Government of the Republic of the Union of Myanmar-UNICEF

Country Programme of Cooperation 2011-15

MID TERM REVIEW

REPORT ANNEXES

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Annex I. MTR Concept Note

Background

The Basic Cooperation Agreement signed between the Government of the Republic of the Union of Myanmar (referred to as the Government), and, UNICEF was updated in November 2012. The current Country Programme Action Plan (CPAP) that sets out UNICEF's partnership with the Government covers the period 1 January 2011- 31 December 2015. Since the CPAP was agreed in January 2011, momentous changes have taken place in the country. Government has initiated democratic reforms, initiated significant policy changes, agreed the Nay Pyi Taw Accord with international development partners and set out its Framework for Economic and Social Reforms (FESR, 2012-15).

It is an opportune moment to conduct the Joint Government-UNICEF Mid Term Review of the CPAP which is due in 2013. The primary purpose of the MTR is to review the progress achieved towards the expected results of as outlined in the CPAP; to take stock of changes in the country context; and to review performance in implementing programme strategies and principles. As a result of the MTR, Government and UNICEF can refine and sharpen the focus of the country programme and make adjustments, as required to accelerate the achievement of equitable and sustained outcomes for the most disadvantaged children.

This concept note sets out the purpose, principles, pertinent issues and next steps to guide the MTR.

Objective:

The overall objective of the Mid Term Review (MTR) is to review progress, performance, identify and agree changes to support equitable realization of child rights in Myanmar. The review will:

- Assess how Myanmar Country Programme is aligned to the changing country context including the Framework for Social and Economic Reform
- Identify UNICEF's comparative advantage in this changed context
- Agree on areas of engagement to be continued, new areas to be introduced and others that can be scaled back
- Review current partnerships and assess the possibilities for strengthened and/or new collaborations
- Review results and agree on a revised results framework for 2013-15

Principles

Ownership and Alignment

- The Ministry of Planning will co-lead the Mid Term Review along with UNICEF.

Participation and Inclusion

-The MTR will follow a participatory and inclusive process

-A *working group* led by the Ministry of Planning with representatives from different line departments and UNICEF staff members will form the core MTR team

- In keeping with the 'people centered' approach voices of children will be actively sought and inform the MTR

- Consultations with national & sub-national governments, civil society and development partners will be structured to allow meaningful participation ensuring adequate time for this
- An online qualitative survey on current engagement with be conducted with partners
- The *working group* will be guided by inputs provided by the consultative process and specialist experts who may be engaged for the purpose of the MTR.

Equity and Evidence

- The MTR will have a strong equity focus and will aim to strengthen government's efforts to bridge inequities in the country
- MTR recommendations will be informed by an understanding of disparities based on income levels, gender, region, geographic location, ethnicity, religion and bottlenecks to addressing these disparities.

  -To do so, the MTR will be based on the latest available evidence (e.g. MICS, IHCL). Additional studies will be commissioned as required using experts and specialist consultants as required.

Results Orientation

- The review will capture results achieved so far and lessons learned
- Revised results will be formulated for 2014-15

Pertinent Issues

-Several contextual issues with potential opportunities and risks for children will inform the MTR. These include, but are not limited to, decentralization, rural and urban child poverty, impact of economic reforms, gender, peace building, engagement of adolescents and new areas for policy advocacy etc.

Time Line for key milestones and events:

- February: **Concept Note** for the MTR drafted and shared with MNPED.
- March: Internal discussion in UNICEF including preparation of the **MTR Work-Plan** with various milestones and events.
- April: First Meeting between MNPED and UNICEF to discuss the concept note and other aspects of MTR.
- April: Concept note revised based on the discussion between MNPED and UNICEF.
- May: Establishment of **MTR Organizing Committee**
- May-June: MTR consultant on board
- June-August: **Sectoral Programme reviews** undertaken
- May- July: **State/Regional level consultations** undertaken in selected States and Regions.
- End August/Early September: **Joint Consultation** with all States and Regions in Nay Pyi Taw.
- September: Draft **MTR Report** available.
- October: Preparation for the **Final Strategy meeting**.
- 11 November: Final Strategy meeting with Stakeholders in Nay Pyi Taw chaired by His Excellency the Minister of National Planning & Economic Development.

Brief Description of Key Milestones:

Concept Note: This is the first step towards starting the process of the Joint Government – UNICEF Mid Term Review of the Country Programme. The note outlines the key objectives of the MTR, key principles that will guide the process, pertinent issues that the review will look at and the timeline.

MTR Organizing Committee: A MTR Organizing Committee will be established that will coordinate and provide oversight to the entire process. The Committee will comprise of members from the Government and UNICEF representing various Government Ministries and UNICEF Programme & Operations section. The committee will provide leadership and oversight to the MTR Process and ensure that the various milestones and events are carried out as per the agreed scope, methodology and the timeline.

Programme Reviews: The key component of the MTR is the Sectoral Programme Reviews. All 6 programmes – Young Child Survival and Development, Education, Water & Sanitation, Child Protection, HIV/AIDS and Social Policy & Monitoring & Evaluation will undertake review and will assess the progress towards the expected results various Programme Component Results (PCRs) and Intermediate Results (IRs). These reviews will be in the light of the significant political, administrative, economic and social reforms that pertain to the sectors as well as across sectors.

State/Regional Consultation: The consultation in selected States and Regions will be undertaken to gain a better understanding of the state of decentralization, the functions and capacities of key stakeholders in the various States and regions and the implications for children. The selection of states/regions for these consultations will aim to cover a variety of contexts: poverty and child indicators, geographic spread, topographic divisions and particular vulnerabilities.

Joint Consultation with all States & Regions in Nay Pyi Taw: Once the State/Region level consultations are undertaken and a broad understanding of the policy and programming context at the state/region level is reached, a joint consultation will be held in Nay Pyi Taw with all states/regions and Union Government to discuss the findings and conclusions from the consultations and how UNICEF can support the Government to capitalize on the opportunities and mitigate the challenges.

MTR Report: The outcomes of the MTR is documented in a comprehensive MTR Report that summarizes the MTR process, key findings and most importantly highlighting the main conclusions and recommendations for changes to the Country Programme. It includes number of strategic, time bound and actionable recommendations that provide future direction to UNICEF engagement in the country, including for the ongoing and the next country programme.

Final Strategy meeting: This is the final review meeting with Government and other stakeholders including UN and other development partners. This meeting will share the outcomes of previous stages, including the main achievements, constraints and lessons learned and to discuss on the way forward, including proposed revisions for the remaining period of the country programme.

Annex II. Terms of Reference for MTR Organizing Committee

Terms of Reference of the MTR Organizing Committee: Mid-Term Review (MTR) of GoM/UNICEF Country Programme 2011-2015

The MTR of GoM /UNICEF Programme of Cooperation 2011-2015 will be conducted in 2013 which will be co-lead by the Ministry of National Planning & Economic Development and UNICEF, as outlined in the concept note. A MTR Organizing Committee will be established that will coordinate and provide oversight to the entire process. The Committee will comprise of members from the Government and UNICEF in line to the discussion that was held during the meeting on 26th April 2013 between MNPED and UNICEF in Nay Pyi Taw.

The following are the key responsibilities of the Committee:

Overall:

Provide leadership and oversight to the MTR Process and ensure that the various milestones and events are carried out as per the agreed scope, methodology and the timeline.

Specific:

1. Liaise with relevant Line Ministries and UNICEF Sectoral Programmes to ensure that sectoral reviews are undertaken applying the key principles as outlined in the MTR Concept note.

2. Facilitate consultations with States/Regions for better understanding of the decentralized context and its implication for children.

3. Facilitate an inclusive and participatory process of consultation with stakeholders (development partners etc.)

4. Review draft MTR report and give feedback ensuring that recommendations are strategic, time bound and actionable for future direction of UNICEF's engagement in the country.

5. Oversee the preparation of the final MTR meeting on 11th November 2013 including development of agenda and other necessary logistics.

6. Undertake periodic meetings with the members of the committee to ensure that the progress of the MTR is as per the work-plan and the timeline outlined in the concept note.

Frequency of meetings:

One meeting each in the month of June, August, October - with 2-3 members from UNICEF

Exact date to be decided upon mutual agreement.

Membership of the Committee

Government:

Director General, Foreign Economic Relations Department (FERD), MNPED
Deputy Director, FERD, MNPED
Director, Planning Department, MNPED
Director, Planning, Department of Health Planning, Ministry of Health
Deputy Director, Department of Rural Development, Ministry of Border Affair
Deputy Director, Department of Education, Planning & Training (DEPT), Ministry of Education
Director, Department of Social Welfare, Ministry of Social Welfare, Relief and Resettlement
Deputy Director, Office of the Union Attorney General

UNICEF:

Deputy Representative
Chief of Operations
Chief, Education
Chief, Social Policy & Monitoring & Evaluation
Chief, Field Operations
Social Policy Specialist
Knowledge Management Officer
Regional Field Officer

Annex III. List of Participants at Final MTR Strategy Meeting

Mid Term Review Meeting-GoM/UNICEF Programme of Cooperation 2011-2015

November 11, 2013

Thingaha Hotel, Nay Pyi Taw

	Name	Title
1	U Khin Maung Lay	Member, Myanmar National Human Rights Commission
2	U Aung Khin	President ,MHAA
3	U Myint Swe	President, Ratana Metta
4	Win Tun Kyi	National Director, KMSS
5	Naw Saung Oo Thitsar	Office Superintendent for Christian Education Dept/KBC
6	Dr. Joe Joe San	J+III MMCWA
7	Dr. Naw Rabecca Hla	Associate Programme Director, MPC
8	Dr. Myint Shwe	Deputy Director, NAP
9	Ms. Kaori Ishikawa	International Programme Coordinator, Deputy Rep, UNFPA
10	Dr. Thar Hla Shwe	President, MRCS
11	Professor Mya Oo	Parliamentarian
12	Dr. Kay Khine Aye	AD, Ministry of Health
13	Dr. Mya	Health Programme Manager, DFID
14	Dr. Maung Maung Hla	Head (Health), MRCS

15	Khin Thu Aye	Project Coordinator, MRCS
16	Sumie Arima	Second Secretary, Embassy of Japan
17	Kai Roehm	Head of Programme, WFP
18	Dr.Ya Min Yu	Coordinator, UNFPA
19	Dr. Salma Burton	Public Health Administrator, WHO
20	Ms. Deneisha Moss	Protection Officer, UNHCR
21	Dr. Kyaw Nyunt Sein	Senior National Advisor, 3MDG, UNOPS
22	Daw Khin Mar Aye	Director, PD
23	Dr. Than Oo	DDG-DOH-MOH
24	Daw Khin Wine Kyi	Chairperson of NGOs and INGOs Affairs Committee
25	Brig. Gen. Min Khaing	MPF
26	Lt. Col Kaung SanLin	Deputy Director, MPF
27	U Htin Zaw Lwin	Deputy Director, Ministry (4)
28	Daw Hlyine E-Myo Oo	S.O, MOLES
29	U Kyaw Myat Htoo	Assistant Director, MOEP
30	Dr. Htay Htay Win	S.O,DEPT, MOE
31	Daw Thein Thein Zin	A.D, MOI
32	U Zaw Win Maung	DD, CSO
33	Dr. Myint Myint Than	DD, DOH

34	Dr. Le Thanda Soe	MO, DOH
35	Dr. May Khin Than	Deputy Director(Nut), DOH
36	Dr. Thar Tun Kyaw	Director, DOH
37	U Htay Win	AD, DHP
38	Aye Aye Mon Oo	AD, DEPT
39	U Aung Tun Khaing	Deputy DG, DSW
40	U Kyaw Sann Htay	AD
41	U Than Do Kyint	DDG, PD
42	Daw San San Oo	AD-MRTV
43	Dr. Ni Ni Aye	DD, VBDC (DOH)
44	Daw Myat Myat Kyaw	Director, UAGO
45	Daw Aye Win	DD, UAGO
46	Daw Han May Lwin	Central Health Education Bureau,DOH
47	Dr. Thant Sin Htoo	DD, DHP-MOH
48	Daw Moh Moh Naing	AD, FERD
49	Daw Yi Yi Khin	AD-FERD
50	Daw Khin Thin Phyu	AD, DEPT
51	Daw Aye Aye Myint	A/C, CESR
52	U Kyaw Linn	AD, DSW

53	Daw Yupar Mya	Deputy Director, DSW
54	Daw Zin Thin Oo	BC, DSW
55	Daw Thi Thi San	BC, DSW
56	U Aung Myat San	Staff Officer, Forest Dept.
57	U Paw Khine Than	Director, Supreme Court of the UNION
58	U Tun Tun Naing	Director General-FERD
59	U Win Kyaing	Director, FGLLID MOLESS
60	Dr. Win Naing	Director, DOH
61	U Maung Maung Swe	President, Culture and Population Development Committee, Pyithu Hluttaw
62	U Min Min Zaw	Reporter , Myanmar News Agency
63	Mr. Bertrand Bainvel	Representative, UNICEF
64	Ms. Shalini Bahuguna	Deputy Representative, UNICEF
65	Mr. Rajen Kumar Sharma	Chief of Field Coordination, UNICEF
66	Mr. Ali Asghar	Chief of Operations, UNICEF
67	Ms. Cristina Roccella	Social Policy Chief, UNICEF
68	Mr. Aaron Greenberg	Child Protection Chief, UNICEF
69	Mr. Maharajan Muthu	YCSD Chief (OIC), UNICEF
70	Ms. Nandar Aung	Social Policy Specialist, UNICEF
71	Mr. Suleman Malik	C4D Chief, UNICEF

72	Daw Aye Aye Than	C4D Specialist, UNICEF
73	Dr. Kyaw Win Sein	Nutrition Specialist, UNICEF
74	Ms. Qimti Paienjton	Consultant, UNICEF
75	U Piang Suan Mung	Resident Programme Officer, UNICEF Kalay Office
76	U Tin Lay Naing	Resident Programme Officer, UNICEF Lashio Office
77	U Shwe Hla Oo	Resident Programme Officer, UNICEF Taunggyi Office
78	Ms. Yosi Burckhardt	Chief, UNICEF Rakhine Office
79	U Win Aung	Education Specialist, UNICEF
80	Mr. Maurice Robson	Education Chief (OIC), UNICEF
81	U Tin Htut	Health Specialist, UNICEF
82	Daw Ohnmar Aung	HIV Specialist, UNICEF
83	Khin Thiri Win	Child Protection Officer, UNICEF
84	Daw Yin Yin Han	Child Protection Officer, UNICEF
85	Dr. Ye Thiha	Resident Programme Officer, UNICEF Kengtong Office
86	Dr. Tin Aung	Resident Programme Officer, UNICEF Myeik Office
87	Dr. Aung Kyaw Zaw	Health Specialist, UNICEF
88	U Mya Than Tun	WASH Officer (OIC), UNICEF
89	Daw A Mar Zaw	WASH in Schools Officer, UNICEF
90	U Thet Wai Hlaing	Resident Programme Officer, Mawlamyine

91	Daw Khin Moe Moe Oo	HIV Officer (OIC), UNICEF Mandalay Office
92	Daw Pa Pa Khin	Communication Assistant, UNICEF
93	Daw Swe Mar Lwin	Admin Assistant, UNICEF
94	Daw Nan Htike Wai	Admin Assistant, UNICEF
95	Daw Gillian San San Aye	Knowledge Management Officer, UNICEF
96	Daw Pwint Mon Shwe	Admin Assistant, UNICEF
97	Daw Su Sandi Aung	Executive Assistant, UNICEF
98	Mr. Daniel Toole	Regional Director, UNICEF EAPRO

Annex IV. Note for the Record on Final MTR Strategy Meeting

Final Strategy Meeting on
the Mid-Term Review of
the 2011-2015 Programme of Cooperation
between the Government of the Republic of the Union of Myanmar and UNICEF

November 11, 2013
Nay Pyi Taw

Note for the Record

A Final MTR Strategy Meeting with Government and development partners was held on November 11, 2013 in Nay Pyi Taw. It was attended by representatives from the Government of Myanmar (including prominent Parliamentarians in addition to counterparts from the various line ministries), representatives from newly established institutions such as the Myanmar Peace Centre and the Human Rights Commission, representatives from various national and international development partners (including other UN agencies, bilateral and multilateral agencies, INGOs and NGOs), and representatives from UNICEF (including chiefs of field offices).

The meeting was opened by His Excellency Dr. Kan Zaw, the Union Minister for National Planning and Economic Development. In his Opening Remarks, Dr. Kan Zaw alluded to the four waves of reforms (i.e. political reforms, economic reforms, public administration reforms and private sector reforms) that the Government of Myanmar had embarked upon since 2011. He indicated that the changing context as a result of all these reforms made it an opportune time to conduct a mid-term review of the GoM-UNICEF Programme of Cooperation for 2011-2015. Acknowledging the link between child rights realization, achieving the MDGs and sustainable development, he appreciated UNICEF support for the Comprehensive Education Sector Review, overarching programmes in the health sector including prevention of mother to child transmission of HIV/AIDS, the National Sanitation Campaign and awareness-raising activities on the Convention on the Rights of the Child. He also welcomed UNICEF's interest in decentralization and the state/regional consultations that were conducted to better understand its implications for children, as well as the child-friendly local social development planning that will be supported in Chin State. He expressed his hope that UNICEF and other partners would continue to work closely with the Government of Myanmar to improve the situation of children and encouraged alignment with national priorities.

Mr. Daniel Toole, the UNICEF Regional Director for East Asia and the Pacific, followed the Union Minister to address the participants. He too acknowledged that the enhanced democracy, increased fiscal responsibility and commitment to peace in Myanmar made it an opportune time to reflect on the cooperation between Government of Myanmar and UNICEF and ensure that the momentum of reforms would be seized to re-commit to children. He flagged three areas that were in particular need of accelerated efforts: reduction of under-five mortality, increased school enrolment and completion of primary education and ending, once and for all, the recruitment and use of children by the Myanmar army and non-state armed forces. He noted also the potential role of education in promoting peace and harmony. Mr. Toole indicated that going forward UNICEF would engage less project-oriented work and engage more in programmatic work; integrate disaster preparedness in its programming; engage new stakeholders such as parliamentarians, state and regional governments, media, the human rights commission and non-state actors; and foster a stronger demand and leverage greater resources for

realization of child rights. He also took the opportunity to reassure the Government of Myanmar that it could rely on UNICEF in country, regionally and globally to continue to support the realization of rights for all children in Myanmar, thereby contributing to a prosperous, peaceful and united Myanmar.
The opening session was followed by presentations by Daw Khin Thin Phyu (Assistant Director, Department of Education Planning and Training), Dr. Than Tun Kyaw (Director, Department of Health) and U Aung Tun Khaing (Deputy Director General, Department of Social Welfare), who shared the progress and planned adjustments for GoM-UNICEF cooperation in the health, education, and child/social protection sectors respectively. This was followed by a rich and open discussion among attending stakeholders, the main messages from which are summarized below.

The need for **increased and more effective investments in children** accompanied by systematic advocacy to help ensure this comes into effect was widely recognized and supported.

The following priorities were reiterated:
- **Reduction of under-five mortality** through a more integrated health systems approach;
- **Increased school enrolment and completion** through multi-sectoral and innovative interventions;
Stopping and preventing once and for the recruitment and use of children in armed conflict in
- **Enhanced social welfare services** for children and families.

The need for a holistic child-centered approach, especially for reducing under-five mortality, was emphasized. Fragmented programming in the health sector, within government departments and UN as well with different UN agencies mandated with different aspects of health, was noted as a major bottleneck for achieving results. It was recommended that UNICEF, working in close partnership and collaboration with WHO, UNFPA and UNAIDS, supports the government to take a **child-centred and results-focussed approach to build health systems**.

Attainment of peace and harmony in the country was also emphasized as fundamental for ensuring the wellbeing of women and children, with the recognition that, if adequately empowered, they could play an instrumental role towards achieving peace and not just benefitting from it. In this context, **UNICEF's initial attempts to contribute to peacebuilding through storybooks and curriculum celebrating inclusion and diversity were applauded and further support welcomed**. It was encouraged to work with a range of actors, including non-state actors, to help achieve the rights of all children.

UNICEF's efforts to better understand the ongoing decentralization reforms and its implications for children through **state/regional consultations were also appreciated** and **greater engagement at the subnational level**, particularly advocacy and capacity building, were welcomed.

Stakeholders at the meeting identified the following areas as instrumental for realizing child rights and **welcomed continued and strengthened support** from UNICEF and other development partners:
- Development of **policies and legislation** to enable the realization of child rights;
- Development of **costed/budgeted plans** to implement these policies and laws; and
- **Advocacy** to policymakers on the importance and urgency of prioritizing social development.
Generation and use of reliable evidence and capacity building at all levels of government was recognized as being important in supporting each of the above.

The importance of **cross-sectoral collaboration within government and new and diverse partnerships** with development partners and the private sector was emphasized.
Cross-sectoral collaboration – Given the holistic nature of child wellbeing, government representatives called for ministries to work together to ensure adequate social protection, youth empowerment and

participation etc. While there might be a focal or lead ministry for each issue, other relevant ministries were also encouraged to contribute.
New and diverse partnerships – Both Government and UNICEF recognized limitations of capacity and resources to achieve necessary results for children on a large scale and expressed a keen interest in strategic engagement of new and diverse partners, including non-state actors, for accelerated progress on common goals.

In the final presentation on the way forward for the GoM-UNICEF Programme of Cooperation for 2011-2015, Ms. Shalini Bahuguna (Deputy Representative, UNICEF) reiterated the opportunities and lingering constraints that shaped the context of cooperation. Building on the discussions throughout the MTR process as well as at the Final MTR Strategy Meeting, she indicated that cooperation would be strengthened or adjusted to support: policy development and systems strengthening, enhanced subnational and community engagement, enhanced conflict sensitivity and peacebuilding, renewed partnerships and leveraging of resources for children, and enhanced documentation and monitoring of the situation of children as well as of results achieved for them. She mentioned that the revised results framework that had been formulated and proposed as part of the MTR process reflected these adjustments and new directions.

The meeting was closed by Her Excellency Dr. Daw Khin San Yee, Deputy Minister of National Planning and Economic Development and Mr. Bertrand Bainvel, UNICEF Representative for Myanmar. Dr. Khin San Yee indicated the poverty alleviation was the utmost priority of the Government of Myanmar for the next 5 years, noting the linkages between water and food security and health and education. She emphasized that rural areas and states such as Chin and Rakhine needed particular attention. Dr. Khin San Yee acknowledged also the importance of policies and welcomed UNICEF support for policy development. She concluded by appreciating the open and participatory MTR discussions and thanking attending stakeholders for their feedback and insights. Mr. Bertrand Bainvel echoed this appreciation and took the opportunity to reassure that UNICEF could be counted on to play its assigned role in sector working groups as well as for continuing to seek and convene new and diverse partners for realizing the rights of all children in Myanmar. He noted that the discussions during the meeting would not only shape the programme of cooperation for the 2014-2015 period but also the way forward beyond 2015. He concluded by inviting attending stakeholders to review the draft MTR report shared at the meeting and to send any lingering suggestions or ideas they might have for future collaboration.

To sum up, the meeting **reaffirmed the joint commitment and shared vision** of the Government of Myanmar and UNICEF for **seizing new opportunities and accelerating efforts** for realizing the rights of all children in Myanmar.

Annex V. State/Regional Consultations on Decentralization and its Implications for Children

As part of the MTR process, consultations were conducted with subnational officials in 7 of 14 states and regions in order to better understand the opportunities and challenges arising for child rights realization in Myanmar as a result of ongoing decentralization reforms.

UNICEF in a decentralizing Myanmar

UNICEF's interest in Myanmar's decentralization reforms, as signalled by these consultations and any future initiatives, stems from its experience in other countries where the transfer of responsibilities, decision-making authority and financial resources to the subnational level created both opportunities and potential risks for the realization of child rights.

In Myanmar, the development of state and regional development plans for the first time provides an opportunity to take into account the specific needs of children and their families in a given state or region. On the other hand, limited existing capacity for planning and budgeting at the subnational level and unclear delineation of roles and responsibilities could undermine social development. Furthermore, the existing variation in the situation of children across different states and regions could yield challenges for achieving equitable results in a decentralizing context, whereby better off states and regions further surpass the worse off ones, creating a more unequal society.

A greater understanding of these and other opportunities and challenges is important for defining the way forward for UNICEF in a decentralizing Myanmar, especially since it already has a substantial subnational presence. With Field Offices in 9 of the 14 states and regions, UNICEF supports the Government of Myanmar to implement and monitor programmes for child survival and other child rights throughout the country. The role of these Field Offices may need to evolve in the months and years ahead to maximize the positive implications of decentralization for children and this study is also expected to help identify the scope and nature of necessary changes.

UNICEF's interest in decentralization should therefore not be taken as a call (or an indication of support) for greater transfer of responsibilities, authority and financial resources to the states and regions, either immediately or in the long term. To the contrary, the interests of children in the country may be better served by a more gradual transfer of some responsibilities to the subnational level such that adequate capacity and resources are first put in place to enable subnational authorities to fulfil their responsibilities. Furthermore, certain responsibilities are known to be best executed by central authorities and should thus be retained at Union level.

Decentralization is an extremely broad and complex phenomenon and any meaningful study of it requires defining certain parameters. Driven by the motivations mentioned above, the study focused on the following elements of decentralization:

- Key decisionmaking institutions at the subnational level;
- Planning processes and outcomes in states and regions;
- Allocation of resources in states and regions.

Since the goal of the study was to examine implications of decentralization for children (or more accurately, for child rights realization), further focus was achieved by concentrating mainly on sectors and institutions which are directly associated with the delivery of services essential for child survival and development, namely water supply, health, education and social welfare. More detail is provided in the methodology section.

State/Regional Consultations on Decentralization and Implications for Children

A series of individual and collective interviews with government officials were conducted in selected states and regions during the period May-July 2013.

In each state and region, interviews were conducted with officials from the General Administrative Department, Department of Planning and Department of Budget as these departments have broad responsibilities and knowledge of state/regional affairs at the subnational level. Interviews were also conducted with officials from Department of Health, Department of Education, Department of Social Welfare and the Development (Affairs) Committee as these departments are directly associated with delivery of essential services for children.

