Executive Summary

The country context and its implications on the situation of children remained the same as in 2013. Multi-faceted reforms (political, administrative, economic and social) are being pursued even though their pace is a subject of debate. Negotiations to reach a nationwide cease fire agreement have faced recent setbacks, and inter-communal tensions especially in Rakhine State remain high and prevent any improvement in the situation of more than 140,000 displaced people.

In this context, the most important equity-driven achievements for children included:

a) The adoption of a set of innovative national policy, strategy and strategy plan in social protection, which prioritizes vulnerable children through universal approaches, social transfers and integrated social services, as well as the launch of policies on early childhood development (ECD) and multi-lingual education and a Newborn Action Plan;

b) A significant increase in the number of under-age recruits released from the rank of the Myanmar Army (Tatmadaw) now totalling 593 since the signing of the joint action plan, more than 70 per cent of whom were released in 2014; and

c) Significant progress in immunization with the adoption and implementation of a cold chain strategy, combined with the expansion of immunization services in previously unreached areas in Kachin.

New partnerships were initiated with religious leaders to promote inter-faith dialogue for peace, with the Ministry of Tourism and the airline industry to prevent orphanage tourism and child sex tourism in anticipation of a significant increase in the number of tourists visiting Myanmar, and with socio-economic institutes and the Ministry of Finance to analyse and advocate for public financing for children. The latter partnership significantly contributed to increase in budget allocations for basic social services in the 2015/2016 budget submission under discussion.

UNICEF and partners assisted more than 180,000 children living in emergency situations, in spite of major setbacks. In Rakhine State, high level communal tensions led to an attack on the Sittwe premises of UNICEF and other international organisations, and prevented them from regularly accessing people in need and accurately monitoring their situation. In Kachin, access to some areas remains sporadic within short time windows preventing humanitarian organisations, including UNICEF, to improve the quality of interventions, build capacity of partner organisations and properly monitor the situation.

The overall lack of data and proper evaluations have hindered effective planning, which is expected to improve with the release of new data from the 2014 census, planned evaluations, and the setup of a UNICEF unit dedicated to monitoring and evaluation. Operation costs are driven by high office rents due to unfavourable real estate conditions for lessees.

UNICEF continued to play a lead convening role in key sectors relevant to children - education, water, sanitation and hygiene (cluster lead), and social protection most notably - resulting in advances in national plans, policies and monitoring.
The recommendations of the 2013 Mid-Term Review (MTR) of the UNICEF-Government of Myanmar country programme provided a useful strategic framework to gradually shift towards greater contribution to policy reforms with direct bearing on children, stronger support to systems strengthening, advances in social budget monitoring, and development of State-level action plans for children. Such recommendations, as well as UNICEF’s broad spectrum of work in development, humanitarian assistance, promotion of rights and contribution to peace, have enabled UNICEF to influence the design of the 2015-2017 UN Interim Strategy, now in close alignment with the UNICEF Country Programme.

All of these had important management implications for UNICEF which have resulted in: a) the realignment of its staffing structure; b) the strengthening of its Advocacy, Communication and Partnership Unit; c) the merging of key programme sections (water, sanitation and hygiene/WASH, health, nutrition) to provide integrated support towards under-five mortality reduction and optimal conditions for growth and development in the first critical 1000 days, and; d) the relocation of field offices to State-capitals to promote decentralized governance for children (for instance, Hakka in Chin, Malyawmin for the South East). Such directions also address key recommendations arising from the 2014 internal audit of the UNICEF Myanmar Office, which concluded that all controls and processes in all audited areas (governance, programme management, and operations support) are generally established and functioning. Given the multiple risks associated to UNICEF’s assistance to a country undergoing profound changes, an office risk management framework was designed and implemented.

Finally, UNICEF Myanmar made a special effort to better articulate its theories of change and reporting on results, an effort which hopefully is reflected in the present annual report.

### Humanitarian Assistance

Ongoing and unresolved conflict and inter-communal violence in Myanmar has continued to affect children in Rakhine and Kachin and North Shan states. In 2014, UNICEF raised 58 per cent (US$10,782,616) of the US$18.6 million in the 2014 humanitarian appeal and utilised US$14,092,050 to work with partners in delivering conflict-sensitive emergency assistance and targeted services and strengthening local self-reliance and resilience. This support benefitted 336,000 internally displaced persons (IDPs) and other affected persons, of whom over 180,000 are children.

The humanitarian situation continued to be complex and characterised by a combination of poverty, vulnerability to hazards, food and nutrition insecurity, limited access to basic services and freedom of movement, statelessness, entrenched discrimination, displacement, trafficking and migration. Furthermore, ongoing instability and access constraints, particularly in Kachin and North Shan states, hampered UNICEF’s efforts to regularly provide and monitor assistance and promote longer-term solutions. In Rakhine, perceptions of biases in humanitarian interventions remained the major challenge to resuming UNICEF’s emergency and development operations in a secure environment following targeted attacks on the Sittwe premises of UNICEF and international organisations in March 2014. In Rakhine, given low indicators for children across the State, UNICEF argued that the rights of children to both humanitarian and development assistance must be met, that needs are different and require a differentiated approach. The first-ever Rakhine State Plan for Children covering both emergency and development needs was implemented in this spirit, to address the rights of all children, everywhere, and at all times.

In health and nutrition, the limited availability of implementing partners, limitations in
coordinating the health cluster and lack of access to certain geographic areas in active conflict were some of the challenges that hindered provision of services.

Some areas not directly affected by the violence, also faced interruption of health services including delayed immunisation campaigns which have been moved to 2015. However, across both affected regions, in contribution to the Strategic Response Plan, and despite limitations, UNICEF and partners made progress in nutrition assistance, with 241,000 children screened for acute malnutrition, of whom 6,680 received therapeutic feeding to treat severe acute malnutrition (SAM) out of the original target of 12,927. UNICEF also capitalised on the Scaling-up Nutrition (SUN) framework adopted by the Government, the endorsement of orders on marketing of breast milk substitutes, and national campaigns on vitamin A and deworming in hard-to-reach areas to improve children's nutrition in humanitarian situations.

UNICEF effectively coordinated the WASH cluster resulting in the delivery of improved services to 320,000 people in Rakhine, Kachin and North Shan Sates, out of whom 136,188 were assisted by UNICEF. In Rakhine, the coverage for water and sanitation facilities stands at 75 per cent and 52 per cent respectively, while 99 per cent of the camps are covered by WASH focal agencies. In Kachin, the coverage for water and sanitation facilities is 90 per cent and 74 per cent respectively, while 97 per cent of the camps both within and beyond government-controlled areas benefit from the presence and/or coverage of WASH cluster partners. A survey on “Accountability to Affected Populations by WASH Cluster” was conducted in the last quarter of 2014. The results of the survey provided valuable elements to improve transparency and information sharing, feedback, participation, targeting of vulnerable groups and working with partners and stakeholder.

UNICEF also expanded emergency education support through the provision of temporary education infrastructure and building local stakeholder capacity. Collaboration with partners was enhanced to promote evidence-based advocacy on Education in Emergencies (EiE) and peace building education initiatives, increase access to primary/pre-primary learning opportunities and improve EiE sector coordination. In Rakhine, UNICEF support benefitted over 16,000 primary school age children (7,700 girls, 8,300 boys) and 7,100 (3,900 girls, 3,200 boys) pre-primary school-age children. In both states, 21,500 IDP children were also provided with essential learning packages.

UNICEF strengthened inter-agency coordination on Child Protection through the establishment of the Child Protection Sub-Sector at national and sub-national levels, comprising 13 organizations. Two knowledge, attitudes and practices (KAP) surveys in Kachin and Rakhine identified risks faced by adolescents including mines, sexual exploitation and risky migration, and informed UNICEF’s launch of a joint initiative focusing on building assets and life skills for displaced adolescents. Seventy two community facilitators have so far been trained to lead the initiative. On psycho-social support and case management, UNICEF ensured coverage for 41,500 children in Rakhine and 19,000 in Kachin. UNICEF also negotiated the release of 376 children from the armed forces and facilitated their social-economic reintegration to their community.

**Equity Case Study**

The equity lens adopted by UNICEF Myanmar throughout the programme of cooperation in 2014 resulted in more resources leveraged for the most disadvantaged children, new policies aiming at breaking the cycle of poverty, new and more inclusive for the vulnerable and the marginalized, and early prevention of greater exclusion due to emerging risks inherent to the
Leveraging Resources
A systematic Government budget analysis over the last three years undertaken by UNICEF and the Myanmar Development Research Institute (MDRI) in cooperation with the Ministry of Finance contributed to make the case for increased allocations for primary education and primary health care. Budget allocations for education rose from under four per cent of the budget in 2011-12 to nearly six per cent in 2014. Expenditure on health tripled, from one per cent in 2011-12 to over three per cent in 2014. In parallel to analysis of, and advocacy towards, Union level spending across key social sectors, UNICEF supported local government in decentralized planning, focusing on the poorest areas of the country (Rakhine and Chin States). The state level planning process has helped local government optimize resources and substantiate their calls for additional union-level resources.

New Equity-based Policies
The first-ever National Social Protection strategy was developed, which is both innovative and sets new standards for the region and many other developing countries. UNICEF co-chaired the development of the strategy alongside the Ministry of Social Welfare, Relief and Resettlement. While other partners participated in the drafting process including the World Bank, International Labor Organisation and the World Food Programme (WFP), UNICEF 'lead from the middle' and provided day-to-day support to the Government in the drafting process. The strategy, endorsed by the President and launched by his office, takes a universal approach to cash benefits. It highlights key flagship programmes with calculated costs in terms of Gross Domestic Product (GDP) per cent and impacts on poverty reduction; clearly articulates social vulnerabilities and the need to hire and deploy 6000 social work case managers to facilitate an integrated approach to social services at decentralized level; and integrates disaster risk reduction.

The Government indicated that it will pick up two of the universal cash benefits immediately in 2015: one for all pregnant mothers (for last 6 months of pregnancy) and children up to two years of age; and another covering everyone over the age of 65. The maternal and child benefit is set at US$15 per month. The benefit will reach at least 848,000 mothers and children in 2015, and roll out further to nearly 2.3 million mothers and children by 2017. Its projected annual cost in 2017 is 0.32 per cent of GDP. The strategy's relative rapid development and adoption over one year stands in stark contrast to many countries where it takes years to develop similar strategies. The adoption of universal benefits within the national budget also demonstrates how UNICEF's contribution to upstream work with government can produce quick widespread equitable gains for women and children, including in a low income country like Myanmar.

With intensive UNICEF support a national early childhood policy was adopted with a strong focus on poor communities. Following the launch by the President in July 2014, the Ministry of Education initiated a number of activities with UNICEF support, including the plan to introduce kindergarten for five year olds into every primary school nationally (44,000 in total).

Expansion of services targeting the vulnerable
UNICEF successfully advocated for the hiring, training and deployment of social work case managers within the national budget, and supported their subsequent training. These newly appointed case managers assigned to all of the Department of Social Welfare (DSW) office locations will be responsible for responding to the most complex cases of protection and social exclusion, including sexual abuse and violence. As a result of this advocacy and technical support by UNICEF as the lead child protection agency, 1.8 million children will be covered by government social work case management in 2015, and it is estimated that over 200,000
excluded and vulnerable children and families will be identified and comprehensively responded to by Government. The advocacy is closely coordinated with the national social protection strategy which has highlighted the need for 6000 additional social work case managers, positioning this important intervention to go to scale.

Promoting Inclusive Services
The development of a multilingual education policy, supported by UNICEF, has helped to define the roles in education of mother-tongue, national, and international languages. This process is critical, as language of instruction remains a key driver of conflict and exclusion. UNICEF has facilitated stakeholder dialogues, capacity development workshops, and establishment of working groups at national level and in one pilot state (Mon). Promoting inclusion of ethnic children into mainstream society without losing their identity is critical for promoting inclusion and addressing equity gaps. This work received additional momentum with the establishment of the Department of Myanmar and Other Language Education in the Ministry of Education (MoE).

Preventing greater Exclusion
The estimated numbers of children excluded from family and community life due to unnecessary placement in orphanages is well beyond the 21,791 currently in registered institutional care. In order to increase the government's understanding of the issue an innovative government-to-government visit was organized between Myanmar and Cambodia. Unlike other visits that traditionally focus on good practices, the exchange with Cambodia aimed to emphasize how Myanmar can 'get ahead of the curve' by learning from Cambodia's past mistakes. Preventing the unnecessary proliferation of orphanage care; establishing family alternatives for children separated from their biological parents; and providing frameworks and oversight for institutional care were all emphasized during the visit. The Myanmar Government convened a national forum with UNICEF after returning from Cambodia and announced a temporary moratorium on the establishment of new orphanages until a full analysis of the situation is undertaken, family based alternatives are developed, and policy and legal frameworks are strengthened. This work has prevented more children from being placed in orphanages and set the stage for a focus on this key equity issue for countries in transition.

Summary Notes and Acronyms

Acronyms

ASEAN - Association of South East Asian Nations
BCP – Business Continuity Plan
BEL – Law on Basic Education
C4D – Communication for Development
CBO – Community-Based Organisation
CCCs – Core Commitments for Children
CCM - Community Case Management
CESR – Comprehensive Education Sector Review
CFS – Child Friendly School
CHEB – Community Health Education Bureau
CLTS – Community-Led Total Sanitation
CMT – Country Management Team
CPMP – Country Programme Management Plan
CRC – Convention on Rights of Children
CSO – Civil Society Organization
DCT – Direct Cash Transfer
DHS – Demographic and Health Survey
DoH – Department of Health
DSW - Department of Social Welfare
EAPRO – UNICEF East Asia and Pacific Regional Office
ECD – Early Childhood Development
EIE – Education in Emergencies
ETWG – Education Thematic Working Group
EWEA – Early Warning Early Action
EXCEL - Extended and Continuous Education and Learning
FGLLID - Factories and General Labour Laws Inspection Department
GBV – Gender Based Violence
GDP – Gross Domestic Product
GPE – Global Partnership for Education
GSSC – Global Shared Services Centre (of UNICEF)
HACT – Harmonized Approach to Cash Transfers
HLCM – High Level Committee on Management
HQ – Headquarters
ICT – Information and Communication Technology
IFA – Iron Folic Acid
IMAM – Integrated Management of Acute Malnutrition
IMEP – Integrated Monitoring and Evaluation Plan
IYCF – Infant and Young Child Feeding
JCC – Joint Consultative Committee
JICA – Japan International Cooperation Agency
KAP – Knowledge, Attitude and Practice
KIO - Kachin Independent Organisation
LEP - Language Enrichment Programme
M&E – Monitoring and Evaluation
MCO – Myanmar Country Office
MDEF – Multi Donor Education Fund
MDG – Millennium Development Goals
MDRI - Myanmar Development Research Institute
MoE – Ministry of Education
MoH – Ministry of Health
MORSS - Minimum Operating Residential Security Standards
MPF – Myanmar Police Force
MR – Measles-Rubella
MRTV – Myanmar Radio and Television
NAP – National AIDS Programme
NEL – National Education Law
NESP – National Education Sector Plan
NFPE - Non-Formal Primary Education
NGO – Non-Governmental Organization
NNC - National Nutrition Centre
NPAN – National Plan of Action for Food and Nutrition
NSA – Non-State Actor
ODF – Open Defecation Free
OR – Other Resources
PBEA – Peace-Building, Education, and Advocacy
PCA – Programme Cooperation Agreements
In 2014 capacity development was a key feature in UNICEF’s education, health and child protection programmes.

In education, innovations in early learning, in teacher training, school-based management, township education planning and non-formal education are being mainstreamed into government systems and policy frameworks in order to go to scale at a national level. This work is being informed by UNICEF’s targeted support to 34 townships, where communities, community-based organisations (CBOs) and other partners have been engaged in the process through extensive consultations.

In health, a priority area for Government as part of its broader reforms is to improve efficiency by integrating service delivery components that are currently implemented by different vertical programmes. Contributing to this reform, UNICEF, along with the World Health Organisation (WHO) and the United Nations Population Fund (UNFPA), is advocating for developing an integrated national strategic plan for reproductive, maternal, newborn, child and adolescent health. This plan will provide guidance on integrated service delivery and avoid overlapping strategies such as that for newborn care and reproductive health for adolescents being implemented differently under separate strategic plans. UNICEF’s technical assistance resulted in a programme review of the newborn and child health programme. This review will inform key strategies for the child health component of the national strategic plan and is rooted in consultations with non-government organisations (NGOs) and CBOs.

In child protection, a critical shift took place in 2014 within the Department of Social Welfare (DSW) leading to their commitment to invest in social work case management with their own resources. UNICEF therefore focused on developing new training with the government, human resource deployment strategies, and preparing for roll out of the new government social workers. NGO partnerships which in 2013 and part of 2014 focused on child protection in
selected villages across Myanmar, have been adjusted to backstop the roll out of government social work case managers and extensive consultation on this re-positioning was carried out.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF Myanmar identified social budgeting for children as an office-wide advocacy priority. As a result, strong evidence was generated in 2014 on public expenditure in Myanmar, with an analytical comparison to revenues. The data included in the report “Making Public Finance Work for Children”, published in partnership with the Myanmar Development Research Institute, allowed UNICEF to increase the debate on social investments and budgeting for children, making a clear case for Myanmar’s opportunity to invest today in the wellbeing of new generations. The results of this analysis was used to advocate with the Parliament during the 2015 budget preparation, the Ministry of Finance and development partners.

