Executive Summary

In 2012 Myanmar underwent unprecedented changes providing UNICEF with new opportunities to promote child rights. The by-elections resulted in the representation of the largest opposition party in Parliament, restrictions on media were eased, labour unions were allowed to organise and political prisoners were released. In response, the international community eased sanctions.

Based on a new Situation Analysis, UNICEF intensified its advocacy to shape on-going policy reforms, including in education and in social protection. The dialogue facilitated by UNICEF between government, civil society and donors on education reforms is providing an aid effectiveness model for other sectors. A landmark international social protection conference resulted in the President committing to develop a systems-based approach for the protection of the most vulnerable and marginalised children. UNICEF leveraged ‘A Promise Renewed’ initiative to secure governments’ political and financial commitment to further reduce under-five mortality.

UNICEF successfully partnered with new institutions to further promote the child rights agenda while institutions are at a formative stage. Using MICS data, advocacy meetings with Parliamentarians were held on their role in social budgeting. South-south linkages were brokered between the Myanmar Parliamentary Committee on Women and Children and similar committees in Vietnam and Indonesia. UNICEF facilitated dialogue between the Myanmar and the Indian and Indonesian Human Rights Commissions to learn from their interactions with CSOs, government and the UN.

Capitalising on the Government’s peace building agenda, UNICEF expanded its outreach to children in cease-fire areas. In Mon State, support to a state-wide approach to education management has built capacity of both government and non-state education authorities starting with the introduction of common data system for schools managed by both parties. UNICEF was also able to reach immunization services to remote ethnic minority areas such as the Wa autonomous region through partnership with Wa non-state actors.

The Signing to the Action Plan with the Myanmar Armed Forces (Tatmadaw) to prevent and stop gross violations of the rights of children in armed conflict was a breakthrough as a result of long-term advocacy by UNICEF and partners. UNICEF is co-leading the Task Force established to implement the monitoring and reporting mechanism and will extend similar partnership with non-state armed groups.

In spite of these promising developments, the environment for securing children’s rights remains fragile as exemplified in the resurgence of inter-communal tensions in Rakhine and government and ethnic minority conflict in Kachin. UNICEF leads the WASH, nutrition and the education sectors, the latter with Save the Children Fund (SCF), ensuring analysis, resources, partnerships and implementation mechanisms are in place to deliver the Core Commitments for Children (CCC). In Kachin, access, especially to non-government controlled areas remains limited and UNICEF is operating through remote partnerships. Situations of conflict are one of the factors driving disparities in outcomes for children along with poverty, geographic location, gender and identity.

The development of national plans and aid effectiveness mechanisms in 2013 will provide new opportunities for the country to promote children’s rights. UNICEF will continue to advocate for these processes to be Government-led and inclusive of all actors in multi-cultural and diverse Myanmar.

Country Situation as Affecting Children & Women

Myanmar continues to witness exponential change with political and economic reforms progressing in 2012, offering opportunities to promote the rights of children. The main opposition party and its leader are now represented in Parliament. Media liberalisation has increased, more political prisoners have been released and trade union activities continue to be permitted. An investor-friendly foreign investment law has been passed. Most of the sanctions imposed by the US and the EU have been lifted, paving the way for the entry of the World Bank, the Asian Development Bank and International Monetary Funds (IMF) technical assistance on
fiscal and monetary issues.

Annual GDP growth for the 2011-2012 fiscal year was 4.8 per cent and is forecasted to accelerate until 2016-2017 (Economic Intelligence Unit, http://country.eiu.com/Myanmar). Fiscal reforms resulted in Myanmar unifying its different exchange rate regimes under one free-market rate. The government budgetary goal is to increase spending on the social sectors while decreasing the deficit. However, data on inflation does not capture the actual rise in prices and the IMF recommends caution to avoid economic shocks.

The budget process is being vetted by the Minister of Finance for the first time in recent history, but budget data availability in the public domain is scant. The tax base remains amongst the lowest in the world and is largely reliant on revenues from extractive industries. A World Bank assisted Public Expenditure and Financial Assessment is underway, the results of which are likely to serve as a baseline for triggering development policy operations by the IFIs in the future.

Preparations are also underway for a census in 2014, after a hiatus of 30 years, and Government has committed to ensuring all ethnic groups are included. The publication in 2012 of the 2009-2010 MICS data, and requests by national and state parliamentarians for regional dissemination, also reflect the opening of space for policy dialogue. The data shows that while the situation of children in Myanmar continues to improve in many areas, there are wide disparities between urban/rural areas, state/region of residence, and wealth level. For example, whereas 79 per cent of the richest children in the country complete primary school on time (aged 9 years), only 31 per cent of the poorest children do so. More than 95 per cent of children under-five from the wealthiest families were registered at birth, while only half of those from the poorest families are registered (MICS 2009-2010, http://www.childinfo.org/files/MICS3_Myanmar_FinalReport.pdf).

States and regions which are home to ethnic minorities, such as Chin, Shan and Rakhine States, tend to be behind on most indicators of child well-being. In Chin State the birth registration rate is as low as 24 per cent, while 58 per cent of under-five children are stunted. Data from MICS 2009-2010 showed that deprivation based on ethnicity, wealth and geographic location extend to basic social services such as antenatal care, attendance of skilled personnel during delivery and access to education. Disparities could be even wider than those revealed by MICS data; while the quality of overall data is good, certain locations could not be accessed due to security issues.

Public spending in the social sectors remains very limited despite increases in the 2012-2013 budget cycle. As a percentage of GDP, education, health and social welfare budgets currently amounts to 1.46 per cent, 0.76 per cent and 0.04 per cent respectively (UNICEF calculations based on Ministry of Finance 2012-2013 budget data).

This low public resource allocation for the social sectors impacts on both the supply and quality of service delivery, leading for example to: services not being available (particularly in remote areas) or not being of adequate standard; insufficient personnel, especially trained service providers; low salary levels and low investment in capacity development. The social welfare sector has particularly suffered.

Social sector service delivery in Myanmar is also hampered by diffused management and coordination. In many sectors, implementation responsibility is disbursed among multiple agencies undermining efficiency and effectiveness; and coordination among them needs to be improved.

Recognising these challenges, the Government of Myanmar has signed the ‘A Promise Renewed’ pledge, which will add momentum to efforts to address barriers to health service delivery. The education sector reform also offers opportunities to overcome constraints to equitable access to quality education.

Openly recognising the challenge to reduce poverty and disparities, the Government invited development partners to a Development Policy Option workshop in early 2012. The drafting of a 20-year national comprehensive development plan is being led by the Ministry of Planning and Economic Development. Accompanying aid effectiveness principles are also being developed. As part of the UN response, UNICEF is providing technical inputs to these policy processes and advocating for the aspirations of children from
different ethnic groups to be acknowledged in these processes.

Given that Myanmar has experienced conflict with its minorities for almost 60 years, it is noteworthy that ceasefires struck with different armed groups have largely been maintained. However, conflict has resumed in Kachin state and violence erupted between ethnic Rakhine and Rohingyas in the north of Rakhine state. In the South East, displaced populations are expected to return. Almost 695,000 people have been affected by the conflict, the majority of them women and children (OCHA, 2012). The Government has set up the Myanmar Peace Centre to act as a bridge between government and non-state actors and facilitate the peace processes.

Country Programme Analytical Overview

Responding to the changes in the country context, the programme has focused on strategic support for policy reforms; demonstrated how barriers to service delivery can be addressed through models for scale up; and, contributed to peace building efforts through specific provision of social services in cease-fire areas.

The country is increasingly adopting a participatory policy making approach which provides new opportunities to promote inclusive child-friendly legislation and policies. UNICEF has supported the: i) first ever government-led comprehensive, inclusive review of the education sector; a process that involves non-government stakeholders including people from different ethnicities; ii) development of a cross-sectoral early childhood development (ECD) policy, now ready to be tabled in Parliament; iii) commitment from the Government on eliminating new HIV infections among children by 2015 and keeping their mothers healthy; iv) revision of the Child Law so that it is increasingly in line with the Child Rights Convention; and v) initiation of a national dialogue on social protection systems to tackle child vulnerabilities, called for by the President himself.

UNICEF has provided service delivery support: i) in ‘green-field areas’ of ECD and non-formal education for school dropouts in remote areas, using a public-private NGO partnership model; ii) to tackle stunting using home fortification with micronutrient sprinkles, with plans for scale up through the Government’s commitment to the SUN initiative; iii) for the introduction of couple counselling services to aid with early identification of HIV infection and to reduce new infections among pregnant women and couples, which can potentially be scaled up through Global Fund resources; and iv) to the launch of a Government-led National Campaign on Sanitation to promote the Open Defecation Free approach.

Opportunities presented by the cease-fires and the decentralization process were used to promote peace building via on-going programmes. In the post-conflict Mon state, UNICEF initiated the ‘whole state’ approach to education that brings state and non-state actors together to collectively plan and manage education. Pride and respect for cultural diversity and other peace building messages were included in a life skills education curriculum that has been scaled up to all primary and secondary schools. Storybooks were designed celebrating cultural and linguistic diversity, a key feature of Myanmar’s multi-ethnic society that can be used in ECD centres. Breakthrough immunization services were provided in Wa self-administered region, a cease-fire area in Northern Shan State, as part of the sub-national response to the Vaccine Derived Polio Virus outbreak. Immunization support was provided through non-government Wa health staff in areas that are difficult to reach and where government counterparts cannot access.

During the mid-term review of the programme in 2013, UNICEF will realign its strategy and resources in order to match the pace of reforms in Myanmar.

Humanitarian Assistance

In 2012, UNICEF responded to conflicts in Rakhine, Kachin, and displacement in the South East and a low intensity earthquake in Sagaing.

Mobilising additional human and financial resources for the Rakhine response, UNICEF led the WASH, nutrition and education sectors, the latter with SCF. Enhanced coordination, clarity in roles amongst partners and
collection and use of real time data is resulting in progressive coverage of facilities. However, space for sanitation facilities and long-term availability of water sources in camp settlements are constraints. The onset of the rainy season is likely to exacerbate existing poor conditions. A detailed assessment was conducted for education in Rakhine state.

In Kachin UNICEF’s response included education and WASH service and psychosocial support to children using remote programme modalities in inaccessible non-government controlled areas. UNICEF is expanding its surge capacity in WASH to coordinate the response. An inter-agency guide for rapid assessment of IDP/conflict affected villages is being developed for the South East. At the end of 2012 the UN Resident Coordinator recommended the activation of the WASH cluster in Kachin and Rakhine.

UNICEF is co-financing, along with the UN office a Peace, Conflict and Development Analysis to inform conflict-sensitive programming.

### Effective Advocacy

*Mostly met benchmarks*

UNICEF leveraged its strong record of cooperation with the Government of Myanmar and partnerships with donors to advocate for evidence-based child-friendly policies within the current reform process. Results have been very encouraging.

i) **Consistent advocacy by UNICEF with partners over a number of years came to fruition in 2012 with the historic decision by the Ministry of Education to launch a Comprehensive Education Sector Review (CESR) - the first since 1993.** As a long-term trusted technical partner, UNICEF is well-positioned to provide strategic guidance to the Review. The review, endorsed by the President and supported by a coalition of development partners, demonstrates a new government commitment to sector reform after decades of stagnation, and evidence-based policy and planning is key to the new approach. The review also marks a significant breakthrough in the way government and development partners work together -- in a national partnership providing coordinated strategic, technical and financial support.

ii) **As a result of UNICEF advocacy and support, a holistic National Early Childhood Care and Development (ECCD) Policy was drafted, which aims to support an equitable start in life for all children.** The drafting process was undertaken by an Inter-Ministerial Task Force, led by the Ministry of Labour and Social Welfare, the Ministry of Health and the Ministry of Education, with cross-sectoral participation from other key government agencies and development partners. Informed by a situation analysis, the highly consultative drafting process, championed by UNICEF, is another breakthrough in public policy development in Myanmar as it engaged a broad range of stakeholders including parliamentarians, non-government agencies, educators and communities.

iii) **Sustained dialogue and advocacy through the Inter-Agency Working Group on Social Protection for Children (IAWG-SPC),** which has been convened by UNICEF and Department of Social Welfare since 2009, culminated in a landmark high-level national conference on social protection in June 2012. In the opening of the Conference, the President called for the establishment of a national social protection committee and for the development of a national policy/strategy, which generated valuable momentum towards the recognition of social protection as a policy tool that can contribute to the realization of the rights of Myanmar’s most disadvantaged children.

iv) **Since 2007, UNICEF has employed high-level advocacy with the Myanmar Armed Forces and relevant ministries to promote and secure an Action Plan to prevent and stop grave child rights violations,** under the framework of Security Council Resolution 1612. As co-chair of the Task Force on Monitoring and Reporting, UNICEF has repeatedly signalled the importance of progress on the children and armed conflict agenda with the Government. In 2012, negotiations with the Armed Forces on an agreement to identify and discharge children in the Armed Forces intensified, culminating in the signing of an Action Plan on June 27. UNICEF has also mobilized interest and commitment among the donor community to support the implementation of the Action Plan.
## Capacity Development

*Mostly met benchmarks*

UNICEF continued to build government capacity across a range of sectors. In light of on-going reforms and decentralisation, four capacity-building initiatives are noteworthy: support to Mon State (a post-conflict area) in the education sector; support to the Armed Forces in implementing the Action Plan to prevent and stop grave child rights violations; Mine Risk Education; and Community Led Total Sanitation (CLTS).

Linked to the Education sector reform and the decentralisation process, UNICEF is supporting the development of a comprehensive planning, management monitoring and budgeting system for post-conflict Mon State. As part of this ‘whole state’ approach, UNICEF is building capacity among government counterparts to develop the Township Education Management Information System (TEMIS). The TEMIS will help inclusive planning and management by providing data on all schools in the State, including those in post-conflict areas. Training was provided in 5 townships and preparatory work is underway in all 10 Mon townships for implementation of TEMIS.

Myanmar’s old system (EMIS) is largely paper-based and error-prone. UNICEF’s support to TEMIS helped the Ministry of Education finalize data collection forms and modules for data entry, and the analysis that was generated is already being used for management decisions. Participants in the training sessions reported that this was the first time they were able to actually see and interpret indicator estimates for their townships. Previously they had only ever submitted absolute figures to those in authority.

UNICEF capacity-building support to the Myanmar Armed Forces focused on helping them meet the commitments in the Action Plan to prevent and stop grave child rights violations. Training sessions on the content of the Action Plan and its implications, operationalizing the identification and discharge of children, was provided to officials at different levels. In 2013, UNICEF will support the Government and partners to strengthen the reintegration of discharged children in their communities.

UNICEF’s engagement with the Government on the issue of children in armed conflict has paved the way for the development of a Mine Risk Education (MRE) agenda in Myanmar. As part of the work to build capacity and equip the Department of Social Welfare to lead a Mine Risk Education working group for coordinated action, UNICEF supported a study tour for members of the working group from the Ministries of Defence, Education and Social Welfare to Cambodia to meet with experts at the Cambodian Mine Action Centre and the Cambodian Mine Action Authority. Mine Risk education training was held with different stakeholders. As the recently established Myanmar Peace Centre is now mandated to lead Mine Action activities, UNICEF will review its support for Mine Risk Education in 2013.

UNICEF introduced the community led total sanitation (CLTS) to Myanmar in 2011 and trained government and NGO functionaries to scale this up to 16 (out of 330) townships in 2012. This new approach requires a shift away from the previous focus on constructing sanitary latrines to the promotion of open defecation free communities.

## Communication for Development

*Initiating action to meet benchmarks*

Myanmar is an extremely multicultural nation and is home to a wide range of linguistic groups. A priority for C4D activities in 2012 involved research to identify influence wielders who could serve as advocates for behaviour change within some of the more disadvantaged minority communities.

UNICEF developed a C4D initiative titled ‘Seven Things This Year’ and sought government support for the initiative. This initiative focuses on seven simple practices that, if adopted by families and communities, will help address child health issues. The number seven is viewed as significant within the culture of many communities in Myanmar and so provides a useful cultural reference point to engage prospective audiences. Materials to promote adoption of these practices have been created and a community support modality to aid
awareness and encourage change has been proposed.

C4D programmes seeking to engage religious leaders as champions of child-friendly practices and to scale up exclusive breastfeeding in remote communities are also under development.

In 2012, research was undertaken and a strategy was developed to address low school attendance rates in parts of Rakhine State, but implementation was postponed because of unrest currently affecting those communities. Scoping work was initiated to explore the use of Rapid SMS to promote behaviour change messages.

### Service Delivery

*Mostly met benchmarks*

Myanmar has embarked on the process of policy reform but improvements in direct service delivery through increased allocations to the social sectors will take time. As UNICEF and development partner support transitions to strengthen policy reforms and government systems, direct service delivery interventions will continue to be required.

UNICEF supported government procurement of supplies required for polio, measles and BCG vaccinations and of micronutrients to tackle malnutrition. Breakthrough immunization services in post-conflict Wa self-administered region were also supported, as part of the response to a Vaccine Derived Polio Virus (VDPV) outbreak in Northern Shan State. This area, which has previously been affected by conflict and which is managed as an autonomous region, has had very low routine immunization coverage rates. UNICEF trained Wa health services staff and provided operational support for health teams to travel to the most difficult to reach parts of the region. A second round of immunization was underway at the time of the writing of this report.

