Executive Summary

In 2013, Myanmar continued its reforms on multiple fronts - political, administrative and economic. The international community further lifted sanctions and increased its assistance. The Nay Pyi Taw Accord was adopted, the first framework of its kind to enhance aid effectiveness and support the development of national policies and plans. In subsequently-established Sector Working Groups such as education and social protection, UNICEF played a convening role in support of reforms, and also provided technical and financial assistance. In other sectors, health and water supply in particular, UNICEF influenced the adoption of national policies through demonstration projects such as the community case management of childhood illnesses and Community Approaches to Total Sanitation.

UNICEF further strengthened the evidence-base for programming and policy making during the year. The first two phases of the Comprehensive Education Sector Review were rigorously completed, providing the needed data for the Government to prioritise reform. The Township Education Management Information System (TEMIS), introduced in 2012, is now being scaled up by the Government with UNICEF and donors’ support.

The Monitoring of Results for Equity System (MoRES) methodology was used to identify the barriers to implementing a social protection framework. The methodology was also used to analyse barriers to non-formal education, and to improve newborn health. UNICEF commissioned a study to leverage Government’s revenues from natural resources in support of tangible social investments. Among various cases it made, the much-discussed study found that less than 0.9 per cent of revenues from new gas fields would cover the yearly cost for all vaccines.

Along with the UN family, UNICEF further identified its contributions to the peace process. An education whole-State approach involving Government and ethnic groups was piloted in Mon State and immunization services continued to be provided in the Wa District. Within the Country Task Force on Monitoring and Reporting (CTFMR), UNICEF led efforts towards the ending of child recruitment in armed forces and their full demobilisation in the Tatmadaw, through bilateral discussions with ethnic armed groups and within the overall national peace process. An additional 134 children were demobilised, a marked increase from 2012, and the first ever campaign against the recruitment and use of children in the armed forces was launched nationwide.

In spite of these promising developments, protracted emergencies, such as in Rakhine and Kachin, undermine the realisation of children’s rights. While immunization services are gradually restored, the provision of education was slow, and Sphere standards have not been consistently met in other sectors.

Acknowledging weaknesses in the results structure of its 2011-2015 country programme and the rapidly changing environment, UNICEF Myanmar undertook an inclusive Mid-Term Review (MTR). The MTR was an opportunity to articulate UNICEF’s strategic contribution to decentralisation, and peace building, as well as to empower its staff to programme with a stronger conflict sensitive lens. Amongst other recommendations, the MTR highlighted the need for UNICEF to address slow progress in its support to health systems strengthening and the Scaling Up Nutrition (SUN) initiative by building stronger partnership with UN agencies, international non-
governmental organizations (INGOs) and community service organizations (CSOs) and better integrating its programmatic interventions.

**Country Situation as Affecting Children & Women**

Myanmar’s ‘four waves of reforms’— political, economic, public administration and private sector, have continued. The economic growth rate is estimated to be 6.5 per cent and is forecasted to reach 6.8 per cent in 2014.[1] A far-reaching fiscal reform strategy to mobilize non-resource revenues and revamp public finance management was initiated. With the publication of budgets, the dialogue on resource allocation has entered the public domain. For the first time in its history, Myanmar is the Association of South East Asian Nations (ASEAN) chair for 2014, giving the country an opportunity to promote regional initiatives and south-south cooperation to protect children.

The Government is engaged in peace dialogue and attempts at trust building aimed at ending over 60 years of conflict with various ethnic armed groups. A nationwide ceasefire is anticipated with the 13 main ethnic armed groups, including the Kachin Independence Organization. Yet, resurgence of inter communal tensions in Rakhine and other parts of Myanmar have added new risks for children. Without an effective response and change in societal attitudes, communal violence could spread, jeopardizing the country’s transition. [2]

A consensus on fiscal decentralization, especially in resource rich post-conflict ethnic minority states and autonomous regions, is yet to materialize. While capacities to implement reforms at national and sub-national levels are increasing, constraints to reforms delivering tangible results for all segments of the population remain. There is a risk of increased inequality and growing disparities if strategies for growth by-pass the current concern for people-centred approach and a political commitment to support the most vulnerable. With a fast evolving administrative decentralization agenda, roles and responsibilities of different government levels, as well as resource allocations remain undefined, adding a risk to greater regional disparities. Compounding these risks is the fact that Myanmar remains highly vulnerable to natural disasters and its preparedness and resilience capacity have some way to go to equal that of other ASEAN countries.

Trends affecting the situation of women and children remained difficult to assess, in a context of inadequate data availability and quality concerns. While the reforms have made poverty reduction and social development a priority, they are too recent to help the country make the progress needed to reach most of the Millennium Development Goals (MDG). [3] Widespread disparities imply that children and families in rural areas and/or with a low socioeconomic status are unlikely to benefit from targets achieved at the national level.

According to the 2013 National MDG Report (forthcoming), it is considered unlikely that the country will achieve targets related to universal primary education, child and maternal mortality and environmental sustainability. While many of the national targets on combatting HIV, malaria and tuberculosis have been met, the country has one of the highest rates of tuberculosis and malaria. Gender parity was achieved in primary education but remains elusive in secondary education, in the adult workforce and in parliament. With almost a quarter of the population living in poverty[4] and
majority of vulnerable families clustered above the poverty line, achieving the national target of reducing poverty to 16 per cent will require sustained inclusive growth, social protection systems and poverty alleviation initiatives.

Areas which are home to ethnic minorities, such as Chin, Shan and Rakhine States, lag behind on most child well-being indicators. The Multiple Indicator Cluster Survey (MICS) 2009-2010 data showed that deprivation based on ethnicity, wealth and geographic location extend to social services like antenatal care, skilled personnel attendance during delivery and education access. Disparities could be even wider as the survey could not access some conflict-affected areas.

Compared to 2012, public spending in 2013 in the education and health sectors increased 30 per cent and 78 per cent respectively, but from a low base. [5] Myanmar’s investment in the social sectors is among the lowest in the ASEAN region, with 1.1 per cent of GDP invested in health and 1.7 per cent of GDP invested for education. [6] Even more concerning is the situation of social welfare, where only 0.01 per cent of GDP [7] is allocated to cover services for the most vulnerable population groups, among whom are children, persons with disabilities, elderly, children deprived of parental care, and women.

Information on the situation of child protection in the country is limited, due to a lack of data. Monasteries or orphanages constitute the only formal alternative care for children without parental care. There is no policy on alternative care, and limited management of how children come in and out of alternative care. The unregulated proliferation of orphanage care across a range of actors puts children at extreme risk of trafficking, sexual abuse, violence, and illicit inter-country adoption. A quarter of all children are not registered at birth and only half of those registered are from the poorest families are registered.

The Government has recognised many of these challenges in its Framework for Economic and Social Reform (FESR) and the forthcoming National Comprehensive Development Strategy. The Nay Pyi Taw Accord, signed, in January 2013, calls for ‘people-centred’ and ‘inclusive’ development and has established mechanisms for aid alignment behind government priorities, effectiveness and efficiency.

Indeed if Myanmar’s natural wealth is anything to go by, it can resource the FESR promise of 'maximising on development results' for its people. UNICEF estimates that less than 9 days of national gas revenues could finance one teacher per each primary school grade and 0.87 per cent of the Government’s projected revenues from the new Shwe and Zawtika gas projects could fund the 2013 immunization plan. With these investments, Myanmar’s children can attain their human rights now and also secure a healthy, prosperous future for the country.

**Country Programme Analytical Overview**

The ongoing reforms are providing opportunities to influence policies, build systems that are responsive to the need of all children and to support service delivery at the decentralised level to ensure access by deprived communities and contribute to peace building efforts.

Participatory policy reform processes led by Government have continued. In this
regard, UNICEF i) supported evidence generated on teacher education and management, Early Childhood Development, Non Formal Primary Education, multi-lingual instruction etc. to influence inclusive and participatory education policy reforms; ii) facilitated Government to convene a range of partners to agree and initiate development of an inclusive social protection strategy, and; iii) provided assistance to review the legal framework for birth registration and developed policy options for the Government.

Responding to the ongoing administrative decentralisation, UNICEF supported equitable service delivery models at the state, township and community levels through i) implementation of inclusive and conflict-sensitive education planning and management system in 10 townships to be scaled up by Government at state level and in 10 additional townships; ii) a pilot on community case management (CCM) of childhood illnesses as a relevant means to address health inequities, and; iii) support to a fluoride mitigation plan for improved Water, Sanitation and Hygiene (WASH) outcomes.

Contributing to ongoing peace-building initiatives, UNICEF supported Government to i) develop multi-lingual instruction policies; ii) draft and finalise story books for peace to be used in Early Childhood Development (ECD) centres with inputs from government, representatives from different faiths, ethnicities and non-state actors, and; iii) launch of a first ever nationwide campaign to prevent the recruitment and use of children in the armed forces by state and non-state actors.

The consultative and participatory Mid-Term Review of the Government of Myanmar-UNICEF programme made recommendations to align the programme to the changing Myanmar context. Based on an agreed analysis of the strengths and gaps, the revised results structure reflects the following strategic focus:

- Support the development of policies and legislation to accelerate realization of child rights, including through sector working groups established under the Naypyitaw Accord;
- Continue to deliver immediate tangible results to secure public support for necessary long-term reforms and structural change;
- Build capacities at Union, State and Township levels to develop and implement plans and budgets for children; Strengthen health, education and social welfare systems and make them accessible to the most disadvantaged, including through opportunities generated by decentralization and greater cooperation with other UN agencies;
- Contribute to peacebuilding in Myanmar through education, health and other social service programmatic interventions;
- Establish and strengthen partnerships with other key organizations and institutions, CSOs and Non-State Actors to build broad multisectoral coalitions to realize child rights; and
- Leverage additional resources for children, from the Government, the private sector and the international community.

**Humanitarian Assistance**

UNICEF continued to respond to the protracted emergencies in Rakhine and Kachin with cluster leadership for WASH, and sector leadership for nutrition and education, the latter with Save the Children Fund.

In Rakhine humanitarian gaps are being progressively being filled, but conforming to
SPHERE standards remains difficult due to limited land availability, insecurity and lack of partners. Taking a conflict-sensitive approach, UNICEF continues to advocate for development of the entire state, the second poorest in the country.

In Kachin, UNICEF and partners advocated for and successfully managed to initiate rapid assessments as part of cross-line operations in Non-Government Control Areas (NGCAs). The emphasis in Kachin was on hard-to-reach camps in Government areas and building technical capacity of CSO's in NGCAs.

As a result of dedicated WASH cluster leadership, a cluster strategy was agreed with partners and evidence-based analysis of gaps is used to inform programming and resource-raising. In addition, mechanisms for WASH Emergency preparedness for Cyclone Mahasen provided a model for other sectors. Implementing a revamped approach to child protection in conflict settings and acceleration of access to education will be prioritised in 2014 along with a focus on reaching SPHERE standards in WASH, health and nutrition.

Effective Advocacy

Mostly met benchmarks

During the year, a UNICEF Myanmar Advocacy and Communication Strategy (2013-15) was developed highlighting a partnership approach and the importance of ensuring child and adolescent voices are heard. Capitalizing on the ongoing socio, economic and political reforms, the peace process and Myanmar’s role in the broader Asian story, the strategy articulates the links between these dominant themes and children’s concerns. Advocacy was also initiated on the impact of the inter-communal conflict on children and their vulnerability to natural disasters.

The major advocacy initiatives included:

- An ongoing dialogue with the Ministry of Finance and Parliamentary Committees was initiated on social investments for children. Capitalizing on the availability of budget data, UNICEF commissioned studies on use of revenues from extractive industries to promote the ethical, moral and political arguments for social investments for children and a social sector budgetary review snapshot, which formed a basis for this dialogue. The messages from the studies also generated significant interest in the media and are being used by local civil society groups for their own advocacy with opinion makers.

- Within the framework of the ongoing peace process, UNICEF advocated for the inclusion of the extension of the Action Pan to prevent and stop recruitment and use of children with non-state armed groups. High level visits such as those by the UN Security Council working Group on Children and Armed Conflict were used to advocate on this issue.

- Creating space for child participation in the reform process, a campaign to end violence against children was launched on Universal Children’s Day (20 November 2013). This will run through until the 25th anniversary of the Convention on the Rights of the Child in 2014. Children’s and adolescent’s voices on what peace and violence means to them and their solutions to end violence will be documented and disseminated giving children a chance to act as agents of peace.

- On the humanitarian situation in Rakhine, UNICEF has been consistently advocating for a ‘whole state’ approach that takes into account the needs and
rights of all children in the state and improvements in access. On the situation in Kachin, advocacy was undertaken around cross-border operations, durable solutions, disaster risk reduction and children with disabilities.

- Building awareness on Myanmar’s commitment to the Convention of the Rights of the Child in its changing context, a video was produced, and first screened at the Mid-Term Review validation meeting. Entitled ‘A Dawn of New Era for Myanmar’s Children’, the video will be screened on Myanmar TV in 2014.

### Capacity Development

*Mostly met benchmarks*

UNICEF introduced a systematic approach to capacity building, linking skill acquisition at the decentralised levels to effective practice that helps achieve improved results for children. Examples of this approach included:

- **Child Friendly School and Child Centred approach:** In a shift from rote learning methodologies, teachers were trained on Child Friendly School (CFS) and Child Centred Approaches (CCA) concept and methodologies using both face-to-face and School based In Service Teacher Education across 25 townships selected on an equity based criteria. Feedback from the trainings, and monitoring of application showed that teachers attained a high understanding of the concepts but had difficulty in adequately mastering practical application of the methodologies. The programme has therefore adapted the training to provide school level support to help teachers apply skills learned. A study on Monitoring and Learning Achievements is being used to assess changes required in the teaching methodologies.

- **Life skills education for adolescents:** A ground-breaking action plan with the Department of Health and Department of Education was forged on health education sessions for adolescents in schools, facilitating joint working between the two. School Health Team officers were trained on the Secondary life skills lessons including health related ones. To assess the increase in life skills knowledge of children in Grade 6, 7 and 8 students, a post-term assessment was carried out in 14 randomly selected townships. The results showed improvements in emotional intelligence, social skills, knowledge on HIV/AIDS and sexually transmitted infections and disease prevention. However, across all grades the lowest achievement were found on reproductive health knowledge. As a result, the delivery of the Secondary Life Skills (SLS) curriculum on reproductive health is being reviewed and redesigned.

- **Local Social Plan initiative:** UNICEF commence the Local Social Plan (LSP) initiative in Chin, one of the poorest states in the country. The LSP uses a capacity building approach to foster dialogue between local administrators, service providers and civil society on social needs of the most marginalised communities. The engagement of diverse stakeholders in assessing needs and jointly identifying appropriate solutions, aims at facilitating dialogue among public service providers and civil society, improve negotiation practices, foster social cohesion, and promote peace building. The local social plan, once finalised in 2014, will be presented to the national Government with recommendations for scaling up.
**Communication for Development**

*Partially met benchmarks*

Communication for Development (C4D) initiatives were tailored to take advantage of the changing operating environment, for example, leveraging the increased numbers of partners working in the health sector to promote behaviour change; building on the information and telecommunications sector reforms to expand mass-outreach; generating evidence on initiatives that can be scaled up; and building institutional capacity for C4D.

UNICEF supported Government to convene the diverse partners working on health-related issues to develop and agree an overarching communication strategy for Child Survival and Development. Common training packages and communication materials, developed by UNICEF to promote behaviour change, will now be used by the different partners. To supplement this, multi-channel communication campaigns on exclusive breastfeeding, complementary feeding, prevention of mother-to-child transmission of HIV (PMTCT) and immunisation was rolled out nationwide. For the first time, the tricycle is being used as a transit media, in addition to billboards, buses and taxis. It is estimated that over four million people will ultimately be reached through this campaign.

Capitalising on the expanding information and broadcasting sector, UNICEF partnered with the Ministries of Health and Information and six mainstream broadcast media houses to agree a two-year “Community on Air” Action Plan. Through this first of its kind partnership, an estimated 17 million people will have access to regular messages on key family and community practices. Access to mobile phone and social media in Myanmar is fast expanding and UNICEF explored options for how this can be used to influence knowledge, social norms and household behaviours to reduce under-five mortality. The Initiative, entitled “Messaging Life, Myanmar” is under design.

Rapid quantitative assessments of the behaviour change initiatives launched in 2012 were conducted, including through a child-led monitoring exercise. Initial analysis from the assessments showed that in the local context C4D initiatives are effective, effective and reaching vulnerable children. There was increased familiarity and knowledge about family practices, completion of education, and, family separation. Based on these findings, the project design will be adjusted for scale-up.

In order to build institutional capacity for C4D capacity within the country, UNICEF conducted a training on the latest concepts and processes on behaviour change for the Community Health Education Bureau and partner organizations. As C4D is a nascent expertise in Myanmar, UNICEF will expand this area of work in 2014, building national capacity to integrate C4D across developmental programming.

**Service Delivery**

*Mostly met benchmarks*

Myanmar’s process of policy reform continues. However, the reforms are too recent to help the country adopt the faster pace it would need to reach the MDG’s. Allocations to social sectors are increasing, but starting from a low base. Systems-building
initiatives that address disparities along geographical and ethnic lines will take time to deliver results. Delivering services equitably in conflict-affected states remains a challenge. In this context, UNICEF will continue service delivery interventions that serve as models for scaling up and reaching children in the most marginalised areas and emergency settings. Noteworthy examples of service delivery support included: i) Provision of health services in conflict-affected areas in Kachin and Rakhine with UNICEF supporting partnerships between State and CSO’s; ii) Improved retention of children in upper primary grades in 20 townships where child friendly school trainings were conducted, and; iii) Provision of essential supplies.

