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Revised country programme document

Myanmar

Summary

The Executive Director presents the revised country programme document (CPD) for Myanmar for final approval by the Executive Board. At the annual session of 2005, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been reviewed, taking into account, as appropriate, comments made by delegations during that session. No changes have been made to the text, but a summary results matrix has been added.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2006 on a no objection basis, unless at least five members have informed the secretariat in writing by 9 December 2005 of their wish to bring the country programme before the Board.

<i>Basic data</i> [†] (2003 unless otherwise stated)	
Child population (millions, under 18 years)	18.8
U5MR (per 1,000 live births)	107
Underweight (% , moderate and severe)	32
Maternal mortality ratio (per 100,000 live births)	260
Primary school enrolment (% net, male/female)	83/85, 82/82
Primary school children reaching grade 5 (%)	60
Use of improved drinking water sources (%)	80
Adult HIV prevalence rate (%)	1.2
Child work (% , children 5-14 years old)	...
GNI per capita (US\$)	
One-year-olds immunized against DPT3 (%)	77
One-year-olds immunized against measles (%)	75

[†] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Myanmar, the largest country in mainland Southeast Asia, has a population of approximately 50 million, 36 per cent of whom are children. It is a land of great diversity, comprising 135 different ethnic groups and a rich natural resource base set in a variety of landscapes. Myanmar became a State Party to the Convention on the Rights of the Child (CRC) in 1991 and to the Convention on the Elimination of All Forms of Discrimination against Women in 1997 and has a body of national laws committing the State to the realization of children's and women's rights.
2. While tangible progress has been made to improve the situation of children and women, disparities across numerous social indicators remain pronounced. Although access to many locations has improved since the mid-1990s, border states continue to be characterized by isolation, a long history of civil and political instability and low socio-economic development.
3. According to government figures, nearly 23 per cent of the population lives below minimum subsistence level (Household Income and Expenditure Survey, 1997), and the annual rate of inflation may be as high as 54 per cent (Central Statistics Office, May-June 2002), with price increases of basic commodities being most pronounced. It is estimated that the average household spends about 70 per cent of its income on food (Household Income Expenditure Survey, 1997), and therefore many households are particularly vulnerable to price increases.
4. According to official statistics, the under-five and infant mortality rates remain high, estimated at 107 and 76 deaths per 1,000 live births, respectively. The main causes of child deaths are diarrhoea, acute respiratory infections and malaria, with malnutrition contributing to 60 per cent of these deaths. Although Myanmar is self-sufficient in food at the national

level, child malnutrition is widespread, with almost one fourth of babies born with low birthweight, largely as a result of maternal anaemia, and over one third of children under five stunted. The maternal mortality ratio is high, estimated at 255 per 100,000 live births, largely due to unsafe delivery practices.

5. There has been notable progress in vitamin A supplementation and the consumption of iodized salt, with coverage of vitamin A supplementation at 96 per cent for children under five. Iodized-salt consumption, covering 83 per cent of households, has also rapidly increased, moving Myanmar closer to the goal of Iodine Deficiency Disorder Elimination (IDDE).

6. Child immunization rates have maintained relatively satisfactory national levels, with 77 per cent of children receiving three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine. However, there are still significant geographical disparities in immunization coverage. Myanmar achieved polio-free status in 2003.

7. Since a quarter of Myanmar's population relies on unsafe drinking water sources, high mortality and morbidity of children are closely related to water-borne diseases and insufficient sanitation and hygiene practices. Arsenic and fluoride contamination of ground water cause particular concern in some parts of the country. Sanitation coverage increased significantly, from 21 to 73 per cent over the past decade, largely as a result of strong government commitment and various social mobilization efforts.

8. HIV/AIDS is a rapidly increasing risk, which has now exceeded the benchmark of a generalized epidemic. With the number of HIV/AIDS-infected people having doubled over the past two years, the impact on children will be increasingly visible, and more focus will be needed on care and support in addition to prevention interventions.

9. Enrolment rates are high, yet less than 55 per cent of the children who enrol actually complete the primary cycle, mainly because of the cost of schooling, poor conditions in many schools, language barriers and a shortage of qualified teachers and learning materials. Despite public investment in school construction in recent years, parents and communities often bear a significant proportion of the recurrent costs for school operations and maintenance because of the low public budgetary allocations to the sector. Among the challenges in the education sector are (a) equitable access to quality education, especially for children in hard-to-reach areas; (b) alternative learning opportunities for out-of-school young people; and (c) increased understanding of the value of early childhood education for a child's future development. There have been encouraging efforts to provide life-skills and HIV/AIDS prevention education to children both in and out of school to help protect them from high-risk behaviours.