From each department, officials, often the highest ranking ones, at state/region, district and township levels were consulted. Only a few departments (GAD, Planning and Education) had appointed officials at the district level at the time of our visits. The Department of Budget and Department of Social Welfare did not have officials at either district or township level (although in some districts and townships, employees of DSW institutions, e.g. principals of residential nurseries or vocational training schools, were appointed as DSW focal points for the district or township and we were able to meet them). In selected states and regions, meetings were also conducted with Ministers of Planning and/or Social Affairs, as well as selected representatives, usually Speaker and/or Deputy Speaker, from the state/regional parliament or hluttaw.

A total of 210 informants were consulted in the seven states and regions. After the individual and collective interviews in each state and region, a half day validation workshop was conducted to present and discuss some of the main findings from that state or region. All interviewees were invited to attend the validation workshop and they were encouraged to correct any mistakes or elaborate further if necessary. Following the state and regional consultations, a consultation was also held with the related Ministries/Departments in Nay Pyi Taw (July 24-26) during which another 30 officials were consulted.

Key findings (which have implications for child rights realization):

- There is scarce use of evidence in sub-national planning – local “knowledge” rather than data is driving the decisions.
- Sub-national authorities are playing an increasingly important role in social sector and comprehensive planning.
- States/Regions have complete discretion over how to spend the annual 1 billion kyat special poverty reduction fund – often allocating some of it for water supply, health and education activities but not for social welfare.
- Union level ministries are still playing a very strong role in planning and allocation of resources (across programmes and across states and regions).

The Way Forward

Based on past and ongoing discussions with colleagues and counterparts on the findings and recommendations from the state/regional consultations, a picture has begun to emerge of UNICEF Myanmar’s overall decentralization agenda. It will be a mainstreamed agenda, i.e. one in which all sections will have a role to play, at both national and subnational level. Programme sections have yet to define how they intend to advance the decentralization agenda at the national level in their respective sectors, but their planned sub-national activities are described briefly below. Some new activity areas to

ensure an enabling environment for effectively implementing planned activities and strategically availing new opportunities are also envisioned and described below.

Education

Capacity building of subnational education officials for evidence-based planning at the local level through the development of township education management information system and township education plans – in Mon State and the 25 core townships for UNICEF's programme component on Education – a state education management information system will also be explored in Mon state

WASH

Technical support to selected township administrations in Sagaing and Bago for the development of evidence-based and costed township plans for water, sanitation and hygiene, convening key stakeholders and building capacity for planning in the process

Child Protection

Capacity building of subnational social welfare officials

Social Policy

1. Local Social Plans for Children: Technical support to the Government of Chin State for the development of equity-focused local social plans, using participatory approaches to identify and address the needs of the most vulnerable and building capacity of subnational officials for equity-oriented planning in the process. This will be taken forward as a prototype in Chin with dialogue with national Government for scaling up.
2. Township Profiles: With the increasing need to improve the availability and use of quality data in local planning and budgeting, this will be taken forward as a project-like initiative in selected townships initially and then replicated and institutionalized as part of a more long-term strategy to strengthen data systems in the country.
3. Engagement in dialogue with the Government (MoF) and other partners on fiscal decentralization - as part of the social budgeting and PFM.

Emergency

1. Increase State DRR capacity: The role and accountability of government at the state and regional level (e.g. Rakhine, Shan) is crucial to successful disaster management and response. UNICEF will play a role in training, participate to DRR State plans, and encourage actors to prioritize children in their planning and response.
2. Undertake proper analysis and mapping: Available data will be used to map the underlying vulnerability of children and women to disasters - populations density, existing poverty indicators, number of school, health facilities, and any history of exposure to natural hazards - to define priority areas and to support activities at the state/regional level.

Communication/Advocacy

1. Building staff capacity in the field and providing technical support for upstream work at the subnational level. Opportunities to advocate (and influence plans and resource allocations) for the realization of child rights at the sub-national level have increased considerably with the introduction of new institutions, new processes and new discretionary financial resources (e.g. some revenues, special poverty reduction fund etc.). Systematic upgrading of the capacities of new and existing field staff to capitalize on these opportunities needs to be developed and implemented. Technical support may also be required from time to time as field staff begin to engage with new institutions and processes at the subnational level.

2. Sensitization of state/regional level key stakeholders including parliamentarians, government officials and CBOs to increase their capacity as advocates for children. As with UNICEF staff operating at the subnational level, overtime this will be undertaken through systematic outreach and training including on human rights, advocacy, communication, partnerships and CSR.
3. Enhanced opportunities for child, adolescent and youth participation will be pursued at the subnational level by rolling out a nation-wide youth participation platform – namely the Myanmar Youth Council and its advisory body – the Myanmar Innovation Lab. This platform will be informed by UNICEF actively linking up existing youth participation mechanisms at the union, state and regional levels with a view to them becoming feeder mechanisms into the Council and Lab. The express purpose of this platform includes increasing the capacity of young people to participate in the civil life of the Myanmar nation through effective advocacy aimed at informing policy and service delivery outcomes for children, adolescents and youth.

Field Coordination Unit

1. Strategic engagement with development partners including attending meetings of the Working Groups on Governance and Public Administration; regular information exchanges with UNDP and other key partners; monitoring of news and publications for relevant information; and knowledge sharing with colleagues in Yangon and Field Offices on new developments and initiatives as necessary.
2. Strengthen Field Office overall Capacity in strategic work: As part of the overall Office's commitment to upstream work including at the sub-national level, the Field Unit – in coordination with other sections- will facilitate implementation of various capacity development on advocacy and communication, dialogue and negotiation, social policy, peace building and other strategic work.
3. Establish and maintain strong coordination between Yangon and Field Offices on decentralization-related efforts. Many upstream initiatives undertaken at the union level could also be usefully replicated at the subnational level in order to maximize results (e.g. advocacy on social budgeting/investments to local governments) which would also require strong coordination.
4. Establish engagement with state/regional governments on the realisation of child rights in states/regions where UNICEF field offices do not exist. There are no UNICEF field offices in Ayeyarwaddy, Yangon, Bago, Magwe, Kayah and NPT – several of which have relatively large child populations. Kayin and Sagaing, also with sizeable populations, are supported only through the field offices in Mon and Mandalay respectively. In order to ensure the realization of the rights of children in these states/regions also benefits from decentralization, a minimum level of engagement with respective local governments is required.

In addition to the above, the Field Unit – in coordination with the Field Offices - will provide support to implement the initiatives that programme sections as well as other cross-sectoral units have indicated above as their way forward.

Annex VI. Internal Reflection Exercise on Peacebuilding and Conflict Sensitivity

As part of the MTR process, a reflection exercise was conducted to examine how conflict-sensitivity and peacebuilding efforts could be enhanced across programmes.

This entailed multi-day workshops by a peace and conflict adviser with staff in Sittwe and Yangon, various meetings with senior management, reviews of organisation-wide and section-specific documentation, and multiple, independent working sessions with section chiefs and staff.

The theoretical framework for discussion and recommendations on conflict-sensitivity was drawn from the work of Collaborative Development Associates. This framework was supplemented by UNICEF's Technical Note on Peacebuilding and Conflict Sensitivity. Tools for conflict sensitivity used were courtesy of the Conflict Sensitivity Consortium's "How to Guide for Conflict Sensitivity". The definition and theoretical framework for peacebuilding was drawn from United Nations resolutions and UNICEF's Technical Note on Peacebuilding and Conflict Sensitivity.

A roadmap for UNICEF in a conflict-afflicted Myanmar

Given that Myanmar is emerging from 60 years of conflict, it is important for UNICEF to make every effort to ensure that its programming in Myanmar is conflict-sensitive at minimum, and ideally, also contributing to peacebuilding in the country. This section summarizes the recommendations made by the consultant who conducted the reflection exercise.

Context is critical in determining UNICEF's approach to peacebuilding and **conflict sensitivity** in Myanmar into 2014 and beyond. Outbreaks of communal violence and opportunities to extend operations further into conflict-affected areas underscore the probability that UNICEF will increasingly work in fragile areas, susceptible to harmful consequences from well-intentioned interventions. **Adherence to principles and processes of conflict sensitivity must be accepted as a minimum standard for UNICEF's engagement in Myanmar.** While this includes policy considerations, such as how UNICEF's activities impact the peace process or long-term recovery in Rakhine State, for the most part conflict sensitivity requires that UNICEF improve operational processes to minimise harm. Process recommendations to this effect are included.

Peacebuilding is a more ambitious endeavour. "Where appropriate", refers to instances in which UNICEF's core commitments and comparative advantages align with what is thematically, geographically and temporally appropriate in the Myanmar context. Myanmar's nascent emergence from decades of intractable conflict is fragile and geographically uneven. **The application of UNICEF's comparative advantages in peacebuilding into 2014 and beyond should be geographically, thematically and temporally synchronised with Myanmar's peace process.**

Overall policy recommendations for UNICEF:

1. Improve knowledge and responsiveness to peace and conflict issues through:

- Consulting more widely and genuinely;
- Diversify its partnership base;
- Employing staff from ethnic and conflict-affected communities;
- Attracting and retaining international conflict experts; and
- Regularizing training for peacebuilding and conflict-sensitivity.

2. Synchronise with the peace process and focus on comparative advantage through:

- Paying closer attention to the content and pace of the peace process;
- Recognizing the tensions between decentralisation and the peace process;
- Demonstrating impartiality and sensitivity to integration; and
- Increasing support to youth peacebuilding.

With regard to paying closer attention to the pace of the peace process, the following assessment was made on readiness of the Myanmar context for global UNICEF thematic areas on peacebuilding:

Thematic Peacebuilding Area	'Readiness' in late 2013
Safety/Security: Mine risk education, child combatants, police training	Political progress is required before UNICEF can expand on existing MRE and child combatant work
Political/reconciliation: Youth participation, civic education, transitional justice, psycho-social support	UNICEF could do more in these areas, though restricted access to conflict-affected areas limits how and who can be supported. Transitional justice is likely to take place much later
Services as "peace dividends": health, WASH, life skills, peace education, community management of services	Improving basic services in conflict-affected areas of the south-east needs to be aligned with the Myanmar Peace Center-led Joint Peace Needs Assessment
Government Functions: Capacity development at ministerial, subnational levels – across UNICEF sectors	Building governance capacity is possible, but need to be mindful that decentralisation causes tensions with the 'federalism question' of the peace process
Economic: Youth, life skills, livelihoods, social protection	Supporting economic revitalization in conflict-affected areas is not advisable until ethnic communities have confidence in the peace process, though increased support for livelihoods and life skills is possible in some areas

3. Maintain independent and neutral positioning by:

- Maintaining independence (or at least impartiality) with respect to conflict actors when working with populations displaced by conflict;
- Engaging in joint consultations;
- Advocate more strongly in regards to UNICEF principles;
- Demonstrating respect, impartiality, and sensitivity in engagements w/ ethnic communities; and
- Showing greater awareness of conflicting community perspectives in Rakhine State.

4. Support a comprehensive development agenda for Rakhine State by:

- Supporting an impartial, human-rights sensitive development agenda for Rakhine;
- Supporting the government to provide impartial services;
- Working with UNHCR and OCHA to improve camp management in existing IDP camps and better ensure the Government provides appropriate infrastructure before building temporary shelters;
- Promoting early reconciliation;
- Recognizing and addressing Rakhine grievances as part of a broader focus on rights; and
- Opening up communications channels with community representatives.

5. Strengthen communications and advocacy by:

- Taking a proactive (not reactive) approach to communications, consultations and conflict sensitivity; and
- Advocating in partnership on peacebuilding and conflict-sensitivity issues that are 'bigger than UNICEF'.

Overall process recommendations for UNICEF:

1. Include conflict information in the CPD, CPAP and workplans.
2. Use conflict analysis to inform new programmes, especially in conflict-affected areas.
3. Build conflict sensitivity into organisation, programme and project logframes.
4. Adapt existing information collection processes to gather conflict data.
5. Require implementing partners to demonstrate conflict sensitivity.
6. Monitor for conflict sensitivity.
7. Collect information for conflict sensitivity during consultations.

Sector-specific feedback for UNICEF:

	Strengths	Gaps or Areas for Improvement
WASH	Open Defecation Free Approach - helps foster common interests to bind communities together - "no subsidy" prevents unintended escalation of conflict due to targeted distribution of resources	- Improved governance of WASH - Quicker assessment and response to conflict threats - Encouragement of conflict-sensitivity of implementing partners
YCSD	Efforts to extend services into conflict-affected areas, e.g. immunization campaign in Wa region	In conflict-affected areas: - Consultations with civil society - Engaging staff and implementing partners who understand the local context
Education	- Integral role of education in peacebuilding - Training of non-state group teachers alongside government teachers - Language enrichment?	- Attention should be given to neutrality - See ethnic groups as equal partners - Provide opportunities for government to hear ethnic grievances
Child Protection		- Youth peacebuilding

Annex VII. MTR Review Note on Emergency Programming

1. SUMMARY

1.1 Purpose

UNICEF was founded as the United Nations International Children's Emergency Fund – as a first response provider of humanitarian assistance to children affected by conflict. Overtime programming became inclusive of development as well, so "Emergency" was dropped from the organisation's title – but not from its mandate or programming. Emergency and development, rather than being mutually exclusive programming directives, are intricately linked and impact each other: a concept known as the **emergency-development continuum**. When an emergency occurs, it may disrupt development programming, but strong development programming that keeps an eye on strengthening resistance to emergencies, will be less affected if an emergency occurs. Likewise, emergency response programming must keep a keen eye on how its programming will lead toward positive development once the emergency phase is over. The inseparability of these two core functions of UNICEF's programming is the driving principle of this guidance note.

This note has been developed as part of the mid-term review (MTR) process for the Country Programme (2013-2015). It is set up as an overview of the progress made by the government, partners and UNICEF to-date in mainstreaming emergency preparedness and response measures into the public sector and community-based programmes. This note will encourage reflection on progress made, guide the internal discussion within UNICEF to select issues to focus on in both the short- and long-term, to evaluate UNICEF's progress in incorporating emergency programming into the overall country programme, and to help prioritise resources for emergency assistance.

1.2 Key Terminology

The Core Commitments for Children (CCCs) in Humanitarian Action are the guiding document for UNICEF's interventions in emergencies. The CCCs provide a framework for action in emergencies that will save lives and alleviate suffering. The document defines a **humanitarian situation** as any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multi-sectoral response is needed. In Myanmar, where local and state capacity for response is limited, the threshold for what is considered *large and complex* may be lower than in country's with more developed resiliency and capacity for action. An **emergency** is defined in the CCCs as a situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection. Taking these two definitions together, UNICEF has affirmed its role, with its partners, as a provider of humanitarian assistance during humanitarian emergencies, and in tandem with regular country programming.

The CCCs can apply to human-induced emergencies (conflict, inter-communal violence), natural disasters, or a combination of both. They have been designed based on international legal and ethical norms and standards to provide guidance and specific sectoral commitments, for UNICEF's interventions in emergencies. During these times, international humanitarian law (IHL) is applied, and international human rights law (IHRL) is maintained, without exception. UNICEF and partners are further guided by the three core humanitarian principles of **humanity, neutrality and impartiality** – therefore providing assistance to affected populations on a needs-only basis, without discrimination on physical, social, economic or political characteristics.

While humanitarian emergencies have the potential to temporarily disrupt regular programming, it is important to note that each phase of action in emergencies must be done in concert, rather than in place of, existing programming. A higher, global standard in community capacity and resilience will strengthen the community's response when emergencies occur, and equally critically, emergency programming must address existing vulnerabilities and inequalities in addition to providing life-saving aid to mitigate the effects of the situation. Emergency planning can be divided into three phases: **Preparedness** in anticipation of a potential emergency; **Response** to immediate needs as a result of an emergency; and **Early Recovery** – actions conducted simultaneously with response interventions to help the community get back on its feet.

2. BACKGROUND AND CONTEXT

Myanmar has experienced many humanitarian crises and emergencies. The country's history of colonial division of populations, the subsequent period of military rule and isolationism, along with entrenched poverty and periodical natural hazards have combined to make Myanmar highly prone to the risk of humanitarian emergencies. Three distinct, but not mutually exclusive, risk-categories exist within Myanmar's current political, economic and regional context: civil/ethnic conflict; inter-communal violence; and natural hazards. Natural hazards, in particular, are not entirely predictable, and have the potential to become natural disasters, or to increase the intensity of conflict-related humanitarian situations without proper risk-reduction strategies in place (see UNICEF Myanmar DRR Guidance Concept Note) - setting the stage for complex emergencies. Each of the major emergency risk situations are explained in detail below:

State/Non-State Armed Conflict - Recent political changes in Myanmar in the past few years have helped lead to the signing of cease-fire agreements with nearly all non-state armed groups (NSAGs) in the country. This has increased the peace dividend across Myanmar, but further action needs to be taken to prevent future relapses of conflict. Some small-scale skirmishes are still active in frontier regions, the largest of which is the conflict between the Government and the Kachin Independence Army (KIA) in Kachin State, having displaced over 100,000 people since a previous cease-fire was broken, and fighting resumed in 2011.

Inter-Communal Violence – Myanmar is a highly diverse state, composed of dozens of ethno-linguistic groups, and though a majority (89%) of the population is nominally Buddhist, approximately 4% are Muslim, 4% Christian, and 3% of other religions. Since June 2012, targeted violence between different ethnic and religious groups around the country has led to the displacement of over 140,000 people with 40,000 additional people directly, socially or economically affected. Conflict in Rakhine state has been the most widespread, while smaller outbursts of violence have occurred sporadically in central Myanmar as well. While these violent acts are rooted in economic and political grievances as well as "collective memory" of past injustices, their manifestation as inter-communal violence necessitates careful consideration of rhetoric and response that does not further flame sensitive passions.

Natural Hazards - In the past decade, major natural hazards have caused considerable damage across the country. The most significant natural disaster situations have been: two high-intensity cyclones (Nargis in 2008, Giri in 2010); yearly occasions of flooding, droughts and fires; and a number of strong earthquakes (6.8 Richter scale in Shan State in 2011). Through the intensification of disaster risk reduction (DRR) strategies and interventions, the impact of these natural hazards will be reduced over time.

In terms of national planning for emergency assistance, a framework for DRR was developed in 2009 and revised in 2012 - *Myanmar Action Plan for Disaster Risk Reduction (MAPDRR)* - by the Relief and

Resettlement Department of Ministry of Social Welfare, Relief and Resettlement (MoSWRR) with the support primarily of ASEAN and the Asian Disaster Preparedess Center (ADPC. Disaster management committees have been formed in each line ministry serving as custodians for preparedness and response planning. Guidance and instructions have been passed down to the various state, township and local service providers to prompt their compliance with the most basic disaster reduction standards, though these instructions have not been accompanied with matching resources. As a result, the progress at the sub-national level is not well-defined or understood, nor has there been a full-scale risk management action plan/contingency plan developed beyond basic DRR management principles.

Since Cyclone Nargis struck Myanmar in 2008, UNICEF has expanded its concentration in developing emergency programming across the country. UNICEF has placed increased emphasis on child-centred vulnerability mapping across sectors as an aspect of preparedness planning, though considerable work still needs to be done to create an accurate baseline set of data, thus increasing the validity of evidence-driven programming. Gender equality and disaggregation of data by gender, age and locality has also been given strategic importance, particularly as humanitarian emergencies can exacerbate pre-existing inequalities and lead to increased risks, exclusion and discrimination. Furthermore, UNICEF has embarked in an effort to mainstream conflict-sensitivity in its interventions, both during emergencies and in development programming, as a concerted effort to increase UNICEF's peace building capacity, and prevent unintended negative effects of programming in line with *do no harm* principles. UNICEF is also committed to step up its efforts to enhance its current DRR programming by a more systematic approach to enhance resilience (see DRR Guidance Concept Note). An important way forward is to overlay natural hazards, climate change, and conflict risk with child vulnerability data in order to target preventive actions where they are needed most. Taking into account all the risks for children, the ultimate goal of mainstreaming emergency planning into country programming is to ensure that the basic rights of children and women are upheld and that access to education, health, nutrition, protection, hygiene and sanitation are maintained even in times of disaster and crisis. Furthermore, UNICEF aims to reduce the adverse impact of humanitarian emergencies on children, who make up 50-60 per cent of those affected.[1] Details of sector-specific Emergency actions by UNICEF and partners are outlined below:

[1] UNICEF. 'Disaster Risk Reduction Programme Guidance Note.' 11 February 2011.

3. CURRENT SECTOR INTERVENTIONS AND RECOMMENDATIONS

3.1. Education

Education in emergencies has been increasingly recognized in recent years as being an integral component of immediate, lifesaving humanitarian assistance. UNICEF has long recognized the critical role played by education in emergencies and is the cluster co-lead (with Save the Children) as a way to install a sense of normality for children affected by disasters or crises. Especially after conflict, education in emergency can play a critical role in bringing together communities. As a member of the International Network for Education in Emergencies (INEE), UNICEF is committed to integrating emergency programming at all stages (preparedness, response and early recovery) into its education programming. An integral component of UNICEF's education programming is the maintenance or re-establishment of formal schooling both during and immediately after an emergency. Details of some current programmes follow:

EDUCATION COMMITMENTS

Commitment 1
Effective leadership is established for education cluster/ inter-agency coordination (with co-lead agency), with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

Commitment 2
Children, including preschool-age children, girls and other excluded children, access quality education opportunities.

Commitment 3
Safe and secure learning environments that promote the protection and wellbeing of students are established.

Commitment 4
Psychosocial and health services for children and teachers are integrated in educational response.

Commitment 5
Adolescents, young children and caregivers access appropriate life skills programmes and information about the emergency, and those who have missed out on schooling, especially adolescents, receive information on educational options.

Temporary Learning Spaces (TLS). TLS have been constructed in IDP camps in both Kachin and Rakhine as part of UNICEF's response to the displacement. Teachers have been trained, and support for training to ensure quality education is provided through partners. In Rakhine and Kachin volunteer teachers have been provided with small stipends, where possible, to encourage continuity of teaching and quality education. Education materials have also been procured for the TLS, including desks, chairs, blackboards, workbooks, pencils, etc.

Partnership with Ministry of Education MoE. Successful lobbying with MoE has secured the distribution of learning materials (subject textbooks and notebooks) to learning centres within IDP camps equivalent to the number of children at every grade in the learning centres. An issue has been raised that MoE staff may view UNICEF as the primary duty-bearer for Education in Emergencies, rather than the government. While the overall relationship with MoE is a positive one, this misunderstanding has led to a situation where the MoE actors can absolve themselves of responsibility and expect UNICEF to step in. Increased advocacy and communication are necessary to reformulate this relationship and ensure that UNICEF is viewed as a partner, not as the lead in Education in Emergencies.

Vulnerability Mapping. UNICEF and partners have conducted assessments on education needs for older out-of-school children and youth in a bid to determine a relevant and appropriate programme for them. This has led to more robust, evidence-based support to determine the location and scope of interventions based on where the highest need exists. Due to the political situation and misperceptions

of partiality in some areas of intervention, UNICEF has not been able to fully implement programmes to address the mapped vulnerabilities. A more substantial advocacy programme, particularly through the supplying of concrete, evidentiary explanations of need, could help in the expansion of current education programming in emergencies. An opportunity for promoting peace building will also arise through the UNICEF Myanmar Peace Building in Education programme

Early Childhood Development (ECD). Many students affected by emergencies in Myanmar have been out of formal schooling for over one year. In cooperation with partners and the child protection sector, informal schooling has been provided for some communities through the construction of TLS and child-friendly spaces (CFS). These spaces have not been constructed in all communities due to a variety of factors. ECD programmes, in particular, have the greatest gap, even where informal schooling for older children has been established. The provision of ECD in emergency settings could be improved through expanded programming and coordination with the government.

Safe and Secure Learning Environment. This is perhaps the most difficult of the CCC commitments to accomplish in conflict-induced emergency settings. In some areas, even where formal or informal schooling has been established, the provision of school facilities lags behind the actual need. Some camps do not have established facilities, so children either do not attend school, or must walk to camps where schools do exist – often passing through insecure, and sometimes hostile areas to reach those schools. The security of children in this instance could be addressed through two avenues – 1) expanded construction of formal and informal schooling facilities; and 2) increasing peace and stability in the affected area through programmes like Peace building in Education (both for displaced and host communities), or through the establishment of youth groups to address these issues. Greater efforts could be made by the government to ensure access to nearby schools where possible and by increasing the number of local teachers who could teach both communities.

Recommended IR for Education:
By 2015, emergency cluster/Sector led by actors (StC, UNICEF and Government) that coordinates contingency planning and response is operational and provide an effective support in affected areas.

3.2. Nutrition and Health

Recent disasters have caused losses and disruptions to a health system already struggling to meet basic public health needs. Health services are critical in reducing the risk of disasters, and in supporting people in the response and recovery from any disaster. The primary healthcare system and its personnel is also often the first respondent in the event of a humanitarian emergency. Studies have shown, and experience from recent disasters in Myanmar supports, that the health sector bears a significant share of the economic burden of disasters while the health infrastructure recovers at a slower rate than infrastructure in other sectors. Some examples of current and needed programming to alleviate the health and nutrition situation in emergencies is provided below:

NUTRITION COMMITMENTS	HEALTH COMMITMENTS
Commitment 1 Effective leadership is established for nutrition cluster interagency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.	**Commitment 1** Inter-agency coordination mechanisms in the health sector (e.g., cluster coordination) are supported and enhanced with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.
Commitment 2 Timely nutritional assessment and surveillance systems are established and/or reinforced.	**Commitment 2** Children and women access life-saving interventions through population- and community-based activities (e.g., campaigns and child health days).
Commitment 3 Support for appropriate infant and young child feeding (IYCF) is accessed by affected women and children.	**Commitment 3** Children, adolescents and women equitably access essential health services with sustained coverage of high-impact preventive and curative interventions.
Commitment 4 Children and women with acute malnutrition access appropriate management services.	**Commitment 4** Women and children access behaviour-change communication interventions to improve health-care and feeding practices.
Commitment 5 Children and women access micronutrients from fortified foods, supplements or multiple-micronutrient preparations.	**Commitment 5** Women and children have access to essential household items.
Commitment 6 Children and women access relevant information about nutrition programme activities.	