In Kachin State, which has a high prevalence of HIV, UNICEF provided financial and technical support to the Government and a local community based organization to deliver PMTCT services to pregnant women and their spouses in NGCAs. Regardless of poor security and difficult transportation, pregnant women were screened for HIV and those identified as HIV-positive were referred to health centres for antiretroviral drugs. Based on the lessons learnt from this experience, UNICEF provided support to Ministry of Health and other partners to scale up other health interventions like immunization and nutrition in NGCAs.

In Rakhine, where immunisation activities had ceased for almost a year due to the conflict, UNICEF along with other partners supported the government to find alternative ways to provide immunization. A polio catch-up campaign for all under five children living in 12 conflict-affected townships in Rakhine state was carried out, with UNICEF leading the mobilization of the Myanmar Health Assistant Association (MHAA) and volunteers from both communities. As a result, over 97 per cent of the children targeted received oral polio vaccines in both rounds.

The Child Friendly School initiative in 20 townships, selected on an equity based criteria, demonstrated early results. Data showed that more children were remaining in school, particularly in the upper grades of the primary school (nationally only 54 per cent of primary school age children complete primary school at the correct age). However, the underlying causes resulting in drop out and repetition in Grade 1 continue to be a challenge. The education sector reform process is developing policy options to address this bottleneck.

With the Government expanding allocation of its own resources towards essential commodities for children, UNICEF is well-positioned to scale-back support for supplies and, instead to focus on systems strengthening. However, the programme continued to fill essential coverage and quality gaps. During 2013, approximately 750,000 children benefitted from school books and supplies together with the support of school kits and recreation kit to 5,400 schools. UNICEF also supported Government procurement of essential health commodities including, medicines, vaccinations and supplies required to address malnutrition.

**Strategic Partnerships**

*Mostly met benchmarks*

The signing of the Naypyitaw Accord on aid effectiveness has put in place new partnership mechanisms for Government and development partners in support of the Framework for Economic and Social Reforms (FESR) and the MDGs. UNICEF is playing
a key role in the Education and the Social Protection sectors partnerships for aid effectiveness. The Education Joint Sector working group model, with Government in the lead and co-convened by UNICEF and Australia, worked effectively. Planning for the development of the sector-wide strategy was initiated based on evidence generated through the Comprehensive Education Sector Review (CESR). The open dialogue based on mutual trust amongst partners and the partnership approach is a significant transition for the education sector.

Similarly, UNICEF’s ongoing policy engagement with the Government on social protection has strongly positioned it to co-convene the Social Protection working group and advocate for a social protection policy that promotes equity, social cohesion and peace building. UNICEF supported the Government to convene a broad range of partners to agree on an approach for the development of an equity driven social protection strategy, and the initiation of work towards its development.

The UNICEF-Multi Donor Education Fund (MDEF) partnership has allowed for political advocacy on education sector reforms and evidence-based technical inputs to the High level Committee, set up by the President, on reform implementation. Additionally, direct service delivery improvements reached schools in 25 townships. To strengthen the MDEF partnership, an extensive consultation process was undertaken with education donors (the European Union, Australia, the United Kingdom, Denmark, and Norway) towards the Quality Basic Education Programme Communication and Visibility Strategy (2013-15) witnessing more effective advocacy across the education sector for Myanmar’s children.

UNICEF strengthened institutional engagement with UN sister agencies, WHO, UNFPA and UNAIDS, to develop a joint approach to health systems strengthening with a view to addressing the barriers to maternal and child health care.

Coalitions were built with influential actors on specific advocacy priorities including the Myanmar police force on human trafficking, the UN Resident Coordinator’s Office on children and armed conflict, International Labour Organization (ILO) on child labour, WHO on universal immunization, WHO and UNAIDS on HIV prevention, Action Contre La Faim on nutrition, UNHCR and Save the Children on birth registration and child statelessness, and the World Bank and International Monetary Fund on social budgeting. UNICEF Myanmar was an inaugural member of the newly formed UN Human Rights Working Group which has identified as its first priority the design and delivery of human rights refresher training for all UN staff.

UNICEF’s strategy for engagement with the private sector is to forge mutually agreeable advocacy and policy initiatives in support of the Children’s Rights and Business Principles and develop partnerships to promote service delivery. The first step in this direction was to engage strategically with the Corporate Social Responsibility (CSR) Asia Responsible Business Practice Seminar in Myanmar. UNICEF will develop this engagement further in 2014. A UNICEF-UNILEVER partnership agreement was signed to promote hand washing and consultations were undertaken with Telenor exploring use of mobile phone for monitoring education, health and child protection indicators.
Knowledge Management

Mostly met benchmarks

UNICEF continued strengthen its role as a knowledge leader on children, increasingly advocating for the Government to fulfil its role in realizing children’s rights. The following good practices were developed in 2013:

- **Enhancing national awareness:** UNICEF opened a dialogue with the Myanmar Ministry of Finance and Parliament Commissions on social budgeting and social investments for children, by promoting knowledge products such as the recently published reports on “Snapshot of Social Sector Public Budget Allocations and Spending in Myanmar” and “From Natural Resources to Human Capital: Practical, feasible, immediate resourcing solutions for Myanmar’s children”. The dialogue aimed at advocating for increased investments on social services for children – towards increased social stability and solid economic development. The knowledge management plan implemented started with bilateral meetings with high level officials, followed by a workshop with the Ministry of Finance and relevant Parliamentary commissions, and continued with a media briefing to 76 media entities, resulting in a large number of public reports. Actions to ensure the full engagement of UNICEF programme staff on budgetary issues were also promoted.

- **Knowledge brokering:** UNICEF ensured the participation of the Government of Myanmar in the 2nd High Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific – where the new Early Childhood Care and Development (ECCD) policy for Myanmar was presented. The meeting allowed participants to learn from neighbouring countries’ experiences in promoting and protecting children’s rights, thus fostering and leveraging knowledge exchanges.

- **Enhancing internal knowledge management:** During 2013, a new initiative was promoted to facilitate knowledge exchange and intersectoral dialogue among UNICEF staff: the Friday Information Sharing Hours are sessions open to all the staff where external experts and UNICEF professional present on current subjects. This has generated dialogue amongst staff and promoted inter-sector interest and collaboration.

Human Rights Based Approach to Cooperation

Partially met benchmarks

On human rights including child rights, in 2013 UNICEF Myanmar became a founding member of the UN Human Rights Thematic Group (UN HRTG) in Myanmar. As part of this work, UNICEF Myanmar established a provided child wellbeing related inputs to a Universal Periodic Review workshop with the Government of Myanmar in Naypyitaw.

Through the UN HRTG, UNICEF Myanmar became a member of a whole-of-UN human rights training team that will roll out UN core values, human rights and humanitarian principles training for all UN staff across the country in 2014. UNICEF also became a part of the Human Rights Monitoring Sub-Working Group which is working to develop
a whole-of-UN human rights monitoring system for Myanmar. Through the UN HRTG, UNICEF Myanmar provided advocacy inputs to the UNCT on the current bill before the Myanmar Parliament on the law of associations. UNICEF Myanmar was also a leading participant in joint UN Human Rights Day activities including through media engagement. Negotiations also took place with UNDP on the training of Myanmar Parliamentarians on child rights.

As part of UNICEF Myanmar’s renewed commitment to the protection and promotion of human rights, the Mid-Term Review process was strengthened by intentionally undertaking a human rights-based approach to the revision of results indicators. In addition, an analysis of all Universal Periodic Review 2011 recommendations and all 2012 Committee on the Rights of the Child findings on Myanmar was undertaken with programme sections committing to actively tracking child rights performance through their daily work. UNICEF Myanmar also ensured its fledgling approach to peace-building and conflict sensitivity was analysed using a human rights-based approach.

### Gender Equality

*Partially met benchmarks*

UNICEF undertook a number of specific gender mainstreaming activities in 2013, including:

- Partnerships were formed with local NGOs, working in ethnic minority and remote areas, where access to Early Childhood Development and Non formal Primary Education is low for girls. Alternative models such as home based-care and parenting were piloted in these areas while attempts are made to scale up services.
- A review of Gender mainstreaming in WASH in emergencies was conducted and the findings suggest scope for improvement. The recommendations were prioritized for implementation by the WASH cluster as well as the UNICEF programme.
- A conflict and gender sensitive approach continued to be employed in reintegration of children discharged from the Myanmar Armed Forces to ensure that gender specific challenges for young boys in their transition from military to civilian life are addressed.
- Work was initiated on developing a Myanmar Youth Council and Innovation Lab that will provide a platform for children under 18 to voice their concerns on the cutting-edge issues that affect them. A gendered approach is being taken from the design stage itself, so that the Council/ Labs provide an effective platform to express the different needs and aspirations of boys and girls.

### South-South and Triangular Cooperation

UNICEF Myanmar continued in 2013 to sustain the involvement of Government counterparts in South-South cooperation initiatives.

The first High Level Meeting on Cooperation for Child Rights in Asia and the Pacific, held in Beijing in November 2010, brought together senior leaders from 28 countries to discuss opportunities to promote child rights within the framework of South-South cooperation. UNICEF sustained the participation of the Government of Myanmar in the 2nd High Level Meeting held in India in October 2013, thus facilitating the continuous
exchange of knowledge and experience among neighbouring countries’ in promoting and protecting children’s rights. At the meeting the new ECCD policy for Myanmar was presented by the Minister of Social Welfare, Relief and Resettlement. The exchange of experiences among different countries on ECCD practices aimed at setting the foundation for the establishment of more long-term inter-country cooperation agreements - involving universities or other institutions - for the provision of technical support in relevant areas.

A South-South exchange was promoted in 2013 to increase the knowledge of Myanmar Government counterpart on strategies to improve birth registration: a delegation from six Government departments went on a study visit to the Philippines to study their civil registration system. Included in the workplan of a multi-country EU-funded project aiming at increasing birth registration coverage, the trip, organized by the UNICEF Regional Office for East Asia and the Pacific (EAPRO), was a joint visit with two Pacific Island countries which are part of the same project. The Philippines was selected as location of the study visit because it’s well-functioning system of civil registration, undertaken by the local administrative authorities with strong coordination by a Civil Registrar General. The Philippines model is relevant for Myanmar given the diversity and scale of the country. The contact established with the Philippines Government will be maintained through 2014. Technical assistance has also been sourced from the Philippines to supports review of its birth registration legislation and systems. The Philippines is also a member of ASEAN, and it is hoped that the visit would lay the basis for a strong ASEAN partnership on civil registration during Myanmar’s chairmanship in 2014.

UNICEF also explored the possibility of South-South cooperation in humanitarian settings and established a dialogue with Turkish embassy on supporting initiatives in the WASH sector.
Narrative Analysis by Programme Component Results and Intermediate Results  
Myanmar - 0600

**PC 401 - Young child survival and development**

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

**Progress:**
Malnutrition among women and children is one of the biggest health problems in Myanmar; this includes acute and chronic malnutrition, iron-deficiency anaemia, vitamin A deficiency, iodine deficiency disorders and infantile beriberi. UNICEF, UN partners (WFP/FAO) and civil society partners (SCF/ACF/MHAA) bundled advocacy efforts that successfully placed nutrition high on the national development agenda. Subsequently, the Government of Myanmar reinforced its commitment in the fight against childhood malnutrition by signing the Membership Letter, on 15 May 2013, to join the global Scaling Up Nutrition (SUN) movement. Having updated the Infant and Young Child Feeding (IYCF) Strategy, technical support was also provided to develop and implement protocol and policies, while drafting rules for extending maternity leave and a strengthened local code for the marketing of breast milk substitutes, which were finalised and submitted to the Minister of Health for approval. In tandem, the nutrition pre-service training curriculum was updated to strengthen country capacity, while essential nutrition supplements and therapeutic food were procured to enable the expansion of nutrition interventions. National programmes to reduce micronutrient deficiencies have had success with more than 80 per cent coverage of vitamin A supplementation for 6-59 months children and lactating women, vitamin B1 supplementation for pregnant and lactating mother and iron/folate supplementation for pregnant mother. The deworming coverage for 2-9 years old children was more than 90 per cent. (Source: National Nutrition Centre (NNC) 2012)

Access to treatment of severe acute malnutrition was scaled up for vulnerable populations in Buthedaung and Maungdaw townships of the high risk Northern Rakhine State, with more than 1,500 acute malnourished children treated in 2013. Treatment was also ensured in the IDP camps of Sittwe, Pauktaw, Minbya, MraukOo and Kyauktaw townships. To ensure quality and adherence with international protocol, the guidelines for the management of acute malnutrition was revised.

Despite the high coverage of some preventive nutrition supplementation interventions at national level, low coverage in hard-to-reach areas remain. Geographic and political barriers are the key bottlenecks. To overcome these, UNICEF is supporting a shift towards an integrated health and nutrition services delivery in health facilities or via community outreach to improve equitable coverage. The other bottleneck is an insufficient predictable multi-year budget for implementation of the five year plan of action for IYCF. All nutrition programmes are implemented through the National Nutrition Centre (NNC), a Ministry of Health institute, but it has limited presence at national and state levels with no presence at township or more peripheral levels. Despite several years of pre and post-partum iron folate supplementation, with coverage of over 80 per cent, anaemia levels remain high. As an additional measure, UNICEF initiated rice fortification with MoH and PATH (International NGO) but more data on the determinants of micronutrient deficiency in Myanmar is needed to advance evidence-informed efforts. Further, UNICEF will strengthen its leveraging role to foster intra-government and partnerships to collectively achieve SUN objectives.

**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 to conduct a nationwide Vitamin A supplementation campaigns in February and August 2012 targeting 7.2 million children between 6-59 months in each round, with coverage of more than 90 per cent (6.4 million children) attained, according to NNC reports. Supplementation was 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 84 per cent of the 27,292 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, and; iii) import
and use of low iodine salt in border areas. The most recent bottleneck is the sharp three times increase in the price of Potassium Iodate, which is hindering the sustainability of Potassium Iodate Revolving Fund.

UNICEF contributed to improvements in Iodine Deficiency (IDD) programming by: i) supporting the preparation of an IDD action plan led by the National Nutrition Centre (NNC) jointly with MSMCE; ii) ensuring technical support for a law on universal salt iodization which will be developed by state and region governments, and; iii) advocating to new state and region governments for regular monitoring systematically linked to corrective actions.

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 for anaemia and beriberi annually.

**Progress:**
UNICEF supported the NNC to conduct nationwide deworming campaigns (integrated with the Vitamin A supplementation campaigns) in February and August targeting 10 million children aged 2-9 years in each round, implemented through basic health staff and school teachers. According to NNC reports, more than 90 per cent of these children between 2-9 years received deworming tablets.

Vitamin B1 supplementation for pregnant and lactating mother and Iron folate supplementation for pregnant mother were ongoing throughout the year, attaining coverage of more than 80 per cent. 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.

Home fortification with iron-containing micronutrient powder (MNP) supplementation was implemented in 21 high-risk townships, benefiting more than 270,000 children under three years of age in 2013. Implementation will be scaled up to an additional 10 more townships in 2014. For long term sustainability on prevention of micronutrient deficiency, social marketing was initiated with Population Services International in tandem with rice fortification with PATH.

The national strategies for iron folate and vitamin B1 supplementation, home fortification with MNP and deworming enabled this achievement. Continuous availability of budget and supplies along with intersectoral coordination at different levels contributed towards the achievement of these targets, though enhanced sustainable government leadership and co-financing is needed.

Although national data show high coverage of supplementation at aggregate levels, low rates persist in hard-to-reach areas. While conflict-affected areas are not covered by the data reported, overall, the quality and timeliness of national and subnational data reported requires improvement to improve planning, monitoring and implementation. The absence of a health systems strengthening approach, inadequate financial resources and lack of skilled human resources especially in remote areas, remain significant bottlenecks.

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:**
To improve the quality of this life-saving treatment, UNICEF supported the revision of guidelines on management of acute malnutrition (hospital based, community based and in low prevalence areas), and implementation of community based management of acute malnutrition in Buthedaung and Maungdaw townships in the high risk North Rakhine State in partnership with the NGO, Action Contre La Faim. This support ensured treatment for more than 1,500 acute malnourished children in 2013.

As the nutrition sector lead, UNICEF coordinated and responded to the emergency nutrition needs of the Internally Displaced persons (IDPs) in Kachin and Rakhine conflicts. More than 1,350 under five children and 576 pregnant and lactating women (PLW) received multi-micronutrient sprinkles and tablets in Kachin conflict areas. For the Rakhine conflict area, 1,151 severe acute malnourished (SAM) and 4,867 moderate acute malnourished (MAM) children were treated. Additionally, 33,510 under five children and 7,704 PLW received multi-micronutrient sprinkles and tablets respectively.

National guidelines of nutrition surveillance system were developed and endorsed by the Government;
implementation got underway in high risk townships in Chin and Rakhine states and the Magway region. Malnutrition trends were monitored continuously by NNC and UNICEF and appropriate response was given to the affected areas such as promoting exclusive breastfeeding and proper complementary feeding, intensifying routine immunization, improving access to safe water and sanitation and supporting food shortages.