10. In recent years, awareness has increased about child protection issues of particular concern, including child trafficking, the commercial sexual exploitation of children (CSEC), juvenile justice, under-age recruitment, and the situation of children deprived of parental care. However, data on the existing situation remain mostly episodic and anecdotal, and further investigation of the scope of the issues is needed.

Key results and lessons learned from previous cooperation

Key results achieved

11. **Positive trends related to health, nutrition and sanitation.** National campaigns proved particularly successful in the maintaining of relatively high immunization coverage rates, the distribution of vitamin A supplements and the promotion of iodized salt. Similarly, the annual National Sanitation Week has helped to increase nationwide coverage of household sanitation and to further hygiene promotion.
12. **Increased focus on HIV/AIDS prevention and care.** Government recognition of the severity and nature of the HIV/AIDS epidemic, combined with a dramatic rise in the availability in funding to combat the disease, resulted in a significant increase in interventions to address the impact of HIV/AIDS, including community- and hospital-based prevention of mother-to-child transmission (PMTCT) of HIV, prevention for young people at risk, and the expansion of the School-Based Healthy Living and HIV/AIDS Prevention Education (SHAPE) programme to 105 townships. The inclusion of SHAPE in the national school curriculum paved the way for nationwide expansion, while adaptation of the programme for out-of-school children and young people intensified the focus on high-risk groups.
13. **Increased attention to the education sector.** The expansion of the child-friendly schools (CFS) project into 61 townships improved access to quality basic education, especially for children living in remote areas. It also increased the emphasis given to access and quality of learning for all children as well as to the particular education challenges for children speaking minority languages. Training of Parent-Teacher Associations (PTAs) at the community level increased parents' awareness of CFS and involvement in the project.
14. The development of an Education for All (EFA) National Action Plan (2002) strengthened the enabling policy environment for increased education support. A multi-phased Education Dialogue process, involving government, civil society, United Nations agencies, and the donor community in 2005, aims to establish the basis for stronger support given to the sector and for a more effective education coordination mechanism.
15. **Greater focus on and recognition of child protection issues.** Official recognition of child protection concerns has helped to accelerate action on child trafficking and on new initiatives on CSEC, juvenile justice, working children and children who live or work on the street, and under-age recruitment. New partnerships to address the protection of children were reinforced through (a) the development of a plan of action and the establishment of an Inter-Agency Working Group on Juvenile Justice; (b) dialogue with the Government on under-age recruitment, leading to the development of a Government Plan of Action to Prevent Under-Age Recruitment and the establishment of a corresponding implementation committee; and (c) regional and national coordination and exchanges on trafficking and CSEC.
16. **Stronger partnerships established with community-based organizations.** Support to community-based organizations (CBOs), non-governmental organizations (NGOs) and international NGOs led to new partnerships and alliances for children. UNICEF facilitated the entry into Myanmar of several international NGOs to strengthen programme capacity on HIV/AIDS. Partnerships with several faith-based organizations increased the dissemination of *Facts for Life* messages to families living in remote areas. Involving PTAs through the

CFS programme encouraged broader community support to education. A UNICEF-supported civil society study undertaken by Save the Children Fund-United Kingdom and a CBO workshop provided a new forum for local NGO networking.

Lessons Learned

17. **While nationwide interventions have improved access to basic social services, more strategic approaches will be required to reach vulnerable children and families.** The challenge for the next country programme will be to sustain existing achievements, while simultaneously placing greater emphasis on “reaching the unreached” by adapting national strategies to the specific needs of vulnerable children and families. Lessons from special focus interventions show that a supportive policy framework is essential to ensuring results. The mid-term review (MTR) stressed the importance of expanding partnerships with CBOs that already have comparative advantage in reaching the unreached.

18. **Inclusive coordination and information-exchange mechanisms are an effective means of encouraging collaborative action and resource mobilization.** The Expanded Theme Group on HIV/AIDS has proved to be an effective forum for HIV/AIDS advocacy, programme harmonization and resource mobilization and coordination among United Nations agencies, donors, and other partners. Coordination and information-sharing in a regional context facilitated awareness-raising and experience-exchange, leading to new programme and funding opportunities on trafficking, CSEC and juvenile justice.

19. **Convergence of different sectoral interventions requires sound planning, sustained facilitation and service-delivery support at the community level.** The previous country programme emphasized the convergence of programme interventions in health, education and water and sanitation at the township level, and sought to expand the convergent approach by 20 townships per year over five years. This approach proved challenging because of the lack of representation at the township level of essential partners, the inability to maintain such a rapid pace of expansion due to insufficient human and financial resources, the frequent rotation of township counterparts, and the lack of a coordination link with community-level programme implementation.