The dialogue on increased investment for children focused in particular on recommendations for the social protection strategy, drafted by a technical working group comprising Government agencies and development partners and co-chaired by UNICEF. The strategy includes costed options on very progressive and ambitious programmes, in particular focusing on the first 1,000 days of life, on children from three to 15, on children and adults with disabilities and on ensuring a cadre of professional social work case managers to address social exclusion and access to an integrated set of social services. The social protection strategy has a strong link to child protection, creating opportunities for Myanmar to expand its capacity to protect the most vulnerable. Although no strong evidence is available on poverty and deprivation in Myanmar – the latest data refers to the situation in 2010, and fails to represent the current situation in the country – UNICEF has started to produce more evidence on the impact of the promoted programmes on poverty reduction in the country with strong support from the Social Inclusion units of UNICEF headquarters. Consolidated data will be shared at the beginning of 2015, as part of the continued technical assistance provided to Government counterparts for the creation of a Social Protection Floor in Myanmar.

**Partnerships**

Recognizing the strong role of religion in the lives of children and families in Myanmar, UNICEF, the national NGO Ratana Metta Organization, the religious leaders of the Buddhist, Christian, Hindu and Muslim communities formed an Inter-Religious Platform for Children. The Platform aims to promote positive behaviour change and the building of a tolerant society respectful of religious and ethnic diversity. In 2014, the Faith for Children initiative enabled 3260 monasteries from 1418 villages/wards in focus townships to become community centres. Using Buddha’s teaching the monasteries’ leaders are disseminating key community practices during routine and special sermons, dialogue and interaction with community members. Through the platform, inter-religious dialogue has contributed to reduce inter-religious tensions in communities such as Meiktila. The Faith for Children initiative was presented in an Association of South East Asian Nations (ASEAN) forum, as a contribution to inter-religious dialogue on children in member countries of the ASEAN.

A new partnership with the Ministry of Finance, the MDRI, a coalition of local NGOs and Parliamentarians amplified the "first call for children" in the budgetary debate, resulting in significant increases in the health, education and social protection proposed budget for 2015/2016.

A coalition was formed with the Ministry of Social Welfare, Relief and Resettlement, the Ministry of Tourism and the tourism sector, as well as local airlines, with support from Australia,
prevent orphanage and child sex tourism, which might occur in the wake of the tourism boom in Myanmar.

Seizing the opportunity of the nascent decentralization reforms, UNICEF, through its field offices, increased engagement with State-level authorities, especially in Rakhine, Chin, Kachin, Mon, and Kayin, to develop local plans for children. In Mon state, a set of child-focused township profiles as initiated. In Chin, partnership with the Myanmar International Institute for Development has resulted in the development of a local social protection plan to be launched early 2015.

Recently, Myanmar Radio and Television (MRTV), the Ministries of Health and Information and UNICEF signed an Action Plan for the “Community on Air” Initiative, which will reach out to 22 million TV viewers with children's issues in Myanmar.

**External Communication and Public Advocacy**

UNICEF Myanmar’s work related to advocacy and external communication has expanded to respond to the changing context in Myanmar. An Advocacy, Partnership and Communication section was set up, a strategy finalised, and an inter-office Advocacy Committee established to provide leadership for advocacy and communication.

UNICEF Myanmar identified four office-wide advocacy priorities for the period 2014-17: (i) increasing public finance for children; (ii) protecting and promoting the rights of all children in Rakhine State; (iii) children affected by armed conflict; and (iv) the first 1000 days of a child’s life.

As part of the advocacy to increase public finance for children, UNICEF published the first-ever analysis of spending by sector over a period of four years, and made initial steps to engage Parliamentarians to take action to increase budget allocation to children in the 2015-16 budget and ahead of the elections in 2015.

On the humanitarian situation in Rakhine State, UNICEF continued to advocate for a ‘whole state’ approach that takes into account the rights of all children in the state, wherever they are living, and which encompasses development and humanitarian needs.

At the same time as engaging in specific advocacy issues, UNICEF Myanmar is working to develop an enabling environment that respects, protects and promotes the human rights of children through the development of partnerships with an inter-faith platform, parliamentarians, civil society organisations and the media.

UNICEF significantly increased its engagement with media outlets internationally, nationally, and with some ethnic media from Rakhine and Kachin. During 2014 UNICEF increased media coverage and promoted debate, using print, broadcast and social media, on a number of child rights issues including: children released from the Myanmar armed forces; birth registration; education reforms; early childhood care and development; children separated from their families; and the situation of children in Rakhine and Kachin. In addition, UNICEF further developed its digital strategy with the goal of using social media as a way to engage children, families, communities and social movements in a way not previously possible in Myanmar’s history.
South-South Cooperation and Triangular Cooperation

South-South collaboration, learning and reflection is critical for Myanmar as it continues to open up and reform. The country can learn from other experiences, and avoid costly mistakes some countries made in similar situation of transitions.

In August, a five-day study visit to Nepal was organised for Education officials to learn from Nepal’s experience in sector-wide approaches to education, capacity development planning, and inclusion of civil society in sector planning, the Global Partnership for Education (GPE) management and responding to language diversity. The Nepal experience informed the development process of the National Education Sector Plan 2014-2015.

Nepal also provided a wealth of useful lessons as Myanmar is scaling up mine risk education in contaminated areas.

A unique study tour was organized to Cambodia for the Ministry of Social Welfare Relief and Resettlement and the Department of Social Welfare to examine how problems related to orphanage care proliferation can manifest when appropriate policies are not in place and as a country begins to open up to tourism. The Cambodian Government demonstrated to the Government of Myanmar what steps they are taking now to halt and reverse the number of orphanages in the country, many of which have exploited children in their care, and why it is important to 'get ahead' of this potential problem in Myanmar as the country develops further. The results of the study tour included a temporary moratorium in Myanmar for the establishment of new orphanages, a commitment to take stock of all orphanages in the country, as well as develop family-based alternatives such as supported kinship care and foster care.

Learning from the Philippines experience in birth registration, Myanmar embarked on a new successful piloting in selected states, which resulted in significant changes in national policy and system. The experience in local planning in Chin state was shared with the neighbouring state of Manipur in India.

The Faith for Children Initiative implemented in Myanmar informed dialogue and shaped partnership between UNICEF and ASEAN on the role of religion in promoting child rights.

Support to Integration and cross-sectoral linkages

A WASH sector situation analysis was completed in 2014 and a 18 month- strategic roadmap developed by the Task Force which is led by the Director General of the Ministry of Health (MoH) and supported by UNICEF, Japan International Cooperation Agency (JICA) and World Bank Water Sanitation Programme (WSP). This analysis is the first of its kind in over 20 years. It is expected that the report and roadmap will be approved in early 2015 and implementation will start.

Service Delivery

In 2014, UNICEF continued to support equitable service delivery interventions while at the same time addressing long-term capacity gaps through the promotion of innovative collaboration models. Examples include the piloting of a state and non-state partnership to support quality school readiness and primary-level education planning and delivery through the Whole State Approach (WSA) in Mon State, and the provision of health and education supplies and services, including in Kachin and Rakhine states.
Under the Quality Basic Education Programme (QBEP), WSA implementation contributed towards increased capacity for education planning among decision makers at the state, township and school levels. In addition, approximately one million students across various states received textbooks and essential learning materials, and over 30,000 teachers were trained to implement a secondary life-skills curriculum. UNICEF also supported the procurement of essential health commodities and nutrition supplies to ensure a high (90 per cent) coverage of national campaigns on immunization, Vitamin A and deworming. As a result, 6.4 million children aged 6-59 months benefited from Vitamin A supplementation and over 9 million children aged 2-9 years from deworming.

For improved accountability and learning, efforts have been initiated to obtain evaluative evidence on the relevance, effectiveness, efficiency, and likely sustainability of service delivery and capacity development models supported by UNICEF and its Multi-Donor Education Fund partners under the QBEP. These include a formative evaluation of the Township Education Improvement Plan (TEIP) activities focused on strengthening the ability of duty bearers to plan, monitor, and manage education activities, and a final evaluation of the School-based In-service Teacher Education (SITE) Pilot Programme, focused on strengthening teacher performance and increasing student learning.

As budgetary allocations to social sectors increase (from below four per cent for education in 2011-2012 to six per cent in 2014-2015), UNICEF is well-positioned to scale down its support for service delivery interventions in the long run. Meanwhile, UNICEF continues to play an important role in filling essential coverage and quality gaps in the delivery of equitable services for children in Myanmar.

As a result of UNICEF’s advocacy, Government procured micronutrient tablets with the national budget for the first time.

**Human Rights-Based Approach to Cooperation**

Myanmar is a country with over 180 ethnic languages. A major accomplishment to advance the rights of children in the current environment was the development of a new national Early Childhood Care and Development policy that promote early learning (through to age eight) in mother-tongue languages. UNICEF advocacy for a blended system of instruction in both mother-tongue and the national language has been instrumental in this advancement. In order to continue supporting the quality of mother-tongue ECD services, and in response to the nationally adopted policy, a partnership with approximately 20 language and cultural groups was established. Through the partnerships, guides for pre-school caregivers from ethnic minority groups teaching in minority languages were developed, printed and disseminated, and existing student materials translated into local languages. This effort was completed by advocacy towards a new set of legislation aiming at making basic education free and compulsory.

UNICEF provided technical assistance in the review of the child law with a view to better align it with the Convention on the Rights of the Child (CRC). The law is to be tabled to Parliament in 2015 and UNICEF will continue to advocate for CRC-compliant legislation. UNICEF continued to work with the Myanmar army to end the recruitment and use of children, thus paving the way for the ratification by the Government of the Optional Protocol to the use of children in armed conflict.

In Rakhine, UNICEF highlighted the plight of children displaced and living in camps, the result of violence and discrimination, while also making the case for the rights to health, education and
protection to be met for all children in the state who are suffering from long-term neglect and the state’s under-development, as evidenced by data collected prior to the 2012 violent events.

As the chair of the United Nations Theme Group on Human Rights, UNICEF has been instrumental in leading discussion on the operationalization of the Rights Upfront Initiative for the UN in Myanmar. One of the deliverables was field level training of UN staff to increase internal UN accountabilities on delivering a rights based approach to cooperation and programming, especially in sensitive conflict prone areas.

**Gender Mainstreaming and Equality**

In addition to mainstreaming gender throughout all programmes, UNICEF Myanmar initiated an innovative multi-sectoral programme in Kachin State, which integrates gender-based violence (GBV) interventions and child protection services with key nutrition assistance and life-skills education.

Kachin has been affected by armed conflict for over five decades, and analysis has shown high prevalence of gender-based violence in camps for internally-displaced persons. Women are reluctant, however, to report instances of GBV, partly due to lack of services, and risk of social stigma. In an integrated approach, the initiative aims to address the needs of women and girls for life-saving health, psychosocial support, and protection through the less sensitive entry points of nutrition service provision and life-skills education for women, adolescent girls and children. The project centres offer a safe space, particularly for survivors of violence, and promote an environment in which women and girls can feel supported in seeking confidential services. The project is also a cost-effective intervention, which maximizes the use of the centres and resources to provide cross-sectoral services. The centres also engage men and boys in supportive activities which aim to change attitudes and behaviours over time. A communication campaign mobilized the community, and training of Case Managers and Community Facilitators built knowledge and skills on GBV, child protection, infant and young child feeding, life skills, and community gardening, as well as psychosocial support. When fully operational, the project will benefit 1,970 people (1,072 female, 898 male), including 969 children under the age of 18 (532 girls, 437 boys).

To further strengthen gender equality results across the programme, UNICEF also established a cross-sectoral Gender Working Group. This is supporting implementation of UNICEF’s Gender Action Plan through a range of initiatives, including advocacy, training in conjunction with the Inter Agency Standing Committee Gender Capacity Advisor, and the establishment of gender markers throughout each stage of the Programme Cooperation Agreement cycle.

**Environmental Sustainability**

Efforts were made in 2014 to strengthen the national cold chain and immunization supply chain to ensure that more children and women receive quality immunization services in Myanmar. In this effort, UNICEF took into consideration the fact that cold chain expansion and immunization waste could adversely impact on the environment if adequate precautions were not taken. As such, UNICEF supported the conduct of a comprehensive cold chain equipment inventory which identified all old equipment that needed replacement to prevent causing more damage to the environment, and procurement of equipment known to be environmentally-friendly according to the WHO/UNICEF recommended standards. More than 200 refrigerators and freezers were procured according to this method. The disposal of outdated cold chain equipment was based on international guidelines, with more than 150 units, 2,000 vaccines carriers and cold boxes disposed. Training of health workers on safe disposal of immunization waste through the use of
As a result of UNICEF’s contributions, environmental and risk reduction education are now part of the compulsory primary life skills curriculum, and the co-curriculum in secondary schools where topics such as ecology, conservation, water and sanitation and disaster preparedness are addressed. The Ministry of Education, with UNICEF support, took steps to ensure that skills and messages that promote environmental conservation and the resilience of children in the face of disasters, are also infused in the curriculum of both formal and non-formal education. This is a result of long-term UNICEF support to the Department of Education Planning and Training under the Ministry of Education, with support from the United Nations Education, Scientific and Cultural Organisation (UNESCO) and other child-centred organizations which began 2011. Environmental conservation was included in the National Education Law, which was enacted in September 2014.

Effective Leadership

The UNICEF Myanmar Country Management Team (CMT) continued to provide strategic direction, guidance, leadership and oversight to ensure that the country programme is aligned with the changing requirement of the country and that the planned results are achieved in the most effective and efficient manner as well as to address any issues or bottlenecks. The major initiatives taken by the CMT during 2014 included: strategic revision of staffing structure to align it with the changing priorities of country programme and submission of revised Country Programme Management Plan (CPMP); special review of staffing structure due to transition to the Global Shared Services Centre (GSSC) and mitigating measures for affected staff; office management and programme priorities established through consultative process as part of Annual Management Plan; effective response to emergencies including peace building efforts; monitoring of key performance indicators; efficiency and effectiveness; risk control and self-assessment; business continuity; resource mobilization strategy; staff learning and development; operationalization of advocacy strategy; Harmonised Approach to Cash Transfers (HACT) Implementation; audit, and; decentralized planning as well as support to field offices.

The CMT and Joint Consultative Committee (JCC) also ensured congenial working environment, staff welfare, safety and security, work-life balance, addressed salary surveys and other common issues. A staff retreat held in January also helped in addressing staff concerns. Monday morning informal staff gatherings remained an effective forum to interact with all staff and share information and highlights.

An effective and efficient governance structure supported the CMT to effectively carry out its oversight functions. Management and Oversight Committees, including the CMT, JCC, Contract Review Committee, Programme Cooperation Agreement Review Committee, and Central Review Body remained fully functional with the right mix of staff, experience, and gender diversity. They provided efficient oversight to ensure transparent process and cost effectiveness in procurement of goods and services, recruitment and retention of competent staff, timely achievement of results for children, and risk management. Ongoing complex emergencies in Rakhine and Kachin continued to receive highest priority to ensure the fulfilment of UNICEF’s Core Commitments for Children (CCCs).

UNICEF Myanmar was audited in 2014 and the UNICEF Office of Internal Audit and Investigations (OIAI) report concluded that the controls and processes in all the audited areas (governance, programme management and operations support) were generally established and
functioning. The audit report provided 13 recommendations and the office has already started implementation of agreed actions and submitted the first status report.

The programme and operations teams regularly monitored effective programme implementation, response to emergencies, achievement of key performance indicators, internal and financial controls work processes, the implementation of audit recommendations, budget preparations, and efficiency and effectiveness initiatives.

The Contract Review Committee provided efficient oversight to ensure competitive and transparent procurement of goods and services while PCA Review Committee ensured timely and effective review of collaboration agreements with CSO implementing partners.

The CMT, through the Enterprise Risk Management Task Force regularly monitored effective risk management and mitigating measures. Two new risks related to donor funding and possibility of inflexibility in fund utilization were identified. The office will review the identified risks again and update the list accordingly for 2015. HACT implementation with government partners will also help the office to mitigate risks.

**Financial Resources Management**

The programme and operations group regularly monitored effective contribution management, budget allocations, budget control and utilization, and outstanding Direct Cash Transfer (DCT) advances. The CMT also provided oversight and addressed any critical issues or bottlenecks. The key performance indicators set by the CMT and UNICEF East Asia and Pacific Regional Office (EAPRO) related to funds utilization were vigorously monitored and achieved.

Internal financial controls and work processes including release strategy, table of authorities and segregation of duties were effectively implemented and monitored. The office also remained due diligent to ensure efficient and cost effective utilization of organizational resources in a transparent manner. Efficiency gains are explained in the below Efficiency section.

Bank reconciliations were prepared, reviewed and electronically submitted in the system within the deadlines. All accounting schedules and activities were efficiently managed. There were no outstanding reconciling items for more than two months throughout the year.

During 2014, UNICEF Myanmar received US$18.7 million against Regular Resources including set-aside funds and roll over from 2013 and about 99 per cent was fully utilized. Out of US$40.4 million in Other Resources funds allocated for 2014 (including 2013 commitments), US$34.9 million or 86 per cent were fully utilized. Almost 100 per cent (99.9 per cent) of funds against expiring grants were fully utilized.

Of the US$10.79 million emergency funds (Other Resources-Emergency) allocated for 2014, US$9.08 million were fully utilized and the remaining US$1.71 million is allocated for 2015. The Institutional Budget allocated to UNICEF Myanmar was fully utilized.