The surveys conducted in 2013 showed that while the nutrition situation had not improved significantly from the previous year, they had not worsened. In 2014, at least 3,000 cases of SAM and more than 7,000 cases of MAM in children under age five in IDP camps are expected to require treatment. In host communities and isolated villages, an additional 2,200 cases of SAM and 4,900 cases of MAM are expected in the coming year.

The poor nutrition situation in Rakhine State is partly due to inappropriate infant and young child feeding practices. Rakhine State had some of the lowest baseline levels of proper nutrition practices across Myanmar even before the conflict began. The rate of exclusive breastfeeding remains very low at only 10 per cent in assessed areas, while continuation of breastfeeding beyond six months is practiced by only 15 to 30 per cent of lactating mothers. This, combined with financial, social and geographical barriers, has resulted in the majority of children treated for SAM (80 per cent) being between 6-23 months old, the period when breastfeeding and appropriate complementary foods should be provided.

**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:**

Implemented since 2011, the national strategy for Infant and Young Child Feeding (IYCF) and its companion five Years Plan of Action (2011/12-2015/16) was updated in March 2013. Under this framework, legislation on marketing of breast milk substitutes was drafted by a team composed from Ministry of Health, Attorney General Office, Ministry of Labour, Ministry of Trades and UNICEF. A legal advisor from UNICEF headquarters provided technical input for its finalization; and the draft legislation was submitted for approval during the year.

Training packages to revitalize Baby Friendly Hospital Initiative were revised, with systematic assessments to commence in early 2014. As most babies (70 per cent) are born at home, Baby Friendly Home Delivery will also be revised and implemented in 2014. Nutrition pre-services curriculum was updated in midwifery schools, while similar updates in Universities of Medicines, Public Health and Community Health were agreed with Department of Medical Science for roll out in 2014.

In partnership with NNC, UNICEF influenced changes in the labour law related to maternity leave, which was extended from 12 to 14 weeks to support exclusive breastfeeding. While advocacy will continue for 6 months maternity leave, rules for extending maternity leave up to 6 months under civil servant law is already under discussion.

To improve exclusive breastfeeding rates among women in rural areas working in the non-formal sector, with UNICEF support, NNC through basic health staff and community health volunteers implemented exclusive breastfeeding promotion in nine townships in 2013. This will be expanded to an additional 10 in 2014.

While the national IYCF strategy and plan of action provided an enabling framework for the above achievements, the lack of financial commitment to the five year plan of action is a bottleneck. NNC’s marginal role in the Department of Health represents another key constraint.

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

**Progress:**

UNICEF contributes to Myanmar’s progress on the MDG4 target on under-five mortality through improving child health care with a focus on supporting the MOH to provide effective treatment common childhood illnesses (pneumonia, diarrhoea and malaria) and control vaccine-preventable diseases. To this end, UNICEF is supporting the improvement of facilities and standards in 200 (out of 330) townships in a phased manner over 10 years, while improving community-based management in hard-to-reach areas. Meanwhile, demand creation focuses on C4D activities being scaled up in tandem in targeted townships.
In terms of malaria control, UNICEF supported the National Malaria Control Programme in 80 malaria-endemic townships by provision of Long-Life Insecticide Nets (LLIN) in high risk villages in 25 townships, and supported community-based insecticide impregnation of bed nets already owned by householders in moderate-risk villages in seven more townships. UNICEF also supported the provision of rapid diagnostic tests and anti-malarial drugs, including artemisinin combination therapy in all 80 endemic townships. Community case management of malaria by community health volunteers using Rapid Diagnostic Tests (RDTs) and the drugs is being supported in up to 700 high-risk villages. Capacity development among NMCP staff and basic health staff continue along with C4D efforts to ensure the effective utilization of bed nets and early appropriate care-seeking. With immunisation being a key pillar of child survival, UNICEF continues to support the MoH’s Expanded Programme on Immunization (EPI) through the provision of routine vaccines and accelerated disease control activities (such as supplementary immunisation activities). In addition, UNICEF is supporting the maintenance, expansion and strengthening of Myanmar’s cold chain. To reach children and pregnant women in hard-to-reach areas, UNICEF provided technical and operational support for the development of area-specific micro-plans that address geographic, climatic and security barriers in 71 townships.

Although positive shifts are underway (such as the national budget for health increasing fourfold and Government co-financing of the Pentavalent vaccine), more needs to done to achieve universal universal and child health coverage. Challenges include: i) a sequenced health reform path; ii) the lack of timely, reliable data to monitor progress at national and sub-national levels, because the Health Management Information System (HMIS) requires an overhaul; iii) prioritising the implementation of essential packages and protection against catastrophic health expenditures; iv) improving access in (post) conflict areas, and; v) coordinating a highly fragmented landscape of inputs and services. The environment for health reforms is vibrant but developments and plans are continuously outpacing Government capacity and the HMIS requires substantial strengthening to improve timely data analysis and use.

**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 LLIN/ITN (insecticide-treated net) and the fever cases in under five receiving anti-malarial medicines increased by one-third in 80 townships by 2015.

**Progress:**

UNICEF supported the identification of the most vulnerable families in 80 selected townships using an updated malaria risk micro-stratification activity. Subsequently, at least 75 per cent of families (35,331 families) residing in the most endemic villages received LLINs/ITNs in 2013. Positively, this methodology was replicated by the Global Fund in another 100 malaria endemic townships in Myanmar. However, resources are needed to invest in the replacement of LLIN every three years to maintain continuous coverage.

Monitoring revealed at least 80 per cent of health facilities in 80 endemic townships have the necessary human resources, stocks of anti-malarial drugs and RDTs. With technical, financial and commodity support from UNICEF, DoH expanded community case management to an additional 130 hard-to-reach villages in six malaria endemic townships. Cumulatively, more than 750 villages were covered with community-case management – exceeding the 2013 target. UNICEF also supported the DoH to implement a community-based larvicidal campaign in 59 high risk townships, protecting 1,328,596 households. Finally, the MARC strategy was supported and implemented in collaboration with WHO and relevant partners. This is a priority based on the identification of artemisinin resistance, first on the Thai-Cambodia border and subsequently on the Thai-Myanmar border.

While results from a household survey are still pending to assess progress on "the proportion of under-fives with fever who receive anti-malarial medicines", monitoring reports and households assessments conducted jointly by UNICEF and DoH staff indicate that most families in malaria-risk villages use LLIN/ITN if available. Further, according to Government data, there were no reports of malaria outbreaks in 2013 and malaria-specific mortality continues to decrease. Because UNICEF’s support to malaria is far outweighed by other agencies and by regional and global programmes, UNICEF will phase out its support to strengthen its engagement in other priority areas, maternal, neonatal and child health (MNCH) areas during the remainder of this country programme.

**Constrained**

**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 in 200 townships and children in at least 250 unreached villages in 25 townships have access to ARI and diarrhoea treatment through community level by 2015.

**Progress:**

In partnership with MoH, childhood illness management was supported at facility level in 200 townships and at community level in five out of 25 targeted townships. There was an estimated 45 per cent increase in the
number of under-five children with acute respiratory infections (ARI)/pneumonia and diarrhoea treated in peripheral health facilities (HMIS 2012) and children in around 350 underserved villages (over half of underserved areas) accessed ARI/pneumonia and diarrhoea treatment through community volunteers.

In collaboration with other partners, UNICEF ensured the availability of life-saving child survival medicines in all health facilities of 200 townships. Monitoring reports showed oral rehydration therapy and antibiotic availability at sub-centre level in almost 90 per cent in intervention townships compared to 50 per cent in non-intervention townships. The availability of trained health care providers ensured through training/retraining of health staff in phases. However, staff retention in remote areas and low utilization of services by rural populations and the lowest wealth quintiles remain critical issues.

In response, UNICEF supported the piloting of Community Case Management to improve equity in health care. Based on findings, national training guidelines were produced and volunteers were trained in management of pneumonia & diarrhoea. The evaluation demonstrated that CCM is relevant, efficient and effective in the Myanmar context and recommended scaling up. The National Implementation Guide on CCM was subsequently endorsed by the MOH and scaled up to four more townships. Monitoring data showed that one-third of estimated under-five children with pneumonia received appropriate treatment through trained volunteers. Despite a challenge to retain unpaid volunteers, over 90 per cent of them are functional under close supervision of a midwife, and around 85 per cent correctly practice their skills. However, supportive supervision needs to be strengthened. For nationwide scale up, continued advocacy at the highest level is needed with all partners, along with coherent supportive policy.

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

**Progress:**
With UNICEF support, a national child survival and development communication strategy is strategically guiding coherent expansion with priorities and standardized approaches in place. To stimulate behaviour change at individual and household levels, around 12,500 mothers from five selected townships are persuading their families and peers to practice key family practices through sustained dialogue under ‘Seven Things This Year’ initiative.

Over 3,000 monasteries from 880 villages/wards became community centres to disseminate key practices. Using Buddha's teaching the monasteries’ leaders were empowered to work with communities on key behaviours, under the Faith for Children initiative.

Two rapid qualitative reviews by independent consultants showed that in the local context these social dialogue initiatives are relevant, effective and reaching vulnerable children. There was more familiarity and knowledge about family practices, completion of education and family separation. Based on the recommendations, design will be adjusted and scaled up in targeted townships.

As the main thrust of behaviour change communication in the strategy, over 600 frontline workers/basic health staff (BHS) and volunteers from hard-to-reach areas were trained on inter-personal communication skills to empower mothers and caregivers. To supplement this approach at scale, multi-pronged communication campaigns on exclusive breastfeeding, complementary feeding, PMTCT and immunization were rolled out nationwide. For the first time, the tricycle was used as a transit media in addition to billboards, buses and taxis taking messages to over four million people in three cities and 22 townships.

A Knowledge, Attitudes and Practice (KAP) study was undertaken to generate baseline evidence for policy and programme-based communication interventions including promotion of exclusive breastfeeding/complementary feeding, immunization, sleeping under ITN, hand washing, home care, care seeking and latrine use. While a Messaging for Life initiative is being processed to rollout in partnership with Myanmar Post Telecommunications (MPT) and private sector, an animated multi-channel hand washing campaign is being designed for roll out in early 2014.

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: A successful Effective Vaccine Management (EVM) assessment conducted in 2011, together with a Government commitment to co-finance, paved the way for GAVI Alliance Board approval and subsequent introduction of pentavalent vaccine in November 2012. Measles second dose was also officially introduced with GAVI support in 2012.**

Building cold chain capacity, UNICEF supported the DoH to conduct national level EVM training, temperature mapping of a walk-in cold room and freezers, a vaccine temperature monitoring study and a cold chain logistics planning workshop to identify strategic options in line with new national immunisation policies. Priority activities were identified for implementation in 2014 and 2015 to ensure cold chain logistics adequacy for Measles Rubella campaign in 2014 and Pneumococcal vaccine introduction in 2016.

Affecting universal coverage, the continuation of conflict in Kachin state and of community violence in Rakhine state affected the routine programme. Consequently DPT3 and Measles coverage reduced to 85 per cent and 84 per cent respectively in 2012 from 90 per cent and 88 per cent in 2010. Likewise, the number of self-administrative townships not reporting immunization data increased from seven townships in 2010 to 13 in 2012. Although data for 2013 will become available in March 2014 to determine ongoing trends, the DoH is finding alternative ways to provide immunization in conflict-affected areas. For example, a polio catch up campaign to all under five children living in 12 conflict-affected townships in Rakhine state was carried out in March and April 2013, with UNICEF-led mobilization of Myanmar Health Assistant Association and volunteers from both affected communities. Subsequently, 97 per cent of targeted 335,860 children received polio in round I and 97.5 per cent in round II. DOH is now planning to use NGOs to revitalize routine immunization in Rakhine State, and has allowed Health Poverty Action to conduct routine immunization in conflict areas in Kachin, Northern Shan and Eastern Shan with the participation of State and non-state actors.

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**PCR 0600/AO/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:**

Neonatal deaths comprise about two-thirds of all infant deaths and half of under-five deaths, and two thirds occurring during the first week of life. Maternal mortality is declining more rapidly; low rates of quality antenatal care and skilled birth attendance (67 per cent) are contributing factors.

At the policy level, while Myanmar is committed to achieving the health-related MDGs these goals are unlikely to be achieved without a significant increase in sector funding and access to basic health services for the poorest and most vulnerable populations. Increasing access to services will also require a change in the way that services are delivered, including more coherent and integrated programming. There are encouraging signals that the MOH in Myanmar is moving towards sustainable health system building with the goal of universal health care (UHC) coverage. But reaching nationwide UHC while maintaining quality of care will be a long-term challenge. More emphasis is required on scaling-up package of low cost, high impact interventions. To this end, an evidence-based planning and budgeting exercise on MNCH was planned for 3 model townships with UNICEF support. The exercise will help stakeholders build their capacity, including to identify bottlenecks and determine the marginal cost to overcome barriers.

Technical, financial and logistical support was also provided by UNICEF to improve child health coordination through the National Child Survival Forum, which helped ensure that regular meetings were held as a useful platform for sharing information and experience, disseminating guidelines and coordination with international and national NGOs. Important steps were taken by the Government of Myanmar to improve health sector coordination through the establishment of the Myanmar Health Sector Coordinating Committee (MHSCC). In close collaboration with UNFPA, UNICEF will play a stronger role in future to support the functioning of the new MNCH Technical and Strategy Group, a sub-group of the MHSCC. This Group will support joint planning and prioritization within the MOH and be pivotal to achieving coherent integrated support.

Further decline in child mortality requires strategic and focused investments for newborn survival. To inform improvements in neonatal health, MOH undertook a comprehensive assessment of newborn health with the support of UNICEF and partners. Available in early 2014, the evidence generated will guide the MOH and partners to identify more effective strategies and to refine the NBC programme.

To reach populations not accessing facility-based services, UNICEF supported a community-based newborn care (CBNBC) intervention in 17 townships. Health volunteers have played a critical role in providing early newborn care at home (important noting that over 80 per cent of deliveries are at home) while improving timely referral to facilities for specialized care. The guides for newborn care through volunteers and basic health staff were
developed with UNICEF technical and financial support and made available to all stakeholders for standardisation and quality assurance of programmes delivered.

On-track

IR 0600/A0/04/903/009 Increased availability of trained workers and equipment for new born and maternal care at facility level in 200 townships and increased access to new born care at community level in 25 townships in accordance with developed guidelines and strategy by 2015.

Progress:
To improve equitable coverage, Community-Based Newborn Care (CBNBC) was implemented in 20 per cent of underserved villages in 16 selected townships 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 and in-time referral. CBNBC is delivered in linkage with community case management of pneumonia and diarrhoea and communication for development (C4D) to maximize child health outcomes. The review of CBNBC was completed and the report will be available soon. Findings are expected to inform programme design including training, supplies, supervision and reporting.

At health facility level, UNICEF also supported MOH to address top three killers of newborns (prematurity, infection/sepsis and asphyxia) and of mothers (bleeding, pregnancy related hypertensive disorder, sepsis). The availability of life saving medicines (such as antibiotics, misoprostol tablets, magnesium sulphate injection, clean delivery kits) to manage maternal and newborn complications in 200 townships was therefore ensured. Additionally, newborn resuscitation equipment was provided to three-quarters of the 200 targeted townships, following nationally standardized training.

Nearly half of newborn deaths are 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 to inform appropriate strategies to prevent preterm births and provide effective care for premature babies in diverse low-resource settings. Another challenge is that many INGOs/NGOs have started implementing MNCH training using various training materials, indicating a strong need for standardization. UNICEF will therefore continue to 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:
In partnership with DOH Planning, Evidence-based Planning and Budgeting (EPB) in 3 selected townships is being rolled out. The participatory process will undertake assessment, identifying bottle necks and evidence-based strategies to overcome them along with equity-focused budgeting. The process will strengthen comprehensive township health planning and contribute towards universal coverage of high impact MNCH interventions, including vulnerable and hard-to-reach populations.

Meanwhile, UNICEF continued supporting the DOH to convene two national child survival forums which served as platforms for partner exchange and improved coordination with the Government. Different from earlier, the 2013 forums accommodated many new partners and allowed more open dialogue. A newly formed Child Health working group was also supported to meet. However, recognizing the need for more coherent, coordinated support for RMNCH as a whole, in 2014, UNICEF and UNFPA will jointly assist the newfound RMNCH TSG structure led by the DOH, building on lessons from other functioning TSGs (e.g. TB and HIV).

With WHO, DOH was supported to develop a Standard Operating Procedure for child and newborn emergency care. A Community Case Management (CCM) Toolkit was also produced to standardize CCM programmes delivered by different partners. DOH successfully reviewed an integrated tool enabling service providers to track a mother and child’s progress across their continuum of care. This record booklet will be distributed nationwide to pregnant and under-five care takers to improve continuity of care and follow-up.

Further decline in child mortality requires focused investments for newborn survival because neonatal mortality (30 per 1000 live births) contributes to 47 per cent of all under 5 deaths. In response, MOH undertook a comprehensive assessment of newborn health with the support of UNICEF and partners to facilitate strategic planning, and refine programme direction and actions. Data collected included benchmark and bottleneck analysis and stakeholder mapping. Dissemination is planned for early 2014.
IR 0600/A0/04/903/011 Increased proportion of pregnant women have access to key maternal health interventions in programme areas by 2015

**Progress:**
Health facilities in 150 of 200 townships were 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 tablets and injection magnesium sulphate. The availability of clean delivery kits to promote safe delivery and to prevent neonatal tetanus was also ensured. Field monitoring data from January through June 2012 showed that clean delivery kits were 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 health system and across life cycle.