The country programme, 2006-2010

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular Resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	9 770	38 636	48 406
Water and environmental sanitation and hygiene	6 710	6 490	13 200
Comprehensive quality education	9 000	11 000	20 000
Child protection	4 500	7 500	12 000
Social sector analysis, planning and monitoring	2 500	1 000	3 500
Cross sectoral support (includes operations, field operations, communications)	8 650	374	9 024
Total	41 130	65 000	106 130

Preparation Process

20. As mandate restrictions on some United Nations agencies by their Executive Boards did not allow for regular United Nations harmonization processes, normal Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) processes were not appropriate in the Myanmar context. Instead, the United Nations country team prepared a Strategic Framework for the United Nations Agencies in Myanmar to ensure a coordinated United Nations response in this unique situation. The country programme was developed within this framework, taking into account the findings of the 2003 MTR, project evaluations, the concluding observations of the Committee on the Rights of the Child, the Situation Analysis of Women and Children (2005), and sectoral strategy meetings held in 2004-2005. The proposed country programme of cooperation was endorsed at a joint UNICEF/ Government strategy meeting, co-chaired with the Ministry of National Planning and Economic Development and attended by United Nations agencies, NGO partners and counterpart departments.

Goals, key results and strategies

21. The goal of the country programme is to contribute to the fulfilment of the rights of children, young people and women to survival, growth, development, protection and participation, with a special focus on the poor, the family and the hard-to-reach. By the end of 2010, the programme expects to achieve the following results: (a) more children under five will live in a safe and caring environment and be reached with critical interventions that support their survival, growth and development; (b) there will be increased equitable access to, and completion of, quality basic education, with extended learning opportunities for all children, especially the most vulnerable and those out of school; (c) more vulnerable children and young people will be benefiting from and contributing to a strengthened protective environment, and duty bearers will have increased capacity to prevent and respond to violence, abuse, exploitation and neglect of children; (d) the transmission of HIV/AIDS among children, youth and women will be reduced, and the impact of the epidemic lessened; and (e) there will be increased availability and reliability of essential disaggregated data on children and women for assessment, planning, advocacy, programming and monitoring, with special attention paid to hard-to-reach areas.

22. To achieve these key results, interventions for children throughout Myanmar will increase, focusing especially on meeting the specific needs of poor and particularly vulnerable families and children through the following main strategies: (a) increased emphasis on nationwide delivery of child-friendly basic social services for children and families; (b) the continuation of capacity-development of basic social service providers, especially in hard-to-reach areas; (c) technical assistance for the development of policies and systems that support the implementation of the Convention on the Rights of the Child; (d) the broadening of partnerships for children among key stakeholders, especially at the family and community levels; (e) the strengthening of behaviour- change communications to improve child-friendly practices among families and communities; (f) advocacy for child rights with key stakeholders; (g) greater focus on local data collection for improved situation analysis, planning and monitoring; and (h) support to United Nations-coordinated efforts to monitor and assess progress towards the achievement of the Millennium Development Goals. Cross-sectoral priorities, to be addressed through a range of interventions integrated into cross-programmes, are HIV/AIDS, early childhood care and development (ECCD), children and families affected by mobility and conflict, and disaster response.

Relationship to national priorities and the UNDAF

23. The programme was developed within the context of the United Nations Strategic Framework and is consistent with the National Development Plan. The programme supports country-level strategic plans jointly developed with counterparts and partners, including the Joint Programme on HIV/AIDS, national Five-Year Strategic Plans on Reproductive Health and on Malaria, and the National EFA Plan of Action.

Relationship to international priorities

24. The new country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and humanitarian principles, and follows a human rights-based approach to programming, focusing on children and their families. Priority interventions will contribute to achieving the Millennium Development Goals (MDG) and related Declaration and *A World Fit for Children*. The country programme responds to the medium-term strategic plan, regional strategies, and the recommendations of the Committee on the Rights of the Child.

Programme components

25. **Health and Nutrition.** The programme will strengthen the coverage and capacity of basic health services to address the main causes of high mortality and morbidity in children and women. It expects to achieve by 2010 the following key results: (a) protein-energy malnutrition (stunting/low birth-weight) is reduced by one-fourth from the 2003 level in one-fourth of all the townships and iodine-deficiency disorders and vitamin A deficiency are eliminated in a sustainable way nationwide; (b) maternal, peri-natal and neonatal mortality is reduced by one fourth from the 2005 levels in one-third of all townships; (c) infant and under-five mortality due to diarrhoeal diseases, acute respiratory infections and malaria are reduced by 25 percent of the 2003 estimate in one-third of all townships; (d) 50 per cent of new HIV/AIDS infections in infants are prevented in 30 high-prevalence townships; and (e) a care and support strategy is developed and implemented to reach children made vulnerable by HIV/AIDS in 30 high-prevalence townships.