As part of its free and compulsory primary education policy, the Government initiated free textbook distribution, but there remain gaps in coverage and quality of materials. In support of this, and as part of the Quality Basic Education Project, UNICEF provided free text books to all primary school children in 25 of the 330 townships in the country. Similar service delivery support is envisaged to continue in 2013, but will be aligned to ongoing policy and social sector budget reform measure.

### Strategic Partnerships

*Mostly met benchmarks*

The education sector offers a strong example of strategic partnership with government, development partners and NGOs to leverage results for children in the context of the changing policy environment.

Working in partnership with five donors (AusAID, Denmark, DFID, EU, and Norway) through the Multi-Donor Education Fund (MDEF), and in close collaboration with the Ministry of Education, UNICEF has leveraged funds of US$83 million over four years to strengthen results for children. The objective is to ensure that all girls and boys in the country, regardless of gender, ethnicity, religion, disability, or economic status, are able to enjoy their rights to a quality basic education.

The partnership represents a positive model of aid effectiveness: pooling resources and working together in a harmonised way under Ministry leadership. This has enabled significant scaling up of support and leveraged impact across the sector to improve access to and quality of education, especially for the most disadvantaged. The MDEF focus on policy, systems building, and formal and non-formal education programmes, informed by service delivery models on the ground, enhances sustainability and strengthens results for equity.

UNICEF’s Education section has also capitalized on strong relationships with government partners built over
the years to make the most of the Government’s new focus on aid effectiveness principles and greater coordination. UNICEF was nominated, together with AusAID, as Co-Chair to the new Ministry of Education-led Joint Education Sector Working Group – a strategic position which guarantees UNICEF a seat at the policy table and leverages influence for children. As Co-Chair, with Save the Children, of the Education Thematic Group, UNICEF is also well-positioned to play a convening role in bringing Ministry and development partners into closer collaboration at the technical level, and help build the capacity of the Ministry to lead sector coordination under a unified framework over the longer term.

As a result of sustained advocacy by UNICEF, the Ministry of Education agreed to allow 5 local NGOs, along with the private sector, to work to deliver the Ministry’s Non-Formal Primary Education Equivalency programme in 73 townships. This represents a significant breakthrough to provide education opportunities for out-of-school children between the ages of 10-14 years, many of whom have dropped out of school due to poverty and the need to work to supplement family income.

UNICEF recently initiated a strategic partnership with one of the most significant faith-based organizations in Myanmar. This Buddhist organization has a network of monks who are considered ‘change agents’ due to their influence. UNICEF agreed on the key behaviour change messages that will be disseminated through this network. In 2013, UNICEF will expand partnerships to other faith-based organizations, including minority groups.

**Knowledge Management**

*Mostly met benchmarks*

UNICEF’s knowledge management portfolio focussed on dissemination of evidence on the status of children in Myanmar (MICS) and facilitating access of national partners to relevant external knowledge sources and networks.

In 2012, UNICEF Myanmar, in collaboration with the Government, completed the Situation Analysis (SITAN) on Children in Myanmar. The SITAN includes data from MICS and Integrated Household Living Conditions Assessment (IHLCA) and analyses disparities among different geographic, gender, and wealth groups. MICS 2009-2010 was launched in late 2011, and regional MICS dissemination workshops continued through the first quarter of 2012. The audience included a range of stakeholders including, for the first time, Parliamentarians and State Assembly members. Both SITAN and MICS were translated into Myanmar to facilitate wider access to the documents. An adolescent version of the MICS report is being created to disseminate the key findings to school-age adolescents.

UNICEF facilitated national access to knowledge networks particularly through the Inter-Agency Working Group on Social Protection for Children (IAWG-SPC). In 2012, the high-level conference on social protection brought to Myanmar experts from international organizations and government representatives from neighbouring countries for a useful exchange of experiences. Presentation materials, minutes, and digitalized key materials related to specific technical subjects have regularly been disseminated to members of the IAWG-SPC.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

**Gender Equality**

*Partially met benchmarks*

While gender mainstreaming is a cross-cutting theme, two specific gender interventions are worth noting:

Gender Situation Analysis: UNICEF is participating in the joint Department of Social Welfare, UN and ADB
Situation Analysis on Gender in Myanmar. This situation analysis will provide an assessment of the situation of women and men in selected areas of economic and social life in Myanmar and will be used to support mainstreaming of gender equality priorities into emerging national, sectoral development plans and programmes of the Government and development partners.

A conflict- and gender-sensitive approach is employed in the reintegration programme of children discharged from the Myanmar Armed Forces to ensure that the gender-specific challenges for young men and boys in their transition from military to civilian life are addressed. Capacity development activities with key stakeholders ensure that practitioners supporting the implementation of reintegration programmes are trained on, and sensitive to, the protection threats, risks and vulnerabilities of boys.

**Environmental Sustainability**

*Partially met benchmarks*

Over the past two years UNICEF successfully advocated for the promotion of open defecation free communities to remove human excreta from the environment. This approach will contribute to securing sustainable supply of safe water for children. In 2012 UNICEF also began working with WHO to promote the concept of ‘Water Safety Planning’ (WSP), a process whereby the hazards and hazardous events which create risks to the supply of safe water are identified, and mitigation measures are designed and implemented in a systematic manner at the community level.

Most rural households in Myanmar get their domestic water from groundwater sources. UNICEF’s WASH KAP study of 6,000 households in 24 townships across the country found that in the summer, when sources are driest, only 68 per cent of households have access to improved sources, predominantly tube wells (35 per cent) and dug wells (22 per cent). The remaining 32 per cent use unimproved sources, with 21 per cent using surface water, mainly relying on rain-fed ponds.

The study also found that although 68 per cent have access to improved sources, only 17 per cent actually consume safe water, as during the process of transporting, storing and handling water, hygienic practices are often not in place to ensure the water is kept free from contamination.

With over 66,000 villages in Myanmar, and without local ownership and management of water supply, it will not be possible to provide every household with improved drinking water in a sustainable manner. In 2013, UNICEF will work with WHO to advocate for the adoption of the WSP process (as mentioned above) and implement the process in the target townships where a convergent WASH approach is being planned.

In 2010, Myanmar faced a drought in many areas across the country, principally caused by low rainfall. This had a direct effect on the irrigation sector which is beginning to turn to deep well irrigation systems for water supply. Experiences from other countries show that this will impact communities which rely on groundwater for their domestic water consumption. In addition, excessive groundwater pumping for agriculture is linked to increases in harmful levels of chemicals such as fluoride in groundwater. The township of Mindat in Chin state was one of the townships found to have severe water shortage in the dry season in the 2011 WASH KAP survey. UNICEF successfully provided thirteen communities in Mindat with new water systems this year from gravity-fed spring sources, demonstrating the use of appropriate technology to solve water problems.

**South-South and Triangular Cooperation**

With the ‘opening up’ of the country and the Government’s expressed keenness to help Myanmar ‘catch up’ with the region, UNICEF provided strategic support for South-South learning. For example:

i) UNICEF invited the Ministry of Education from Vietnam to participate in the conference on Development of Policy Options to present the ethnic minority language teaching in Vietnam. A high level delegation from the Ministry of Education was invited to Cambodia to learn from the Cambodia experience on education sector review, which has now resulted in the implementation of the Comprehensive Education
Sector Review in Myanmar applying a very similar model.

ii) Study tours for Myanmar parliamentarians to Vietnam and Indonesia to learn from their counterparts about bringing about child-friendly policy change through the parliamentary process were organised; as a follow-up, a workshop on social budgeting was held for parliamentarians.

iii) Support was provided to the newly established Myanmar Human Rights Commission to learn from counterparts and civil society actors in India and Indonesia and to attend the international meeting on Human Rights Commissions in Jordan.

iv) Cross-visits by Myanmar government officials to the Cambodia Mine Action Centre and vice versa contributed to UNICEF initiating Mine Risk Education activities in the country.

v) Support was provided to the Ministry of Labour and Ministry of Social Welfare, Relief and Resettlement to host a Social Protection Conference. UNICEF invited senior governmental officials from countries across the region including Cambodia, Mongolia, P.R China, Thailand, the Philippines, Korea, Vietnam, and Indonesia, to share country experiences, and thereby contributed to the social protection system building discussions in Myanmar.

vi) UNICEF supported participation of a senior government delegation to the Third East Asia Ministerial Conference on Sanitation and Hygiene (EASAN) in Indonesia where Myanmar signed the Bali declaration along with representatives from Japan, China, Mongolia, Timor-Leste and nine other ASEAN countries. The conference provided an opportunity for the Myanmar delegates to learn about new approaches and technologies, and to discuss mutual issues and experiences of counterpart government staff of neighbouring countries. The delegation also attended the pre-conference workshop on community-led total sanitation (CLTS) and scaling-up sanitation. The workshop exposed the participants to the concept of CLTS, new developments in scaling-up sanitation and the progress being made by other countries in the region.
## Narrative Analysis by Programme Component Results and Intermediate Results

### Myanmar – 0600

### PC 401 - Young child survival and development

**On-track**

**PCR 0600/A0/04/901** At least 40 per cent of families in program areas practiced appropriate Infant and Young Child Feeding and benefitted from micronutrient supplementation and can access treatment of severe acute malnutrition.

**Progress:** Community Management of Acute Malnutrition (CMAM) remains highly relevant, particularly for the poorest states in the country such as Rakhine and Chin. Difficult to access areas in Kachin and Shan States continue to harbour highly vulnerable population groups, where nutritional status is unknown. The national data collection system and MICS does not cover these areas.

National programmes to reduce vitamin A and Iodine Deficiency have had success particularly in urban and accessible areas. Progress in implementation of interventions was seen in: (a) exclusive breastfeeding communication; (b) endorsement of international code of marketing of breast milk substitutes (BMS); (c) revitalization of Baby Friendly Hospital Initiative; (d) updating nutrition pre-services curriculum and training; and (e) revised policy on maternity leave extending the period from 12 to 14 weeks. All nutrition programmes are implemented through the National Nutrition Centre (NNC), a Ministry of Health institute, with relatively limited capacity. Differential strategies to reach remote areas and non-Government controlled areas in conflict affected states will be pursued in 2013.

Data (not covering conflict affected areas) shows high levels of coverage of micronutrient supplementation for children and women. Coverage rates of vitamin A supplementation for 6-59 month old children and lactating women, vitamin B1 supplementation for pregnant and lactating mother and iron/folate supplementation for pregnant mother were over 80 per cent. More than 90 per cent children in the 2-9 year age group were dewormed. (Source: NNC, 2012)

Despite many years of nationwide iron supplementation pre and post-partum with coverage of over 80 per cent, anaemia levels remain high (source: *ibid*). UNICEF initiated dialogue with the MOH and PATH (International NGO) on the introduction of fortified rice. As a result, PATH proposed a pilot project on production of fortified rice through a multi-donor trust fund for livelihoods to be implemented in 2013/2014.

UNICEF provided technical assistance to finalise a national C4D strategy, including infant feeding practices as a core component. The implementation plan will be rolled out in 2013 supported by a robust evaluation framework to assess changes in feeding practices.

To tackle stunting and micro-nutrient deficiencies, UNICEF and other partners within the UN (WFP/FAO) and outside the UN (SCF/ACF) have joined efforts to elevate the importance of nutrition on the national development agenda through the Scaling-up-Nutrition (SUN) Initiative. Through the emerging 3MDG Fund (a new multi-donor trust fund in health) additional opportunities for influencing nutrition, within the wider framework of health systems strengthening, will be created.

**On-track**

**IR 0600/A0/04/901/001** Sustain virtual elimination of vitamin A deficiency and attain Iodine Deficiency Disorders elimination status.

**Progress:** UNICEF supported the Ministry of Health (MOH) to conduct a nationwide vitamin A supplementation campaign in February and August 2012 targeting 6 million children between 6-59 months in each round. UNICEF resident programme officers (RPOs) reported coverage rates of 86 per cent for children and 99 per cent for lactating women.[1] To assess clinical vitamin A deficiency a serum retinol survey was conducted in 15 townships. Official reports are expected in 2013. Supplementation will be integrated with the Reaching Every Community strategy to improve coverage in hard-to-reach areas.

IDD elimination remains a challenge. UNICEF-supported monitoring of salt iodization through the Myanmar
Salt and Marine Chemical Enterprise (MSMCE), at the factory and wholesale level, revealed that only 81 per cent of the 23,716 samples were adequately iodized (>40 ppm). The problems persist in factories in Yangon region where almost 70 per cent of the country’s salt is produced and in Rakhine state. The main barriers are: i) the absence of an iodization law; ii) limited follow-through of iodization process by manufacturers; iii) import and use of low iodine salt in border areas; and iv) limited public knowledge on the need to use iodized salt.

UNICEF contributed to improvements in IDD programming by: a) supporting the preparation of an IDD action plan led by the National Nutrition Center (NNC) jointly with MSMCE and UNICEF; b) technical support for a law on Universal salt iodization which was developed and submitted to Parliament for approval; and c) advocacy to new state and region governments for regular, ad hoc monitoring linked to corrective action.

[1] Resident Programme Officers’ Report (95 sites from January to October 2012)

**On-track**

**IR 0600/A0/04/901/002** At least 60 per cent of under-five children, pregnant and lactating women nationwide received preventive and curative interventions anaemia and beriberi annually.

**Progress:** UNICEF supported the NNC / MOH to conduct a nationwide deworming campaign in February and August 2012 targeting 10 million children aged 2-9 years, implemented through basic health staff and school teachers. As reported by NNC, 95 per cent of children between 2-5 years received deworming tablets. Vitamin B1 supplementation for pregnant and lactating mothers and Iron/folate supplementation for pregnant mothers were ongoing throughout the year, with more than 90 per cent of lactating women received vitamin B1 and Iron/folate supplementation. Data on Infantile beriberi, which accounts for 5 per cent of infant deaths, is now collected as part of the Health Management Information System which replaced vertical programme specific reporting.

Although national data shows high coverage of supplementation at aggregate levels, low rates continue in hard to reach areas. Further, conflict affected areas are not covered by the data. The absence of a health systems strengthening approach, inadequate financial resources and lack of skilled human resources especially in remote areas, remain significant bottlenecks.

Developing a service delivery model for implementing the national strategy on home fortification with micronutrient sprinkles, UNICEF supported 3 townships in 3 states/regions. Almost 200 basic health staff (BHS) were trained in its usage and 19,000 under three year of age children received sprinkles. The implementation support will be expanded to 17 townships based on available resources. To promote long term sustainability of the prevention of micronutrient deficiency, a rice fortification strategy was initiated in collaboration with PATH.

In 2013, supplementation will be further integrated with the minimum package of health and nutrition services delivery through the Reaching Every Community strategy in order to meet the target

**On-track**

**IR 0600/A0/04/901/003** Hospital-based treatment capacity for under-five children with severe acute malnutrition is increased from 11 to 20 Hospital Nutrition Units in 14 states/divisions by 2015 and community based treatment in high risk townships implemented.

**Progress:** UNICEF supported (re) training of 15 hospital nutrition units and provided nutrition supplies to them. This resulted in treatment of 217 Severe Acute Malnutrition (SAM) cases with complications in 5 hospitals. Community based management of acute malnutrition (CMAM) was supported in Northern Rakhine State through partnership with Action Contra La Faim (ACF) until the onset of violence, with about 1,500 SAM cases treated from January to October 2012.

The Scaling Up Nutrition (SUN) movement was initiated by Myanmar Nutrition Technical Network (MNTN), chaired by UNICEF and NNC. Advocacy, resource mobilization and action groups were formed with WFP, FAO, ACF and SC and future plans were developed to support the country on SUN actions.
As sector/cluster lead, UNICEF coordinated and responded emergency nutrition needs to IDPs of Kachin and Rakhine conflicts. More than 1,000 under-five children and 500 pregnant and lactating women (PLW) received multi-micronutrient sprinkles and tablets in Kachin State. In Rakhine State, 417 SAM and 649 moderate malnourished children received treatment and supplementation and about 4,050 under-five children and 2,237 PLW received multi-micronutrient sprinkles and tablets respectively.

National guidelines for the nutrition surveillance system were developed and endorsed by the Government in 2011 and implemented in high risk townships of Chin and Rakhine states and Magway region. UNICEF supported NNC to continuously monitor the nutrition status (support to surveys, data validation) and to take corrective action through CMAM implementation.

**On-track**

**IR 0600/A0/04/901/004** At least 40 per cent of infants in 25 townships received age-appropriate Infant and Young Child Feeding by 2015.

**Progress:** The national strategy for Infant and Young Child Feeding (IYCF) and the Five Years Plan of Action (2011/12 – 2015/16) were endorsed by the Ministry of Health and implementation started in late 2011.

UNICEF and NNC through basic health staff and volunteers started an exclusive breastfeeding communication project in 6 townships in states/regions with low exclusive-breastfeeding rates. This will be expanded to 10 townships in 2013. Endorsement of the International Code of Marketing of Breastmilk Substitutes (BMS) is in process and an advertising directive as part of this code was developed and will be issued in early 2013.

Training packages to revitalize the Baby Friendly Hospital Initiative were revised and assessment teams will be formed in 2013 to assess all the 900 hospitals in the country and develop a re-assessment system to be rolled out at 3 year intervals.

The nutrition pre-services curriculum was updated in midwifery schools. Updating of these in the universities of Medicine, University of Public Health and University of Community Health was discussed and agreed with the Department of Medical Science for rolling out in 2013.

UNICEF, in partnership with NNC, influenced changes in the labour law related to maternity leave which was extended from 12 to 14 weeks to support exclusive breastfeeding. Continuous advocacy to revise the law and grant 6 months maternity leave is an action point agreed by partners.

