



# Political Tensions and Natural Disasters Keep Myanmar in Fragile Situation

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**F**ragility, tension and violence persist in Myanmar, where 941,350 persons are in need of humanitarian assistance, including 244,000 in camps or camp-like situations in Rakhine, Kachin, Shan and Kayin states. UNFPA has recruited mental health and psychosocial support (MHPSS) experts since 2015 to build much-needed capacity for services. In 2017, UNFPA supported the creation of the MHPSS Peer Support Network, responding to the growing need for specialized support in conflict-affected regions.

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# HUMANITARIAN SITUATION

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## **Women and girls battle gender-based violence in affected areas**

Women and children account for up to 77 per cent of the displaced population. The challenges they face are particularly pronounced in remote and conflict-affected areas, where women and girls are exposed to various forms of gender-based violence (GBV), trafficking and discrimination. In addition, barriers to access are evident in striking geographic inequities in use of modern methods of contraception and skilled delivery at birth, with a majority of deliveries taking place at home. These health system weaknesses contribute to high rates of maternal death, and are further exacerbated during times of conflict and natural disaster, due to the added burden on health care centres.

## **Stress of displacement and trauma of violence affect mental health**

Despite moving towards democracy following the 2015 general elections and efforts to position the national

peace dialogue as a priority, challenging conditions persist, complicated by natural disasters. Myanmar has a history of socioeconomic and political exclusion, deep-rooted inter-communal tensions and ongoing conflict; it is also vulnerable to cyclones, earthquakes, floods, landslides and other natural disasters. The specific country context presents risks known to be associated with poor mental health. The 2015 Global Burden of Disease Study reported that depressive and anxiety disorders are among the top 10 health problems that cause most disability in Myanmar.

Experience of conflict and displacement, lack of freedom of movement and limited livelihood opportunities all contribute to psychosocial distress and harmful coping strategies. Poor living conditions in camp settings, characterized by overcrowded conditions and lack of privacy, also add to the stress level of affected populations. Women and girls

often cite fear or experience of sexual violence as one of their major concerns in such settings, contributing to the increased level of stress and limitations on their movement.

## **Lack of MHPSS capacity limits access to services**

The lack of qualified MHPSS professionals in Myanmar has resulted in a lack of specialized mental health services for the populations affected by conflict. Since humanitarian access in these areas is often highly restricted, there is a need to build the capacity of those organizations and individuals who are granted access.

## STRATEGIES AND INTERVENTIONS

### **Capacity building and multi-year planning for MHPSS within GBV services**

In 2015, UNFPA recruited a number of international MHPSS specialists to develop and roll out training materials and build capacity of staff and in UNFPA, government and non-governmental organizations (NGOs) to raise awareness and practice of MHPSS integrated within GBV services. In 2018, UNFPA Myanmar developed a multi-year MHPSS Strategy (2018-2022) around three broad and interrelated activities:

- Conduct advocacy and policy work to raise awareness on a national and international level of MHPSS needs in Myanmar and engaging the necessary actors to set the foundations for national MHPSS systems.

## UNFPA RESPONSE OBJECTIVES

### **To support populations in need in Myanmar, UNFPA is working to:**

- Strengthen multisectoral GBV prevention and response, including integrated MHPSS.
- Develop MHPSS beyond the GBV-services context and build national MHPSS systems.
- Build an MHPSS Peer Support Network to improve partners' skills to respond to MHPSS needs of affected populations, particularly women and girls, including through improving referrals between organizations/agencies and promote self-care and contribute towards staff well-being among front-line workers.

- Build institutional capacity in governmental and non-governmental service providers to ensure that supervisory and monitoring systems are in place to enable delivery of quality MHPSS interventions that can be maintained over the long-term.
- Provide technical leadership in MHPSS to establish minimum standards necessary for delivery of quality MHPSS interventions, and to support organizations in meeting these standards.