There is no outstanding DCT for more than nine months, whilst that outstanding for more than six months is only about 2.3 per cent. An Assurance Plan for HACT with NGOs was prepared and fully implemented. HACT was introduced to Government for implementation from 2015.

UNICEF Myanmar was audited in 2014 and received satisfactory ratings. The office started implementation of audit recommendations and first status report was submitted.
Fund-raising and Donor Relations

Guided by its 2014 Resource Mobilization Strategy, UNICEF Myanmar made a special effort to expand its fundraising base with a focus on under-funded programmes, namely health and nutrition, wash and child protection.

The office successfully mobilized US$36 million in 2014 against an annual target of US$31.5 million. Out of this, US$10.79 million was mobilized for the emergency response, which was 49 per cent against UNICEF’s Humanitarian Assistance Response/Consolidated Appeal targets. UNICEF Myanmar is hopeful to sign a US$14.9 million grant from the 3MDG Fund for health systems strengthening. UNICEF Myanmar welcomed the Government of Turkey as a new donor to its programme, and organised missions from the UNICEF National Committees of Australia, Hong Kong and the Republic of Korea. Advocacy visits were made to Japan and the Republic of Korea, and returns are expected in 2015.

Eighty five percent of Other Resources mobilized in 2014 for the regular programme have been fully utilized. The remaining 15 per cent (US$5.4 million) have been rolled over to the first months of 2015. Of the US$10.79 million emergency funds, US$9.08 million were fully utilized while the remaining amount of US$1.71 million is allocated for 2015.

The CMT monitored timely and quality submission of donor reports. Donor reports prepared by Programme Chiefs were reviewed by the Deputy Representative for quality assurance and finally endorsed by the Representative. The office successfully managed to submit 46 donor reports within given deadlines (100 per cent time compliance). No negative feedback was received from any donor on the submitted reports.

Effort will continue in 2015 to mobilise resources in support of still largely underfunded programmes in child protection, WASH and State-level plans in Rakhine and Chin.

Evaluation

Evaluation remains an area for improvement for the UNICEF Myanmar office. Some improvements have been made in 2014, but much more is expected in 2015.

A new Integrated Monitoring and Evaluation Plan (IMEP) format was introduced, underlining the links between knowledge management and advocacy functions in the office. The IMEP was regularly updated at the Monitoring and Evaluation (M&E) committee, composed of M&E focal points from all programme sections.

In 2014, a Developmental Evaluation of Peace-Building, Education, and Advocacy (PBEA) activity covering three country offices was initiated in collaboration with the UNICEF headquarters Evaluation Office and will be completed in December 2015.

The office took steps to strengthen the evaluation function through recruiting an additional monitoring and evaluation specialist. A dedicated evaluation specialist, shared with two other country offices in the region, is under recruitment, and will strategically review the country programme to identify priority programme areas for evaluation.

Although research capacity exists in government departments, there is no tradition in the country of undertaking evaluations. Challenges remain in promoting a national evaluation strategy, particularly in terms of human resource constraints of departments combined with a context of continuous and rapid changes. Along with administrative reform processes and
increased donor coordination there is, however, increasing emphasis in the government on assessing to which extent stated objectives of programmes have been achieved. Hence, in 2015 UNICEF will again assess the opportunities for strengthening engagement with government departments for a national evaluation agenda.

**Efficiency Gains and Cost Savings**

UNICEF Myanmar continued its strong focus to ensure efficiency and effectiveness in all areas. Special attention was given to UN coherence. UNICEF led the inter-agency procurement network in line with the High Level Committee on Management (HLCM) guidelines and made significant efforts to harmonize joint procurement processes. The HLCM commented that Myanmar is a pioneer in implementing procurement collaboration. UNICEF supported other agencies in procurement of flu vaccine resulting cost savings due to joint procurement. A joint Long-Term Agreement process for travel was also led by UNICEF. A common Long-Term Agreement for fuel significantly reduced transaction costs, increased quality control and credit based invoicing. UNICEF and WFP hare VSAT services in five field offices which generates considerable savings and field staff have better connectivity. The inter-agency Information and Communication Technology (ICT) group is considering to piggyback on each other’s field visits to solve ICT issues in the field. The above measures, although not quantified, could generate considerable savings. HACT micro-assessments are shared among UN agencies, thus creating financial savings and eliminating duplication.

UNICEF made efforts to consolidate and reduce low value Purchase Orders by 50 per cent, thus reducing transaction costs by about US$80,000. Communication costs were reduced by about US$44,000 as compared to 2013. Obtaining travel quotes from UNICEF’s global travel agent saved about $19,000.

Rental costs of office premises remained a concern and resulted in increase of operating costs. UNICEF is trying to negotiate the provision of rent-free buildings in Sittwe, and requesting the Government to increase the contribution for administrative expenses.

UNICEF Myanmar agreed to share Evaluation and C4D functions with other offices in the region that will contribute to cost savings.

A new arrangement for replenishment of local currency through UNICEF’s Division of Financial and Administrative Management increased efficiency, including savings in terms of staff time and bank charges.

UNICEF Myanmar also made efforts to find ways and means to provide financial support for activities in cross border areas and collaborated with the UNICEF China country office.

**Supply Management**

The 2014 supply plan was prepared based on programme work plans linked with the distribution plan to facilitate direct delivery to end-users. Continued attention was paid in the areas of strategic sourcing, timely delivery of supplies, quality assurance and logistics. The overall supply input consisted of:

- Programme supplies - $10,571,163
- Operational supplies - $620,118
- Services - $2,622,251
The total value of procurement (excluding services) was US$11.2 million, which represented 20.4 per cent of total programme expenditure, compared to US$12.2 million or 24.9 per cent in 2013.

Programme supplies are handed over to government counterparts for distribution to end users and UNICEF continued to assist in distribution of these supplies and warehouse management including inventory monitoring. The office also continued to facilitate custom clearance. UNICEF processed 48 institutional contracts with value of US$2.6 million. Construction work through implementing partners was US$1,844,000.

MCO warehouses are reserved for prepositioned emergency supplies and the value as at December is US$391,727 and the total value of emergency supplies issued was 199,322.

Procurement Services during the year totalled US$22,672,397, including supplies through GAVI valued at US$18,973,178, along with US$3.4 million nutritional supplies requested and funded by MOH.

The GAVI funded Measles-Rubella campaign with a target population of 17.4 million children is a major UNICEF commitment. UNICEF exceptionally accepted the responsibility for distribution directly to state/regions and townships for this project. In addition, UNICEF procured cold chain equipment to facilitate storage and distribution of vaccines, and leased a warehouse to receive, repack and distribute injection devices, standard Information, Education and Communication (IEC) materials and cold chain equipment.

The UNICEF logistics unit has been involved in ongoing supply chain strengthening process at the MOH. The supply unit continued to support ongoing efforts to build NGO implementing partners’ capacity, with the ambition to facilitate procurement of low risk non-strategic goods and services by the partners.

Security for Staff and Premises

UNICEF Myanmar accorded high priority and made all possible efforts to ensure the safety and security of staff and office premises. Security measures were also strengthened for the two ongoing emergencies in Rakhine and Kachin to ensure that the emergency response is effectively provided in a reasonably safe and secure environment. Strong collaboration and coordination was maintained with the UN Department for Safety and Security (UNDSS) and UN Security Management Team to ensure common security measures for all the areas in the country. UNICEF contributed to the common security costs, including salaries of local security assistants.

UNDSS updated country level Security Risk Assessment and Minimum Operating Security Standards in consultation with all UN agencies to manage identified risks and strengthen the ability to implement programmes. A Security Risk Assessment for Rakhine was also conducted with the help of UNICEF Regional Office for South Asia (ROSA) Security Advisor in support of UNDSS and in consultation with all UN agencies to effectively manage the identified risks while implementing emergency programmes. Security incidents in Sittwe due to continuing inter-communal violence also necessitated further steps to enhance security measures.

In the absence of UNDSS Area Security Plans for the field, the office, with the support of the Security Advisory from UNICEF ROSA who provided templates, developed simplified security plans/guidelines for the field offices especially with heightened security. These simplified security plans outline the security measures in place and the actions to be taken by staff in the event of a security related incident.
The Business Continuity Plan (BCP) for the main country office was updated and a simulation exercise undertaken. Simplified BCPs for the field offices were also developed.

Security and fire drill exercises were conducted in the country office and most of the field offices especially with heightened security, and reports were shared with the country office. These exercises were helpful to address any gaps.

Security enhancements were undertaken for the office premises in Sittwe and in Yangon country office. The Minimum Operating Residential Security Standards (MORSS) were reviewed by UNDSS and approved MORSS provisions will be implemented accordingly, particularly the security measures for female staff and staff living in stand-alone houses in Rakhine.

A mission from a UN Stress Counsellor was organized by UNDSS, and staff in Yangon and Rakhine were provided effective support. The report from the stress counsellor was submitted. In addition, services of a local stress counsellor were obtained to provide support to staff in Rakhine due to security incidents which occurred in March.

Security incidents were promptly report to UNICEF Operations Centre, and necessary actions were taken accordingly.

Staff training was organized for defensive and safe driving, warden training, and emergency. The Communication Tree was regularly updated and simulation exercises for the warden system were conducted to account for all staff.

In addition, challenges still exist for cumbersome visa process and travel permits.

Effective communication especially in remote areas remains a challenge due to the fact that it is not possible to obtain government approval for the import of VHF/HF radios and Satellite communication equipment, although efforts being made by the UN Country Team.

**Human Resources**

UNICEF Myanmar made significant changes as part of the strategic human resources alignment to the changing priorities of country programme. Strong efforts were made to ensure gender parity and geographic mix of international staff. The human resource capacity in the field offices was strengthened to be able to effectively interact with state level authorities as part of local level planning. Thirty two new positions were created and almost half of them were for the nine field offices.

In line with the greater policy focus of the country programme, the staffing capacity in the areas of advocacy, social policy and planning, monitoring and evaluation were further strengthened. The integrated young child survival and development section was also strengthened with four additional posts based in Yangon. The office continued to use the temporary assistance, standby partners and consultants to supplement the fixed term staffing capacity, especially to bridge the gap for programme needs and to efficiently achieve results for children.

In 2014 UNICEF Myanmar completed 67 recruitment cases including regular and temporary positions. The average recruitment time was 72 days from the vacancy announcement to the date of the letter of appointment. The overall gender ratio is 54 per cent female staff and 46 per cent male staff. Efforts will continue to ensure gender parity within different categories of staff.
To ensure appropriate capacity within the HR unit to support the heavy recruitment workload, the office obtained the assistance of a professional from Malaysia on mission and contracted two temporary assistants.

UNICEF Myanmar received support from two staff from other offices and also supported other programmes by providing three staff on mission, including one senior staff member to support the Level Three emergency in Liberia.

The office ensured effective staff performance by placing high priority on the performance management process. By the deadline of end-February 2014, 93 per cent of all staff had completed their 2013 performance appraisal, and 54 per cent finalized their individual work plans for e/PAS 2014 by the end of March 2014.

The office accorded priority to staff learning and development to ensure strengthening of skills to be able to effectively implement changing priorities of the country programme. As part of the organisational group priorities, the office organized training on Competency Based Interviewing techniques to ensure a sufficient number of certified interviewers in selection panels. This substantially supported the recruitment process in terms of quality and quantity. Staff also participated in global and regional learning opportunities, including the Leadership Development Programme and the Mid-Level Managers Development Programme.

As a large office with many new initiatives being introduced, the office initiated Friday Afternoon Sharing Sessions (known as ‘FISH’) which provided the opportunity for staff to share relevant developments and programme initiatives. Five of these sessions were held.

Safe driving and defensive driving training was organised for UNICEF drivers, and a session on road safety was held. Post-exposure prophylaxis kits were distributed to all field locations and training of focal points was arranged by UNDSS.

**Effective Use of Information and Communication Technology**

The UNICEF Myanmar ICT Team remained instrumental to ensure provision of efficient infrastructure, systems, connectivity and uninterrupted access to ICT services to support the office priorities and achieve results for children.

The migration to Office 365 was successfully implemented, however, connectivity remained a challenge particularly for the nine field offices. Although Office 365 negatively impacted on the bandwidth, UNICEF Myanmar was able to take advantage of accessing Office 365 and its features from mobile devices. This strengthened the capacity of staff to continue working and communicating with partners when outside the office. Due to limited bandwidth the office has not been able to take full advantage of SharePoint and OneDrive. The office is actively using Lync to engage with UNICEF headquarters and other country offices for various activities, including learning and sharing experience, thus significantly reducing communication and other costs.

The UNICEF Myanmar ICT team was actively involved in supporting programme activities through participation in the ICT for Development Committee. With the recent introduction of two international telecommunication companies in Myanmar, UNICEF is exploring the potential use of mobile applications to engage with the communities through a communication initiative known as “messaging life”.

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The office is using the following digital mechanisms to reach different audiences:

- UNICEF Myanmar Website – used to target audience primarily donors;
- Facebook - the most popular social network in Myanmar and used to target young people, posting youth-friendly content;
- YouTube - for on-line video, including on that on the Website;
- Flickr – to power photo galleries for the main Website;
- Blogging - for Human Interest Stories.

To address the challenges of connectivity in the field offices, the office embarked on a partnership with other UN agencies to share equipment.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** Malnutrition is prevented and treated among women of reproductive age and children under-five through increased access to sustainable, quality integrated nutrition interventions.

**Analytical Statement of Progress:**
Apart from humanitarian data, limited routine data on nutrition continues to be a major bottleneck towards assessing progress on the nutritional status of women and children in Myanmar.

Although some nutrition indicators have been integrated into the national Health Management Information System since 2013, data quality and availability is still limited. Effective integration of a comprehensive set of nutrition indicators into routine information management and surveillance systems in health and relevant sectors is required to improve national and sub-national capacities to effectively plan, budget and monitor nutrition. Despite this, Rakhine, a state highly affected by communal violence and with the worst nutritional indicators nationally (with acute malnutrition rates up to 26 per cent compared to the WHO threshold of 10 per cent), progress was achieved with the efforts of coordinated humanitarian action in nutrition, led by UNICEF. Standardized Monitoring and Assessment of Relief and Transitions (known as ‘SMART’) nutrition surveys conducted by partners in several townships of Rakhine from January to December 2013 show a decrease in wasting prevalence by about 5 per cent. Progress nationwide will be tangibly determined with Myanmar’s first Demographic Health Survey (DHS) in early 2015, which will enable trend analysis with data from the 2000 and 2009 Multiple Indicator Cluster Surveys.

Key national policies, plans and legislation for nutrition exist in Myanmar. However, implementation at a national scale has been slow, due to insufficient strategic planning and budgeting for adequate resources, limited human resources capacity to deliver nutrition services, and inadequate mainstreaming of nutrition into health sector supply chain, training and monitoring systems. In particular, the quality and coverage of essential services, such as Infant and Young Child Feeding (IYCF) counselling and Integrated Management of Acute Malnutrition (IMAM) remains limited at both facility and community levels and requires more investment in capacity building. However, some milestones were achieved for 2014.

With continued advocacy and technical support led by UNICEF and with broad support from
partners, there was increased visibility and momentum on nutrition in Myanmar. The ‘Scaling Up Nutrition’ (SUN) multi-stakeholder platform in country was officially launched, involving Government, UN, civil society and the private sector. Discussions are taking place to ensure high level multi-stakeholder coordination for achieving national nutrition goals, and concerned UN agencies jointly signed a letter to one of the Vice Presidents requesting this.

The involvement in the SUN momentum accelerated the development and endorsement of policies and guidelines related to nutrition. With advocacy and technical support from UNICEF, the National Order on Marketing of Formulated Food for Infant and Young Children was promulgated, following its drafting a year ago and the development of operational guidelines for the scale-up of IYCF and IMAM.

UNICEF continued to support Government in procuring critical nutrition supplies that adhere to quality standards. This year was the first time the National Nutrition Centre (NNC) of the Ministry of Health received a budget (US$5 million or approximately 0.7 per cent of the MoH budget) and was able to procure its own stock of multiple micronutrient tablets for pregnant and lactating women in the country. New weighing scales were also procured by NNC to cover all health facilities in the country. However, critical funding gaps for mainstreaming nutrition into the health system remain. There is no systematic budget allocation for the NNC on an annual basis, which makes planning and scale-up difficult. Myanmar also faces critical human resource gaps in nutrition, especially at sub-national township levels. Through advocacy and technical support, UNICEF is supporting Government to determine the needs and gaps in order to mobilise required resources for nutrition more effectively. Increased coverage and quality of IMAM and IYCF programme programming through integrated training, supervision and monitoring will also be critical if stunting and wasting rates are to be substantially reduced.

A stronger focus for UNICEF in 2015 will be to engage in strategic partnerships to strengthen existing Government capacities and systems in scaling up both nutrition specific and sensitive interventions. In particular, joint UN advocacy on the ‘first 1000 days’ of a child’s life will be used to increase country investment for nutrition. Integrated communication strategies will be used to mobilise society to address underlying causes of malnutrition, especially in high burden areas. This will be accompanied with efforts to improve nutrition surveillance in high risk states or regions to enable more regular data to inform SUN planning, programming and monitoring.

OUTPUT 1 Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling-up nutrition interventions for women of reproductive age and children under-five.

Analytical Statement of Progress:
Through continued advocacy support from UNICEF, WFP, the Food and Agriculture Organisation/FAO, Action Against Hunger/ACF, Helen Keller International and Save the Children, increased high level political commitment for nutrition was observed this year with the national launch of the Scaling Up Nutrition (SUN) movement and appointment of the Director General of the Department of Health as the national focal point. The formation of stakeholder network groups to support the scale-up of nutrition (including Government, UN, donor, private sector, civil society groups) was established, with UNICEF convening the UN network group.