Technical, financial, supply and coordination support from UNICEF and commitment from government counterparts contributed to these achievements. The development and implementation of a national IYCF strategy and plan of action with inter/intra-Ministerial commitments provided an enabling framework to conduct the activities. Lack of financial commitment to the five year plan of action is a bottleneck. NNC’s marginal role in the Department of Health represents a further constraint.

**Constrained**

**PCR 0600/A0/04/902** Coverage and quality of preventive and curative services increased and appropriate key family care practices for childhood diare practiced.

**Progress:** In 2012, monumental shifts have occurred in Myanmar which could lay foundation for major improvements in health and nutrition status. The national budget for health increased fourfold and looks to increase further in the next year. The Government provided over US$ 1 million to co-finance the introduction of pentavalent vaccine, which was launched by the Minister of Health in November in the presence of members of the GAVI Board. Discussions on Health System Strengthening (HSS) have begun and a vision of achieving universal health coverage (UHC) in MNCH is emerging. A multi-donor trust fund (3MDG Fund) will start activities in 2013 and could well serve as unifying platform to engage all partners around a national health reform agenda.
Challenges include: i) MOH and partners agreeing on a sequenced health reform path; ii) prioritising the implementation of essential packages and provision of social protection against catastrophic health expenditures; iii) access in (post)conflict areas; and iv) coordinating a highly fragmented landscape of inputs and services particularly at the States & Regions and township levels. The environment for health reforms is vibrant but developments and plans are continuously outpacing government capacity. For example, the MOH is developing multi-year plans to provide a package of Essential Drugs (including vaccines) for use at Station Hospitals, Rural Health centres and Sub-centres. This plan, if implemented, is likely to be pro-poor and could not be envisaged a year back, but it is high risk as functioning supply management systems are near-absent.

Due to lack of investment the performance of the health sector is very weak. The present implementation is severely constrained by an absence of health services planning at the local level, non-existent operational budgets at township level and low capacity and shortage of staff particularly in hard to reach areas. This is reflected in high out-of-pocket expenditure (90 per cent) on health services.

There is a general agreement between partners and the Ministry that the Health Management Information System is weak and needs a major overhaul. Previous results become available late in the programme cycle and data for most indicators for 2012 are not yet available.

The UN Joint Programme on MNCH (Maternal, Newborn and Child Health) commenced in February and has improved collaboration between the three participating UN agencies (WHO, UNFPA and UNICEF). Although the programme is only for one year, collaboration will need to intensify to transition into the new 3MDG Fund. The UNH 4 actors plan to develop a joint position on how the UN can support the Ministry of Health lead sector strengthening, including health financing efforts.

**On-track**

**IR 0600/A0/04/902/005** At least 80 per cent of most vulnerable families living in the highest malaria endemic villages in 80 townships use ITN and the fever cases in under-five receiving anti-malarial medicines increased by one third in 80 townships by 2015.

**Progress:** According to vertical national programme data, malaria specific mortality has significantly decreased in recent years. UNICEF coordinates through the national malaria programme with other UN agencies, donors and implementing partners. With UNICEF support 168,125 LLINs were distributed, protecting 84,063 families from malaria in high risk villages of target townships, equalling about 67 per cent of the target. The budget did not allow additional investment, except for at the end of the year, and additional supplies will become available in 2013. Replacement investment in LLIN will need to be undertaken every third year to maintain continuous coverage. Monitoring reports and households assessments indicate that many of the families in malaria-risk villages use LLIN/ITN if they are available.

According to reports and findings of 150 monitoring visits undertaken by RPOs and Yangon staff, 146 health facilities (97 per cent) in 65 out of 80 endemic townships had no stock-out of RDTs (Rapid Diagnostic Test) and anti-malarial drugs on the day of monitoring.

In 54 Dengue Haemorrhagic Fever (DHF) high-risk townships, DHF prevention and control campaigns with larvicide Abate (1 per cent Temephos) were supported twice in 2012 covering 441,932 households. This may have contributed to prevention of DHF outbreaks as there have been no reports of such outbreaks. There are also no reports of malaria outbreaks in 2012.

**On-track**

**IR 0600/A0/04/902/006** At least one third increase in number of ARI and diarrhoea cases treated among under five through peripheral health facilities 200 townships and children in at least 250 unreach ed villages in 25 townships have access to ARI and diarrhoea treatment through community level by 2015.

**Progress:** In partnership with the Ministry of Health, the MNCH intervention was expanded to 16 new townships and UNICEF-supported MCH coverage increased to 200 townships, out of a total of 330 townships in the country. There is a two-thirds increase in the number of under-five children with ARI and diarrhoea, treated through peripheral health facilities (HMIS 2011 monitoring data), and children in around 350 underserved and hard-to-reach villages access ARI and diarrhoea treatment at community level.
In collaboration with other players and the UN Joint Programme, UNICEF ensured availability of life-saving essential drug kits in all basic health facilities of 200 townships. Monitoring reports show ORS and antibiotic availability at sub-centre level at almost 90 per cent in programme intervened townships against 50 per cent in non-intervened townships. Availability of trained health care providers was supported by training/retraining of health staff in phases. However, staff retention in remote areas and low utilization of services particularly by rural populations and the lowest wealth quintiles remain critical issues.

UNICEF supported the introduction of Community Case Management (CCM) as a medium term strategy to reduce child mortality and improve equity in health care. National training guidelines were produced and volunteers were trained in the management of pneumonia & diarrhoea in one pilot township. The evaluation of this pilot by an independent evaluator demonstrated that it is relevant, efficient and effective in the Myanmar context and it is recommended for scaling-up. The National Implementation Guide on CCM of Pneumonia and Diarrhoea by Health Volunteers which compiled the standards and norms for CCM implementation was drafted in collaboration with stakeholders. Under the leadership of the Department of Health, CCM is scaling up to four more townships. For nationwide scale up of CCM continued advocacy at the highest levels needs to continue with all partners. Data on results from CCM pilots will be analysed and used for advocacy purposes.

**On-track**

**IR 0600/A0/04/902/007** Families and communities adopt appropriate caring practices for maternal and child health in 25 townships.

**Progress:**

UNICEF supported the development of a Communication Strategy on Child Survival and Development (CSD). This strategy is meant to ensure consistency between the communication messages of the five vertical health programmes within the Ministry of Health.

UNICEF developed a C4D initiative titled ‘Seven Things This Year’. This initiative focuses on seven simple practices, which if adopted by families and communities, will help address child health issues. The number seven is viewed as significant within the culture of many communities in Myanmar and so provides a cultural reference point to engage prospective audiences. Materials to promote adoption of these practices were created and a community support modality to aid awareness and encourage change was proposed.

C4D programmes are also engaging religious leaders as champions of child friendly practices to scale-up exclusive breastfeeding in remote communities. The messages were developed and validated by Buddhists religious leaders. References from Buddhist teachings were used to promote messages about child friendly care practices.

Campaigns to promote exclusive breastfeeding, home care/care seeking and usage of LLIN treated bed-nets were agreed by the MOH and will be rolled out in 2013.

A CSD Knowledge Attitude and Practice study is being finalised and will provide evidence to design communication initiatives. A Myanmar specific IPC manual is being developed covering key family and community practices, communication and motivation skills through a participatory approach.

**On-track**

**IR 0600/A0/04/902/008** More than 90 per cent of one year old children nationwide received routine immunization (DPT3 and Measles) by 2015.

**Progress:** The GAVI supported pentavalent vaccine was successfully launched in November 2012, and co-financed by the Myanmar Government at around US$ 1 million per annum for the period 2011-2016. GAVI is also supporting the introduction of the second measles dose for the next five years.

Nationwide coverage of routine immunization as per Joint reporting Form 2012 is increased from 90 per cent to 92 per cent for OPV3, 86 per cent to 88 per cent for TT2+ and sustained at 93 per cent for BCG, and 88
per cent for MCV1 in 2011. In 2012, DPT1 and DPT3 coverage will be reduced due to a serious stock out situation lasting from last quarter 2011 into the first half of 2012, and has seriously undermined this year’s dry season vaccination opportunities. In 171 townships, rural health centres have been identified which achieve below 80 per cent coverage due to a variety of reasons, including inadequate staff, lack of transportation support and security barriers, and are targeted for support through the Intensification of Routine Immunization initiative.

A mass measles campaign was carried out in March 2012, which followed a building-up of susceptible cases since last campaign in 2007 and multiple measles outbreaks in all states. Media mobilization and extensive advocacy significantly contributed to over 90 per cent coverage achievement in all targeted states and regions in Mass Measles Campaign in March 2012. In response to the emergence of vaccine derived polio virus (VDPV) in Laukkai township, mopping up campaigns were carried out in 20 townships in Northern Shan State in last quarter 2012. UNICEF was tasked to support mopping up activities in WA Special Region, previously uncovered areas, mobilizing 140 WA health staff and 280 volunteers. This was the first time the MOH handed over vaccines to non-DOH staff.

**IR 0600/A0/04/902/090 YCSD programme support**

- **Constrained**

**PCR 0600/A0/04/903 Relevant guidelines and policies for maternal and child health developed and coverage of quality maternal and newborn interventions increased at facility and community levels in selected townships.**

**Progress:** In a fast changing policy environment, the MOH focus is moving towards sustainable health system building and reduction of Out of Pocket (OOP) expenditures. Universal health care (UHC) coverage is at the top of the agenda and MNCH is being considered as an entry point for UHC by stakeholders. The MOH produced a new national health plan that requires more accurate costing information to ensure adequate financial allocations and for policy advocacy. Sub programmes, such as MNCH and Reproductive Health can also be costed as a part of the national health plan. Implementation was delayed in 2012 due to confusion over the status and release of the inter-agency tool (OneHealth) without sufficient in-country technical support.

Reaching nationwide UHC while maintaining quality of care will be a long-term challenge. In order to accelerate steps towards the Millennium Development Goals (MDG), more emphasis is required on scaling-up a package of low cost, high impact interventions. UNICEF plans to support Government in conducting bottleneck analysis and determining the marginal cost to overcome those barriers at the sub-national level as part of the costing of the health plan.

At the service delivery level, UNICEF support for community-based newborn care (CBNBC) interventions through health volunteers played a critical role in providing early newborn care at home (over 80 per cent of deliveries are at home) as well as in improving timely referral to facilities for specialized care. The nationwide scaling-up of CBNBC by MOH and by implementing partners will be supported by UNICEF while strengthening linkages to improve maternal care including maternal nutrition. The guides for newborn care through volunteers as well as through basic health staff are developed with UNICEF technical and financial support and were made available to all stakeholders for quality assurance inputs.

**IR 0600/A0/04/903/009 Increased availability of trained workers and equipment for newborn and maternal care at facility level in 200 townships and increased access to newborn care at community level in 25 townships in accordance with developed guidelines and strategy.**

**Progress:** Community-based newborn care (CBNBC) was introduced in 20 per cent of underserved villages in 11 selected townships. Staff was trained using the national guide to ensure quality. UNICEF supported the integration of a newborn care component into the IMCI training module.

UNICEF also supported the availability of life saving medicines and newborn resuscitators (tube & mask, bag & mask) to manage two of the top three killers of newborns (infection/sepsis and asphyxia) in three fourth of 200 program townships. The training package of CBNBC was adapted from WHO reference, pretested and
applied. Female volunteers, primarily Auxiliary Midwives, were trained to provide early newborn care at home visits. The field visits evidenced that CBNBC volunteers become helping hands for overburdened midwives and can be critical resources for communities to provide early new born care. CBNBC is delivered in a package with community case management (CCM) of pneumonia and diarrhoea and communication for development (C4D) intervention to maximize child health outcomes. However, selection of townships in collaboration with the Department of Health is a challenge and time consuming process as little reliable townships’ data is available.

Over 40 per cent of newborn deaths result from complications of preterm birth and therefore represent a major challenge for a weak township health system, with untapped community resources. There is a need to undertake more thorough assessments and agree on strategies to prevent preterm births and provide effective care for premature babies. This will be a priority for 2013.

Another challenge is that many INGOs/NGOs have started implementing MNCH training using various training materials, thus indicating a strong need for standardization. UNICEF will support the MOH to standardise such training tools, including the manual on Newborn Care and Child Health nationwide.

**On-track**

**IR 0600/A0/04/903/010** Enhanced MNCH coordination, standardization and evidence-based planning, monitoring, evaluation mechanism by 2015.

**Progress:** The initial step to introduce MBB costing tool with EAPRO support at national level was undertaken in partnership with Ministry of Health/Department of Health. However, due to the introduction of the One UN costing model called One-Health Tool (OHT), the MOH/DOH decided to suspend further costing efforts using MBB in 2011. There is now agreement by the Department of Health Planning (DHP) to use OHT for costing the new national Health Plan with WHO/UNICEF support in 2013. Furthermore, UNICEF could assist at sub-national level in analysing bottlenecks and costing the respective township health plans. This will support the health systems strengthening agenda.

**On-track**

**IR 0600/A0/04/903/011** Increased proportion of pregnant women have access to key maternal health interventions in program areas by 2015.

**Progress:** Health facilities in 150 of 200 townships are supported by UNICEF and 50 townships by UNFPA to provide maternal care. UNICEF ensured the availability of medicines to treat the top two maternal complications, bleeding, and pregnancy-related hypertensive disorders, by providing misoprostol tablet and injection magnesium sulphate. The availability of clean delivery kits (CDK) to promote safe delivery and to prevent neonatal tetanus was also ensured. Field monitoring data (Jan-June 2012) shows CDK is available in 86 per cent of sub-rural health centres visited.

Standardized maternal and child health care record booklets were also made available to pregnant women to improve continuum of care along the health system and across the life cycle.

The program provided capacity building for managing maternal complications through training/retraining of health staff at primary facility in a phased manner. Health staff in 50 townships was trained in 2012 using the national guidelines to ensure standardization and quality.

The nationwide IHLCA/MICS data shows disparities in health service utilization between urban and rural areas, richer and poorer wealth quintiles and other social determinants. Bottleneck analysis to understand these constraints and develop strategies to address them, will be a priority for 2013.

**PC 402 - Water, sanitation and hygiene**

**On-track**

**PCR 0600/A0/04/904** Reduce water and excreta-related diseases caused by polluted water and poor hygienic conditions, especially diarrhoea cases in under-five children in the targeted areas.
**Progress:** Projects to improve water supply, reduce open defecation and improve WASH facilities in schools, coupled with appropriate hygiene behaviour change activities were implemented in over 400 communities across the country to reduce the incidences of water and excreta related diseases.

UNICEF continued to work with the four departments in the Health, Education and Border Areas ministries to provide WASH facilities in townships identified as having acute need for improvements in water supply, sanitation and/or hygiene. Most of the planned construction was completed or on-going by the end of the year. Recognition that construction of facilities is not the long-term solution has consistently been sought through various dialogues with the Government and other partners in the sector. Convergence with water, sanitation and hygiene has been a major focus of the dialogue with government partners during the past year. Traditionally the departments responsible for water supply, sanitation and hygiene promotion have focused separately on areas of concern, never taking into account the multiplying effect of implementing all three interventions in one area. The opportunity exists to demonstrate the advantages of focused interventions to help communities and townships become open defecation free, implement water safety planning to remove the risks to providing sustainable safe water supply, and improve WASH facilities in schools to allow children to practice the hygiene lessons learned in school. The combined effect of this convergent approach on a township will have much greater effect than any single input.

Advocacy resulted in agreement with Government on a pilot in at least one township in each state, to begin to demonstrate to state and national government the benefits of a convergent approach. The selection of these townships will be convergent with the Health and Education section target townships as far as possible. In some states two townships may be selected, and not all states will be reached in 2013. The possibility of achieving blanket coverage by 2015 across one state will be explored in 2013.

Government allocations to the sector remain low and there are disparities in WASH coverage among State and regions as well as within townships that need to continue to be addressed. In this context, in addition to its capacity development and advocacy roles, UNICEF has also provided support to service delivery. With Government signalling the desire to reform, as well as International Financial Institutions and INGOs entering the sector, there is scope for more strategic partnerships both on service delivery using a convergent approach and for policy and sector reform.

**On-track**

**IR 0600/A0/04/904/021** Communities’ access to and capacity to maintain hygienic and healthy water supply is enhanced to better protect children from contaminated water.

**Progress:** By working with various national and international partners, access to improved water supply was expanded in 2012. By the end of the year, 212 communities had received improved water supply systems and 66 more were under construction.

UNICEF’s main government partner for water supply, the Department of Development Affairs, was dissolved in 2011 and reformed to be the Department of Rural Development (DRD) in mid-2012. In the intervening time the water supply programme was placed on hold.

The other major water supply project implemented by UNICEF was under the Danida funding, where 23 communities were provided with new water systems. Using the example of a system improved by one community (built on a water supply project completed by UNICEF over 20 years ago), ten of those communities were supported to operate and maintain a household level metered system with equitable tariff collection for sustained operation and maintenance. The other thirteen communities were provided with spring source/Gravity fed systems, which are very low cost and easy to maintain.

Working with the Occupational Health (OH) department of the Ministry of Health, UNICEF continued to investigate natural chemical contamination in groundwater. Cases of dental fluorosis at the township level were followed-up and UNICEF will support the DRD to replace the contaminated water source in 2013.

UNICEF continued to provide support for arsenic monitoring. The Water Resource and Utilization Department of the Ministry of Agriculture and Irrigation, which is responsible for groundwater mapping, together with UNICEF and Columbia University's Department of Earth Science, is planning to hold a conference on Arsenic in Groundwater in Myanmar in late 2013.
UNICEF reached an agreement with WHO to introduce water safety planning in target townships across the country.

