allocation for men, women and children as such. But the Ministries spend on activities for the advancement of all its citizens.

Part I

A. Data and Statistics

1. Disaggregated data (including by sex, age) for the years 2001, 2002 and 2003 in percentage of the relevant age groups in public and private schools on the –
 - (a) enrollment in percentage of children in pre-primary schools;
 - (b) enrollment in percentage of children in secondary schools;
 - (c) enrollment in percentage of children in tertiary schools;
 - (d) percentage of enrolled children completing primary and secondary schools;
 - (e) percentage of children not attending any schools;
 - (f) percentage of dropouts and repetition;
 - (g) ratio teacher per children and ratio of qualified teachers;
 - (h) adult literacy rate (15+).

Education indicators

Table:6

	Indicators	2000-01	2001-02	2002-03
(a)	Enrollment			
	Pre-primary Enrollment Rate			
	Percentage of children in pre-primary schools	7.76	8.95	8.15
	Male	7.84	8.97	9.17
	Female	7.67	8.93	9.13
	No. of Pre-primary schools	4857	5437	5849
	Primary Level			
	Gross Intake Rate	109.34	112.43	109.94
	Net Intake Rate	91.5	92.05	93.07
	Percentage of children in primary schools (Enrollment)	89.6	90.8	93.1
	Male	90.3	91.5	93.4
	Female	88.8	90.2	92.8
(b)	Secondary Level			
	Percentage of children in secondary schools(Enrolment)	37.9	38.8	40.0
	Male	37.6	38.9	40.2
	Female	38.2	38.8	39.7
(c)	Tertiary Level			
	Transition Rate (Secondary to Tertiary Level)	95.18	97.06	96.50
(d)	Completion Rate			
	Percentage of students completing primary	55.6	60.6	63.8
	Male	55.7	61.8	64.2
	Female	55.5	59.5	63.3
	Percentage of students completing secondary	52.7	57.0	64.1
	Male	50.0	60.7	62.4
	Female	55.7	53.8	65.9
(e)	N0. of children not attending any school	8.5	7.95	6.93
(f)	Average percentage of dropout and repetition			
	Primary level dropout	8.9	7.9	7.2
	Male	8.9	7.6	7.2
	Female	8.9	8.1	7.3
	Primary level repetition	0.70	0.72	0.76
	Lower secondary level dropout	7.3	7.0	6.6
	Male	7.4	7.0	6.1
	Female	7.0	7.0	7.0
	Lower secondary level repetition	0.95	0.96	1.01
	Upper secondary level dropout (including external students reappeared matriculation)	27.1	29.8	30.0
	Male	29.6	29.8	31.8
	Female	24.7	29.9	28.1
	Upper secondary level repetition	9.23	6.52	6.37
(g)	Children teacher ratio			
	Primary level	32	33	33
	Lower secondary level	32	32	36
	Upper secondary level	40	36	34
(h)	Ratio of qualified teachers			
	Primary level	49.2	66.6	83.1
	Lower secondary level	43.0	59.0	72.1
	Upper secondary level	91.2	92.5	93.2

source: Department of Education Planning and Training and Department of Social Welfare

In Myanmar, measures for development of children at the age of 0 to 5 are being carried out in accordance with the core of Early Childhood Care and Development(ECCD) through Integrated Early Childhood Care and Development approaches. Government Organizations and Non-Governmental Organizations are undertaking development activities for children at the age of 0 to 3. Pre-school children are identified at the age of 3 to 5 years. Centre-based ECCD is run by the Department of Social Welfare (DSW), Department of Basic Education, organizations, volunteers and the private sector. In doing so, the enrollment rate of pre-school children was 7.76% (2.427 million) in 2001, 8.95% (2.463 million) in 2002 and 9.15% (2.489 million) in 2003.

According to Centre-based ECCD, there are limitations concerning teachers, buildings, funding and others. In order to increase the service of ECCD for pre-school children throughout the whole country, Community-based, Family-based and Home-based approaches will be effectively carried out. These measures are being implemented by UNICEF and NGOs such as PYINNYA TAZAUNG, SAVE THE CHILDREN (UK) and SAVE THE CHILDREN (US).

Moreover, parenting education is also run by DSW, UNICEF and NGOs such as PYINNYA TAZAUNG, SAVE THE CHILDREN (UK) and SAVE THE CHILDREN (US) and Kachin Baptist Convention. The curriculum which is vital for Early Childhood Care and Development has been revised and will be released soon.

The new compulsory registration rules for pre-school to upgrade the quality for ECCD and pre-school will be systematically released later.

Note: There are only public schools in Formal Education, in Myanmar.

Part I

A. Data and Statistics

5. Disaggregated data by sex and age of children with disabilities:-
 - (a) number of disabled children living with their families;
 - (b) number of disabled children living in institutions;
 - (c) attending regular schools;
 - (d) attending special schools;
 - (e) not attending any schools.

(a) Number of disabled children living with their families

In Myanmar, nearly all Disabled Children live with their own parents. During the academic year, they go to the respective special schools as residential students to attend educational classes and vocational training. According to their education ability, they can pursue graduate and post-graduate studies with financial assistance of the State or donors.

The Ministry of Health provides rehabilitative health care to children disabled due to injury, poliomyelitis, leprosy, trachoma and other eye diseases causing blindness etc. It has also provided curative services (plastic surgery) to children with cleft lip, cleft palate etc. During 1999 to 2004, a total of 2860 children with cleft lip/palate conditions have had successful plastic surgery treatment.

For Mentally Retarded, Deaf and Physically Handicapped Children, five special schools are established. Education and vocational training are taught in these schools.

Data for disabled children living with their families is not available. One of the future plans of action of the National Committee on the Rights of the Child is collecting data on this issue, collecting data of disabled children not attending any school and implementing intervention activities where necessary.

(b) Number of disabled children living in institutions

Table 7

Sr. No	Type of Disability	2001			2002			2003		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Blind	296	174	470	332	187	519	316	188	504
2	Deaf	280	218	498	275	236	511	273	242	515
3	Physically Disabled	45	43	88	108	92	200	127	103	230
4	Mentally Retarded	48	26	74	60	32	92	62	31	93
Total		669	461	1130	775	547	1322	778	564	1342

source: Department of Social Welfare

(c) Attending regular schools

In Myanmar, there is no enrollment discrimination between physically disabled and normal children for regular school. According to a report by the Department of Basic Education, the number of physically disabled children from (5) States and Divisions attending formal schools is (218). See table (8).

Number of physically disabled children from States and Divisions attending Formal Schools (2003)

Table:8

Sr. No	State /Division	No of Children			Remarks
		Male	Female	Total	
1	Tanintharyi	14	20	34	
2	Bago(East)	28	30	58	
3	Bago(West)	10	4	14	
4	Mon	23	18	41	
5	Rakhine	37	34	71	
	Total	112	106	218	

source: Department of Basic Education No(1)

Number of Disabled Children from Special Schools attending Formal Schools

Table:9

Sr. No.	Type of Disability	Age Group	2001			2002			2003		
			Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Blind	5-10	-	-	-	-	-	-	-	-	-
		11-16	22	6	28	12	6	18	5	9	14
		16+	21	9	30	39	15	54	43	18	61
		Total	43	15	58	51	21	72	48	27	75
2	Deaf	5-10	-	-	-	-	-	-	-	-	-
		11-16	8	5	13	2	2	4	1	6	7
		16+	8	-	8	21	9	30	20	10	30
		Total	16	5	21	23	11	34	21	16	37

source: Department of Social Welfare

(d) Attending special schools

The first Blind School in Myanmar was established in Kyimyindine Township, Yangon in 1914, providing educational and vocational trainings for blind students. There are two Blind Schools run by GO and five Blind Schools run by NGOs all over the country. In these schools, Primary Education is taught and Secondary and Higher Education are provided by High Schools according to the inclusive education system.

Disabled Children of different Age Groups attending Special Schools

Table:10

Sr. No.	Type of Disability	Age Group	2001			2002			2003		
			Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Blind	0-5	1	-	1	-	-	-	1	-	1
		6-10	50	44	94	55	42	97	63	42	105
		11-16	97	56	153	95	60	155	98	51	149
		16+	148	74	222	182	85	267	154	95	249
		Total	296	174	470	332	187	519	316	188	504
2	Deaf	0-5	2	2	4	-	-	-	-	-	-
		6-10	129	99	228	126	92	218	93	81	174
		11-16	120	97	217	113	108	221	112	105	217
		16+	29	20	49	36	36	72	68	56	124
		Total	280	218	498	275	236	511	273	242	515
3	Physically Disabled	0-5	10	10	20	38	31	69	48	42	90
		6-10	19	18	37	31	29	60	53	40	93
		11-16	9	8	17	31	17	48	19	17	36
		16+	7	7	14	8	15	23	7	4	11
		Total	45	43	88	108	92	200	127	103	230
4	Mentally Retarded	0-5	-	-	-	-	-	-	-	-	-
		6-10	22	8	30	22	7	29	18	7	25
		11-16	20	11	31	27	13	40	31	15	46
		16+	6	7	13	11	12	23	13	9	22
		Total	48	26	74	60	32	92	62	31	93
Total Disabled Children			669	461	1130	775	547	1322	778	564	1342

source: Department of Social Welfare

(e) Not attending any schools

This issue will be included in one of the future plans of action.