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

The nationwide IHLCA/MICS data show 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

**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:**
WASH responsibilities continue to be divided among many departments in several ministries. Thus, UNICEF continued to work with four departments in the Health, Education and Rural Development Ministries to provide WASH facilities in townships identified as having acute need for improvements in water supply, sanitation and/or hygiene. Following advocacy for a coordination mechanism, a water and sanitation technical sub-group was created under the Sector Working Group for Health. This will be harnessed by UNICEF to renew focus on WASH as a means of reducing child mortality.

Overall Government allocations to the sector remain low, especially in the sanitation and hygiene sector, with disparities in WASH coverage among State and Regions as well as within townships remaining. The coverage of piped water on premises in rural area is only 3 per cent, less than average of Least Developed Countries (4 per cent) and common water supply systems are dug wells and shallow tube wells with hand pumps. In this context, in addition to its capacity development and advocacy roles, UNICEF provided support to service delivery. With Government signalling the desire to reform, 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 coherent policy and sector reform.

To create a more sustainable system of WASH provision the programme was concentrating on community management water supply system and community led total sanitation, using KAP data. UNICEF will shift from community approaches to total sanitation to help states become 'open defecation free'. In addition, UNICEF will support the Government in conducting a sector review, the first since 20 years, to develop a coherent, comprehensive and strategic plan for WASH in Myanmar.

Available data is from 2013 draft KAP study for Child Survival and Development in 25 townships of which only 5 are WASH township. Hence, this may not be representative of all 25 WASH-focus townships, which is a limitation. Moreover, the indicators are in percentages but the targets in numbers, which do not match. These disparities were addressed in the Mid-Term Review of 2013, during which new results and targets were revised and updated.
IR 0600/A0/04/904/021 Community Water Supply: Communities have access to and the capacity to maintain hygienic and healthy water supply is enhanced to better protect children from contaminated water.

**Progress:**
Most of the UNICEF-supported water supply activities had been carried out in partnership with the Department of Rural Development, which was dissolved in 2012, and recreated under the President's Office. It was then moved back to the Ministry of Border Affairs. The resulting turmoil created many delays in the planned implementation of activities to demonstrate best practices, such as the scaling up of affordable household metering systems. Further, the construction of water facilities planned in 2013, especially for areas with chemical contamination, will be completed in early 2014.

All drinking water sources, approximately 30,000 sources, both from urban and rural areas, in Wetlet township were tested for fluoride content and about 4000 samples were tested for Iron, Nitrate, Alkalinity, Hardness, pH, EC and TDS in hot spot areas to learn the relationship between fluoride and other parameters. Moreover, the development of a comprehensive fluoride mitigation plan in collaboration with four ministries represents an important step towards improving water quality, when implemented.

Meanwhile regional WASH planning, including Water Safety Plans, was supported in the dry Sagaing and Mandalay Regions, covering 57 townships with close collaboration between local Public Health and Rural Development authorities. Subsequently, Water Safety Plans were introduced in 69 village tracts in Wetlet township. To enhance this and other community-led efforts, manuals on "Construction of Community Managed Metering System" and "Water Safety Plan at Community Level" were developed in collaboration DRD and DoH. A total of 133 water supply systems were constructed covering 121,479 people at 133 communities in 30 townships in 14 States and Regions.

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

**Progress:**
Notably, since May the Ministry of Education has invested funds to build 72,000 toilets in over 35,000 schools across the country. This might cover almost all primary schools; however there are no standards, or means (funds or staff) to monitor quality. In addition there is no allocation for hand-washing facilities in these designs, and no provision for water supply, where none is available to the school. The forthcoming WASH sector review process presents an important opportunity to address this, in tandem with the establishment of WASH standards in the education sector. The Government has committed to increase its budget for WASH facilities in schools nationwide. To optimise this gain, UNICEF will continue partnering with MoE on the development of a WASH in Schools guideline, which will include a standard design of facilities that is cost effective and sanitary, with the number of latrines aligned with the recommended student latrine ratio. A gender sensitive C4D strategy will also be developed and implemented.

While this C4D approach may have reached its limits in terms of improving coverage and use of latrines in schools, Global Hand-washing Day was successfully celebrated in many schools in Myanmar, especially in Naypyitaw, Mandalay, Yangon and Ayarwaddy.

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:**
The successful implementation of Community Led Total Sanitation (CLTS) in 19 Townships in 2012 did not scale up as planned in 2013. This is because the two implementing departments in the Ministry of Health, Environmental Sanitation Division) and Central Health Education Bureau, were unable to jointly conceptualise the process of scaling up through a decentralisation approach, preferring to implement in a top down manner in only 10 more townships in 2013. Recognizing the limitations of this method, since June a new approach aiming to build the capacity of states and townships to expand CLTS was agreed with Government involving direct discussions with Sagaing state and Bago region Health Directors, which is beginning to show promising results. Moreover, the Department of Rural Development, previously not involved with household sanitation, has committed to implement rural sanitation using the CLTS approach in 2014.

UNICEF continued monitoring more than 100 triggered villages in four townships. 25 villages have been
provisionally declared as Open Defecation Free. Altogether CLTS has been introduced into 271 villages since 2011. As a result of UNICEF advocacy, more INGOs are interested in the CLTS approach. For example, Malteser adopted and implemented CLTS in Kayin State, where UNICEF provided TOT that resulted in the creation of over 50 more ODF villages. To standardise approaches, the CLTS handbook was translated into Myanmar and is being printed. Five thousand copies will be distributed to all partners and used in CLTS training.

Rural market latrines programme is well on track but WASH facilities in Rural Health Centres is constrained, by the lack of Government MOH budget allocation for this purpose and a continued strong dependence on UNICEF supplies. The scale up of township level integrated WASH programming approaches within the increasingly decentralised context should help address this constraint.

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

**Progress:**
A WASH sector review needs to be undertaken, looking at urban and rural areas, to provide strategic direction and determine resource gaps for the sector. With at least nine departments in four ministries with responsibilities for different aspects of WASH, finding a lead agency that will champion the sector reform process was a challenge. To help drive this effort forward, UNICEF and partners jointly developed a Terms of Reference for WASH Sector Review. With UNICEF facilitation, a task force for Sector Review was formed with Government counterparts and an inception meeting with all partners arranged. The overall role of UNICEF in the sector review process provides a unique opportunity, moving forward, to help develop the WASH sector in Myanmar.

Progress was made in drafting the National Drinking Water Quality Standards based on WHO updated guidelines. However, without a particular ministry in the lead, the guidelines have yet to be tabled and approved by Parliament. But, UNICEF will discuss with the newly established Health and Water committee to fast-track the approval of this important guideline.

**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:**
In November, a Terms of Reference for the Myanmar WASH Sector Review was developed and approved. Meanwhile, a Task Force for WASH Sector Review was formed, representation from three Departments, to will oversee the WASH sector situational analysis process, including Urban, Rural and Emergency components, and develop the work plan for development of Strategic plan and Vision of WASH in Myanmar.

The Water Quality Standards were finalized at the end of 2012, but they have yet to be tabled and approved by Parliament because of the lack a particular ministry in the lead.

Due to internal shifts, the process to develop WASH in Schools guidelines was delayed and began in the last quarter of 2013. The WASH thematic group meeting continued to be held on a monthly basis with active technical sub groups on behaviour change communication and emergency. UNICEF facilitated the meetings, with a rotating voluntary chairperson agreed from different sector partners, on a quarterly basis.

There are positive signals that the Government will progressively shift from its centralised implementation approach for a decentralised process in order to promote and ensure more sustainable systems. Harnessing this momentum, for the remaining period of the country programme (2014-2015), UNICEF will support state/township system-wide WASH approaches in two dry states/regions to demonstrate the efficacy of this method.

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

**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:**
UNICEF has continued to provide strategic, upstream technical and coordination support for the first comprehensive Education sector review, resulting in completion of the Phase 1 rapid assessment and near completion of the Phase 2 in-depth analysis. Work with the CESR team to develop a first grade curriculum framework, identify teacher competencies and propose a rollout plan as well as a cost and financing study for KG roll out and expansion of school based preschool was completed has leveraged Government commitment to accelerated reform.

To increase access of the most vulnerable children to basic education, strategic partnerships were formed with local NGOs working in ethnic and remote areas where access to ECD and non-formal education services are very limited, especially for girls. Alternative models such as home-based care and parenting were piloted in collaboration with NGO partners. Advocacy to broaden strategic ECD partnerships has focused on mainstreaming ECD in existing systems of partner organizations. To provide second chance education for out of school children, Non-Formal Primary Education, and Extended and Continuous Learning and Education programmes were expanded to 97 townships.

To promote evidence-based advocacy for national expansion of non-formal primary education (NFPE) programme, the Conceptual Framework and Operational Guidelines for NFPE Equivalency programme was completed and reviewed by the Parliament. Additionally a multisectoral and comprehensive national ECCD policy was submitted to the Cabinet and, pending its approval, an ECCD Strategic, five year Implementation Plan (2014-2018) for the new policy was developed using a consultative process.

Capacity building interventions are being focused on communication development of young children in their mother tongue and development of literacy skills by out of school adolescents. Development of books on peacebuilding was also given particular attention for children who are agent for peace. Following a conflict sensitivity analysis, a further 16 early childhood books were drafted for field testing. At the same time, 28 Story books on adolescent issues including peace building and mine risk education were developed and now ready for printing. The programme has responded quickly to emerging opportunities to support education reform, and engaged in multi-sectoral consultations with all the accompanying challenges related to the competing priorities of stakeholders and capacity-development needs.

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

**Progress:**
In the context of the overall education reform process, the key ECD strategy has focused on building capacities of key Ministries for development of the first multi-sectoral, participatory and holistic national ECCD policy, which is awaiting Cabinet approval. As part of this initiative to support an equitable start in life for all children, a comprehensive Situation Analysis of Young Children in Myanmar was carried out. Informed by this analysis, the highly consultative drafting process, led by the Government and championed by UNICEF, represented another breakthrough in public policy development in Myanmar because it engaged a wide range of partners to ensure broadly-based ownership. Work commenced on preparation of a five year costed strategic plan to facilitate the implementation of the ECD policy once approved.

By November, 817 of 4,786 primary schools (17 per cent) in 34 townships had opened school based preschools. In the 2013-14 academic year an ECD needs assessment was carried out with 639 communities to determine their willingness to start their school-based preschools. As a result of this participatory learning appraisal, 570 were identified for support to start their own preschool. To improve quality of these preschools, support was provided to 54 priority schools to facilitate the construction of new preschool classrooms, while 94 priority schools and 68 other schools received financial assistance to establish funds for preschool teachers’ salaries.

Improving capacity of both school and community based ECD teachers, resulted in 1,270 new teachers receiving training in developmentally appropriate practice. Over 28,000 children aged 3-5 benefitted from the ECD centres, over 1,900 children under three benefitted through mother circles, and 4,564 from parenting education programme.

Six bilingual children’s books for peacebuilding that were developed in 2012 were field tested and finalized, and are in the process of printing. An additional 16 children story books with a specific peacebuilding focus were also drafted. The challenge for 2014 will be to ensure effective use of the materials through teacher training and monitoring.
IR 0600/A0/04/906/045 Enhanced coverage, quality and relevance of second chance alternative education

**Progress:**
Evidence-based advocacy for national expansion of the non-formal primary education (NFPE) programme included development of the Conceptual Framework and Operational Guidelines for an NFPE Equivalency programme. This was completed and is under review in Parliament. In addition, a complementary MoRES analysis, once completed, will provide the basis for monitoring how progress is being made towards lifting barriers to NFPE.

UNICEF continued with its two-pronged approach in addressing the learning needs of out-of-school children. For the 2013-2014 schooling year, the accelerated non-formal primary education (NFPE) programme and the extended and continuous education and learning (EXCEL) programme were expanded to 80 townships and 22 townships respectively serving a total of 20,000 out of school children.

Drop out and low attendances of the learners are the main challenges impacting completion rates. However, the pass rate for both levels was high (90.02 per cent). The pass rate of Level 1 was 85.06 per cent and that of Level 2 was 94.80 per cent.

To increase access of out-of-school children to reading materials, a third adolescent’s story book workshop was conducted with 16 post-EXCEL learners from geographically and ethnically diverse background in January. A total of 28 story books in the areas of peace building, environmental conservation, reproductive health, HIV prevention, prevention of tuberculosis and malaria, prevention of sexually transmitted disease, prevention of trafficking and landmine awareness were finalized and are ready to print. These story books will be used for the development of reading and writing literacy skills for out of school adolescents.

To address some of the challenges involved in institutionalization of the NFPE equivalency programme, once approved, work has begun in 13 randomly selected townships (2,000 NFPE students) on development of a standardized examination system and examination test items for all subjects of NFPE Level-2; Myanmar Language, Mathematics, English and General Studies. An additional 800 school students from formal schools participated in the study to compare the achievement level of primary competencies between formal and non-formal students. The pilot showed very small difference between mathematics, Myanmar and English scores of children attending formal schools and children attending the NFPE, indicating validity of the test.

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

**Progress:**
Responding to the Government’s commitment for participatory and inclusive policy education reforms, the Ministry of Education’s Comprehensive Education Sector Review (CESR 2012-14), with support from international development partners, has completed its first Rapid Assessment phase, and is now well advanced in phase II, with an objective of evidence-based strategic reform resulting in costed education sector plans (2014-16, 2016-21).

Recent establishment of a high level committee to promote implementation of education reform, reporting directly to the President’s Office, and for which UNICEF is providing support in collaboration with development partners gave further momentum to CESR. The MOE Joint Education Sector Working Group co-chaired by UNICEF and Australia, has been a key forum for policy dialogue between Government and Development Partners. While at the technical level, the Education Thematic Working Group (ETWG), co-chaired by UNICEF and Save the Children, has provided valuable opportunities for advocacy with Government, NGOs, and development partners.

With Multi-Donor Education Fund (MDEF) support, 758,000 children in 5400 schools benefittedted from school books and supplies. A Government commitment to free textbook distribution for all children will enable programmed resources to be reallocated, consistent with emerging sector reform priorities. Over 11,750 primary school teachers were trained on Child Friendly School and Child Centred Approaches. A National Teacher Education strategy was initiated, and a Measuring Learning Achievement tool has enabled study on impact of learning achievement in Myanmar language and maths. Analysis with teacher effectiveness is highlighting critical success factors and indicating pathways where adjustment is needed.

Support was provided to pilot a Township Education Management Information System (TEMIS) in all 10 townships in Mon State. A ‘whole’ Mon state approach is ensuring capacity building of both state and non-state education actors to deliver higher quality education services. In a decision that demonstrates the value of the TEMIS
approach, Government has decided to scale up Township EMIS to State EMIS and a phased scale up of TEMIS was proposed as a ‘quick win’ in the draft Government education plan 2014-15.

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

Progress:

To develop recommendations for reform of teacher education at the education college level an in-depth and comprehensive survey of the education college system was completed as part of the CESR Phase II commitment. The study contributed to the ongoing reform agenda resulting in a comprehensive understanding of the current status of the teacher education system and a vision for future reforms needed to match ASEAN standards for teacher education.

Through the Child Friendly School (CFS) training, 10,933 teachers, including those in 9 Mon State townships, received face-to-face training. Meanwhile, 867 teachers completed the 6-month School-based In-service Teacher Education (SITE) programme through a self-learning module, and additional 824 teachers pursued the study of SITE in 2013. Feedback from the training conducted in the core 25 townships showed that teachers attained high understanding of CFS concepts and methodologies but had difficulty in adequately mastering practical application of the methodologies. School level pedagogical support is needed for teachers to further enhance application of the knowledge and skills gained in the trainings. The analysis of Measuring Learning Achievement of Primary School Grade 3 & 5 was completed and the findings provided valuable insights on current achievement levels of primary school students together with success factors and weaknesses to the stakeholders including curriculum developers, teacher educators and teachers.

To sustain the improvements in school enrolment since 2012, the programme continued its basic school supplies support to primary students in all schools in a total of 37 townships. Approximately 750,000 children benefitted from school books and supplies, together with the support of school kits and recreation kits to 5,400 schools. The available data in 20 core townships showed that more children are remaining in the school, particularly in the upper grades of the primary school, but the underlying causes resulting in drop out and repetition in Grade 1 are a challenge now being addressed through the policy and strategy analyses as part of the CESR process.

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

**Progress:**

The programme is addressing a recognised capacity gap in terms of planning, management, budgeting and monitoring. Due to increasingly rapid decentralization, the whole state approach (WSA) was deployed to initially pioneer key BEGE programme to all 10 townships in Mon State. In particular, education planning was bolstered at township and school level through support of Township Education Improvement Planning. 10 central, state and township level facilitators were trained, 7 of 10 townships of Mon State have completed plans and 64 state, district, township and head teachers were trained.

Support was provided to pilot a Township Education Management Information System (TEMIS) in 20 townships including all 10 townships in Mon State. Demonstrating the value of the TEMIS approach, MOE has decided to scale up TEMIS as a national project proposed as a ‘quick win’ in the draft education plan 2014-15. The instructional leadership training has covered all 10 townships in Mon State in addition to 4 townships in other states/regions. To this point the training has covered approximately 1836 head teachers (high, middle and primary) 109 local education officials.