On-track

**IR 0600/A0/04/904/022** Schools have hygienic functioning WASH facilities and students practice good hygienic behaviour.

**Progress:** UNICEF works with the Department of Educational Planning and Training (DEPT), the Department of Basic Education (DBE) and two local NGOs to improve WASH facilities in schools so that children can practice the hygiene messages they learn under the life-skills curriculum.

Two approaches have been used, each with their own pros and cons:

- Where funding permitted (i.e. funding from the Japanese National Committee for UNICEF), complete WASH facilities were built at 93 schools through local NGOs; 58 are complete and 35 are ongoing. This approach included the NGO providing training to the teachers for hygiene promotion.
- The majority (290) of the WASH facilities at schools assisted by UNICEF were funded through the provision of ‘seed money’. The Parent-Teachers Associations and school boards of trustees collect community contributions to make up the remainder for the cost of the facilities.

The latter approach is more sustainable, creating ownership within the community for ‘their’ school WASH facilities, although the DEPT is increasingly commenting that it is becoming more difficult to raise funds at community level.

In October, over 365,000 children were involved in the nationwide hand-washing campaign to promote good hygienic practices.

In 2013, UNICEF will assess the two WASH in Schools approaches to determine the most suitable approach. With support from the Multi-Donor Fund for Education, UNICEF will gain technical capacity on WASH in Schools. This will allow the WASH section to focus better on WASH in Schools, develop draft guidelines, establish the best modalities for future support to the sub-sector, scale-up the hand-washing campaign and coordinate other partners in the sector.

On-track

**IR 0600/A0/04/904/024** Community Sanitation and Hygiene: Communities capacity to improve and maintain a hygienic and healthy living environment enhanced to better protect children from poor sanitation and hygiene related diseases.

**Progress:** To protect children from poor sanitation and hygiene related disease promotion of open defecation free communities is the cornerstone of the approach. This is done by using the Community Led Total Sanitation (CLTS) tool. The CLTS approach was introduced into Myanmar in 2011 by UNICEF and scaling-up began in 2012. The Department of Health and some NGOs adopted the approach and CLTS was used in 15 townships in 2012. Over two hundred villages have been triggered so far and they are on their way to be declared open defecation free (ODF) communities.

The Government’s programme of ‘promoting latrine construction’ called the National Sanitation Week, which ran for 13 years with funding from UNICEF, was stopped in 2012. UNICEF convinced the Ministry of Health to change the approach from latrine construction to promotion of open defecation free communities and the National Sanitation Campaign (NSC) was launched in May 2012. The campaign facilitated official acknowledgement of the contradiction between the sanitation coverage figures (84.5 per cent), as reported in the MICS, and the increasing diarrhoea rates, as reported by township medical officers. The Government has committed to continue the NSC until Myanmar becomes open defecation free.

UNICEF influenced DANIDA to shift from the traditional latrine construction to adopting the CLTS approach. As a result, CLTS was introduced in 40 villages in two townships. UNICEF continues to monitor both townships to help them become completely ODF. It is anticipated that one of these two townships will be the first township to be declared completely ODF in early 2013.
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**Constrained**

**PCR 0600/A0/04/905** Establish and implement supportive policies and legislative frameworks.

**Progress:**

Myanmar has nine departments in four ministries which have various responsibilities for WASH. Each ministry has its own policy, and sometimes even departments in the same ministry have different approaches to WASH issues. A WASH sector review needs to be undertaken to provide strategic direction and determine resource gaps for the sector. The fragmentation of the responsibilities for different aspects of WASH means finding a lead agency that will champion the sector reform process has been a challenge. UNICEF has advocated with the Minister of National Planning and Economic Development to set up an Inter-Ministerial task force to initiate and lead the sector review process. Examples from other South East Asian contexts have been used in advocacy with the Government.

Progress was made in drafting the National Drinking Water Quality Standards based on the WHO updated guidelines. Without a particular ministry in the lead, the guidelines have yet to tabled and approved by Parliament. UNICEF will explore ways to address this bottleneck using best practice examples from the region.

**Constrained**

**IR 0600/A0/04/905/023** National and sub-national capacity enhanced to create and maintain an enabling environment to build hygienic and healthy living conditions in the country.

**Progress:** UNICEF, partnering with WHO, supported government and other stakeholders to build consensus on the content and format of the fourth draft of the National Drinking Water Standards. UNICEF and WHO shared the cost of four workshops were held in 2012, following the initial workshop in 2011. The development of the standards required that agreement by all stakeholders was reached on safe limits, testing and sampling procedures for bacteriological, physio-chemical, pesticide and detergent content of drinking water. The document was finalized by December and is ready to be presented to parliament in 2013.

The development of the guideline for WASH in Schools did not proceed further in 2012. The Department of Education Planning and Training had to give priority to the education sector review and with its limited manpower it could not prioritise the WASH in Schools guidelines as well. This will be taken up in 2013. The WASH thematic group meeting was held on a monthly basis with active technical sub-groups on behaviour change communication and emergency. UNICEF facilitates the meetings, with a rotating voluntary chairperson agreed from different sector partners, on a quarterly basis.

**IR 0600/A0/04/905/090** WASH programme support

**PC 403 - Basic education and gender equality**

**On-track**

**PCR 0600/A0/04/906** Enhance government capacity at national and sub-national levels to increase access to basic education with reduced disparities in early childhood and primary schools.

**Progress:** This PCR focused on strategies to increase access of the most vulnerable children to basic education including service delivery as well as policy development support. Community and school-based preschools and alternative models (such as home visits and parenting) were promoted to increase access of children aged 0-5 to Early Childhood Development (ECD) services, while simultaneously building capacity of key ministries in developing the first ever multi-sectoral, participatory ECCD policy (to be submitted to the Cabinet in early 2013). Collaboration with the health section resulted in integration of sprinkles in food for the children ages 0-3 attending the Mother Circle Programme, improving nutrition while promoting early stimulation and parenting skills. 20,416 children under-5 accessed facility-based ECD.

Access to education for out-of-school children was improved using two innovative non-formal education...
programmes. The EXCEL programme reached 24,000 OSC (out-of-school children) (mostly working children) equipping them with life skills and literacy promotion. Capacity development support was provided in standardizing the national examination for the primary equivalency programme, the Non-Formal Primary Education (NFPE). Operationalizing the national equivalency examination is a critical bottleneck due to lack of capacity of MOE and allocation of resources.

Strategic partnerships were formed with local NGOs in ethnic and remote areas where access to ECD and NFE services are very limited. Partnership with MOE focused on assessment of primary schools in the 19 targeted townships ranking them in terms of high to low priority schools in need of preschools. 541 schools in rural and remote were rated a high priority in need of ECD services. The baseline conducted on quality of targeted school-based preschools indicated that only 2 per cent meet the core quality indicators. Private-public partnership was promoted through NFPE programme where the private sector has been supporting expansion of the programme bringing the total of children reached to 17,577.

UNICEF Education for Conflict Prevention and Peacebuilding strategy was developed. ‘Early Peacebuilding and ‘Adolescent Capacity Development’ are two key components of this strategy, using ECD and life skills-based education as entry points. Through C4D, children’s story books for peacebuilding were developed to celebrate diversity and appreciate different cultures and languages. These books will be printed in both Myanmar and six ethnic languages. Supplementary reading materials on conflict resolution and peacebuilding were also produced as part of the literacy component of the EXCEL programme.

**On-track**

**IR 0600/A0/04/906/044** Expansion of coverage of quality ECD services and strengthening systems.

**Progress:**

Lack of recognition of the importance of ECD, lack of policy to guide ECD, and lack of resources to finance it are key bottlenecks in expanding ECD services to the most vulnerable children. These bottlenecks were addressed by building capacity of key ministries involved in ECD for policy planning and development. UNICEF guided this process by supporting the national ECD policy Task Force and Steering Committee in developing policy outline, conducting 12 national consultations with various groups and stakeholders to ensure inclusivity. Drafts of policy were prepared and reviewed. The third draft will be submitted to the Cabinet by the lead ministry, Ministry of Social Welfare, in early 2013. A costed implementation plan also will be developed in 2013.

In support of service delivery, six alternative models to facility-based ECD services were piloted to identify the most cost effective services that can be taken to scale. 20,416 additional children under-five in 80 targeted townships accessed ECD in 2012, while 1,378 preschool teachers completed the one month teacher training. 12.7 per cent of schools in targeted townships received supplies and technical support to establish school based ECD facilities, through training to Management Committees and ECD teachers. Baseline study on the quality of existing school-based ECD facilities were carried out to understand their needs and to measure effectiveness of program interventions.

To support the peacebuilding process, ‘Books for Peacebuilding’ were developed in collaboration with ethnic literacy groups, government and NGO groups, and are currently being field-tested. The books will be in Myanmar as well as six other ethnic languages. The initiative has two specific peacebuilding components. First, to help all children see themselves, their language and culture reflected and celebrated. Second, for all children to see the language and culture of others reflected and celebrated.

**On-track**

**IR 0600/A0/04/906/045** Enhanced coverage, quality and relevance of second chance, alternative education.

**Progress:**

...
To increase access of out-of school children (OSC) to alternative learning opportunities, two key interventions were supported in partnership with UNICEF, MOE, MDEF donors and the private sector: 1) UNICEF and the private sector supported the MOE in expanding access of 17,577 OSC to the Government’s two year accelerated NFPE programme. This strategic partnership for leveraging resources resulted in expansion of the programme to 73 townships. The certificate issued to these children will allow them to continue their education to lower secondary. While the pass rate of students in NFPE is 75 per cent, student drop out remains a problem. 2) The EXCEL programme continued its focus on the most vulnerable, reaching 24,000 working and out-of-school children, especially in remote and ethnic areas.

Advocacy for institutionalizing the NFPE equivalency standardized test is a key strategy to allow other actors implement this government programme, while MOE retain the quality assurance control and standards. Currently, NGOs are not allowed to implement this government-run programme. UNICEF advocacy resulted in MOE agreeing for one NGO to support the implementation of the NFPE. To date, a national task force committee was appointed by the MOE representing key departments.

South-South Cooperation was also facilitated to draw on other countries’ experiences with alternative education. A team of government officials was sent to Indonesia to observe their accelerated and equivalency programme, its policies, structure, and system and to learn ways to expand coverage of the equivalency programme to reach more children. Another team consisting of NGO staff and government official also attended the regional workshop on Alternative Learning Equivalency Program in Bangkok. With the aim to advocate to policy makers, both teams shared their findings and specific recommendations especially for operationalizing the standardized test in corporation with the CESR team.

**On-track**

**PCR 0600/A0/04/907 Support the Government in improving the quality of basic education nationally, through the child-friendly school initiative.**

**Progress:** A key factor in poor quality basic education system in Myanmar especially at sub-national level is related to limited skills of teachers in delivering appropriate teaching practices, and inadequate capacity of education officers at State, Division and Township levels in education planning, management, budgeting and monitoring. UNICEF’s support to the Comprehensive Education Sector Review (CESR) in 2012, which will provide the evidence and body of knowledge to develop a costed five-year sector plan and to generate key policy documents has provided a great opportunity to build government capacity. Strengthening of the Township Education Management Information System (TEMIS) also continued through revision of the data forms and training on data collection and management of the data by the Township Education Officer.

Technical support was provided to the MOE in developing a draft framework on national teacher education strategy. In strengthening capacity of primary head teachers in instructional leadership, a draft training manual is being developed with MOE’s team. Capacity of 8,176 primary teachers in targeted townships was strengthened using the revised Child Friendly Schools (CFS) in-service teacher training manual. The school-based in-service teacher education (SITE) programme, a self-directed learning module on effective teaching and learning, was piloted with 899 teachers as a cost-effective innovative model for a national roll-out.

To determine the impact of UNICEF’s capacity building support to Myanmar’s teacher education, a baseline study on classroom teaching practices was conducted. The study demonstrated that 80 per cent of teachers are heavily depending on teacher-centred approaches rather than a mix of teaching methods. This study will be repeated in 2015 to confirm any changes in teaching practices of teachers.

In responding to the new decentralized structure proposed by the new Government, UNICEF with support from the Multi-Donor Education Fund donors and approval of the MOE initiated the ‘Whole State Approach’ in the Mon State, which aims to strengthen capacity of the State and township in education planning and management. To support peacebuilding through this approach, UNICEF managed to bring the State and non-State education actors together, with the result that teachers of the Mon non-state group have been able to
access the government-run in-service teacher training. With TEMIS to be implemented in all townships in Mon State, this will ensure the children supported by non-state education system, who previously were not counted in the national system, are now counted.

IR 0600/A0/04/907/042 Improved quality and child centeredness of basic education in targeted townships in government and monastic schools.

On-track

IR 0600/A0/04/907/046 Improved quality of teaching & learning practices in basic education in targeted townships in government and monastic schools in both mono-grade and multi grade schools.

Progress:

To support improvements in quality of teaching and learning, a two-pronged strategy has been adopted. The first strategy supports the continuous professional development of teachers through systematic in-service teacher training using two modalities—face-to-face training and distance, self-learning with mentoring and coaching from head teachers. Second, improving the learning environment especially for children in disadvantaged townships. More than 10,000 primary teachers in 32 targeted townships were trained. Initial feedback from the trainees showed new methods of language and multi-grade teaching are the most difficult for them and will require time to perfect these skills. More than 693,000 children benefited from learning materials distributed to over 4,000 schools.

A baseline study on classroom practices conducted in selected schools of the 25 target townships shows high prevalence of teacher-centred methodologies. Changing the predominance of deep-rooted choral drills and rote memorization as a key learning strategy has been a major challenge, and training workshops alone will not have significant impact on the change of classroom practices. There is need for constant on-site supervision and pedagogical support for teachers to improve teaching and learning in the schools—hence implementation of the instructional leadership training for head teachers will strengthen supportive supervision to improve classroom practices of their teachers. The use of School Clusters as a delegated support and supervision mechanism is being piloted.

To facilitate children’s enrolment and more effective learning in target schools, 654,120 essential learning packages (ELPs) and 481,563 sets of textbooks were distributed in 25 core and 3 Northern Rakhine State townships.

The conflicts in Rakhine and Kachin States hampered programme implementation, negatively impacting children’s enrolment and attendance in schools.

On-track

IR 0600/A0/04/907/047 Enhanced planning, management, monitoring and evaluation and mentoring capacity of key education actors at all levels.

Progress: In support of the education reform, UNICEF and MDEF donors provided strategic support to the CESR process. A South-to-South study visit to Cambodia was organized to expose MOE to education sector development. Support to the CESR has included provision of a long-term technical adviser and technical support to rapid analysis phase of CESR.

Inadequate capacity of the education system to respond to the rapid reforms initiated by top level policy makers is a bottleneck. To tackle this, and improve management and leadership of education officials at different levels, a review and revision of TEMIS was conducted to identify essential data required for quality reports that can inform evidence-based management decisions at different levels. TEMIS reports on individual schools will be linked with school improvement planning and management process. Routine TEMIS data from a total of 918 schools were collected and the data entered in the new TEMIS database. TEMIS will also be strengthening the decentralization process in all Mon State townships.

With a purpose to strengthen the capacity of schools and clusters in education planning, management and mentoring, the programme trained 1,323 head-teachers on effective school management, community mobilization and facilitation for participation in schools in targeted townships. These head-teachers, in turn,
Conducted orientation workshops for approximately 6,542 PTA members on community participation and mobilization for improvement of schools. As a result, 1,300 schools developed School Improvement Plans (SIPs) with participation of students, parents, PTAs and teachers, and the communities will implement their plans starting from next year.

The recently developed training module on instructional leadership for head teachers will strengthen their supervision and pedagogical skills with mentoring and coaching support to improve teachers’ classroom practices. A plan was made to build capacity of education officials at different levels on decentralized planning and management.

**IR 0600/A0/04/907/090 Basic education programme support**

**On-track**

**PCR 0600/A0/04/908 Enable adolescents nationally to have access to life skills education, to reduce risks and vulnerabilities, including to HIV.**

**Progress:** To take the national secondary life skills (SLS) education to scale, UNICEF provided systematic and continuous capacity development support to the MOE. This has been achieved through provision of technical support for review and revision of the national curriculum, and through capacity building of national trainers and 10,329 secondary teachers on implementing the new curriculum in 93 townships in 2012. As a result, 916,000 lower secondary students are benefiting from a learner-centred life skills programme that equips them with both knowledge and psychosocial competencies.

To increase synergy, school health staff and 100 monastic school teachers were also trained. The new secondary life skills curriculum also has been mainstreamed in the 20 Education Colleges, resulting in improved awareness on prevention of communicable diseases including HIV and on reproductive health. Refresher training was conducted for 175 resource teachers in the lower SLS curriculum, while 7,554 teacher trainees accessed peer education in this regard.

As part of monitoring process, a pre and post-test was given to teacher trainees before and after the training. It was found that the mean scores post-test were higher than those pre-test in terms of both overall knowledge and in all seven thematic areas of life skills knowledge. To report on the proportion of school children (aged 10-15 years) having correct information and skills to reduce risk including HIV, a pre-term assessment of 7,600 randomly selected secondary students of life skills was conducted in 18 townships. Data processing and analysis are still under way.

The greatest challenge facing SLS, in upper secondary in particular is competition with other subject areas due to the exam driven nature of the system for matriculation examination. Life skills based education is also taught to out-of-school adolescents to help reduce risks and vulnerabilities.