Through the SUN country network, consensus among stakeholders was reached on the set of priority nutrition actions and interventions under SUN. Many of these interventions are already included in the 2012-2015 National Plan of Action for Food and Nutrition (NPAFN), however it was only costed in 2014. The engagement of local level actors in implementation is inadequate
and monitoring of progress by the Central Board of Food and Nutrition is not regular. UNICEF will work closely with Government in the coming year to review NPAFN and utilise the national SUN platform to accelerate progress towards achieving nutrition goals and targets.

With support from UNICEF, the National Order on Marketing of Formulated Food for Infant and Young Children was endorsed by Government. Monitoring and enforcement of this order needs to be established and prioritised in 2015. This is especially important as Myanmar is an emerging economy and increased trade and imports may result in an influx of breast milk substitutes.

2014 was the first time that the NNC received a budget allocation from the Director General of Health. The majority of funds were used to procure multiple micronutrient tablets and weighing scales. However, annual budget allocations for nutrition are not yet determined systematically and significant funding gaps for capacity building and monitoring persist, especially in the areas of IYCF and IMAM. Limited routine data on nutrition continues to in 2015 will be to support Government in budget planning and integrating nutrition into routine surveillance and monitoring systems.

**OUTPUT 2** Increased national and subnational capacity to provide equitable access to nutrition interventions that prevent and treat malnutrition among pregnancy and lactating women and children aged under five.

**Analytical Statement of Progress:**

In 2014, UNICEF continued to support Government in maintaining high coverage of national programmes for bi-annual Vitamin A supplementation and deworming (over 90 per cent) through procurement and micro planning at national and sub-national levels. However, there is a concern about low coverage in hard-to-reach areas, due to political and geographical barriers, for which administrative data is limited. UNICEF is discussing with Government the ways to increase outreach, community mobilisation and follow-up, such as through mobile teams.

Universal salt iodisation in Myanmar remains a challenge. There is weak enforcement of the national salt law due to independent sub-national laws in some states and regions. A monitoring report by the Myanmar Salt and Marine Chemical Enterprise showed that only 84 per cent of salt from factories is adequately iodized.

UNICEF continued to support Government in procurement of deworming tablets and micronutrients, including Vitamin B1, IFA and multiple micronutrient powders in 21 high-risk townships. In areas receiving procurement support from UNICEF, the coverage of Vitamin B1 and IFA supplementation for pregnant and lactating women is more than 80 per cent. Since 2014, the Government has procured its own IFA. Despite the distribution of IFA, anaemia prevalence remains high and needs to be further investigated. UNICEF will support the Government to conduct a national multiple micronutrient survey in 2015, following the country’s first DHS.

Quality and coverage of IYCF counselling, maternal nutrition support, and out-patient management of acute malnutrition remains very limited in Myanmar. In response, UNICEF along with WHO, WFP and NGOs (Save the Children, ACF) provided support to Government in development of protocols, guidelines and job aids for community IYCF and the Integrated Management of Acute Malnutrition. Mainstreaming these services into the health system requires stronger attention, coordination and monitoring among Government departments,
especially in the areas of training and supervision. The mainstreaming of key nutrition interventions into the essential health services package early in 2015 provides this opportunity.

UNICEF began to discuss with Government and partners on joint advocacy around the ‘first 1000 days’ of a child’s life to mobilise additional engagement, commitment and resources for accelerated action of nutrition specific and sensitive interventions.

OUTPUT 3 Appropriate infant and young child feeding practices are adopted by more mothers/caregivers.

Analytical Statement of Progress:
Harmonised messages on nutrition and health were developed and agreed upon by the National Nutrition Centre and the Central Health Education Bureau during 2014. Subsequently, UNICEF provided technical and financial support to the development of TV spots on exclusive breastfeeding, complementary feeding, iodine deficiency, infantile beriberi and anaemia, and in organising a series of nutrition promotion events across the country in collaboration with several ministries, UN agencies and NGOs. In 2015, joint advocacy on ‘1000’ days will be used to raise mass awareness and positively influence public opinion on nutrition in an integrated way. UNICEF will also support Government to track changes in knowledge and practices related to nutrition more periodically.

To support working mothers to exclusively breastfeed, UNICEF supported the NNC in advocacy and technical discussions with key Parliamentarians and the Ministry of Labour. This resulted in the extension of maternity leave in the public sector from 12 weeks to 6 months and the extension of maternity leave in the private sector from 12 to 14 weeks (18 weeks for twin and triplets). Following the endorsement of the national order on the marketing of formulated food for Infant and Young Children in July, UNICEF has been supporting the Government in conceptualising a system and identifying partnerships to monitor and enforce order compliance at all levels.

Although IYCF is a critical component of nutrition programming, it is not adequately mainstreamed into the health system at facility or community levels. Despite the existence of a national strategy for Infant and Young Child Feeding (IYCF) and a five-year plan of action, operational modalities for scale-up for IYCF throughout the health system need to be clarified. UNICEF is supporting Government to identify entry points for mainstreaming IYCF, including integrating breastfeeding counselling into MNCH and quality improvement initiatives, and providing adequate IYCF training, supportive supervision and monitoring to auxiliary midwives and community health workers. A strong focus for 2015 will be to integrate IYCF indicators into the Health Management Information System in order to monitor progress, and to strengthen Nutrition-WASH linkages within IYCF programming to address other important contributors to under-nutrition.

OUTPUT 4 Preparedness and response for nutrition meet UNICEF’s Core Commitments for Children in humanitarian action.

Analytical Statement of Progress:
Local government implementation plans for nutrition services in vulnerable areas like Rakhine and Kachin remain limited and heavily dependent on UN agencies and NGOs for service delivery. In targeted areas, UNICEF and partners achieved acceptable results in ensuring that children with severe acute malnutrition in vulnerable areas of Rakhine received timely and appropriate care according to norms and standards. The average cure rate for treatment of
SAM was 66 per cent against the target of >75 per cent. However, coverage of SAM management is still limited to certain targeted facilities and admissions are 50 per cent lower than expected (6,676 compared to 12,927 children under five due to geographical access barriers and localised conflict, where services ceased temporarily for almost two months. Local restrictions on partners have limited the expansion of service delivery sites in hard to reach and conflict affected areas.

With UNICEF support, 41,203 pregnant and lactating women and 10,197 children under-five were reached with essential micronutrients in Rakhine and Kachin, representing 65 per cent and 82 per cent of the coverage target, respectively. The reach and coverage of IYCF counselling to pregnant and lactating women continues to be high at 88 per cent in Rakhine and 83 per cent in Kachin.

To strengthen the response in Rakhine, UNICEF supported the NNC in conducting training on the management of acute malnutrition for medical personnel in Sittwe and 17 townships across the state. An updated nutrition information management system was rolled out with technical support from UNICEF. This substantially improved the availability of nutrition data for emergency coordination, early warning and monitoring in Rakhine under the cluster approach.

Using lessons learned and best practices from Rakhine, a similar information system is being rolled out in Kachin. UNICEF also initiated a nutrition coordination mechanism in Kachin and “3W” mapping was completed. UNICEF and partners of the nutrition cluster also conducted an introductory training on nutrition in emergencies for 34 Kachin Independent Organisation (KIO) health staff and NGO staff. UNICEF will provide follow-up supervision in the coming year to support local actors in implementing NIE actions.

OUTCOME 2 Increased equitable access and use of quality high impact maternal, newborn and child health (MNCH) services.

Analytical Statement of Progress:
2014 began with a concern around the drop in immunization coverage for third dose of Diphtheria, Pertussis and Tetanus / Pentavalent vaccine to 74 per cent in 2013, compared to 82 per cent in 2011. Technical and financial support from UNICEF and WHO resulted in identifying the determinants that contributed to the decrease in coverage.

The support eventually addressed the major constraints including a disruption in provision of services due to conflict and communal violence, and change of immunization schedule from Diphtheria, Pertussis and Tetanus to Pentavalent vaccine, by establishing conflict sensitive service delivery mechanisms, and by strengthening the tracking and effective uptake of Pentavalent vaccines. The immunization coverage reports in the last quarter of 2014 from affected townships, have shown an increase in coverage compared to the first quarter. However, final official figures will only be available in the first quarter of 2015.

With technical support from UNICEF and in partnership with WHO, the country was able to secure funds from GAVI for: 1. Implementing a large scale measles and rubella catch up campaign targeting over 15 million children between the ages of 9 months to 15 years, to be implemented in early 2015 and; 2. Introducing inactivated poliomyelitis vaccine in mid-2015 and pneumococcal conjugate vaccine in 2016.

A major bottleneck that can hinder the coverage for the measles and rubella campaign and new vaccines is the cold chain capacity for storing vaccines. UNICEF’s support in 2014 included a
comprehensive analysis of the cold chain storage capacity gaps in the country (for not only vaccines but also for other key MCH commodities like oxytocin), development of a costed expansion plan to strengthen the capacity, and implementation of the plan to ensure adequate storage capacity to support measles and rubella campaign. This will continue in 2015 as additional funds become available to enable the country to introduce new vaccines.

While pneumonia remains as a leading cause of death among under-five population (representing 21 per cent of all under-five deaths), the lack of implementation of a policy allowing community health workers/volunteers to prescribe antibiotics for treating pneumonia, has been a major constraint in scaling up community case management (CCM) in hard-to-reach areas. UNICEF’s advocacy, in partnership with NGO, along with a strong demonstration of feasibility in the country context through a pilot in five townships, resulted in the Ministry of Health approving the scale up of CCM in 2015. UNICEF will continue to provide support in the scale up CCM in hard-to-reach areas in 2015, through an integrated approach with other community case management strategies like that for malaria and tuberculosis.

In line with the global launch of ‘Every Newborn Action Plan’, UNICEF’s technical support in partnership with WHO enabled Myanmar to draft its first ever costed Newborn Action Plan. This plan was later integrated with the National Strategic Plan on Newborn and Child Health (2015-2018), which was also drafted with technical and financial support from UNICEF and WHO.

While preliminary data from the March 2014 census has provided more accurate population based data to improve planning, limited routine administrative data in the health sector remains a significant constraint. The Demographic Health Survey 2015 will provide much-needed data to inform Myanmar’s current progress towards achieving MDG 4. In 2015, UNICEF will support the Ministry of Health to introduce mobile-based technologies to improve the quality of care which is provided to pregnant women and children, and data collection at the level of midwife. These interventions are likely to improve quality of data in the near future.

UNICEF and GAVI continue to procure most of the national supply of vaccines, with UNICEF providing funds for BCG, oral polio and measles first dose, and GAVI supporting the introduction of new vaccines, including measles-rubella. With the increasing allocation of Government resources for health, UNICEF is exploring the possibility of Government allocating more national funds to procure essential vaccines.

The Government’s initiative to provide essential medicines free of cost through its health service delivery mechanisms has resulted in an increased uptake in Government health facilities and eventually expected to reduce mortality and morbidity. However, the increased decentralized procurement has resulted in concerns around drug quality and cost effectiveness. To address this, UNICEF will provide technical and advocacy support to Government in determining standards, fixed rates for procurement and quality assurance of essential commodities.

With an increase in the number of development partners in the country, UNICEF will continue to support MoH in strengthening coordination and leadership at national and sub-national levels, to consolidate resources and capacity building efforts by various programmes within the MoH and among partners. In 2014, UNICEF initiated monthly meetings with other UN agencies (WHO, UNFPA and UNAIDS) to improve UN coherence within the health sector. This resulted in the leveraging of over US$20 million from donors in support of a two-year joint programme to improve reproductive, maternal and child health outcomes in Myanmar.

In 2015, UNICEF will support the MoH to strengthen capacities, supervision, and monitoring in
an integrated way which includes essential MNCH and nutrition interventions. UNICEF will also provide technical support to strengthen MoH’s supply planning and procurement processes and health information management system. Strategies to expand outreach, follow-up and community mobilisation in low immunisation coverage areas will be supported, along with accelerated implementation of community-based newborn care and pneumonia treatment through strategic partnerships.

**OUTPUT 1**

Strengthened political commitment, accountability and national capacity to plan and budget for the scaling up of equity-based high impact maternal, newborn and child health services.

**Analytical Statement of Progress:**
Building on the momentum generated from the 2013 newborn care assessment, UNICEF supported the development of a National Strategic Plan on Newborn and Child Health Development. The period (2015-2018) is aligned with the Reproductive Health and Adolescent Health strategic plans. Moreover, MoH, as part of its reform process, is seeking to improve efficiency by integrating service delivery components currently implemented by different vertical programmes. Contributing to the efficiency and effectiveness of this reform, UNICEF, jointly with WHO and UNFPA, actively advocated with the MoH to develop one integrated national strategic plan for reproductive, maternal, newborn, child and adolescent health, rather than having three separate but overlapping strategic plans. If finally adopted, this plan will provide guidance on more efficient, integrated service delivery and avoid unnecessary duplicative training, supervision, monitoring and oversight.

Noting that 51 per cent of under-five child mortality in Myanmar occurs during the neonatal period, technical support from UNICEF resulted in tangible milestones towards achieving MDG four and ending preventable child deaths in support of ‘A Promised Renewed’ commitments. UNICEF supported the MoH to develop and implement a newborn action plan fostering the delivery of a standardized package of newborn care with clear roles and functions for all levels of the health system. Policy decisions were supported, enabling the use of chlorhexidine for cord care and the more user-friendly bag and mask for newborn resuscitation by skilled birth attendants. These permissive policy changes are now allowing midwives and community workers to perform key life-saving interventions. Further, UNICEF has been supporting the integration of community based newborn care training into the curriculum of auxiliary midwifes, which is expected to accelerate scale up. This is vital, noting the high proportion of home-based deliveries among the poor and rural majority.

In an effort to improve equity-based planning and data availability for this purpose, UNICEF supported the Department of Health Planning to pilot an evidence based comprehensive township investment plan in three townships in Kayin state, which included conflict-sensitive areas. During 2015, with support from UNICEF, World Bank, WHO and other stakeholders, this will assist with the decentralization process of MoH, and the lessons learnt will contribute to improve and harmonize the other township based planning models that are used in Myanmar.

**OUTPUT 2**

Increased national and subnational capacity to provide equitable access to quality, high-impact maternal, newborn and child health services.

**Analytical Statement of Progress:**
One of the major challenges for ensuring universal health coverage in Myanmar is the lack of access to certain parts of the country because of geographic remoteness, conflict or communal violence. UNICEF’s support to Ministry of Health has resulted in addressing these constraints
through strategies like ‘Reaching Every Community’, fostering partnerships with non-state entities and identifying alternate service delivery mechanisms. As a result, based on preliminary analysis of programme reports, immunisation rates had increased in the last quarter of 2014 when compared to the first quarter. The complete programme data for 2014 will be available in the first quarter of 2015. These strategies contributed to vaccines being provided in many areas using national protocols for the first time in many years (while until now either no standard protocols were used or protocols from China were used), and for children in some areas having access to vaccines for the first time in many years. These achievements are a result of partnerships with many NGOs including Health Poverty Action, Myanmar Health Assistant Association, and Myanmar Nursing and Midwifery Association. This support will continue through 2015 to ensure that Myanmar achieves its coverage targets for newborn and child health.

With technical and financial support from UNICEF and WHO, the Ministry of Health will implement a nationwide campaign to introduce the new measles-rubella vaccine at the beginning of 2015. The planning and preparation for the campaign is at an advanced stage. The cold chain capacity was strengthened to be sufficient to store both the new vaccines and the routine vaccines.

In order to strengthen Ministry of Health’s initiative towards integration of services at the point of care, there is also a need for UNICEF to strengthen its capacity and presence, especially at the sub-national level. In 2015, UNICEF will continue to support MoH, in partnership with WHO and UNFPA, to develop and implement the essential package of integrated services for reproductive, maternal, newborn and child health (RMNCH).

In addition to the efforts to strengthen health systems in 2015, UNICEF in partnership with WHO will provide technical support to the MoH in developing a proposal document for the GAVI Health System Strengthening application (2016 – 2020) that will be submitted in second quarter of 2015.

OUTPUT 3 More mothers and/or caregivers adopt appropriate newborn and child health practices.

Analytical Statement of Progress:
With support from UNICEF, the Ministry of Health is piloting the delivery of key messages for maternal and child health using different channels including a ‘faith for children’ package that incorporates key messages on maternal and child health with religious preaching; a ‘seven things this year’ package which is delivered through a process of community mobilization; and an inter-personal communication training package for basic health staff. These interventions have been limited in terms of scale-up due to limited in-country capacity and financial resources. The review and evaluation of these interventions are ongoing, which are expected to help leverage resources. The review will also inform UNICEF’s support for 2015 in scaling up these interventions.

UNICEF provided support to plan and implement communication interventions for the MR (measles-rubella) vaccine campaign. UNICEF provided technical support in the development of MR campaign communication strategy and a costed plan of action by target audiences including hard-to-reach areas, marginalized communities and conflict areas. In addition, various types of mass and print materials were produced/printed and distribution is underway. UNICEF partnered with different NGO partners - Myanmar Health Assistant Association, Myanmar Nursing and Midwife Association and Health Poverty Action - to support the implementation of
the MR campaign in the hard to reach areas. The key focus has been on social mobilisation to increase the uptake of MR vaccine during the campaign. In addition, the M&E framework for MR campaign communication was developed for the school phase as well as community-based phases for different areas including urban, peri-urban, rural, and hard-to-reach. A post-assessment on the various communication interventions will be carried out in 2015. UNICEF’s support has resulted in standardization of key message on child survival and development, and guideline for development and production of health promotion materials. These will be used as standards by all partners for communication and social mobilisation activities at various levels.