Part I

A. Data and Statistics

6. Disaggregated statistical data by sex, age, State /Division be taken 2001-2003
 - (a) deliveries made at medical centre and outside;
 - (b) adolescent health ;
 - (c) sexually transmitted infections ;
 - (d) mental health ;
 - (e) suicide;
 - (f) drug abuse;
 - (g) alcohol abuse;
 - (h) tobacco abuse;
 - (i) infant and child mortality ;
 - (j) malnutrition ;
 - (k) number of health professionals working in the health care services for children .

(a) Deliveries

Table:11

	1999-2000	2002-2003	Source
Home deliveries		52%	MCH,DOH
Outside deliveries		48 %	MCH,DOH

source: Department of Health

Note: MCH, DOH; Maternal and Child Health, Department of Health

Above table shows the percentage of home deliveries and outside deliveries. (Government hospitals, private hospitals and nursing homes)

Number of deliveries at maternity homes established by Myanmar Maternal and Child Welfare Association

Table:12

	S/D	No. of Maternity Homes			No. of Deliveries		
		2001	2002	2003	2001	2002	2003
1	Kachin	5	5	5	452	463	576
2	Kayah	-	1	1	-	30	41
3	Kayin	2	2	1	192	412	211
4	Chin	2	2	3	102	84	309
5	Sagaing	7	8	9	427	442	583
6	Tanintharyi	2	2	2	71	404	394
7	Bago	3	6	7	70	162	236
8	Magway	2	2	2	175	190	231
9	Mon	8	8	9	1053	453	809
10	Mandalay	19	19	19	2715	2947	2912
11	Rakhine	1	1	3	4	35	113
12	Yangon	15	16	16	2015	3589	2926
13	Shan(S)	1	1	2	48	49	154
14	Shan(N)	7	7	7	708	798	760
15	Shan(E)	2	2	2	85	90	98
16	Ayeyarwady	6	6	7	842	907	866
	Total	81	88	95	8959	11055	11028

source: Myanmar Maternal and Child Welfare Association

Above table shows the number of deliveries at maternity homes established by Myanmar Maternal and Child Welfare Association.

(b) Adolescent Health

As in many other countries, there is a paucity of data concerning adolescents. A recent review has been undertaken by the Department of Health on selected issues concerning adolescent health. This section draws heavily on this qualitative review, plus the other limited documents and reports available on the subject.

In the year 2003, the percentage of adolescents aged 10-19 years in Myanmar is estimated at (19.1%) of the total population. If the population aged 20-24 years is included, the estimate rises to nearly (28 %) of the total population.

From the recent Fertility and Reproductive Health Survey (Department of Population and UNFPA 2001) the mean age of marriage was estimated to be 26.0 years for women and 27.6 years for men. Therefore most adolescents are unmarried.

Adolescent health programs and activities in Myanmar:

Government activities

In Myanmar, the following adolescent health activities are being implemented:

- School adolescent reproductive health activities in school health project since 1990-1991 PHP period.
- Reproductive health component of Maternal and Child Health project since 1996.
- Life skills education program, in collaboration with the Ministry of Education since 1999.

Adolescent health has also been a component in the following non-formal education programs, in collaboration with Myanmar Education Research Bureau since 1990.

- Skills- based literacy program for women and girls in 1990.
- Non-formal education program for out of school youth in 1994.

Advocacy meetings on adolescent reproductive health were carried out at the central, State, Division, and township level during 1997 and 1998. A situation analysis was commissioned in 1998 and various activities have been implemented, including:

- Development and distribution of IEC materials specially designed for the adolescent group,
- Operational research on adolescent health,
- Family life education to young people through collaboration with Township Red Cross Society and MMCWA members,
- Communication through entertainment media on adolescent reproductive health,
- Peer education activities in selected pilot townships,
- Private-public partnership expanding to adolescent reproductive health funded by PPFA which include activities such as training for advanced training methodology for basic health staff, training for advanced counseling skills, clinical post-abortion care training.

The Ministry of Health is also striving to achieve better coordination between existing primary health care projects and has incorporated an adolescent health component into the health promoting school strategy, transforming it into “School Health and Adolescent Health Project” in the National Health Plan (2001-2006). Activities carried out by various projects being implemented by the Ministry of Health also have components contributing to the health of adolescents. An example is the Tetanus Toxoid Immunization program for 15-49 years old women.

Several ongoing programs being implemented by many departments of Ministry of Health and other related ministries including Education, Sports, Immigration and Population, Information and Communication and Religious Affairs have components that address the needs of adolescents.

NGO activities

In addition to Government activities, several National and International NGOs, particularly Myanmar Maternal and Child Welfare Association (MMCWA), the Myanmar Red Cross, CARE, Save the Children (US), Save the Children (UK), World Vision, Marie-Stopes International, AMI, Medicine du Monde, Population Council, Young Men’s Buddhist Association, and others, are implementing adolescent programs in several parts of the country. Most NGOs address specific issues related to adolescents, including reproductive health, rehabilitation of abused children, programs for street children and gender equity programs. Also, many international agencies (for example, JICA) are supporting Government initiatives in the field of health.

Nutritional Status of Adolescents

An anthropometric survey on nutritional status of adolescent students was conducted by the National Nutrition Centre in 2002. The prevalence for underweight and prevalence of stunting are shown in the following table.

The qualitative review revealed that the large majority of adolescents relate to a healthy diet with overall health. They felt that the right kinds of food are essential for maintaining good health and for optimal physical and mental activity. Although most of the adolescents are used to traditional diet, some are trying Western “junk” foods such as chocolate and ice-cream.

Prevalence of underweight and stunting among students

Table: 13

Region	Underweight percent ^{a)}			Stunting percent ^{b)}		
	Boys	Girls	Combined	Boys	Girls	Combined
Hilly	36.0	13.0	24.5	46.6	30.5	38.5
Plain	41.0	25.9	33.4	34.4	25.8	30.0
Delta	48.6	22.3	35.5	36.6	29.5	33.0
Coastal	40.3	27.6	34.0	33.2	35.8	34.6
Union	41.5	22.2	31.8	37.6	30.4	34.0

^{a)} weight-for-age <-2SD ^{b)} height-for-age <-2SD

source: Department of Health

Other recent surveys have confirmed anemia as a major issue for Myanmar with (45%) of non-pregnant women of reproductive age and (26%) of adolescent school girls having anaemia. (National Nutrition Survey 2002). The table below shows the prevalence of anemia among girls by age group, with the highest rate detected among 17 year olds (46 %).

Iron status of adolescent girls of Myanmar

Table:14

Age of girls	percent of anemia (<12g/dl)
10	31.7
11	32.6
12	19.5
13	20.0
14	18.4
15	30.0
16	32.6
17	46.2
18	25.0
19	16.7

source : “Progress report for the research project “Iron Status of Adolescent School Girls of Myanmar” Dr.Theingi Win Myat, Research officer, Nutrition Research Division, Dept. of Medical Research (Lower Myanmar)

(c) Sexually transmitted infections

Table: 15

Age	Male	Female	Total
0-14	2	2	4

source: Department of Health

Review studies showed that most adolescents believed that young people should abstain from sexual activity until they get married and that even if they could not abstain from premarital sex they should use contraception to protect them from STDs/HIV. The level of knowledge about contraceptive methods was low. The Fertility and Reproductive Health Survey (2001) found the lowest levels of knowledge of contraception among the married women aged 15 to 19.

There is a fairly high level of awareness of STDs (75 %) and HIV/AIDS (91 %) among adolescents (Than Nu Shwe et al. 1999), but detailed knowledge is limited. The recent review showed that adolescents’ understanding is often incorrect and most probably not enough to protect themselves. There is a paucity of data for HIV incidence and prevalence in the 15-24 years age group.

Various studies conducted on adolescent reproductive health found that there is a generally low level of knowledge about reproduction among adolescents.

A survey conducted by the Department of Medical Research (Khin Thet Wai et al. 1997) found that about (7.3%) of pregnant mothers belonged to the teen-age group (15 to 19 years). A sizeable number of pregnancies (26 %) from the 15-19 year old age group and (20 %) from the 20-24 year old age group did not have any antenatal care due to lack of awareness regarding pregnancy related issues and inadequate access to reproductive health services. The mean age of menarche is around 14.3 years (Than Nu Shwe et al. 1999).