Nutrition Sector Coordination at National and Sub- National Level. As mentioned in our core commitment, UNICEF need to strengthen and ensure leadership in nutrition sector at the national level for enhanced collaboration of partners and to maintain standards in humanitarian coordination. In addition UNICEF needs to ensure sub-national coordination role in chronic emergency contexts (e.g. Rakhine)

Malnutrition Screening and Intervention. Accurate data on the prevalence of acute malnutrition through anthropometric surveys are only available from five of the 12 affected townships in Rakhine, though routine screening data from IDP camps and host villages are becoming increasingly available with more systematic screening. UNICEF has been planning surveys in a way that demonstrates a conflict-sensitive snapshot of the nutrition situation to guide service delivery. In both Rakhine and Kachin, a high prevalence of stunting in IDP children emphasises the need for greater advocacy to support exclusive breastfeeding, and complementary feeding. Overall, the nutrition sector supports an intervention package for children under age five, and pregnant and lactating women, through community-based management of acute

malnutrition, micronutrient supplementation and infant and young child feeding support in the affected communities. Screening of children 6-59 months old has expanded beyond IDP camps to neighbouring villages, addressing the immediate needs of emergency-affected population, as well as providing baseline data and support for the surrounding community as a preparedness measure. Support has also been provided to resumption of routine nutrition services as Vitamin A supplementation and de-worming in Rakhine IDP camps and host communities. UNICEF and the nutrition sector partners are likewise providing technical support to the updating of the National guidelines for management of acute malnutrition in communities and hospitals, guided by recent global standards and evidence-based recommendations.

Partnerships and Coordination. There is a need to strengthen inter-sector analysis of needs and program convergence with Food Security, WASH, and Health clusters/sectors. Nutrition indicators need to be integrated into existing, but strengthened, disease surveillance systems. Access and security issues are the primary blocking factor at the moment, but continued pressure on the government and partners to establish access routes for assessment and surveillance could allow for a strengthened partnership and coordination system.

Pre-positioning of Supplies and Infrastructure Strengthening. Coordinated efforts have been made between UNICEF and the Ministry of Health (MoH) to expand the pre-positioning of vaccines and nutritional therapeutic and supplements commodities, with particular emphasis on increasing cold-chain capacity for immediate intervention during humanitarian situations. Facilities have been retro-fitted to withstand natural hazards (i.e. flooding), and further infrastructure improvement is planned. However, some key cold-chain equipment across Rakhine State are irreparable and in need of complete replacement. In Sittwe, only one hospital has the capacity for in-patient malnutrition treatment and caesarean delivery. UNICEF is making critical advocacy points to encourage expansion of these services and facilitate the access to its partners.

Routine and Catch-up Immunization Campaign. In Rakhine State, specifically, there has been a major gap in the routine immunization of children against diseases since the humanitarian situation began in June 2012. There have been sporadic campaigns by partners to provide catch-up immunizations, with a massive Polio catch-up campaign last February-April 2013, but the majority of children have not been fully immunized in the last year and a half. There has been recent movement among partners and the government to allow for necessary immunizations. Currently, the first pilot immunisation campaign for all vaccines is on-going in select villages in Sittwe, with view of scale-up to all affected townships in the coming months. This is a critical service that was disrupted by the current situation, and is vital to the long-term health of both the displaced and host populations.

Recommended IR for health and Nutrition:
By 2015, humanitarian actors and government are prepared, have adequate sectoral capacity and provide an effective and coordinated response in nutrition in emergency according to UNICEF Core Commitment for children

3.3. Child Protection

As children often suffer the most, and make up a disproportionate percentage of casualties and injuries (physical and psychological) after an emergency, child protection interventions and reporting mechanisms are of primary importance to emergency-affected populations. In the event of a natural disaster or conflict emergency situation, children's vulnerability increases and their risk of exposure to gross violations is exacerbated by global shock experienced by their community. Thus child protection measures designed through regular country programming must remain active, and often expand in the event and aftermath of an emergency. Furthermore, child protection interventions that are organized in response to an emergency must also be designed to continue their effectiveness once the emergency situation is over. The psycho-social effects of humanitarian emergencies may last for decades beyond the actual event. Across Kachin and northern Shan, for example, displaced children have become increasingly vulnerable to trafficking, smuggling and underage recruitment in the armed forces. Additionally, children are becoming subject to drug abuse and are being used as drug smugglers.[2] Dropout levels from schools are exacerbated in emergency settings, when livelihoods pressure increases on families. UNICEF, therefore, prioritises child protection measures as a key component of both development and emergency programming, taking note of the inter-related dependency each has on the other.

Psychosocial Support Programmes. Dozens of IDP camps have been provided with materials and technical assistance to establish Child Friendly Spaces (CFS) in order to provide children with psychosocial support, and a place to learn, play and interact safely. CFS are increasingly focussing on providing integrated services to children, and are closely linked with Child Protection Groups to ensure systems are established to better identify and respond to child protection cases. CFS animators, however, need more training in the identification of psychosocial needs and provision of support. Key community programmes could

CHILD PROTECTION COMMITMENTS

Commitment 1
Effective leadership is established for both the child protection and gender-based violence (GBV) cluster areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Support is provided for the establishment of a mental health and psychosocial support (MHPSS) coordination mechanism.

Commitment 2
Monitoring and reporting of grave violations and other serious protection concerns regarding children and women are undertaken and systematically trigger response (including advocacy).

Commitment 3
Key child protection mechanisms are strengthened in emergency-affected areas.

Commitment 4
Separation of children from families is prevented and addressed, and family-based care is promoted.

Commitment 5
Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.

Commitment 6
Psychosocial support is provided to children and their caregivers.

Commitment 7
Child recruitment and use, as well as illegal and arbitrary detention, are addressed and prevented for conflict-affected children.

Commitment 8
The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented, and their impact is addressed.

[2] CFO Myitkyina from the Kachin Response Plan 2013.

also be established to provide avenues for individuals to self-identify and access support mechanisms. Linking psychosocial support programmes with other service providers, and strengthening government involvement in child protection interventions, will become a priority in future psychosocial support programmes.

Family Tracing and Reunification. UNICEF has led and coordinated interventions to address the issue of separated and unaccompanied children in the Rakhine, Kachin, and Meiktila emergencies. Active tracing has been conducted through partner organisations, and where reunification has been possible, the reunification and reintegration process has been supported, including support to the child and their families.

Identification, Reporting and Response Mechanisms. Basic monitoring data collection on child protection concerns has been initiated in various camps and child protection actors are improving their response mechanisms for cases of violence, abuse and exploitation. Reporting mechanisms under SCR 1612 are being expanded in areas of active armed conflict, including a commitment to demobilize child soldiers as contained in an Action Plan signed between the Government of Myanmar and the United Nations Country Task Force on Monitoring & Reporting of grave child rights violations (CTFMR). These reporting mechanisms will need to continue to be strengthened and expanded to document gross violations against children in order to provide a basis of evidence to guide programme response and advocacy points to improve conditions for children.

Recommended IR for Child protection in Emergency:

By 2015, humanitarian actors are prepared, have adequate sectoral capacity and provide an effective and coordinated response (including Early Recovery and DRR) which is increasingly linked with the national protections systems.

3.4. WASH

In an emergency, the provision of safe drinking water and sanitation facilities is a first-order necessity to mitigate risks to health, and minimize the spread of water- and food-borne bacteria. Nationally, preparedness initiatives for hygiene promotion, the building of sustainable and hazard-resistant sanitation facilities, and community capacity building for prevention and mitigation of risks, have been implemented with both development and emergency planning in mind. However, greater focus is needed on streamlining these activities and measures into a structured, rather than ad hoc, policy initiative. UNICEF has implemented preparedness, response and early recovery measures within the WASH sector, as outlined below:

WASH COMMITMENTS

Commitment 1
Effective leadership is established for WASH cluster/ inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

Commitment 2
Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

Commitment 3
Children and women access toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.

Commitment 4
Children and women receive critical WASH-related information to prevent child illness, especially diarrhoea.

Commitment 5
Children access safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.

Supportive Policies and Legislative Frameworks. At least nine departments in four ministries hold responsibilities for different aspects of WASH. Finding a lead agency that will champion the sector reform process has been a challenge. UNICEF has advocated with the Minister of National Planning and Economic Development to set up an Inter-Ministerial task force to initiate and lead the sector review process. Progress has been made in drafting the National Drinking Water Quality Standards based on the WHO updated guidelines. Without a particular ministry in the lead, the guidelines have yet to tabled and approved by Parliament. UNICEF will explore ways to address this bottleneck using best practice examples from the region.

National and Sub-national Capacity Enhancement. UNICEF, partnering with WHO, supported government and other stakeholders to build consensus on the content and format of the National Drinking Water Standards. Agreement was reached on Standardization of Pesticide Residues and Laboratory Procedures for Physical, Chemical and Bacteriological Parameters for Drinking Water, and technicians to draft the Guideline for Drinking Water Quality were also selected. The development of the guideline for WASH in Schools did not proceed further in 2012. The Department of Education Planning and Training had to give priority to the education sector review and with its limited manpower it could not prioritise WASH in Schools guidelines as well. This will be taken up in 2013.

Safe Water and Sanitation in Emergency. UNICEF has provided support, through partners, in both Kachin and Rakhine to build, and improve access to safe water and sanitation facilities. All camps in Rakhine have dedicated WASH actors, and interventions in Kachin have been developed in 76 IDP camps. Analysis of the time it took for supplies to reach communities affected in previous natural disasters has led to a concentrated focus on the expansion of pre-positioned hygiene, sanitation and water supplies, nearer to potentially affected areas. This is an advocacy priority.

WASH in Schools. Latrine and hand-washing facilities have been established in schools and Temporary Learning Space-TLS in various emergency-affected communities. Gaps, however, do exist at several locations due to unclear budget ownership and insufficient support from the Minister concerned as a priority. Enhanced coordination (and possible budget sharing) between WASH and Education could fill this gap. Strong advocacy with the Minister concerned on the need for WASH facilities in schools should be a priority.

Recommend IR for WASH*:
By 2015, humanitarian actors and government are prepared, have adequate sectoral capacity and provide an effective and coordinated response in WASH in emergencies according to UNICEF Core Commitment for children

***to be noted that WASH and Nutrition could be merged together:** By 2015, humanitarian actors and government are prepared, have adequate sectoral capacity and provide an effective and coordinated response in Nutrition and WASH in emergencies.

4. CROSS-SECTORAL NEEDS & RECOMMENDATIONS

All sectors have placed an evident focus on integrating emergency preparedness, response, and early recovery planning into their programming. While progress has been made on many fronts, particularly in relation to preparedness, there is still a lack of synergy across the sectors, and some interventions are applied only in an ad hoc manner, rather than making emergency planning concretely streamlined into all aspects of regular country planning. Development and emergency assistance are intricately linked, and the future of development programming is dependent on adequate preparedness, response, and early recovery planning to address risks and vulnerabilities that could be exacerbated by natural disasters, conflict, and complex emergencies. Some suggestions for improvement are outlined below:

Understanding and adhering to principles/standards in Emergencies. Key documents and trainings have been provided to most (if not all) staff regarding responsibilities and standards of humanitarian action. These include the UNICEF mandate and framework, international humanitarian law, humanitarian principles and internationally agreed upon standards such as Sphere and INEE. There is a strong desire among all staff to provide necessary assistance to children, but through conversations and trainings gaps have emerged in an adequate understanding of how and why UNICEF adheres to certain principles. Expanded opportunities for training on or reinforcement of key principles (primarily impartiality and neutrality) would strengthen the morale and ability to advocate for staff posted in politically sensitive environments. Intimate understanding of these principles could also help in advocating with key stakeholders (as an agency or on an individual level) in ensuring humanitarian access in emergencies.

Concretely relate programming to Core Commitments to Children. All staff have been provided with and have been asked to read the CCCs at least once. PCAs also include reference to which commitments are being addressed in the PCA. However, due to a variety of reasons (logistical, security, political, financial, etc.) there are gaps in adherence to commitments in each sector. Recognition of the gaps, and follow-up to address them systematically is key to improved programming and support.

Improve understanding of emergency-development continuum. While there is recognition of the emergency-development continuum, there is a gap in implementation of programming that is implemented with this understanding. Sections often view emergency as a compartmentalized response programming initiative, rather than viewing planning, preparedness and response to emergencies as integral components of regular development planning. There is no clear cut-off point between

emergency response and development (in practice, even though there may be in budget) – and programmes should be designed with this in mind rather than lumping relevant interventions as one or the other.

Partnership with Government. UNICEF has a strong relationship and position of trust with the Government of Myanmar, and specific line ministries. There is, however, a reluctance (possibly due to capacity gap) by the government to take full responsibility as primary duty-bearer for humanitarian response (and emergency planning and preparedness). UNICEF must enforce its position as co-lead in specific sectors with the government, rather than primary actor. This can be done through increased advocacy, or through initiatives for capacity improvement and training (along with other agencies and partners). There are also varying degrees of influence/ownership at the local, regional and national levels. A strategic plan for each sector (perhaps influenced by UNICEF's study into the decentralisation process) could alleviate some of the issues presented by these relationships.

Concretely evaluate human and financial resources for emergencies. First, and foremost, an in-depth, evidence-based, risk and needs assessment must be conducted to determine where UNICEF action is most needed, and to strengthen programming based on relative vulnerability and risk factors. A concrete evaluation on this basis will help UNICEF strategically determine the human and financial resources necessary to implement the necessary actions and interventions.

Including an Emergency Intermediate Result (IR) for each Section. Part and parcel in the strengthening of programme implementation along the emergency-development continuum, each section would benefit from the inclusion of an Emergency specific IR – including preparedness, response and early recovery, as well as Disaster Risk Reduction (DRR). Rather then sequestering emergency responsibility to a floating cross-sectoral department, the inclusion an emergency specific IR in each section would prioritise results for emergencies and ensure adequate correlation between emergency and development programming.

Ensure adequate and efficient monitoring. Consistent monitoring of programmes is key to ensure their relevance and impact. PCAs should prioritise the development of quality indicators that not only measure output and outcomes, but also correlate to the CCCs. Indicators should be S.M.A.R.T – Specific, Measurable, Accurate, Reliable, and Time-bound. Compliance with international standards such as Sphere, INEE and CP Standards should also be prioritised in the monitoring process as well as in programme and PCA development.

Enhance cross-sectoral coordination. There is a strong understanding among staff that there are often overlapping objectives (and even interventions) between sections - particularly among WASH, Nutrition, and Health or between Child Protection and Education. There is, however, a self-identified gap in coordination to achieve mutually re-enforcing results. There have previously been attempts to coordinate cross-sectoral PCAs, noting the interrelationship between certain interventions. Ultimately, however, there was not full-agreement from all involved sectors for a coordinated PCA, and it was split into separate programmes. A renewed attempt at the integration of overlapping and re-enforcing cross-sectoral objectives into a coordinated PCA to achieve overall health/nutrition/WASH results for a population could be explored as an option in the future.

Annex VIII. MTR Review Note on Disaster Risk Reduction

1. SUMMARY

1.1. Purpose

In response to UNICEF's recognition of an increase in disaster risk, due in part to rapid urbanisation, environmental degradation and climate change, UNICEF developed a Programme Guidance Note on Disaster Risk Reduction (DRR) in March 2011. This note builds off of the general guidance note, with specific attention to DRR in the Myanmar context. This note serves as a cursory overview of the progress made by the government, partners and UNICEF to-date in integrating DRR into the public sector and community-based programmes, as well as to provide guidance on how to improve DRR integration across programmes and sectors. This note will also serve to kick-start the in-house discussion on what to focus on for the short- and long-term, and how to prioritise resources for DRR under the Country Programme (2013-2015).

Recommended Cross- Cutting IR:
Disaster Risk Reduction, emergency preparedness and response across programmes are enforced and accountability at national and sub-national level is in accordance to principles in humanitarian action.

1.2 DRR as a Component of UNICEF's All-Risk Approach

Whether in development or emergency programming, UNICEF strives to make all of its programmes risk-aware and risk-resistant. The all-risk approach is one that seeks, through an initial risk assessment, to determine all potential risks that affect a community's vulnerability, thus providing an evidentiary basis for where, why and how an intervention should take place. This all-risk approach includes natural hazards, extreme poverty, and conflict as three separate (yet interlinked) risk categories that could affect a population. Conflict is typically addressed through adapting a peacebuilding lens to programming; extreme poverty falls under the social protection umbrella; and natural hazards are addressed through DRR. Each approach targets distinct risk areas, but all have the same goal or building community resiliency. UNICEF's current definition of **resiliency** is "The ability of children, communities and systems to withstand, adapt to, and recover from stresses and shocks advancing the rights of every child, especially the most disadvantaged." This note addresses DRR as a key component of the wider UNICEF all-risk approach and resiliency agenda.

1.3. Key DRR Terminology[3]

The essential difference between a disaster and a hazard is one of gradation and inevitability. A **hazard** is a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption or environmental damage. While a **disaster** is the result of unmitigated hazards: a serious disruption of the functioning of a community or a society involving widespread human, material, economic, or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. **Disaster risk**, thus, is the potential disaster losses, in lives, health status,

[3] Definitions in this section taken from: UN ISDR, 'Terminology on DRR', 2011

livelihoods, assets and services, which could occur to a particular community or a society over some specified future period. These risks can be expressed as the equation of a country's (or region's, or community's) vulnerability, exposure to hazards, and likelihood of those hazards occurring, offset by the country's capacity to cope with and respond to disasters. A reduction in vulnerability, or an increase in capacity, will decrease the magnitude of the equation, and thus the disaster risk.

$$\text{Disaster Risk} = \frac{\text{Hazard} \times \text{Vulnerability} \times \text{Exposure}}{\text{Capacity}}$$

Disaster risk reduction is the concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events. It is specifically designed to avoid (**prevent**) or to limit (**mitigate** and **prepare** for) the adverse impacts of natural hazards. The reduction of associated risks will reduce the likelihood that natural hazards become natural disasters, in the process saving lives and decreasing potential economic impacts.

2. BACKGROUND

2.1. Country Risk Context

Myanmar is prone to a range of high impact natural hazards, including cyclones, seasonal flooding, landslides, droughts, fires and earthquakes.[4] In recent years, two major cyclones (Nargis 2008, Giri 2010) have hit the coastal parts of the country with devastating impact on children and women; since 2002 flooding has affected over 500,000 people,[5] inflicting the greatest damage in the coastal and hill areas; landslides due to flooding and seismic activity have occurred in hill areas; a series of earthquakes have affected the country's northern and eastern parts, most significantly in eastern Shan in early 2011 (6.8 on the Richter scale); and fires have destroyed homes and infrastructure in communities across the country. These natural hazards have been compounded by civil and communal conflicts across the country. This interplay of natural hazards and human-induced risks has drastically exacerbated existing vulnerabilities among women and children - both in terms of their socio-economic status, and their access to basic social services such as education and primary healthcare.

The recurrence of natural hazards over recent years has alerted the Government of Myanmar and the international community of the importance to take concrete actions to reduce the losses to lives, livelihoods, and other humanitarian and development consequences of potential disasters. The effort made by the Government so far - intensified since Cyclone Nargis in 2008 - has primarily focused on improving readiness to offer timely emergency assistance, while a systematic approach to reduce underlying vulnerabilities has received less attention. Disasters adversely affect children and women, disproportionately affect poor countries, and exacerbate pre-existing vulnerabilities and inequalities, affecting approximately 100 million children and young people every year.[6] As a result, DRR is of prime

[4] According to the 2012 OCHA Global Focus Model, which attempts to classify and categorize countries according to their vulnerability to disasters, Myanmar is the 6th country globally (of the 147 countries measured), just behind Somalia.

[5] UNOCHA. 'Myanmar: Natural Disasters 2002-2012.'

[6] UNGA. 'Implementation of the International Strategy for Disaster Reduction: Report of the Secretary General.' A/67/335. 27 August 2012. p.9

concern to UNICEF - as reflected in the revised Core Commitment to Children in Humanitarian Action and the programme guidance note on DRR.[7]

2.2. Institutional and Policy Context for DRR in Myanmar

Regionally, DRR has made overwhelming strides as a pertinent policy initiative in the past few years. The Hyogo Framework for Action 2005-2015 (HFA) provides global guidance for the institutionalization of DRR at the country-level. Regional leadership on DRR implementation has been strongly promoted by UN ISDR, ASEAN and the Asian Disaster Preparedness Center (APDC). In 2005, member states signed the ASEAN Agreement on Disaster Management and Emergency Response (AADMER), the only legally-binding instrument for the promotion of HFA in the world. Furthermore, in October 2012 ASEAN held the 5th Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR), the outcome of which was the Yogyakarta Declaration on Disaster Risk Reduction in Asian and the Pacific 2012. Both AADMER and the Yogyakarta declaration build on HAF, the Millennium Development Goals (MDGs) and other DRR measures, highlight the importance of incorporating DRR into national development planning, reducing underlying risk factors (particularly for the poor, women, children, persons with disabilities and the elderly), and aim to streamline cross-cutting issues related to DRR in all levels of the development process.

As a signatory to these instruments, Myanmar has made progress in recent years in mainstreaming DRR in institutions and policies at the national and sub-national level. To oversee the process, the National Disaster Preparedness and Central Committee (NDPCC) was formed in 2005, chaired by the Prime Minister (previously) and with Minister of Social Welfare as secretariat. The NDPCC is supported by 10 sub-committees and a separate Disaster Management Unit in each Ministry/Department. On 31 July 2013 a Disaster Management Law was approved by the Hluttaw. The law calls for the formation of a National Natural Disaster Management Committee, to be chaired by the Vice President, as well as the formation of regional and local bodies to enact disaster management and DRR activities. The law provides a framework and guide for national, regional and local prevention, mitigation and response measures, but its implementation will need to be closely watched and supported.

5 PRIORITY AREAS OF HYOGO FRAMEWORK FOR ACTION 2005-2015

1. To ensure that DRR is a local and national priority with a strong institutional basis for implementation
2. To identify, assess and monitor disaster risks and enhance early warning
3. To use knowledge, innovation and education to build a culture of safety and resilience at all levels
4. To reduce underlying risk factors
5. To strengthen disaster preparedness for effective response

In 2009, a national framework for Disaster Risk Reduction was developed - *Myanmar Action Plan for Disaster Risk Reduction (MAPDRR)* - by the Relief and Resettlement Department of MoSW with the support primarily of the ASEAN and ADPC. The document was revised in 2012, and lays out specific initiatives that the Government of Myanmar plans to address DRR on a national, and sub-national level. As a result of the MAPDRR, disaster management committees have been formed in each line ministry serving as custodians for preparedness and response planning. Guidance and instructions have been

[7] For a detailed account of the context, please see the Programme Guidance Note on Disaster Risk Reduction (February 10, 2011)

passed down to the various state, township and local service providers to prompt their compliance with the most basic disaster reduction standards, though these instructions have not been accompanied with matching resources. As a result, the progress at the sub-national level is as of yet undefined and not well understood.

Community-based Disaster Risk Reduction has been supported across Myanmar by UNDP, Myanmar Red Cross Society (MRCS), and INGOs. Most humanitarian agencies have concentrated their DRR support on the community level, in forming disaster management committees in villages, ensuring that these committees develop preparedness plans, and supplying communities with basic early warning equipment (bullhorn, radios) for timely action. UNICEF supported MRCS in conducting community disaster management training in the Nargis-affected areas in 2010. The lion's share of support has been focused on the Nargis-affected areas and to a lesser extent Rakhine, following the floods and cyclone in 2010.

Although every township (under the overall lead of the respective General Administration) has been instructed to prepare disaster management plans, it is unclear whether any progress has been made to-date, according to the concerned agencies. UNDP and UN-Habitat are targeting five townships in the delta region and in Rakhine to help develop these plans, which involve all relevant township authorities and MRCS, NGOs and UN agencies, to prompt authorities and agencies to operate under one common response framework in the event of an emergency. If deemed useful, this planning process will be rolled out across the country on a case-by-case basis (according to high-risk townships).

2.3. DRR Collaboration

The DRR Working Group was established in 2008 by the Department of Relief and Resettlement of the Ministry of Social Welfare, Relief and Recovery. 49 agencies are now involved in the working group, and a strategic plan for progress is being drafted for 2013-2018. UNICEF is co-lead for the Education Sector, as well as the Social Protection and DRR Sector. The forum of the DRR Working Group provides opportunity for UNICEF to foster coordination among government, local and international NGOs toward country-wide DRR initiatives, as well as to ensure that children are considered throughout any DRR programme planning. Activities of the DRR Working Group should reflect the strategy of the Nay Pyi Taw Accord, particularly to enhance collaboration, and ensure transparent accountability.

In May 2013 a response and relocation plan was developed by the government and partners to prepare for the approaching Mahasen Cyclone in Rakhine State. The predicted path of the storm changed course, and the state was far less affected than had been predicted. An OCHA-led 'Lessons Learnt' exercise following the response evaluated government and agency collaboration. The exercise noted positive progress on the identification of impending risk and desire to mitigate potential effects of the natural hazard. It also noted that collaboration on a variety of levels was below expectations. The document developed through this exercise should be used by the DRR Working Group to enhance the effectiveness of DRR collaboration, reproduce positive outcomes of the preparedness/response plan, and ensure improvement in those areas that were not conducted effectively or efficiently.

2.4. UNICEF and DRR in Myanmar

UNICEF has since Cyclone Nargis provided a range of interventions to mitigate the impact of future disasters primarily in the areas affected by Cyclone Nargis in 2008. These include but are not limited to the construction of child friendly schools (CFS) in the delta townships, which now serve as models for safe schools, able to withstand as shelters the impact of another cyclone of Nargis' scale; the introduction of DRR in the life skills curricula offered to all primary school children across the country

providing them with a basic need-to-know information in the event of a disaster; the establishment of a nutrition surveillance system in selected high-risk areas to timely alert actors of increasing malnutrition rates amongst young children (and thereby trigger an intervention to avert widespread malnutrition). Building on these experiences and taking the opportunity of the mid-term review (MTR), UNICEF Myanmar strives to more systematically address DRR in the Country Programme (2011-2015), by helping the government and implementing partner agencies in prioritizing children in their disaster mitigation strategies, as well as in preparedness and response.