**IR 0600/A0/04/908/039 Secondary life skills curriculum implemented in all schools.**

**Progress:**

In order to fulfil the rights of adolescents in accessing relevant information and skills that reduce their risk and vulnerabilities, UNICEF supported the capacity development of national trainers and teachers on secondary life skills (SLS)-based education through provision of technical support for review and revision of the curriculum. 113 education officials were received orientation sessions to support 39 zonal trainings of lower secondary life skills curriculum. 175 national trainers received the refresher training so that they could provide SLS training to 10,329 teachers including 138 monastic teachers from 93 townships.

To strengthen the implementation of lower secondary curriculum effectively in the areas of disease prevention and reproductive health at school level, UNICEF and the MOE collaborated with the Ministry of Health to include 12 School health team members in these zonal training.
Currently more than 916,000 lower secondary school students (including 13,300 students from monastic schools) are benefiting from SLS curriculum. A pre-term assessment of 7,600 lower secondary students from 18 townships was conducted in order to assess knowledge and development of self-assessment abilities to reduce risk including to HIV. Monitoring of schools in six townships showed that more than 50 per cent of the schools are teaching the SLS lessons according the teaching learning steps of the teachers’ guides. The rest of the schools are still weak in using teachers’ guides. With the collaboration of townships schools health teams, nearly 4,000 students received health education sessions regarding reproductive health and HIV/AIDS.

As a sustainability strategy, lower secondary life skills curriculum was mainstreamed in the 20 Education Colleges and 7,554 teachers’ trainees are accessing not only SLS curriculum teaching methodology but also accessing peer education regarding prevention of communicable diseases including HIV and reproductive health messages.

### PC 404 - HIV/AIDS and children

**On-track**

**PCR 0600/A0/04/909** Strengthened capacity and response of various sectors at all levels on the prevention of HIV among children and women, to further reduce paediatric HIV infection.

**Progress:**

Advocacy by UNICEF - jointly with WHO and UNAIDS - has resulted in the country committing to ‘eliminate new HIV infections among children by 2015’ and keeping their mothers healthy. UNICEF’s technical assistance, along with partners supported Government in selecting the appropriate antiretroviral drug option.

Currently only 58 per cent of identified HIV-positive pregnant women receive antiretroviral drugs in the country (National programme data). Of the 247 townships with PMTCT programmes in the country, UNICEF provided supplies to the Government for implementing PMTCT in 127 townships. Results from 20 of these townships showed that 84 per cent of identified HIV-positive pregnant women received antiretroviral drugs.

Government has started funding antiretroviral drugs and PMTCT related supplies (test kits etc.), along with other health commodities, since 2012, albeit at a very small scale compared to the needs. This is significant bottleneck to achieving PMTCT. UNICEF along with partners has successfully influenced the Global Fund to meet the funding needs of 80 of the 127 high prevalence townships; the remaining will be met by UNICEF. UNICEF will continue to advocate for increased resources from government budgets for PMTCT services.

While Myanmar is a Global Fund recipient, the funding mechanisms thus far have used parallel systems, outside of government structures for fund flow, supply and procurement, technical assistance and coordination of HIV response etc. It is likely that these parallel mechanisms are cost intensive and unsustainable. With the lifting of sanctions, UNICEF, along with WHO, UNAIDS and UNFPA, is advocating for a health systems strengthening approach that supports governments’ service delivery and stewardship role.

**On-track**

**IR 0600/A0/04/909/051** Strategy to prevent women from HIV infection by their sexual partners who have high risk behaviours in place and VCCT services high risk men and/or couples are available in 20 townships.

**Progress:** UNICEF provided technical support in developing and disseminating the prevention strategy for reducing HIV transmission among intimate partners. This was jointly done in partnership with UNAIDS and National AIDS Program (NAP). The strategy will inform NAP and other implementing partners to modify existing, and develop new interventions.

UNICEF, through its implementing partners and NAP, piloted a community outreach intervention in 20 townships (of the 127 townships that received supplies from UNICEF). This was focused on creating awareness among key affected populations and linking them with counselling and testing services, in townships that have a high prevalence of HIV. Implementing partners had challenges in reaching out to key
affected populations as well as to maintain a focus on prevention intervention. This was partly because the program was also linked with other PMTCT objectives that took a priority. A review of the communication package, revealed a need for using different communication channels to effectively reach the target audience. The communication packages are being revised and new channels will be identified to reach the target audience in the rest of the country.

To meet the funding gap for test-kits, UNICEF provided technical assistance to NAP in developing proposals for the Global Fund to increase the current testing rate of 23 per cent among key affected populations who are reached by prevention interventions, to 90 per cent by 2015 using innovative testing strategies.

UNICEF is providing technical and financial assistance to NAP to introduce couple counselling services for early identification of HIV infection and reducing new infections among pregnant women and couples. A review of the initial implementation in 10 townships has recommended continuation and scale up of the program to the rest of the country.

**On-track**

**IR 0600/A0/04/909/052 65** per cent of women of reproductive age and their husbands have comprehensive correct knowledge of HIV and 85 per cent of pregnant women attending ANC are tested for HIV and received the result by the service providers trained for communication skills on HIV prevention, risk mapping and local planning in selected 20 townships.

**Progress:** UNICEF, jointly with WHO, has advocated for and - as a result of which - is also providing technical assistance in decentralizing HIV testing to the community level (point of care) to be delivered by the midwife. This is expected to increase the proportion of pregnant women attending ANC tested for HIV in townships that UNICEF is accountable for 69 per cent (and overall achievement in Myanmar from 51 per cent) to more than 85 per cent. The gap in meeting the target was due to the delayed supply of test kits from the Global Fund. Due to this delay, test kits supplied from UNITAID had to be pooled for the entire country resulting in a reduction of availability of test kits.

UNICEF’s advocacy has resulted in the NAP identifying a need to focus on improving access for pregnant key affected populations and pregnant spouses of key affected populations, to PMTCT services. UNICEF in 2013 will provide technical assistance to the NAP in identifying the needs, gaps in existing interventions, and develop effective strategies for improving access.

UNICEF also provided technical assistance to the NAP and media personnel to develop communication packages to increase the number of pregnant women testing for HIV. These packages where aired on TV channels, radio and newspapers. This is expected to create awareness and improve the HIV testing behaviour of pregnant women.

The community outreach interventions - with technical and financial support from UNICEF - to increase access to PMTCT in 20 townships had an intensified focus in 2012 to reach out to geographic areas not accessed by existing health systems. Though an increase in referral has been documented through this intervention, a corresponding increase in HIV testing was not achieved due to the shortage of HIV test kits.

**IR 0600/A0/04/909/090 HIV/AIDS programme support**

**On-track**

**PCR 0600/A0/04/910** Strategy and standards developed for prevention, care, support and protection for children living with and affected by HIV/AIDS are documented in the national strategic plan and implemented.

**Progress:** Estimates of Orphan and Vulnerable Children (OVC) and Children affected by HIV and AIDS (CABA) are not available in Myanmar. This is partly due to the lack of data needed to develop estimates. UNICEF is providing technical assistance in generating the data that is needed to estimate the population size of OVC. Though the estimates are not available, the need for focus on OVC is perceived based on the following facts: an estimated low coverage of 42 per cent for eligible adults receiving antiretroviral therapy; the high vulnerability and increased needs of OVC – based on a study supported by UNICEF to understand
the needs of OVC in 3 townships; and HIV prevalence of 0.9 per cent among pregnant women – with 4 out of
the 14 states and regions having a prevalence of more than 1 per cent, indicating a generalized epidemic in
these states and regions.

The political changes in the country and the changes in governance have resulted in a gap in ownership
within different departments of the Government to address issues related to OVC. It is still not clear whether
the NAP coordinates and leads the response to OVC or the Department of Social Welfare (DSW). The NAP
does not have the mandate for HIV-sensitive social protection and DSW currently does not have the capacity
to take this forward.

The country until now has had HIV-specific interventions to address the needs of OVC. These were
implemented by Non-Government Organizations (NGO). Many of them had to be discontinued due to
interruption of financial support. The country does not have any significant social protection systems and
UNICEF, through its social policy advocacy has advocated with government to design and implement a fiscally
sustainable social protection system. This will take time and currently the country lacks systems for HIV-
sensitive social protection though – with advocacy from UNICEF – the Government recognizes the need. Until
such systems are established, the country needs to have interim strategies to address the needs of OVC.
UNICEF will continue to provide technical support to the Government to develop both interim and long term
strategies to address the needs of OVC.

Through UNICEF’s successful advocacy with the NAP, support to OVC has been clearly addressed as one of
the key interventions in the National Strategic Plan for HIV/AIDS (NSP) 2011-15 with a budgeted Operational
Plan.

On-track

IR 0600/A0/04/910/053 Strategy and standards for the protection, care, support and prevention for
CABA/OVC is developed and national, sub- national stakeholders undertake initiatives to operationalize it.

Progress:

UNICEF’s advocacy with DSW resulted in the review of National Plan of Action on Children to address the
needs of OVC. However, it requires further strengthening and revision of the Plan to make it more
comprehensive and be inclusive of HIV-sensitive social protection.

To better understand the needs and situation of OVC in developing standards and guidelines for protection,
care and support, the ‘Situation analysis on OVC including Children affected by AIDS’ was planned to be
conducted and disseminated in 2012. Currently, the process has been approved, the Terms of Reference (ToR)
developed and the selection for research agency to implement the study is in process. In 2013, the
data will be collected nation-wide and the information on the needs, and gaps in existing interventions will be
disseminated. This component was delayed due to: lack of funds in the first half of the year; complexity in
coordination between different Ministries; and a lack of capacity within the country to support the process.
Based on the findings, UNICEF will provide technical assistance to NAP and DSW to develop effective
strategies for improving protection, care and support for OVC. This will be done jointly with Child Protection
and Social Policy team of UNICEF.

Though consensus has been reached among all partners to set up OVC data system - that would be updated
regularly in OVC Working Group meetings - funds to establish the data system are still not available. UNICEF
will continue trying to mobilize funds.

With technical and financial support from UNICEF, the NAP commemorated World AIDS Day at the national
level as well as township level, with special focus on issues related to children.
for Children.

**Progress:**

UNICEF provided technical support - to government counterparts and implementing partners working for OVC - to strengthen their capacity to respond to the needs of OVC and to reduce stigma and discrimination towards children. This technical assistance resulted in a child protection module specific to OVC being developed and service providers and communities were trained to provide better: standards of care; acceptance towards HIV affected households; and coordination and monitoring of partners.

With technical assistance from UNICEF, the capacities of two Township Child Rights Committees (TCRC) have been built to plan and monitor OVC interventions. In three townships the situation of OVC is regularly monitored and response coordinated through a cross sectorial coordination mechanism between township level authorities of DSW, Department of Health, Department of Education, NGOs, network of people living with HIV, and other relevant departments.

UNICEF, as the lead for OVC technical working group, provided technical assistance to develop key messages to be used in communication packages with a focus to reduce stigma and discrimination towards OVC and to get better support from communities. These packages are being finalized and are expected to be completed in early 2013. Fifteen partners, including UNICEF participate in the OVC technical working group.

**PC 405 - Child protection**

- On-track

**PCR 0600/A0/04/911 A National Child Protection and Social Welfare Policy, in line with Myanmar Child Law, developed and operational, and support national child protection system through an improved coordination and referral mechanism among social welfare, health, education and justice sectors, and civil society organizations.**

**Progress:**

As in 2011, opportunities and changes in the political climate resulted in more openness to focus on child protection issues that were previously deemed too sensitive, including child labour, street children, unlawful detention of children, under-age recruitment and landmines. The Government continued its major review of all its legislation, including those relevant to children (e.g. Child Law, labour laws, education and health laws). Child rights are now increasingly acknowledged as human rights.

The combined advocacy efforts of partners, including UNICEF, and increased government awareness contributed to the Government signing the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography in early 2012. This is a key step to further protect children from commercial and sexual exploitation.

The review of the 1993 Myanmar Child Law continued in 2012 with UNICEF and DSW conducting a stakeholders’ consultation resulting in consensus on amendments and a draft new law, presented to the Minister of Social Welfare, Relief and Resettlement (MSWRR), which is more in compliance with the CRC and international standards on Juvenile Justice. Key proposed amendments include conformation of irregularities between the Child Law and the Child Law Rules, moving substantive provisions from the Rules into the Law; increase of the age of a child from 16 to 18 years; and a prohibition on ‘cruel or degrading’ treatment including corporal punishment. New proposed chapters are included on: *Guardianship and Custody; Maintenance; Adoption and Foster Care; Disability and Children and Armed Conflict*, while the chapters on protection and juvenile justice were amended, including raising the age of criminal responsibility from 7 to 12 years. The proposed amendments to the new Child Law have not yet gone to Parliament to be ratified as a consequence of the change in Minister and other competing legal revisions and new laws. UNICEF will continue to advocate for the new Child Law to be tabled in Parliament.
While a National Child Protection and Social Welfare Policy has not yet been drafted, various steps have been taken by the Government of Myanmar, supported by UNICEF to further develop minimum standards, strategies and/or policies and legislative reform which will contribute to the development of this policy from 2013 onwards. The 2009 Minimum Standards on Children in Residential Care were revised and an Implementation Handbook developed by UNICEF and DSW. National Guidelines on Return/Repatriation & Reintegration of Trafficked Victims were endorsed by Government.

**On-track**

**IR 0600/A0/04/911/061** Minimum standards, strategies and policies to prevent and protect children from abuse, violence and exploitation developed and operational nationwide, which also provide framework to Township Committees on the Rights of the Child to ensure effective service delivery and referral mechanism in 25 Townships by 2015.

**Progress:** Township child protection mechanisms were expanded from 15 to 20 townships with designated Department of Social Welfare (DSW) officers in place to re-activate the Township Committees on the Rights of the Child (TCRC) which resulted in the targeted 20 per cent increase in child protection cases being resolved at township level. A referral mechanism to address child rights violation and child protection cases, including the provision of direct services to children and families, is now in place in 'systems building townships' through the network of community support groups for child protection (CSG), UNICEF implementing partners, DSW/Social Welfare Officers and TCRC. 226 serious child protection cases that were referred to the TCRC were resolved and follow-up support provided (124 girls/102 boys). Township and State/Regional level CRC meetings have contributed to the replication of a community-based child protection system in other townships that are not part of the project implementation coverage area.

DSW and UNICEF, with technical support from an external consultant, reviewed and revised Minimum Standards of Care and Protection for Children in Residential Facilities in Myanmar and developed a handbook for their implementation. It is expected that the Minimum Standards will be referenced in the new Child Law in order to ensure that all residential care institutions nationwide will adhere to the standards. In the area of combatting Human Trafficking, National Repatriation and Reintegration guidelines were endorsed and distributed.

In the area of juvenile justice, the Myanmar Police Force (MPF) issued a letter to its entire staff nationwide to strictly follow the child-friendly police procedures Directive (Jan 2012). Likewise, the Chief Justice of the Supreme Court of the Union, after much advocacy from UNICEF finally issued the jointly developed child-friendly and gender-appropriate court procedures for children who come into contact with the law as a national Directive (July 2012).

**On-track**

**PCR 0600/A0/04/912** Capacity of government officials, civil society organizations and communities enhanced to implement prevention, recovery and reintegration services for vulnerable children to strengthen child protection and social welfare system including improved data collection and use.

**Progress:**

UNICEF support to children released from the Myanmar Armed Forces resulted in reintegration of 60 per cent of discharged children, based on individual needs. With the signing of the Monitoring and Reporting Mechanism Action Plan, UNICEF will support the Department of Social Welfare to strengthen reintegration planning systems.

Child protection awareness raising and capacity development in 13 Regions/States of Myanmar continued with training of 32,248 (132,810 women, 99,438 men) persons. These included government and non-government staff, community leaders and members, as well as children and young people themselves. UNICEF will explore ways to evaluate the impact of this initiative.
Capitalizing on the reform process and the keenness of the government to ‘catch up’ with countries in the region, UNICEF organized south-south learning opportunities to build awareness and capacity on realization of child rights including through parliamentary processes. South-south learning on alternative care and humanitarian mine action was also promoted. Study tours were organized for members of the Human Rights Commission to meet with Human Rights Commissions/Government/UN agencies and civil society actors in India, Indonesia, and to attend an international conference in Jordan. For the Parliamentary Committee on Women and Children, UNICEF facilitated two trips to Vietnam and Indonesia in order to build their capacity on parliamentary processes and on parliamentarians’ role in promoting and protecting child rights. In addition, a trip to the Philippines was facilitated for Department of Social Welfare to learn about alternative care of children (i.e. foster care, adoption, residential care options as well as legal and policy provisions). A study tour for senior government officials (from MOD, GAD, DSW) was facilitated to visit Cambodia’s Mine Action Centre and learn from Cambodia’s experience in humanitarian mine action. UNICEF and DanChurch Aid coordinated a return visit of Directors of the Cambodia Mine Action Centre who shared their lessons and experiences during a national workshop on Mine Risk Education and Humanitarian Mine Action. As a follow-up to these visits, UNICEF will support the Government to prioritise and implement the relevant lessons learned.

**IR 0600/A0/04/912/062 Capacity of Government and non-governmental partners built to effectively contribute to strengthening child protection system2015.**

**Progress:** UNICEF and the Psychology Department of the University of Yangon continued to provide a one year post-graduate course in Social Work as part of its efforts to build the national cadre of social workers. The course is in its seventh year and 140 students were enrolled in 2012 (to date: 823 graduates, two thirds women).