26. The *expanded programme on immunization*, in cooperation with the World Health Organization (WHO), will continue to support routine immunization services for infants and women country-wide, aiming for sustainable polio-free status, immunization against hepatitis B, the sustainable elimination of maternal and neonatal tetanus by 2006, and measles control, including outbreak response. Special attention will be given to strengthening the cold chain, injection safety and proper waste disposal. Outreach and “crash” programmes will target children in hard-to-reach areas.

27. Through the *woman and child health* component, child, maternal, newborn and adolescent health interventions will be expanded, focusing especially on diarrhoeal diseases, acute respiratory infections, and malaria. Support to maternal health and newborn care will include birth preparedness and quality antenatal care; adolescent, pre-pregnancy and maternal nutrition; the promotion of delivery by skilled birth attendants; improved referral to health facilities equipped with essential obstetric care; and training for health personnel on safer delivery practices, obstetrical emergencies and newborn care. Institutional deliveries will be promoted through the provision of basic equipment to selected rural health centres. Special

emphasis will be placed on improving family preparedness through the promotion of “key family care practices”. Under the Five-Year Strategic Plan for Reproductive Health, interventions will be closely coordinated with the United Nations Population Fund (UNFPA) and WHO regarding geographic coverage and complementary service provision. UNICEF will continue to supply essential drugs country-wide.

28. The *malaria* component will target under-fives and pregnant women and expand to additional high- and medium-risk townships (beyond the 80 currently covered) within the framework of the Five-Year Strategic Plan for the National Malaria Control Programme 2006-2010, in coordination with the National Malaria Control Programme and other partners, particularly WHO. The focus will be on prevention through the promotion, procurement and distribution of insecticide-treated mosquito nets, with a coverage target of 60 per cent. Curative interventions will include the provision of diagnostic devices and anti-malaria drugs, and staff training.

29. The *nutrition* component will address the inter-generational cycle of malnutrition. Interventions supporting the infant and young-child feeding policy, particularly the promotion of exclusive breastfeeding, will be enhanced through increased attention paid to the nutritional status of adolescent girls, pre-pregnant and pregnant women; nutrition education and the promotion of better feeding and care practices; and micronutrient supplementation. Building on progress made towards universal salt iodization, the emphasis will be on sustainability to reach the IDDE goal. Virtual elimination of vitamin A deficiency will continue to be pursued through biannual campaigns. Anaemia prevention interventions will prioritize pregnant women, children under five, and adolescent girls, using peer-to-peer approaches for adolescent girls and a “Healthy Family Package” for newlyweds and pregnant women. De-worming of children age one to nine years will complement these efforts.

30. The *HIV/AIDS prevention and care* component will focus on PMTCT through the provision of community- and hospital-based PMTCT services in selected high-prevalence and high- vulnerability townships. Services will include primary prevention for women who are pregnant or of reproductive age; voluntary and confidential counselling and prophylactic treatment; counselling on infant feeding; and support to women who are HIV/AIDS positive, and their infants. Care of children with HIV infection will be reinforced through support to HIV/AIDS health procurement and supply management, including antiretroviral drugs. Advocacy and technical assistance within the framework of the United Nations Expanded Theme Group on HIV/AIDS will be the key strategies to ensure the prioritization of children and young people in the Joint Programme on HIV/AIDS.

31. Programme partners will include the Ministry of Health, WHO, UNFPA, UNAIDS, NGO partners and professional associations.

32. **Water, environmental sanitation and hygiene.** The programme will focus on improved household water security and sustainable family hygiene behaviour patterns to contribute to a reduction in high mortality and morbidity rates among children and women that are due to diarrhoeal diseases, parasitic infections and malaria. The following are the expected key results: (a) reduced disparities in access to improved water and sanitation facilities in 1,200 poor communities; (b) health-promoting and child-friendly environments established in 1,000 schools and 400 health centres; and (c) improved hygiene practices and significant risk-reduction of people drinking water contaminated by pathogenic micro-organisms and other harmful substances such as arsenic.

33. The programme will increasingly play a catalytic role in the extension of water and sanitation coverage by supporting the development of sector policies and guidelines, and by strengthening technical and institutional capacities at township and community levels to build an enabling environment for sustainable sector development.

34. The *safe water supply* component will focus on improving access to, and quality and utilization of, water supply services to schools, rural health centres and families in hard-to-reach communities, including through advocacy for building an enabling environment for private-sector involvement and self-help. Increased attention will be given to water-quality issues, particularly arsenic mitigation.

35. The *environmental sanitation and hygiene promotion* component will focus on improved household sanitation, the changing of hygiene-behaviour practices, the establishment of health-promoting schools, and the safe disposal of health care waste. Key strategies are the development of participatory teaching and learning tools and skills-based education for the promotion of school health and hygiene, de-worming of primary school children, and support for latrine construction and maintenance.