The UN Strategic Framework, still under preparation, defines as one of its four Strategic Priorities to "reduce vulnerability to natural disasters and climate change", focusing on national policies and relevant public sectors, strengthening community resilience, and improving information systems.

The previously mentioned national MAPDRR outlines 21 priority projects over the next two years (out of a total of 64 projects identified). Amongst these, the following are of concern to UNICEF (figure in bracket are the estimated budget for each):

- Development of School Disaster Preparedness (US$ 290,000)
- Awareness through School and School Curriculum (US$ 220,000)
- Integration of Disaster Risk in School and Health facilities (US$ 370,000)
- Strengthening and Capacity Building of Ministries and Departments, Division/ State, District, Township Disaster Preparedness Committees (US$ 120,000)
- Establishment of Disaster Management Training School (US$ 300,000)
- Preparedness and Response Program for Psychosocial Impacts, Epidemic and Disease Control in the Aftermath of Natural Disasters (US$ 70,000)

Concurring with the timeframe of UNICEF's Country Programme, these project areas could serve as entry point for expanding the existing support to national and local stakeholders in the area of disaster risk reduction for children.

3. DRR IMPLEMENTATION

3.1. DRR and Regular Country Programming

The increased attention and reference to DRR stems from the notion that disasters should be of concern to all actors involved in human development, and not only relief agencies and emergency response staff. This mentality provides material, economic and psychological benefits to communities through the building of local capacity to withstand hazards, and increasing community resilience to recover swiftly after such events. Furthermore, DRR is of critical importance to development programming. The growth of the development industry in Myanmar has been exponential in recent years, and the country will continue to expand this growth through the private, public and non-government sectors. These development gains, however, are at the risk of being negated by the existence and frequent recurrence of hazards that could are likely to develop into disasters. Natural hazards are likely to be understood as recurrent fixtures of the past, present and future of Myanmar. To be sound, the whole development strategy of the country must take this environmental factor into account.

DRR must be incorporated into development programming in order to mitigate their detrimental impact on development progress and quicken post-disaster recovery. In conjunction with climate change adaptation (CCA) strategy, DRR is an attempt to move away from a reactive approach to disasters - in which emergency responses activities are supplemented to existing programmes - to a systematic approach to identify and reduce the risks of disasters through regular programme activities as a

proactive way of ensuring the continuation of those programmes in case of disaster, and thus reducing resulting death, injury and damage. Disasters can in some cases be prevented through the confrontation of these risks, and their impact can in most or all cases be mitigated. DRR is defined as actions taken to identify, assess, and reduce socio-economic vulnerabilities to disaster and the hazards that trigger them. DRR also encompasses the important collaborative participation of communities, governments and agencies to stand ready to effectively respond to, and thereby reduce, human and property loss in disasters.

In Myanmar, UNICEF is uniquely placed, among the international agencies, to facilitate a more coherent and effective approach to DRR among basic service providers, particularly at the sub-national level, given UNICEF's institutional ties to the central, state, township and local providers of services for children across the country, on both policy and programme implementation.

4. MULTI-SECTORAL DRR APPROACHES

In order for DRR to be effective, a multi-sectoral approach is necessary, taking account of the interrelated aspects of society and the environment that are affected by hazards and disaster. The following multi-sectoral approaches have been based on the EAPRO/ROSA Child-Centred Disaster Risk Reduction (CCDRR) Guidance Note 2012. It is recommended to read the CCDRR Guidance note for detailed information on each approach.

4.1. Child-Centred Risk Assessments

The success of UNICEF's regular development programming depends on an adequate risk assessment of children's vulnerabilities and capacities in programme areas. Understanding also, that risk is area-specific, and can change over time, it is crucial that sound risk assessments be made periodically for future and on-going programmes. Both hazard risks and climate change vulnerability are important aspects of a successful, evidence-based risk assessment. The Myanmar country office should work with relevant government ministries and partner organizations through the SITAN process to ensure the development of robust risk assessments to identify and address community vulnerabilities and capacities, to provide evidence-based and risk-informed measures for targeted development interventions to reach populations that are the most vulnerable, and most at-risk. Furthermore, child-centred risk assessments can be used as tools to develop a more systematic approach to preventive actions, to increase resilience, and to provide evidence for targeted development interventions as an important risk reduction strategy. Children must also be considered in these assessments, not as a homogeneous group, rather as a community of diverse groups with differing vulnerabilities based on such factors as age, sex, grade-level, ethnic group, location, disability and citizenship status.

4.2. DRR/CCA Proposals

In order for UNICEF to be seen as a credible partner in the promotion of DRR in Myanmar, it would be useful to produce a concrete DRR/CCA strategy for the country office. This note can be used as a stepping-stone toward the production of an overall DRR strategy, which would also need to incorporate conversations with government counterparts, as well as a thorough consultation with key DRR documents, including the MAPDRR, HFA and national reviews, child-centred DRR materials, and the Strategic National Action Plan for DRR (SNAP), among others. This note is intended to act as an outline for the development of a comprehensive, strategic framework could be developed for interventions through a DRR and climate-change adaptation (CCA) lens. All proposals would need to be adequately discussed with each section head to determine feasibility and alignment with existing and planned

programming. Developing such a strategy could open access for UNICEF Myanmar to request allocated DRR funding, in addition to emergency and regular funding.

4.3. Capacity Development/Upstream Support

UNICEF benefits from a strong relationship of trust with the government, and national and local authorities. The organisation is therefore well-positioned to address the complexity of DRR as a cross-cutting issue in both development and humanitarian programming. Capacity development is an integral aspect of UNICEF's approach, therefore making essential the need to develop specific DRR training programmes, integrating DRR into regular and emergency programming, and advocating for the integration of child-centred DRR in government policies, strategies and plans. Throughout the decentralisation process, avenues for developing DRR on a national, regional, and township level can be developed in very specific ways. National level support can continue through development, consultation and monitoring of the MAPDRR and Disaster Management Law. At the township level, UNICEF can focus on disaster-prone townships to work with local authorities on capacity improvement based on specific, localised issues that also reflect the national framework.

4.4. Social Protection

An approach combining DRR and Social Protection will allow UNICEF to more holistically address communal vulnerabilities. While DRR addresses children's risks to natural hazards, Social Protection aims to increase community resilience by targeting the social and economic vulnerabilities of poor families. Disasters amplify existing vulnerabilities of girls, boys, women and men. An integrated approach of programming to address both DRR and Social Protection will create a more resilient environment and increase local capacity to withstand, and more swiftly recover from, shocks and potential disasters.

4.5. Communication and Communication for Development (C4D)

Communication and C4D initiatives play an important role in motivating a shift in mindset and promoting safe and sustainable practices. From the DRR perspective, the critical issue in Communication and C4D is to move from reactive to preventive communication regarding risks – whether they be disease risks, hygiene risks, or natural hazard risks – all of which become more pronounced during the onset of disasters. For example, the promotion of exclusive breastfeeding is an essential health and nutrition benefit for young children, but can also be seen as a resiliency measure to decrease children's vulnerability to risk. Exclusive breastfeeding, likewise, benefits from a cross-sectoral approach as health, nutrition, WASH and education are all involved in the ultimate effectiveness of the practice.

4.6. Field-Based Interventions

Particularly in light of Myanmar's on-going de-centralization, child-centred DRR should be promoted heavily at the sub-national level. In Myanmar, UNICEF has 9 field offices, from which sub-national capacity building and promotion of DRR can more directly take advantage of area-specific environmental, social and structural characteristics, and help connect top-down policy discussions with bottom-up field interventions. Potential avenues for this strategy could be through early childhood development (ECD) and nutrition access. In many countries, Myanmar included, field interventions in DRR have been initiated during disaster recovery (e.g. post-Nargis), but more effort is needed to systematically broaden these projects to include disaster prevention and mitigation, therefore transitioning from emergency to development.

4.7. Critical Infrastructure

As a country prone to the risk of natural hazards, critical infrastructure such as schools, hospitals, bridges and communications equipment, must be planned, and built to withstand natural hazards. In Myanmar, this means making infrastructure earthquake-safe and able to withstand strong winds and flooding. Building safe structures is both smart, and cost-effective. For example, in the event of a disaster, the financial cost of a hospital destroyed by an earthquake far outweighs the cost of retro-fitting the hospital so it doesn't collapse and can maintain operations to provide healthcare to a disaster-affected community. Some work has already been done in Myanmar in this vein. In the aftermath of Cyclone Nargis UNICEF took the lead in the Education Cluster to build child friendly model schools in nine townships. Further initiatives to expand safe building requirements, at the community, technical, and policy level can all be used to streamline the necessity of DRR in the development of critical infrastructure.

5. SECTORAL DRR APPROACHES

Though multi-sectoral and cross-sectoral approaches are encouraged to address the full spectrum of vulnerability and capacity in disaster-affected communities, the sectoral approach to DRR interventions has shown great success in addressing specific root issues and building community resilience in localized ways. The current framework for programming, also allows for more fluid integration of DRR through the sectoral approach. Examples of existing programmes, as well as suggestions for future implementation of DRR in each sector, follow:

5.1. Education

As recognised in the Hyogo Framework for Action (HFA), education plays a critical role in making communities more disaster resilient. Schools are perhaps the most effective channels to introduce behaviour change and raise the awareness necessary to reduce the likelihood and impact of disasters. Children have proven to be effective agents in communicating risks and helping communities address them, making their voices an essential component of child-centred DRR.

Efforts have been made over the last three years to integrate DRR into the education sector in Myanmar, led by the Ministry of Education, and with support of UNICEF, UNESCO, UNDP, MRCS and Save the Children, among others. With the collaboration of Save the Children, Plan International, World Vision, ADPC, and UNICEF, Comprehensive School Safety guidelines were developed in 2012 to steer this process. These guidelines focus on three main priorities: 1) safe school facilities; 2) school disaster management; and 3) DRR/prevention education. These guidelines have been enhanced existing programmes, and been incorporated into UNICEF Myanmar's education planning, but detailed follow-up and monitoring is critical to ensure that DRR instruction is adequately addressed on a country-wide level.

School preparedness. Initiated by UNESCO in 2009 and supported by UNICEF and MRCS (through the DRR sub-technical working group under the education umbrella), the project has been implemented on a pilot basis in eight Nargis-affected townships. According to MoE's own estimates, more than 2,000 teachers and principals from all primary schools have received the associated training in the eight Nargis-affected townships, and schools have developed individual preparedness plans and now conduct drills. UNICEF has supported the process by reviewing the training material and in monitoring the implementation of school-based readiness. According to MoE, 75 per cent of schools conduct drills, while UNICEF's own monitoring suggests that a lesser number of schools properly follow through (great

variation between schools), due to the insufficient resource/attention awarded so far by the Assistant / Township Education Officer (A/TEO).

According to the national guidelines, MoE envisions expanding the school preparedness programme across the country's high-risk states and divisions (Rakhine, Chin, Mandalay, Magway, Sagaing), selecting individual schools in each region on a pilot basis. UN's support is expected, though no agreement has yet been reached on which agency may offer this future support (i.e. UNESCO). This is an opportunity for UNICEF to be involved as a consultative partner.

DRR awareness through curricula has been addressed through the inclusion of DRR into the life skill programme implemented in all primary schools in 2010 and 2011 with the support of UNICEF. All teachers have received the necessary training and all schools provided with the relevant education material. The challenge going forward will be to ensure that trained teachers are teaching the curricula adequately, thoroughly, and reflecting local vulnerabilities, but this could be ascertained through detailed, and accurate monitoring systems.

Disaster resilient school infrastructure has been promoted by UNICEF and other partners (SDC, WHH, NRC, and UN-HABITAT with IFRC) in the Nargis affected areas through the principle of *building back better*. An additional 44 classrooms have been built by SDC with the funds remaining from the response to Cyclone Nargis with the support from EC through MDEF. However, there is a need to review existing national building codes, including their accommodation of basic sanitary and water standards and disaster resistant features, based on the experience from the delta. A potential avenue for this would be through the Comprehensive Education Reform Strategy (CESR).

5.2. Health and Nutrition

Recent disasters have caused losses and disruptions to a health system already struggling to meet basic public health needs. Health services are critical in reducing the risk of disasters, and in supporting people in the response and recovery from any disaster. The primary healthcare system and its personnel is also often the first respondent in the aftermath of a disaster. Yet studies have shown, and experience from recent disasters in Myanmar supports, that the health sector bears a significant share of the economic burden of disasters while the health infrastructure recovers at a slower rate than infrastructure in other sectors.

Reducing people's vulnerability to disaster is clearly a health priority. As the public resources dedicated to primary healthcare are low, communities play an important part in the provision of care and health education. Any approach to DRR should be mindful of this fact. Health partners in Myanmar have identified different means to reduce children's and women's vulnerability to disasters specific to health and nutrition by; (1) addressing underlying health weaknesses, for instance by promoting behaviour changes amongst mothers to practice exclusive breast feeding, supplementing the food intake of mothers and young children with essential micronutrients, and improving the coverage of immunization, particularly in hard to reach areas; (2) enhancing knowledge and awareness at the community level to reduce the impact on health in the wake of disasters (health, hygiene, safe water etc.); (3) improving the emergency response capacity of health care providers (planning, improved facilities); (4) strengthening the national framework for health intervention in case of emergency.

Despite the lack of resources, the Ministry of Health together with MoSW, and with the support of ADPC and ASEAN, have developed a sector strategy to improve its disaster management capacity[8]. It focuses

[8] Guidance on Mainstreaming Disaster Risk Reduction in the Health Sector, Myanmar- Rural settings

on strengthening the disaster readiness of health workers, adopting disaster resilient standards in the construction of health facilities including hospitals, and reinforcing the linkages between the local services provided and communities. Looking closer at each:

Disaster readiness and response capacity amongst health service providers. UNICEF has supported the training of Basic Health Staff in 36 Nargis-affected townships to build up their preparedness and response capacity (conducted in 2010). According to the national guidelines, MoH aims to provide a similar training to its entire staff (doctors, BHS, nurses, and community volunteers) nation-wide, and looks to international organizations to provide support in the development of this permanent training scheme.

Sub-national health disaster management capacity. The Post-Nargis Recovery and Preparedness Plan (PONREPP) devised to strengthen the delivery of maternal and child health care services from the township level and below. It included as one of its key components readiness of the local health actors, as well as an integrated disease surveillance system. This can be used as a template for future contingency plans in the event of another disaster in the delta, or other susceptible region. The focus should be on preparedness, and a health sector and community that are prepared to face natural hazards, the effects of a potentially resulting disaster will be undoubtedly lessened. In areas already known to be at high risk due to natural and man-made hazards, capacity mapping should determine critical gaps in human resources, supply, infrastructure, and systemic capacity to respond to and emergency. Township-level multi-sectoral disaster-risk reduction and response committees may be formed, with the health sector a key component. While integrated disease surveillance systems are essential, an early-warming and alert system for diseases such as acute watery diarrhoea, measles, as well as child and maternal deaths need to be developed, established and activated in times of emergencies

Disaster resilient health facilities. Following the widespread destruction of health infrastructure caused by Cyclone Nargis, UNICEF supported MoH with the construction of 24 disaster resistant rural and sub-rural health centres in the delta townships. In contrast, following Cyclone Giri in Rakhine in 2010, communities were expected to rebuild basic health facilities on their own, due to a lack of available MoH resources. By the time UNICEF phased out its emergency assistance from Rakhine, the basic health staff continued to operate from inadequate or temporary structural arrangements. MoH is committed to improve the disaster resistant features of the rural health infrastructure nation-wide, including a proper assessment of their location, but there are of yet little indications that resources are available to support implementation on any significant scale, at least in the short-term. In the current discussions with donors and Government on the implementation of Global Alliance for Vaccines and Immunisation (GAVI), a priority is to increase cold-chain pre-position capacity and building disaster resistence, specifically in Sittwe.

Exclusive breastfeeding and appropriate complementary feeding. A vital practice to save lives of infants during disasters is through exclusive breastfeeding in children younger than 6 months, and appropriate complementary feeding on children 6-23 months, which provides both necessary nutrition and strengthens the infant's immune system to fight off life-threatening diseases. The current level of exclusive breastfeeding is frustratingly low in some of the poorest and most disaster-prone areas of the country (notably Rakhine). Not practicing exclusive breastfeeding exposes infants to additional and unnecessary risks in the face of disaster. Global evidence in disasters worldwide show that poor breastfeeding practices before and as a result of emergencies significantly increase the risk of disease and death in infants and young children. In the current Country Programme, UNICEF plans to expand the exclusive breastfeeding and complementary feeding intervention on a priority basis, especially in hazard-prone areas.

Nutrition surveillance in high-risk areas (poor nutritional status), is conducted with UNICEF's support in Rakhine, Delta and Chin, and has expanded to the dry zone in 2011.This system functions as a timely warning mechanism in detecting variation in the global malnutrition rates on a monthly basis. UNICEF has trained BHS in MUAC, and the analysis is done by a specialised nutrition team within MoH, with the support of UNICEF. Other NGO partners are also encouraged to strengthen nutrition surveillance through routine screening or nutrition anthropometric surveys and follow up interventions, such as CMAM.

Health awareness amongst community members. Following Cyclone Nargis, UNICEF organised a public awareness programme (protect and survive) implemented through BHS, MRCS and NGOs, to improve community members' basic knowledge of health, water and hygiene to reduce their exposure to risks in the aftermath of a disaster. The programme has been implemented in all Nargis-affected townships but has of yet not been applied elsewhere.

5.3. WASH

Given the wide distribution of responsibilities for WASH across numerous departments, a government-led WASH DRR sector strategy is of yet absent. UNICEF scope of intervention, on the other hand, does not include water management on a macro level (i.e. planning for a more effective or equitable utilisation of water at a national or sub-national level) that tackles the most fundamental issues of water availability/sustainability, but focuses primarily on community and household water access (and quality), and hygiene and sanitary standards amongst communities and public service providers. Proper sanitation and hygiene practices significantly reduce the risk of communicable diseases during normal seasonal variations (monsoon) as well as in times of disasters. Further, the community-based freshwater infrastructure is highly vulnerable to destruction, particularly to the kind of disasters that normally affect Myanmar – floods and earthquakes.

Community-led Total Sanitation. While a comprehensive DRR strategy have not been developed amongst partners, or with national counterparts, DRR features have been mainstreamed into various initiatives currently conducted by UNICEF and partners. The community-led total sanitation approach, to be piloted in Myanmar with partners under the current Country Programme, has a proven potential for behaviour change amongst community members. Two examples of risk reduction conducted through WASH programmes have been the transition from open defecation to the use of latrines, and the promotion of hand-washing with soap. The participatory approach of community-led total sanitation has great potential for the inclusion and scaling-up of community-based DRR. Many of the basic behaviour-change measures associated with community-led total sanitation will also have great impact on reducing community vulnerability to natural hazards, but a pointed strategy to include DRR in these measures would be necessary for global implementation.

Safeguarding water sources and sanitary facilities in the event of a disaster. UN-Habitat has developed training material for carpenters and masons on how to construct wells, cisterns and latrines taking into consideration natural hazards as conditional factors. The latrine programme is currently implemented in the delta, while a wider application is pending partnership with other agencies with greater geographical presence. Access to safe water and sanitary facilities is important in regular country programming, but becomes paramount in the event of a natural hazard. The lack of safe water and sanitary conditions can be the key factor in transforming a natural hazard into a natural disaster. Therefore it is critical that UNICEF takes a DRR lens in all programming and assistance designed to help individuals and communities build water-safeguarding and sanitation facilities. These facilities can be designed to

withstand natural hazards, or contingency plans can be developed if a community's safe-water source or sanitation facility is damaged during such an event.

Dry season preparedness planning. WASH preparedness is being promoted at the sub-national level through dry-season preparedness planning. Communities have been provided with water holding structures (both tanks and plastic containers) to collect sufficient water during the rainy season to sustain the community during the dry season. Likewise, communities have the knowledge and understanding to improve latrine roofing and siding as needed in anticipation of rainy season risks to prevent overflow. This is an important measure in ensuring community ownership and understanding of natural resources, but must be incorporated with DRR education and training to ensure that unexpected conditions don't overwhelm the community's capacity to plan for cyclical environmental conditions.

5.4. Child Protection

Children make up 50-60 per cent of those affected by disaster.[9] The disruption to routines and basic services, compounded by psychological distress, exacerbate children's vulnerabilities and put them at greater risk. Disasters may separate children from their families and increase their vulnerability to trafficking, exploitation and abuse. Therefore the creation of safe spaces for children, and the availability of psycho-social support is an integral component of the implementation of DRR for child protection.

Child-centred DRR. UNICEF believes in the importance of a child-centred approach to DRR, specifically through the inclusion of children's voices in the decision-making process for disaster preparedness and community response capacity building. Since children comprise such a large portion of the population affected by disasters, ignoring their capacity to learn and respond undermines the capacity of the entire community to mitigate risks and build resilience in the face of hazards. As part of this effort, UNICEF and other global child protection partners conducted children's consultations in more than 100 countries and as a result launched a Children's Charter on DRR.[10] There has been recognition of the need to specifically address DRR in Child Protection activities, especially in disaster-prone areas. Over the past few years, UNICEF has held trainings for partner organisations and the Government on child protection in emergencies and psychosocial support in order to build capacity to prevent and respond to protection risks in times of disaster. The current implementation of child friendly spaces (CFS) has provided opportunities to train animators in psychosocial support activities, and increase knowledge and awareness of child protection issues amongst community members, but these efforts will need to be expanded to harder to reach communities – those that are the most vulnerable to natural hazards and have had the least education and training on the issues. There is opportunity to focus on community-based preparedness activities as part of UNICEF's on-going emergency response in Rakhine and Kachin, as well as its nation-wide community-based child protection programme, which raises knowledge and understanding on child protection and builds linkages between communities and government to identify, refer and respond to child protection cases. As UNICEF moves ahead with its upstream work, there is increasing opportunity to build DRR activities into policies and plans with the Government; the development of a national Child Protection Policy would provide the space to ensure that DRR is a national priority and is backed up by a strong institutional framework within the country.

Increasing community resilience and capacity to protect children in the event of disaster. Programmes focussing on community resilience are an important factor in building on children's innate resilience in the face of adversity, and are being addressed in new partnership agreements in emergency operations. Training and capacity building on Family Tracing and reintegration has been conducted by UNICEF to

[9] UNICEF. 'Disaster Risk Reduction Programme Guidance Note.' 11 February 2011.
[10] 'Children's Charter for Disaster Risk Reduction.' http://www.childreninachangingclimate.org/

ensure that there are adequate systems in place to respond to family separation in the event of a disaster. An upcoming campaign on prevention of family separation will stress the importance of family-based care, and on-going engagement with the Government on family-based care systems as well as the development of alternative care systems play an important role in ensuring that alternatives other than institutional care will be available to children in the event of a disaster.

6. Options to explore under the Mid-Term Revision (Country Programme)

6.1. Possible new venues / continued support

Until now, UNICEF has integrated DRR elements into the emergency response and regular programme activities as a matter of best practice and based on available know-how. A systematic and more long-term approach is desired in analyzing the impact of disasters on UNICEF's priority groups, which should be factored in, for instance, in selecting priority townships for certain interventions. The Child-Centred DRR Annex to the Yogyakarta Declaration points out that "child-centred DRR places a child's right to survival, protection, development and participation at the heart of development and humanitarian action."[11] UNICEF's comparative advantage to ensure this focus on children, and the implementation of DRR throughout development and emergency programming in Myanmar, lies in its extensive engagement with counterparts on the national and sub-national level. Other agencies, with greater DRR expertise, implementing their activities directly at the community level (i.e. INGOs), are logically better placed to address capacity gaps at the community level.

In support of the Government's Action Plan for DRR (MAPDRR), and new Disaster Management Law, these are some preliminary ideas which could be explored further by UNICEF and with partners:

Cross-Sectoral Initiatives:

- *DRR Working Group.* As a member of the DRR working group UNICEF should ensure that all DRR activities, programmes and initiatives take account of children and are informed by a child-centred approach to DRR. The working group meets once a month and has potential to inform both upstream policy changes, as well as ensure congruent and encompassing DRR initiatives across programming being implemented by all participating actors.
- *Collaborate with other partners [*See section 2.3*]*. A key measure in ensuring the effectiveness of DRR in Myanmar will be close collaboration with partners also pursuing DRR initiatives in programming. This could be done either through consultations with technical partners like UN-Habitat to strengthen structural DRR, or through partners like Plan International who are scaling up DRR in their education initiatives. In order to decrease country-wide vulnerability, and increase country-wide capacity to prevent, mitigate and recover from natural disasters, organizations, agencies and the government will need to ensure cohesive approaches to the implementation of DRR measures as well as working together to address any gaps.
- *Undertake a proper analysis and mapping* of the underlying vulnerabilities of children and women to disasters (population density, poverty, number of schools, health facilities, history of exposure to natural hazards, etc.) as part of the mid-term review process. The analysis of children and women's vulnerability to disasters (multi-hazards) should be standard practice for each section and inform the intervention across all UNICEF areas. Vulnerability mapping can be done at any time to improve programming, but an organisation-wide on the issue could encourage UNICEF Myanmar to streamline its development and emergency programming to take account of DRR and climate-change, as well as provide evidence to explain why there needs to be more emphasis on DRR in regular development programming.

[11] Yogyakarta Declaration. 2012.

- *Increase state DRR capacity.* There are already indications of opportunities to engage more systematically with the newly formed state/divisional Governments on disaster management and response (examples of eastern Shan and Rakhine), as their role and their accountability in emergencies increases. It is in UNICEF's interest to proactively encourage actors to prioritise children in their plans and response. This includes acting in partnership with UNDP in the development of state-level disaster management capacity, could be considered as an explicit aim of UNICEF's field-based activities under the current Country Programme.