The incidence of sexual activity among unmarried adolescents is not known with any degree of accuracy. Many service providers hold the traditional assumption that unmarried people are not sexually active, but many service providers and community members now believe that many boys are engaging in sexual activity before marriage. It is estimated that prevalence of pre-marital sex amongst girls is still low due to traditional and cultural values.

(d) Mental Health

Realising the importance of mental health, Myanmar Maternal and Child Welfare Association has now obtained the services of a senior psychiatrist who serves as a member of the executive board.

Mental Health services are still in its infancy which is in the form of health talks to promote knowledge and awareness for prevention, early detection and referral of mental illnesses at the diagnostic centre of the MMCWA and at various levels within the States and Divisions.

Prevention, early detection and referral of mental illnesses

Table:16

State/ Division	Health Education (Frequency)			No. of Audience			No. of Patients Referred			
									2003	
	2001	2002	2003	2001	2002	2003	2001	2002	M	F
Kachin	51	3215	4309	5735	453198	527291	48	148	67	88
Kayah	44	46	223	3099	8404	28146	-	-	-	-
Kayin	39	149	545	3347	9128	22822	-	-	8	5
Chin	-	2	43	-	227722	23937	-	-	5	2
Sagaing	194	2444	4250	41340	279507	494954	3	117	144	94
Tanintharyi	211	661	594	32272	38600	42968	7	16	2	-
Bago	174	853	449	28620	85221	43849	152	292	21	19
Magway	62	563	448	13076	51179	69229	-	-	22	-
Mon	310	336	702	70135	60265	47603	-	8	49	33
Mandalay	479	1172	1293	57784	102571	117739	11	35	14	16
Rakhine	4	802	954	290	63662	72974	-	20	15	5
Yangon	417	1423	3792	47970	165083	369829	7	152	179	-
Shan(S)	-	150	827	-	8018	51980	-	-	2	8

Magway	62	563	448	13076	51179	69229	-	-	22	-
Mon	310	336	702	70135	60265	47603	-	8	49	33
Mandalay	479	1172	1293	57784	102571	117739	11	35	14	16
Rakhine	4	802	954	290	63662	72974	-	20	15	5
Yangon	417	1423	3792	47970	165083	369829	7	152	179	-
Shan(S)	-	150	827	-	8018	51980	-	-	2	8
Shan(N)	243	836	2338	30468	69738	227269	10	9	80	92
Shan(E)	226	864	-	22279	78614	-	-	84	-	-
Ayeyarwady	6	1602	989	800	153240	128681	-	38	14	2
Total	2460	15118	21756	357215	1854150	2269271	238	919	622	364

source: *Department of Health*

(e) Suicide

There is no reported cases of suicide of children and it is very rare even in adults. It could be due to Buddhism.

(f) Drug abuse

Among the registered new drug addicts in 2002, 4.9 percent were 15-19 years of age and 12.0 percent were 20-24 years old. (Annual report of National Drug abuse Prevention and Control Programme-2003.)

Registered drug addicts by age groups

Table: 17

15-19	20-24
4.9%	12%

source: *Department of Health*

(g) Alcohol abuse

In the recent review made by the Department of Health, it was revealed that many adolescents consume alcohol, though amounts and frequency were not reported. The majority of respondents said they knew about the long-term harmful effects of alcohol consumption.

(h) Tobacco abuse

Currently, tobacco is the only substance abuse that MMCWA is undertaking. Activities include awareness raising on the effects of smoking and the declaration of institutions and places of service provision as tobacco free zones. (23456) institutions and public places/ services have declared their tobacco-free status. However, there is a need to follow up and monitor the actual implementation.

A large-scale survey on use of attitudes towards smoking and tobacco among 8th, 9th and 10th Grade Students in 2001 (Global Youth Tobacco Study among 8th, 9th and 10th Grade Students in Myanmar, 2001) revealed that one in four students had tried tobacco and one in five students are currently using some form of tobacco. Usage was predominantly among men with 37.3 percent of boys and 4.7 percent of girls reported as current users (smoking and smokeless forms). About 20% of boys and 4% of girls were smokers at the time of survey. There was also a high exposure to Environmental Tobacco Smoke, high parental smoking and easy access of tobacco products to minors.

Since 2001, many schools have declared as “ Tobacco-Free Schools “ and hazards of tobacco have been included in the school curriculum. It was expected that Repeat GYTS survey conducted in 2004-2005 will reveal a decline in tobacco prevalence among the youth. The following table shows findings from other surveys.

Smoking prevalence rates among children and adolescents, Myanmar studies

Table: 18

Source	Year	Region	Age	Residence	Both sexes	Male	Female
1. A study of smoking habits among middle and high school children	1991	North Okkalapa, Yangon division	10–18	Periurban	n.a.	47.1	2.9
2. Study on prevalence trend of smoking among young people	1999	29 townships of Bago, Magway and Mandalay divisions	15–24	Combined	50	58	6
3. Adolescent reproductive health survey	2000	Yangon division	15–24	Combined		56.3	1.4

Source : Department of Health

(i) Infant and child mortality

Infant and Under Five Mortality Rates

Table:19

	1999-2000	2002-2003	Source
Infant Mortality Rate	59.7	49.7	- For 1999-CSO - For 2002-2003 WCHD project
Under Five Mortality Rate	77.77	66.1	- For 1999- CSO - For 2002-2003 WCHD project

source : Department of Health

Vital Events by region (2002-2003)

Table:20

Indicators	Hilly	Coastal	Delta	Central Plain	Union
Crude Birth Rate(per 1,000 live births)	19.4	19.2	18.9	18.5	18.9
Crude Death Rate(per 1,000 live births)	4.7	4.5	5.5	5.1	4.9
U5MR(per 1,000 live births)	66.3	58.7	59.0	76.8	66.1
IMR(per 1,000 live births)	46.1	39.6	45.6	61.1	49.7
Neonatal MR(per 1,000 live births)	13.4	14.9	16.6	19.1	16.6

source: Overall and cause specific under five mortality survey. WCHD Project, Department of Health

Vital Events by Residence (2002-2003)

Table:21

Indicators	Urban	Rural	Union
U5 MR	37.3	72.5	66.1
Child Mortality Rate (1-4 years)	9.5	19.3	17.2
IMR	27.8	53.2	49.7
NMR	11.5	16.5	16.3

source: Overall and cause specific under five mortality survey. WCHD Project, Department of Health

Distribution of Under Five Deaths by Sex and Residence

Table:22

Sex	Urban	Rural	Total
Male	49.98	53.53	52.96
Female	51.02	46.67	47.04
Total	100	100	100

source: Overall and cause specific under five mortality survey. WCHD Project, Department of Health

The National Mortality Survey conducted by the Central Statistical Organization reported Infant Mortality Rate of 59.77 per 1,000 live births with 55.05 per 1,000 live births for urban and 62.53 per 1,000 live births for rural area. The same survey reported Under 5 Mortality as 77.7 per 1,000 live births for union with 65.12 per 1,000 live births for urban and 85.16 per 1,000 live births for rural areas.

The Women and Child Health Development Project conducted an overall and cause specific under five mortality survey in 2002-2003. It reported the Infant Mortality Rate of 49.7 per 1,000 live births and Under Five Mortality Rate of 66.1 per 1,000 live births. Both infant mortality and under five mortality rates were highest in the central plain and lowest in the coastal areas. This survey found the neonatal mortality rate as 16.3 per 1,000 live births.

Peri-natal mortality rate has reduced from 75 per 1000 total births in 1980 to 32 per 1,000 total births in 2000.

There was a significant decline in the IMR as in 1990, it was estimated at 94 per 1,000 live births : 80 for urban and 98 for rural areas (PCFCS 1991). Mortality rates of infants and children under 5 years of age are declining over the years due to various projects aimed at safe motherhood, safe delivery, early new-borne care, Women and Child Health Development Programme, immunization, nutrition promotion activities etc.

The decline in peri-natal, infant and child mortality rates during the past two decades is the result of extension of health services up to the outreach areas combined with low cost and effective interventions such as increase immunization coverage, promotion of oral rehydration therapy and increase access to primary health care coverage. Antenatal coverage has increased from 53.9% in 1996 to 83.1% in 2003 and domiciliary delivery has increased from 27.7% in 1996 to 46.1% in 2000 and 52% in 2002-2003.

About (73%) of under five deaths occurred under one year of age, (11%) at one year, (8%) at 2 years, (6%) at 3 years and (3%) at 4 years of age.

Survey findings showed that high proportion of under five deaths occurred in rural areas (87%), (73%) of under 5 deaths occurred in infancy, (33%) of infant deaths occurred in newborn period. Over (66%) of all neonatal deaths occurred during the first 7 days of life.

ARI was the leading cause of under 5 deaths (21%); in neonatal deaths prematurity/low birth weight attributed to 31%, sepsis 26% and birth asphyxia 25%.