36. UNICEF will continue its partnerships with the Department of Development Affairs, the Ministry of Health and the Ministry of Education, and increase its cooperation with international NGOs, CBOs and the private sector.

37. **Comprehensive quality education.** In support of the Millennium Development Goals and the EFA goals, the programme aims to increase equitable access to and completion of quality basic education through extended learning opportunities for all children, focusing especially on the most vulnerable, including poor, minority and out-of-school children, children living in remote areas, and children from migrant and mobile populations. Key expected results include (a) a reduction of education disparities, especially in access to quality education in hard-to-reach communities; (b) increased quality and coverage of ECCD programmes and primary education; (c) increased access to formal and non-formal education; (d) improvement of education monitoring tools; (e) increased HIV/AIDS knowledge and prevention skills among children and young people; and (f) the operationalization of the Education for All National Action Plan.

38. Interventions will aim to promote gender equity, inclusion, and sensitivity to the varying needs of children from different backgrounds. Key cross-cutting strategies include strengthening coordination between government and non-governmental stakeholders, broadening partnerships, especially at family and community levels, improving service-delivery, and expanding teaching/learning supply distribution aimed at reducing costs for families. Special emphasis will be placed on strengthening the capacities of national and township education personnel to adopt an integrated life-cycle approach, and on building the programmatic and organizational capacity of community-based NGOs to work on ECCD and life-skills programmes. Key priorities will be improving communication and social mobilization for the implementation of quality ECCD programmes, primary education, and extended learning opportunities, especially for out-of-school children and young people.

39. The *early childhood care and development* component will improve the coverage and quality of existing child care and education services, and will support and strengthen

capacities of families in holistic child care. In-service training and supplies for pre-school and child-care centres will be provided in addition to key information materials for families.

40. The *basic education* component will aim to reduce education disparities that hinder children's success in school, and to facilitate children's access to post-primary education. The focus will be on improving the quality of CFS through the provision of teacher and PTA training on child-centred teaching and learning methodologies, school supplies, water and sanitation facilities, and self-assessment and monitoring tools.

41. The *life skills and HIV/AIDS-prevention education* component will support the country-wide scaling-up of school-based HIV/AIDS-prevention and life-skills education and the expansion of life-skills education for out-of-school children and young people, including the progressive adaptation of training materials to best meet the needs of the out-of-school target group. Training modules on young people's behaviour-change using the life-skills approach will be integrated in pre-service primary and secondary teacher training.

42. Programme partners include the Ministry of Education and national and international NGOs. Partnerships will be explored with the United Nations Educational, Scientific and Cultural Organization to strengthen the Education Monitoring and Information System and with the World Food Programme for school feeding.

43. **Child protection.** The programme will strengthen the protective environment for vulnerable children through advocacy, improved policies and legislation, capacity-building, and care and support, focusing especially on children who are exploited, deprived of family care, and in conflict with the law. Expected key results are the following: (a) operational data on children deprived of parental care will be available; (b) a national strategy on the protection of children deprived of parental care will be developed; (c) knowledge and skills on child protection, child rights, social work, psychosocial care and support will be strengthened; (d) national standards, policies, alternative measures and training programmes on juvenile justice will be in place to protect children in conflict with the law; (f) community-based child protection networks will be piloted in selected communities; (g) a plan of action to prevent under-age recruitment of children will be operationalized; and (h) law enforcement and reintegration measures for exploited and trafficked children will be improved.

44. The *capacity-building* component will support broad-based child protection, social work and psychosocial training activities, including a training curriculum and materials development, for a range of professionals and will facilitate community-based child protection reporting mechanisms. Interventions for child protection awareness-raising and behaviour-change communication will involve local officials at central, state/division, district and township levels as well as communities, families, and young people themselves.

45. The *children deprived of family care* component will support data collection and analysis on the situation of orphans and vulnerable children, with special consideration given to children affected by HIV/AIDS. Technical assistance will focus on the formulation of a national strategy and minimum-care standards, and on the development of community-based and other alternative care and support models.

46. The *juvenile justice and legal protection* component will promote alternative measures to deprivation of liberty, diversion and restorative justice for children in conflict with the law through the development of national juvenile justice standards and training programmes for the judiciary,

law enforcement officials and social welfare professionals. To strengthen the legal framework for child protection, existing laws will be reviewed, and where necessary revised, in line with the Convention on the Rights of the Child and other international child protection standards.

47. The *child exploitation* component will support interventions to prevent, protect and reintegrate children who are trafficked or who live or work on the street, working children, victims of sexual exploitation, minors associated with armed forces and groups, and other exploited children. Interventions to assist with the operationalization of the Plan of Action to prevent under-age recruitment will include training, awareness-raising and reintegration assistance.