Education:

- *Expanded support of school preparedness planning in pilot townships* in Multi-Donor Education Fund (MDEF) priority townships (if these match the priorities of MoE). Preparedness assistance was provided in Ayeyarwady Division with UNESCO following Cyclone Nargis. It is not yet clear how MoE will extend the school preparedness process from the pilot townships. UNICEF has been sufficiently involved, however, to support its extension to other regions. UNICEF could also explore partnership with technical agencies (UNESCO or UN-HABITAT) in supporting MoE in the development of material and the associated training of teachers.
- *Review existing building codes and practices.* Building on the experience of the construction programme in the delta UNICEF may support MoE in reviewing existing building codes to ensure proper safety of structures and basic utilities (school buildings, WASH facilities, etc.).
- *Expansion of DRR component of the school curricula*. Working with the Myanmar Education Committee (MEC) and UNESCO, the inclusion of disaster preparedness and response initiatives in school curricula, including earthquake, cyclone, fire and flood safety, home preparedness and supply planning, evacuation procedures, etc., can be expanded. This can be done both in locations where DRR curricula is already present, but needs to be strengthened, as well as in communities that have not yet had expansive access to DRR curricula.

Health

- *Expand the "protect and survive" communication initiative,* on a township by township basis, and in partnership with Myanmar Red Cross Society (MRCS), to the most disaster-prone areas of the country (i.e. Rakhine, Mandalay, Kachin). Critical behavioural practices to build community resilience and capacity will need to be disseminated and expanded through this initiative to ensure communities are able to cope with natural hazards and withstand disasters through best practices and knowledge.
- *Provide framework assistance and monitoring assistance* at township level health planning through Reaching Every Community (REC) as an entry point to mainstreaming DRR. This will help build-up local-level capacity for authorities and leaders to know better how to plan and respond to natural hazards and disasters.

WASH

- *Building codes for WASH infrastructure.* Review construction codes for latrines, wells, ponds, cisterns, tanks, etc. based on the requirements for particular risks of disaster prone areas (floods, cyclones and earthquakes), possibly in partnership with UN-HABITAT, to add hazard-resistant features where necessary.
- *Sustainable access to water in times of crisis*. Alongside WASH programmes to provide year-round access to water (particularly in cyclically dry-zone areas), UNICEF could promote the construction of rainwater harvesting systems. Advocacy on sustainable water management and planning procedures to collect adequate clean water supplies in hazard-resistant facilities to maintain supply during natural hazard events
- *Community-led Total Sanitation*. As mentioned previously, community-led total sanitation can be amended to include pertinent DRR information to ensure that behaviour change geared

toward the improvement of sanitation can also take account of how hygiene and sanitation systems can be affected by hazards and could contribute to hazards turning into disasters.

Child Protection

- *Increase child protection measures* – Disasters can heighten the vulnerability of children in many ways and lead to an increased risk of neglect, separation, abandonment, abuse, economic exploitation, illegal adoption and multiple forms of violence. Working with Government and NGO partners, UNICEF should continue to endeavour to establish strong national, state and community –level child protection measures, which can play an important role in preventing or reducing the possible consequences of natural hazards, helping to create a safer and more resilient community for women and children.
- *Strengthen and expand monitoring and information collection* – During disasters, with the increase of family separation, and the disruption of routine and basic services, children's vulnerability to risk increases. UNICEF – working with and through existing partners on the ground – should seek to expand and better utilise the Child Protection Information Management System to ensure monitoring and reporting mechanisms of serious protection concerns regarding women and children are systematized, coordinated, and functioning on a regular basis with roles and responsibilities, including follow-up, clearly defined. Baseline data should be kept, and documentation should be maintained in order to build evidence for both advocacy and intervention needs as they arise.

6.2. Basic factors to consider

Weaknesses:

- Insufficient resources allocated to the implementation of DRR activities, particularly at the sub-national level
- Donor reluctance to support Government capacity building and planning (though slowly changing)
- Lack of clear linkages between the many community-based activities and the township (and above) disaster plans, where these exists.

Opportunities:

- The numerous recent disasters have heightened the awareness of the government of the importance of DRR
- Considerable technical expertise amassed by agencies in the years since Cyclone Nargis
- Functional interagency working group on DRR with Government participation
- Positive UNICEF experience of DRR on which to build
- Donor interest (though the scale remains a concern)
- DRR interests between the Government and donors are generally aligned
- New Government and decentralisation
- Community-level private sector involvement

Annex IX. Findings of the Universal Periodic Review and CRC Committee

The following sets out leadership, oversight and coordination responsibilities across UNICEF Myanmar for key child rights issues as identified in relevant UN Human Rights Council Universal Periodic Review of Myanmar (2011) and Convention on the Rights of the Child Committee (2012) findings. While matters identified for the child protection, social policy, education and health sections constitute specific issues, those identified for leadership by the advocacy and policy section are broader human rights issues facilitating the enabling environment required for the full enjoyment of child rights. In all instances, UPR and CRC Committee findings are complimentary. UNICEF Myanmar will seek to attend to these key child rights issues to the full extent of its mandate.

Child Protection Section

UPR findings

1. End torture
2. Improve conditions of detention
3. End forced labour in full cooperation with ILO
4. End child soldiering
5. Fight human trafficking
6. End sexual violence including by criminalising rape

CRC Committee findings

7. Ensure effective child protection monitoring
8. Address children and armed conflict
9. Address the sale, trafficking and abduction of children
10. Address the commercialisation of children for sexual purposes
11. Provide adequate and responsible alternative care arrangements - including with regard to monasteries, madrassas and orphanages - and deinstitutionalise children
12. Ensure the correct administration of juvenile justice and protect child victims and witnesses of crimes and detained children
13. Ensure no child is made a political prisoner
14. Address economic exploitation, including child labour
15. Address children in street situations
16. Eliminate all forms of violence against children
17. Protect children from torture, inhumane and degrading treatment
18. Protect the rights of stateless children including with regard to nationality
19. Protect the rights of IDP children
20. Protect the rights of migrant children
21. Ensure all domestic legislation – including on adoption - complies with the CRC
22. Amend the Child Law (1993) and review legislation to define child as under 18 years of age
23. Ensure the National Plan of Action for Children is resourced
24. Ensure comprehensive child protection monitoring and data collection

Social Policy Section

UPR findings

1. Economic and social rights
2. Persons with disabilities
3. Invest in the health, education and social security sectors

4. Address socio-economic inequality
5. Reduce poverty

CRC Committee findings

6. Monitor child rights outcomes and ensure adequate data collection
7. Increase social sector budget allocation
8. Increase health resources for children
9. Ensure adequate resources for fighting poverty and for the most disadvantaged families
10. Protect the rights of children with disabilities
11. Ensure birth registration for all

Education Section

UPR findings

1. Programmes and measures on the right to primary and secondary education
2. Quality education
3. Develop and expand child-friendly schools
4. School feeding

CRC Committee findings

5. End corporal punishment
6. Child rights incorporated into curriculum
7. Improve ECD programs
8. National Plan of action on human rights education
9. Strengthen public education, vocational training and guidance

Health (YCSD, HIV, WASH) Section

UPR findings

1. Control HIV

CRC Committee findings

2. Programmes and measures on the right to adequate healthcare
3. Quality healthcare
4. Further adolescent health outcomes
5. Prevent the spread of HIV

Advocacy and Policy Section

UPR findings

1. Peace and security
2. Ratification of international human rights treaties
3. General promotion and protection of human rights; fulfilment of human rights obligations; human rights education and training
4. Engagement with international community; international cooperation and assistance
5. Engagement with OHCHR and other human rights mechanisms
6. Political, civil and cultural rights
7. Rule of law and the judiciary
8. Elections
9. Economic sanctions

10. Ethnic and religious minorities
11. Right to freedom of expression, association and assembly
12. Participatory and inclusive processes including with civil society (NGOs and NHRIs)

CRC Committee findings

13. Ratification of international legal instruments
14. Best interests of the child principle
15. Ensure non-discrimination of children including protection of children belonging to minority or indigenous groups
16. Regulatory business and human rights framework and CSR policies
17. Promote implementation of anti-corruption law
18. Participation of and cooperation with civil society (NGOs and NHRIs)
19. Cooperation with international and regional bodies
20. Human rights defenders recognised and protected
21. Encourage child, adolescent and youth (under 18) participation including by forming associations
22. Improve child access to information
23. Consider children, adolescent and youth (under 18) views in all that we do
24. Systematically train those working with and on children on human rights (including child rights)

Other Issues

In addition, many UPR findings also require UNICEF's work to attend to the following matters:

1. Ensure conflict sensitivity, peace-building and inter-communal dialogue
2. Respect for gender and women's rights

As part of the MTR, UNICEF Myanmar has relied on a consultant to help teams understand and scope how they can be more conflict sensitive in their programming and leverage opportunities for peace building (see related annex). This will be continued through specific mechanism identified e.g. the Peace building and Education Advocacy Initiative, the Mine Risk Education work, Early childhood policy and curriculum development etc. The programme will need to continue to build staff skills on humanitarian principles, conflict sensitivity and peace building, including through UN wide training programmes. Additional technical resources will be brought in to support sections take forward the peace building agenda and monitor and evaluate the resulting changes. Each section, linked with its programming opportunities, will use a model for ensuring accountability on conflict sensitivity that works best for their respective portfolio. Conflict sensitivity and applying humanitarian principles will be included in the performance management portfolio.

Each section will continue the practice of nominating dedicated Gender focal points responsible for mainstreaming gender issues across the programme. Capacity building and institutional support will be provided through technical support to make specific, programmatic recommendations (e.g. Gender Review of WASH Emergency operations conducted recently) and through senior management leadership and support.

Annex X. Proposed Programme Adjustments

Proposed Programme Adjustments: Government of of the Republic of the Union of Myanmar – UNICEF Programme of Cooperation (2011-15), Mid Term Review

1. Overall Proposed Programme Adjustments

Following an inclusive and participatory process, the MTR has allowed the Government of the Union of Myanmar and UNICEF to review the Progress Review under the CPAP and identify key recommendations for the way forward. Both the Government and UNICEF recognize the limitation of the review due to the paucity of reliable data to reliably inform planning and decision, and commit to work together to prioritise the gathering and analysis of data on children to evidence vulnerabilities, needs and track progress.

In addition, it is recognized that key factors to the acceleration of results for children, including within the CPAP, will be the ability to:

- Support national road maps for long-term reforms in line with international norms and standards;
- Build capacities at Union and State levels to lead the development of reforms and plans for children;
- Strengthen systems and make them accessible to the most disadvantaged, including through opportunities generated by decentralization;
- Partner with other key organisations and institutions, CSOs, Non-State Actors to reduce fragmentation and better protect children's rights everywhere; and
- Leverage additional resources for children, from the Government, the private sector and the international community;
- Restructure the Country Programme of Cooperation results framework to be able to demonstrate UNICEF's contribution to Outcomes

2. Proposed Adjustments - Education Programme

The Programme has rightly put emphasis since its inception on the need to build a comprehensive framework for reform and invest in the education systems. Lessons learnt and new opportunities call, however, for a series of improvements in the education programme:

Build 'demand' for inclusive education reforms and decentralised 'supply capacity': The programme has supported a range of 'supply side' interventions successfully but needs to do more to build 'demand' for inclusive and equitable education policy reforms that meet the needs of a 'people-centred' development processes. Towards this end, advocacy and partnerships with a range of stakeholders-parliamentarians, political parties, non-state actors, NGOS, media, parents and communities will be expanded. Building on the Mon 'whole state' approach, UNICEF, in partnerships with other actors, will continue to support capacity of duty bearers at state, district, township and school level to provide quality and equitable education services. Given the huge capacity gaps, especially in remote states and regions, this will be a priority.

Expand deepen peace building through education initiatives: Education has an important role to play in targeting root causes of conflict. In Myanmar, recognizing ethnic identity and language, supporting peace education and a curriculum that promotes tolerance, respect for diversity and civic education can act as 'connectors' between groups. UNICEF needs to continue and expand its recently initiated efforts to ensure conflict-sensitive approach and peace building potential of education reforms and programming. Some examples include; creating linkages between the CESR and non-state actors,

Myanmar language Learning Enrichment Programme, incorporating peace education in curriculum, building evidence and knowledge on peace building through the 'Mon whole state' approach.

Strengthen Emergency Preparedness and Response: In addition to providing support to Education in Emergencies, UNICEF needs to partner with the MoE to strengthen preparedness and resilience to disasters. Incorporating Education in Emergencies component in the Teachers' Education curriculum will be perused as a means to building government skills in this area. Support to MoE will also be provided to set and regulate school construction standards and support capacity building of teachers and students in their immediate response to disasters. UNICEF, along with partners, will need to pilot in approaches to providing education services in conflict contexts in ways that are conflict sensitive.

3. Proposed Adjustments - Young Child Survival and Development, HIV and AIDS and Children and Water Sanitation Hygiene (WASH) Programme

The programme, designed to provide supply, capacity and technical support within a disease specific framework, now needs to move a health systems strengthening approach based on partnerships with government and other actors. It needs to place an increased emphasis on measuring impact of its interventions and build robust evidence on reaching the hardest to reach communities. Responding to lessons learned, the programme will:

Prioritise a Health Systems based Approach: UNICEF in partnership with UNAIDS, UNFPA and WHO will prioritise a health systems approach as a means to reaching the MDGs. Government commitment to reducing under five mortality is evidenced by growing allocations for the health sector, commitment to Universal Health Care and signing up to the SUN initiative. UNICEF will make an incremental shift from service delivery to support evidence-informed system strengthening – using equity-based models and operational research in targeted areas to influence policy, planning, budgeting and strategy development that will inform the Government's drive to equitably reduce young child mortality in Myanmar.

Support to Scaling up Nutrition: Building on its previous support, UNICEF, will use its convening role, to bring together a coalition of CSO, development partners, private sector and the media to support the government to plan and implement the scaling up nutrition initiative. Using its comparative advantage of a multi-sectoral approach, it will help foster linkages between ECD, WASH, behaviour change to work collectively to reduce child malnutrition.

Move from silo fragmented programmes to supporting integrated services: Aligning itself with the government commitment to reduce under-5 mortality and scaling up nutrition, the YCSD programme needs to build national and subnational capacity to deliver integrated services and approaches. This will allow it to address inextricably linked determinants influencing maternal and child health outcomes. To this end, in terms of programme structure, the Health, Nutrition, HIV and WASH programmes will be consolidated under the YCSD programme. Not only is this 'fit for purpose' from a systems strengthening perspective but it will also allow UNICEF to align closely and strategically with the new integrated approach adopted by the Government to effectively reduce under-five mortality.

Shift from small scale WASH projects to 'Whole State' Open Defecation Free approach: The Government of Myanmar has institutionally recognised the significant role of Water, Sanitation and Hygiene interventions in reducing child mortality and morbidity by moving responsibility for sanitation to the health ministry. Responding to this opportunity, UNICEF will shift from fragmented water supply and sanitation programmes and support Community Approaches to Total Sanitation (CATS) to help states become 'Open Defecation Free'. UNICEF will support government in conducting a sector Review, the first since 20 years, to develop a comprehensive and strategic plan for WASH in Myanmar.

4. Proposed Adjustments – Child Protection Programme

Focus on prevention of family separation: UNICEF will work develop a partnership with key partners working on alternative care. It will support a government in developing a national policy on alternative care and support DSW to take leadership in preventing institutionalization of children. It will explore partnerships within the donor community to promote investments in social work, family support services, and family based alternative care and to limit the funds available for more institutional care. Following the 2014 census, evidence will be built on how many orphanages are in the country, their characteristics and dynamics. Evidence will also be collected on children in informal kinship care arrangements to inform future policy. UNICEF will develop a pilot program on family based alternatives to institutional care, potentially starting in DSW nurseries with emergency foster care for infants and toddlers. A white paper on the risks around the proliferation of orphanage care in Myanmar based on experiences across the region (Cambodia, Vietnam) and Proposed Programme Adjustments on how to address the issue will be prioritized to influence government policy and actions.

Focus on building capacity to detect, refer and respond to child abuse, neglect and exploitation: UNICEF Child Protection team will collaborate with Social Policy colleagues to support the development of a cross-cutting child protection policy at national level with a clear vision of the child protection system; this policy will be linked with the social protection strategy. It will strengthen support to expanding DSW role in case management of child protection. Linkages will be made with education and health sectors that can identify and refer child protection cases – beginning with schools – in townships that have activated and functioning TCRCs and DSW case workers. Playing a coordinating role, UNICEF will pro-actively harmonize the approach to expansion of Community Based Child Protection work and TCRC/DSW case workers to ensure promotion of that linkage of work between CBCP and government.

Strengthened work across ministries and departments: Child Labor, Justice, Trafficking

UNICEF will work in close partnership with ILO on the establishment of IPEC in Myanmar and to take a joined-up approach to supporting the ratification and implantation of ILO convention 182. UNICEF will create linkages around its justice work, particularly with UNDP and JICA, to use wider law reform forums as a means to promote a child friendly judicial system. The police force will continue to be supported in establishment of child protection units, including through intensive regional and international good practice exchange, training, and a policy to articulate the aim and objectives of the units. UNICEF will explore how to ensure a child friendly approach to children in contact with the law is applied across the country. Working closely with government, evidence will be built on how children come into contact with the justice system and their transition through it. Keeping in mind lessons from Cambodia, new work in the area of child sex tourism and sexual exploitation of children will be initiated building on Myanmar's recent ratification of UN optional protocol on the sale of children, child prostitution and child pornography in January 2012.

Strengthening ***Justice and Social Work Case Management Professionals:*** UNICEF will seek partnerships to continue its long term investment in capacity building for child protection by updating the social work diploma course it help set up to incorporate ASEAN and other relevant international best practice in its curriculum. However, the work will shift towards the more practical task of developing pre-service and in-service training for newly hired DSW staff who are anticipated to be hired and deployed to up to 66 townships in 2014. Advocacy with development partners to kick-start the long-term development of a social work B.A. and M.A. program will also be undertaken.

Continuing Work on Ending the Use and Recruitment of Children in Armed Forces and Armed Groups: UNICEF will continue to monitor the commitments of the Action Plan and support the coordination of the CTFMR. It will work closely with other UN agencies and CSOs, taking into account the pace of the

peace process, and initiate appropriate steps to open up engagement with non-state actors with the aim of developing an action plan. It will work with partners to develop a comprehensive reintegration strategy for all children in need of reintegration and develop a differentiated approach for reintegration of children from NSAs. As far as possible, reintegration work will be linked to DSW expanded capacity at township level to increase government accountability for child protection. In its reintegration approach, UNICEF will take into account issues of gender, masculinity and identity. Efforts will be made to strengthen MRM systems and linkages with peace building.

Annex XI. Programme Results Structure 2011-2015

PCR: Programme Component Result (Outcome)
IR: Intermediate Result (Output)

PCR/IR	Indicator(s)	Baseline	Target	Status	Primary source
Education					
PCR 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	Proportion of new entrants in grade 1 who had ECD experience prior to coming to schools in targeted townships				
	Percentage of school-aged children (age 5-9) who are enrolled in primary schools in targeted townships				
IR 44 Expansion of coverage of quality ECD services and strengthening systems	Number of children (0-5 year old) in targeted townships accessing facility-based ECD services		89,000	48,416	MoE/DSW/NGOs
	Proportion of schools in targeted townships with ECD facilities for 3-5 year olds	10%	20%	17%	MoE admin data; UNICEF field reports
	Proportion of school-based ECD facilities that meet minimum quality standards in targeted townships	2% (2012)	20%		UNICEF/MoE ECD Survey
	Multi-sector ECD national action plan/policy	No policy	Multi-sectoral ECD policy in place	Draft ECD Policy and costed strategic plan prepared	MoSWR
IR 45 Enhanced coverage, quality and relevance of second chance, alternative education	Number of out-of-school children aged 10-14 enrolled in NFPE programme in targeted townships	8,000	42,000	26,777	MoE admin data
	Number of out of school children aged 10-17 reached EXCEL in targeted townships	11,000	50,000	34,800	NGO & monitoring reports
	Proportion of reached out-of school adolescents completing EXCEL in targeted townships	70% of total reached learners complete full course	85% of total reached learners complete full course	97%	NGO reports
	National framework for primary non-formal education equivalency and certification developed	No framework	Evidence of framework with plan for implementation	National Standard examination developed; Draft National	MoE

				Framework of NFPE equivalency prepared	
PCR 907 Support the Government in improving the quality of basic education nationally, through the child-friendly school initiative	Proportion of grades 3 and 5 students who achieve the minimum (50%) competency level in a standard mathematics and Myanmar language test				
IR46 Improved quality of teaching & learning practices in basic education in targeted townships in government and monastic schools and in both mono-grade and multi grade schools	% of primary teachers applying improved teaching methods as defined by classroom observation criteria	2% (2012)	35% of sampled teachers	Significant progress in teacher behaviour observed in many areas: use of group work, more interaction, open questioning, ensuring equal participation etc.	MoE, Repeat survey
	Pre-service teacher education framework developed and operationalized in targeted Teacher Colleges	NA	Reforms institutionalized in Yangon and Mandalay Education Colleges	National Teacher Education Strategy Framework drafted Assessment of 4 selected Education Colleges initiated	MoE
	Number of primary teachers receiving face-to-face and distance learning in-service training (INSET)		Face-to-face training: 23,500 Distance learning: 4,000	Face-to-face training: 15,059 (CFS) 5,177 (LEP) Distance learning: 910	MoE
	Number of students in targeted township provided with essential supplies and textbooks, including humanitarian support		1.3 million	545,978 (2011) 654,120 (2012) 758,054 (2013)	MoE, Field reports
IR 47 Enhanced planning, management, monitoring and evaluation and mentoring capacity of key	Proportion of schools with operationalized SSAs/SIPs in targeted townships	0	35%	8%	MoE admin data; UNICEF field reports
	Number of master trainers, head teachers and TEOs/ATEOs trained on instructional leadership and	0	124 TEOs/ATEOs trained 4900 head	30 master trainers trained 3 TEOs/ATEOs trained	MoE admin data; UNICEF field reports

education actors at all levels	management		teachers trained	142 head teachers trained	
	Number of townships with TEMIS fully operational	3 partially operationalized	15	5 Revision in process (to adopt web-based database system)	MoE admin data; UNICEF field reports
	Number of townships with Township Education Plans according to agreed standards	0	34	1 Manual for Township Education Plan also developed	MoE admin data; UNICEF field reports
PCR 908 **Enable nationally adolescents to have access to life skills education, to reduce risks and vulnerabilities, including HIV/AIDS**	Proportion of children aged 10-15 in target townships with correct knowledge and skills of behaviours to reduce risks including prevention of HIV/AIDS				
IR 39 **Secondary life skills curriculum implemented in all schools**	Number of teachers trained to implement secondary life skills curriculum	3,900	30,000	16,390	MoE admin data; UNICEF reports
	Proportion of children (10-15 years) in school having correct information and skills to reduce risk including prevention of HIV/AIDS in targeted townships	0	50%	Significant progress in all competencies categories except in social skills; Maximum achievement of knowledge in Environment and Sanitation (74%) and Minimum achievement of knowledge in Reproductive Health (17%)	
YCSD, WASH, HIV/AIDS and Children					
PCR 901 **At least 40% of families in program areas practiced appropriate Infant and Young Child Feeding and benefitted from micronutrient supplementation and can access treatment of severe acute malnutrition**	Percentage of infants aged 0-5 months who are exclusively breastfed in selected townships	15%	40%		MICS
	Percentage of children aged 6-59 months who received at least one high dose of vitamin A supplement in the last six months	90%	95%		MICS
	Number of hospital nutrition unit treating severe acute malnutrition.	11	20	16	UNICEF field reports
IR 01 **Sustain virtual**	% children between 6-59 months received at least	55.9% (MICS 2010)	90%	96%	MoH report (August 2012)

elimination of vitamin A deficiency and attain Iodine Deficiency Disorders elimination status	one high dose of Vitamin A in the last six months				
	% of household using adequately iodized salt	75.1%	90%		
IR 02 **At least 60% of under-five children, pregnant and lactating women nationwide received preventive and curative interventions for anaemia and beriberi annually**	% of children between 2-5 years receiving at least once de-worming tablet in the last six months	70%	70%	93%	MoH report (August 2012)
	% pregnant and lactating women receiving vitamin B1 tablet	77%	79%	>80% for pregnant women >90% for lactating women	NNC Report
	% pregnant women received iron/folate tablets at ante-natal care	84%	85%	51% receiving more than 91 tablets at antenatal care	MoH report (August 2012)
IR 03 **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**	# of Hospital Nutrition Units treating SAM as per national standard	11	20	16	UNICEF field reports
IR 04 **At least 40% of infants in 25 townships received age appropriate Infant and Young Child Feeding by 2015**	% children 0-5 months who are exclusively breast fed by wealth quintiles	24%	30%		MICS
	Strategy for exclusive breastfeeding developed and model for breastfeeding implemented in one township by 2011	No strategy	Strategy developed and implemented	IYCF National Strategy and 5-year Plan of Action endorsed and being implemented	MoH report
	6-8 months infants receive appropriate complementary food	69%	70%	Home fortification w/ micronutrient sprinkles continued for 19,000 children in 3 townships – introduction in 17 other townships planned; Rice fortification strategy initiated with PATH	Reports
PCR 902	Percentage of children	65%	80%		