General data

Due to the implementation of Maternal and Child Health & Birth spacing project, Integrated Management of Mother and Child Illness (IMMCI) project, Area Focused Township (AFT) project and (Women and Child Health and Development (WCHD)) project, the mortality rate of infants and children under 5 years of age are declining and the objectives of child health care are being implemented successfully. Therefore it is seen that the infant mortality rate dropped in every 1000 live births to 49.7 death in 2002-2003. (CSO)

(j) Nutrition Problems in Myanmar

Myanmar has identified four major nutrition problems namely protein energy malnutrition (PEM), iodine deficiency disorders (IDD), iron deficiency anaemia (IDA) and vitamin A deficiency (VAD).

- (a) Protein Energy Malnutrition (PEM): Multiple-Indicator Cluster Survey (MICS) 2000, of the Department of Health Planning indicated that 35.3% of under-5 children in Myanmar were under-weight, 33.9% stunted and 9.4% wasted.
- (b) Iodine Deficiency Disorders (IDD): According to the National Goitre Surveys of the NNC, visible goitre rate (VGR) among 6-11 year-old school children was 12% in 2000.
- (c) Vitamin A Deficiency (VAD): The last xerophthalmia survey in the year 2000 revealed that the prevalence of Bitot's Spot among under-5 children was 0.03% in both urban and rural communities.
- (d) Iron Deficiency Anaemia (IDA): Prevalence of anaemia among pregnant women was 58% in 1994 according to a survey conducted by the Department of Medical Research (DMR). Other recent surveys have confirmed anemia as a major issue for Myanmar with 45 percent of non-pregnant women of reproductive age anemic and 26 percent of adolescent school girls (National Nutrition Survey 2001 and 2002).
- (e) Over-nutrition and obesity: Information on over-nutrition and obesity among Myanmar people is scarce. The NNC examined the body mass index (BMI) of 3828 fathers and 5504 mothers of under-5 children in the year 2000. It was found out that 4.5% of mothers and 7.5% of fathers were over-weight (BMI 25-29.9), while 0.7% of fathers and 1.8% of mothers were obese (BMI \geq 30).

Interventions for Nutrition Problems

- (a) IDD elimination programme
IDD elimination programme with universal salt iodization (USI) is practised as the single long-term strategy.
- (b) Vitamin A deficiency elimination programme
 - (1) 6-monthly distribution of high-potency vitamin A capsules to 6 month- to- 5 year old children
 - (2) Single dose of high-potency vitamin A capsules to lactating mothers within one month after delivery.
 - (3) Nutrition education

(c) Iron deficiency anaemia control programme

- (1) Distribution of iron/folic acid tablets to all pregnant women
- (2) Bi-weekly distribution of iron tablets to adolescent school girls in 4 townships
- (3) Iron syrup to 6 month-to-3 year old children in Growth Monitoring sessions
- (4) Nutrition education

(d) Protein energy malnutrition control programme

- (1) Growth monitoring and promotion for under-three children
- (2) Community nutrition centres for rehabilitation of malnourished children in urban areas.
- (3) Hospital nutrition units for rehabilitation of severely malnourished children in urban areas
- (4) Village food banks for rehabilitation of malnourished children in rural areas

Progress of activities and their impact

(a) Elimination of iodine deficiency disorders

- (1) Iodated salt consumption is increasing from 18% in 1995 to 79% in 2000.
- (2) Visible goitre rate is falling from 25% in 1997 to 12% in 2000.
- (3) Median urinary iodine excretion is above normal (136 ug/l) in 2000.

(b) Elimination of vitamin A deficiency

- (1) More than 90% of targeted children are receiving the vitamin twice a year.
- (2) A significant proportion of lactating mothers are receiving the vitamin.
- (3) Prevalence of Bitot's spot (vitamin A deficiency) dropped from 0.6% in 1991, 0.38% in 1994 and 0.23% in 1997 to 0.03% in 2000.

(c) Control of iron deficiency anaemia

- (1) 60% of pregnant women are receiving iron tablets.
- (2) Adolescent school girls from six more townships are receiving iron supplementation.
- (3) 58% of pregnant women were anaemic in 1993.
26% of adolescent girls were anaemic in 2002. A survey will be repeated in 2005.
- (4) A survey on haemoglobin status of under-5 children is being carried out in 2003.

(d) Control of protein energy malnutrition

- (1) Growth of approximately one third of the total under-three children is being monitored by resident villages midwives.
- (2) More than 100 community nutrition centres are functioning
- (3) Hospital nutrition units are functioning in all Central level hospitals, all State/ Division level hospitals and some District level hospitals
- (4) About 120 village food banks are functioning
- (5) Around 35% of under-five children were malnourished (low weight for age) according to Multi-indicators Cluster Survey (MICS 2000)

Malnutrition Rates

Table :23

Indicator	1997	2001	2003
Protein Energy malnutrition	37	35.3	31.8

source : Multiple Indicator Cluster Surveys

(k) Numbers of Health Professionals working in the health care services for children

Table:24

Sr.No	Health Staff Category	2001-2002	2002-2003
1	Total No. of Doctors	14893	16570
	Public	5185	6157
	Co-operative & Private	9708	10413
2	Dental Surgeon	1063	1211
	Public	398	517
	Co-operative & Private	665	694
3	Nurse	14019	15482
4	Dental Nurses	103	103
5	Health Assistance	1717	1719
6	Lady Health Visions	2293	2550
7	Midwives	11867	14094
8	Health Supervisor(1)	522	529
9	Health Supervisor(2)	1084	1094
10	Traditional Medicine Practitioners	514	658

source : Health in Myanmar 2003

Part I

A. Data and Statistics

7. Disaggregated statistical data by sex, age, States and Divisions on the number of children
 - (a) infected by HIV/AIDS;
 - (b) affected by HIV/AIDS;
 - (c) heading households due to HIV/AIDS;
 - (d) orphans of HIV/AIDS living in extended families or institutions..

(a) HIV Positive cases among AIDS suspected clinical Cases in Myanmar

Table:25

Age	2001			2002		
	Male	Female	Total	Male	Female	Total
0 - 4	112	122	234	80	64	144
5 - 9	30	25	55	17	23	40
10 - 14	10	4	14	7	7	14
15 - 19	46	266	312	33	154	187
Total	198	417	615	137	248	385

source : Department of Health

Child infected by HIV / AIDS

Data are available for the country in age and sex. These data are reported data collected through passive surveillance system. State and Divisional breakdown of data is not relevant since data collection method is passive surveillance system and affected by referrals to the tertiary care centers which are the major hospitals in selected Divisions such as Yangon and Mandalay.

(b) Child affected by HIV / AIDS

So far, no nation wide study has been conducted in nation wide scale and existing data collection methods and reporting system cannot provide the required information.

(c) Number of Children heading households due to HIV/AIDS

There is no data regarding number of children heading households due to HIV/AIDS. Regardless of disseminating the knowledge that HIV/AIDS should not be a stigma, it is still a stigma in Myanmar as in other countries. Thus, the orphans of HIV/AIDS parents are very rarely revealed.

(d) Orphans of HIV/AIDS living in extended families or institutions

Such children are being taken care in the Residential Nurseries run by the Department of Social Welfare, (3) in Shwegondaing and (1) in Mandalay.

Part I

A. Data and Statistics

8. Disaggregated statistical data by sex and age
 - (a) persons under 18 years who have allegedly committed a crime reported to the police;
 - (b) type of crime committed ;
 - (c) detention facilities for persons under 18 years in conflict with the law, as well as their capacity;
 - (d) persons under 18 years detained in their facilities;
 - (e) the person of recidivism cases;
 - (f) available reported cases of abuse and maltreatment of persons under 18 years occurred during their arrest and detention.

- (a) **The number of children under age of 18 years being accused for the crime committed**

Table:26

No	Year	Under 16 Years		Between 16-18 Years		Total	
		Male	Female	Male	Female	Male	Female
1	2001	103	20	67	16	170	36
2	2002	98	23	76	16	174	39
3	2003	87	17	49	20	136	37
	Total	288	60	192	52	480	112

source: Ministry of Home Affairs

- (b) **The percentage of the type of committed crime by children is as follow:-**

(1)	Theft	60.8%
(2)	Hurt	25.7%
(3)	Gambling	7.0%
(4)	Murder	2.7%
(5)	Narcotics	1.8%
(6)	Rape	1.5%
(7)	Prostitution	0.5%

- (c) **In the institutions of the Department of Social Welfare, detention facilities for persons under 18 years in conflict with the law, as well as their capacity:**

Table: 27

No.	Year	Male (6 training schools)	Female (6 training schools)	Total
1	2001	38	4	42
2	2002	40	1	41
3	2003	164	9	173
	Total	242	14	256

source: Department of Social Welfare

- Remarks(1)** They are being provided with counselling, health care, vocational training, formal education and non-formal education, and facilitated the right to meet parents, relatives and friends concerned.

- (2) Not only the training schools under the Department of Social Welfare, but also some homes established by Non-Governmental organizations, are identified as temporary care stations.