Four training courses were delivered to students of Education Colleges. The course aims to increase the student-teachers’ understanding of issues of child abuse, neglect and exploitation and their possible role in detection and response to child protection concerns among school children. The course will be further developed in 2013 with the Department of Education to develop a teacher training module on child protection.

UNICEF conducted two training of trainer workshops for Labour Inspectors on child rights, child protection and protection from exploitative work of children, using a training manual jointly developed with the Ministry of Labour. Inspectors trained will roll out training to others, and with increased awareness and knowledge on child labour, it is expected that Labour inspectors will contribute to prevention and response of exploitative child labour.

In the area of combating human trafficking, UNICEF and other partners facilitated case worker visits from DSW to the Thai Department of Social Development and Welfare's shelter to update the victims’ data matrix, and conduct victims/survivors interviews with the aim to improve coordination and service delivery.

**IR 0600/A0/04/912/063 80 per cent of UNICEF registered vulnerable children, including children in contact with the law, receive child friendly and gender appropriate prevention, recovery and reintegration services by 2015 in selected Townships.**

**Progress:** In 2012, under UNICEF’s township/community based child protection systems building mechanism, 262 community support groups (CSG) for child protection in 262 villages/wards in 28 Townships of 13 State/Regions were operational. Volunteer CSG members helped prevent and respond to child protection concerns at the community level and referred more complicated cases to Township Committees on the Rights of the Child (TCRCs). UNICEF will continue to advocate for the scale up of this system to the remaining 308 townships.

DSW and UNICEF provided support to 250 repatriated trafficking survivors: 146 women from China; 78 victims from Thailand; 32 women, 36 men, 2 girls/8 boys; and 26 victims repatriated from Indonesia (all male). Of these, 50 women and children, based on their specific needs, received follow-up psycho-social, income generation, health and education support.
Several factors limited progress on prevention, recovery and reintegration of vulnerable children. Lack of DSW social welfare officers at township level, limited number of child protection partners, restricted access to conflict affected and certain cease fire areas, combined to constrain family tracing and follow-up of reintegration efforts. One of UNICEF’s flagship programmes to provide free legal aid to children in contact with the law was put on hold following programme management issues. It is anticipated that this programme will continue in 2013 in a modified way and UNICEF is exploring partnerships with other UN agencies now engaged in governance and justice programmes (where UNICEF previously was the only UN agency working in the justice sector).

Other areas for greater attention going forward include: i) more awareness raising on the prevention of underage recruitment to be given at township and community level so that more parents accept support due to reduced sensitivities; and ii) further development of psycho-social support services.

**IR 0600/A0/04/912/064** A gender sensitive Child Protection Information Management and monitoring and evaluation system strengthened to improve programme planning and advocacy among government and I/NGOs.

**Progress:** Using its Inter-Agency Child Protection Information Management, UNICEF collected and analysed data on 80 per cent of child protection interventions to refine responses and improve case management by TCRC/DSW (776 cases including 226 cases in 2012). Efforts are ongoing to integrate data from child protection initiatives funded by other partners.

The long term goal is to transition the UNICEF managed data system within government institutions. As part of strengthening the capacity of government partners in child protection data collection, UNICEF expanded its technical support to DSW training schools/residential care facilities. To date, 21 DSW institutions and Central Level use software developed by UNICEF (in Myanmar and English). Forty-five DSW staff members from 21 training schools were trained using DSW Institution IMS and data management. Entry of 1559 girls’ cases and 2524 boys’ cases helped improve case management and response, including identification of children for family reintegration. Government has limited human resource and capacity to focus on child protection data and monitoring. This reflects the need for continued advocacy and technical assistance for a systems building approach to child protection, especially given the ongoing reforms.

UNICEF for the first time was able to access the national level Criminal Department of the Myanmar Police Force (MPF) and now provides technical support to establish a database for criminal records, including those of children, using international and locally appropriate indicators on juvenile justice. Once the data management system is fully functional, UNICEF will have access to national data on children in conflict with the law which will improve understanding and inform programme response. Priorities for 2013 include development of a systematic monitoring system on children in conflict with the law in collaboration with MPF, Supreme Court and other stakeholders.

**IR 0600/A0/04/912/090** Child Protection programme support

**On-track**

**PCR 0600/A0/04/913** National and international standards are fully implemented to prevent and respond to grave violations against children as per Resolutions 1 612/1882.

**Progress:** Under the framework of the Security Council Resolution 1612, UNICEF as co-chair of the Country Task Force on Monitoring and Reporting (CTFMR) developed and secured an Action Plan on the prevention and stopping of underage recruitment in the Myanmar armed forces (Tatmadaw). The Monitoring and Reporting Mechanism (MRM) co-chaired by UNICEF and the Resident Coordinator continued to collect information on violations against children in armed conflict situations and report the information to the Security Council Working Group on a bi-monthly basis. UNICEF continued to strengthen the monitoring, verification and reporting capacity of member agencies of the CTFMR through training and technical assistance, including training to UNICEF Thailand partners. Regular capacity-building by UNICEF of the Tatmadaw and awareness-raising activities on the prevention on recruitment and use of children has continued.
In response to advocacy from UNICEF, the Government has continued to improve its reporting on the numbers of children released from the Tatmadaw to enable tracing by UNICEF and child protection partners for reintegration and rehabilitation support. The task force has developed direct communication with the Ministry of Defense for notification of the release of underage recruits from the Tatmadaw.

Monitoring of grave child rights violations continue to be constrained by access and security issues in conflict affected areas. CTFMR will attempt to initiate engagement with National State Actors in order to develop similar Action Plans in line with the Security Council resolution 1612.

In response to the Concluding Observations of the Committee of the Rights of the Child to Myanmar’s third and fourth periodic review and following new political developments UNICEF with the Department of Social Welfare and other partners initiated Mine Risk Education (MRE) awareness-raising workshops. This was the first UN/Government collaboration on an issue that previously was too sensitive to address. A total of 10 workshops on Mine Risk Education conducted from February to November, reached over 450 persons (one third women) from national and local government departments and civil society organizations operating in mine affected areas from Kayin, Mon, Kachin, Kayah, Shan States and Tanintharyi and Bago Regions.

A MRE working group was established under the leadership of DSW and UNICEF to ensure regular and effective coordination and information sharing between all partners involved in mine risk education. With the recent creation of the Myanmar Peace Centre that houses the Mine Risk Action Centre; UNICEF will review and adapt its MRE engagement strategy.

**On-track**

**IR 0600/A0/04/913/065 MRM Action Plans** developed and signed by the UN and Myanmar Armed Forces and four non-state armed groups by 2013, are complied with and 80 per cent of children released receive reintegration and rehabilitation support by 2015.

**Progress:** In June 2012, the Government of the Republic of the Union of Myanmar and the UN signed a Plan of Action to prevent the recruitment and use of children by the Myanmar armed forces (the Tatmadaw) and to allow for the discharge and reintegration of those children. Since 2007, the Country Task Force on Monitoring and Reporting (CTFMR) has advocated with the Government to bring its current strategies on the prevention of the recruitment of children in the Tatmadaw in line with international standards through the development of a joint action plan. Signature of the Action Plan was the result of years of negotiations, under the framework of Security Council Resolution 1612, between the Government of Myanmar and the CTFMR of which UNICEF continued to be the Co-chair and Secretariat.

The Action Plan has secured political commitment from the Tatmadaw to engage in a concrete, time-bound process with the CTFMR on preventing and stopping persistent grave child rights violations. The Action Plan reinforces UN leadership and inter-agency collaboration on progressing the children and armed conflict agenda as a priority in ongoing peace building efforts.

The Action Plan will support the government of Myanmar to fulfil key criteria for delisting the Myanmar armed forces from the list of the Secretary General’s annual report on children and armed conflict. Notably, the Action Plan provides an unprecedented entry point for the UN to engage with non-state armed groups currently on the Security-Council’s agenda for committing grave child rights violations.

Since June 2012, the CTFMR and the Government have developed and finalized operational procedures for the implementation of the Action Plan. The full implementation of the Action Plan will have an immediate and sustainable positive impact on the situation of children affected by armed conflict and support peacebuilding in Myanmar.
PC 406 - Social policy advocacy and monitoring and evaluation

On-track

**PCR 0600/A0/04/914 National social policies and strategies, protection systems, and national mid-term priority framework are developed and introduced to mitigate vulnerabilities and reduce disparities at national and local levels (based on improved collection and utilization of reliable and disaggregated data for policy advocacy and planning).**

**Progress:** Capitalising on Myanmar governments’ reform initiatives, UNICEF introduced Social Protection systems as a policy option to reduce child vulnerabilities. The high-level social protection conference was important in raising the profile of social protection amongst top leadership and the media. The President called for the development of a national social protection policy/strategy and committed to creating a high level social protection unit under his office. The exact modalities and responsibilities of this unit need to be developed.

UNICEF is following up on the conference by continuing to negotiate with relevant partners, and also arranged a social protection costing workshop allowing participants to gain hands-on experience in using the UNICEF/ ILO costing tool to understand the cost implications of such initiatives.

UNICEF also succeeded in obtaining agreement from the Minister of National Planning and Economic Development that this ministry will henceforth undertake a stronger role to advance the social protection agenda. Upon the request of the Ministry of National Planning and Economic Development, significant inputs were provided by UNICEF towards the development of the first-ever chapter on social protection for the national development plan currently being drafted.

UNICEF has also engaged with the Social Security Board, which is responsible for the country’s social security system. While there is some recent extension of the system, it is still limited in coverage, focusing primarily on the formal sector and on more advanced health care programmes. The Social Security Board is an important partner in social protection work and UNICEF will need to explore overlap in organisational interests.

While social policy advocacy has mostly been undertaken at national level, there is increasing opportunity to engage at regional level. Regional MICS dissemination workshops in early 2012 were utilised to initiate discussions with regional ministers on the current status of children and women in their states and regions and in several states and regions ministers expressed interest in working with UNICEF to address the issues identified from the survey. Two regional social protection workshops to introduce the idea to local government are planned in early 2013.

UNICEF has engaged on health financing through advocating a township based health financing scheme. In collaboration with the Department of Health Planning and Department of Health, a feasibility study has been completed and the scheme is ready for piloting. Further advocacy for comprehensive health protection will be undertaken while implementing the scheme.

On-track

**IR 0600/A0/04/914/081 Improved collection of reliable and disaggregated data on children and women's situation for policy advocacy and planning at national and sub-national levels.**

**Progress:**

MICS 2009-2010 was launched in late 2011, and dissemination workshops were held in all states and regions of the country in late 2011 and early 2012. Although there was discussion around certain estimates, overall the data quality is seen as good. The national ownership of MICS is very strong.

Preparations for the next round of MICS have not fully begun, although some initial discussions indicate that the Planning Department is willing to continue functioning as the Chair of the Steering committee. Their participation is essential for institutionalising the survey activities. In light of the national census being
scheduled for March 2014, and noting that updated MDG data will be a priority for 2015, it seems advantageous to schedule MICS5 fieldwork for the second half of 2014.

It is still a problem that accurate population figures and village lists are not available. This makes it difficult to obtain a comprehensive and accurate sampling frame for MICS. It is hoped that preparatory work for the census will create an updated village list.

The HMIS (Health Management Information System) revised data dictionary was completed and disseminated. The Department of Health Planning requested financial support for training, but has not shown willingness to undertake an assessment of HMIS which can be used as a baseline for later evaluation.

It is difficult to have real impact on the quality of HMIS data, since the problem remains that data collection has to be done by midwives who have a very high workload and have limited resources to undertake the data collection. Improvements in availability of HMIS data remains slow and as of end-2012 data is available only up to 2009. In the light of initiatives towards health systems strengthening, it is necessary to re-think the approach to the HMIS.

On-track

**IR 0600/A0/04/914/082** Disparities and vulnerabilities of children are identified and acknowledged at national and sub-national levels.

**Progress:**

The SITAN report was published in October 2012 after a lengthy approval process. The report is of good quality and contains disaggregated data which effectively conveys disparities. A Myanmar language version of the report is being created, and a series of dissemination workshops is being undertaken with key stakeholders such as parliamentarians, the human rights committee and the chamber of commerce. These workshops provide a good opportunity to establish and strengthen connections with parliamentarians and other new partners. UNICEF was requested by key counterparts to conduct regional dissemination events for SITAN. These will commence in 2013 and aid advocacy at regional level to address sub-national disparities and inequity.

Terms of Reference for thematic studies of both MICS and Integrated Household Living Conditions Assessment data were prepared in 2012, and this work will be conducted in 2013. A qualitative study on out of school adolescents to provide evidence for a comprehensive policy on adolescents was initiated and will be completed in 2013. The Child Wellbeing and Opportunity Study (child poverty study based on MICS data) is still in draft, and this work will be finalised in 2013. As before, official permission needs to be sought for publication of studies leading to large time lags between completion and public availability of reports.

In country capacity, both individual and institutional, to conduct high quality research remains constrained. With the on-going reforms an expansion in social science research is anticipated. UNICEF will continue to identify and build skills of new research partners to strengthen in-country capacity.

On-track

**IR 0600/A0/04/914/083** Key inter-agency technical working groups for children in place and advocating to policy makers on appropriate social policies and social protection strategies which are documented and piloted (social transfers, health insurance, and birth registration systems, etc...)

**Progress:**

It is for the first time in Myanmar that Social Protection system is being discussed as a policy option to reduce child vulnerabilities. The Inter Agency Working Group on Social Protection for Children (IAWG-SPC), led by UNICEF has been instrumental elevating interest in the subject. UNICEF supported a high-level social protection conference in June 2012 where the president made a commitment to social protection in...
Myanmar; dialogue on health protection and social budgeting was initiated and a workshop on costing for social protection was organized to give participants hands-on experience of working with the costing tool. In the light of the National Committee on Social Protection announced by the President the IAWG-SPC may need to re-engineer its role.

The feasibility study of township-based health protection (TBHP) was nearly completed in 2012 in collaboration with counterparts, and the scheme is ready for piloting. Counterparts have strong ownership of this scheme and are urging for implementation to begin. The concept is also being discussed frequently in parliament and has the support of parliamentarians. Interest for funding the intervention has been expressed from several donors.

Discussions on birth registration continued through the year. The CO entered into a multi-country funding proposal to the EU coordinated by ESARO and EAPRO. It is expected that funding will be received which will allow implementation of a revised birth registration model involving the General Administration Department, as reflected in the Village Tract Law of 2011. UNICEF will explore the innovative use of ICT to support implementation of birth registration system.

Work on social policy at decentralised level will be initiated in early 2013 to leverage the opportunity made available by the setting up of state and regional parliaments.

Constrained

**IR 0600/A0/04/914/084** National and sub-national governmental and UNICEF staff capacity in monitoring, evaluation, data analysis, and utilization improved for planning, decision making, strategic programming, and policy advocacy.

**Progress:** The Planning Department has requested help in monitoring and evaluation of their poverty reduction strategy; but they are exclusively focusing on poverty incidence rate. It has not been possible yet to widen the scope of their monitoring framework. A consultant is being hired who will give further input on this.

The plans for M&E capacity building are now being redrafted and will be implemented in 2013. An important strategy towards achieving results will be to institutionalise training in each departmental induction rather than provide individual training workshops for a limited number of participants.

Evaluation is a relatively new area for the national government counterparts. An introductory workshop was organised with the help of the regional evaluation advisor and one resource person from the government of the Philippines to build understanding on the subject. Participants agreed that a high level evaluation unit should be placed under the office of the president to institutionalise the strategic use of evaluations in government. Although interested in evaluation, participants still did not perceive their own role (as users commissioning evaluations) in relation to evaluations. For this reason it is essential to continue advocacy for the strategic use of evaluation as well as technical evaluation training. The work towards setting up an evaluation unit and a national evaluation standard will continue in 2013 and requires continued advocacy.

**PCR 0600/A0/04/915** National and local capacity in emergency preparedness and response improved to protect children and women in disaster prone areas including ceasefire areas.

**IR 0600/A0/04/915/085** Partner ministries at national and sub-national levels developed emergency preparedness and response plans including DRR strategies and trained staff on IRA.

Constrained

**IR 0600/A0/04/915/086** Young children and women in disaster affected areas have timely access to (a) health and (b) nutrition interventions.

**Progress:**

In order to respond to the emergency situation in Rakhine after the first communal violence in Rakhine in June, UNICEF provided treatment of acute malnutrition in under-5 children and supplies of micronutrients to
prevent deficiencies among children and pregnant/lactating women in displaced population in and around Sittwe. In addition, orientation/training on management of acute malnutrition at community level to the MOH and partners and breastfeeding support and counselling was provided in collaboration with SCF. UNICEF expanded its support in response to the expansion of violence to other townships in the last months of the year, including the identification of SAMs and MAMs, targeted supplementary feeding of vulnerable children and the provision of micronutrients in the form of sprinkles. Primary health care services to IDPs from both sides in Rakhine State were resumed, through UNICEF support to the Myanmar Health Assistant Association, MHAA. Although referral possibilities remain constrained, MHAA provided basic health and nutrition support in most IDP camps to date. In addition, training for local partners, VHCs and Community volunteers in IYCF-E, breastfeeding and appropriate feeding practices were provided as well as technical support to partners implementing emergency Community Management of Acute Malnutrition (CMAM) treatment, with integrated IYCF component as required. UNICEF and partners monitor and ensure breast milk substitutes are not distributed.