Coverage and quality of preventive and curative services increased and appropriate key family care practices for childhood diseases are practiced	aged 0-59 months with diarrhoea receiving oral rehydration and continued feeding				
	Percentage of children aged 0-59 months sleeping under an insecticide-treated mosquito net (ITN the previous night in 80 townships		80%		
	Percentage of one year old who are immunized against measles	83%	90%		FRHS 2007
	Percentage of children aged 0-59 months with suspected pneumonia receiving treatment from Basic Health Staff in program township		40%		
IR 05 **At least 80% of most vulnerable families living in the highest malaria endemic villages in 80 townships use ITN and the fever cases in under five receiving anti-malarial medicines increased by one third in 80 townships by 2015**	Proportion of children aged 0-59 months who slept under ITN the previous night	58%	80%	71%	
	% of children aged 0-59 months with fever receive appropriate anti-malaria drugs	30%	40%		
	# of hard to reach villages covered by malaria community case management		570	660 (By 2012) CCM training for health volunteers planned for another 130 villages in 2013	
IR 06 **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**	# of cases of diarrhoea and ARI, pneumonia amongst under five children treated in 200 townships	180,000	270,000	320,000	HMIS
	% of children aged 0-59 months with suspected pneumonia (a) taken to a health provider and (b) received antibiotics	a) 69% b) 34%	a) 50% b) 40%	Not Available - Indicator cannot be verified with current data sources	MICS
IR 07 **Families and communities adopt appropriate caring practices for maternal and child heath in 25**	% of children aged 0-59 months with diarrhoea receiving oral rehydration therapy and continued feeding	50%			MICS
	% of families practicing hand washing before	Before eating: 40%			WASH KAP Survey

townships	handling food and after using toilet	After using toilet: 69%			
IR 08 **More than 90% of one year old children nationwide received routine immunization (DPT3 and Measles) by 2015**	% of one year old immunized with DPT3 vaccine				
	% of one year old immunized against measles			97% in reached areas	MoH report
PCR 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**	Percentage of live births attended by skilled health personnel in selected townships	63%	80%	78% (in selected townships) Disparities: 69% among poor 74% in rural areas	FRHS 2007
	Percentage of newborn babies who received a postnatal care visit within two days of birth in selected townships		70%	75%	HMIS
	National Child Health Strategic Plan and Reproductive Health Strategic Plan are costed	Plans not costed	Costed plans available	No progress	
IR 09 **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**	% of townships where subcentre heath staff is trained in use of tube and mask	83 (41%)	200 (100%)	62% of 200 townships	Program monitoring
	% of townships supported for sick neonate care at hospital level	83 (41%)	200 (100%)	62% of 200 townships	Program monitoring
PCR 904 **Water and excreta related diseases caused by polluted water and poor hygienic conditions - especially diarrhoea cases in under-5 children are reduced in the targeted areas through hygiene behaviour**	Percentage of under-5 children with diarrhoea episodes within a 2 weeks' timeframe in rural areas				
	Percentage of Household with access to improved water facilities				
	Percentage of Household using improved sanitary facilities				
	Percentage of population practicing open defecation in target				

improvement and closing the access gap to safe and sustainable water supply and sanitation services	communities				
	Percentage of children recollecting properly hand washing with soap at critical times message				
IR 21 Community Water Supply: Communities access to and capacity to maintain hygienic and healthy water supply is enhanced to better protect children from contaminated water	% of household using improved sources of drinking water	70%	Increase by 5% (300 communities provided with water supply facilities by end 2012)	55 systems under construction; 78 systems will be constructed 4th quarter of 2013	WASH KAP Survey; Annual reports of implementing partners
IR 22 School WASH: Schools have hygienic functioning WASH facilities and students practice good hygienic behaviour	% of primary schools with water and sanitation facilities	water supply-48% sanitation-23%	200 schools provided with WASH facilities by end 2013 IR 22	52 schools provided with WASH facilities; On-going in 176 schools to be completed at the end of 2013.	partner monitoring reports
IR 24 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	% of households using sanitary latrines	64%			WASH KAP Survey
	% of children recollecting properly hand washing with soap at critical times message	24%	150,000 children school children participate in systematic hand washing with soap in GHD.	356,000 children school children participate in systematic hand washing with soap in GHD. (In Nay Pyi Taw and Pantanaw Township)	WASH KAP Survey; GHD reports
	% of population practicing open defecation in target communities	16%	CLTS introduced in 25 townships by 2012	CLTS introduced in 15 townships	WASH KAP Survey; Programme monitoring reports
PCR 905	Number of relevant				

Supportive policies and legislative frameworks are established and implemented	policies developed and operational				
IR 23 **National and sub-national capacity enhanced to create and maintain an enabling environment to build hygienic and healthy living conditions in the country**	Supportive policies and legislative frameworks (for WASH) are established and implemented	Nil	2 policies or guidelines implemented	Drinking Water Quality Guidelines drafted & reviewed; Guideline for school WASH drafted	
PCR 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**	% of pregnant women identified HIV positive receiving ARV for PMCT is increased in targeted townships			84%	Program data
	% of spouse of pregnant women received Voluntary Confidential Counselling and HIV testing			5%	Program data
IR 51 **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**	% of couple received HIV testing after counselling at VCCT centres		75%	62%	Program data
IR 52 **65 % of women of reproductive age and their husbands have comprehensive correct knowledge of HIV and 85% of pregnant women attending ANC are tested for HIV and received the result by the service providers trained for communication skills on HIV prevention, risk**	% of pregnant women attending ANC tested and received the result	73%	85%	61%	Program data

mapping and local planning in selected 20 townships.					
PCR 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**	Number of partners implementing program for children affected by AIDS			17	
IR 53 **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**	Situation analysis and size estimation of CABA at national level established & accepted		Study conducted and disseminated	National Strategic Plan for HIV and AIDS (2011-2015) has clear standards on care and support for children affected by AIDS	
	Indicators for monitoring CABA/OVC activities developed		Indicators developed and implemented	National program indicators for monitoring activities related to CABA developed	OVC Technical Working Group Meeting Report
IR54 **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 NPA for Children**	# Township CRC trained on HIV planning and M&E	2	2	4	Training reports
	# Townships CABA/OVC situation and response is regularly monitored	0	3	Project initiated in 3 townships through DSW	Report
	# of partners & CSOs regularly participating in the OVC technical working group	15	15	15	Meeting minutes
Child Protection					
PCR 911 **A National Child Protection and Social Welfare Policy, in line with**	Minimum standards, strategies and/or policies developed to contribute to a National Child Protection and Social				

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	Welfare Policy				
	Number of townships where child protection system are in place within 25 target townships				
IR 61 **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**	a) Minimum Standards (MS) of Care and Protection for Children in Residential Facilities issued as directive b) operational MS on Protection of Working Children finalized and agreed to issues as directive by MOL	a) Minimum Standards of Care and Protection in Residential Facilities drafted b) Minimum Standards on Protection of Working Children drafted	a) Directive issued on MS of Care and Protection in Residential Facilities b) Directive issued on MS for Protection of Working Children	a) Minimum Standards of Care and Protection in Residential Facilities under review by Government b) Engagement with MOL has been difficult to establish	Meeting minutes, reports, signed directives
	Number of townships where government assigns one qualified social welfare officer	9	18	20	Assignment letters
PCR 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**	Number of townships with referral mechanism in place providing appropriate services in 25 townships				
	Data on selected child protection issues available, used and analyzed in targeted townships				
IR 62 **Capacity of Government and non-governmental**	Number of departmental training curricula incorporated with Child Protection issues	1 curriculum	1 module incorporated	Child protection module developed; Curriculum for	Module, curriculum

partners built to effectively contribute to strengthening child protection systems by 2015				education department revised	
IR 63 **80% 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**	Number of townships in which designated police units apply child friendly and gender appropriate procedures	0	50	3	Case reports, Monitoring and evaluation reports
	Number of townships in which court units apply child friendly and gender appropriate procedures	0	50	3	Training reports
	Percentage of children released from Armed Forces traced and provided with reintegration and rehabilitation support	48%	80%	140 of the 350 children released from armed forces since 2011 have been provided reintegration support	
IR 64 **A gender sensitive Child Protection Information Management and monitoring and evaluation system strengthened to improve programme planning and advocacy among government and I/NGOs**	Child Protection Information Management system operational in 2 DSW training schools and YCDC shelter	Template in development	Piloted in 3 sites	DSW Residential Care Database installed in 10 training schools, 4 women development centres, 3 schools for disabled, 2 blind schools and 1 deaf school	Annual reports
PCR 913 **National and international standards are fully implemented to prevent an d respond to grave violations against children as per UNSC Resolutions 1 612/1882**	Joint Government and UN Action Plan on the Monitoring and Reporting Mechanism ("MRM") approved, implemented and MRM mechanism operating nationwide		Agreement and signature of Joint Plan	UN Action Plan signed and 156 children have been released from the armed forces since	Signed agreement
IR 65 **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% of children released**	Signature of Joint Action Plan on MRM by UN and Government		Agreement and signature of Joint Plan	UN Action Plan signed and 156 children have been released from the armed forces since	Signed agreement
	Armed Forces recruitment units, training schools and camps receive regular 'no-notice' visits from UN	4 recruitment units in 2009/10	Regular surprise monitoring	6 basic military training schools, 2 recruitment units and 3 mobile recruitment	Report of the secretary general on Children and Armed Conflict

receive reintegration and rehabilitation support by 2015				units visited January –June 2015	
Social Policy, Monitoring and Evaluation					
PCR 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)	Number of newly formulated social or sectoral policies and strategies to mitigate vulnerabilities and reduce disparities of the status of children at institutional and national levels	None	4		
IR 81 Improved collection of reliable and disaggregated data on children and women's situation for policy advocacy and planning at national and sub-national levels	MICS conducted in 2014 which generate disaggregated data on children and women's situations and report is available by 2015	MICS data collected in 2009-2010 and report available in 2011	MICS conducted in 2014 and report available in 2015	MICS will not be conducted due to Census being conducted in March 2014 and DHS later the same year – incorporation of MICS modules in DHS will be explored	MICS reports
	Number of updated MDG indicators (MDG 2, 4, 6 and 7) from national surveys including MICS which are related to the status of children and women	11 available indicators (MDG 2, 4, 6 and 7)	11 indicators updated	No update as yet	Reports
IR 82 Disparities and vulnerabilities of children are identified and acknowledged at national and sub-national levels	The Report on Situational Analysis of Women and Children (SITAN) available in 2012	None	Submitted SITAN	SITAN published in 2012	SITAN report
	The SITAN report updated based on MICS 5 in 2014-15	SITAN 2012	Updated SITAN	No update as yet	SITAN report
	The number of thematic analyses reports drafted by 2013	None	5 thematic reports	4 thematic analyses completed on: water and sanitation and nutrition; child	Reports

				and maternal health; out-of-school adolescents; urban child poverty	
IR 83 **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.)**	Number of advocated new policies and social protection strategies to policy makers through inter-agency working group for children		3 new thematic areas are proposed	1 strategy (TBHP) advocated	
	Number of pilot models implemented, evaluated and finalized by 2015		2 pilot models are evaluated and finalized		
IR 84 **National and sub-national governmental capacity in the social sector improved to analyze and utilize data related to children for planning and decision-making**	Established standard and guideline of evaluation on national programmes and policies by 2015		Standard and guideline of evaluation established	Not yet established	
Emergency Preparedness and Response					
PCR 915 **National and local capacity in emergency preparedness and response improved to protect children and women in disaster prone areas, including ceasefire areas**	No indicators formulated				
IR 86 **Young Children and women disaster affected areas have timely access to (a) health and (b) Nutrition interventions**	No indicators formulated				
IR 87 **Girls, boys and women have**	No indicators formulated				

protected and reliable access to sufficient, safe water and sanitation and hygiene facilities					
IR 88 Education in emergency	No indicators formulated				
IR 91 Populations affected by emergencies have access to HIV prevention, care and treatment services	No indicators formulated				

Annex XII. Draft Revised Results Structure (Work in Progress)

	CPAP 2010-15 – Original text	CPAP 2010-15 – Revised text
YCSD		
PCR 901 **Outcome**	**At least 40% of families in program areas practiced appropriate Infant and Young Child Feeding and benefitted from micronutrient supplementation and can access treatment of severe acute malnutrition**	**Malnutrition is prevented and treated among women of reproductive age and children under 5 through increased access to sustainable, quality integrated nutrition interventions.**
Indicators	• Percentage of infants aged 0-5 months who are exclusively breastfed in selected townships. Baseline:15% (MICS 2003); Target- 40% [moved to IR level] • Percentage of children aged 6-59 months who received at least one high dose of vitamin A supplement in the last six months. Baseline: 90% (2008); Target- 95% (2015) [moved to IR level] • Number of hospital nutrition unit treating severe acute malnutrition. Baseline: 11(2009) ; Target 20 (2015) [moved to IR level]	• Percentage of <5 children and pregnant women with anaemia MoV: Survey in 33 sentinel townships Baseline: 64.6%; Target: 60% • Percentage of <5 children who are moderately or severely stunted (height-for-age more than 2 standard deviations below normal) MoV: Survey in 33 sentinel townships Baseline: 35.1%; Target: 30% *urban/rural, M/F & wealth quintile disaggregation to monitor disparity reduction
IR 01 **Output**	**Sustain virtual elimination of vitamin A deficiency and attain Iodine Deficiency Disorders elimination status**	**Political commitment, accountability and national capacity to legislate, plan and budget for scaling-up equitable access to nutrition interventions for women of reproductive age and children under 5 is strengthened** **[enabling policy environment]**
Indicators	• % children between 6-59 months received at least one high dose of Vitamin A in the last six months [moved] • % of household using adequately iodized salt [dropped]	• A revised multi-sectoral and costed national nutrition plan in support of Scaling Up Nutrition (SUN) is in place that includes clear targets, especially in the most vulnerable groups Scale 0-5 0 - Not established 1 - Review process initiated 2 - Revised draft plan exists 3 - Draft plan is costed 4 –Plan is endorsed by Ministries 5 - Plan is functional Baseline: 0; Target: 5 • International Code of Marketing of Breast-Milk Substitutes is adopted as legislation, and a system for monitoring and enforcement is established. Scale 0-2 0- Law drafted 1- Law adopted 2- Monitoring & enforcement system is established Baseline: 0; Target: 2
IR 02 **Output**	**At least 60% of under-five children, pregnant and lactating women nationwide received preventive and curative interventions for anaemia and beriberi annually**	**National and subnational capacity to provide equitable access to nutrition interventions that prevent and treat malnutrition among pregnancy and lactating women and children under 5 is increased [supply]**

Indicators	• % of children between 2-5 years receiving at least once de-worming tablet in the last six months [kept] • % pregnant and lactating women receiving vitamin B1 tablet [dropped though monitoring will continue] • % pregnant women received iron/folate tablets at ante-natal care [dropped though monitoring will continue]	• % of under 5 children receiving at least one high dose of Vitamin A and one de-worming tablet in the last six months by 2015 MoV: MICS; Survey in 33 sentinel townships Baseline: 55.9% (Vitamin A – MICS 2010); 70% (deworming) Target: 90% (Vitamin A); 90% (deworming) • % of households using adequately iodized salt by 2015 MoV: MICS; Survey in 33 sentinel townships Baseline: 75.1%; Target: >90% • % of pregnant women receiving at least 90 iron folate tablets at ante-natal care MoV: MICS; Survey in 33 sentinel townships Baseline: 83.7% (MICS 2010); Target: 85% • Number of hospitals and communities that implement management of acute malnutrition MoV: Report Baseline: 15 hospitals & communities in 2 townships; Target: 67 hospitals in 20 townships • % of children aged 6-23 months receiving iron-containing micronutrients powder in the last month in targeted 50 townships MoV: Survey Baseline: 80%; Target: >90%
IR 03 **Output**	**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 [kept]**	**This is discontinued (incorporated above)**
Indicators	• # of Hospital Nutrition Units treating SAM as per national standard [moved & slightly changed]	See above
IR 04 **Output**	**At least 40% of infants in 25 townships received age appropriate Infant and Young Child Feeding by 2015**	**Appropriate infant and young child feeding practices adopted by mothers/caregivers [demand]**
Indicators	• % children 0-5 months who are exclusively breast fed by wealth quintiles [kept] • Strategy for exclusive breastfeeding developed and model for breastfeeding implemented in one townships by 2011 [dropped] • 6-8 months infants receive appropriate complementary food [slightly changed]	• Percentage of infants aged 0-5 months who are exclusively breastfed in selected townships MoV: MICS/DHS Baseline: 23.6% (MICS 2010); Target: 40% • Proportion of infants 6-8 months of age who receive solid, semi-solid or soft foods MoV: MICS/DHS Baseline: 69.2%; Target: 70% • Proportion of children aged 6-23 months who receive a minimum acceptable diet MoV: MICS/DHS Baseline: Not Available; Target: 60% *urban/rural & wealth quintile disaggregation to monitor disparity reduction
PCR 902 **Outcome**	**Coverage and quality of preventive and curative services increased and appropriate key family care practices for childhood diseases are practiced.**	**Increase access and use of quality high impact maternal, newborn and child health (MNCH) services**

Indicators	• Percentage of children aged 0-59 months with diarrhoea receiving oral rehydration and continued feeding ; Baseline: 65% (MICS 2003); Target- 80% (2015) [kept] • Percentage of children aged 0-59 months sleeping under an insecticide-treated mosquito net (ITN the previous night in 80 townships Baseline- awaited (Vector borne disease control 2008); Target -80% [dropped] • Percentage of one year old who are immunized against measles. Baseline- 83% (FRHS 2007); target- 90% (2015) [dropped] • Percentage of children aged 0-59 ms with suspected pneumonia receiving treatment from Basic Health Staff in program township. (Baseline (TBD 2011); Target 40% [kept & moved]	• Percentage of live births attended by skilled health personnel in targeted states/regions MOV: DHS/HMIS Baseline: 70.6% (MICS 2010) ; Target: 80% • Percentage of pregnant women attending at least 4 ANC visits in targeted states/regions MOV: DHS/HMIS Baseline: 59.1% (MICS 2010 additional analysis) ; Target: 70% • Percentage of children aged 0-59 months with diarrhoea receiving oral rehydration and continued feeding; MOV: MICS/DHS Baseline: 50.3% (MICS 2010); Target: 80% • Number of townships with at least 90% of infants in all districts receiving DPT3/Penta3 vaccines MOV: DHS/HMIS; Baseline: 83%; Target: 95% *urban/rural & wealth quintile disaggregation to monitor disparity reduction
IR 05 **Output**	**At least 80% of most vulnerable families living in the highest malaria endemic villages in 80 townships use ITN and the fever cases in under five receiving anti-malarial medicines increased by one third in 80 townships by 2015**	**This will be discontinued**
Indicators	• Proportion of children aged 0-59 months who slept under ITN the previous night • % of children aged 0-59 months with fever receive appropriate anti-malaria drugs • # of hard to reach villages covered by malaria community case management [dropped]	-
IR 06 **Output**	**At least one third increase in number of ARI and diarrhea 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 diarrhea treatment through community level by 2015**	**Increase national and subnational capacity to provide equitable access to essential high-impact maternal and child health interventions is increased in targeted areas. [supply]**
Indicators	• # of cases of diarrhoea and ARI, pneumonia amongst under five children treated in 200 townships [slightly changed] • % of children aged 0-59 months with suspected pneumonia (a) taken to a health provider and (b) received antibiotics [slightly changed]	• Number of targeted townships with more than 60% of Basic Health Staff re-trained on MNCH services MOV: Program Monitoring Report Baseline: 75 townships; Target: 125 townships • Number of targeted townships with more than 60% of hard-to-reach villages having trained health volunteers for childhood illness management MOV: Program Monitoring Report Baseline: 5 townships; Target: 25 townships • Number of targeted townships with >60% of mothers and newborns receiving postnatal care within two days of childbirth MOV: HMIS/DHS Baseline: 11 townships; Target: XX *urban/rural & wealth quintile disaggregation for monitoring of gap reduction
IR 07 **Output**	**Families and communities adopt appropriate caring practices for maternal and child heath in 25 townships**	**Strengthened political commitment, accountability and national capacity to plan and budget for scaling up equity-based high impact maternal, newborn and child health (MNCH) services [enabling policy and planning environment]**

Indicators	• % of children aged 0-59 months with diarrhoea receiving oral rehydration therapy and continued feeding • % of families practicing hand washing before handling food and after using toilet	• Costed implementation plan for newborn/child health care developed or revised Scale 0-5 0 - Not established 1 – Assessment/review process initiated 2 - Draft plan exists 3 - Draft plan is costed 4 –Plan is endorsed by MoH 5 - Plan is functional Baseline: 0; Target: 5 • Guideline allowing community health workers to provide antibiotics for pneumonia is developed based on pilot Scale 0-5 0 – Pilot is evaluated 1 – Guideline process initiated 2 - Draft guideline exists 3 - Guideline is endorsed by MoH 5 - Plan is functional Baseline: 0; Target: 5 • System in selected states is strengthened to monitor progress on maternal, newborn and child survival against a set of targets Scale 0-5 0 - Assessment/review process initiated 1 –Capacity development gaps & targets are endorsed 2- Actions implemented 3 – Monitoring system is functional 4 – Monitoring system is assessed (timeliness, quality, accuracy) 5 – Scale-up is initiated Baseline: 0; Target: 5
IR 08 **Output**	**More than 90% of one year old children nationwide received routine immunization (DPT3 and Measles) by 2015**	**Mothers and/or caregivers adopt appropriate child health practices [demand]**
Indicators	• % of one year old immunized with DPT3 vaccine [slightly changed & moved] • % of one year old immunized against measles [dropped]	• Number of targeted townships with >80% of caregivers of <5 children having knowledge of at least two of the danger signs of pneumonia. MoV: MICS/DHS; rapid assessments Baseline: X townships Target: XX • Percentage of children aged 0-59 months with suspected pneumonia receiving treatment from health providers MoV: MICS/DHS; rapid assessments Baseline: 69.3% (MICS 2010); Target: 80%
IR 90 **Output**	**YCSD programme support**	**Will move under PCR 800**
PCR 903 **Outcome**	**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.**	**This will be discontinued**

Indicators	• Percentage of live births attended by skilled health personnel in selected townships [kept – but moved] Baseline- 63% (FRHS 2007) ; Target- 80% • Percentage of newborn babies who received a postnatal care visit within two days of birth in selected townships; Baseline- data awaited (MICS-2009/10); Target- 70% [kept – but moved] • National Child Health Strategic Plan and Reproductive Health Strategic Plan are costed Baseline- Plans not costed; Target- Costed plan available [dropped]	-
IR 09 Output	**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**	**This will be discontinued**
Indicators	• % of townships where subcentre heath staff is trained in use of tube and mask [dropped] • % of townships supported for sick neonate care at hospital level [dropped]	-
IR 10 Output	**Enhanced MNCH coordination, standardization and evidence-based planning, monitoring, evaluation mechanism by 2015**	**This will be discontinued**
Indicators		
IR 11 Output	**Increased proportion of pregnant women have access to key maternal health interventions in program areas by 2015**	**This will be discontinued**
Indicators	• % of women aged 15-49 years who were attended at least once during pregnancy by skilled health provider [dropped] • % of births attended by skilled birth attendant [kept but moved]	-
WASH		
PCR 904 Outcome	**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**	**Water and excreta related diseases in under-5 children are equitably reduced through policy development, hygiene behaviour improvement and increased access to safe and sustainable water supply and sanitation services in targeted areas.**
Indicators	• Percentage of under-5 children with diarrhoea episodes within a 2 weeks' timeframe in rural areas [kept] • Percentage of Household with access to improved water facilities [kept] • Percentage of Household using improved sanitary facilities [kept] • Percentage of population practicing open defecation in target communities [changed] • Percentage of children recollecting properly hand washing with soap at critical times message [kept]	• Percentage of under-5 children with diarrhoea episodes within a 2 weeks' timeframe in targeted rural areas MoV: MICS/DHS; Baseline: X; Target: XX • Number and/or % of <5 diarrhoea cases reported from targeted townships MoV: HMIS (Township health profiles); Baseline: X; Target: X
PCR 905 Outcome	**Supportive policies and legislative frameworks are established and implemented.**	**This will be discontinued**
Indicators	• Number of relevant policies developed and operational	-
IR 21 Output	**Community Water Supply: Communities access to and capacity to maintain hygienic and healthy water supply is enhanced to better protect children from contaminated water.**	**Communities, schools and health centres have access to safe water and/or improved sanitation in targeted townships [supply]**

Indicators	• % of household using improved sources of drinking water [kept] • % of children recollecting properly hand washing with soap at critical times message [moved] • % of population practicing open defecation in target communities [kept but slightly changed]	• % of households and primary schools with improved sources of drinking water in targeted townships MoV: EMIS, HMIS (Township Health Profiles); Baseline: X; Target: X • % households and schools with access to improved sanitation facilities for males and females in targeted townships MoV: EMIS, HMIS (Township Health Profiles); Baseline: X; Target: X • % households, primary schools and health centres in selected areas have hand-washing facilities (i.e. designated places for hand-washing where soap and water are present) in targeted townships MoV: EMIS, HMIS, rapid assessments (randomly selected HC?); Baseline: X; Target: X
IR 24 **Output**	**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.**	**Targeted communities practice key hygienic behaviours (hand-washing with soap at critical times, using toilet and drinking safe water) [demand]**
Indicators	• % of households using sanitary latrines • % of children recollecting properly hand washing with soap at critical times message • % of population practicing open defecation in target communities	• % of villages certified as open defecation free in targeted townships MoV: X; Baseline: X; Target: X • % villages that develop and practice water safety plans in targeted townships MoV: X; Baseline: X; Target: X • % of children with accurate knowledge of hand washing with soap at critical times Message MoV: KAPB; Baseline: 2011 & 2013; Target: X
IR 22 **Output**	**School WASH: Schools have hygienic functioning WASH facilities and students practice good hygienic behaviour**	**This will be discontinued (combined in WASH IR above)**
Indicators	• % of primary schools with water and sanitation facilities	-
IR 23 **Output**	**National and sub-national capacity enhanced to create and maintain an enabling environment to build hygienic and healthy living conditions in the country**	**Evidence-informed policies, standards and guidelines developed and implemented to build and sustain hygienic and healthy living conditions for women and children in Myanmar. [enabling policy environment]**
Indicators	• Updated drinking water quality guidelines developed and approved • Updated guidelines for WASH in schools developed and approved	• Water quality standards are established & enforced Scale 0-2 0-WASH sector review conducted 1-Water quality standards drafted 2-Standards approved & disseminated 3-Monitoring & enforcement system is established • WASH in schools guidelines are developed and monitored Scale 0-2 0-Guidelines drafted 1-Guidelines adopted 2-Monitoring system is established • # of Townships, States and Regions with Local WASH plans and Strategies developed.
IR 90	**WASH programme support**	**Will move under PCR 800**