Out of 1,300 schools with school improvement plans, 366 schools with low performance, as well as in communities that are remote or with low socioeconomic status, were supported with school grants for implementation of their plans. The grants enabled schools and communities to create classroom and school environment more conducive for learning. At the same time, additional 1,000 schools went through a participatory planning process with children, parents and communities to develop improvement plans during the year.
A CESR Phase 1 Rapid Assessment Report was finalized and the rapid assessment recommendations were considered as the basis for education sector reform efforts. Stakeholder consultation meetings were organized with a wide range of participants from different levels. Broadening the consultations to enable more two-way dialogue and strengthen national support for the reform process will be critical.

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

**Progress:**
The programme is focusing on scaling up of Secondary Life Skills (SLS) curriculum coverage to enable adolescents to reduce risks and vulnerabilities, including for HIV/AIDS. In 2013, a total of 9,322 teachers from 153 townships were trained on implementation of life skills education curriculum in the secondary schools. Notably, 7 state/regional school health officers from the MoH were trained to strengthen synergy with MoE in implementation of health-related lessons, particularly on adolescent reproductive health. This resulting in the development of a ground-breaking joint action plan between MoH and MoE for health education sessions in secondary schools.

An assessment of 5,320 students of Grades 6, 7 and 8 in 14 intervention townships found that all grades had significantly progressed in knowledge in all seven SLS thematic areas. The greatest progress was seen in the areas of environment and sanitation, emotional intelligence and social skills, while the least progress was in reproductive health, further highlighting the need for additional coordination with school health teams. Following the baseline survey, a target for 2014 will be set for the proportion of children aged 10-15 years in school demonstrating correct information and skills to reduce risk, including prevention of HIV/AIDS, in targeted townships.

**IR 0600/A0/04/098/039** Secondary life skills curriculum implemented in all schools.

**Progress:**
To scale up the secondary Life Skills curriculum coverage, UNICEF provided orientation training to 209 district and township level education officers from Upper Myanmar in order to successfully manage the 23 zonal trainings for 9,322 secondary teachers from 153 townships. To have synergy for its implementation on health related lessons, MoE and UNICEF invited the 9 State/Regional school health officers from Ministry of Health to attend the SLS orientation sessions. As a result, an agreed action plan between two departments was set for health education sessions regarding adolescent reproductive health related lessons in the secondary schools, and 11 school health team officers were trained so as they were familiar with pedagogical training of SLS lessons including health-related ones.

To assess the progress achievement of Grade 6, 7 and 8 students in life skills subject, a post-term assessment study was conducted with 5,320 students using a stratified random sampling method from 14 townships. Regarding knowledge progression, it was found that all grades of secondary students had progressed significantly in all seven thematic areas. The highest achievement gains for Grade-6, 7 and 8 students were in the areas of Emotional Intelligence (46.52 per cent), social skills (39.16 per cent) and environment and sanitation (74.08 per cent) respectively. The highest the maximum progress was found in emotional intelligence (19.13 per cent) for Grade 6 students, in social skills and HIV/AIDS/ Sexually Transmitted Infections (11.56 per cent) for Grade 7 students and disease prevention and nutrition (20.47 per cent) for Grade 8 students. However, the lowest achievement was found in the area of reproductive health for all grades (5.15 per cent, 4.56 per cent and 4.7 per cent for Grade 6, 7 and 8 respectively). This highlights the need for more coordination with school health team to strengthen its implementation regarding reproductive health related lessons.

**PC 404 - HIV/AIDS and children**

**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:**
UNICEF was part of the core team that developed the concept note and proposal for the New Funding Model of Global Fund. UNICEF’s technical support jointly with that from other partners contributed in Myanmar receiving funds of US$160 million through until 2016. The funds will be available to scale up HIV counselling and testing (HCT), prevention of mother-to-child transmission (PMTCT), antiretroviral treatment (ART) and prevention interventions.

Technical assistance from UNICEF has resulted in 85 per cent of identified HIV-positive pregnant women in the country receiving antiretroviral drugs (87 per cent in townships that were funded by UNICEF). 26 per cent of those who received antiretroviral prophylaxis were on antiretroviral treatment (ART). This has increased compared to 17 per cent in 2012. This increase is attributed partly to increased advocacy and improved linkages for CD4 testing (a type of white blood cell counting indicating the stage of HIV) and ART. The introduction of triple regimen (option B+) in the PMTCT programme from 2014 onwards is expected to further reduce the transmission of mother-to-child transmission of HIV in Myanmar.

UNICEF partnered with the National AIDS Programme (NAP) and Department of Medical Research (Upper Myanmar) to initiate a study on the barriers for adolescents and young key population at risk of HIV to access HIV prevention, treatment and care services. The study will contribute to understanding the barriers and develop evidence-based strategies and interventions to improve access.

Whilst at the point-of-care level both PMTCT and MCH services are provided by the same service delivery focal point, the two different national programmes are managed separately. UNICEF has been, and will continue, to advocate for greater integration that will result in optimized more efficient and effective utilization of resources and increase the coverage of both the programmes by strengthening health systems. The key challenge in integrating is the organizational structure within Ministry of Health and the different sources of funding.

UNICEF, as a co-lead for the technical working group on communication, provided technical assistance to develop communication packages on PMTCT (including a short TV spot, poster, pamphlet and Question and Answer booklet). The objective of the communication packages is to improve awareness and seeking behaviour for HIV counselling and testing among pregnant women and their spouses. Availability of adequate resources to implement the communication package is a challenge. To overcome this, UNICEF is exploring the possibility of free air time by fostering partnership with Government and private media channels.

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

Progress:
UNICEF, in collaboration with WHO, has provided financial and technical support to the National AIDS Programme (NAP) for scaling up ART for adults and children and to decentralize ART provision. Capacity of States and Regional ART training teams was built and training for health staff of 30 decentralized ART sites was completed. Decentralization of ART is expected to provide better quality of care closer to home for adults and children who are stable on ART. This strengthening of the capacity of health system to deliver ART care will ensure a sustainable model with minimal operational cost.

In Kachin State, which has a high prevalence of HIV, UNICEF provided financial, technical and oversight support to NAP and a local community based organization to deliver PMTCT services to pregnant women and their spouses in NGCAs. Despite poor security and difficult transportation, pregnant women were screened for HIV and those identified as HIV-positive were referred to health centres for antiretroviral drugs. Based on the lessons learnt, UNICEF provided support to the Ministry of Health and other partners to scale up other health interventions including immunization and nutrition in NGCAs.

UNICEF is provided financial and technical support to NAP for implementing a pilot project on couple counselling in 10 townships. This pilot aims to identify HIV infection among women and men of reproductive age at an early stage and also reduce the risk for new HIV infection among couples. The pilot resulted in 55 per cent of couples knowing their HIV status after counselling, compared to none in places without this intervention. However, key challenges are the high cost and the scalability of the intervention. Lack of trained social workers and counsellors in the country is also a challenge that influences scalability. UNICEF will therefore undertake a cost efficiency assessment in 2014 to identify programmatic adjustments.
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 antenatal care 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 provided financial, technical and commodity support to NAP for decentralizing HIV counselling and testing services to point of care. In 2013 this support is provided in 52 townships. Though progress was made in initiating decentralized HIV testing, HIV testing uptake among pregnant women is still low (52 per cent) compared to baseline. This is primarily because of a spillover effect of the limitation in the Global Fund-supported procurement of HIV test kits in 2012 as well as the limited capacity within country to manage supply logistics. This issue was addressed at the central level in the first half of the year resulting in an improved logistic management, with the results expected to be reflected in 2014.

In order to address the dual elimination of new paediatric HIV infections and Congenital Syphilis, screening for Syphilis was integrated with the capacity building plan for decentralized HIV counselling and testing. This increased capacity to screen for Syphilis has resulted in Department of Health procuring Syphilis screening test kits for 2014 with Government funds.

In order to understand the barriers of pregnant key population and partners of key populations at risk of HIV to access PMTCT services, UNICEF is partnering with the NAP to conduct a study in three townships that have a high prevalence of HIV and a higher proportion of key population at risk of HIV. The results are expected to influence policy and guide the implementation of PMTCT interventions to ensure access for pregnant women who are at risk for HIV infection.

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

Progress:
Estimates of Children Affected By AIDS (CABA) are not available in Myanmar. Nevertheless, the need to focus on CABA is perceived based on the following determinants: an estimated low coverage of 42 per cent for eligible adults receiving antiretroviral therapy; the high vulnerability and increased needs of CABA identified from a study supported by UNICEF in 3 townships; and a HIV prevalence of 0.8 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 (based on programme data). Therefore, to generate knowledge, UNICEF is partnering with the Department of Social Welfare, the NAP and the Department of Medical Research, as well as a key international non-governmental organization to conduct the study: "Situation analysis on Orphan and Vulnerable Children infected or affected by AIDS". The findings from the study will inform the development of effective strategies for improving protection, care and support for CABA and implement HIV sensitive social protection schemes.

A significant constraint is the lack of social protection and social welfare systems and programmes in Myanmar, which limits an effective response to children (in particular girls) and families in need. UNICEF and partners are supporting the Government to develop a social protection framework and policy. In tandem, UNICEF continued to work in close collaboration with Government counterparts from national to township levels, to advocate, mobilize and build the capacity for a protective and supportive environment for orphans and vulnerable children (OVC), including those affected and infected by HIV and AIDS. During 2013, the capacity of nine Township Child Rights Committee (TCRC) and key community members were built on child protection issues that also incorporated issues related to CABA. This has enabled a supportive environment for OVC, including those affected and infected by HIV and AIDS, and helped to establish referral networks and linkages among relevant service providers within the community. Harmonised approaches with the system-strengthening efforts of the child protection programme will be a priority for the remainder of the country programme.

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

Progress:
To better understand the magnitude, needs and situation of CABA, UNICEF provided technical and financial support to conduct the "Situation analysis on Orphan and Vulnerable Children infected or affected by AIDS". This is done in partnership with NAP, Department of Medical Research and Brunette Institute. Data collection is ongoing, which will cover all State and Divisions except one (a total of 30 townships). The findings from the
study will inform to develop effective strategies for improving protection, care and support for CABA and develop
HIV sensitive social protection schemes.

With technical support from UNICEF, programme indicators for monitoring CABA activities and programmes were
finalized by NAP and the baseline information on most of the indicators will be informed by the CABA Situational
Analysis.

With technical and coordination support from UNICEF, NAP and Department of Social Welfare (DSW) coordinate
the response to the needs of CABA through the OVC Technical Working Group. This coordination forum has
improved: the sharing of information among partners; policy dialogue; strategies being developed; and
monitoring.

A nationwide campaign was conducted on the World AIDS Day with the theme of “Getting to Zero”. At the sub-
national level in townships with estimated higher numbers of CABA, focus was provided to sharing stories of
orphans whose parents died of AIDS and became victims of exploitation. The key purpose was to raise the
awareness about issues related to CABA among various Government and Non-Government stakeholders including
service providers, as well as to reduce the stigma and discrimination related to CABA.

IR 0600/A0/04/910/054 National and township capacity of DSW, DOH and CRC committee members in planning,
coordination and monitoring of response to CABA/OVC enhanced, and NGOs partners mobilized to adjust their
ongoing outreach activities to the needs of CABA/OVC in selected townships in light of the revised National Plan
of Action (NPA) for Children

Progress:
UNICEF provides technical and financial support to the Government and implementing partners to strengthen
their capacities in addressing the needs of CABA and to reduce stigma and discrimination. A series of training on
child protection issues including issues related to CABA were conducted at township level focusing on Township
Child Rights Committee and key community members. This will encourage a supportive environment for OVC and
children living with HIV. It also aims to help establishing referral networks and linkages among concerned service
providers within the community, resulting in families and children having better access to services. Nine TCRC
townships were mobilized with the training for protection, care and support that are HIV sensitive.

Out of these nine TCRC townships, three townships were supported financially to plan and monitor the situation
and needs of CABA. This has resulted in establishing a multi-sectoral coordination mechanism between township
level authorities of DSW, Department of Health, Department of Education, General administrative department,
Non-Government Organizations, and network of people living with HIV. Although this mechanism has resulted in
very good outcomes in terms of addressing issues of CABA at the township level, there are concerns in the
scalability of the intervention, primarily due to lack of similar functioning TCRC mechanisms and shortage of
manpower (social welfare officers) in most townships. Considering these challenges and factoring the findings
from situation analysis on OVC (expected to be available by mid-2014), alternative scalable models will be
explored.

UNICEF provided technical assistance to NAP and DSW for developing key messages to be used in
communication packages. The communication packages on HIV (including a short TV spot and a poster on CABA)
focus on reducing stigma and discrimination against CABA.

PC 405 - Child protection

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

Progress:
A fragmented programmatic approach to child protection (in large part due to the constricted political and social
situation in the country) is giving way to a more conducive environment for building inclusive systems that detect
and respond to violence abuse and exploitation of children. Over the last year amendments to the child law were
drafted, but the process was delayed at various stages. No overarching policy on child protection is in place;
however, there is now significant space to draft such a policy framework. Minimum standards on residential care,
and on working children, were drafted, but are not yet adopted in part because there is no national legal and
policy framework in which to situate the standards. Alongside the Department of Social Welfare, UNICEF has
mobilized Township Child Rights Committees in 25 townships, who provide important coordination and referral mechanisms to respond to child protection cases. UNICEF will work to develop a modified approach that includes other government sectors as well as communities that takes into account scalability and cost-effectiveness in order to build a strong and sustainable child protection system.

**IR 0600/A0/04/911/061** Child Protection policy framework strengthened with respect to Committees on the Rights of the Child, investigation, trial and detention of children, and the responsibility of State Agencies for protection and care of vulnerable children, children without parental care, and working children.

**Progress:**
The revision of the Minimum Standards of Care and Protection took place in 2012, and the Minimum Standards on Working Children in 2013. However, in the absence of a national legal and policy framework in which to situate the standards, endorsement by Government has not yet taken place. UNICEF along with other partners, will use reform opportunities to work to create the required broader framework in 2014. The Department of Social Welfare has appointed qualified social welfare officers in 20 of the 25 townships where Township Child Rights Committees (TCRCs) were mobilised. In 2013, this emerging child protection system had identified, referred and followed up on 257 cases at the township level. The model, while promising, has constraints. It requires an increased number of DSW social welfare officers who are capacitated to conduct case management. The model also relies on intensive mobilization of village level child protection support groups – which is both costly and time intensive.

**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:**
Child protection awareness raising and capacity development in 13 Regions/States of Myanmar continued with training of 51,113 persons (21,736 men and 29,377 women) in 2013 at the community level. These included Government and non-governmental staff, community leaders and members, as well as children and young people themselves. UNICEF will explore ways to evaluate the impact of this initiative.

Progress was possible in some areas of juvenile justice area in recent years although significant challenges remain. Collaboration with the Myanmar Police has led to the development of child-friendly police procedures. Building on this work, child protection units within the police are present in Mandalay, Yangon and Naypyitaw, but need to be supported an over-arching strategy and standard operating procedures. In 2014, UNICEF will work towards developing these. Anecdotal evidence also strongly suggests that informal justice systems are used more frequently at local level than the formal system.

**IR 0600/A0/04/912/062** 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:**

**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:**
Children in contact with the law and children released from Armed Forces received appropriate services. A total of 134 children were released under the Action Plan and are receiving follow-up support through partner organizations. Child Friendly Police Units are present in three Townships. However, there is no overarching policy or strategy, standard operating procedures or other guidance in place to frame their purpose and work, especially in relation to other departments. There are two juvenile courts in the country – one in Yangon and one in Mandalay - and UNICEF supported these courts to improve data management, as well as providing training to judges on child-sensitive court procedures. Ongoing challenges around reintegration of children that UNICEF is focusing its technical support and resources towards include lack of DSW social welfare officers at township level, limited number of child protection partners, and restricted access to conflict-affected and certain cease fire areas.

**IR 0600/A0/04/913/064** 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 management (776 cases including 226 cases in 2012); Children Associated with Armed Conflict (682 case data including 145 released children in 2012). Efforts are on-going to integrate data from child protection initiatives funded by other partners.

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 by setting up DSW Institution Information Management System (21 DSW institutions and Central Level). UNICEF for the first time got access to the national level Criminal Department of the Myanmar Police Force and is providing technical support to establish a data base for all criminal records, including those of children, using international and locally appropriate indicators on juvenile justice. This allows UNICEF to better monitor the situation of children in contact with the law, and work to provide the Government with appropriate and targeted interventions for both prevention and response.

**PCR 0600/A0/04/913** National and international standards are fully implemented to prevent and respond to grave violations against children as per UNSC Resolution 1612/1882

**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 Action Plan, which reinforces UN leadership and inter-agency collaboration, supports the Government to fulfil criteria for delisting the Myanmar armed forces from the list of the Secretary General’s annual report on children and armed conflict. It also provides an unprecedented entry point for the UN to engage with non-state armed groups who are on the Security-Council’s agenda for committing grave child rights violations. 134 children and young people were demobilised in 2013. During this time, the Monitoring and Reporting Mechanism (MRM) co-chaired by UNICEF and the UN 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. CTFMR monitors were deployed regularly to verify compliance with the action plan, including through visits to battalions, of which UNICEF continued to strengthen the monitoring, verification and reporting capacity of member agencies of the CTFMR through training and technical assistance.