48. Partnerships will include the Department of Social Welfare, the Ministry of Home Affairs (Police, Prison Department and Anti-Trafficking Unit), the Supreme Court, the Office of the Attorney General, the National Committee on the Rights of the Child, the National Committee for Human Rights, the Ministry of Foreign Affairs, the Ministry of Defense and other counterparts through the Juvenile Justice Inter-Agency Working Group and the Committee to Prevent the Recruitment of Children. Cooperation with local and international NGOs and UN agencies will be further expanded, including through the Working Groups on Child Rights and on Trafficking.

49. **Social sector analysis, planning and monitoring.** The programme will address the lack of reliable essential data on children and women and child-friendly local planning capacity. The expected key results are the following: (a) increased availability and utilization of disaggregated data on child survival, development and protection for improved planning, implementation and monitoring to reach the vulnerable groups; (b) the strengthened capacity among partners to establish, manage and maintain user-friendly data systems (DevInfo); (c) existing social sector Management Information Systems strengthened at national and sub-national levels; (d) strengthened capacity among local officials to assess, plan, monitor and report on the situation of children and women; and (e) updated National Plan of Action for Children disseminated and operationalized.

50. The *social data collection, analysis and utilization* component will support a UN-coordinated effort to monitor and assess the progress towards the achievement of the MDGs, WFFC targets through the following means: capacity-building of social-sector staff in data collection, processing, analysis, monitoring and information management; enhanced expertise-exchange partnerships and expanded use of *DevInfo*.

51. The component on the *strengthening of existing management-information systems* will support the strengthening of Health Management Information System (HMIS) and Education Management Information System (EMIS) at national and sub-national levels, develop a model on the integration of health and education database at township/community levels and strengthen the Vital Registration System (VRS) focusing on increasing the birth registration of 0-5 children.

52. The component on *capacity-building on local planning for children* will strengthen local officials' ability to incorporate children's rights in the planning process, develop Township Plan of Action for Children and monitor the situation of children at sub-national levels.

53. The *child rights planning and reporting* component will support national-level child rights planning and reporting processes, support the reporting process for the Committee on the Rights of the Child and the dissemination and monitoring of the updated National Plan of Action for Children.

54. The main partners will be the General Administration Department, the Department of Health Planning, the Central Statistical Organization, the Department of Social Welfare, Department of Educational Planning and Training, NGOs and research institutions.

55. **Cross-sectoral costs.** This component will cover salary, travel and training costs of staff in the supply, budget management, information technology, communication and field operations that are providing cross-sectoral support across all programmes. Costs will also include operational support to country office administration and the provision of essential telecommunication and security-related equipment.

Major partnerships

56. The country programme will be implemented in cooperation with technical counterparts, other United Nations agencies within the joint United Nations Strategic Framework, and NGOs, with special attention paid to strategic partnerships for children, families, the poor and hard-to-reach communities. Building on existing cooperation with community-based organizations, faith-based partners and civil society networks, the country programme will emphasize expanding community-based partnerships for children.

Monitoring, evaluation and programme management

57. The Ministry of National Planning and Economic Development is the focal point for the coordination of the programme. The country programme results framework will form the basis for continued monitoring of development outcomes at the national level, in line with the Results Matrix and the five-year Integrated Monitoring and Evaluation Plan (IMEP). UNICEF will coordinate with other United Nations agencies and technical counterparts in the development and application of *DevInfo* as the main tool for reporting progress towards the MDG.s.

58. Programme monitoring will be conducted through regular field monitoring, annual reviews of programme progress against an annual plan, as well as an MTR of programme results, using results-based methodologies. Regular programme-monitoring activities will be reinforced through additional monitoring systems, research, evaluations and surveys outlined in the IMEP.