UNFPA has assumed key advocacy and leadership roles by co-leading the National MHPSS Working Group, advocating for it to report through the Protection Sector to formalize the issue within the humanitarian architecture, and working to establish MHPSS Peer Support Networks in three hubs for humanitarian actors. Myanmar's programme Women and Girls First (2019-2022) places MHPSS as a key priority area alongside sexual and reproductive health and rights (SRHR) and GBV.

#### **MHPSS Peer Support Networks**

In 2017, UNFPA Myanmar initiated the formation of a MHPSS Peer Support Network targeting conflict-affected states. The dual objectives of the Network are (1) to improve partners' skills to respond to MHPSS needs of affected populations, particularly women and girls, including through improving referrals between organizations/agencies, and (2) to promote self-care and contribute towards staff well-being among front-line workers.

Networks have been established as of 2019 in Central Rakhine and Northern Rakhine State, as well as in Kachin State. Meetings are facilitated by a trained UNFPA staff member, under the close supervision of an International MHPSS Specialist, and attended by organizations that deliver services and engage with affected populations.



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## PROGRESS AND RESULTS

**The MHPSS Peer Support Networks have been an important source of capacity building and support for humanitarian workers on the front-line in Myanmar's conflict-affected states.** Developing the capacities of the front-line workers who are interacting with the affected populations is a critical step towards implementing the Inter-Agency Standing Committee Guidelines on MHPSS in Emergency Settings (IASC, 2007), in terms of expanding access to psychological first aid and psychosocial support.

- **Three MHPSS Peer Support Networks have been established in Myanmar:** Maungdaw Network in northern Rakhine State in 2107, and central Rakhine State and Kachin State in 2018.
- **MHPSS Peer Support Networks have enhanced staff capacity in the three humanitarian hubs** in conflict-affected Rakhine and Kachin States. This has contributed to improved availability and better quality of services provided by health and protection partners.
- **20,000 people received psychosocial support** through a range of activities over the past year, as of mid-2019
- **5,000 people attended psychosocial facilitation session** to build capacity of community psychosocial support.

Benefits to Network members include enhanced capacity to provide psychosocial support (PSS) while carrying out GBV case management; higher levels of optimism about working with challenging cases; learning new skills; learning being shared across organizations; and improved problem-solving around specific cases.

Remarkably, the Maungdaw Network in northern Rakhine State remained functional during the crisis in August 2017 and weekly calls with health and protection agencies from September through December 2017 helped humanitarian actors to understand the situation on the ground at a time when they had no access.

# LESSONS AND CONCLUSIONS

Given the absence of MHPSS providers and services across the country, even in urban areas, as well as an outdated legal and policy framework, UNFPA Myanmar has had to assume greater leadership to advance the MHPSS agenda beyond the gender-based violence sector.

MHPSS Peer Support Networks have served as an important forum to engage and build the MHPSS capacity of actors, directly delivering services in Rakhine and Kachin States. The Networks offer an effective model to strengthen national capacities on MHPSS through continuous learning to develop a cadre of aid workers with MHPSS capacities. Strategies to integrate MHPSS into GBV and SRHR service delivery, and to shape MHPSS policies and legislation, have fostered a comprehensive approach to MHPSS across the humanitarian-development-peace nexus.



**20,000**  
people have benefited from  
different types of psychosocial  
support activities



Almost **5,000** people  
attended UNFPA-supported community  
psychosocial support facilitation

*“Our sessions are not only a source of information, they are also the closest the girls ever get to an hour of feeling carefree in the company of friends in a safe environment... These girls’ lives are so hard. They need cheering up so that they can keep going until the next time they visit the centre.”*

—KHIN ME ME HTUN

*women’s protection and empowerment counsellor in a UNFPA-supported women’s and girls’ centre in a camp for displaced Rohingyas*

## PARTNERS AND DONORS

### Partners

Peer Support Network members including UN agencies, international and national NGOs, and civil society organizations

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