- (3) Respective Township Committees on the Rights of the Child are making necessary arrangements for temporary care stations concerning the children who are accused of offence during trial.

- (d) There is no reported case on persons under 18 years detained in these facilities.

- (e) There is no reported recidivism case.

- (f) There is no reported case of abuse and maltreatment of persons under 18 years occurred during their arrest and detention.

Part I

A. Data and Statistics

9. Statistical data by sex, age, States and Divisions on the number of Rohingya children

9. Statistical data by sex, age, States and Divisions on the number of Rohingya children

The use of the term Rohingya is seen to describe a racial group. The Union of Myanmar is made up of 135 national races and there is no race known as Rohingya. During the British Colonial regime, the census of Myanmar was first taken in 1891. Thereafter, the census was taken every decade, the last being in 1931. The name Rohingya never appeared in these censuses taken by the British Colonial regime. After it regained its independence in 1948, Myanmar with the assistance of UNFPA experts conducted nationwide census in 1973 and 1983, respectively. In these official records, the name Rohingya did not appear in any of the over one hundred races permanently residing in Myanmar. Also, neither in the 1948 Union Citizenship Act nor in the 1982 Myanmar Citizenship Law or in other public usage is there a single reference to a racial group described as Rohingya. It is perhaps the usage employed to refer to Bengali people who have entered and settled in the northern Rakhine State.

The Government renders full and equal treatment to these people, as with other races, in matters relating to birth and death registration, education, health and social affairs.

In the official records, they are listed as a Bengali racial group of the Bengali race and are recognized as permanent residents within Myanmar.

Part I

A. Data and Statistics

10. Statistical data by sex , age , States /Divisions between 2001-2003
 - (a) recruited children in the army or otherwise victims of armed conflict and on those who received recovery and reintegration services;
 - (b) (1) children involved in sexual exploitation ;
 - (2) pornography ;
 - (3) sale and trafficking of children;
 - (4) rehabilitation services;
 - (c) children involved in substance abuse and the number of those who received rehabilitation treatment;
 - (d) living in the streets and the number of them receiving social reintegration;
 - (e) involved in child labour.

(a) Recruited children in the army or otherwise victims of armed conflict and on those who received recovery and reintegration services

Recruitment of new soldiers by the Myanmar Defence Services is done in accordance with the “ Directive of the Council of Defence for the Recruitment of Soldiers”. The new recruit must be at least 18 years of age and not older than 25 years and in addition to other pre-requisites, must be of good health and have the desire, in himself, to serve in the army.

The directives have been issued and supervision carried out by the respective departments to ensure that young persons who fail to fulfill the requirements are not admitted. However, due to the inadequacy of some of the recruitment personnel, (473) recruits in 2002 and (237) recruits in 2003 were found to be unqualified. They were immediately released from the army and sent back to their parents.

In Myanmar Defence Services, regarding recruitment of child soldiers (para 42) the “ Directive of the Council of Defence for the Recruitment of Soldiers”, (No. 13/73) and the “Rules and Directives for Army Personnel” (No. 8/74) strictly define the requirements on health, height and educational status of the person who must be at least 18 years of age and not older than 25 years to be recruited, their national identification and national registration cards and school testimonies to be produced as proof of age, as well as their parental consent.

The Government has formed a ten member committee on the Prevention and Control of the Recruitment of Child Soldiers to ensure that the directives and rules are strictly adhered to/ for the protection of children.

It is mandatory for a Myanmar soldier to serve also in the country’s national programmes pertaining to Planning and Development of the Nation in the respective areas during the periods when he is not engaged in the performance of his major duties i.e protecting his country and undergoing training.

(b) (1) Children involved in sexual exploitation

In Myanmar, regarding special protection measures, persons under 18 who have been involved in sexual exploitation including prostitution and sale and trafficking are being provided with rehabilitation services. In doing so, (6) training schools run by the Department of Social Welfare and (9) voluntary homes for girls run by NGOs are carrying out rehabilitation measures for those children. From the year 2001 to 2003, (273) children among the age of 12 to 18 were provided with necessary rehabilitation services. Out of (273) children, (15) children in Yangon Division have been involved in sexual exploitation by force. There have been very few reported cases of sexually abused children (SAC) and sexually exploited children (SEC) in Myanmar. To undertake effective preventive measures of child trafficking for sexual purpose, a research was conducted on sexually abused and sexually exploited children in Myanmar with the collaboration of ESCAP in 1998. The research was carried out in Shan State (North), Mon State, Kayin State and Yangon Division. The number of reported cases in (4) townships were altogether (43) victims during the period of 1992-98.

(2) Pornography

There are no cases of children who are involved and exploited concerning child pornography in Myanmar.

(3) Sale and trafficking of children

As for rehabilitation services, the Repatriation Centres were established to receive the victims of trafficking in persons on 18th February 2002 in Myanmar bordering with Thailand. Those centres have accepted (319) children comprising (157) males and (162) females out of (111327) persons who had been accepted till 31st December, 2003. In collaboration with the NGOs, the Preventive Committee on Trafficking in Persons handed them over orderly to their parents and guardians concerned after giving necessary assistance.

(4) Rehabilitation services

In an effort to prevent SEC, the Department of Social Welfare has organized and carried out training programmes in home-making, tailoring, interior decoration and toy making for income generating. These courses have been conducted in every State and Division at the community level. The main objective of these training programmes is to enable young girls to carry out income generating activities and provide them with some knowledge in home management. The Department of Social Welfare has also established vocational centers for women under the age of 18 sent by a court order under the 1949 Prostitution Suppression act.

The Department of Health has also established Reproductive Health Programme in order to prevent sexual abuse and sexual exploitation. Systematic and correct information on matters related to adolescent sexuality were provided to the target groups within the limit of the social, cultural, and religions context. The adolescent reproductive health programme plans to formulate and develop a peer education programme based on needs assessment for Out of School and In-School children. All these programmes have been implemented in collaboration and coordination with U.N agencies, national and international NGOs and Local communities.

(c) Children involved in substance abuse and taken action

Table:28

No	Year	Number of Children	
		From 10 to 11 Years	From 16 to 20 Years
1.	2000	17	426
2.	2001	15	353
3.	2002	12	340
4.	2003	18	306
	Total	62	1425

source: The Ministry of Home Affairs

Children involved in substance abuse and of those who received rehabilitation treatment
Table:29

No	Year	Number of Children (Under 18 Years)	Remark
1	2000	5	
2	2001	1	
3	2002	3	
4	2003	-	
	Total	9	

source: The Ministry of Home Affairs

(d) The number of street children who are being taken care in training schools and voluntary homes for youth (NGOs):-

Table: 30

No	Description	2001	2002	2003	Total
(a)	Training Schools	878	905	800	2583
(b)	NGOs Homes	167	166	196	529
	Total	1045	1071	996	3112

source: Department of Social Welfare

Measures have been taken by DSW, UNICEF, Yangon City Development Committee and or NGO/ INGOs in order to reintegrate them into their families. A total number of (2385) children have already been reintegrated into their families.

Children reintegrated into their families

Table: 31

No	Description	2001	2002	2003	Total
(a)	Training Schools	421	543	698	1662
(b)	NGO Centre	43	50	29	122
(c)	YCDC	186	130	285	601
	Total	650	723	1012	2385

source: Department of Social Welfare

(e) Involved in child labour

The Children in Myanmar, like children in almost all societies, work in some way, to help out the family. The types of work they do and the forms of their involvement may vary. In domestic settings, children help around the home doing work such as cleaning, cooking, child care and other chores and often run errands. Some children may help in the family farm in whatever capacity they can, to help alleviate the work load of their parents. If the household is engaged in small scale production, they may help in market activities. By so helping their parents, the children learn to take responsibility and pride in their own activities. Such work are truly a part of the socialization process and a means of transmitting skill from parents to child. These children can be rightfully addressed as working children and the line dividing working children and child labour are very distinctive. Working children is clearly different from what is meant by child labour.

Sometimes, circumstances necessitate some children to work in factories, establishments and shops to supplement the income of the family. These children, thus employed in factories, shops and establishment enjoy the protection of their rights as stipulated in labour laws such as 1951 Factories Act, 1951 Leave and holidays Act, Payment of wages Act, etc. The protection enjoyed by the working children are presented in brief as follows;

The legislative protection for the working children;

- Limitation protection of working age, certification of fitness by a certifying surgeon
- Working hours
- Leave, holidays and weekly holidays
- Occupational Safety and Health
- Prohibition on restricting employment of women, adolescents or children upon the operation which expose to serious risk of bodily injury, poisoning or diseases
- Payment of wages and deduction of wages

The 1990 Labour Force Survey by the Department of Labour indicated that approximately 68.1% of boys and 57.8% of girls aged 15-19 participated in Myanmar Labour Force. However, because of the rapid progress made by the education sector in recent years and the widespread influx of schools throughout the country, more boys and girls are now pursuing educational studies. Hence, it follows that the present trend of the participation rate of the (15-19) age group in the labour force may tend towards a marked decrease.