Lack of annual data to measure progress against this demand-focused result remains a challenge. In addition to the assessments of communication interventions, the planned 2015 DHS will provide information on some parameters.

OUTPUT 4 Preparedness and response for maternal and child health meet the UNICEF Core Commitments for Children in humanitarian action.

**Analytical Statement of Progress:**
With support from UNICEF in the humanitarian affected areas of Kachin and Rakhine, 196,690 people had access to basic health services, 10,500 households received two long-lasting insecticide treated nets, and 3,655 women and children were immunized with polio, measles, pentavalent and tetanus toxoid vaccines, during the period from January to June, 2014.

The complex nature of the conflict and communal violence in these states, the limited availability of partners to implement services, constraints in coordinating the health cluster, and the lack of access to certain geographic areas affected by active conflict, were some of the challenges that hindered provision of services. Subsequently, for example, measles vaccination coverage in Rakhine and Kachin was only 50 per cent and 62 per cent respectively, far below the national average of 84 per cent. In spite of several attempts to support the Rakhine Department of Health with restoring routine immunization services, access remains a concern and posed a potential threat for vaccine preventable disease outbreaks. Although no outbreaks in high risk areas were reported, the number of susceptible children increased to the outbreak threshold level. To mitigate this, UNICEF is helping to ensure that the MR campaign being planned for early 2015 and routine immunization will prioritize high risk areas in Kachin and Rakhine to ensure adequate coverage. Without this approach, the progress made in the region towards eradication of polio and control of other vaccine preventable diseases will be hampered.

OUTCOME 3 Water-related and excreta-related diseases in under-5 children are equitably reduced.

**Analytical Statement of Progress:**
A WASH sector situation analysis was completed, the first of its kind in over 20 years, and an 18 month- strategic roadmap developed by the Task Force led by the Director General of the Ministry of Health) and supported by UNICEF, JICA and World Bank Water Sanitation Programme. It is expected that the report and roadmap will be approved in early 2015 and implementation will start.

Building on this momentum, the following milestones were achieved with UNICEF technical leadership and support in 2014.

In collaboration with the WHO and the Department of Health (DoH), National Drinking Water Quality Standards were finalized and endorsed by the MoH.
A total of 724 committees with 2,172 members were formed to implement village level Water Safety Plans in two targeted townships (Pauk and Weltet) in the dry region of Magway. This was enabled by training of trainers for Water Safety Planning among basic health staff, which was conducted together with the Occupational and Environmental Health Division and Township Medical Officers in these two townships.

WASH plans in seven townships of Kayin State are being developed by government counterparts with the involvement of Non State Actors. These planning process will be reviewed and based on lessons from the Kayin and Magway experiences methodologies for township level planning nationwide will be developed.

A KAP survey on WASH was conducted in 18 townships. The survey showed that only 20 per cent households have soap and water in their toilets, 76.6 per cent people wash hands with soap after defecation and 5.4 per cent of under-five children had diarrhoea in the two weeks before the research. Subsequently, with the participation of government, NGOs and UNICEF staff, a workshop was conducted by the Central Health Education Bureau (CHEB) that developed IEC messages promoting appropriate WASH practices.

At the community level, out of 184 targeted villages under the Community Led Total Sanitation (CLTS) initiative, 45 villages were declared Open Defecation Free villages. In tandem, the Myanmar National Hand Washing Initiative and Thant Shin (Mr. Clean) Star approach for WASH in schools were launched.

Out of 289 targeted primary and post-primary schools in eight townships, improvement of school WASH facilities in 221 schools were completed and as a result 15,834 students (49 per cent girls) have access to improved WASH facilities. The work is in progress in the remaining 68 schools. Further, at the request of the Ministry of Education, 3,410 Hygiene Promotion kits were distributed to 20 Education colleges from various regions/states in order to train primary school teachers as Wash in Schools focal persons from the urban and rural area schools.

The construction of water supply systems in 52 out of 110 villages was completed benefiting 40,897 people. Construction in the remaining villages is progressing well. After completion of water supply systems in all 110 villages, 107,000 people (55,600 women) are expected to benefit. Community contributions to the installation of the water systems is around 30 to 40 per cent.

In the area of humanitarian action, UNICEF has been providing WASH cluster leadership at both national and sub-national levels. Even with limited access to some areas in Kachin and underserved areas in Rakhine, key activities were carried out through local partners. Through direct support from UNICEF, 127,543 people (IDPs and affected people) gained access to improved water sources and 108,047 to sanitary latrines, and 136,188 received full emergency WASH packages in Kachin and Rakhine. UNICEF will continue to support cluster leadership including information management, and work with government and other partners to address the needs of host communities. The focus on capacity development of local government and partners in emergency preparedness and response will continue.

The results are expected to have contributed towards a reduction in the incidence of diarrhoea among under-five. With all efforts geared towards the Demographic Health Survey planned to be conducted in early 2015, a specific survey was not conducted in 2014 and so progress at the outcome level could not be measured. The DHS, however, is expected to provide a tangible
indication of progress.

OUTPUT 1 Evidence-informed policies, standards and guidelines developed and implemented to build and sustain hygienic and healthy living conditions for women and children in Myanmar.

Analytical Statement of Progress:
A WASH sector situation analysis was completed and a roadmap developed under the leadership of a Task Force (led by the Director-General of MoH) with the support of UNICEF, JICA and the World Bank WSP.

In 2013, the Government and development partners had agreed on the need to formulate a new WASH sector strategy through a phased process. The first phase was a detailed situation analysis of the sector; and the second phase was sector visioning and strategy development. Subsequently, in January 2014, the Minister of Health endorsed the establishment of a WASH sector review Task Force with officials from DoH, Department of Rural Development, Department of Education Planning and Training and UNICEF. A team of consultants was appointed to carry out the situation analysis with financial support from UNICEF and the World Bank WSP. JICA contributed with an urban-based survey of water supply services in selected towns and cities.

The situation analysis of the WASH sector was consultatively reviewed with government and development partners between February and March. This enabled ownership of the following key findings: weak sector planning, co-ordination and monitoring mechanisms, an undefined policy framework, absence of national (urban or rural) strategy and weak human resource base. These findings were compounded by a limited awareness of regional or global best practices. In June, a summary of the situation analysis and roadmap for sector strategy development was then presented to all stakeholders for review. In November, WASH stakeholders reviewed and validated an 18-month roadmap toward the development of a comprehensive sector strategy and action plan, and to ensure continued government ownership and leadership.

National Drinking Water Quality Standards were finalized and endorsed by MoH, having been developed with support from WHO, UNICEF and other stakeholders. UNICEF will work closely with DoH and WHO to conduct dissemination workshops on National Drinking Water Quality Standards in different States/Regions and to develop the regulations for enforcement of the water quality standards.

Evidence-based township level WASH plans in all seven townships of Kayin State are being developed. Data collection for the planning process in Kayin State will be completed in January 2015. With support from UNICEF, this is being led by Government with the involvement of Non State Actors; and as such, the process is also serving as an important peace building platform. However, the capacity of the government partners for township level planning is limited. External technical assistance with good experience on WASH planning in the region will therefore be sought to help bolster the process and develop user-friendly tools and systems for quality township WASH planning.

OUTPUT 2 Targeted rural communities in the dry zone, conflict-affected children and women in Mon and Kayin states practice key hygienic behaviours (consistent use of toilet - stop open defecation practice), hand-washing with soap at critical times, and drinking safe water)
Analytical Statement of Progress:
Out of 184 triggered villages, 45 villages were declared Open Defecation Free, of which 17 villages are from Pauk Khaung and 28 villages are from Pantanaw Townships. These were prioritized townships due to their high open defecation practices (29.7 per cent and 16.8 per cent respectively, 2011 KAP survey). This work directly benefitted 17,425 people. Uniquely, under the Peace Building Fund project, CLTS interventions are also being implemented in 60 villages of three townships in Kayin state.

To reach children in schools, the Myanmar National Hand Washing Initiative was launched in June in Nay Pyi Taw with high level commitments from senior government officials. The Thant Shin (Mr. Clean) Star approach for WASH in schools was introduced in June to the Government and development partners to improve hygiene behaviours among children in school as well as a means of reaching family and community members through school children. A total of 176 schools in Myaing, Waing Maw and Kakareik townships started implementation of the Thant Shin Star approach.

In other communities, the Faith for Children programme promoted hand washing with soap at critical times in six townships, with target groups including 600,000 children and 4,500 religious leaders. In addition, Global Hand Washing Day was celebrated in different states and regions including in schools during October and November. It is estimated that about 250,000 children participated in these awareness-raising events.

A KAP survey for WASH was conducted in 18 townships to better understand behaviours and practices. Subsequently, a workshop on Standardization of IEC message was conducted by (CHEB-MoH) and UNICEF in September. The workshop was well attended by government departments and NGO partners, with all agreeing to adopt the agreed standardised messages lending greater coherence to national programming.

OUTPUT 3 Communities, schools and health centres have access to sufficient safe water in targeted rural community in the dry zone, conflict-affected children and women in Mon and Kayin States.

Analytical Statement of Progress:
Under a multi-country project funded by the United Kingdom’s Department for International Development (DfID), the construction of water supply system in 24 villages was completed benefiting 25,150 people (52 per cent women). Community contributions to construct the water supply systems varied from 30 to 40 per cent of the total project cost. An additional 42 villages have started water supply construction works.

In partnership with the Department for Rural Development, 65 water supply systems were constructed in remote areas of 13 townships benefiting 59,079 people. A total of 724 committees comprising 2,172 members were formed to implement village level Water Safety Plans in all villages of Pauk and Wetlet townships of the dry Magway region. Training of Trainers n Water Safety Plan preparation for basic health staff was conducted together with the Occupational and Environmental Health Division and Township Medical Officers in these townships. It is still in the piloting stage and UNICEF has to work closely with DoH and WHO to fully and effectively implement the approach at scale.

Out of 289 targeted primary and post primary schools in eight townships, improvement of school WASH facilities in 221 schools were completed and as a result a total of 15,834 students (49
per cent girls) have access to improved WASH facilities. The work is in progress in the remaining 68 schools.

At the request of the MoE, 3,410 hygiene promotion kits were distributed to 20 education colleges to train primary school teachers as WASH in Schools focal persons throughout Myanmar. UNICEF is supporting MoH and MoE in the preparatory phase of Hand Washing Communication initiatives and Thant Shin Star approach which was piloted in some schools.

WASH in health facilities activities were not able to be implemented in 2014 as there are limited NGO partners working in the sector. There is a plan, however, to strengthen WASH in health facilities in all areas of Kayin State in 2015.

**OUTPUT 4** Preparedness and response for sufficient safe water, sanitation facilities and improved hygiene practices meet the Core Commitments for Children in humanitarian situations.

**Analytical Statement of Progress:**

With technical support from UNICEF, a WASH cluster strategy was developed with participation of cluster members. A mid-term review of the strategy took place in June which assessed the results of the WASH cluster. The review found that 428,000 people (IDPs, host and isolated villages) including nearly 180,000 children are affected by the conflict in Rakhine and Kachin. Even with limited access to some areas in Kachin and underserved areas in Rakhine, key activities were carried out by the cluster members, and good coverage was achieved in most locations. Overall, 296,000 people (69 per cent in Rakhine and 31 per cent in Kachin) were served by the WASH cluster members by providing either water, sanitation or hygiene facilities. Of the 296,000 people, 236,728 (80 per cent) have access to improved water sources and 175,153 people (60 per cent) have access to improved sanitation facilities. In addition, 235,610 people (80 per cent) received hygiene kits and information on good hygiene practices. Hygiene promotion activities were regularly conducted in 40 per cent of IDP camps in Kachin and 60 per cent of IDP camps in Rakhine. There were no major disease outbreaks in the IDP camps and host communities during the reporting period.

UNICEF provided WASH cluster leadership at the national and sub-national levels by deploying cluster coordinators and other required human resources. Cluster meetings at the national, and Kachin and Rakhine were regularly organized. Through the cluster database system and other M&E tools, monthly situation analysis reports were prepared.

With support from the UNICEF EAPRO, a two-day water treatment options training was held in Rakhine in which 18 WASH professionals from nine NGOs and UNICEF participated. A survey on “Accountability to Affected Populations by WASH Cluster” was conducted with support from a global WASH cluster and the report was shared with cluster members. The survey included transparency and information sharing, feedback, participation, targeting of vulnerable groups and working with partners and stakeholders.

In addition to its coordination function UNICEF provided direct support resulting in 127,543 people (IDPs and affected people) having access to improved water sources, 108,047 having access to sanitary latrines and 136,188 receiving full emergency WASH packages. UNICEF continues to support humanitarian needs and capacity development, working with partners through a conflict-sensitive approach.
OUTCOME 4  Increased access to HIV prevention, treatment and care services for key adolescent populations, pregnant women and children living with HIV.

Analytical Statement of Progress:
Funding available for HIV programmes has been shrinking in Myanmar, similar to most of the countries in the region. This has had an impact on ensuring continuity and maintaining quality of existing HIV programmes. However, with technical support from UNICEF, Myanmar was able to leverage funds for prevention of mother-to-child transmission of HIV (PMTCT) from the Global Fund and other funding mechanisms. This enabled the National AIDS Programme (NAP) of the Ministry of Health to continue to implement PMTCT and HIV counselling and testing programmes with support from UNICEF (as the technical lead), Global Fund, UNFPA, WHO and UNAIDS. Because HIV counselling and testing activities were successfully decentralized, HIV testing among pregnant women attending antenatal care increased from 52 per cent in October 2013 to 68 per cent in October 2014. UNICEF, will continue its support in 2015 to ensure Myanmar achieves its target of 80 per cent, by strengthening health systems.

Although PMTCT services are offered by basic health staff who also offer other maternal and child health services, the PMTCT programme has been managed separately from that of the Mother and Child Health programme in the MoH. This has resulted in inefficiencies, and it was recognised that integration of various components of the two programmes would result in better outcomes for both. With support from UNICEF, the technical aspects related to HIV have been integrated with the child health training module and handbill for basic health staff. Efforts to integrate these two programmes to a greater extent will continue to be a priority for UNICEF in 2015.

Data on adolescent key populations is extremely limited in the country. The existing data is not disaggregated by age and the surveys could not be done on this group due to concerns around adolescents not being able to provide consent. Similarly, adolescents face challenges in accessing HIV and reproductive health (RH) services. In response to these challenges, UNICEF is working with MoH so that adolescents will have access to HIV testing and treatment services without having barriers due to age.

To create awareness among service providers about the need for HIV services amongst adolescent key populations and to promote risk perception and care-seeking of adolescent key populations, World AIDS Day 2014 was held at national and subnational levels with targeted activities towards adolescent members of these vulnerable groups. The activities were not a one-off event, but rather the continuation of many collaborative efforts among the stakeholders involved in the HIV response in the country.

With technical leadership from WHO, Myanmar revised the existing national antiretroviral (ART) guideline in 2014. The National AIDS Programme in collaboration with WHO and UNICEF will disseminate the new ART guidelines and roll out the implementation in the beginning of 2015. UNICEF will continue its advocacy to ensure that enabling policies are developed and implemented in 2015 to increase access for adolescent key population.

With financial support from UNICEF, the MoH facilitated the 22nd meeting of the ASEAN task force on AIDS. This workshop fostered South-to-South learning, partnership and joint programming between the countries of ASEAN in the field of HIV, representing a significant step forward for Myanmar.

One of the challenges in Myanmar has been the quality of HIV care provided to children and
adults living with HIV, and the availability of data to quantify the quality of care. In 2015, UNICEF, through a partnership with Clinton Health Access Initiative will support MoH to establish a web-based patient management system that will assist service providers to improve quality of care and simultaneously provide data on quality of care for children and adults living with HIV.

OUTPUT 1 Strengthened political commitment, policy and data management systems to reduce new HIV infection in children, improve quality treatment for mothers and children, and reduce stigma and discrimination.

Analytical Statement of Progress:
A situation analysis of children affected by AIDS, using a nationally representative sampling design, was completed and disseminated at national and sub-national level with support from UNICEF. The significant differences found between children affected by AIDS and the control group gained the attention of policy makers and will contribute to a greater focus on HIV-sensitivity in social protection programmes.

UNICEF is prioritizing work on changing policies that will enable adolescent key populations less than 18 years of age to have access to HIV testing and treatment services, without experiencing barriers due to their age. With technical input from UNICEF, the special needs of adolescent key populations were addressed in National Guidelines on Prevention Package of HIV amongst Key Populations in Myanmar. They were also addressed when UNICEF together with UNFPA supported the MoH to develop a new National Strategic Plan for Adolescent and Youth Health, in which HIV and sexual and reproductive health is a strategic priority.

Complementing this, adolescent job aids were also reviewed and revised. In order to create awareness among service providers about the need for HIV services by adolescents, and to promote risk perception and care-seeking among this hard-to-reach group, a series of World AIDS Day 2014 events were held at national and subnational levels, with financial and technical support from UNICEF and UNAIDS. The events involved adolescents and youths from marginalized populations, while including literature talks on HIV and young people by famous authors.

