KACHIN STATE
A Snapshot of Child Wellbeing

BASIC INFORMATION

Area: 89,038.57 sq. km
Total population: 1,689,441* Urban: 592,368
Children under 18: 608,364* Rural: 1,050,473
Ethnic composition: Kachin, Bamar, Shan, Chin, Naga, Other
Languages: Kachin (several dialects), Myanmar
Administrative divisions: 4 Districts, 18 Townships, 152 Wards,
596 Village Tracts, 2,876 Villages
Capital: Myitkyina
Main economic activities: Agriculture, Forestry, Mining

*The total population and child population figures include both the enumerated
and the estimated population (46,600) not counted during the Census.

SOCIO-ECONOMIC CONTEXT

Located in northern Myanmar, Kachin State is bordered by China to
the east and north, India and the Sagaing Region of Myanmar to
the west and Shan State to the south.

A history of severe conflict between the Government of Myanmar
and the Kachin Independence Organization has meant that vast
areas of land in Kachin State remain beyond government control
and are sometimes referred to as Non-Government Controlled Are-
as (NGCAs). Reaching women and children with essential services,
and even humanitarian aid, in NGCAs is difficult.

Re-surgence of conflict since 2011 has led to extensive loss of life,
damage to infrastructure, interruption of livelihoods and prolonged
displacement of thousands of people from their homes.

CHILD WELLBEING

Children have basic needs, such as adequate nutrition and
healthcare, that if unmet could result in long-term conse-
quences, including limitations on their physical and cogni-
tive development and consequently on opportunities and
wellbeing in adulthood.

Their experience of poverty is multidimensional and depriva-
tion in any of the key dimensions (i.e. nutrition, health, edu-
cation, care and protection, water, sanitation and income)
compromises their wellbeing.

A sizeable proportion of children in Kachin continue to have
some of their most basic needs unmet. The chart depicts
the extent of deprivation in the State using a selected indi-
cator for each key dimension. For example, deprivation in
education is indicated by 40 per cent of primary school chil-
dren in the State not completing their schooling on time.

How children in Kachin fare (compared to the average My-
anmar child) in each of the key dimensions of wellbeing is
examined more closely on the following pages. A table on
the last page presents data on a slightly wider range of child
wellbeing indicators.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>13%</td>
</tr>
<tr>
<td>Not immunized (DPT3)</td>
<td>3%</td>
</tr>
<tr>
<td>Not using improved water source</td>
<td>11%</td>
</tr>
<tr>
<td>Not using improved sanitation</td>
<td>8%</td>
</tr>
<tr>
<td>Not completing primary school on time</td>
<td>40%</td>
</tr>
<tr>
<td>Birth not registered</td>
<td>16%</td>
</tr>
<tr>
<td>Living below poverty line</td>
<td>29%</td>
</tr>
</tbody>
</table>

Sources: MICS 2009-2010; IHLCA 2009-2010
**NUTRITION**

Good nutrition is a cornerstone for survival, health and development. Well-nourished children perform better in school, grow into healthy adults and in turn give their children a better start in life.

Given the optimum start in life, all children have the potential to develop within the same range of height and weight. This means that differences in children’s growth to age five are more dependent on nutrition, feeding practices, environment and health care than on genetics or ethnicity.

The chart shows how children in Kachin fare on the three standard measures of malnutrition (underweight, stunting and wasting). Children in Kachin are less likely than the average Myanmar child to be underweight but slightly more likely to be stunted. Stunting (or low height-for-age) is a consequence of chronic malnutrition and can have irreversible damage on brain development. If not addressed in the first two years of life, stunting diminishes the ability of children to learn and earn throughout their lives.

**HEALTH**

Significant reductions in maternal and child mortality can be achieved through a few simple health interventions, including giving birth in a health facility (or at least in the presence of a skilled birth attendant), timely immunization against some of the main childhood illnesses, and adequate management of diarrhoea including oral rehydration therapy (ORT) etc.

Children in Kachin State are less likely than the average Myanmar child to be born in a health facility (only about 25 per cent are), where life-saving obstetric care would be available for mother and child in case of complications during birth. Immunization rates appear high and comparable to the national average, but the figure here (97 per cent) does not take into account the vast areas of land that are not controlled by government and unreached by public services. The use of oral rehydration therapy (ORT), to prevent life-threatening dehydration associated with diarrhoea among children, is employed in only 47 per cent of cases in the State.

**HIV**

Elimination of mother-to-child transmission of HIV is a key component of the global response to HIV for young children. In high-income countries, mother-to-child transmission of HIV has been virtually eliminated. Steady expansion of HIV testing, particularly of pregnant women, and provision of the most effective antiretroviral treatment (ART) offers hope that mother-to-child transmission can be virtually eliminated in low- and middle-income countries as well.