The visit of the UN Security Council Working Group in December came at an opportune time as the Joint Action Plan (JAP) to prevent and end the recruitment of children in the Tatmadaw (Myanmar armed forces) was due to expire at the end of the year. The Security Council Working Group were able to relay the messages from the CTFMR and advocate on the need for an extension of the JAP to the highest levels of the Government of Myanmar, to ensure that all remaining commitments are implemented, and to raise awareness on the importance of the JAP and the children and armed conflict agenda within various Government departments as well as the diplomatic and donor community. Furthermore, as a result of a press briefing and press release, widespread advocacy and communications were achieved through national and international media on the work being done to discharge all children still associated with armed forces or groups and ensure that this issue is also included in current peace process discussions in Myanmar.
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 Tatmadaw and to allow for the discharge and reintegration of those children. 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.

Progress continued to be made in 2013. The Government reiterated its commitment to implement the Action Plan in a joint Mid-Term Review held in May 2013. The 134 children and young people who were demobilized were followed-up by social workers for their reintegration back into their communities. 69 children released outside the Action Plan were also followed-up by social workers in view of facilitating their reintegration.

A landmark nationwide communication campaign was agreed with the Tatmadaw to prevent the recruitment of children. Initial contact was made with selected non-state actors to disseminate information on the Action Plan. Progress was made and the commitment of the armed forces is strengthened, and results have accelerated recently. However, an extension of the Plan of Action for one year is recommended in order to continue the positive work and ensure commitments under the Plan are met. During the coming months and years expansion of engagement with Non State Actors will be needed in conjunction with the on-going cease-fire negotiations and wider political dialogue to ensure no child is recruited in Myanmar.

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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:**
During 2013, UNICEF maintained a primary position in supporting the Government in the analysis of the situation of women and children: the data produced in 2010 by the Multiple Indicator Cluster Survey - together with the data of the Integrated Household Living Conditions Survey - represent to date the only reliable source of information on the situation of children and women in the country.

Engagement with the Central Statistical Office for the implementation of a multi-country programme on improving birth registration (funded by the European Union) represents at present the key entry point for the enhancement of a system of data collection and analysis to monitor the realization of children’s rights in Myanmar.

Building on the extensive advocacy and capacity development work conducted in the past few years on social protection, UNICEF maintained its role as primary technical adviser to the Department of Social Welfare in the sector, which is very new for Myanmar. The leading position of UNICEF in coordinating the development of a national strategy on social protection will facilitate the national debate on promoting feasible and sustainable solutions for the reduction of poverty and vulnerabilities in Myanmar, within a systemic approach. The continuous dialogue with development partners, and the direct engagement with international financial institutions (particularly the World Bank and the International Monetary Fund) aims at ensuring the maximum possible cooperation of all the agencies involved in defining a coherent social protection "architecture", towards an overall reduction of inequities affecting families and children in the country.

In close cooperation with the child protection section, UNICEF has promoted the introduction of professional case management as one of the key pillars of a social protection strategy, underlining the need to focus on multiple vulnerabilities and coping skills of families and children while implementing poverty reduction schemes such as cash transfers.

The support to capacity development in planning at sub-national level in the social sectors has provided another entry point for the increased focus on the needs of the most vulnerable families and children: in support to the decentralization process, UNICEF initiated a dialogue with Chin State for the development of a Local Social Plan,
promoting dialogue among social services and civil society in the provision of the most effective and sustainable response to identified social needs. Together with the social inclusion of the most vulnerable and marginalised groups of the population, the plan aims at fostering social cohesion, and promoting peace building.

Thanks to the new openness of the Government in discussing budgetary issues, advocacy on social investments for children in Myanmar was boosted through the promotion of analyses on budget allocations in the social sector, and on opportunities for investment of natural resources income on social policies. The evidence presented in the last quarter of the year have attracted considerable attention of the media and the public, and were instrumental in initiating a dialogue with the Ministry of Finance and Parliamentary commissions, which will be further developed in the second part of the country programme.

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:**
The increased attention of the Government and of development partners towards the production of reliable and relevant evidence allows UNICEF to be an active partner in the enhancement of the national statistical system (through the participation in the national development partners working group on statistics), and to increase its dialogue with counterparts on the set-up of mechanisms for the regular monitoring of child rights implementation in the country.

Within this spirit, UNICEF agreed with the Ministry of Planning to create a joint steering committee on child rights monitoring, with the aim of overviewing all the data collection exercises focusing on the situation of women and children, with the full participation of all the line ministries involved. The coordination carried out through the steering committee aimed also at laying the foundations for systemic data collection and analysis on children’s well-being, and on the protection of their rights, and at further strengthening national awareness of the need to produce reliable and regular data necessary to inform decision-making processes.

Negotiations are ongoing with the US Agency for International Development to conduct a joint Demographic and Household Survey-MICS in the second half of 2014, following the preliminary findings of the Census which will be conducted in March. The new survey will include MICS modules on child protection, early childhood development and children with disabilities.

A new knowledge management approach was promoted in the Office, aiming at increasing opportunities for knowledge sharing and strategic thinking among programme sections and with counterparts, facilitating the identification of opportunities for inter-sectoral cooperation; likewise, increased attention will be given to linking knowledge management and advocacy initiatives, ensuring full visibility for new evidence produced, and the effective conveying of the related advocacy messages.

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

**Progress:**
Thematic studies, based on data of the MICS and Integrated Household Living Conditions Assessment, were completed, with a focus on water & sanitation and nutrition, child and maternal health cases, and out of school adolescents. The reports were shared with counterparts and will be published in 2014. A thorough analysis of data on urban poverty was also conducted, highlighting the need to further identify potential risks for children in urban contexts. Discussions are ongoing with other UN agencies (in particular UNHABITAT and the World Food Programme for a joint assessment on the situation of poor urban settlements, and on the risks and implications for families and children.

UNICEF’s focus on the right to social inclusion for children with disabilities was sharpened, beginning with the national launch of the State of the World’s Children report. Very few data are available on the situation of these children in the country; from an overall analysis of the scattered data available, it becomes clear that so far very little attention was paid to the needs of persons and children with disabilities: no form of national registration exists, specific health services do not seem to exist, and a very limited number of children with disabilities have any access to education, provided mainly through special schools. The established contacts with CBOs promoting the rights of people with disabilities, and with the Government agencies mandated to provide the required services, will allow an increase in UNICEF’s advocacy and partnership work that is aimed at increasing equal
access to services, and social inclusion, for one of the most vulnerable and marginalized groups in Myanmar. To begin with, an in-depth situation analysis is planned to be launched in 2014.

**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 system etc.).

**Progress:**
Building on the extensive work conducted in previous years on social protection, UNICEF is maintaining its role as primary technical adviser to the Department of Social Welfare for the development of a national strategy on social protection. UNICEF aims at facilitating the national debate on promoting feasible and sustainable solutions for the reduction of poverty and vulnerabilities in Myanmar. Special attention is given to the opportunity to promote a universal approach - towards which the Government seems to be orientated, in particular in the health sector - as a key strategy to ensure increase social stability and peace building. The need to include a focus on child protection in the social protection strategy, allowing for a coherent development of a child protection policy, will be one of the main focuses of UNICEF’s contribution to the development of the national strategy.

The development of social protection initiatives at sub-national level, defined as a response to the assessed social needs of the population, is being promoted through the development of a ‘prototype’ of a local social plan in Chin state. The engagement of local administrators, service providers, and CBOs in assessing the needs of the population and jointly identifying appropriate solutions, aims at facilitating dialogue among public services and civil society, improve negotiation practices and democratic dialogue, foster social cohesion, and promote peace building. The local social plan, once finalised in 2014, will be presented to the national Government with recommendations for scaling up.

The launch in November of two documents produced by the Office, focusing on public budget allocations in the social sector, and on opportunities for investment of natural resources income on social policies for children, has gained the attention of decision makers and of the wider public, thanks to a strong response of media. The two documents were instrumental in initiating dialogue with the Ministry of Finance and with relevant Parliamentary commissions, which will continue to be developed in 2014.

**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:**
Engagement with the Central Statistical Office for the implementation of a multi-country programme on improving birth registration (funded by the European Union) has allowed the renewal of cooperation with key counterparts in enhancing a system of data collection and analysis to monitor the realization of children’s rights in Myanmar. The project includes a policy revision component; the piloting of innovative technological solutions for the increased coverage of birth registration, in particular in remote areas; and the increased awareness of service providers and families of the importance of providing every child with a birth certificate as the first recognition of their identity. A comprehensive policy review, and a study visit organized in the Philippines, allowed for the provision of recommendations to be discussed with the Office of the President, and allow the required policy shifts.

Difficulties remain in enhancing the national capacity development agenda on monitoring and evaluation, in relation both to the capacity gaps of counterparts, and to the difficulty in outlining a coherent plan in the context of continuous and rapid evolution, where public bodies are struggling to respond to the urgent demand for reform. In particular, no progress was achieved in promoting a national evaluation strategy for the country. Discussions are ongoing with EAPRO and internally to strengthen the capacity of the Office in this direction.

As part of the Mid-Term Review of the monitoring and evaluation component of the country programme, all counterparts involved agreed to recommend an increased effort to develop the capacity of service providers and decision makers, in particular at sub-national level, in accessing and analysing data in a systemic way. Township profiles, with children and gender sensitive information, will be promoted during the second part of the programme to respond to the identified need.
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

**Progress:**
Two separate conflicts in different parts of Myanmar have displaced around 200,000 people into temporary camps as well as in host communities in Kachin and Rakhine state since 2011 and 2012 respectively. UNICEF led the WASH response and coordination in both situations in coordination with Governmental departments, UN agencies and local and international NGOs.

Support from EAPRO and RECA (Regional Emergency Coordination Advisor) was received. Evaluation of Cluster performance was conducted jointly by RECA, WASH Cluster Coordinator, UNICEF WASH Emergency Officer and UNICEF standby partners resulting in more efficient Cluster performance. This revealed the need for UNICEF to scale up efforts to build Government capacity to ensure preparedness for national disasters (such as storm resistant shelters) and outbreak responses. Subsequently, through partnership with INGOs, local capacity was built in specific technical areas. Through response to small scale emergency such as flooding in Mon and Kayin State, the capacity of the State level government was enforced with the provision of emergency supplies.

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.

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

**Progress:**
UNICEF partnered with the State Health Department of Rakhine State and the MHAA, to provide humanitarian assistance to address the health and nutrition needs in townships of Rakhine that were affected by communal conflict. As a result 120,653 internally displaced people - including about 12,354 children under 5 years of age - had access to life-saving health and nutrition services through outreach and mobile activities. This is inclusive of children less than 5 years of age with diarrhoea (2,037) and pneumonia (707) in addition to those treated for malaria (1,431). More than 63,900 IDPs were reached with life-saving health and nutrition services through outreach and mobile activities. This is inclusive of children less than 5 years of age with diarrhoea (2,037) and pneumonia (707) in addition to those treated for malaria (1,431). More than 63,900 IDPs were reached with life-saving health and nutrition services through outreach and mobile activities. This is inclusive of children less than 5 years of age with diarrhoea (2,037) and pneumonia (707) in addition to those treated for malaria (1,431).

With support from UNICEF, polio catch up campaign to all under five children living in 12 conflicts affected townships in Rakhine state were conducted. To ensure coverage in camps and villages where DOH staffs were unable to access, UNICEF partnered with MHAA, volunteers from different communities, and staff from other NGOs. As a result, 97 per cent of targeted 335,860 children received polio in round I and 97.5 per cent in round II.

As sector co-lead for nutrition, UNICEF coordinated the response to the needs of IDPs of Kachin and Rakhine conflicts. More than 1,216 under five children and 554 pregnant and lactating women (PLW) received multi-micronutrient sprinkles and tablets in Kachin. In Rakhine, 300 children suffering from severe acute malnutrition and 360 children with moderate acute malnutrition were managed. More than 4,050 under five children and 1,000 PLW received multi-micronutrient sprinkles and tablets in Rakhine.

All these interventions are not sustainable and also cannot assure adequate quality in a long run. They were initiated as interim measures. UNICEF continued its advocacy to resume regular health interventions for IDPs and early reintegration of the IDPs.

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:**
Two separate conflicts continued in 2013 in different parts of Myanmar and displaced around 200,000 people into temporary camps as well as in host communities in Kachin and Rakhine states since 2011 and 2012 respectively. UNICEF has lead the WASH response and cluster coordination in coordination with Governmental departments, UN agencies and local and international NGOs.

During 2013, the responses benefitted about 153,781 IDPs (30,756 households) in 58 camps in Kachin state and
about 130,793 IDPs (18,685 households) in Rakhine state. Funding secured for WASH emergency response for Kachin and Rakhine states are from the UN’s Central Emergency Revolving Fund, the US Government’s Office for Foreign Disaster Assistance (OFDA), the Swedish International Development Agency (SIDA), Australia and Switzerland totalling 8.822 million USD.

Separate latrines and bathing spaces for women were constructed. Issues such as lighting to ensure women and girls safety were considered. A gender review of UNICEF and cluster leadership was undertaken and recommendations are being implemented.

In Rakhine, WASH humanitarian gaps are being progressively being filled, but conforming to Sphere standards remains difficult due to limited land availability, insecurity and lack of partners. In Kachin, UNICEF and partners advocated for and successfully managed to initiate WASH rapid assessments as part of cross-line operations in NGCAs.

As a result of dedicated WASH cluster leadership, a cluster strategy was agreed with partners and evidence-based analysis of gaps is used to inform programming and resource-raising. Further, mechanisms for WASH Emergency preparedness for Cyclone Mahasen provided a model for other sectors.

**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 the children affected by conflict in Kachin and Rakhine States, nine camps in Kachin States non-Government control (NGC) areas were supported reaching 3,000 primary students and 1,200 pre-primary students.

Additionally, 11,799 numbers of essential learning packages (ELPs) were distributed to primary students in 11 townships in Government controlled areas (GCA) in Kachin State. Moreover, UNICEF supported provision of 7950 sets of text books (Grade 1 to Grade 5) to students in GCA camps in six townships.

In Rakhine State, 9,300 children from both communities affected and displaced by the conflict were supported through provision of school supplies such as essential learning packages, school kits and school uniforms. In Muslim camps, 26 temporary schools were set up and 96 volunteer teachers trained. Lack of partners and funds are the main barriers in providing wider support to the children in IDP camps. UNICEF, working with SAVE is developing a conflict sensitive approach to delivering urgently needed education services.

**IR 0600/A0/04/915/089 National and local capacity in emergency preparedness and response improved to protect and children and women in disaster prone areas, including cease-fire areas.**

**Progress:**
The protracted nature of the emergencies in both Kachin and Rakhine states has resulted in UNICEF looking to move away from the provision of Child Friendly Spaces as its key emergency response, and instead focus on an approach which strengthens linkages with local government, collects information and data, and focuses more on systems building, including the provision of case management. A lack of child protection partners in both locations was challenging, but more international organizations are arriving which will provide opportunities for partnership. In Kachin, UNICEF is exploring ways of reaching the affected population in non-government controlled areas.

The Mine Risk Education Working Group developed and endorsed draft National MRE standards which are with the cabinet for approval. It has also set up a process or approval of MRE materials and is establishing a subgroup on MRE in school settings. A series of advocacy meetings and workshops were conducted with national and local authorities and non-state actors around the importance of mine risk education and the roles and responsibilities of different partners. To build evidence to inform MRE initiatives in the country, support was provided to the Department of Social Welfare for the implementation of a Knowledge, Attitude and Practice (KAP) survey on mines. Both the expansion of the Action Plan to non-state areas and MRE could potentially contribute to the peace building agenda.

**IR 0600/A0/04/915/090 Emergency Planning, coordination & Monitoring at Sub-national level (Field Operations)**
Progress:
UNICEF’s planning, coordination and monitoring of emergency related work at sub-national level was mainly through the two Field Offices in Rakhine and Kachin. During the first half of the year, efforts were made to strengthen the capacities of these two offices by recruiting International staff as Head of the Office for the locations. This has contributed not only to expedite emergency response from these two locations but also in strengthening partnership with local authorities and other actors on the ground. Apart from the Chief of the Field Office in these two locations, major efforts were also made during the year to recruit staff from various sources - stand-by partners, Temporary Assignments, consultants - in health, nutrition, education and water & sanitation in order to ensure that adequate capacity is available on the ground for timely planning, implementation and monitoring of UNICEF-supported work. Such capacity enabled UNICEF to ensure its adequate representation in various coordination forums at state level and to strengthen its collaboration with other partners. UNICEF was actively involved in carrying out local advocacy especially in Rakhine and also in the development of the response plan in both Kachin and Rakhine. Within the Office, coordination between the programme and emergency sections was enhanced, ensuring timely availability of support – both programme and operations. Despite all the efforts, challenges remained especially in ensuring timely recruitment of staff in both the field offices – both national and international.

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**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 Segregation of Duty conflicts removed. 100 per cent of external audit recommendations were implemented. All planned micro-assessments, scheduled and special audits were conducted for NGO partners. More than 95 percent of staff capacity required as per Country Programme Management Plan (CPMP) was 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 the supply plan was implemented by December.

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**IR 0600/A0/04/800/002 Effective and efficient Governance and systems**

**Progress:**
The governance systems and structures were established and remained fully functional. Oversight and monitoring was provided through established governance systems including the Country Management Team, programme/operations meetings, Contract Review Committee, Project Cooperation Agreement (PCA) Review Committee, Joint Consultative Committee (JCC), Central Review Body (CRB), Property Survey Board (PSB) and the Human Resource Development Team (HRDT). PCA information sharing with zone offices was strengthened. The internal control policy fully implemented.