For the first time, the NAP procured HIV test kits with their government budget, indicating political commitment towards a more sustainable supply chain. In 2015, UNICEF will support the MoH to improve the performance and quality of its PMTCT programme through a series of capacity building, review and coordination workshops at national and sub-national levels. In addition to cohort analysis of HIV-infected pregnant women receiving care, this will enable the MoH to identify gaps and find solutions to achieve the goal of providing universal access to pregnant women infected with HIV. UNICEF support will also result in a web-based patient information management system established for those receiving antiretroviral therapy, including pregnant women and children. This system will improve patient management, reporting, continuity and quality of care. In addition, UNICEF is jointly working with WFP to develop a national guideline on HIV and Nutrition, which will be launched in early 2015.

OUTPUT 2 Capacities strengthened and communities mobilized to increase access for HIV prevention, treatment and care services for adolescent key population, pregnant women and children living with HIV.
**Analytical Statement of Progress:**
UNICEF, in partnership with Clinton Health Access Initiative, is strengthening the capacity of MoH to ensure that all children born to HIV-infected pregnant women have an early HIV virology test and receive the result before they reach two months of age. The support includes establishing a laboratory information management system, building the capacity of service providers and implementing a mentoring programme. Initiated in the last quarter of 2014, these efforts are expected to improve quality of care, referral mechanisms and real time data management.

With support from UNICEF, the MoH built the capacity of volunteers and health workers in some areas of Kachin to deliver the PMTCT programme. In 2015, UNICEF’s support will continue to increase coverage within these areas and introduce PMTCT in other areas GCA of Shan State. The delay in the ongoing peace process, restricted access, and the limited capacity in some areas are constraints that have had an impact on the quality of the programme. In 2014, 675 pregnant women were tested and all those who were HIV positive received timely ART as a prophylaxis or for treatment in some areas of Kachin State.

The country’s progress towards adopting the more effective triple antiretroviral protocol for the PMTCT programme has resulted in capacity constraints and operational difficulties in implementation. The shift from using less complex protocol like Zidovudine to a three drug regimen, raised concerns and apprehension among physicians who are less experienced with antiretroviral drugs. However, with capacity building efforts and establishing linkages to antiretroviral treatment centres, Myanmar will be able to overcome this challenge. UNICEF will continue to support these efforts in 2015.

In order to increase access to and for uninterrupted treatment and care, the NAP expanded ART coverage for both adult and paediatric treatment by decentralizing ART sites. In 2014, 30 townships out of a total of 64 decentralized townships were provided training with UNICEF technical and financial support. UNICEF will continue to provide support, in partnership with WHO, to strengthen the capacity of these sites to ensure that quality of care for children living with HIV is on par with global standards.

**OUTCOME 5 Increased number and proportion of children accessing and completing quality basic education in targeted townships.**

**Analytical Statement of Progress:**
UNICEF Myanmar, under the Basic Education and Gender Equality programme, aims to increase the number and proportion of children accessing and completing quality basic education in targeted townships. Core work towards the achievement of this outcome is focused around the donor-funded Quality Basic Education Programme which combines improved service delivery with upstream policy advocacy.

In addition, UNICEF works to enhance social cohesion through the Peacebuilding, Education and Advocacy initiative and provides humanitarian assistance for Education in Emergencies. Education work in Myanmar also overlaps a number of cross-cutting areas such as early childhood development, gender equality, disaster risk reduction and WASH in schools.

QBEP is a US$84 million programme being implemented over four years (2012-2015). It aims to support the Government of Myanmar to improve access to quality school readiness and primary level education for all children in Myanmar by: i) Ensuring that national education policies and plans are inclusive, informed and actionable, and; ii) Delivering quality education services to
children in 34 core townships throughout the country. These townships were selected according to equity-based criteria to reach the most disadvantaged children and communities. QBEP is supported by the Multi Donor Education Fund (MDEF), comprising Australia, Denmark, the European Union, Norway and the United Kingdom, and is implemented by UNICEF in partnership with the Government of Myanmar.

The Government is currently undergoing a wide-ranging process of education sector reform, which includes a review of the national education system and development of new legislation, policies and sector plans. QBEP’s upstream advocacy and technical assistance throughout 2014 has supported reform, specifically helping to ensure that the Comprehensive Education Sector Reform (CESR) Phase one and Phase two were completed through financial and technical support to the CESR Secretariat and working groups and for national and state level consultative processes. In addition, upstream work influenced the formation of equitable, inclusive policies and frameworks such as the Early Childhood Care and Development policy launched in July, the national framework for non-formal primary equivalency which is under development, the system of Minimum Quality Standards for the education, and national competencies for education personnel also currently in development.

Recent monitoring figures for QBEP’s service-delivery work indicate that in 2013-2014 more than 185,000 children were reached by QBEP-supported ECD, non-formal primary education and life skills services and over 1.6 million have received essential school supplies. In addition, more than 3,500 head teachers received training on leadership and management, over 25,500 teachers were trained to implement secondary life skills, 10,900 teachers received face-to-face primary training and 1,500 underwent in-service training. School grants were given to 668 schools. Thus, progress towards meeting set targets in the 34 core QBEP townships are generally on-track, particularly at the output level.

The QBEP programme underwent a MTR in June, which identified building the evidence-base, communicating results and linking innovation to education reform as areas to be strengthened. Working in close consultation with MDEF partners, QBEP revised its vision for the final phase of the programme cycle. Going forward, QBEP will fortify its upstream advocacy and support to help ensure an inclusive, informed, and actionable National Education Sector Plan and support structures are developed. In addition, strengthening the evidence base for advocating and delivering quality basic education will be key and lessons learned from QBEP activities will be captured more systematically and communicated to stakeholders.

Capacity building and delivery of quality basic education services to children under QBEP in the 34 core townships will be phased out in 2015. As part of this transition, innovations in early learning, teacher training, school-based management, township education planning and non-formal education piloted by QBEP are being mainstreamed into government systems. For example, the School-based In-service Teacher Education has expanded from 500 to nearly 5,000 teachers in 2014, covering half the teachers in Mon State. It will be evaluated in 2015 with the prospect to mainstream the approach into the accredited National In-service Teacher Training Framework.

UNICEF expanded its support to EiE in 2014 by providing temporary education infrastructure and building the capacity of local stakeholders to strengthen their emergency preparedness and response. Collaboration with education partners was enhanced to promote evidence-based advocacy, support capacity building, and increase access to primary/pre-primary learning opportunities in emergencies. In Rakhine, over 16,000 primary school-age children (7,700 girls) in 19 IDP camps and host communities were supported and in Kachin, more than 7,100 (3,900)
children gained access to primary/pre-primary education in 14 IDP camps and conflict-affected communities. Approximately 21,500 IDP children also benefitted from the provision of essential learning packages in both States.

The Peacebuilding, Education and Advocacy initiative is a global partnership between UNICEF, the Government of the Netherlands, the governments of 14 participating countries and other key supporters. The PBEA team in Myanmar works at the policy level to engage diverse education stakeholder groups in the CESR process. Language of instruction and its links to ethnic identity remains a key driver of conflict and, in 2014, critical development of a multilingual education policy commenced, to define the roles in education of mother-tongue, national, and international language in schools. This work received additional momentum with the establishment of Department of Myanmar and Other Language Education in the MoE.

OUTPUT 1 Expansion of coverage of quality ECD services and strengthening systems.

Analytical Statement of Progress:
The status of indicators during the reporting period shows significant progress. For example:

- The number of children -0-5 year old- in targeted townships accessing facility based ECD services increased from a baseline of 8,300 in 2012 to 101,576 in 2014;
- The percentage of schools in targeted townships that have ECD facilities for children 3-5 year old has increased from 10 per cent in 2012 to 17 per cent in 2014
- The percentage of school based ECD facilities meeting minimum quality standards in targeted townships increased from 2 per cent in 2012 to 4 per cent in 2014.

Additionally, significant demand for ECD was created among communities, resulting in an increase in preschools that have been set up by communities with minimal external support. Small grants to school based pre-schools are being matched by local resources and labour generated by communities resulting in 600 preschools being established in 2014.

The National Early Childhood Care and Development Policy, an inter-sectoral, holistic policy framework led by the Ministry of Social Welfare, Relief and Resettlement was developed with UNICEF support. Following the launch by the President in July, the Ministry of Education initiated a number of activities with UNICEF support. These included the plan to introduce kindergarten for five year olds into every primary school nationally (44,000 in total) in 2016 and establishing ECD care givers as a permanent teaching cadre. UNICEF is supporting the adaptation of the existing Pre-School Curriculum and Care Giver Guidelines into 20 local languages, a process that will continue in 2015 once the kindergarten materials are finalized.

OUTPUT 2 Enhanced coverage, quality and relevance of second chance alternative education.

Analytical Statement of Progress:
The status of indicators during the reporting period shows significant progress. For example:

- The number of out-of-school children aged 10-14 enrolled in Non-Formal Primary Education (NFPE) programme in targeted townships increased from 8,800 in 2012 to 37,777 children in 2014;
- The number of out-of-school children aged 10-17 reached in targeted townships increased from 11,000 in 2012 to 44,417 children in 2014;
- 96.2 per cent of reached out-of-schools adolescents completed the Extended and Continuous Education and Learning (EXCEL) course in targeted townships in 2014 against 70 per cent in 2012.
Additionally, significant progress was achieved in terms of those adolescents who complete second chance education programmes. In the 2013-14 Academic year 38.81 per cent children who passed level 2 joined formal secondary school.

At the policy level, research from late 2013 on the NFPE programme, including comparison of test scores between NFPE and primary school students, provided an evidence base for targeted advocacy. NFPE is clearly recognized amongst senior MOE officials as a viable alternative delivery system. The Basic Education law, which is currently being drafted before submission to Parliament in 2015, has a section on NFPE. Efforts have started to draft the National NFPE Policy to guide implementation, accreditation and the role of civil society and private sector providers. In mid-2014, MOE approved the adaptation of accredited NFPE materials into three local languages.

Greater collaboration and cooperation between stakeholders – state and regional authorities, Department of Basic Education, NGO/CBO partners and private business sectors - created greater demand for NFPE.

While EXCEL is downsizing under the QBEP, an increasing number of CSO/NGO partners within other sectors, including Child Protection, are implementing the EXCEL life skills programme to address the education needs of 10-17 year olds in conflict affected areas.

**OUTPUT 3** Improved quality teaching and learning practices in basic education in targeted townships in government and monastic schools and in both mono-grade and multi-grade schools.

**Analytical Statement of Progress:**
The status of indicators shows significant progress and are on-track to achieving targets. For example:
- The percentage of primary teachers applying improved teaching methods increased from 4 per cent in 2012 to 24 per cent from 2013;
- Over 22,000 teachers received face-to-face training with another 5,300 receiving in-service, distance training;
- Nearly one million (904,290) students received textbooks and essential learning materials;
- Over 30,000 teachers have been trained to implement a secondary life-skills curriculum.

Additionally, although not an indicator, upstream policy engagement by UNICEF to establish national teacher and head teacher competencies, which previously did not exist, was a real breakthrough. Without clear competencies for teachers and line staff of the ministry, it is extremely difficult to establish a unified teacher training system. UNICEF support to teacher training reform has resulted in the In-Service Education for Teacher – which has now been renamed as School-based In-service Teacher Education - being viewed as a potential framework for delivering accredited in-service training to teachers. Measuring impact of training on classroom practice is being monitored through a very innovative approach and an evaluation of SITE is planned for early 2015.

The Language Enrichment Programme (LEP) and Child Friendly School Refresher face to face in-service training modules were combined into a single module in 2014. The work books introduced under LEP have been continued, and provide an excellent bridge for children in early
grades to master Myanmar language literacy. The LEP/CFS training will also be evaluated in 2015.

While the distribution of supplies is not tracked on a gender-disaggregated basis, female teachers are receiving training on secondary life-skills at a rate of nearly seven to one compared to male teachers. This is reflective of the demographics and proportion of female/male teachers and also the fact that female teachers are more likely to teach “soft” subjects, such as life skills, at the secondary level.

**OUTPUT 4** Enhanced planning, management, monitoring and evaluation and mentoring capacity of key education actors at all levels.

**Analytical Statement of Progress:**
The status of indicators during the reporting period are mostly on-track to achieving targets. For example, 109 Master Trainers, 76 Township Education Officers and Assistant Township Education Officers, and 3,371 head teachers have been trained on a cumulative basis. Updated information is currently being collected. The number of Township Education Improvement Plans developed is also expected to reach its target by the end of next year. Revisions to the TEIP Guidelines have made the development of the rolling three-year work plan an annual process.

Experience gained from UNICEF’s support in 2013 on School Grants, based upon School Self assessments and School Improvement Plans, guided the new national School Grants programme. As a result, UNICEF has phased out of School Grants with 2014 the last year of support to government primary schools.

Support to school based management – including Head Teacher training and Parent Teacher Association orientations continued throughout 2014. A new 8 day Head Teacher training module was developed in collaboration between Department of Education Planning and Training, DBEs, British Council, CSOs and UNICEF. The new Head Teacher training package has four modules: Management and Leadership; Effective Schools (including School Self-Assessment linked to SIPs); Management of Teaching-Learning Activities; and Social Mobilization. As part of the transition strategy, all government and monastic schools in QBEP Townships will have completed the new Head Teacher training by mid-2015. The new module also builds upon the Head teacher Competencies, recently developed by MOE with UNICEF support. It is expected that national roll out of training will be included in the NESP, leading to greater community involvement in schools and to stronger leadership roles for Head Teachers. QBEP will also continue to focus on strengthening the capacity of Parent-Teacher Associations in QBEP townships and establishing processes for the government to take over implementation nationally. The QBEP programme on Parent-Teacher Association orientation will continue in the same 27 QBEP townships including in monastic and NSA schools.

**OUTPUT 5** Evidence based education policies, legislation, sector plans and sector reform processes are developed under the leadership and coordination of the Government of Myanmar, through participatory approaches, which are conflict sensitive and promote equity, inclusion and sustainable peace.

**Analytical Statement of Progress:**
The Comprehensive Education Sector Review is coordinating MoE education reform efforts and developing a National Education Sector Plan. The CESR and NESP processes are supported primarily by UNICEF, along with other partners, including for technical working groups of MoE and CSOs and for national and sub-national consultations. UNICEF advocacy and technical
inputs are ensuring key cross-cutting elements are integrated, including gender, disability, conflict-sensitivity, WASH and disaster risk reduction. As co-coordinator of the Ministry-led Joint Education Sector Working Group, coordination among all MoE departments and with other relevant Ministries, civil society, non-state actors and development partners is critical to ensure broad-based ownership and operationalization of the plan.

UNICEF is also supporting processes to develop a Sub-Sector Law on Basic Education (BEL), consistent with the National Education Law (NEL), other relevant laws being drafted, and human rights instruments the Government is signatory to. With UNICEF support, the BEL drafting process was significantly more open than that for the NEL, and a number of gaps in the NEL, such as on inclusive education, corporeal punishment and mother-tongue based education, are being reviewed in the BEL.

The development of a multilingual education policy has begun to define the roles in education of mother-tongue, national, and international languages. This process is critical, as language of instruction remains a key driver of conflict. UNICEF facilitated stakeholder dialogues, capacity development workshops, and establishment of working groups at national level and in one pilot state. This work received additional momentum with the establishment of the Department of Myanmar and Other Language Education in MOE.

Dialogue between government and civil society on the reform process, problematic in the pre-reform era, was strengthened through UNICEF’s partnership with Save the Children in Co-Chairing an Education Thematic Working Group (ETWG). The ETWG provides an inclusive, neutral space for policy-related discussion at technical level between MOE, CSOs and other stakeholders. Sub-Working Groups under the ETWG have been formed on ECD, Teacher Training, Non-Formal Education, DRR, Education in Emergencies, Language and Disabilities and provide a forum for intensified coordination on these key cross-cutting issues.

**OUTPUT 6** Education Emergency Preparedness and response are implemented in accordance with the Core Commitment for Children.

**Analytical Statement of Progress:**
UNICEF expanded its emergency education support through providing temporary education infrastructure and building the capacity of local stakeholders to strengthen their emergency preparedness and response. Collaboration with education partners was enhanced to: promote evidence-based advocacy on Education in Emergencies (and peace-building education); support capacity building on EiE and conflict-sensitivity; increase access to primary/pre-primary learning opportunities; and improve EiE sector coordination and monitoring.

In Rakhine, over 16,000 primary school-age children (7,700 girls) in 19 IDP camps and host communities/nearby villages were supported by UNICEF and partners (Save the Children, Plan International, Lutheran World Federation) through setting up of Temporary Learning Spaces (TLS), provision of EiE supplies, recruitment/training of volunteer teachers, and capacity building of school committees/Parent Facilitator Associations.

In Kachin, more than 7,100 (3,900 girls) children gained access to primary/pre-primary education in 14 IDP camps and conflict-affected communities, with support from UNICEF, Kachin Baptist Convention and Karuna Myanmar Social Services. In three conflict-affected Townships in Kachin, UNICEF supported the construction of five TLS to provide safe learning space for primary school age children.
Approximately 21,500 IDP children also benefitted from the provision of essential learning packages in Rakhine and Kachin. In Rakhine, an additional 5,650 adolescents (2,999 females) will be reached with the construction of non-formal TLS. 471 (258 female) volunteer teachers, 60 (25 female) community facilitators, 382 (89 female) school committee/PFA members received training on child rights, inclusion, psychosocial support, life-skills education in Rakhine and Kachin.