HIV		
PCR 909 Outcome	**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**	**Strengthened national and subnational capacity to plan and budget for scaling up quality, integrated HIV prevention, treatment and social protection services for young key-affected populations and pregnant women and children living with HIV in targeted townships**
Indicators	• % of pregnant women identified HIV positive receiving ARV for PMCT is increased in targeted townships. [slightly changed and moved] • % of spouse of AN pregnant women received Voluntary Confidential Counselling and HIV testing. [dropped]	• % of children infected from HIV-infected pregnant women Baseline: 11% (study – 2010) Target: < 5% MOV: Rapid assessment, PMTCT data
IR 51 Output	**Strategy to prevent women from HIV infection by their sexual partners who have high risk behavior in place and VCCT services for high risk men and/or couples are available in 20 townships**	**This will be discontinued.**
Indicators	• % of couple received HIV testing after counselling at VCCT centres	.
IR 52 Output	**65 % of women of reproductive age and their husbands have comprehensive correct knowledge of HIV and 85% of pregnant women attending ANC are tested for HIV and received the result by the service providers trained for communication skills on HIV prevention, risk mapping and local planning in selected 20 townships.**	**Equitable access to quality integrated PMCT (including HIV prevention among young key populations at higher risk), paediatric HIV treatment and social welfare services is improved in targeted high HIV prevalence townships by strengthening national and subnational capacity [supply & demand]**
Indicators	• % of pregnant women attending ANC tested and received the result [dropped]	• Percentage of male partners of HIV+ pregnant women who are tested for HIV and received their results in targeted townships Baseline: 10%; Target: XX; MOV: PMCT Program Data • Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission during pregnancy, delivery and breastfeeding in targeted townships Baseline: 80%; Target: 90%; MOV: PMTCT report • Percentage of infants born to HIV-infected women (HIV-exposed infants) who received antiretroviral propphylaxis to reduce the risk of early mother-to-child transmission in the first 6 weeks in targeted townships Baseline: Not Available; Target: 30%; MOV: PMCT positive record • Number of townships that have HIV-sensitive social welfare services for children Baseline: 0; Target: 10; MOV: report • % of women aged 15-49 years who correctly identify all three means of HIV transmission from mother to child Baseline: 65%; Target: 80%; MOV: MICS
IR 90	**HIV/AIDS programme support**	**Will move under PCR 800**
PCR 910 Outcome	**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**	**This will be discontinued**
Indicators	• Number of partners implementing program for children affected by AIDS	-
IR 53 Output	**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**	**Data management system is strengthened for results monitoring, policy development, advocacy and resource leveraging for the reduction of new infections in children, ART for mothers and children, and social support for children affected by AIDS. [enabling policy environment]**

Indicators	• Situation analysis and size estimation of CABA at national level established & accepted. • Indicators for monitoring CABA/OVC activities developed.	• Number of PMTCT indicators incorporated in HMIS. Baseline: 0; Target: 3 core indicators are incorporated; MOV: HMIS • Number of needs assessments conducted for policy and strategy formulation Baseline: 0; Target: 2; MOV: Reports • % of policies and laws related to children revised or newly developed that incorporate provisions addressing issues of children affected by AIDS Baseline: 0; Target: 2; MOV: Reports • % of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth. Baseline: 10%; Target: 40%; MOV: PMTCT report
IR 54 **Output**	**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 NPA for Children**	**This will be discontinued.**
Indicators	• # Township CRC trained on HIV planning and M&E • # Townships CABA/OVC situation and response is regularly monitored. • # of partners & CSOs regularly participating in the OVC technical working group	-
Education		
PCR 906 **Outcome**	**Enhance government capacity at national and sub-national levels to increase access to basic education with reduced disparities in early childhood and primary schools.**	**Increased number and proportion of children accessing and completing quality basic education in targeted townships.**
Indicators	• Proportion of new entrants in grade 1 who had ECD experience prior to coming to schools in targeted townships. • Percentage of school-aged children (age 5-9) who are enrolled in primary schools in targeted townships.	• Proportion of new entrants in grade 1 who had ECD experience prior to coming to schools in targeted townships. • Percentage of school-aged children (age 5-9) who are enrolled in primary schools in targeted townships. • Proportion of grades 3 and 5 students who achieve the minimum (50%) competency level in a standard mathematics and Myanmar language test • Proportion of children aged 10-15 in target townships with correct knowledge and skills of behaviours to reduce risks including prevention of HIV/AIDS.
IR -44 **Output**	**Expansion of coverage of quality ECD services and strengthening systems**	**Expansion of coverage of quality ECD services and strengthening systems**
Indicators	• Number of children (0-5 year old) in targeted townships accessing facility-based ECD services • Proportion of schools in targeted townships with ECD facilities for 3-5 year olds • Proportion of school-based ECD facilities that meet minimum quality standards in targeted townships • Multi-sector ECD national action	• Number of children (0-5 year old) in targeted townships accessing facility-based ECD services • Proportion of schools in targeted townships with ECD facilities for 3-5 year olds • Proportion of school-based ECD facilities that meet minimum quality standards in targeted townships
IR -45 **Output**	**Enhanced coverage, quality and relevance of second chance, alternative education**	**Enhanced coverage, quality and relevance of second chance, alternative education**
Indicators	• Number of out-of-school children aged 10-14 enrolled in NFPE programme in targeted townships • Number of out of school children aged 10-17 reached EXCEL in targeted townships	• Number of out-of-school children aged 10-14 enrolled in NFPE programme in targeted townships • Number of out of school children aged 10-17 reached EXCEL in targeted townships

	• Proportion of reached out-of school adolescents completing EXCEL in targeted townships • National framework for primary non-formal education equivalency and certification developed	• Proportion of reached out-of school adolescents completing EXCEL in targeted townships
PCR-907 Outcome	**Support the Government in improving the quality of basic education nationally, through the child-friendly school initiative.**	**Merged and Discontinued.**
Indicators	• Proportion of grades 3 and 5 students who achieve the minimum (50%) competency level in a standard mathematics and Myanmar language test	Merged and Discontinued.
IR 46 Output	**Improved quality of teaching & learning practices in basic education in targeted townships in government and monastic schools and in both mono-grade and multi grade schools .**	**Improved quality of teaching and learning practices in basic education in targeted Townships in Government and Monastic schools and in both mono-grade and multi-grade schools.**
Indicators	• % of primary teachers applying improved teaching methods as defined by classroom observation criteria • Pre-service teacher education framework developed and operationalized in targeted Teacher Colleges • Number of primary teachers receiving face-to-face and distance learning in-service training (INSET) • Number of students in targeted township provided with essential supplies and textbooks, including humanitarian support	• % of primary teachers applying improved teaching methods as defined by classroom observation criteria • Number of primary teachers receiving face-to-face and distance learning in-service training (INSET) • Number of students in targeted township provided with essential supplies and textbooks, including humanitarian support • Number of teachers trained to implement secondary life skills curriculum • Proportion of children (10-15 years) in school having correct information and skills to reduce risk including prevention of HIV/AIDS in targeted townships
IR-47 Output	**Enhanced planning, management, monitoring and evaluation and mentoring capacity of key education actors at all levels.**	**Enhanced planning, management, monitoring and evaluation and mentoring capacity of key education actors at all levels.**
Indicators	• Proportion of schools with operationalized SSAs/SIPs in targeted townships. • Number of master trainers, head teachers and TEOs/ATEOs trained on instructional leadership and management • Number of townships with TEMIS fully operational • Number of townships with Township Education Plans according to agreed standards	• Proportion of schools with operationalized SSAs/SIPs in targeted townships. • Number of master trainers, head teachers and TEOs/ATEOs trained on instructional leadership and management • Number of townships with TEMIS fully operational • Number of townships with Township Education Plans according to agreed standards
New IR (Policy) Output		**Evidence-based education policies, sector plans, and sector reform processes are developed under the leadership and coordination of the Government of Myanmar, through participatory approaches, which promote equity and inclusion**
Indicators		• Multi-sector ECD national action plan/ policy in place with implementation framework • National framework for primary non-formal education equivalency and certification developed • Pre-service teacher education framework developed and operationalized in targeted Teacher Colleges • Costed Education Sector Plans are developed under the guidance of the Joint Education Sector Working Group, based on analysis generated through the Comprehensive Education Sector Review (CESR) process
New IR (emergency) Output		**Education emergency preparedness and response are implemented in accordance with the CCC.**
Indicators		• Percentage of cluster performance milestones met.

		• Percentage of boys and girls affected by emergencies having access to quality and timely education programs.
PCR-908 Outcome	**Enable nationally adolescents to have access to life skills education, to reduce risks and vulnerabilities, including HIV/AIDS.**	**Merged and Discontinued.**
Indicators	• Proportion of children aged 10-15 in target townships with correct knowledge and skills of behaviours to reduce risks including prevention of HIV/AIDS.	Merged and Discontinued.
IR-39 Output	**Secondary life skills curriculum implemented in all schools.**	**Merged and Discontinued.**
Indicators	• Number of teachers trained to implement secondary life skills curriculum • Proportion of children (10-15 years) in school having correct information and skills to reduce risk including prevention of HIV/AIDS in targeted townships	Merged and Discontinued.
Child Protection		
PCR 911 Outcome	**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**	**Children in need of support, care and protection are identified by and have access to public social welfare systems.**
Indicators	• Minimum standards, strategies and/or policies developed to contribute to a National Child Protection and Social Welfare Policy • Number of townships where child protection system are in place within 25 target townships	• number of boys and girls with child protection coverage through partnerships
IR 61 Output	**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.**	**Strengthened policy and programmatic decisions on alternative care for children.**
Indicators	• Minimum Standards (MS) of Care and Protection for Children in Residential Facilities issued as directive and operational MS on Protection of Working Children finalized and agreed to issues as directive by MOL Number of townships where government assigns one qualified social welfare officer	• Increased quality of data and evidence on institutional care informs policy, programing, and partnerships.
PCR 912 Outcome	**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.**	Merged.
Indicators	• Number of townships with referral mechanism in place providing appropriate services in 25 townships • Data on selected child protection issues available, used and analyzed in targeted townships	Merged.
IR 62 Output	**Capacity of Government and non-governmental partners built to effectively contribute to strengthening child protection systems by 2015**	**Increased social welfare system capacity to respond to child protection cases.**
Indicators	• Number of departmental training curricula incorporated with Child Protection issues	• Increased localised Government capacity to identify, refer and respond to child protection cases. • Package of tools developed and implemented to support localized Government social welfare capacity sensitive to child protection.
IR 63	**80% of UNICEF registered vulnerable children, including**	**Strengthened legislative and institutional capacity to provide**

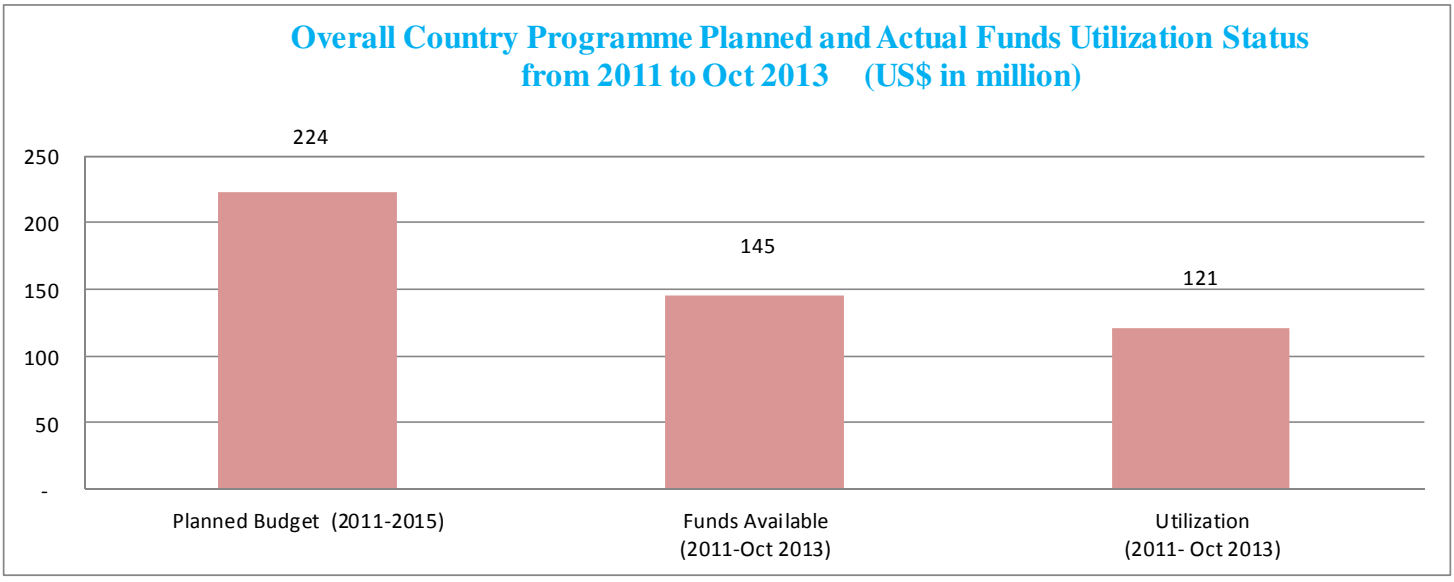
Output	**children in contact with the law, receive child friendly and gender appropriate prevention, recovery and reintegration services by 2015 in selected Townships.**	**adequate care and protection to children in contact with the law.**
Indicators	• Number of townships in which designated police units apply child friendly and gender appropriate procedures • Number of townships in which court units apply child friendly and gender appropriate procedures • Percentage of children released from Armed Forces traced and provided with reintegration and rehabilitation support	• Increased capacity of justice professional through training and curriculum development in line with international best practice. • Increased legislative protections for children.
New IR Output		**Increased efforts to protect children from exploitation including child labour, trafficking and the commercial sexual exploitation of children.**
		• Partnerships developed with key actors to increase legal protections for children from exploitation.
IR 64 Output	**A gender sensitive Child Protection Information Management ¿ and monitoring and evaluation system strengthened to improve programme planning and advocacy among government and I/NGOs**	Merged.
Indicators	• Child Protection Information Management system operational in 2 DSW training schools and YCDC shelter	Merged.
IR 90 Output	**Child Protection programme support**	**Will move under PCR 800**
PCR 913 Outcome	**National and international standards are fully implemented to prevent an d respond to grave violations against children as per UNSC Resolutions 1 612/1882**	Merged.
Indicators	• Joint Government and UN Action Plan on the Monitoring and Reporting Mechanism ("MRM") approved, implemented and MRM mechanism operating nationwide.	Merged.
IR 65 Output	**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% of children released receive reintegration and rehabilitation support by 2015**	**National and international standards are implemented to prevent and respond to grave violations against children as per UNSC Resolutions 1612/1882 and to contribute to on-going peace building including responding to emergencies.**
Indicators	• Signature of Joint Action Plan on MRM by UN and Government. • Armed Forces recruitment units, training schools and camps receive regular 'no-notice' visits from UN.	• Implementation of the remaining commitments of the Plan of Action to prevent and end the recruitment and use of children in the Tatmadaw. • Two listed non-state armed groups sign Action Plans to end the recruitment and use of children. • National Framework for reintegration of children released from armed forces and armed groups and other vulnerable children. • Number of Mine Risk Education materials reviewed or developed based on the findings from the KAP study in line with international and national guidelines. • Increased capacity to address child protection concerns in areas affected by emergencies.
Social Policy		
PCR 914 Outcome	**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).**	**By the end of 2015, boys and girls benefit from increased budget allocations under health, education, social welfare and protection addressing the needs of the most vulnerable.**
Indicators	• Number of newly formulated social or sectoral policies and strategies to mitigate vulnerabilities and reduce disparities	• % of increased budget allocations in health, education and social welfare

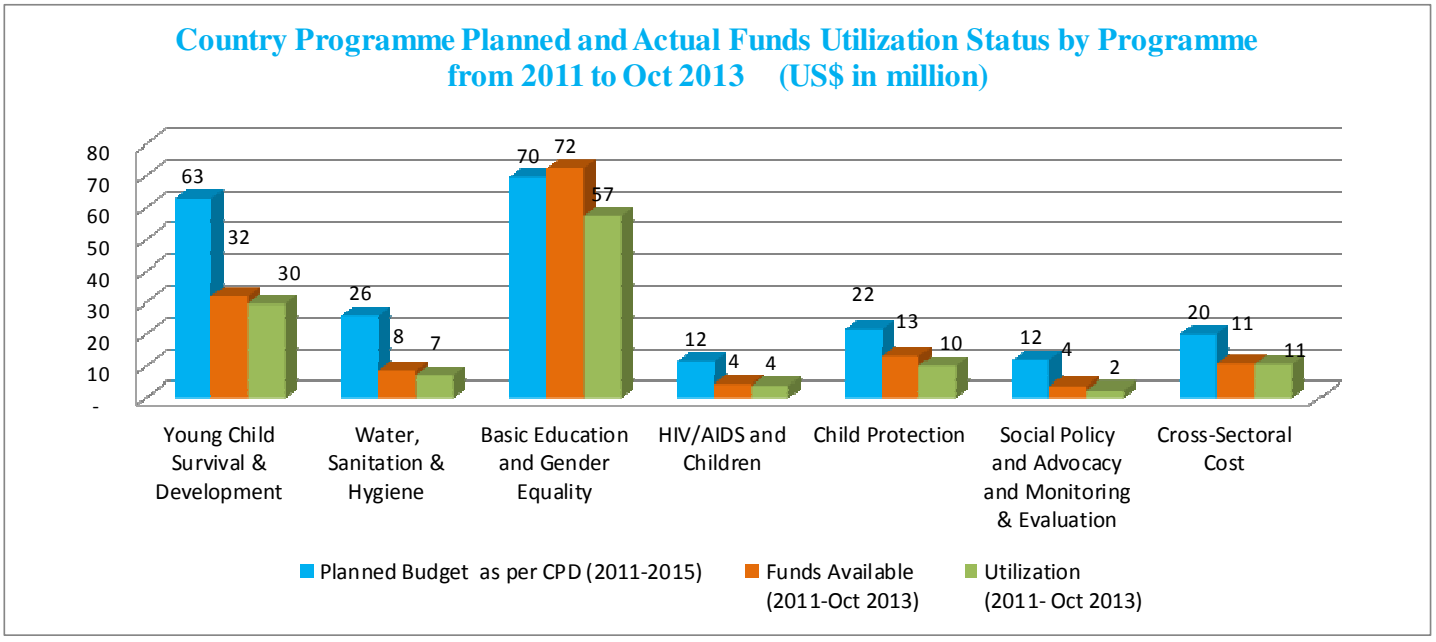
	of the status of children at institutional and national levels	• Number of new programmes funded at national and local level to address the needs of vulnerable and marginalised children
IR 81 Output	**Improved collection of reliable and disaggregated data on children and women's situation for policy advocacy and planning at national and sub-national levels.**	**Merged with IR 82**
Indicators	• MICS conducted in 2014 which generate disaggregated data on children and women's situations and report is available by 2015. • Number of updated MDG indicators (MDG 2, 4, 6 and 7) from national surveys including MICS which are related to the status of children and women	
IR 82 Output	**Disparities and vulnerabilities of children are identified and acknowledged at national and sub-national levels.**	**The situation of children, with focus on disparities and vulnerabilities is defined and analysed at national and regional levels.**
Indicators	• The Report on Situational Analysis of Women and Children (SITAN) available in 2012 • The SITAN report updated based on MICS 5 in 2014-15 • The number of thematic analyses reports drafted by 2013	• Number of studies/ assessments/ evaluations & researches on situation of children produced with the involvement of government partners • % of Townships producing accessible child and gender-sensitive information
IR 83 Output	**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.)**	**By the end of 2015, national and sub-national policies and strategies are strengthened to address identified vulnerabilities of children.**
Indicators	• Number of advocated new policies and social protection strategies to policy makers through inter-agency working group for children • Number of pilot models implemented, evaluated and finalized by 2015	• Number of national and subnational debates organised to promote evidence-based social policies for children • A national level social protection strategy is developed to address vulnerabilities of families and children • Methodology on child-sensitive local social plans developed
IR 84 Output	**National and sub-national governmental capacity in the social sector improved to analyze and utilize data related to children for planning and decision-making**	**Merged with IR 82**
Indicators	• Established standard and guideline of evaluation on national programmes and policies by 2015	
IR 90 Output	**Social Policy programme support**	**Will move under PCR 800**
Emergency Preparedness		
PCR 915 Outcome	**National and local capacity in emergency preparedness and response improved to protect children and women in disaster prone areas, including ceasefire areas**	**Discontinued.**
Indicators	• Availability of an early warning and early response plan at the national and sub-national level	
IR 85 Output	**Partner ministries at national and sub-national levels developed emergency preparedness and response plans including DRR strategies and trained staff on IRA.**	**Discontinued.**
IR 86 Output	**Young Children and women disaster affected areas have timely access to (a) health and (b) Nutrition interventions.**	**Preparedness and response for health, nutrition and WASH meet the core commitments of children in emergencies**
Indicators	• SAM and MAM rates in <5 yr children. Rakhine	• Percentage of cluster performance milestones that are met • Number and percentage of children aged 6-59 months with SAM in humanitarian situations who are treated for acute malnutrition • Number and percentage of children 6-59 months in humanitarian situations vaccinated against measles

		• Number and percentage of population in humanitarian situations with access to water and using appropriate sanitation facilities • Number and percentage of population with HIV-positive pregnant women either start or continue to receive ART to prevent mother-to-child transmission of HIV
IR 87 Output	**Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities**	**Merged into IR 86.**
	• Disaster and prepared-ness plans in place • Prepositioned stock replenished continuously	Merged into IR 86 indicators.
IR 88 Output	**Children in disaster affected areas have access to basic education services**	**Moved under Education PCR as new IR.**
IR 89 Output	**National and local capacity in emergency preparedness and response improved to protect and children and women in disaster prone areas, including cease-fire areas.**	**Merged and moved under IR (65) of Child Protection PCR.**
	• % of affected women and children accessing basic social services during relief and early recovery.	
IR 90 Output	**Emergency Planning, coordination & Monitoring at Sub-national level (Field Operations)**	**Discontinued.**
IR 91 Output	**Populations affected by emergencies have access to HIV prevention, care and treatment services**	**Merged under IR 86.**
Cross Sectoral		
PCR 916 Outcome	**Effective and efficient programme management and operations support to programme delivery.**	**The regular and humanitarian response is effectively supported through enhanced management, coordination, communication and partnerships.**
IR 90 Output	**CS Programme Staff Cost**	**Merged under PCR 800**
IR 91 Output	**Communication and advocacy activities effectively implemented**	
IR 92 Output	**Programme Planning and Monitoring at Subnational Level (Field Operations)**	**Capacity enhanced and partnerships strengthened at sub-national level to support decentralized actions for the most disadvantaged children.**
IR 93 Output	-	**Increased capacity at national and sub-national levels to incorporate child and gender sensitive elements in DRR (and resilience) platforms and actions.**
IR 94 Output		**Social norms and behaviours related to child survival, development and protection are improved through effectively coordinated C4D initiatives, technical oversight and institutional capacity building.**

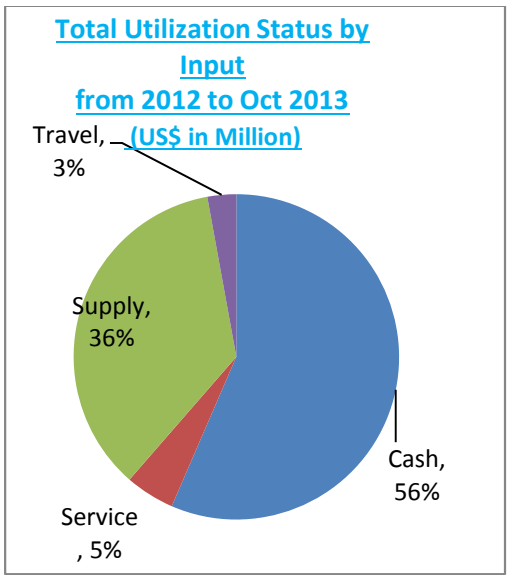
Annex XIII. Financial Utilization and Funding Sources

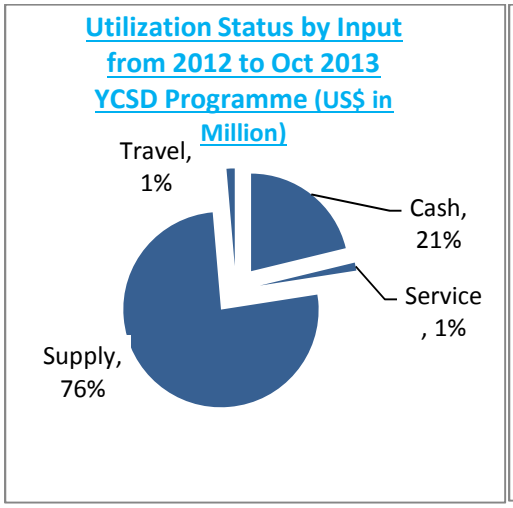
A. Planned, Available and Utilized Funds