Working children in Myanmar are fully protected by law, free from the abusive and exploitative conditions that are normally associated with child labour.

Part I. (B)
General Measures of Implementation

1. Detailed information on reform of national legislation, the right to citizenship, the recruitment of under-age children and the juvenile justice system

1. Activities of the State Party, in respect of the reform of national legislation include the following:
 - (a) The Myanmar National Committee on the Rights of the Child created a ten-member Task Force in May 1999 to review the Child Law (1993). The Task Force was mandated to review whether the provisions of the Child Law were in conformity with the provisions of the Convention on the Rights of the Child.
 - (b) The Task Force review recommended that some of the provisions of the Child Law be amended to conform with the CRC. The recommendations were forwarded to the Ministry of Social Welfare, Relief and Resettlement and to the Office of the Attorney General. Following the review process of these two bodies, the recommended amendments were incorporated into the draft rules related to the Child Law.
 - (c) In exercise of the authority rested under Section 74(a) of the Child Law, the Ministry of Social Welfare, Relief and Resettlement announced the Rules related to the Child Law on 21 December 2001.
 - (d) The Rules is a comprehensive document consisting of 17 Chapters of 109 Rules and 36 Standard Forms covering all aspects related to the children.

2. Some provisions in the Rules that give effect to the Child Law.
 - (a) Rules 16, 17 and 18 of the Rules have established a mechanism by which complaint of acts committed against the child can be pursued by the relevant Rights of the Child Committee.
 - (b) According to Section 46 of the Child Law, a child shall only in extraordinary cases be sentenced to imprisonment, and if so, for a term not to exceed 7 years. Rule 79 of the Rules related to the Child Law states that notwithstanding what the existing law is, a juvenile court shall:
 - (1) ordinarily not pass a sentence of imprisonment
 - (2) pass sentence of imprisonment only if the Juvenile Court is satisfied that the child has committed an offence which is punishable with death or transportation for life under any existing law and that the child in of so unruly or depraved a character or absolutely uncontrollable.
 - (c) Rule 75 and 98 of the Rules related to the Child Law provide that the Attorney General's Office and respective law offices shall appoint a lawyer

at the expense of the Government to defend an indigent child accused of an offence punishable with death.

- (d) Section 70 of the Child Law directs the Juvenile Court to consider the following factors before an order can be passed on a youth found guilty of an offence:
 - age of youth; the youth's environment, mental and physical condition and the cause of the offence. Rule 99 of the Rules of Child Law states that a probation officer be tasked with the responsibility of submitting an investigative report on the above factors and that the Juvenile Court passes sentence only with the aim of reforming the youth in a positive manner.
- (e) Detailed provisions to be taken in accordance with the protective provisions of youth set out in the Child Law, in sending up youth offenders for prosecution by the Juvenile Court, have been provided from the Child Rules 92-100.
- (f) Section 32 of the Child Law determines 8 kinds of child in need of protection and care. Rule 26 adds a further three in need of special protection and care by the State: a neglected child, an exploited child and a tortured or abused child.
- (g) A Working Committee has been formed under the National Committee on the Rights of the Child. There are 9 Sub-committees under the Working Committee, including a monitoring and evaluation Sub-committee.
- (h) The Rights of the Child Law stipulates that adoption shall be in the interests of the child. Rules 62 and 63 give effect to this stipulation by detailing the procedures to be followed by the Social Welfare Department and the adoptive parents for legal adoption and succession rights. The Rules also specify the legal action against the adoptive parents in care of abduction of the child to a foreign country, sale or trafficking, unlawful exploitation, maltreatment and illegal acts.

3. The Myanmar Citizenship Law, enacted by the Pyithu Hluttaw (Parliament) in 1982 classifies Myanmar citizens by birth and by naturalization. The classification is in accordance with international practice and does not have an adverse effect on the intent of articles 2(non-discrimination) and 3 (best interests of the child). Myanmar does not practice jus soli or the principle that the place of birth is the determinant of citizenship.

In the context of the ethnic and religious diversities of Myanmar, the mention on the national identity card of the religion and of the ethnic origin of citizens, including children, cannot be seen as stigmatization or rights denial. Rather, this longstanding practice is seen as a means to avoid error and embarrassment, and to honour the ethnic identity and religion of the card holder.

In Myanmar, the Supreme Court had established two Juvenile Courts in Yangon and Mandalay respectively. In all other areas of the country the presiding judges of State/ Division, District and Township Level were empowered to serve as juvenile judge.

National Committee on the Rights of the Child had established CRC Committees at all States/ Divisions, Districts and (300) Townships. As the presiding judges from State/ Division, District and Township Level are the members of CRC Committee, they are well trained concerning juvenile justice system and CRC awareness raising programmes. Therefore, the presiding judges of the courts are performing juvenile justice activities prioritising the best interests of the children, though there are two juvenile courts in two cities.

2. Data Collection System

The Central Statistical Organization under the Ministry of National Planning and Economic Development is carrying out data collection. The usual pattern of collection of information is a Monthly Returns, Quarterly Returns, Half-yearly Returns and Annual Returns sent by Township, State and Division personnel.

This system of data collection is the same for Health. Main health data under the CRC for children are collected through Health Management Information System (HMIS) at all levels which involves health workers, auxiliaries and volunteers. Health workers, auxiliaries and volunteers collect data for all aspect under the CRC while they are providing health and social services. All these data are compiled at the Township level and report to higher levels. At the higher levels, data is transformed into indicators and statistics reflecting the situation of children in the disaggregated manner.

Periodic reporting system mainly involves small scale research and national level surveys. All these activities are carried out by health related ministries such as Ministry of Immigration and Population, Ministry of National Planning and Economic Development, etc. Regular suppliers of data for women and children are Multiple Indicator Cluster Survey, Fertility and Reproductive Health Survey, Mortality Surveys and small scale research conducted by various Departments, Universities and NGOs.

Indicators and statistics produced for children and women are regularly used in formulation of plans and programs such as National Development Plans, National Health Plans and National Program of Action for Children, Rural Development Plan, Myanmar-UNICEF Country Program of Cooperation and various programs under the Plans. In addition, data produced from these information systems are used for monitoring and evaluation of plans and programs at all levels. All these data and information are used as a basis for policy making in the field of children's right. The under-18 years youth list in Myanmar has been compiled up to 1-10-2004.

3. Status and authority of the National Committee on the Rights of the Child (NCRC)

Regarding the status and authority of the National Committee on the Rights of the Child, it is in charge of the coordination of the implementation of the Convention. The duties and powers of the National Committee on the Rights of the Child empowered in accordance with the Rules related to the Child Law are as follows:-