UNICEF continued to play a role as EiE sector group co-lead agency with Save the Children in providing guidance for partners and supporting harmonization of their interventions. Efforts to establish a State-level coordination mechanism in Kachin will continue. To promote evidence-based advocacy on conflict-sensitive education interventions, UNICEF is supporting the conduct of an education-focused conflict analysis in Rakhine State. In addition, UNICEF, Save the Children and PLAN are leading efforts to mainstream DRR and the principles of Comprehensive School Safety into the NESP.

OUTCOME 6 Children in need of support, care and protection are identified by and have access to public social welfare systems.

Analytical Statement of Progress:
This year was a major shift from a fragmented and community-based approach to child protection to a more conducive environment for building inclusive government systems that detect and respond to violence abuse and exploitation of children. Statutory social work (case managers) within government is critical for responding to child protection violations. Until 2014, the Myanmar Government had not assigned staff for this specific purpose. After intensive consultations with UNICEF a critical shift took place in 2014 within the Department of Social Welfare leading to their commitment to invest in social work case management with their own resources. UNICEF is supporting this effort to ensure that the reach of government social workers is effective, positioned to go to scale, and is linked with other departments, ministries, and NGO/CBOs working on child protection. 2014 was therefore focused on developing new training with the government, human resource deployment strategies, and preparing for roll out of the new government social workers.

NGO partnerships which in 2013 and part of 2014 had focused on child protection in selected villages across Myanmar were adjusted in 2014 to backstop the roll out of government social work case managers. This adjustment of the overall approach is the reason why the total number of children covered in 2014 remained relatively unchanged from 283,302 to 283,362. The increase in the number of children accessing public social welfare services (40,016 to 51,322) can be attributed in part to the inclusion of all registered orphanages in the country, which was not included in previous calculations of the indicator. In addition, scaled up interventions in Rakhine and Kachin, including the launch of national and sub-national working groups on child protection in emergency have increased the number of children reached in emergency settings. It is anticipated that in 2015 the new government social work case managers, who will be accountable for large geographical areas and who will be supported by NGOs and CBOs, will significantly increase the coverage of children, and also the number of children accessing child protection and social welfare services. The initial focus of the government system is on identifying and responding to physical violence, sexual abuse, abandonment, children living and working on the streets, and children in need of reintegration support. Social work case management is a key pillar of the National Social Protection strategy,
adopted by the Government in 2014. The Department of Social Welfare has positioned itself in 2014 to scale up its ability to implement the national strategy.

Political advocacy with the Myanmar Government as well as the international community resulted in an extension of the Plan of Action with the Tatmadaw to end the use and recruitment of children in the armed forces and acceleration of children identified and released from the Myanmar armed forces. As a result, 70 per cent of all children released by the Myanmar Armed Forces since the signing of the Action Plan in mid-2012 were released in 2014 (376).

As a larger number of children are covered, and therefore accessing, needed social welfare services, the quality of services must also be enhanced. One critical part of this is alternative care. While the total numbers of children in institutional care are unknown, available evidence shows that the numbers are likely to be increasing, in part due to the increased number of tourists in the country and the tendency for tourists to give funding to orphanages. Foster care and supported kinship care are not yet available in the country. Under the leadership of DSW for the alternative care and systems building agenda, UNICEF has worked closely with a variety of local and international NGOs, including Save the Children and Myanmar Red Cross Society. A number of civil society organizations were involved in the lead-up to a National Forum on Prevention of Family Separation, and UNICEF has increasingly engaged with the private sector – in the form of travel and tour companies – to raise awareness about orphanage tourism. Importantly, the Government of Myanmar instituted a temporary moratorium on the establishment of new orphanages in the country while more systematic data is gathered and analysed, and family based alternatives are developed. This is due in large part to the advocacy conducted by UNICEF Myanmar during the course of the year.

Although UNICEF has accelerated work with the Myanmar Police Force and the Supreme Court to advance training, the space for rule of law reform in the country has not yet opened up, leaving this work partially constrained. Linking child friendly police interventions with the social work case management system is planned for 2015.

Key barriers for scaling up the work is the lack of bilateral and multilateral support for child protection and social welfare more generally. While many development partners are focused on important groups of children (those affected by armed conflict and emergency and child labour), there is limited support, both politically and financially, for child protection system reforms that are taking place.

**OUTPUT 1** Strengthened policy and programmatic decisions on alternative care for children.

**Analytical Statement of Progress:**
Evidence on the number of registered institutions shows that the number has dramatically increased by 91 per cent since 2011. 2014 was an important year in terms of securing commitment from the Government to comprehensively address the issue. A White Paper on Preventing the Spread of Orphanages in Myanmar and Prioritising Safe Supported Family Care for Children was developed by UNICEF, outlining international legal principles, the situation in Myanmar, regional lessons, and a list of suggestions as to how the Government of Myanmar should tackle the issue. This was followed up by a study tour to Cambodia with high-ranking Myanmar officials to see the consequences of unregulated orphanage care proliferation. This resulted in advancing shared understanding and government commitments in this area. The Government immediately committed to a temporary moratorium on the establishment of new orphanages in the country until a thorough stock take of the situation is undertaken and the legal and policy environment is adjusted to fit the national context. A National Forum on the
prevention of family separation took place following the Cambodia visit with over 200 participants from across Myanmar, where the issues were discussed in depth and the Government announced its plans.

In an effort to change the public’s view on orphanage care, awareness-raising materials on the prevention of family separation were launched nationwide. UNICEF engaged with the Ministry of Hotels and Tourism in order to address the issue of orphanage tourism. A series of awareness-raising sessions were held for members of the Tourism Federation, as well as tour guides, travel operators, and hoteliers. Pamphlets aimed at raising the knowledge of tourists on orphanage tourism were developed in conjunction with the Government and are being distributed to tourists.

In the coming year, UNICEF will support the Government to develop a comprehensive study on institutional care. Increased advocacy with the government to develop family based alternatives will be undertaken and a pilot on foster care will be developed. Increased engagement with the public on the issue, both domestic and international tourists will also continue.

OUTPUT 2 Increased social welfare system capacity to respond to child protection cases.

Analytical Statement of Progress:
The reform environment, and the Ministry of Social Welfare’s desire to learn more about global good practice around social welfare system development and child protection has created important opportunities. A joint review of Government / UNICEF work to date in 25 pilot townships, led to the Government’s decision to hire 81 social work case managers towards the end of 2014. This has been delayed due to the roll out of the training. Three social work case managers will be deployed into each of the Department of Social Welfare’s offices in early 2015.

In December 2014 training was completed for 20 DSW Core Trainers, who will be responsible for training the 81 Case Managers in 2015. UNICEF supported DSW by developing a comprehensive Case Management Curriculum, and with NGO partners Save the Children and the Myanmar Red Cross Society, developed the systems and processes necessary for case management. The NGOs will be present in 19 townships, providing technical support to DSW Case Managers, as well as awareness-raising.

The national social protection strategy, which has high political attention, puts a strong focus on social work case management, and should help DSW further attract national resources to scale up in 2015 and beyond. The lack of a child protection policy was highlighted, and agreement to develop the first such policy was secured. UNICEF partnerships with NGOs and civil society, once structured to support the pilots, have been re-positioned to support the government’s expansionary plan. Linkages with the national social protection strategy have been established.

In late 2014, DSW announced that they were recruiting 129 new staff and requested UNICEF’s assistance to provide pre-service training. A curriculum was developed and all staff received a one-week introduction to social work practice, with a focus on child protection and case management. Together with the development of a case management system, the pre-service training indicates a strong desire by DSW to expand and up-scale their staffing knowledge and presence in Myanmar, and is a significant step towards building a comprehensive, sustainable child protection system within the framework of a national social protection strategy.

OUTPUT 3 Strengthened legislative and institutional capacity to provide adequate care and protection to children in contact with the law.
**Analytical Statement of Progress:**

2014 saw accelerated action on the re-drafting of the national Child Law. A full draft was prepared with the leading government ministry, the Ministry of Social Welfare Relief and Resettlement, with numerous technical consultations supporting the drafting process. The Myanmar Police Force, Supreme Court, Attorney General’s Office, various UN agencies and NGO stakeholders were consulted. The draft is scheduled to be scrutinized by all relevant key ministries and shared with civil society for an extensive discussion before it follows the standard procedure of adoption of new legislation.

Progress was made in enhancing capacity building initiatives for justice system actors. UNICEF secured additional training time for judges in child-friendly judicial procedures and the rights of the child, and continued advocacy (in collaboration with the United Nations Development Programme and others) with the Supreme Court has taken place to ensure child centred reforms are prioritized.

The UNICEF child protection team, in cooperation with the training school of the Supreme Court, trained 189 judges on child rights in the context of the justice system and child friendly judicial proceedings, bringing the total number of judges trained over the target of 500 since 2011. However, the absence of a larger rule of law reform and strategic reform directions of the justice system has made it difficult to engage the Supreme Court on needed reforms within the court system. The Myanmar Police Force (MPF) has been open to dialogue and reform, and enhanced training for police at decentralized level. UNICEF and the MPF have trained 80 police officers in Rakhine and Kachin states of Myanmar on child-sensitive police procedures – the first trainings on child protection issues for the police to be organized in these regions. Agreement was secured from the Myanmar Police Force on further expanding the scope of cooperation in 2015. This will include a review of its training programme on child-sensitive police procedures, a more robust and sustainable training of police staff and linking these new efforts to the child protection case management system development under the Department of Social Welfare.

**OUTPUT 4** Increased efforts to protect children from exploitation including child labour, trafficking and the commercial sexual exploitation of children.

**Analytical Statement of Progress:**

Continued work with the Factories and General Labour Laws Inspection Department (FGLIID) of the Ministry of Labour to increase capacity of the Government to identify and respond to children working in shops and factories showed good progress. UNICEF supported the development of the first Child Labour Monitoring Checklist in Myanmar – a tool for Labour Inspectors of the FGLIID to identify child labour cases at workplaces. The instrument was piloted in 31 factories, shops and establishments and was finalized. All labour inspectors assigned to seven key townships and an additional 20 newly recruited inspectors were trained on children’s rights at work, child labour and the usage of the checklist.

UNICEF conducted training for approximately 780 employers (representatives from factories, shops and establishment) in 14 industrial zones of the Yangon Region on child protection, child labour and children’s rights at work. The FGLIID has taken the chair position in the Child Labour Technical Working Group set up to support implementation of International Labor Organisation Convention 182, which was ratified by Myanmar in December 2013. The technical working group, composed of all key ministries and stakeholders, is an important forum where programmes and policies can be designed in a collaborative way. Through the UNICEF-supported Child Law revision, the first steps have been taken to redefine the minimum age of children’s employment and improve standards related to children’s involvement in hazardous
work and worst forms of labour.

Trafficking interventions in 2014 were characterized with an increased focus on refining legislative framework, defining norms and guidelines, and understanding quality gaps in prosecution, protection and prevention programmes. The review of Myanmar’s Anti-Trafficking Law was initiated, and Standard Operating Procedures on Protection of Victims between Thailand and Myanmar were supplemented with operational annexes. Both of these initiatives benefitted from UNICEF’s active involvement to ensure that the rights of children are adequately reflected.

The work on trafficking and child labour is increasingly being linked with the development of a broader social welfare / social work system. New studies are in the pipeline, which will increase the availability of data in 2015, including on the impact of migration on children.

OUTPUT 5 National and international standards are implemented to prevent and respond to grave violations against children as per United Nations Security Council Resolutions 1612/1882 and to contribute to on-going peace building including responding to emergencies.

Analytical Statement of Progress:
Successful advocacy with the Myanmar Government and international partners resulted in an extension of the existing action plan to prevent and end use and recruitment of children by the armed forces. Increased positive collaboration with the Tatmadaw, including the initiation of regular case review meetings on the suspect minors list helped to accelerate results, including increased discharges of children (70 per cent of all the children released since the 2012 Joint Action Plan were released in 2014) and increased access to monitor battalions and Border Guard Forces.

UNICEF has supported and oversaw the social-economic reintegration with NGOs and fosters inter-ministerial collaboration to improve access for critical services. In recognition of a lack of national and sub-national coordination on child protection in emergency and mine risk education, UNICEF launched sub-sector working groups in Rakhine, Kachin, and Kayah.

Initial mapping of existing child protection activities and programming in both Rakhine and Kachin states was conducted. A KAP study on mine risk education was carried out in the South East and Kachin and will inform the development of a core tool kit. Similarly, a KAP study was conducted on the situation of adolescents in Rakhine. Psycho-social support as well as community-based child protection mechanisms such as Child Protection Groups were maintained and strengthened in emergency-affected areas to scale-up prevention and ensure immediate referrals of children survivors or at risk of violence, exploitation and abuse. An integrated programme on nutrition, gender-based violence and child protection was also piloted in Kachin. Specific child protection intervention in the context of disaster risk reduction have been piloted in collaboration with the Myanmar Red Cross. UNICEF also launched cross cutting work on engaging with adolescents, noting a gap across the country in terms of coherent adolescent programming.

The release and reintegration of children associated with armed forces will remain possible only if the positive relationship is maintained with Tatmadaw and the Ministry of Defence, and MOD and could be hampered by a resurgence of conflict especially in Kachin and Northern Shan. Child protection interventions are hampered by limited access and presence of UNICEF in critical areas such as Northern Rakhine State or some areas in Kachin.
OUTCOME 7 By the end of 2015, boys and girls benefit from increased budget allocations under health, education, social welfare and protection addressing the needs of the most vulnerable.

Analytical Statement of Progress:
In 2014, the Myanmar Government continued to increase budget allocations for basic social services, in particular health and education, as well as for spending at State/region levels. However, analyses show that additional increases are necessary to align Myanmar to other ASEAN countries, and reach a minimum provision of quality basic services to families and children.

Particularly concerning is the lack of investment in social welfare services, which have the responsibility over all the most vulnerable groups in the country (ECD services, children with disabilities, children in need of protection). Continuous advocacy on the need to invest on a system of integrated social services, with social welfare professionals at the centre, was conducted throughout the year.

An analysis conducted by UNICEF in cooperation with MDR on budget allocations in Myanmar for the last four years, helped to highlight the serious concerns related to the scarce allocations in the social sectors, in particular for social welfare. The analysis also provided additional evidence on the large availability of resources that could be invested, allowing to appease any concern on fiscal space.

Public finance for children has been selected in Myanmar as the UNICEF office-wide advocacy priority, and several initiatives were promoted to enlarge the critical mass of people, in Government and in the civil society, engaged in promoting increased social investment for children.

UNICEF maintained its position of leading advisor for the Government in the sectors covered by social policy and child rights monitoring. The competent and attentive technical assistance provided in both cases, together with the formulation of credible and sustainable proposals, contributed to the increased trust of Government counterparts towards UNICEF, and to the achievement of three key milestones in the direction of improved systems of service and governance for children.

- A national social protection strategy was finalised by the National Technical Support Group led by the Ministry of Social Welfare, Relief and Resettlement. UNICEF functioned throughout the year as the coordinator of international agencies contributing to the development of the strategy (in particular ILO, WFP, World Bank, Save the Children, Action Aid, Help Age International). The strategy, approved by the President’s Office in December, will be included in the budgetary discussions for 2015.

- Due to the support provided through an EU-funded multi-country programme on birth registration, the number of children receiving a birth certificate in Myanmar substantially increased. In particular there were significant increases in the three states where interventions were concentrated: an estimated 20 per cent increased coverage in Mon State; 41 per cent increase in Magwe, and a 300 per cent increase in Chin State, where the coverage was the lowest in the country.

- The first Local Social Plan was developed by the State Government in Chin, with the technical support of UNICEF and the INGO MIID. The proposals developed within the plan
were submitted by the State Government to the central budgetary commission for increased budget allocations starting from 2015. If approved, they will represent the first decentralised allocation of funds for social services ever implemented in the country.

The social protection dialogue has given UNICEF the opportunity to increase attention on the needs of the most vulnerable and marginalised children. A continuous analysis of the context, and of the economic dynamics of the country is at the base of the strong advocacy developed for the establishment of a universal child benefit for children, with particular attention to the first 1,000 days of life (including six months of maternity). Such programmes are expected to start in 2015.

Under the leadership of the UNICEF social policy unit, inter-sectoral coordination was initiated on enhancing the agenda for the social inclusion of children with disabilities. The first steps in this were the initiation of a thorough data collection for a situation analysis on children with disabilities and the establishment of partnerships with key national NGOs promoting the rights of children and people with disabilities, through the contribution to the ASEAN forum on disabilities organised in December.

The child rights monitoring agenda, aiming at supporting the increased production of solid and reliable evidence on vulnerable children through specific research and the development of child-focused township profiles has seen less progress than expected. The completed recruitment of additional staff for the UNICEF team, as approved in the MTR, is expected to allow for an increased focus on innovative initiatives for the production of new evidence on the fulfilment of children’s rights in Myanmar.

OUTPUT 1 The situation of children, with focus on disparities and vulnerabilities is defined and analysed at national and regional levels.

Analytical Statement of Progress:
Together with a very promising increase in the coverage of children receiving a birth certificate, 2014 saw continued progress in birth registration system strengthening, with the creation of a new dedicated Government committee. With the development of a new birth registration e-platform, the Government will for the first time create permanent electronic records of registered children, in addition to generating continuous data on the coverage of birth registration. UNICEF has positioned itself as a leading agency in this area, and is in initial discussion with partners over conducting a cluster review of vital statistics under the National Strategy for Development of Statistics process.