Summary Results Matrix

UNICEF MTSP Priority Area	Key results expected in this priority area	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
Focus Area 1 : Young Child Survival and Development	Protein Energy Malnutrition (stunting/low birth weight) is reduced by one-fourth from 2003 level (MICS) in one-fourth of all townships. Iodine deficiency disorder and Vitamin A deficiency are eliminated in a sustainable way nationwide.	<ul style="list-style-type: none"> • % of malnourished children (stunting/low birth weight) • % of school children having a Urinary Iodine Excretion rate between 100 and 200 ug/l • % of children 6-59 months and lactating mothers received high potency vitamin A (nation wide) 	Anthropometric Survey/Reporting of community-based GMP (HMIS) Reporting of LBW by basic health staff (HMIS) UIE Survey Vitamin A coverage survey	Department of Health Department of Health Planning Myanmar Salt and Marine Chemical Enterprise Department of Educational Planning & Training	<u>MDGs:</u> 1,4,5,8 <u>WFFC goal:</u> Reduction of child malnutrition among children under five years of age by at least one third, with special attention to children under two years of age, and reduction in the rate of low birth weight by at least one third of the current rate
	Maternal, Peri-natal and neonatal mortality is reduced by one-fourth from 2003/2005 level in one-third of all townships.	<ul style="list-style-type: none"> • % of deliveries attended by skilled birth attendants • % of station hospitals and township hospitals providing essential obstetric care services • % of pregnant women sleeping under ITN 	Regular reporting HMIS Health Facility Survey MICS	Department of Health Department of Health Planning International and National NGOs and Professional Medical Bodies	<u>MDGs:</u> 1,4,5,8 <u>WFFC goal:</u> Reduction in the infant and under-five mortality rate by at least one third, in pursuit of the goal of reducing it by two thirds by 2015 Reduction in the maternal mortality ratio by at least one third, in pursuit of the goal of reducing it by three quarters by 2015
	Infant and Under Five Mortality due to diarrhoeal diseases, acute respiratory infections and malaria are reduced by 25 % of 2003 estimate in one-third of all townships.	<ul style="list-style-type: none"> • Measles immunization coverage • % of children sleeping under ITN • % of children 0-59 m with suspected pneumonia in the previous two weeks receiving antibiotics 	EPI Coverage Survey MICS MICS MICS	Department of Health Department of Health Planning International and National NGOs and Professional Medical Bodies	<u>MDGs:</u> 1,4,6,8 <u>WFFC goal:</u> Reduction in the infant and under-five mortality rate by at least 1/3, in pursuit of the goal of reducing it by 2/3 by 2015. Reduction of child malnutrition among children under five years of age by at least 1/3, with special attention to children under two years of age, and reduction in the rate of low birth weight by at least 1/3 of the current rate.

	80,000HH's in 1,200 poor communities have access to improved water and sanitation facilities.	<ul style="list-style-type: none"> # of HH using improved water source in # of poor communities # of HH using improved sanitation facility 	<p>Project monitoring reports</p> <p>End Cycle Review (2010)</p>	<p>Department of Development Affairs</p> <p>Department of Public Health,</p>	<p>MDGs: 1, 4, 8</p> <p>WFFC goal:</p> <ul style="list-style-type: none"> Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third; Reduction in the infant and under-five mortality rate by at least one third,
	Increased quality and coverage of early childhood development programmes and primary education.	<ul style="list-style-type: none"> % of children (0-5) & families benefiting from ECD services % of teachers in preschools and lower primary grades with training in "Developmentally Appropriate Practice". 	<p>MICS 2008</p> <p>UNICEF Baseline SURVEY</p>	<p>Department of Social Welfare (DSW)/ Department of Educational Planning & Training (DEPT) INGO/NGO/CBO</p>	<p><u>WFFC goal: 1</u></p> <p><u>MDGs:</u> 1, 2, 4</p>
Focus Area 2 : Basic Education and Gender Equality	Education disparities reduced, especially in access to quality education in 50% of CFS hard-to-reach communities.	<ul style="list-style-type: none"> # of Child friendly schools that achieved all CFS criteria 	UNICEF Survey and Research	DEPT, Department of Basic Education (DBE)	<p><u>WFFC goal: 2, 6</u></p> <p><u>MDGs:</u> 1, 2</p>
	Increased access to formal and non-formal education	<ul style="list-style-type: none"> # of children attending the Extended and Continuous Education and Learning Project 	UNICEF Survey	DEPT, DBE INGO/NGO/CBO	<p><u>WFFC goal: 3</u></p> <p><u>MDGs:</u> 1, 2</p>
	EFA National Action Plan operationalized.	<ul style="list-style-type: none"> #of Townships with own EFA follow up plans 	MoE & UNICEF surveys	DEPT, DBE	<p><u>WFFC goal: 6</u></p> <p><u>MDGs:</u> 2</p>
	Health-promoting and child-friendly environment established in 1,000 schools.	<ul style="list-style-type: none"> # of schools with functioning water and sanitation facilities 	<p>Mid Term Review (2008)</p> <p>School Sanitation Assessment (2006/2010)</p>	DEPT	<p><u>MDGs:</u></p> <ul style="list-style-type: none"> Achieve universal primary education <p><u>WFFC goal:</u></p> <ul style="list-style-type: none"> Reduce the number of primary school-age children who are out of school by 50 per cent and increase net primary school enrolment or participation in alternative, good quality primary education programmes to at least 90 per cent by 2010;