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

**Progress:**
As per work plan, the risk control self-assessment (RCSA) was reviewed and risks as well as ratings updated based on new guidelines and risk response. All planned micro-assessments and scheduled audits of NGO partners were conducted. In addition, one special audit was also conducted. Direct Cash Transfers (DCT) outstanding for more than 9 months was zero and only 1 per cent for more than 6 months. The resource mobilization strategy was successful and more than 100 per cent of planned resources mobilized. Contributions were effectively managed and 100 per cent of funds were fully utilized against expiring grants. Single sourcing was strongly discouraged and all institutional and individual contracts, as well as purchase orders for supplies, were based on competition.

Restricted banking environment remained a challenge with no facilities for international banking transactions and limited facilities for foreign exchange conversions.
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 because of non-availability of subject matter specialists for participation in selection panels for senior level positions. However, the change in the policy has addressed this issue to a certain extent. The Office strengthened processes to ensure that the lead time was reduced. During the year, the average lead time was 90 days for International Professionals (while overall average for all categories of staff reduced to 83 days) thus well within the target of 90 days. The number of vacant (for more than three months) funded positions reduced from 15 to 13. Performance management system was strengthened to ensure timely completion of the Performance Appraisal System (PAS).

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

**Progress:**
**Communication for Development:** UNICEF supported Government to convene the diverse partners working on health related issues to develop and agree an overarching communication strategy for Child Survival and Development. Common training packages and communication materials, developed by UNICEF to promote behaviour change, will now be used by the different partners. To supplement this, multi-channel communication campaigns on exclusive breastfeeding, complementary feeding, PMTCT and immunisation were rolled out nationwide. For the first time, the tricycle was used as a transit media, in addition to billboards, buses and taxis. It is estimated that over 4 million people were reached through this campaign.

Capitalising on the expanding information and broadcasting sector, UNICEF partnered with the Ministries of Health and Information and six mainstream broadcast media houses to agree a ‘Community on Air Action Plan’.

Rapid quantitative assessments of the behaviour change initiatives launched in 2012 were conducted, including through a child-led monitoring exercise. Initial analysis from the assessments showed that in the local context C4D initiatives are effective, effective and reaching vulnerable children.

In order to build institutional capacity for C4D capacity within the country, UNICEF conducted a training on the latest concepts and processes on behaviour change for the Community Health Education Bureau and partner organizations. As C4D is a nascent expertise in Myanmar, UNICEF will expand this area of work in 2014, building national capacity to integrate C4D across developmental programming.

**Advocacy and Communications:** In 2013, a UNICEF Myanmar Advocacy and Communication Strategy (2013-15) was developed highlighting a partnership approach and the importance of ensuring child and adolescent voices are heard. A few examples of advocacy initiatives undertaken include:

i. An ongoing dialogue with the Ministry of Finance and Parliamentary Committees was initiated on social investments for children using data from a UNICEF commissioned study on use of revenues from the extractive industry. The messages from the studies also generated significant interest in the media and are being used by local civil society groups for their own advocacy with opinion makers.

ii. ii) Within the framework of the ongoing peace process, UNICEF advocated for the inclusion of the extension of the Action Plan to prevent and stop recruitment and use of children with non-state armed groups.

iii. Creating space for child participation in the reform process, a campaign to end violence against children was launched on Universal Children’s Day (20 November 2013).

iv. On the humanitarian situation in Rakhine, UNICEF consistently advocated for a ‘whole state’ approach that takes into account the needs and rights of all children in the state and improvements in access. On the situation in Kachin, advocacy was undertaken around cross-border operations, durable solutions, disaster risk reduction and children with disabilities.

IR 0600/A0/04/916/092 Programme Planning and Monitoring at Subnational Level (Field Operations)

**Progress:**
All the nine UNICEF Field Offices carried out activities under the framework of the Annual Workplans of various sectoral programmes developed at the national level. No major efforts were made to develop state level annual
plans due to the limited capacity available at the field office level. However efforts were made to improve the monthly planning and reporting from each Field Office. A standard template was developed at the beginning of the year to prepare the Field Office monthly plan incorporating programmes’ activities, other cross-sectoral interventions as well as advocacy, networking and partnership related initiatives from the field offices. Despite some progress, more effort is needed to place adequate capacity in all Field Offices to improve all aspects of programming at the sub-national level. Coordination between Country Office and the Field Offices in the planning, implementation and monitoring of UNICEF supported work at the sub-national level remained a challenge. Some initiatives in this direction resulted in the development of simple work-processes on key operational tasks at the Field Office level but further efforts will be needed to develop work-processes in all aspects of field work both programme and operations.

As part of the Mid-Term Review, a thematic assessment on decentralization was undertaken in order to better understand how decentralization is unfolding and what opportunities and challenges this present for realization of child rights. The assessment which was carried out by holding consultations in 7 states and divisions has come up with number of recommendation that have implications for all sectoral as well as cross sectoral programmes with regard to its engagement at the sub-national level. Findings from this assessment were taken into account to restructure the Field offices in order to better respond to the increasing devolution of authorities at the sub-national level and thereby to seize opportunities for children.
Effective Governance Structure

The Office objectives and priorities were established through extensive consultative process and were included in the Annual Management Plan (AMP) in addition to work plans. The staff retreat held in February also helped in finalising office objectives and improvement plan. The Country Management Team (CMT) and JCC monitored the implementation of the office improvement plan and priorities. UNICEF Myanmar continued to place a high priority for delivering on the Core Commitments for Children in Humanitarian Action, especially with highly demanding and complex emergencies in Rakhine and Kachin States. Despite many challenges, difficulties and sensitivities, the Office made all possible efforts to ensure delivery of results for children.

Ensuring that effective governance structure is in place and its full functioning remained a strong focus of the Office. Management and Oversight Committees e.g. CMT, JCC, CRC, PCARC, CRB were revised for 2013 ensuring the right mix of staff, experience and gender diversity. These Committees remained fully functional and provided efficient oversight to ensure transparent process and cost effectiveness in procurement of goods and services; recruitment and retention of competent staff; timely achievement of results for children and risks management.

The CMT remained instrumental in the decision-making process, provided oversight and guidance to ensure timely achievement of results in most effective and efficient manner and address any issues or bottlenecks. The CMT met five times in 2013 and issues discussed included: the MTR; integrated budget submission for 2014-2017; mail poll submissions as part of continuous efforts to align staffing needs with the requirements of changing programmes; office improvement plan emanated from staff retreat; Annual Management Plan; effective response to emergencies including peace building efforts; monitoring of key performance indicators; efficiency and effectiveness including global consolidation of transactions; risk control and self-assessment; new office premises; early warning early action; business continuity; resource mobilization strategy; staff learning and development; Mid-Term Management Review and its implications; and advocacy strategy. The CMT also ensured congenial working environment, staff welfare, safety and security.

Programme and Operations Meetings continued to support CMT and held regular meetings to monitor effective programme implementation for achievement of results including effective response to emergencies and special focus on the MTR. The Operations Section in their regular meetings ensured timely implementation of work plan; effective internal controls including table of authorities using VISION roles; segregation of duties, implementation of audit recommendations; budget preparations, and support to emergency response.

The JCC addressed issues related to staff welfare e.g. work life balance, issues and suggestions emanated from all staff retreat, office improvement plans etc. Monday morning informal staff gathering remained an effective forum to interact with all staff and share information and highlights.

The CRC met 28 times to review procurement of goods and services ensuring transparent competitive process. The CRC reviewed 52 cases of award of contracts with a total value of about US$11.3 million; while the PCARC reviewed 53 PCAs of a total value of about US$US$14.6 million.
The Office has no outstanding audit issues.

**Strategic Risk Management**

UNICEF Myanmar applied a structured approach in identifying significant risks especially medium to very high risks. Based on guidelines on the simplified risk assessment, the Office established a task force to review the RCSA that was conducted earlier, and identify valid medium to very high risks. The identified risks were then shared with all staff for their suggestions and then with CMT for their comments or endorsement. The action plan to mitigate the risks is monitored by CMT. The Office Enterprise Risk Management (ERM) focal point participated in the reference group to simplify the ERM process.

As part of risk mitigation practices, an assurance plan for spot checks for NGO partners was prepared and implemented. Programme monitoring was strengthened and PCARC ensured that programme documents had effective monitoring plans in place. The Office also made efforts for capacity building of NGO partners by training/orientation and addressing issues identified through micro-assessments and audits. Internal controls and oversight functions were strengthened and monitored. Despite rapid socio-political and economic changes, challenges still exist in visa process, travel permits, road conditions, limited domestic air carriers resulting in the use of category C airlines, limited banking facilities etc. The Office successfully managed these risks through various mitigating measures.

Two major emergencies in Rakhine and Kachine continued in 2013. UNICEF made all possible efforts to provide effective response to these emergencies and achieve results for children, especially those at risk. The Office significantly strengthened staffing in emergency and also maintained its structured approach to ensure that all programmes include an effective emergency response. The emergency focal points and task force are in place to promptly respond to emergency needs.

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 was updated on line with inputs from all concerned programme and operations sections.

UNDSS updated Security Risk Assessment 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 being uploaded on intranet. A simulation exercise related to operations and programme elements was carried out as part of office move to new premises. The results of simulation exercises were satisfactory and confirmed that the BCP will be effective in case of any emergencies. A BCP alternate site is maintained at the UNDP office and similar provision is made to them at the UNICEF office.

As part of internal and financial controls, role mapping for VISION users was continuously reviewed and incorporated in VISION. Release strategy based on internal control policy was monitored ensuring Segregation of Duties (SODs).
The Security Management Team continuously reviewed the security situation in the country and took necessary measures to ensure staff security while implementing emergency programmes in the field. The approach was applied to manage the risks with mitigating measures ensuring ability to respond to emergencies. The Office has also strengthened its ability to respond to any changes in the operating environment.

**Evaluation**

UNICEF Myanmar made active use of its Integrated Monitoring and Evaluation Plan (IMEP), which was compiled at the beginning of 2013 in line with programme sections’ work plans and office priorities. The Plan was continuously updated throughout the year. The Office will in 2014 further develop its IMEP management, strengthening synergies between the launch of studies or evaluations and the Office advocacy plan, and including a more explicit focus on knowledge management in the IMEP.

The objectivity and impartiality of evaluations are ensured through a peer review of TORs in the Office Monitoring and Evaluation (M&E) Committee prior to implementation, to ensure a rigorous design. Furthermore objectivity is strengthened by involving external consultants and peer reviews by EAPRO in evaluations.

The Office has strong capacity in managing evaluation in the Education section. Each section has a focal point for M&E, who regularly come together in the M&E Committee. It would, however, be beneficial to further strengthen the capacity of programme staff to draft evaluation TORs and manage evaluations. The Office will in 2014 strengthen its evaluation function through creating an additional post of M&E Specialist reporting to the Deputy Representative.

There are few local research agencies available to compete for contracts to conduct evaluations, and their capacity needs strengthening. International consultants were commonly hired for evaluations, working together with local consultants as needed. There is an increased availability of international consultants staying long-term in the country, some among them finding work within local research agencies, which can potentially increase the capacity of such agencies.

Although research capacity exists in most Government departments, there is no tradition in the country of undertaking evaluations, and it has not been a priority of previous Governments. Challenges remain in promoting a national evaluation strategy, particularly in terms of human resource constraints of departments combined with a context of continuous and rapid changes, where public bodies are struggling to respond to the urgent demand for reform. In the context of administrative reform processes and increased donor coordination there is, however, increasing emphasis among departments on reviewing programmes to assess to which extent they have achieved stated objectives. Hence, the Office will reassess the opportunities for strengthening its engagement with departments for a national evaluation agenda in 2014.

**Effective Use of Information and Communication Technology**

Top priority was given to ensure timely provision of secure information technology services for the smooth functioning of office and programme implementation to achieve results for children in most cost effective and efficient manner. The strong efforts of Information and Communication Technology (ICT) team including rigorous monitoring of
systems enabled the Office to enjoy uninterrupted access to all ICT services. The ICT team also contributed to programmatic activities by providing technical support including use of IT for development programme e.g. Messaging Life initiative. Taking advantage of technology, the ICT team supported cost effective and efficient connectivity through Skype or VOIP for increased number of recruitment interviews ensuring participation of candidates and interview panellist from different locations.

The UN Office Management Team reactivated various network groups including the ICT network. The ICT group is being led by WFP and efforts will be made to find joint or harmonized ICT solutions to the extent possible or share the experiences. In its previous premises UNICEF shared internet connectivity with five other UN agencies. However, since common premises could not be identified and providing shared services through distance was not assessed as cost-effective, the internet connectivity sharing was unable to continue. In the field offices, efforts were made to share internet connectivity but limited facilities or infrastructure did not allow this option.

The major focus for 2013 was the Office move to new premises. The ICT unit played a crucial role in ensuring continued access to all ICT services from both new and old location during the transition period. This was fully achieved and the Office was able to continue its business as usual with minimal disruption. The Office also took the opportunity to test functioning of Business Continuity plan under the scenario “Limited access to office premises”. The exercise was successful and also provided opportunity to bring to light areas of improvement which the Office started addressing.

Remote access to ICT facilities was continuously provided to senior management, section chiefs and other critical staff to ensure business continuity. Staff members were trained to enhance their ability to use remote access facility.

Internet connectivity in the field offices continues to be a challenge due to limited infrastructure in the country. As a priority, the Office conducted ICT assessment for the field offices and identified alternative options for improved Internet connectivity which will be implemented in 2014.

All organization-wide ICT upgrades were implemented within the given deadlines. Taking advantage of Long-Term Agreements (LTAs) the Office plans and periodically replaces ICT equipment ensuring compliance with UNICEF global standards. LTAs for VSAT, BGAN, and Thuraya/Iridium were maintained and used for the required services. Emergency telecom equipment was tested on a regular basis, automatic failover between primary and backup internet link was successfully tested enabling seamless transition between the links in event of failure. Access to ICT resources was governed by request and approval process which ensures that only authorised users have access to UNICEF resources maintaining the integrity and security of the systems and data.

**Fund-raising and Donor Relations**

A Resource Mobilization Strategy was prepared to strengthen the ability of UNICEF in Myanmar to mobilize resources especially in the context of changing priorities of donors and rapidly changing socio-political environment in the country. The team mobilized US$62.5 million (programmable) against the Other Resources (OR) ceiling of US$23.4 million in the Country Programme Document for 2013, much higher than the target of 75 per cent, due to multi-year grants. In addition, US$7.3 million (programmable) or 70
per cent against Humanitarian Action Report/Consolidated Appeal was also mobilized for humanitarian response. Discussions were also initiated with the Turkish Government in order to establish south-south cooperation on emergency and WASH-related programming.

The Office successfully managed to submit all 42 donor reports within the given deadlines ensuring high quality standards. The quality assurance was maintained through critical reviews by the Deputy Representative and the Representative. No negative feedback was received from any donor on the reports submitted.

The Office leveraged the UN Peace Building support Office funds for the implementation of the Monitoring and Reporting mechanism and joint funding for peace building initiatives in the South East of the country. UNICEF took the lead as administrative agent for a joint UNICEF-WHO UNFPA Joint Maternal and Child Health programme supported by the Australian Government. The Office ensured effective and timely utilization of financial resources and regularly monitored the status in all programme meetings as well as through monthly updates. 99.96 per cent of funds against expiring grants were utilized. Through systematic financial planning, financial expenditure projections and analysis of commitment and utilization patterns, Section chiefs are routinely reminded of key accountabilities on effective, efficient and timely utilization. Key Performance Indicators are a standing agenda in all programme meetings. The CMT meetings were used to present a traffic light analysis, focusing on finding solutions where required. Only one extension request, for a grant with the Japanese National Committee was submitted as additional funding was received.

Of the US$91 million (all Regular Resources (RR), OR, OR-Emergency budgets) allocated in 2013 (including 2012 roll-over), more than US$57.3 million or 63 per cent was utilized. From OR, US$59.7 million allocated to 2013, US$28.5 million or 48 per cent was fully utilized. The remaining funds US$31.2 million against OR are intended for allocations to future years and without this amount the utilization rate is 100 per cent against OR and 96 per cent overall. Of the US$11.9 million emergency funds allocated for 2013 including 2012 roll over, US$9.4 million was fully utilized while the remaining amount of US$2.5 million is allocated for 2014.

Management of Financial and Other Assets

The Office remained fully cognizant about safeguarding the financial and other assets and maintained fully functional and effective financial and administrative systems, procedures and controls. Internal control policy including release strategy, table of authorities and segregation of duties was effectively implemented and monitored. The Office also remained duly diligent to ensure efficient and cost-effective utilization of organizational resources in a transparent manner. There are no outstanding audit recommendations, and the Office had already addressed earlier audit recommendations. The Office used a results-based approach in matching planned resources to planned results.

Programme and Operations Group Meetings regularly monitored effective contribution management; budget allocations; budget control and utilization; and outstanding DCT advances. Any critical issues or bottlenecks were reviewed in CMT meetings to find solutions, provide guidance or decisions. The strong oversight by Programme and Operations Group as well as the CMT played an important role in ensuring to achieve key
performance indicators in all the required areas. Monitoring of key performance indicators remained a standing agenda of the CMT.

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.

Outstanding DCTs were regularly monitored. Spot checks, micro-assessments and special or scheduled audits were conducted for NGO partners. The Office does not have any outstanding DCT for more than 9 months. DCT outstanding for more than six months is US$101,239 or 1 per cent.

The Office received US$256,353 against Institutional Budget for non-post costs plus additional US$58,000 to procure ICT equipment and replacement of old vehicle. 99.98 per cent of these funds were utilized.