The Myanmar National Strategic Plan on AIDS 2011-2015 includes prevention of mother-to-child transmission (PMTCT) as a priority and various related indicators are regularly monitored. Among those reached by the public health system, only half of all pregnant women in Kachin are likely to be tested for HIV and receive the test result. Of the pregnant women identified as HIV-positive in the State, about 17 per cent are not receiving ART for PMTCT. And only 2 per cent of infants born to women identified as HIV-positive in the State are tested for HIV within the prescribed 2 months after birth.

**WATER**

According to the Multiple Indicator Cluster Survey (MICS), about 11 per cent of households in Kachin State do not use improved water sources.

Lack of access to safe drinking water is a major contributor to diarrhoea prevalence, with 80 per cent of child deaths due to diarrhoeal disease globally being attributed to poor drinking water, lack of sanitation and poor hygiene. Prevalence of diarrhoea among children aged 0-59 months in Myanmar increased from about 4 per cent in 2003 to almost 7 per cent in 2009-2010. In Kachin, diarrhoea prevalence increased from about 6 per cent to 11 per cent during the same period, indicating an urgent need to improve access to clean water and sanitation. Furthermore, due to the resurgence of conflict in the State since 2012, thousand of people have been displaced and are living in camps where access to clean water and proper sanitation has been noted as highly inadequate.
SANITATION
According to the Multiple Indicator Cluster Survey (MICS), about 8 per cent of households in Kachin State still do not have access to improved sanitation and 0.4 per cent are practicing open defecation.

The 2011 KAP Survey on Water and Sanitation found similar rates of access to improved sanitation but open defecation rates of over 2 per cent in the townships selected from the State (Mogaung and Bamaw).

And as earlier mentioned, lack of proper sanitation and hygiene among persons displaced from their homes due to the resurgence of conflict in 2012 has been noted as a major concern.

Improved sanitation can reduce diarrheal disease by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children. Investment in hygiene promotion, sanitation and water services is also among the most cost-effective ways of reducing child mortality.

EDUCATION
Myanmar generally lags behind other countries in the region on education indicators due to decades of underinvestment in the education sector.

Pre-school attendance among children aged 3-5 years is quite low with less than a quarter of all children nationwide attending. Although Kachin fares better than the national average on this indicator, presumably due to the abundance of faith-based early childhood development centers, only slightly over a third of all children in the State (35 per cent) attend pre-school. Intellectual and social stimulation in early childhood, as provided in pre-school, is important for a child developing to his or her full potential. And children who attend pre-school tend to do much better in primary school.

The primary school enrollment rate in Kachin is slightly higher than the national average but still not universal and only 60 per cent of children attending primary school in the State complete their schooling on time.

CARE AND PROTECTION
Quality data on the most salient child protection issues in Myanmar, such as children living in out-of-home residential care, children living and working on the street, and children in hazardous forms of work, is currently unavailable. It is expected that with the population census and Demographic Health Survey in 2014-2015, relevant data will be collected and analyzed.

Currently available indicators include proportion of births registered and proportion of children not living with a biological parent. About 16 per cent of births in Kachin State are still not registered. Unregistered children are not only deprived of their basic right to a legal identity but are also more vulnerable to exploitation. With regard to children not living with a biological parent, the situation in Kachin is comparable to the national average, with both at about 5 per cent.

INCOME
While income alone is not sufficient to ensure a child’s wellbeing, it often enables families to have better access to quality education, health care, water and sanitation.

Income poverty data are not as yet available in Myanmar.

However, the Integrated Household Living Conditions Assessment (IHLCA) allowed estimation of monetary poverty, as measured by consumption expenditure on food and non-food items. According to this measure, about 29 per cent of the population was estimated to be living below the poverty line in Kachin State.
# TABLE OF INDICATORS FOR KACHIN STATE