In Kachin, health service organization has been better organized in general, with daily clinics in government controlled areas, including provision of immunizations. UNICEF provided micronutrient supplementation for under-five children and pregnant and lactating women and essential drugs in collaboration with MDM to targeted camps, together with training (including on job training) on essential drugs. Rapid and random nutrition assessments conducted in both government and non-government controlled areas showed between 1-2 per cent Global Acute Malnutrition rates.

On-track

IR 0600/A0/04/915/087 Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities.

Progress:

Since 2011 UNICEF has been working together with the ECHO funded Regional Emergency Cluster Advisor for WASH to assess the gaps in the WASH sector and provide training to address the needs identified. In 2012, based on the assessment report disseminated earlier in the year two training workshops were held in Emergency Preparedness and Response and Information Management, each attended by staff from over 16 agencies. More training will be provided in 2013.

Two separate conflicts in different parts of Myanmar have displaced around 200,000 people into temporary camps in Rakhine and Kachin states. UNICEF continues to lead the WASH responses in both situations, taking the lead for coordination with government departments, UN agencies and local and international NGOs. UNICEFs direct WASH responses benefitted about 27,000 IDPs (6,700 households) in 60 camps in Kachin state and about 86,000 IDPs (14,100 households) in Sittwe, Pauk Taw, Myebon and Myauk-U townships in Rakhine state.In October, the UN Country Team recommended activating the cluster for WASH (as well as shelter and health), however no formal activation occurred. UNICEF has increased its personnel for both emergencies to ensure strong coordination and robust implementation of WASH interventions.

Constrained

IR 0600/A0/04/915/088 Children in disaster affected areas have access to basic education services.

Progress:

In response to the emergency situation of children affected by armed conflict in Kachin State, 4,575 children were supported with ECD and education supplies through partnership with a local NGO (the Kachin Baptist Convention) and township education offices in 24 IDP camps in both government and non-government controlled areas, Overall, collecting reliable data proved difficult as a result of security issues that have led to the instability of the IDP population. Communication and access are still difficult, and funds to pay some teachers’ salaries are virtually non-existent. UNICEF and Save the Children managed to conduct a comprehensive assessment of education in IDP camps in Rakhine towards the end of December.
**Constrained**

**IR 0600/A0/04/915/089** Children and women in disaster affected areas have access to basic social services in line with international humanitarian principles.

**Progress:**

UNICEF’s child protection response in conflict affected **Kachin State** continued through three local NGOs. Over 7,200 children continued to receive psycho-social support through 47 child friendly spaces (CFS) in 43 IDP sites in five townships in government controlled areas. 152 Staff and community/IDP volunteers were trained on child protection in emergencies; provision of psycho social support and management of CFS. 181 of the most vulnerable children (including those who are separated, unaccompanied or exposed to child protection risks such as forced labour, underage recruitment or those with urgent -minor- medical needs relating to child protection concerns) received support for referrals and follow-up and family contact and/or reunification. UNICEF and partners conducted a mine risk education workshop in Kachin’s capital city for local government and I/NGO and UN staff, especially those from mine affected townships.

In Rakhine State, affected by communal unrest and violence, UNICEF, DSW and Save the Children conducted a Child Protection Rapid Assessment in 11 IDP sites in and around Sittwe. Prior to this all those involved in the assessment were trained the rapid assessment tools and methodology and humanitarian principles. The findings were analysed and will inform subsequent programme interventions.

While some progress has been made, key challenges included the hesitation of certain parties to work in all affected areas in Rakhine and with all affected populations; while in Kachin UNICEF child protection only had access to government controlled areas. Challenges in both states were the lack of Child Protection partners on the ground; hampered access to vulnerable populations; challenging operating environments: unpredictable, security, population movement and; and lack of knowledge and awareness on child protection and child rights amongst community and local authorities.

In order to address these challenges, priorities for 2013 will include: a mapping and identification of possible implementing child protection partners in Rakhine State; acceleration of implementation of child protection activities in Rakhine State; scaling up and expansion of Child Friendly Spaces and child protection programme to benefit more children in both states; strengthening of child protection activities in Kachin State; and exploring of access to non-government controlled areas (e.g. CP team joining one of the food convoys, exploring partnerships with local NGOs that have access in non-government controlled areas).

**IR 0600/A0/04/915/090** Emergency Planning, coordination & Monitoring at Sub-national level (Field Operations)

**PC 407 - Cross-sectoral costs**

- **On-track**

**PCR 0600/A0/04/800** Effective and efficient programme management and operations support

**Progress:** A self-assessment provided a satisfactory rating for risk management in the overall areas of operations and management. Internal controls based on new policy including release strategy and segregation of duties were strengthened, implemented and SoD (segregation of duties) conflicts removed. 88 per cent of external audit recommendations were implemented. All planned micro-assessments, scheduled and special audits were conducted for NGO partners. More than 95 per cent of staff capacity required as per CPMP has been achieved. Effective emergency response was provided, surge capacity from standby partners received as per agreements, and emergency prepositioned supplies maintained to ensure timely response. 90 per cent of supply plan was implemented by December 2012.

- **On-track**

**IR 0600/A0/04/800/001 01.** Effective and Efficient Governance and systems

**Progress:** The governance systems and structures were established and remained fully functional. Oversight
and monitoring provided through established governance systems including country management team, programme/operations meetings, contract review committees, PCA review committees, JCC, CRBs, PSB, and HRDT. PCA information sharing with zone offices need to be strengthened and a workflow will be systematically implemented in 2013. Internal control policy was fully implemented.

**On-track**

**IR 0600/A0/04/800/002 Effective and efficient Management and Stewardship of Financial Resources**

**Progress:** As per the work plan, risk control self-assessment (RCSA) was reviewed and risks as well as status of implementation updated. All planned micro-assessments and scheduled audits of NGO partners were conducted. In addition special audits were also conducted. DCT (direct cash transfers) outstanding for more than 9 months was less than 5 per cent with additional measures to bring it further down. This could have been zero per cent if a DCT was not released (for more than 3 month’s activities) based on donor conditions to release all funds before end of 2011. The resource mobilization strategy was successful and more than 100 per cent of planned resources were mobilized. Contributions were effectively managed and more than 98 per cent of funds were utilized against expiring PBAs. Single sourcing was strongly discouraged and represented less than 9 per cent based on value or 3 per cent based on quantity (8 out of 270) of all institutional and individual contracts as well as procurement of supplies.

The restricted banking environment remained a challenge with no facilities for international banking transactions without OFAC exemptions and limited facilities for foreign exchange conversions.

**On-track**

**IR 0600/A0/04/800/003 03.Effective and Efficient Management of human capacity**

**Progress:** The office had a challenge of reducing recruitment lead time as well as reducing the number of vacant positions. The office strengthened processes to ensure that the lead time was reduced. As of December 2012, average lead time has been reduced to 87 days for IPs (while overall average for all categories of staff reduced to 75 days) as compared to target of 90 days. This is a great achievement as compared to 2011 when lead time for IP took almost 148 days while overall lead time was 92 days. The number of vacant (for more than 3 months) funded positions reduced from 26 to 15. The challenge remained to fill the OR funded positions. Performance management system was strengthened to ensure timely completion of performance evaluations (PAS).

**PCR 0600/A0/04/916 Effective and efficient programme management and operations support to programme delivery.**

**IR 0600/A0/04/916/090 CS programme staff costs**

**On-track**

**IR 0600/A0/04/916/091 Communication and advocacy activities effectively implemented**

**Progress:**

**Advocacy, Public Information and Media:** First signs of relaxing of restrictions in the information-communication and media sector became evident in 2012. A new print media law was drafted after decades. International media have been allowed access and coverage and a few are seeking to set up local operations. Oppositional media groups, hitherto based in Thailand, are now operating from Myanmar. Print, broadcast media, internet and mobile networks while under the tight control of the state, have expanded coverage exponentially.

UNICEF strengthened its existing relationship with the media in response to the opening up. It engaged the media on priority issues such as release of former child soldiers, HIV and children, introduction of new vaccine, strengthening of routine immunization and children’s voices from the Rakhine conflict. UNICEF is exploring new partnerships with government and non-government actors and social media to amplify children’s voices from different regions, ethnicities and religions.

**Communication for Development:** A Child Survival and Development (CSD) KAP study is underway to
generate evidence on barriers, baseline and guide new interventions. A four year overarching communication strategy on CSD was finalized to guide communication interventions of five leading programmes of Ministry of Health and to reinforce synergies of vertical communication efforts by different stakeholders. Better knowledge and skills in C4D programming are being demonstrated as 55 programme and communication colleagues from UNICEF and partner organizations were empowered on latest concepts and process of strategic communication.

A pilot to provide evidence on promoting exclusive breastfeeding was trialled in two townships, expanded to three others and will be called up to the remaining 25 townships over the country plan period. Taking advantage of policy reforms in the ICT sector, UNICEF is exploring the use of social media, including rapid SMS to advocate for behaviour change that positively impacts children’s lives.

**Effective Governance Structure**

The Myanmar Country Office (MCO) continued to ensure that effective and efficient governance structures are in place and functioning smoothly. Annual Management Plan 2012 included programme management priorities that were defined for 2011-2012 derived from Multi-Year Work Plans. The management priorities were updated for 2012 in consultation with the Country Management Team (CMT). These priorities were regularly monitored in programme and operations meetings as well as in CMT to ensure their timely implementation. Delivering on the Core Commitment for Children (CCCs) remained a priority with emergencies in Rakhine and Kachin States.

Management and Oversight Committees, e.g. CMT, Joint Consultative Committee (JCC), Contract Review Committee (CRC), Programme Cooperation Agreement Review Committee (PCARC), Central Review Board (CRB), were revised due to changes in staff and ensuring the right mix of staff levels, experience and gender diversity. These Committees remained fully functional and provided efficient oversight to ensure transparent process, cost effectiveness, timely achievement of results for children and risks management.

The CMT met four times in 2012. Issues discussed included, relevance of the programme in the changing country environment, scope for policy engagement, retention of talented staff and strengthening staff skills, partnerships with NGOs and move of the office premises. The CMT held special meetings with the Regional Director and Deputy Executive Director during their visits to Myanmar. The CMT, through VISION Task Force and VISION Coordinators, ensured effective implementation of VISION that has resulted in a smooth transition and functioning to efficiently manage office and programmes. The CMT also ensured congenial working environment, staff welfare, safety and security.
The CMT was also supported by Programme and Operations Meetings that met nine times in 2012 and monitored effective programme implementation and achievement of results. The Operations Section held regular meetings to ensure timely implementation of work plan; effective internal controls; efficient implementation of VISION; implementation of audit recommendations; and simplification of processes including efficiency gains.

The Joint Consultative Committee (JCC) addressed issues related to staff welfare, e.g. work life balance, issues and suggestions emanated from all staff retreat, career development, learning opportunities, salary survey issues, work load related to VISION, communication flow to field offices, Programme Cooperation Agreement (PCA) process and knowledge sharing sessions. In addition, Monday morning informal staff gatherings continued to provide an opportunity to share information, highlights from field visits and opportunities for senior management to directly share information with staff and vice versa.

The Contract Review Committee (CRC) provided efficient oversight to ensure transparent and competitive procurement process. The CRC met 27 times and reviewed 45 cases of award of contracts for procurement of goods and services with a total value of about US$ 4 million; while PCARC reviewed 43 PCAs of a total value of US$ 13.7 million including 4 Small Scale Funding Agreements (SSFAs), in 23 meetings. PCA preparations and reviews were further strengthened based on lessons learnt.

The external audit conducted in 2011 did not find any issue related to governance.

**Strategic Risk Management**

The country is continuously facing natural or man-made emergencies. 2012 was not an exception as an inter-communal violence in Rakhine State erupted during the year in addition to the on-going emergency in Kachin. UNICEF has significantly stepped up its emergency response in addition to development activities to support the Government to address and fulfil the rights of all children. MCO also maintained its structured approach to ensure that all its programmes include an effective emergency response. The Emergency Specialist post was put on the core budget, advertised and the recruitment process is in its final stage. The emergency focal points and task force are in place to promptly respond to emergency needs.

The Risk Control Self-Assessment (RCSA) report and Action Plan was regularly monitored. The implementation status was reviewed and updated by a team with inputs received from a number of section heads and other colleagues and finally reviewed/endorsed by the CMT as well as the Representative. The updated monitoring report was submitted to Enterprise Risk Management (ERM) Secretariat. The RCSA will be further reviewed early next year, in the context of rapidly changing environment in the country, to assess the risks and the action plan will be updated accordingly. It may be noted that MCO ERM focal point participated in the global efforts, as a reference group member, to simplify the ERM process including reduction in the total number of risks.

As part of Early Warning Early Action (EWEA), emergency supplies were pre-positioned and were readily available and distributed for emergency responses in Rakhine and Kachin. EWEA will be updated on line, as soon as the new Emergency Specialist is on board, with inputs from all concerned programme and operations sections.

UNDSS is also in the process of updating the Security Risk Assessment (SRA) in consultation with all UN agencies to manage identified risks and strengthen the ability to implement programmes.

The Business Continuity Plan (BCP) was updated to reflect the latest changes and updated version is uploaded on intranet. A simulation exercise related to operations and programme elements will be carried out in due course to ensure that the BCP is fully functional in case of any emergencies. BCP alternate site is maintained at the UNDP office and similar provision is made for them at the UNICEF office.

Effective internal and financial controls remained in place. Role mapping for VISION users was prepared and incorporated in VISION. Work Processes in line with VISION were prepared and necessary orientation was
conducted for staff to strengthen their knowledge on the revised procedures based on VISION as well as continuous awareness on their responsibilities and accountabilities. Release strategy based on internal control policy was implemented and reflected in VISION ensuring Segregation of Duties (SOD). SOD conflicts were reviewed and necessary actions were taken to remove any conflicts.

The UN Security Management Team (SMT) continuously reviewed the security situation in the country and took necessary measures to ensure staff security while implementing emergency programmes in the field.

### Evaluation

Myanmar Country Office makes active use of its Integrated Monitoring and Evaluation Plan (IMEP), which was compiled at the beginning of 2011 to be in line with the 2011-2012 work plans. The IMEP was continuously updated throughout 2012 and discussed in the Monitoring and Evaluation (M&E) Committee, composed of M&E focal points of each programme section.

To ensure the objectivity and impartiality of evaluations, an M&E Committee conducts a peer review of the design, ensures all relevant issues are discussed and reflected in the ToR. In 2012, a baseline was commissioned for the evaluation of learning achievements in schools across 25 townships.

Findings and recommendations from evaluations are used by the office as a basis for amending the focus of programmes, and to guide the planning of new programmes and projects. In 2012, the Child Protection section continued acting on recommendations from their two evaluations carried out last year.

The office is developing in-country capacity for quality evaluations by involving government staff in its evaluation work. In 2012, a workshop on evaluation was held for government officials with the assistance of the Regional Evaluation Advisor and one representative of the Government of the Philippines. Further work towards the strategic use of evaluation in government will be conducted in 2013. Responding to government requests for assistance in evaluating the national poverty reduction strategy, UNICEF is hiring a consultant to work on the development of an M&E framework in 2013.

Although research capacity exists in most government departments, evaluation is traditionally not emphasized, and not routinely carried out. There are still few local research institutes available to compete for contracts to conduct evaluations, and their capacity needs strengthening. International consultants are commonly hired for evaluations, and in future, such contracts will include coaching mechanisms to build local capacity for evaluations.

### Effective Use of Information and Communication Technology

Throughout 2012, the Information and Communication Technology (ICT) team continued to provide timely and results-oriented technical support and services to ensure that ICT facilities are fully functional at all times and all staff in the office have uninterrupted access to the ICT systems. The main focus in 2012 was to implement VISION, enhance data connectivity and migrate several Windows Servers to a new Hyper-V (virtualization) environment in a failover cluster setup to increase the availability of ICT applications and services. Other important activities included migration of Active Directory Domain Controller (ADDC), File& Print server and Lotus Notes Domino server to Windows Server 2008. A new Windows Server Update Services (WSUS) was also implemented to keep all computers updated with latest hotfixes and security patches automatically. The bandwidth of the data connectivity (VSAT link) was increased to improve the performance of VISION to facilitate efficient transaction processing.

UNICEF continued to provide internet and telephone services to five other UN agencies based in the same building on a cost-share basis. A joint agreement with UNDP to provide business continuity support to each other in critical ICT functions was maintained. As part of gaining efficiency and reducing costs, two additional Voice Over IP (VOIP) lines were implemented, a fibre optic backup internet connection from a local service provider was installed and an automatic failover device on secure internet connection to access VISION was implemented. Mobile phones and satellite phones for emergency locations were provided to staff travelling in
the field to ensure proper communication and staff security. Remote access to Lotus Notes and other essential ICT systems were provided to senior management team and other key staff to ensure their ability to access systems especially during emergencies. Data connectivity was fully functional in all zone offices although the performance of the link still remained a serious challenge due to limited infrastructure in the country.

ICT also contributed to ‘Messaging Life’, a new initiative by Communication for Development (C4D) to make use of mobile phones for producing and transmitting routine and special campaign SMS/MMS and creating forms for data collection over the cellular mobile network.

Long-Term Agreements (LTAs) were used to procure computers and laptops that helped reduce the cost and timely delivery. Obsolete IT equipment was disposed of following established process of Property Survey Board (PSB) review and approval.

The practice to change passwords regularly, installation of security patches, antivirus updates, monitoring the validity of user accounts, and use of log books for tracking any changes in the ICT were carried out regularly to maintain ICT security.