Focus Area 3: HIV/AIDS and Children	50% of new HIV/AIDS infections in infants are prevented in 30 high-prevalence townships.	<ul style="list-style-type: none"> • % of pregnant women accessing VCCT/PMCT services • % of mother-baby pairs receiving ARV for PMCT 	NAP Monthly Report NAP Monthly Report	Department of Health (NAP/NHL), International and National NGOs and Professional Medical Bodies	MDG : 1,4,5,6,8 <u>WFFC goal:</u> By 2005, reduce the proportion of infants infected with HIV by 20%, and by 50% by 2010, by ensuring that 80% of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and providing access for HIV infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;
	A National Care and Support Strategy developed and implemented to reach children orphaned and made vulnerable by HIV/AIDS in 30 high-prevalence townships.	<ul style="list-style-type: none"> • National Care and Support Strategy developed. • # of high-prevalence townships with care and support interventions for children orphaned and made vulnerable by HIV/AIDS 	Project Reports from NGOs	Department of Health (NAP), Department of Social Welfare, International and National NGOs and Professional Medical Bodies	
	Increased HIV/AIDS knowledge and prevention skills among: <ul style="list-style-type: none"> • children and young people in 41,000 schools nationwide; • out-of-school young people in identified vulnerable communities. 	<ul style="list-style-type: none"> • % of children and YP in # of schools nationwide with increased knowledge and prevention skills • # of schools nationwide implementing life skills education curriculum. • # of out-of-school young people attending Extended and Continuous Education and Learning (EXCEL) projects. 	KAP Survey Annual Project Reports	Department of Educational Planning and Training Department of Basic Education INGO/NGO/CBO	Develop and by 2005 implement, national policies and strategies to : build and strengthen governmental family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS; including providing appropriate counselling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; protecting orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.
Focus Area 4: Child Protection: Preventing and Responding to Violence, Exploitation and Abuse	National standards, policies, alternative measures and training programmes on juvenile justice in place to protect children in conflict with the law.	<ul style="list-style-type: none"> • # of Special Police Units for children in states/divisions • # of Child-Friendly mechanisms in place to protect children in conflict with the law 	Project evaluation reports Mid-Term Review report (2008) End-Cycle review report (2010)	DSW, Supreme Court, Office of the Attorney General, Myanmar Police Force, Correctional Department, Yangon City Development Committee ICRC, JICA INGO/NGO/CBO	WFFC goal: 3. Protecting against abuse, exploitation and violence Millennium Summit Declaration: Sec. VI
	Law enforcement and reintegration measures for	<ul style="list-style-type: none"> • Minimum standards in place for the protection of exploited and 	Project evaluation reports	DSW, GAD, Department of Labor,	WFFC goal: 3.

	exploited and trafficked children improved.	<p>trafficked children</p> <ul style="list-style-type: none"> # of reintegration programmes implemented to protect exploited and trafficked children 	<p>Study on child exploitation and trafficking (2009)</p> <p>Mid-Term Review report (2008)</p> <p>End-Cycle review report (2010)</p>	<p>Myanmar Police Force, Correctional Department, Yangon/Yangon City Development Committees,</p> <p>UNIAP,</p> <p>INGO/ NGO, CBO</p>	Millennium Summit Declaration: Sec. VI
	Community-based child protection networks piloted in selected communities.	<ul style="list-style-type: none"> # of community-based child protection networks existing and functioning in selected communities # of child protection cases handled by these community-based mechanisms 	<p>Project evaluation reports</p> <p>Mid-Term Review report (2008)</p> <p>End-Cycle review report (2010)</p>	<p>DSW, General Administration Department(GAD), CRC Committees, INGO/NGO, CBO</p>	<p>WFFC goal: 3.</p> <p>Millennium Summit Declaration: Sec. VI</p>
Focus Area 5: First Call for Children in Policies, Laws and Budgets	Increased availability and utilization of disaggregated data on child survival, development and protection (CSDP) at national level and in selected Townships.	<ul style="list-style-type: none"> High quality Surveys, Research, Baseline Studies, Evaluations, & Assessments conducted nationwide/selected areas, following UN Quality Standard % of Township Administrators with capacity to assess and report on the situation of children and women using the priority CSDP indicators. 	DevInfo Database with disaggregated data on CSDP from national and other surveys	<p>UN Country Team</p> <p>GAD, DEPT, DOH, DHP, Central Statistical Organization(CSO) ;</p>	MDGs 1-8
	<p>Management information Systems strengthened at national and sub-national levels:</p> <ul style="list-style-type: none"> Health Management Information System (HMIS); Education Management Information System (EMIS); Birth Registration within the Vital Registration System. 	<ul style="list-style-type: none"> Township Health / Education Management Information System established and utilized in 6 pilot townships for local planning, implementation and monitoring % 0-5 yrs old registered and with official Birth Certificate 	<p>Township Health & Education Profile</p> <p>MICS 2008</p> <p>Birth Registration data from the Vital Registration System.</p>	<p>GAD, DEPT, DOH, DHP, CSO;</p> <p>WHO, JICA, UNESCO,</p> <p>DOH/CSO/DSW</p>	MDGs 1-8