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Kachin</th>
<th>National Average</th>
<th>Highest Incidence</th>
<th>Lowest Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight: % of children aged 0-59 months who measured below -2 SD international reference weight for age</td>
<td>13</td>
<td>22.6</td>
<td>37.4 Rakhine</td>
<td>13.0 Kachin</td>
</tr>
<tr>
<td>Stunting: % of children aged 0-59 months who measured below -2 SD international reference height for age</td>
<td>36.6</td>
<td>35.1</td>
<td>58.0 Chin</td>
<td>24 Yangon</td>
</tr>
<tr>
<td>Wasting: % of children aged 0-59 months who measured below -2 SD international reference weight for height</td>
<td>4.8</td>
<td>7.9</td>
<td>10.8 Rakhine</td>
<td>2.3 Kayah</td>
</tr>
<tr>
<td>Exclusively breastfed: % of children aged 0-5 months who are exclusively breastfed</td>
<td>40.6</td>
<td>23.6</td>
<td>47 Mon</td>
<td>1.3 Rakhine</td>
</tr>
<tr>
<td>Vitamin A supplementation: % of children 5-59 months who never received vitamin A</td>
<td>11.1</td>
<td>10.6</td>
<td>13.1 Chin</td>
<td>6.4 Bago West</td>
</tr>
<tr>
<td>Ante-natal care visits: % of pregnant women receiving ANC one or more times during pregnancy</td>
<td>94.1</td>
<td>93.1</td>
<td>99.6 Mon</td>
<td>75.6 Chin</td>
</tr>
<tr>
<td>Ante-natal care quality: % of pregnant women who had urine specimen taken</td>
<td>43.3</td>
<td>56.9</td>
<td>91.2 Mon</td>
<td>16.2 Chin</td>
</tr>
<tr>
<td>Births in health facility: % of ever married women aged 15-49 who delivered in health facility</td>
<td>25</td>
<td>36.2</td>
<td>68.9 Yangon</td>
<td>5.6 Chin</td>
</tr>
<tr>
<td>Immunization: % of children aged 12-23 months who received DPT3 vaccinations</td>
<td>97.2</td>
<td>97.8</td>
<td>100.0 Mon</td>
<td>91.0 Chin</td>
</tr>
<tr>
<td>ORT Use Rate: % of children aged 0-59 months who had diarrhoea in the last two weeks and received ORT</td>
<td>47.2</td>
<td>66.3</td>
<td>90.2 Thaninthari</td>
<td>47.2 Kachin</td>
</tr>
<tr>
<td>HIV-testing for pregnant women: % of women attending ANC who tested for HIV and received the result</td>
<td>49.8</td>
<td>51</td>
<td>98.2 Kayah</td>
<td>12.1 Chin</td>
</tr>
<tr>
<td>ART for PMTCT: % of HIV-positive pregnant women who received antiretroviral drugs to reduce the risk of mother-to-child transmission during pregnancy, delivery and breastfeeding</td>
<td>82.7</td>
<td>82</td>
<td>102.2 Magway</td>
<td>35.7 Shan South</td>
</tr>
<tr>
<td>HIV-testing for infants: % of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth</td>
<td>1.8</td>
<td>9.5</td>
<td>42.4 Shan South</td>
<td>1.1 Magway</td>
</tr>
<tr>
<td>Improved water: % of households using improved water sources</td>
<td>89.3</td>
<td>82.3</td>
<td>92.5 Yangon</td>
<td>51.1 Kayin</td>
</tr>
<tr>
<td>Diarrhoea prevalence: % of children who had diarrhoea in the last two weeks</td>
<td>10.7</td>
<td>6.7</td>
<td>13.1 Chin</td>
<td>2.5 Sagaing</td>
</tr>
<tr>
<td>Improved sanitation: % of households with access to sanitary means of excreta disposal</td>
<td>92.1</td>
<td>84.6</td>
<td>93.8 Yangon</td>
<td>48.0 Rakhine</td>
</tr>
<tr>
<td>Open defecation: % of households practicing open defecation</td>
<td>0.4</td>
<td>7</td>
<td>40.7 Rakhine</td>
<td>0.3 Yangon</td>
</tr>
<tr>
<td>Early childhood education: % of children aged 36-59 months currently attending early childhood education</td>
<td>34.6</td>
<td>22.9</td>
<td>60.7 Kayah</td>
<td>5.4 Rakhine</td>
</tr>
<tr>
<td>Primary school enrolment: Net Enrolment Rate in Primary School</td>
<td>92.6</td>
<td>87.7</td>
<td>96.3 Kayah</td>
<td>71.4 Rakhine</td>
</tr>
<tr>
<td>Primary school completion: Net Primary School Completion Rate</td>
<td>60.2</td>
<td>54.2</td>
<td>72.3 Thaninthari</td>
<td>31.7 Rakhine</td>
</tr>
<tr>
<td>Birth registration: % of children aged 0-59 months whose births are registered</td>
<td>83.7</td>
<td>72.4</td>
<td>95.2 Yangon</td>
<td>24.4 Chin</td>
</tr>
<tr>
<td>Parental care: % of children aged 0-17 years in households not living with a biological parent</td>
<td>5.1</td>
<td>5.4</td>
<td>18.7 Mon</td>
<td>1.3 Rakhine</td>
</tr>
<tr>
<td>Poverty incidence: % of population who are poor</td>
<td>28.6</td>
<td>25.6</td>
<td>73.3 Chin</td>
<td>11.4 Kayah</td>
</tr>
</tbody>
</table>

**NOTES**

All data presented herein, except on the following indicators, comes from the Multiple Indicator Cluster Survey (MICS) 2009-2010.

- Administrative divisions: 2012 MIMU P-Codes Release V (based on the 25 February 2011 Gazette issued by the Ministry of Home Affairs — with UN/NGO field office updates on the number of villages)
- Poverty Incidence and Primary School Net Enrolment Rate: Integrated Household Living Conditions Assessment (IHLCA) 2009-2010
- HIV-testing for pregnant women, ART for PMTCT and HIV-testing for infants: Myanmar National AIDS Programme 2012 (This is programme data, and unlike the data on the other indicators, is likely not representative at the state/regional level.)

The map was developed by the Myanmar Information Management Unit (MIMU) upon request by UNICEF.