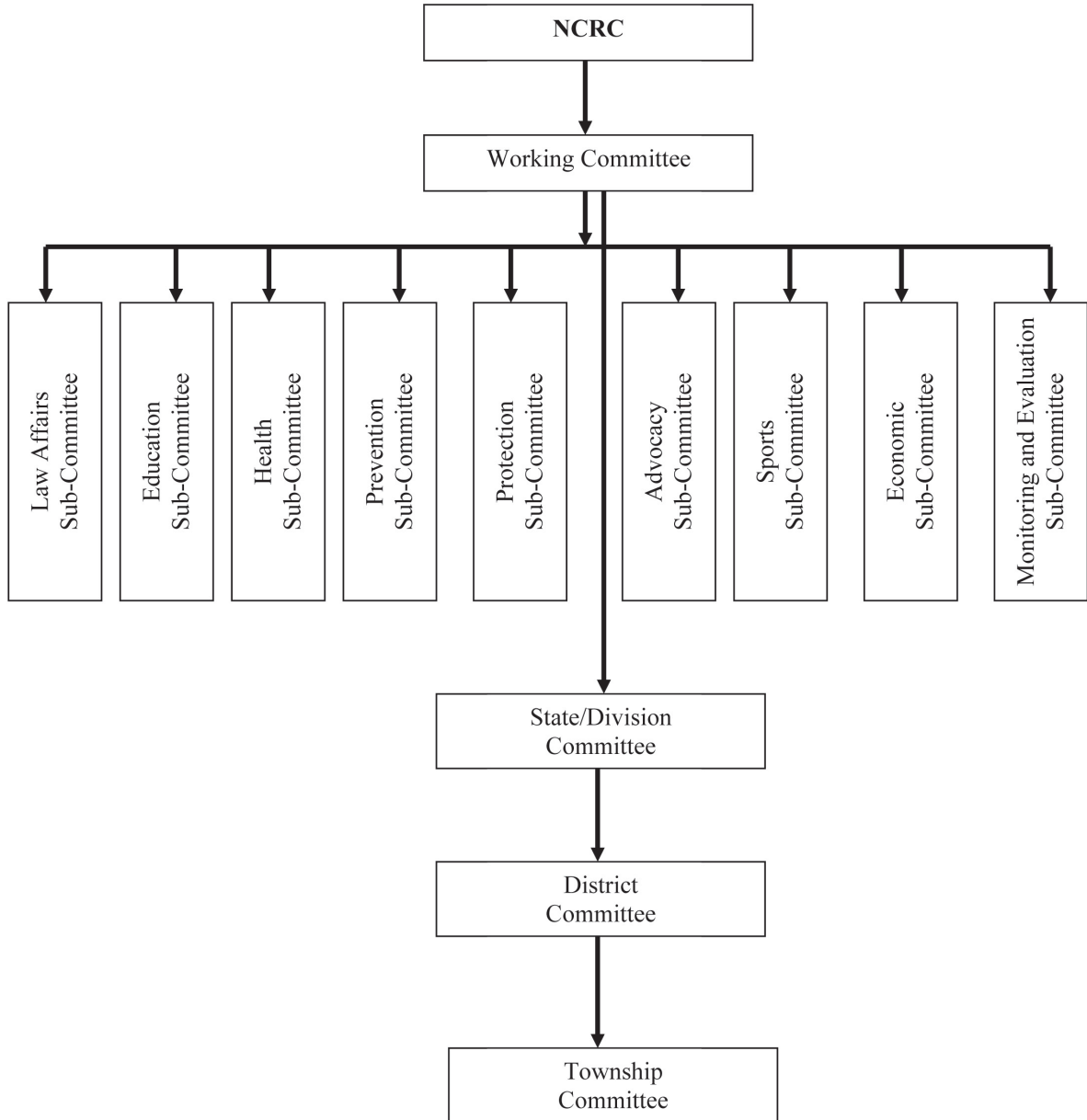
- (a) protecting and safeguarding the rights of the child;
- (b) giving guidance as may be necessary in order that the relevant Government departments and organizations may implement effectively and successfully the provisions of this law;
- (c) co-operating and coordinating, as may be necessary, activities of Government departments and organizations, voluntary social workers and Non-Governmental Organizations relating to a child; reviewing from time to time the progress made;
- (d) obtaining assistance and co-operation of the United Nations Organizations, international organizations, voluntary social workers or Non-Governmental Organizations for the interest of the child;
- (e) giving guidance and supervision in obtaining donations and property from local and foreign voluntary donors and to enable effective utilization of such donations and property in the interests of children;
- (f) laying down and carrying out work programmes in order to take preventive measures against occurrence of juvenile crimes;
- (g) co-operating and coordinating with relevant Government departments and organizations in order to make effective punishment on offences which are against children.
- (h) collecting from relevant Government departments and organizations and compiling the required reports and statistics;
- (i) forming the State, Divisional, District or Township Committees on the Rights of the Child, determining their functions and duties and guiding, supervising and assisting them;

- (j) empowering relevant Sub-Committees to submit the reports relating to the implementations of child rights in compliance with CRC;
- (k) reporting to the Government from time to time on the activities of the Committee;
- (l) carrying out functions and duties in respect of the child, assigned by the Government;

The Child Law, Section 74(b) prescribes that “For the purpose of carrying out the provisions of this Law the National Committee relating to the Rights of the Child, the Supreme Court, relevant Ministries, Government Departments and Government Organizations may issue such orders and directives as may be necessary.”

In compliance with the above mentioned provision, formation of National Committee on the Rights of the Child, formation of 9 Sub-Committees and State/Division, District and Township level Committees on the Rights of the Child, and identifying duties and powers of those committees were carried out. Functions and Duties of State/Division, District and Township Committees on the Rights of the Child have been definitely enacted in Rule 7,9 and 11 respectively. Organizational Chart of NCRC is as follows:

NCRC Chart



The National Committee on the Rights of the Child has circulated necessary instructions to State/Division, District and Township CRC Committees to hold regular meetings, to arrange competitions and to conduct trainings relevant to CRC. Moreover, instructions have been issued to submit progressive reports on CRC to NCRC.

In order to implement activities relating to CRC effectively, Chairman and Secretary of the NCRC have met chairmen of State/Division CRC Committees and had given guidance and made necessary discussions on CRC from time to time.

4. Development regarding the establishment of a national commission for children following the creation of a Committee on Human Rights

With the concurrence of the Country's Head of State, Myanmar Human Rights Committee was first formed on 26 April 2000. The Committee's objectives and responsibilities are to study and report on the norm and standard of the United Nations and international communities on human rights; take actions for the establishment of Myanmar Human Rights Commission and; form necessary Sub Committees to initiate activities. As the rights of the child as well as the rights of women both fall within the human rights domain, measures to report on the developments in connection with the establishment of a National Commission for Children have also been undertaken in conjunction with other human rights initiatives.

Under the Myanmar Human Rights Committee, various Sub-Committees such as: Home (Internal) Affairs; Legal Affairs; Social Affairs; Labor Affairs; Health; Religious Affairs; Education; International Relations and ; Women Affairs are being duly formed and are entrusted with specific duties and responsibilities. The Sub-Committees on Social Affairs and Education pay particular attention to the rights of the girl child. Additionally, the Sub-Committee on Social Affairs is stepping up its activities on the rights of the child by holding workshops both within the country and abroad.

5. Training, education and awareness raising on CRC

Myanmar had held twelve workshops on Human Rights and Responsibilities in Yangon, Mandalay, Taunggyi and Dawei cities during which matters relating to both human rights and rights of the child were explained and discussed. A total of (10) judges, (24) lawyers, (33) police officers, (11) doctors, (25) school teachers, (17) social welfare officials and (23) participants from Women Affairs Committee and Maternal and Child Welfare Associations received opportunities to exchange their knowledge, experiences and practices during the course of these workshops.

Officials from entities such as Myanmar Police Force, Prisons Department, Bureau of Special Investigation - who are directly responsible for enforcing the law - are specially trained to become trainers by foreign experts on Human Rights and Law Enforcement. They are now imparting their knowledge and understanding to their fellow law enforcement officials on the

need to safeguard and uphold articles contained in human rights declarations, law and regulations on the rights of the child and other women's rights so as not to infringe upon these rights while exercising their duties and responsibilities to enforce the law. Five multiplier courses have now been conducted in Yangon, Patheingyi and Bago cities with the participation of (80) members of Myanmar Police Force, (6) officials from the Prisons Department and (6) officials from the Bureau of Special Investigation.

To further stress the importance of various rights enjoyed by children, Myanmar Human Rights Committee, in cooperation with the International Institute for the Rights of the Child and the Centre for Humanitarian Dialogue, held four seminars in Yangon, Mawlamyine and Myittha cities. During these seminars, a total of (30) judges, (12) lawyers, (9) police officers, (6) doctors, (21) officials from the education sector, (24) officials from Social Welfare Department and (30) participants from Myanmar National Committee for Women Affairs and Maternal and Child Welfare Association were provided with information based on countries' experiences and international norms and practices. At these seminars, (5) children were given the opportunity to participate and discuss after which they were sent to Switzerland in October 2002 to study the human rights situation there and to attend the Workshop on Discrimination of Young Ladies.

In addition, Myanmar Human Rights Committee also held a workshop on the International Covenant on Economic, Social and Cultural Rights. In discussing those chapters pertaining to Social and Cultural Rights, emphasis was made on the rights of children and women where participants were able to compare and exchange experiences reflecting upon international norms and practices.

Myanmar Human Rights Committee conducted the workshops such as Human Rights and Responsibilities; Human Rights and Law Enforcement; International Covenant on Economic, Social and Cultural Rights; Women Rights; Mine Awareness; International Human Rights Law and Refugees Law; the International Seminar on the Rights of the Child and Training of Service Providers for Trafficking in Women and Children.

To raise awareness of International Instruments including CRC at all levels, i.e. from the community up to the decision-making level regarding CRC, trainings have been held by the Government.

National Committee on the Rights of the Child and the Ministries concerned with children such as; Ministry of Social Welfare, Relief and Resettlement, Ministry of Education, Ministry of Health, Ministry of Home Affairs and Ministry of Defence are undertaking advocacy activities on CRC in cooperation with UNICEF through Area Focused Township approach. Besides, trainings, educational talks and workshops concerning rights of the child, rights of women, trafficking in persons, prevention of HIV/AIDS, elimination of drug abuse, education for all and life skills were being conducted in cooperation with NGOs and INGOs. The programmes of radio talk, role play, TV spots and On Line Training are being arranged to raise public awareness on CRC. CRC trainings and trainees are shown.