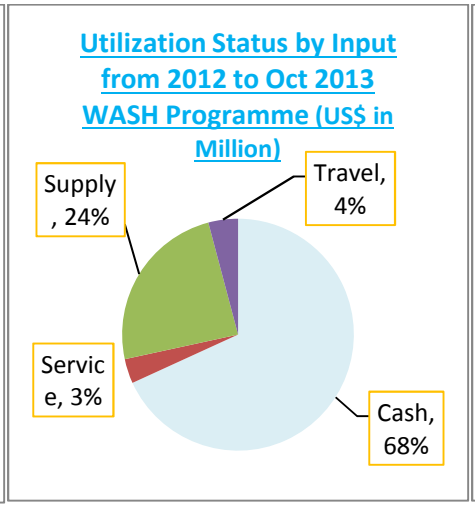


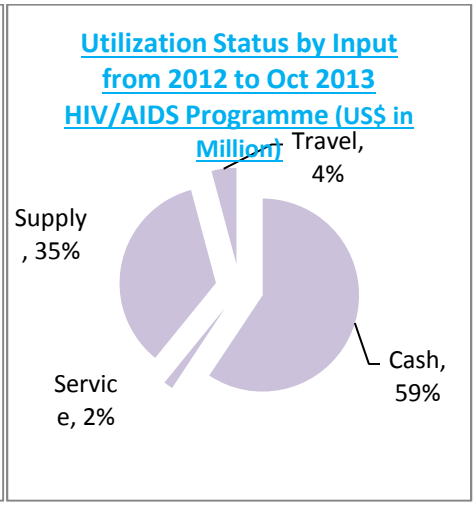


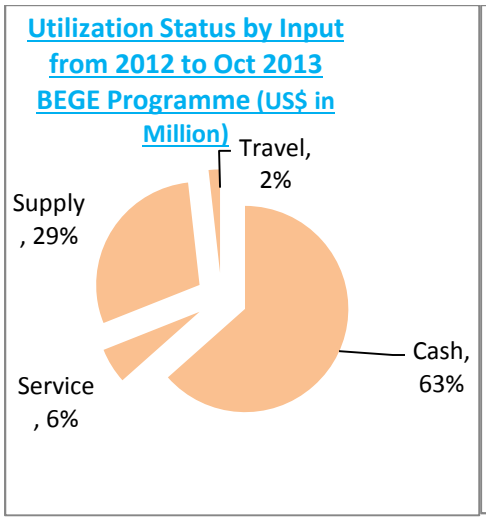
B. Utilization Status by Input

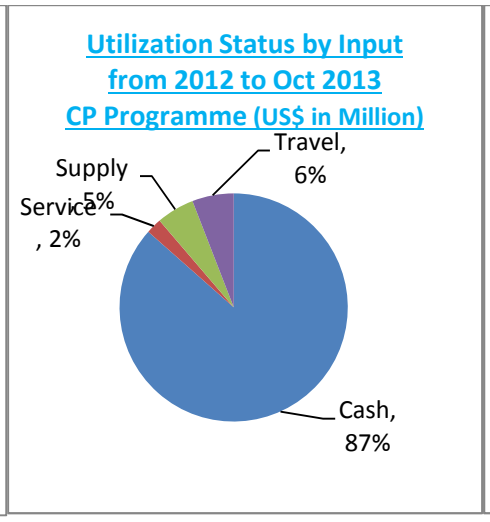


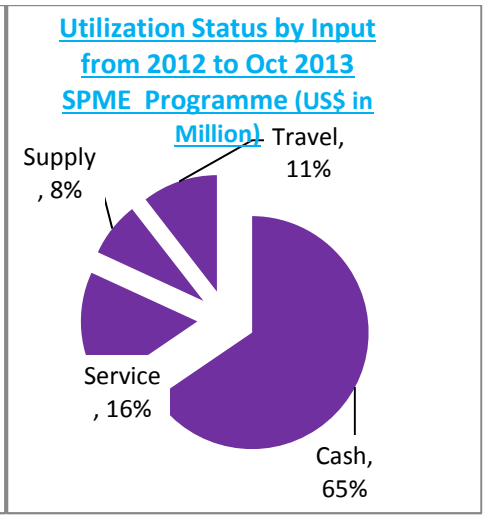




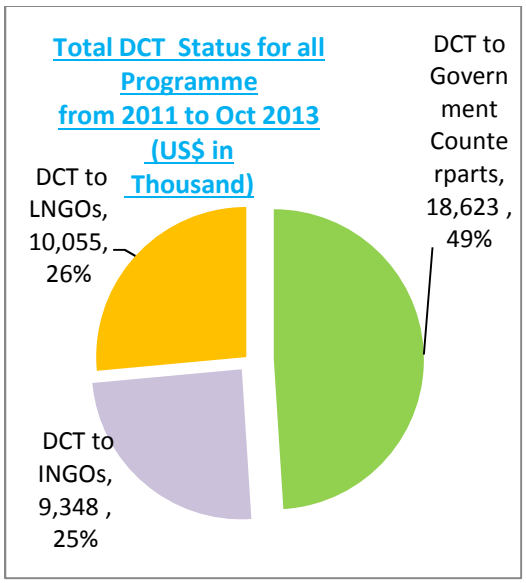


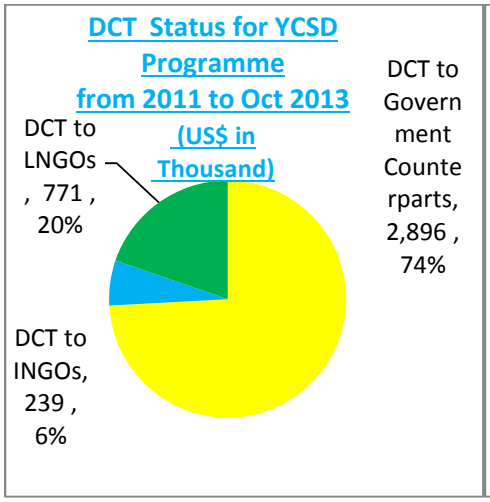


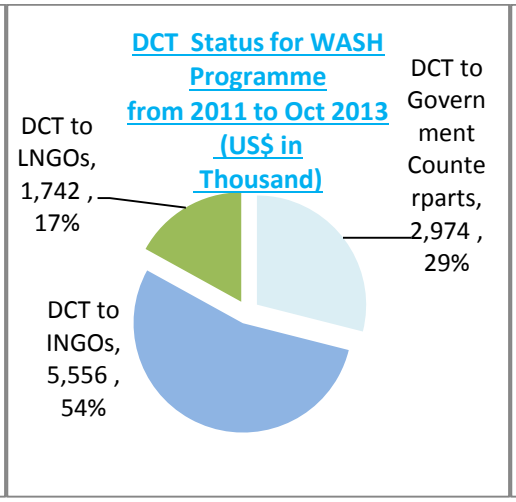


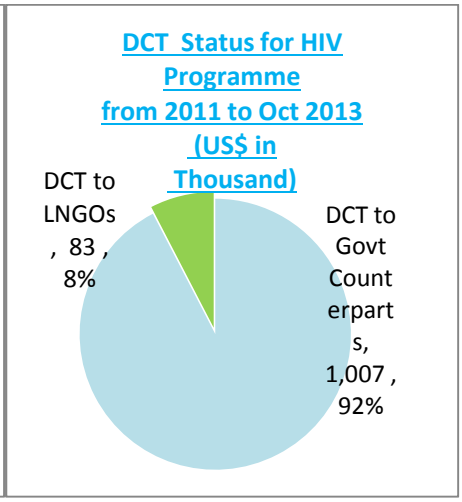


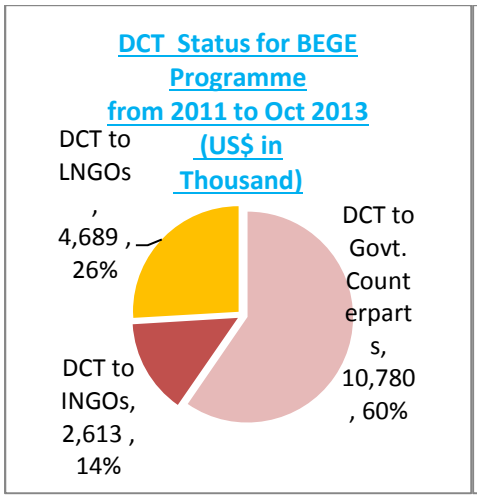
C. Status of Direct Cash Transfer (DCT)

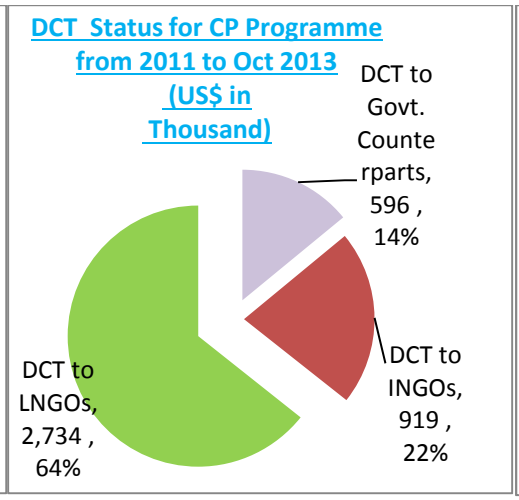


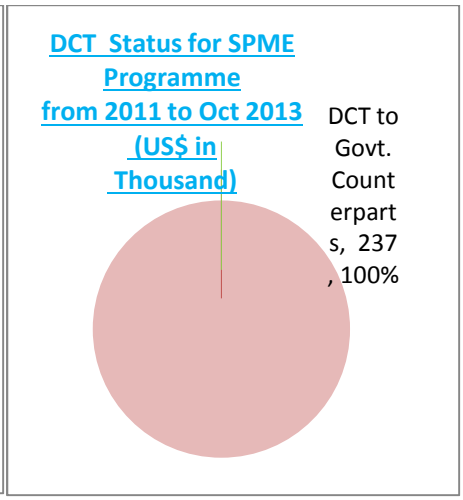




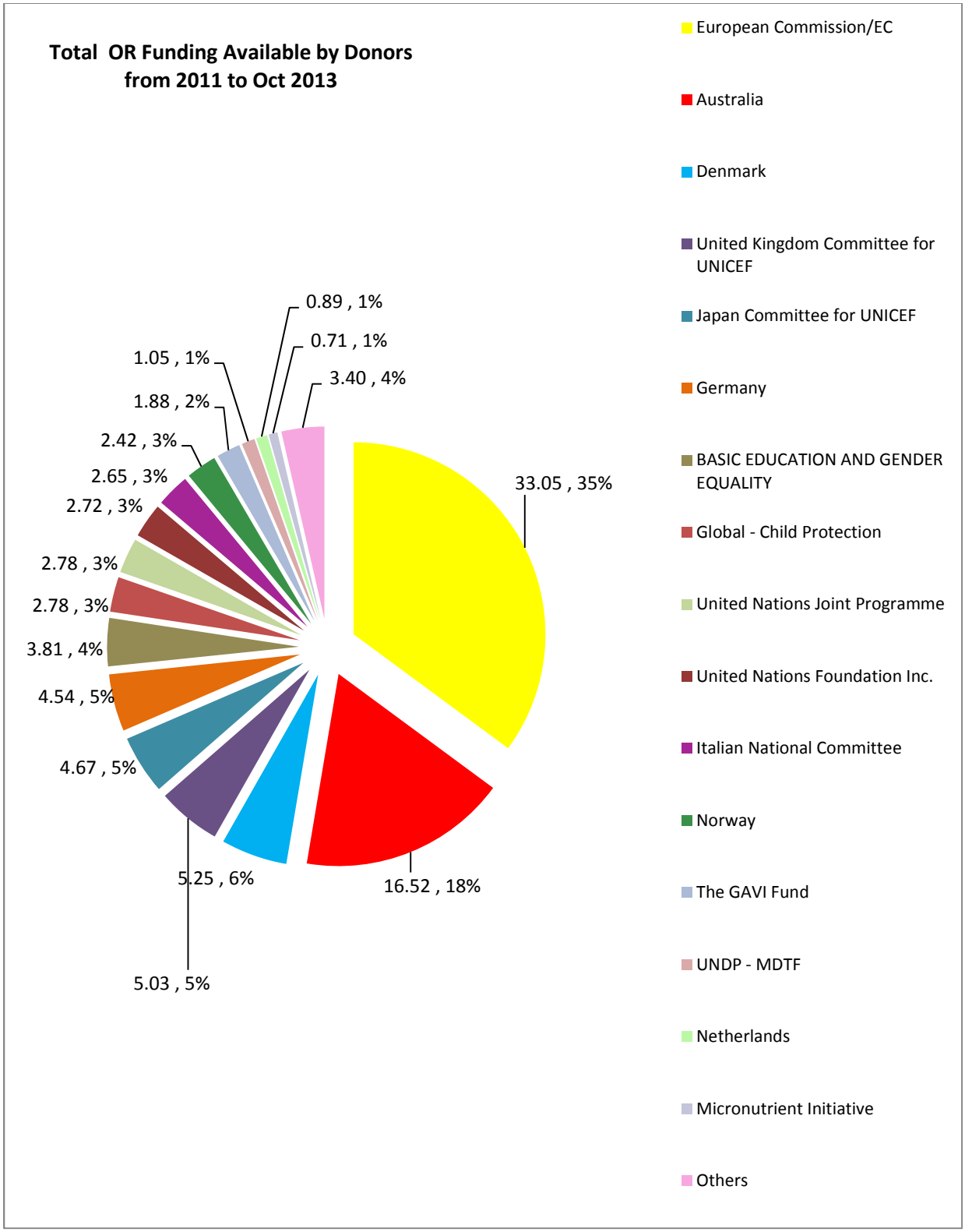


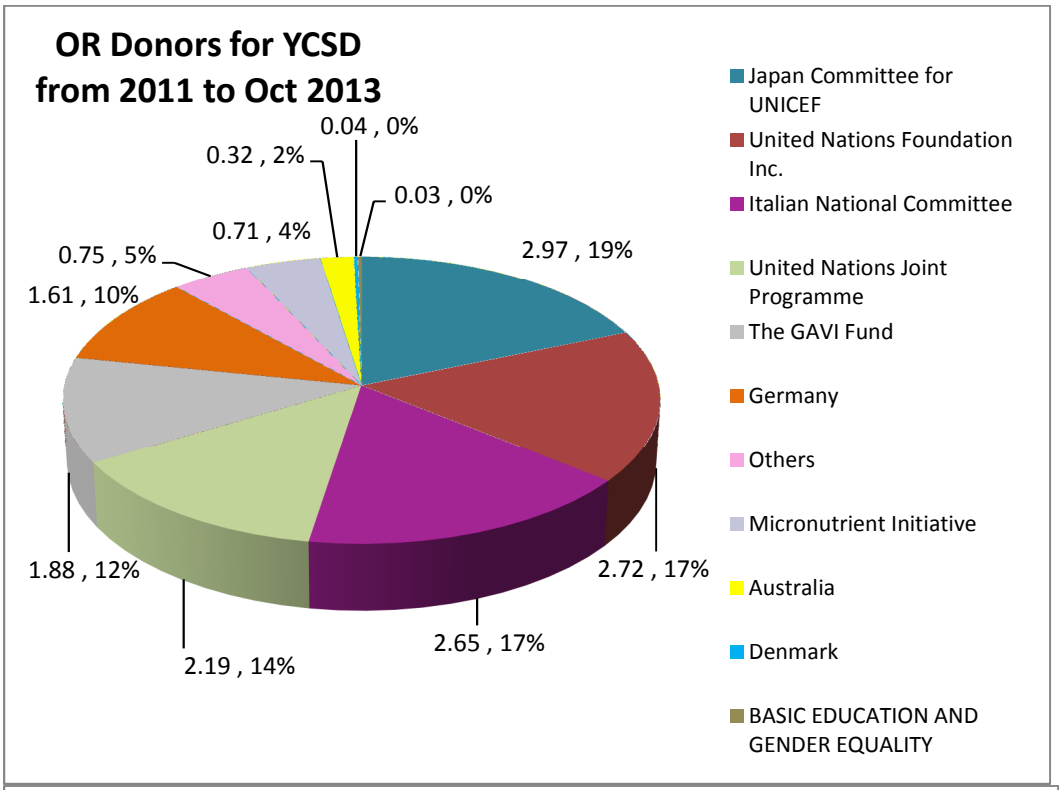


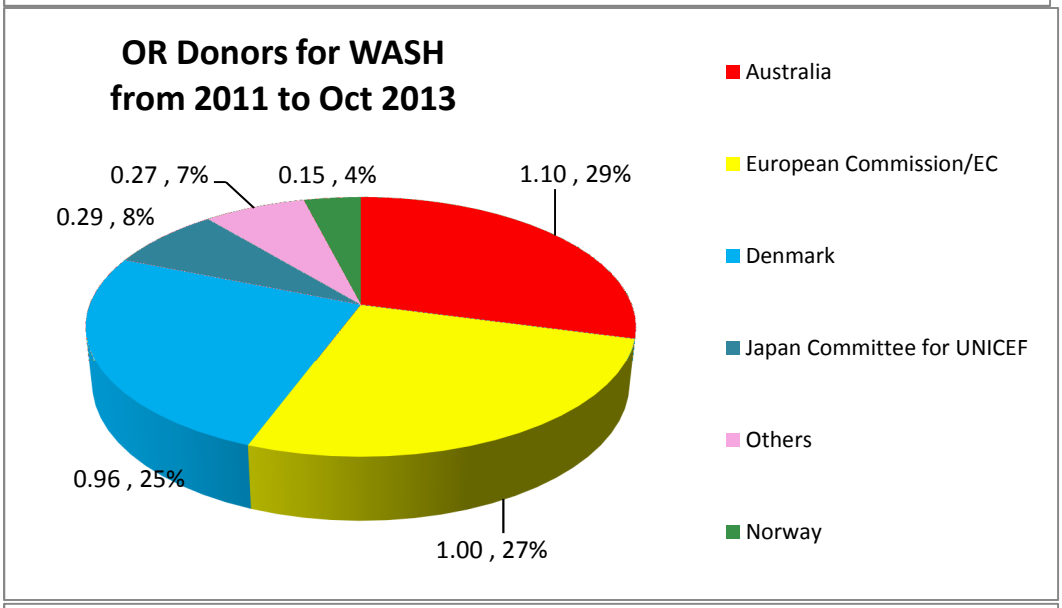


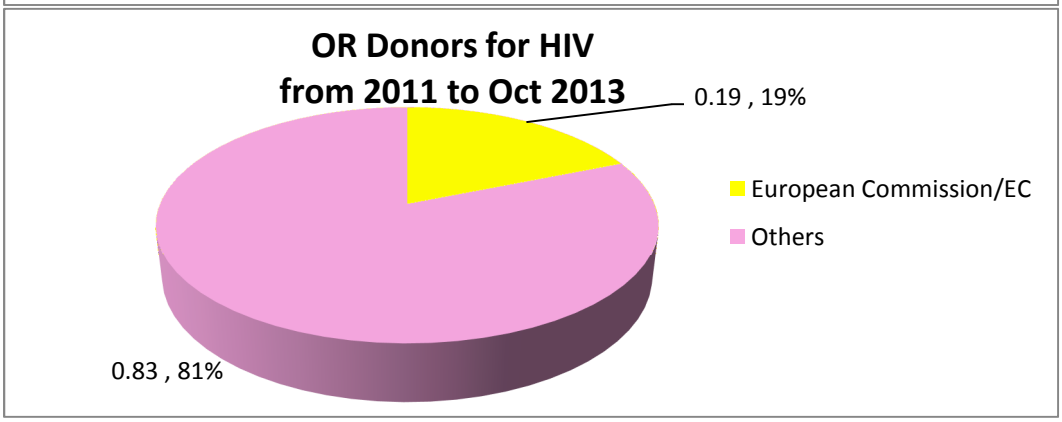


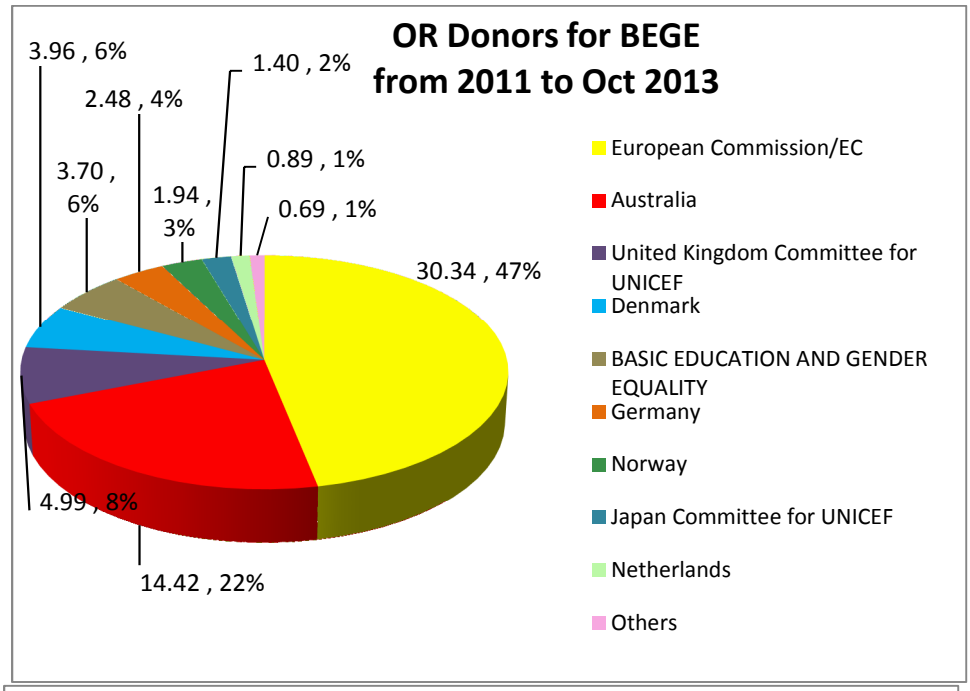
D. Available Funding by Donor (Currency US$ in Million)

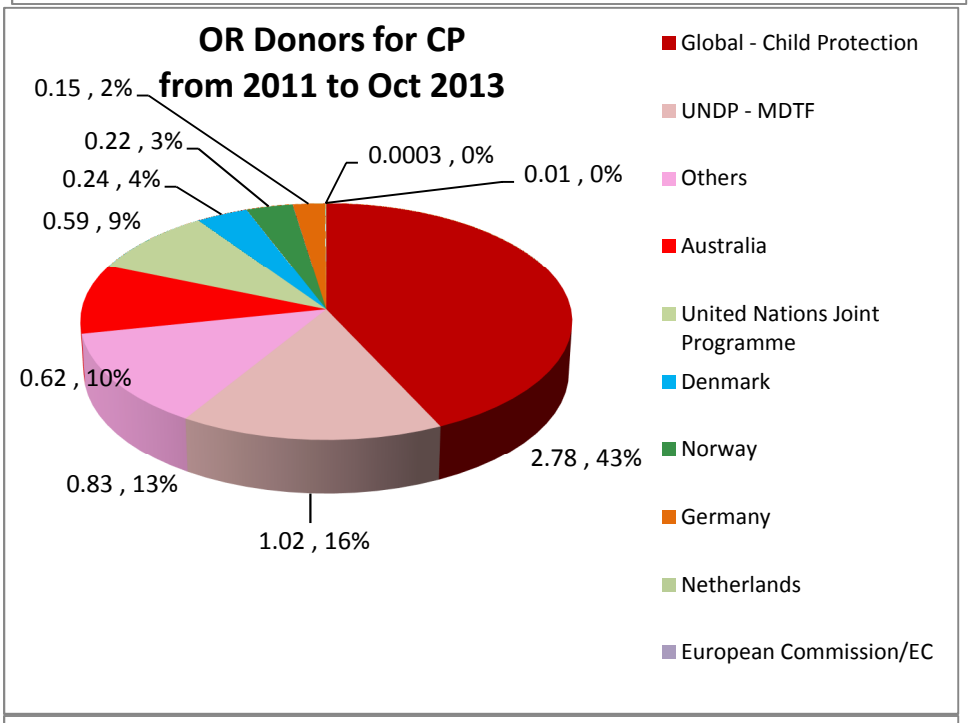


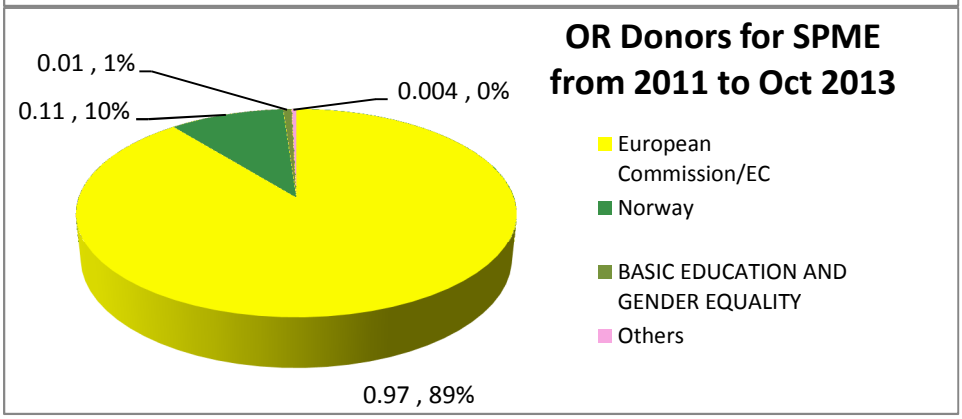

OR Donors for YCSD from 2011 to Oct 2013
0.04 , 0%
0.32 , 2%
0.03 , 0%
0.71 , 4%
2.97 , 19%
0.75 , 5%
1.61 , 10%
1.88 , 12%
2.72 , 17%
2.19 , 14%
2.65 , 17%
Japan Committee for UNICEF
United Nations Foundation Inc.
Italian National Committee
United Nations Joint Programme
The GAVI Fund
Germany
Others
Micronutrient Initiative
Australia
Denmark
BASIC EDUCATION AND GENDER EQUALITY


OR Donors for WASH from 2011 to Oct 2013
0.27 , 7%
0.15 , 4%
1.10 , 29%
0.29 , 8%
0.96 , 25%
1.00 , 27%
Australia
European Commission/EC
Denmark
Japan Committee for UNICEF
Others
Norway


OR Donors for HIV from 2011 to Oct 2013
0.19 , 19%
0.83 , 81%
European Commission/EC
Others


OR Donors for BEGE
from 2011 to Oct 2013
3.96 , 6%
1.40 , 2%
2.48 , 4%
3.70 , 6%
0.89 , 1%
1.94 , 3%
0.69 , 1%
30.34 , 47%
4.99 , 8%
14.42 , 22%
European Commission/EC
Australia
United Kingdom Committee for UNICEF
Denmark
BASIC EDUCATION AND GENDER EQUALITY
Germany
Norway
Japan Committee for UNICEF
Netherlands
Others


OR Donors for CP
from 2011 to Oct 2013
0.15 , 2%
0.22 , 3%
0.24 , 4%
0.59 , 9%
0.62 , 10%
0.83 , 13%
1.02 , 16%
2.78 , 43%
0.0003 , 0%
0.01 , 0%
Global - Child Protection
UNDP - MDTF
Others
Australia
United Nations Joint Programme
Denmark
Norway
Germany
Netherlands
European Commission/EC


OR Donors for SPME
from 2011 to Oct 2013
0.01 , 1%
0.11 , 10%
0.004 , 0%
0.97 , 89%
European Commission/EC
Norway
BASIC EDUCATION AND GENDER EQUALITY
Others