### Fund-raising and Donor Relations

With changing priorities of donors as a result of rapid reforms in Myanmar, MCO continued as a ‘partner of choice’ for many. The CO targeted three sources of funding: donors interested in supporting Myanmar’s reform process; National Committees interested in flexibly supporting activities; and donors with a humanitarian mandate. Resources were raised for the education sector through a multi-donor mechanism, from various donors including the UN Peace Building Support Fund to support the Action Plan preventing gross violations against children, and CERF, OFDA and SIDA resources for emergencies.

The office ensured all 32 donor reports met quality standards and were submitted on time. Quality assurance was ensured with strengthened reviews by the Deputy Representative and the Representative. No negative feedback was received from any donor on the reports submitted.

MCO mobilized US$ 33.94 million against the OR ceiling of US$ 23.65 million in the CPD for 2012 (much higher than the target of 75 per cent) due to additional funding requirements to implement the Action Plan for prevention of gross violations against children and finalisation of the multi-donor support to the Education programme.

MCO participated in resource mobilization for joint programmes for Young Child Survival and Development and Child Protection sections, jointly implemented by a number of UN agencies and NGO partners with UNICEF taking the lead as administering agent.

UNICEF also participated and received funding for emergency programmes from Central Emergency Relief Fund (CERF), OFDA, USAID and SIDA amounting to US$ 6.4 million. UNICEF is also participating in Rakhine Response Plan which has a total budget of US$ 67 million for 2012-2014.

Effective and timely utilization of financial resources received full management attention. 98 per cent funds against expiring Programme Budget Allotments (PBAs) were utilized. The unspent balance is against two PBAs for Junior Professional Officers (JPOs) with an unspent amount of US$ 106,536 due to vacant JPO positions.

Extension for three PBAs was requested and approved for reasons related to funding agreement, late receipt of funds, donor requests for extension and delay in implementation due to emergencies. Of the US$ 61.9 million (all RR, OR, ORE budgets) allocated in 2012 (including 2011 OBOs and excluding 2011 expired PBAs and received PBAs in late Dec 2012), more than US$ 46.4 million or 75 per cent has been utilized. From OR US$ 36 million allocated to 2012, US$ 24 million or 67 per cent has been fully utilized. The remaining funds US$ 12 million against OR are intended for allocations to future years and without this amount the utilization rate is 99 per cent against OR and 99.7 per cent overall. Of the US$ 6.4 million emergency funds (ORE) allocated for 2012, US$ 3.7 million was fully utilized while the remaining amount of
US$ 2.7 million is allocated for 2013.

MCO effectively mobilized a total of US$ 42.4 million through the Multi Donor Education Fund from the EU, Australia, Denmark, Norway and UK.

A resource mobilization strategy has been prepared and is being finalized by CMT.

Management of Financial and Other Assets

MCO laid specific emphasis on strengthening internal financial controls, systems and procedures to ensure prudent use of financial resources in a transparent and competitive environment. Internal control policy including release strategy and segregation of duties was fully implemented and monitored. VISION processes were reviewed, developed and simplified to ensure smooth processing of transactions. Orientation sessions were conducted to strengthen staff skills to conduct transactions.

There was no internal audit conducted in 2012. An external audit was conducted in late 2011 and recommendations implemented in 2012. The audit rating was satisfactory in most of the operations’ areas with minor recommendations to further strengthen areas especially in supply and logistics. These recommendations have received strong focus for implementation.

Programme/Operations Group Meetings, as a support body to the CMT, regularly monitored effective contribution management, budget allocations, control and utilization within strengthened financial procedures and processes and liquidation of outstanding Direct Cash Transfer (DCT) advances.

Internal controls were monitored based on release strategy, SODs and role mapping. A manual table of authority, based on assigned roles in VISION for critical functions ensuring segregation of duties has been prepared and monitored. SOD conflicts have been reviewed and resolved.

New bank reconciliation procedures, based on VISION, were introduced and implemented. Despite many challenges in VISION, all the bank reconciliations were prepared, reviewed and electronically submitted in the system in accordance with the guidelines and deadlines. There were no outstanding reconciling items for more than two months throughout the year.

Key performance indicators were regularly monitored. MCO received US$ 19.5 million against Regular Resources (RR) including set-aside funds and roll over and OBOs from 2011 and more than 96 per cent has been fully utilized. 98 per cent of funds against expiring PBAs were fully utilized and the remaining 2 per cent is mainly due to vacant JPO positions. Of the US$ 6.4 million emergency funds (ORE) allocated for 2012, US$ 3.7 million was fully utilized while the remaining amount of US$ 2.7 million is allocated for 2013. Outstanding DCTs are regularly monitored, spot checks, micro-assessments, special or scheduled audits are conducted for NGO partners. Outstanding DCT for more than 9 months is US$ 145,716 or 1.84 per cent due to known factors and donor conditions. This final amount will be liquidated in January 2013. DCT for more than 6 months is US$ 374,228 or 4.72 per cent.

MCO received US$ 688,440 against Institutional Budget plus additional US$ 62,000 to cover local staff salary increases and US$ 6,882 to cover travel expenses of the new Representative while on mission in Bangkok. 100 per cent of these funds have been utilized.

MCO continued to operate under a restricted banking environment. Although sanctions are lifted, the banking system remains restrictive. Currency conversions were relaxed with limitations and MCO used this opportunity to convert foreign exchange. Cash-on-Hand was used to ensure that funds are provided for critical programme activities including immunization in unreachable, conflict or non-government controlled areas. Cash flows are prudently maintained.

Supply Management
Special attention was paid to strengthen supply and logistics to address external audit recommendations, in the areas of supply planning, timely delivery of supplies, quality assurance and logistics. MCO supply value in 2012 was US$ 17.3 million representing 28 per cent of total country programme budget, of which 44 per cent was procured via Supply Division, 33 per cent procured via regional office, and 23 per cent procured locally.

Local market conditions are improving and availability of supplies is becoming better. Local prices are becoming more competitive as compared with regional prices. Important factors contributing to this include deregulation of currency controls and more efficient custom clearance process. MCO has better access to local currency and suppliers can now offer in local currency which minimizes their currency risk. Quality assurance remains a top priority and the LTA for Quality Assurance established earlier was extensively used and proved very useful including timely delivery of supplies.

The supply unit has focused on establishing local LTAs for emergency non-food items (NFIs). The concept of LTA is new for local suppliers and they consider it a risk but, with experience, their understanding is improving. The main advantages of establishing LTAs have been shorter delivery lead time, consistent quality and reduction in internal transactions. It is expected that price level will further drop when the office tenders are repeated for renewal of these LTAs.

The supply plan was prepared on a timely basis and was shared with the regional office for effective planning and strategic sourcing. The supply plan was linked with the distribution plan to ensure that the supplies are directly delivered to end-users.

As part of procurement services, office supported Government in procurement of vaccine. This year was the start-up for Government and GAVI co-financed vaccine procurement. MCO made efforts to build the capacity of the Ministry of Health by assisting and guiding them in the supply chain process. Government transferred about US$ 1.3 million for vaccine procurement. MCO assisted the MOH to arrange OFDA approvals, import permits and customs clearance.

Although government counterparts are responsible for custom clearance of imported supplies, UNICEF assisted them with necessary documentation and then distribution of supplies. Supplies stored in government warehouses, although not UNICEF-controlled supplies were regularly monitored by MCO to ensure their distribution to end users. As a result, total value of these supplies have decreased from US$ 6.6 million to US$ 4.4 million (almost 33 per cent) while value of supplies aging more than 2 years has reduced from US$ 995,000 to US$ 265,000.

MCO maintained a warehouse for emergency pre-positioned supplies worth about US$ 0.4 million. In addition UNICEF assisted emergency supplies are pre-positioned at four government warehouses at strategic locations.

MCO maintained a LTA with transport companies for distribution of supplies and further strengthened in 2012 with extended categories/lists that resulted in about 20 per cent decrease in cost. MCO, when necessary, issued fresh tenders outside LTA for big projects and saved about US$ 155,000.

Staff is actively pursuing humanitarian supply chain/logistics certification courses offered through Fritz institute.

**Human Resources**

MCO has continued its results-based approach in designing human resources capacity to manage the results of the country programme in line with global strategic direction. In 2012, a number of changes were made in human resources to meet the changing requirements of programmes. HR Unit with minimum staffing strength provided efficient support in all areas of human resources management. Vigorous efforts were made to expedite recruitment process and reduce lead time to attract qualified candidates ensuring staffing mix as well as gender parity. Selection Panels and CRB functioned smoothly during the year. MCO has 34 staff members trained on Competency Based Interview techniques and they successfully used their skills in the recruitment process. A number of international staff changes including senior staff occurred during the year.
MCO recruited 10 IPs, 15 NPs and 16 GS staff in 2012. The average recruitment time taken is 87 days for IPs, 77 days for NPs and 45 days for GS. The office has an overall gender balance of 56 per cent female staff while men represent 44 per cent.

High priority was given to staff learning and development. A Strategic Learning Plan, in line with global strategies, was prepared and shared with the Regional Office. Out of 53 approved learning requests, 10 learning requests (19 per cent) have already been completed and most of the remaining are ongoing. In addition to formal training courses, four knowledge management sessions were conducted. Other orientation and learning sessions included Code of Conduct to ensure highest standards of work ethics; leave management; CRB procedures; performance management; internal controls; coaching conversation; and managing people for results. An orientation on Funding Authorization and Certification of Expenditures (FACE) was conducted for NGOs and UNICEF staff. Trainings on the Human Rights Based Approach to Programming (HRBAP) were organized for programme staff as well as NGOs and government counterparts. Brainstorming sessions were held to discuss the strategic shifts required in the country programme due to the changing context. Ten staff members continued their language studies to strengthen their English language skills. Comprehensive training on VISION remained a strong focus. Orientation session for drivers was conducted to ensure that they follow 20 driving principles. Some drivers also received training in safe driving and use of trauma kit organized by other UN agencies.

With strong monitoring efforts 97 per cent of e/PAS (performance evaluations) were completed within the given time frame. Performance management sessions also strengthened e/PAS management. Global Staff Survey results were discussed in staff retreat and action points were discussed in JCC. A number of actions were taken to address the concerns including work life balance, overtime, communication flow and issues related to staff salaries. The Staff Association also implemented several activities to encourage interactions and communication among staff. The staff members were made aware of counselling services available in the UN system. UNICEF also participated in UN Cares and some staff participated in orientation sessions related to HIV/AIDS policies at workplace.

Challenges related to the issuance of consultancy contracts and leave management in VISION are being addressed.

Efficiency Gains and Cost Savings

The situation in Myanmar is rapidly changing as the country is opening up to the international community, an increasing number of international organizations are opening establishments locally, and there is also a strong interest from the business community. This positive change has brought with it a significant impact on prices. Despite the increase in prices, MCO continued its efforts to maximize efficiency with minimum resources and kept operating expenses at 2011 level, except replacement of two old vehicles.

Move of office premises remained a great challenge but as an interim measure, the office successfully negotiated to renew the current lease for one more year with a minimal increase in rent. If two third of current space was rented elsewhere in the city, with a minimum possible rent of $3.5 per sq., the office could have saved US$ 623,628 in 2012. The office is actively exploring viable options for office premises.

The office continued common services with other UN agencies. The services provided by UNICEF to five other agencies in the same building resulted in cost savings to all concerned. In addition, UNICEF received US$ 5,600 as an administrative fee. The office also participated and received common services in the areas of security, dispensary, LTAs for travel services and courier services that have significantly resulted in cost savings as compared to making individual arrangements of such services. An MOU with UNDP on BCP resulted in savings of about US$ 2,000. The UN Operations Management Team (OMT) and UNCT are regularly reviewing, monitoring and promoting common services to ensure efficiency gains and adopt common standards. Different rules and procedures of different UN agencies still remain a challenge. UNICEF is actively participating in these meetings and acts as alternate chair in OMT meetings.
UNICEF also took the lead role in organizing and hosting a High Level Committee of Management (HLCM) procurement network mission to find ways and means to harmonize procurement processes. Most of the agencies procurement staff participated in the workshop and recommendations are being followed up for implementation.

Use of technology was promoted to reduce communication costs by using Skype or VOIP as well as WEBEX facilities. For example, use of VOIP resulted in cost savings of approximately US$ 52,000 compared with the telephone rates. Controlled use of mobile telephones, overtime and reduction in late ferry service further benefited the organization with an approximate saving of US$ 7,000. Measures taken in terms of overtime reduction also promoted work-life balance.

Use of blanket/multi-trip was enhanced and extended to field offices and has significantly reduced small value transactions and number of trips processed, approximately by 30, despite requiring amendments at the end of the month to reflect actual travels.

To ensure efficient use of organizational resources, micro-assessments, spot checks and special or scheduled audits were conducted that also helped to strengthen the capacity of partner NGOs.

### Changes in AMP & CPMP

The year 2013 is crucial as the Myanmar Country Office will realign its resources and staffing to match the pace of reforms in the country. The mid-term review will allow the country office to assess whether it is strategically supporting: i) policy reform and systems building; ii) equity-enhancing service delivery interventions demonstrating models for scale up; and iii) peacebuilding. The resulting changes will be reflected in the AMP and CPMP. In the meantime, IB (Institutional Budget) submission will be made in 2013 for 2014 to 2017.

The office continued its efforts to match its staffing requirements with the changing realities and priorities of the programme. Based on donor funding and requirements a number of new positions were established effective 2012 in the education programme; a number of positions were converted from Grant to Non-Grant to ensure continuity and effectiveness in implementing programmes. In addition, to ensure that effective and time emergency response, the position of Emergency Specialist was converted from Grant to Non Grant and an additional NOB position was established. An international P-3 post has been established to head the Field Office in Sittwe, Rakhine where a major emergency is ongoing due to inter-communal conflict. Management of the Child Protection programme was also strengthened by upgrading the Chief’s position to a P-5 level.

### Summary Notes and Acronyms

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<th>Description</th>
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<td>ADDC</td>
<td>Active Directory Domain Controller</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>ARV</td>
<td>Anti-retroviral drugs</td>
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<td>ATEOs</td>
<td>Assistant Township Education Officers</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>BHS</td>
<td>Basic Health Staff</td>
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<td>BMS</td>
<td>Breast Milk Substitutes</td>
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<td>CABA</td>
<td>Children Affected by HIV and AIDS</td>
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<td>CBNBC</td>
<td>Community Based New-born Care</td>
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<td>CCM</td>
<td>Community Case Management</td>
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<td>CDK</td>
<td>Clean Delivery Kits</td>
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<td>CESR</td>
<td>Comprehensive Education Sector Review</td>
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<td>CFS</td>
<td>Child-Friendly School/Child-Friendly Space</td>
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<td>CHEB</td>
<td>Central Health Education Bureau</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>Acronym</td>
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<td>CMAM</td>
<td>Community-Based Management of Acute Malnutrition</td>
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<td>CPIE</td>
<td>Child Protection in Emergency</td>
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<td>Child Protection Information Management System</td>
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<td>Community Support Groups</td>
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<td>Country Task-Force</td>
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<td>EASAN</td>
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<td>EXCEL</td>
<td>Extended and Continuous Education and Learning</td>
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<td>FACE</td>
<td>Funding Authorisation and Certification of Expenditures</td>
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<td>Fertility and Reproductive Health Survey</td>
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<td>General Administration Department</td>
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<td>High Level Committee on Management Procurement Network</td>
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<td>LTAs</td>
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<td>Myanmar Health Assistant Association</td>
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<td>Maternal New-born and Child Health</td>
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<td>MRE</td>
<td>Mine Risk Education</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>MRM</td>
<td>Monitoring and Reporting Mechanism</td>
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<td>Minister of Social Welfare, Relief and Resettlement</td>
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<td>NAP</td>
<td>National AIDS Programme</td>
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<td>OHT</td>
<td>One-Health Tool</td>
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<td>Orphan and Vulnerable Children</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PTA</td>
<td>Parent Teacher Association</td>
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<td>RCSA</td>
<td>Risk Control Self-Assessment</td>
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<td>RDT</td>
<td>Rapid Diagnostic Test</td>
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<td>RPO</td>
<td>Resident Programme Officer</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SIPs</td>
<td>School Improvement Plans</td>
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<td>SITE</td>
<td>School-based In-service Teacher Education</td>
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<td>SLS</td>
<td>Secondary Life Skills</td>
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<td>SRA</td>
<td>Security Risk Assessment</td>
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<td>SSA</td>
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<td>SSC</td>
<td>South South Cooperation</td>
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<td>Scaling Up Nutrition</td>
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<td>UHC</td>
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<td>Voluntary Confidential Counselling and Testing</td>
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<td>VDPV</td>
<td>Vaccine Derived Polio Virus</td>
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<td>WSP</td>
<td>Water Safety Planning</td>
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<td>WSUS</td>
<td>Windows Server Update Services</td>
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<td>YCDC</td>
<td>Yangon City Development Council</td>
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<td>4. Data Dictionary of Health Management Information System</td>
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<td>6. Breast Feeding Pamphlet</td>
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<td>7. Joint Statement on Unsolicited Donation of Breast Milk Substitute during Emergency</td>
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<td>8. Pamphlet on Nutrition Promotion Month Campaign</td>
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<td>9. Exclusive Breast Feeding Flip Chart</td>
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<td>10. Danger Signs on Child Care (Pamphlet)</td>
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<td>11. Mother Child Health Record Book</td>
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<td>13. Handbill for Newborn and Child Health Development</td>
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