CRC Trainings and Trainees

Table:32

No.	Leading Dept./ Organization	Training duration	Number of Trainee													Male	Female	Total	Remark	
			Number of training	Education	Health	Law Officer	Judge	Police	Social Welfare	General Administration	Labour Representatives	Community Key member	NGOs	Immigration	Others					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	2001 MNCWA		2	7	8	11	-	10	9	5	-	-	-	9	8	-	21	46	67	TIP
2	Dept: Social Welfare		-	-	-	-	-	-	7	-	-	-	7	1	-	3	10	8	18	V.P.O
1	2002 Dept: Social Welfare		-	-	-	-	-	-	2	2	-	-	-	16	-	-	5	15	20	V.P.O
2	D.S.W&NCRC Aus-AID	3	2	5	5	5	5	4	6	5	5	-	-	10	-	-	40	10	50	SID level
3	D.S.W&NCRC Aus-AID	4-	1	-	-	-	-	-	20	-	-	-	-	-	-	-	4	16	20	Central Level
4	Ayeyawaddy Division CRC Committee	5	1	3	3	2	5	2	3	32	3	-	2	4	-	17	56	20	76	
5	Mandalay Division CRC Committee	5	1	2	-	-	-	-	-	26	-	-	-	12	-	-	39	1	40	
6	CNSP Project Mobile Team		18	49	55	37	31	31	56	92	25	-	43	122	12	61	356	258	614	
7	MNWCWA		4	12	11	15	16	22	9	6	-	-	-	23	6	11	46	85	131	
1	2003 Dept: Social Welfare								3	-	-	-	-	12	-	1	5	11	16	V.P.O
2	Yangon Division CRC Committee	5	1	2	-	-	-	5	1	7	1	-	-	20	-	4	26	14	40	
3	CNSP Project Mobile Team		36	112	126	84	70	70	126	210	56	-	98	280	28	140	812	588	1400	
4	MNWCWA		4	15	13	17	13	20	8	-	-	-	-	26	16	-	56	72	128	
	Total		70	207	221	171	140	164	250	385	90	0	150	535	70	237	1476	1144	2620	

source: Departments concerned

Military Personnel have participated in Human Rights workshops as mentioned above and had also participated in the National Seminar for Trafficking held last year in Yangon. They also attended advocacy meetings held by the Myanmar National Working Committee for Women's Affairs members who are raising awareness in the community on prevention of trafficking of children at every State and Division.

6. Priorities requiring the most urgent attention with regard to the implementation of the Convention.

Myanmar gives priority to all issues concerning children, but especially to Education and Health which are two areas requiring most urgent attention.

Part III

Up-date the information on: -

- (a) new bills or enacted legislation;
- (b) new institutions;
- (c) newly implemented policies;
- (d) newly implemented programmes and projects and their scope

(a) New bills or legislation

- (1) Rules related to the Child Law (2001)
- (2) The Control of Money Laundering Law (2002)
- (3) Body Organ Donation Law - which prohibits organ donation by children below the age of 18 years.
- (4) In order to prevent the trafficking in children the Government of the Union of Myanmar decided to become a party to the following significant UN Convention on 29 th January,2004.
 - (a) **UN Convention** on Transnational Organized Crime.
 - (b) **Protocol** on Trafficking in Persons Especially Women and Children.
 - (c) **Protocol** on Smuggling of Migrants(Land , Sea, Air)
- (5) In consonance with this convention, a special Law on Trafficking in Persons is being drafted to be promulgated in 2004.
- (6) The drafting of Mutual Legal Assistance Law has been completed.
- (7) Draft law on tobacco control- under scrutiny at the office of the Attorney General, prohibits sale of tobacco to and by minors, prohibits all forms of tobacco advertisement and designate public places to be tobacco free.

(b) New Institutions

- Education for All Central Coordinating Committee
- Myanmar Human Rights Committee
- Myanmar Federation of Women's Affairs
- Working Committee on Trafficking in Persons
- Myanmar Information & Communication Technology Development Committee
- Committee on the Prevention and Control of the Recruitment of Child Soldiers.

(c) Newly implemented policies

Health:

1. Reproductive Health Policy (draft) under process to be finalized by cabinet.
2. Child Health Policy (newly drafted)
3. National Policy on Women and Child Health Development Project (draft)

Education:

4. Myanmar long-term education vision is 'To create an education system that can generate a learning society capable of facing the challenges of the Knowledge Age'.

Our mission motto is ‘ Building a modern, developed nation through education ’ rendering concerted efforts towards its achievement.

(d) Newly implemented programmes and projects and their scope

The Special Anti-Trafficking Unit for the prevention of Trafficking in Persons Especially Woman and Children was established in January 2004 under the Ministry of Home Affairs. The Special Unit has been implementing the project in cooperation with Asia Regional Cooperation to Prevent People Trafficking (ARCPPT) Project.

Newly implemented Health Development Plans

With the objective of uplifting the health status of the entire population, the Ministry of Health is systematically developing health plans, aiming towards Health for All Goal. From 1978 onwards four yearly People’s Health Plans have been drawn up and implemented and since 1991 short term National Health Plan have been developed and implemented.

Existing health development plans are:

(1) Myanmar Health Vision 2030:

30 Year Long-Term Health Plan (2001-02 to 2030-31)

(2) Special (4) Year Plan for Promoting National Education (Health Sector)
(2000-01 to 2003-04)

(3) Rural Health Development Plan (2001-02 to 2005-06)

(4) Project for Upgrading of Hospitals (2001-02 to 2005-06)

(5) National Health Plan (2001-02 to 2005-06)

Myanmar Health Vision 2030

Considering the rapid changes in demographic, epidemiological and economic trends, both nationally and globally, a long- term (30 years) health development plan has been drawn up to meet any future health challenges. The plan encompasses the national objectives i.e. political, economic and social objectives of the country.

Main components of the Plan include:

- Health Policy and Law
- Health Promotion

- Health Service Provision
- Development of Human Resources for Health
- Promotion of Traditional Medicine
- Development of Health Research
- Role of Co-operative, Joint Ventures, Private Sectors and NGOs
- Partnership for Health System Development
- International co-operation

Special (4) Year Plan for Promoting National Education (Health Sector)

The special 4 year Plan for Promoting National Education (Health Sector) aims at both enhancing capacity of human resources for health and strengthening medical institution included in teaching/ training health personnel.

The upgrading and strengthening of medical institutions under the Ministry of Health involves:

- Enhancing the quality of teaching in health institutes
- Curriculum review and development
- Upgrading communication and information technology
- Establishment of modern libraries
- Upgrading laboratories
- Expanding research
- Increasing human and material resources
- Promoting continuing medical education
- Strengthening cooperation with international institutions
- Increasing involvement of health professional institutions in health care delivery system
- Producing human resources for health

Main components of the Plan include:

- Replenishing vacant health professionals and technicians and technicians
- Improving public health services
- Expansion and upgrading of teaching hospitals
- Promotion of Traditional Medicine
- Promotion of Health research

Rural Health Development Plan

As 70% of the population resides in the rural areas priority has been accorded to rural health development. The health needs are more pronounced in the rural areas and as health has assumed a pivotal role for all round development, rural health development has become essential.

Main components of the Plan include:

- Improving health coverage
- Strengthening the capabilities of basic health workers and voluntary health workers
- Intensification of health education activities
- Intensification of environmental health activities
- Self-care

- Health development for women and children
- Intensification of nutrition promotion activities
- Ensuring availability of basic essential drugs in adequate quantity
- Controlling and preventing locally common diseases
- Strengthening leadership roles of the health committees and collaboration of volunteers and community.

Project for Upgrading of Hospitals

With the objective of ensuring the accessibility of quality health care by the community and to meet the needs of the people, there by improving their quality of life, a project to upgrade the hospitals have been developed.

Main components of the Project include:

- Constructing of new hospitals and renovating existing ones
- Establishing standard staff strength in hospitals
- Installing facilities and equipment for treatment, diagnosis and teaching in hospitals

National Health Plan (2001-2006)

The National Health Plan forms an integrated part of the National Development Plan which is in tandem with the national economic plan. The plan will ensure effective implementation of the National Policy.

Main components of the Project include:

- Community Health Care
- Disease Control
- Hospital Care
- Environmental Health
- Health System Development
- Human Resources for Health
- Health Research
- Traditional Medicine
- Food and Drug Administration

- Laboratory Service
- Health Promotion
- Health Information System

Special 4 year National Education Development Plan (2001-2004)

The Education Promotion Programmes were initiated in 1998. In line with that National Special Four-Year Plan, (2000-2004) was declared with 6 programs . They are:-

- (a) Revision of the basic education curriculum
- (b) Introduction of new assessment system, and redefining completion of basic education and matriculation system.
- (c) Introducing Multi-media classrooms
- (d) Upgrading the quality of teacher education
- (e) Supporting all-round development activities and
- (f) Universalization of primary education (UPE).

Linked with the Special Four-Year Education Plan, a 30-Years Long- Term Education Plan (for Basic Education) (2001-2031) was drawn and drafted.

Programs of the Long-Term Basic Education Plan include (10)Programs as follows:

- (a) Emergence of an education system for modernization and development,
- (b) Completion of basic education by all citizens,
- (c) Improvement of the quality of basic education,
- (d) Opportunity for pre-vocational and vocational education at all levels of basic education,