The Office actively monitors and implements monthly, interim and year-end accounts closure activities. All closure activities were implemented in accordance with the guidelines and instructions from DFAM.

UNICEF Myanmar continued to operate under a restricted banking environment with limited international transactions. Although sanctions are lifted, they are not yet operational on the ground and the banking system is operating under the same environment. Some of the private banks have started with certain limitations but their reliability and credibility still needs to be assessed. Though plans are afoot, Banks like Standard Chartered or Citibank have not yet started their retail banking operations in Myanmar. Regarding currency conversions, the Office used the limited official facilities and open market with mitigating measures to convert foreign exchange ensuring efficiencies in transactions. Cash on Hand was used to ensure that funds are provided for critical programme activities including in conflict or non-government controlled areas. Cash flows were prudently maintained.

HACT is not yet fully implemented in Myanmar with Government counterparts for various reasons including earlier sanctions, donor conditions, limited capacity, fiduciary risks, issues related to transparency, effectiveness and efficiency etc. Recent public financial management assessment conducted by World Bank and IMF indicated strong need for strengthening public finance management systems. Based on this analysis, the UNCT decided to postpone the implementation of HACT for another year. The Offices recognises that it is important to start the process of HACT with the Government partners in 2014 but this should be at the UN level (although UNDP is still using direct implementation modality; only UNFPA is using DCT modality) in accordance with UNDG guidelines.

UNICEF applied HACT principles with NGO partners in implementation of programmes. The Office conducted seven micro-assessments, 16 scheduled audits, one special audit and 25 spot checks, identified the areas that needed strengthening and where appropriate provided support to NGOs in their capacity building. The Office is accepting statement of expenditures but conducted regular spot checks and also programme monitoring at the field level.

Comprehensive independent assessment of local and international NGOs will be very helpful in identifying capacity gaps that may also require support from UNICEF. This will
strengthen the capacity of NGOs who the Office believes are credible strong partners in programme implementation.

The Office engaged an audit firm under Long Term Arrangement (LTA) for micro assessment, scheduled audit and special audit. This LTA facilitates the Office to place contracts promptly by reducing time and transaction costs.

**Supply Management**

The Office paid special attention to ensure efficient functioning of supply and logistics including prepositioning of supplies for emergency response. The supply plan was prepared on a timely basis and was shared with EAPRO for effective planning and strategic sourcing. The plan was linked with the distribution plan to ensure that the supplies are directly delivered to end-users. Continued attention was paid in the areas of strategic sourcing, timely delivery of supplies, quality assurance and logistics.

Distribution of supplies from Government warehouses was regularly monitored to ensure that supplies reach the end users on a timely basis.

UNICEF Myanmar’s supply value, including institutional contracts, for 2013 was US$14.5 million.

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<thead>
<tr>
<th></th>
<th>Local (US$)</th>
<th>Regional (US$)</th>
<th>Offshore (US$)</th>
<th>Total US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>$1,951,294</td>
<td>$3,525,757</td>
<td>$5,968,486</td>
<td>$11,445,538</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>$375,848</td>
<td>$372,866</td>
<td></td>
<td>$748,714</td>
</tr>
<tr>
<td>Services and contracts</td>
<td>$2,272,667</td>
<td></td>
<td></td>
<td>$2,272,667</td>
</tr>
</tbody>
</table>

Contracting for services significantly increased from US$557,000 in 2012 to US$2.3 million in 2013 because of the Office’s strategic shift in programming strategy from direct service delivery to supporting ongoing policy reforms and institutional strengthening. The competition and contracting process for these services is complex and involves international sourced vendors because of limited local capacity.

Local market conditions continue to improve and most supplies are now available in the market. Local vendors are increasingly offering their supplies and services in Kyat. It is now the preferred currency for most vendors. Quality assurance remains a top priority and the LTA for the purpose were extensively used and helped for timely delivery of supplies.

Local LTAs for emergency non-food items (NFIs) were established in 2012. The 2013 focus was to shorten lead delivery time on LTAs to reduce cost and risk of storing emergency items in warehouses and increases emergency response beyond what is prepositioned. For example, the important WASH cluster hygiene kit is now available on a 10 days’ notice.

Government counterparts are responsible for custom clearance of UNICEF programme
supplies. However, the Office facilitates the process by preparing all required documentation. Receipt of programme supplies were continuously monitored by tracking Goods In Transit (GIT). The Office also assisted the Government counterparts in warehouse inventory management and monitored stock status on a monthly basis. As a result, supplies aging for more than two years in Government warehouses reduced from US$995,000 in early 2012 to close to zero by end-2013.

UNICEF Myanmar’s maintained warehouse is for prepositioned emergency supplies and its capacity was expanded in 2013 as part of a strategy to ensure efficient response in on-going emergencies in Rakhine and Kachin, where UNICEF also has logistics staff for monitoring and coordination of supplies.

<table>
<thead>
<tr>
<th>Warehouse Location</th>
<th>Current value (US$)</th>
<th>Received value (US$)</th>
<th>Issued value (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF warehouse</td>
<td>$ 307,410</td>
<td>$ 421,817</td>
<td>$ 159,058</td>
</tr>
</tbody>
</table>

In addition UNICEF assisted emergency supplies are prepositioned at 4 Government warehouses at strategic locations.

With the exception of MoH, UNICEF assists Government counterpart in distribution of supplies. The Office maintained an LTA with transporters reaching throughout Myanmar. The concept of LTA for transport was shared with MoH as part of on-going capacity building on logistics management including distribution capacity.

UNICEF was instrumental in establishing the One UN Procurement group. Existing LTAs are now shared between agencies and new LTAs for fuel, rental of vehicles and printing are being established through joint efforts. An important added value of the group is that it has created a forum for coordination, discussion and information-sharing for supply staff across the agencies.

Efforts were also made to build NGO implementing partners’ capacity and procurement of low risk non-strategic goods and services were increasingly done by them.

<table>
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<tr>
<th>Procurement Services 2013 (US$)</th>
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<tbody>
<tr>
<td>Regular</td>
</tr>
<tr>
<td>GAVI</td>
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</table>

UNICEF support to MoH in GAVI co-financed vaccine procurement as part of Procurement Services continued. The project identified serious shortcomings in the MoH supply chain. On the request from MoH, UNICEF’s logistics team participated in a series of coordination and planning meetings leading up to a workshop on “National Supply Chain Management Strategic Planning”. UNICEF Supply Division contributed with technical inputs. A road map for strengthening supply chain management including quick-wins was drafted. The MoH as the owner of the process will confirm the way forward.

Staff in the UNICEF supply and logistics unit are pursuing humanitarian supply and
logistics certification courses offered through Fritz institute. The Office prioritized supply training opportunities and during 2013, two supply staff took part in Contracting training and one logistics staff member took part in Warehouse and Inventory Management training.

**Human Resources**

UNICEF remained fully cognizant about the changing needs of its country programme in view of rapid socio-economic and political changes in the country that provided both opportunities and challenges. The Office has continued its results-based approach to match the human resources needs with the planned results for children in the changing environment and made a number of changes in human resources in 2013 e.g. strengthening the area of advocacy, communication and partnerships, child protection and the field offices. Vigorous efforts were made to expedite quality recruitment process with minimum possible lead time, ensuring staffing mix and gender parity. Selection Panels and the CRB functioned smoothly during the year. More staff members were trained in Competency-based Interview techniques to ensure their effective participation in selection panels.

The Office experienced a high turnover in 2013 including new positions and completed recruitment of 48 positions including TAs (14 IPs, 17 National Professionals/NPs and 17 General Service/GS staff) with an average lead time of 85 days (90 days for IPs, 103 days for NPs and 64 days for GS). Availability of a subject matter specialist from EAPRO or HQ, especially at a higher level than the position for senior staff was a challenge. The change in policy will hopefully resolve this issue. The Office has an overall gender balance of 55 per cent female staff to 45 per cent males (female vs male IP 41:59; NP 53:47; GS 60:40). The Office is making efforts to improve gender parity in the IP category.

Through its Learning and Development Plans, the Office made efforts to address gaps and strengthen the capacity of staff to effectively deliver the results for children. A Strategic Learning Plan was prepared, based on a gap analysis through individual learning needs as well as review by HRDT and shared with EAPRO. Out of 178 approved learning requests, 65 learning requests (37 per cent) were completed. The remaining learning activities mostly relate to web based/on-line learning and are on-going or in some cases staff members were not able to complete these due to work priorities or inability to access internet from the field offices. 19 group trainings were conducted in 2013 including orientation and learning sessions on various topics. A number of knowledge management sessions were carried out covering diverse topics. The Office had organized Myanmar Language Training for IP staff. 62 per cent of staff members completed online Integrity Awareness Training course (all staff completed the course except one).

The Office monitored timely completion of e/PAS and 97 per cent of these were completed within the given deadlines. Efforts were made to address staff issues related to work-life balance, flexitime arrangements, and improved working environment in the new premises. A staff retreat was carried out in February 2013 and identified issues were addressed through office improvement plan (included in AMP) monitored by CMT and JCC in close consultation with staff association. National staff enjoyed a salary raise from 1 July 2013 and continuation of special bonus for 2013. Most of these issues were also a
Efficiency Gains and Cost Savings

Efficiency and effectiveness continued to be a strong focus of the Office in all transactions. In general, prices have gone up, including the housing rental market, and Yangon is now considered among the most expensive cities in the world. The Office made all possible efforts to minimize operating expenses. The total operating expenses in 2013 were US$3.15 million as compared to US$2.08 million in 2012, with the increase due to rental of new office premises, replacement of old vehicles and the office move.

The most significant achievement in 2013 was the move of the country office premises from Traders hotel to the new premises. The lease in Traders hotel was due to expire by 31 August 2013 and any further stay would have resulted in extraordinary high cost as a result of high demand of hotel rooms. The new premises have an independent compound including sufficient parking space and green area. The rent in the new building is about US$2.64 per sq.ft. for a total space of 33,000 sq.ft. i.e. US$87,000 per month. The market rent for suitable office space in a reasonable location is not less than US$5.00 sq.ft. Keeping this in mind, the Office estimates savings of at least US$936,000 per year. A conducive working environment and effective utilization of office space also contributed to efficiency gains. Unfortunately, the options for UN shared office premises could not materialize due to various reasons.

The Office continued use of common services with other UN agencies in the areas of security, dispensary and courier services that have significantly resulted in cost savings as compared to making individual arrangements of such services. The UN OMT and UNCT are regularly reviewing, monitoring and promoting common services to ensure efficiency gains and adopt common standards. Common LTAs are promoted and agency specific LTAs are also shared with others e.g. LTA for transportation of goods, procurement of fuel, Travel Services etc. UNICEF is taking the lead in the procurement group and efforts are being made to harmonize processes. UNICEF also took a lead in procurement of flu vaccine for interested UN agencies on cost sharing basis. Different rules and procedures of UN agencies still remain a challenge.

Use of Skype and VOIP as well as WEBEX was very effective in reducing communication costs. The use of Skype for extensive recruitment interviews resulted in significant savings in communication costs (although not quantified). Use of VOIP for international telephone calls resulted in cost savings of approximately US$20,000 as compared with local telephone rates.

The Office continued to use open bidding process with authorized official banks and dealers with mitigating measures and saved about US$71,720 through this process using the best offer.

Continued use of blanket/multi-trip Travel Authorisations, including for staff of field offices resulted in about 20 per cent reduction in such transactions.

Micro-assessments, spot checks and scheduled or special audits were conducted that helped to address the identified issues/gaps and contributed to the capacity building of NGO partners to ensure efficient and effective utilization of organizational resources.
Changes in AMP & CPMP

2013 was the third year of the current country programme and therefore the MTR was conducted through extensive consultations with partners including three town hall meetings. A MTR Organising Committee was established with participation from senior level Government partners and UNICEF staff. The country is going through multiple transitions and has introduced a number of reforms. This changing context requires a strategic shift in the country programme to support policy and legislation and strengthen systems, to accelerate realization of child rights.

As part of decentralization process introduced by the Government, there is a need to build capacities at Union, State and Township levels as well as to contribute to peacebuilding process. The recommendations from the MTR also aim to establish and strengthen partnerships with other key organizations, institutions, CSOs and non-State Actors.

Based on the MTR recommendations and keeping in mind structural changes in human resources already made, the Office will be making submission to the Regional Programme and Budget Review (PBR) committee for a number of changes in the staffing structure including strengthening staffing capacity in the field offices to effectively engage with local level authorities and their capacity building; monitoring and evaluation functions to support monitoring of results across the programmes; advocacy, communication and partnerships functions, as social policy and child rights monitoring and nutrition function to support SUN. This may involve establishment of about 26 new posts, one Junior Professional Officer (JPO), abolition of five and upgrade of 12 positions. The staffing strength is expected to increase from 183 to 205 including 4 JPOs.

In addition and as part of the global Efficiency and Effectiveness initiative, the Office will review the impact of global consolidation on its staffing and will propose required changes.

The Office has already made submission of the Integrated Budget for the period 2014-17 in 2013, which was approved by the Regional and Global PBR, and provided opportunity to realign/strengthen some of the important functions based on the changing needs of country programme.

The Annual Management Plan for 2014 will reflect the changing priorities of programme. A retreat is planned for mid-January 2014 that will provide further opportunity to identify the Office priorities for 2014.

Summary Notes and Acronyms

Acronyms

ASEAN – Association of South East Asian Nations
BCP – Business Continuity Plan
C4D – Communication for Development
CABA - Children Affected By AIDS
CBNC - Community-Based Newborn Care
CCA – Child Centred Approaches
CCC – Core Commitment for Children
CCM – Community Case Management
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CESR</td>
<td>Comprehensive Education Sector Review</td>
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<tr>
<td>CFS</td>
<td>Child Friendly School</td>
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<td>CLTS</td>
<td>Community-led Total Sanitation</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CPMP</td>
<td>Country Programme Management Plan</td>
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<td>CRB</td>
<td>Central Review Body</td>
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<td>CRC</td>
<td>Contract Review Committee</td>
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<td>CRC</td>
<td>Convention on Rights of Children</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>CTFMR</td>
<td>Country Task Force on Monitoring and Reporting</td>
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<tr>
<td>DCT</td>
<td>Direct Cash Transfer</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>E&amp;E</td>
<td>Efficiency and Effectiveness</td>
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<tr>
<td>ECCD</td>
<td>Early Childhood Care and Development</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
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<tr>
<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>ERM</td>
<td>Enterprise Risk Management</td>
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<td>EWEA</td>
<td>Early Warning Early Action</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>FESR</td>
<td>Framework for Economic and Social Reform</td>
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<td>GIT</td>
<td>Goods In Transit</td>
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<tr>
<td>HACT</td>
<td>Harmonized Approach to Cash Transfers</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HRDT</td>
<td>Human Resource Development Team</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>JAP</td>
<td>Joint Action Plan</td>
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<tr>
<td>JCC</td>
<td>Joint Consultative Committee</td>
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<td>JPO</td>
<td>Junior Professional Officer</td>
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<tr>
<td>LLIN</td>
<td>Long-life Insecticide-treated Net</td>
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<tr>
<td>LSP</td>
<td>Local Social Plan</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
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<tr>
<td>MDEF</td>
<td>Multi Donor Education Fund</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MHAA</td>
<td>Myanmar Health Assistant Association</td>
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<td>MHSCC</td>
<td>Myanmar Health Sector Coordinating Committee</td>
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<td>MICS</td>
<td>Multi Indicator Cluster Survey</td>
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<td>MNP</td>
<td>Micronutrient Powder</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
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<td>Mine Risk Education</td>
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<td>Myanmar Salt and Marine Chemical Enterprise</td>
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<td>MTR</td>
<td>Mid-Term Review</td>
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<td>NFI</td>
<td>Non-food items</td>
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<td>NFPE</td>
<td>Non-formal Primary Education (NFPE)</td>
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<tr>
<td>NGCA</td>
<td>Non-Government Control Area</td>
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<tr>
<td>OCV</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>OMT</td>
<td>Office Management Team</td>
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<tr>
<td>OR</td>
<td>Other Resources</td>
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<tr>
<td>PAS</td>
<td>Performance Appraisal System</td>
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<tr>
<td>PBR</td>
<td>Programme and Budget Review</td>
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<td>PCA</td>
<td>Project Cooperation Agreement</td>
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<tr>
<td>PER</td>
<td>Performance Evaluation Report</td>
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</tbody>
</table>
PLW – Pregnant and Lactating Women
PMTCT – Prevention of Mother to Child Transmission of HIV
PSB - Property Survey Board
RCSA – Risk Control Self-Assessment
RDT – Rapid Diagnostic Test
RECA - Regional Emergency Coordination Advisor
RR – Regular Resources
SAM – Severe Acute Malnutrition
SITE - School-based In-service Teacher Education
SLS - Secondary Life Skills
SOD – Segregation of Duties
SRA – Security Risk Assessment
SUN – Scaling Up Nutrition
TCRC - Township Child Rights Committee
TEMIS - Township Education Management Information System
UHN –Universal Health Care
UN – United Nations
UNCT – United Nations Country Team
UN HRTG – UN Human Rights Thematic Group
VOIP – Voice over Internet Protocol
WASH – Water, Sanitation and Hygiene

NOTES
1 Asian Development Outlook, ADB, 2013
2 ICG Myanmar 2013, The Dark side of Transition: Violence Against Muslims in Myanmar
3 MDG Report, Forthcoming
4 IHCLA, 2009-10, UNDP, UNICEF Myanmar
6 Ibid.
## Document Centre

### Evaluation

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