Availability of data continues to be an issue in Myanmar. UNICEF has been engaging in negotiations with USAID over questionnaire content of the upcoming Demographic and Health Survey. A limited number of questions relating to ECD and child discipline will be included in the survey, although evidence will not be collected on child protection and child disability. For this reason, a thorough situation analysis on children with disabilities was initiated, collecting quantitative and qualitative data on access to services and opportunities. The report will be finalised in 2015.

The use of data for evidence based planning at township level was promoted through the development of a set of child-centred township profiles; initiated in all the townships of Mon State (10 in total, representing 3 per cent of the total number of townships in the country). The work will be continued in other states next year, starting in Kachin.
An inter-sectoral working group on innovations was created in the UNICEF office, with specific focus on the use of new technologies for knowledge management and rapid data collection in areas related to child rights monitoring. The possibility to conduct rapid surveys through mobile phones will allow the office to increase its capacity to produce evidence in identified areas, in particular in those not covered by administrative data on child poverty and protection.

The national evaluation agenda has not been enhanced during 2014, and is not yet a priority in the Government reform agenda. In consideration of the need to strengthen the monitoring and evaluation component of the country programme, a new unit was created in the office with two M&E specialists along with an evaluation specialist who is shared between three UNICEF country offices.

**OUTPUT 2** By the end of 2015, national and sub-national policies and strategies are strengthened to address identified vulnerabilities of children.

**Analytical Statement of Progress:**
As a result of the national dialogue for the development of a national social protection strategy, a comprehensive social protection strategy was finalised in November and approved by President’s Office. The strategy reflects a very progressive approach by promoting universal cash transfer programmes for pregnant women and children and for children with disabilities, together with five other “flagship” programmes including school feeding, public works, and a universal social pension. The strategy also contains two highly innovative components: the promotion of integrated social protection systems through the creation of social welfare units and the involvement of social workers at township level, and a strong link between integrated social protection services and disaster risk reduction. UNICEF has continued to gain the trust of the Ministry of Social Welfare, Relief and Resettlement as a principal advisor on social protection options for children, in particular related to the development of a model of integrated social services for Myanmar, on which the social policy and child protection sections of UNICEF work in close cooperation.

The agenda on public finance for children was further developed throughout the year through the production of analytical documents providing evidence on revenues and expenditure in the country, and underlining the golden opportunity for Myanmar to invest in children during the current period of economic expansion. Through the work in this area UNICEF has established a successful partnership with the most relevant research centre in the country (MDRI) and with NGOs actively engaged in promoting investment for children (Save the children and Spectrum).

Continuous work is ongoing to increase the critical mass of civil servants and members of the civil society sensitized on the need to increase budget allocations for social services benefitting families and children, as well as increasing the transparency of the budget process.

The local social plan for Chin State was completed, and a specific budget request for 2015 was formulated by the Chin State Government to allow for dedicated allocations for social sectors projects identified to respond to the needs of the population. The dialogue facilitated between the civil society and the State government resulted in an increased cooperation in identifying social needs, and interventions in the social sectors aimed at addressing them. The methodology developed will be presented to the Central Government in the first quarter of next year, to be promoted nationwide.
OUTCOME 8 The regular and humanitarian response is effectively supported through enhanced management, planning, M&E, advocacy & partnership, communication, supply and operational support.

Analytical Statement of Progress:
Smooth implementation of humanitarian response and regular programmes was efficiently and effectively supported by all cross cutting programmes including supply and operational support.

Over 90 per cent of management and operations priorities and over 90 per cent of programme priorities identified as part of Annual Management Plan were implemented. The HACT Assurance Plan was fully implemented.

The internal audit in 2014 concluded that the controls and processes over governance, programme management and operations support were generally established and functioning.

The office conducted a review of identified risks and noted that mitigating measures were on track while two new risks related to funding, especially due to elections in 2015, may result in inflexible use of available funds. The HACT Assurance Plan including micro-assessment, audit and spot checks was prepared and on track.

There were major changes in the staffing structure as a result of MTR to align human resources needs with the changing context of country programme. The office has about 86 per cent of approved staff capacity. Sixty seven recruitments were completed in 2014, despite the challenges and constraints of attracting highly qualified candidates. The HACT implementation with Government implementing partners has been introduced, with an orientation workshop conducted. HACT will be implemented effective January 2015. HACT with NGOs has already been successfully implemented. There is no DCT outstanding over nine months and for over six months is about 2.3 per cent.

Effective and efficient governance structure and systems remained established and were functioning very well including Country Management Team, Contract Review Committee, PCA Review Committee and Joint Consultative Committee. Staff were represented and participated actively in all key office committees. Issues identified as part of staff retreat were addressed through office improvement plan and as part of annual management plan.

Contributions were efficiently managed and fund utilization was regularly monitored. Almost 100 per cent of Regular Resources funds and 86 per cent of Other Resources funds allocated for 2014 were fully utilized (100 per cent excluding funds to be allocated to future years). All donor reports were submitted on time. An effective resource mobilization strategy is in place and its implementation was monitored, especially to ensure fundraising for underfunded programmes.

Institutional C4D capacity building, monitoring and assessment of C4D programming and providing quality assurance and oversight across all programmes was a priority of the office. A C4D Overarching Evidence, Monitoring and Evaluation Framework and Action Plan was developed to institutionalize monitoring and assessments. Assessments of the measles-rubella communication campaign, birth registration campaign and “Seven Things this Year” initiative are underway.

The capacity of Field Offices was strengthened to ensure effective leadership and advocacy with State level authorities to promote child rights and sub-national programming. There was a notable improvement in establishing and strengthening partnership with sub-national authorities.
The field offices also made significant efforts to improve planning and reporting on a quarterly basis. An effective coordination mechanism was established between field offices and country office.

UNICEF Myanmar established a dedicated Planning, Monitoring and Evaluation Unit to ensure robust monitoring of planned results in a coordinated manner.

Important progress was made to operationalise the UNICEF Myanmar Advocacy and Communication Strategy 2014-17. The Office’s Advocacy, Communication and Partnership Unit was strengthened; and advocacy has focussed on four priority areas: public finance for children; the rights of all children in Rakhine; children affected by armed conflict; and the first critical 1000 days for a child’s development. A key partnership was initiated with the Ministry of Finance to analyse and advocate for public financing for children in order to influence budget allocations for basic social services in the 2015/2016 budget submission.

UNICEF Myanmar also substantially increased its preparedness capacity in 2014, scoring the highest of all countries in the review of the Key Actions with 97 per cent quality compliance in October 2014. UNICEF is also working on strengthening readiness of its Government counterpart – Relief and Resettlement Department – to ensure that the needs of children in emergencies are understood and addressed. This has ensured that child-sensitive elements are part of the curriculum of the National Disaster Management Training Centre amongst other capacity-building initiatives.

The office continued to operate under difficult and complex environment including two major emergencies due to inter-communal and other conflicts. The accessibility to certain hard to reach areas especially for cross border activities remained a challenge. The office adopted a number of approaches to reach these areas including collaboration with NGOs who have access to the affected population in these areas and may be operating from a neighbouring country. The process for visas and travel permits remained cumbersome which constrains efficiency.

OUTPUT 2 Social norms and behaviours related to child survival, development and protection are improved through effectively coordinated C4D initiatives, technical oversight and institutional capacity building.

Analytical Statement of Progress:
The key priorities for 2014 were institutional C4D capacity building, monitoring and assessment of C4D programming and providing quality assurance and oversight to C4D across all programmes.

As an outcome of upstream advocacy with MoH, the University of Public Health became the first institution to consider offering customized C4D certificate courses. The process to undertake a capacity needs assessment, design tailor-made communication for development courses and conduct a C4D training of trainers is proceeding.

For Kachin and Rakhine states, formative research on current knowledge and practices was completed. The results supported the development of the first-ever State specific Integrated Communication Strategy and Action Plans. Fifty three participants from government and partner organizations in both States were empowered on the latest C4D concepts, approaches and programming.
Based on the Monitoring of Results for Equity System Framework, a C4D Overarching Evidence, Monitoring and Evaluation Framework and Action Plan was developed to institutionalize monitoring and assessments. Assessments for the measles-rubella communication campaign, birth registration campaign and “Seven Things this Year” initiative are under way.

While the partnership with six-mainstream radio stations is progressing well, another partnership with MRTV was negotiated to produce and broadcast specialized TV programmes. A two-year action plan was developed with MRTV to jointly produce a range of TV programmes. MRTV has consented to provide free air time.

With international participation, a national Faith for Children Conference was organized in which representatives of Buddhist, Christian, Hindu and Muslim communities for the first time in Myanmar, signed a joint Declaration in support of children's rights. The conference was a great opportunity to publicly condemn the ongoing intercommunal violence and relaying the call for peace.

OUTPUT 3 Decentralized actions for the most disadvantaged children are guided by effective programme coordination and strategic leadership at the sub-national Level.

Analytical Statement of Progress:
Major efforts were made during the year to strengthen all aspects of programming at the sub-national level. As recommended by the MTR of the country programme, appropriate capacities have been put in place in all eight field offices to ensure adequate leadership to advocate for the protection and promotion of children’s rights at the sub-national level. With the availability of such capacities across all field offices, there was a notable improvement in establishing and strengthening partnership with State and Township authorities, as well as with other partners.

In the two states of Rakhine and Kachin, state level Plans for Children were developed, an important step to align UNICEF’s support within the ongoing decentralization process and to establish strategic partnership with local authorities. These plans were developed by holding extensive consultations with state and township authorities and contributed to engaging local authorities in planning, implementation and monitoring of UNICEF-supported work at sub-national level. Efforts were also made in other field offices to improve planning and reporting of UNICEF-supported work at the local level.

Within the framework of the multi-year work-plans of various programmes at the national level, quarterly plans were developed in close consultation with programme sections in Yangon and reports were submitted against these plans.

Efforts were made to strengthen partnerships and provide leadership on children’s issues at the sub-national level through sector and cluster coordination in Rakhine and Kachin and existing interagency coordination forum on other locations.

Coordination between field offices and the country office were enhanced through the quarterly meetings of the Chiefs of Field Offices. These meetings covered a wide range of programme and operations issues and provided opportunities for both field office and country office colleagues to interact on priority issues related to UNICEF’s work at the sub-national level.

Although all field offices are now staffed with a head of office, there are still sizeable gaps in filling all the approved technical posts as approved after the MTR. Due to lack of funding in
different programmes, not all the recruitment has taken place. This has created a challenge for the field offices to remain updated on the progress made on UNICEF-supported work at the local level, but more importantly to engage on sector-related strategic dialogue and consultations at state level within the context of decentralization.

The complexity and the sensitivity with the communal conflict in Rakhine remained a challenge in 2014 for UNICEF and its team based in Sittwe field office. Maintaining regular working relationship and initiating any programmatic initiative with local authorities was a challenge due to the tendency of local authorities to wait for instructions from central level authorities. The violence in March, during which the office was vandalized, disrupted smooth functioning for a considerable period of time and the staff were operating from a temporary base in a hotel until recently. In Kachin, the lack of progress with the peace dialogue between Government and KIO have significantly restricted programme activities in government controlled areas. Similar to Rakhine, the challenge of engaging local authorities on programme-related work remained a challenge in Kachin.

Communication has remained a challenge during the year. Although major efforts are underway, the situation is still far from ideal, with frequent breakdown of internet connectivity creating difficulty for the staff in the field offices to access emails and documents and respond in time.

During the reporting year, continuous efforts were made to secure funding to strengthen the capacity of field offices and these efforts will continue in 2015. In addition, back up support from the various programme sections in the country office were made available to support important activities and events, although there is room for improvement. In Rakhine, constant dialogue and discussions were maintained with State authorities on the implementation of the State Plan for Children including the Annual Review. Various options to improve communications are being explored in different Field Office locations.

OUTPUT 4 Effective and efficient management of country programme results.

Analytical Statement of Progress:
Major efforts were made by the UNICEF programmes to improve the results framework along with risks/assumption and mitigating factors. The office Monitoring and Evaluation Committee coordinated the process of the review of the results framework, with programmes reviewing their results framework that was agreed at the MTR following a highly consultative process with partners. All programmes reviewed the alignment between outcome/outputs, indicators, means of verification and baselines. The review of the logical link between Outcome/Output and Activities will be conducted during the end of the year annual review process with partners and activities will be revised as relevant and necessary to align with the Outcome and Outputs.

To improve planning, monitoring and reporting at sub-national level, UNICEF Myanmar developed a “State Plan for Children” in the two states of Rakhine and Kachin. Using these plans, the field offices develop quarterly plans and report on the achievements of results against those plans. In other locations, quarterly plans are developed within the overall framework of the Multi-Work-Plans of various programmes and reports are submitted at the end of each quarter. The office developed the 2014 IMEP in line with programme sections' work plans and office priorities which was discussed, reviewed and approved by CMT. It was also shared with the Advocacy Section to identify opportunities for office advocacy and knowledge management strategies.
The office established a dedicated Planning, Monitoring and Evaluation Unit to ensure robust monitoring of planned results in a coordinated manner. During the year, the office also strengthened the activities of the M&E Committee, which plays an important role to coordinate the review of the results framework through the monitoring and evaluation focal points from each programme section. Further efforts are needed to ensure convergence between the Emergency Committee and the Monitoring and Evaluation Committee to ensure that humanitarian results and Programme Cooperation Agreement monitoring is being followed up.

**OUTPUT 5** The rights of Myanmar children are better promoted through effective advocacy and communication, resource mobilization and partnerships.

**Analytical Statement of Progress:**
The socio-political transition in Myanmar has opened up greater space and scope for advocacy, partnerships and communication. As a result, UNICEF Myanmar’s work related to advocacy, public information and engagement with the media expanded over the past months and is expected to grow further to meet with the increased demands.

Following the recommendations of the MTR, an Advocacy, Partnership and Communication section was established, an Advocacy and Communication Strategy finalised in January 2014, and an inter-office Advocacy Committee established to provide leadership and a decision-making structure concerning advocacy and communication.

UNICEF Myanmar identified four office-wide advocacy priorities for the period 2014-17: (i) increasing public finance for children; (ii) protecting and promoting the rights of all children in Rakhine State; (iii) children affected by armed conflict, and; (iv) the first 1000 days of a child’s life.

In its advocacy to increase public finance for children UNICEF Myanmar established the evidence base through the first-ever analysis of spending by sector over a period of four years. Initial steps have been taken to engage Parliamentarians by providing them with a strong case for why budget allocations need to be increased and how this can be resourced, in order to influence public investments for children ahead of the elections in 2015.

On the humanitarian situation in Rakhine State, UNICEF Myanmar has consistently advocated for a ‘whole state’ approach that takes into account the rights of all children in the state, wherever they are living, and which encompasses development and humanitarian needs.

In Kachin, UNICEF advocated for all parties to commit to do all they can to end violence, to protect children from exposure to land mines and recruitment into armed forces, and to commit to peace.

At the same time as engaging in specific advocacy issues, UNICEF Myanmar is working to develop an enabling environment that respects, protects and promotes the human rights of children through the development of partnerships with an inter-faith platform, parliamentarians, civil society organisations and the media.

UNICEF Myanmar has increased its engagement with media outlets internationally, nationally, and with some ethnic media from Rakhine and Kachin. During 2014 UNICEF increased media coverage and promoted debate (using print, broadcast and social media) on a number of child rights issues including children released from the Myanmar armed forces, birth registration,
education reforms, ECD, children separated from their families, and the situation of children in Rakhine and Kachin. In addition, UNICEF further developed its digital strategy with the goal of using social media as a way to engage children, families, communities and social movements in a way not previously possible in Myanmar’s history.

**OUTPUT 6** Increased capacity at national and sub national levels to incorporate child sensitive elements in DRR (and resilience) platforms and actions.

**Analytical Statement of Progress:**
UNICEF recruited a DRR specialist in September and increased its participation in DRR-related forums and its collaboration with the Relief and Resettlement Department as a result. In collaboration with the DRR Working Group and RRD, UNICEF produced a child-cantered risk assessment. This will support the mainstreaming of DRR in all UNICEF programmes and serve as the basis for advocating for child vulnerability indicators to be included in all risk assessment processes at national and sub-national levels.

In October, the Government of Myanmar finalized its social protection policy and strategic plan with support from UNICEF and other development partners. At the request of the Ministry of Social Welfare, Relief and Resettlement and thanks to collaboration between the DRR specialist and the UNICEF social policy team, DRR features prominently in the policy framework and the programmes that will be launched in 2015. The DRR specialist has also been working closely with the education section and allies such as UNESCO and Plan to ensure that DRR is effectively mainstreamed in the national education sector plan.

A national workshop on mainstreaming DRR in education will be supported by UNICEF towards the beginning of 2015, gathering high-level education policy-makers ahead of the finalization of the sector plan.

UNICEF also substantially increased its preparedness capacity in 2014. Emergency Preparedness and Response trainings are being rolled-out in all field offices and UNICEF participated in two simulation exercises during the. UNICEF supported strengthening the readiness of the RRD to ensure that the needs of children in emergencies are understood and addressed. This support ensured that child-sensitive elements are part of the curriculum of the National Disaster Management Training Centre amongst other capacity-building initiatives.

Overall, the Government of Myanmar has continued its progress in implementing global and regional DRR commitments and 2014 and has shown great sensitivity to the needs and rights of children, women and persons with disability. Substantial achievements have been constrained by the lack of budget allocation to DRR activities and limited mainstreaming of DRR in development processes. Preparations for the Sendai World Conference on DRR are under-way in Myanmar, with support from the Disaster Risk Reduction Working Group and are expected to create a renewed momentum for investment in DRR.
## Evaluation

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## Other Publication

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