

Assisting Children and Women of Myanmar

Fund Raising Strategy

UNICEF Myanmar Country Programme 2006-10



unite for
children

UNICEF, Yangon
December 2007





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UNICEF Myanmar

Country Programme 2006-10

UNICEF country programme for the period 2006-10 focuses on the successes of the past country programme. In addition the current country programme enhances work with the government and other partners in pushing ahead the agenda of child protection which has been fully embraced by the Myanmar government. UNICEF Myanmar aims to work closely with all partners and donors in and outside Myanmar to ensure that all proposed activities are fully funded and implemented.

Effective advocacy and partnership with the donors, the civil society and an equally effective advocacy with the government and the local community will be the key to close the resource gap in fulfilling and meeting the rights and needs of all children in Myanmar. The mid decade goal report published by the government indicate the commitments and progress made in achieving the world summit goals. Nevertheless there remains a wide resource gap in reaching the goals of universal access to basic education, reducing the prevalence of malnutrition, assisting children made vulnerable due to the spread of HIV and income disparity.

The current UNICEF programme is prepared within the framework of the convention on the rights of the child with a mixture of strategy based on advocacy, capacity building and service delivery at the local township level in collaboration with the government and other partners to address disparity issues. While doing so UNICEF Myanmar will try to bring about a balance between the management of the country programme processes, implementation, reporting, and the relationships with various stakeholders government, communities and

donors. In order to mobilise the required resources for the country programme UNICEF will adopt the strategies outlined in this document. The main objective of this fund raising strategy is to:

Raise the Other Resources from various sources to compliment and supplement the Regular Resources to support programme implementation during the remaining years of the current programme cycle so that country programme outcomes will be achieved.

What follows hereafter is an over view of the working environment in terms of political economy of Myanmar, situation of children, UNICEF's past experience in raising funds, summary of current programme of co-operation, strategies proposed for raising funds and skeletal summary of the projects approved by UNICEF Executive Board for the period 2006-10. It is hoped that the traditional donors to Myanmar and a number of potential donors would be attracted to the programmes and the strategies proposed by UNICEF in assisting children of Myanmar.

The skeletal project outlines would be developed into full project proposal in part or in whole to suit the requirements of funding partners.

Ramesh Shrestha
Representative
UNICEF, Myanmar
November 2007



Background

UNICEF has been operational in Myanmar since 1950, assisting children and women in key social development issues. The current UNICEF-Government of Myanmar five-year country programme, 2006-10, is aimed at strengthening UNICEF support to the government of Myanmar in achieving mid decade goals and the world summit goals. Over the years, in keeping with the global priorities and trends the Myanmar Country Programme strategy has evolved from a service delivery approach to the Rights based approach. In recent years the government of Myanmar has also become receptive to many protection issues such as trafficking, juvenile justice, working children and under-age recruitment. Myanmar has also initiated necessary steps to provide a strengthened legal foundation for programme development for children since early years by ratification of Myanmar Child law in 1993 in line with convention on rights of the child.

People of Myanmar

Since gaining independence in 1948, Myanmar's population has more than doubled with about 19 million in 1948 to the current estimate of 53 million¹. According to the official estimate, almost 34% (i.e. 18 million) of the total population are children under the age of 18 years. The current population growth is estimated at 2.02% indicating that child population, which demands major social services in the form of basic education, health care, and protection from labour, abuse and exploitation is expected to remain high for sometime to come. It is under these circumstances that UNICEF programme has to be formulated and implemented in consultation with the government and other partners.

Political setting and children's rights

Since gaining independence, Myanmar has experienced a mixture of civilian and military rule. The year 1962 marked the significant change in Myanmar's history with the suspension of civilian government in order to safeguard the national security resulting from ethnic insurgencies that started soon after independence. Subsequent political turbulence in 1988 and 1990 and unrelenting ethnic insurgencies continued to negatively impact the social development scenario in Myanmar thus affecting growth and development of children and Myanmar.

Many bilateral and multi-lateral partners closed their doors to Myanmar since 1988 and progressively imposed economic and trade sanctions for lack of democratic governance. Myanmar thus depicts a

picture of moderate isolation with limited opportunities for children to grow within the framework of the Convention on the Rights of the Child. The government ratified CRC in 1991 and introduced its own Myanmar Child law in 1993, nevertheless its full implementation is hindered by the financial constraints and political isolation.

Democracy and Human Rights

Amidst the ethnic conflicts and international isolation the government of Myanmar believes that at least for the moment administrative and economic planning must be centralised to bring economic and political stability. Myanmar is accused of many human rights violation and lack of free press and other individual rights which one would expect in a democratic society. The government completed the works on constitution assembly in September 2006 with a view to reforming political and economic administration. These reforms are expected to eventually result in devolution of state authorities to promote people's participation. However, a full timetable is yet to be unveiled.

With regards to child protection issues the government has begun to take actions on problems of trafficking, under-age recruitment and children in conflict with the law. The Myanmar child law² also guarantees free and compulsory education to children, although its implementation is lagging behind. There are also indirect costs to the parents hence 'free and compulsory primary education' is still a distant reality.

¹ Central Statistics Office, 2006

² The Child Law: rules related to the child law. Ministry of Social Welfare, Relief and resettlement, The Union of Myanmar, 1993

There are CRC committees formed at the State/ Division and Township level. But their functioning is hindered by lack of proper guidance and financial support. These committees if fully functional would provide a good planning and programming base for children at the Township level.

National economy

Myanmar's national economy is based mainly on agriculture, service industry and mining. There is little data available on distribution of national budget as the government has not published the national budget for several years. The allocation of national budget to education sector is estimated at 2.3% of GDP. With the gradual tightening of international economic sanctions by the US and EC member states the external trade has considerably diminished.

Over the recent years continued high rate of inflation and currency instability has dominated the daily lives of people. The massive increase in civil servant salary in early 2006 did little to absorb the inflationary market prices. There is also a major problem of inconsistent internal income distribution that has direct impact on the families' capacity to manage the health, education and nutritional needs of children thus impacting their overall well being.

Overseas development assistance

Myanmar receives just about US\$ 3/capita overseas development assistance. Major bilateral agencies closed their doors to Myanmar in 1988 including technical assistance and lending services by the World Bank, Asian Development Bank and the International Monetary Fund. It is only recently that some of the bilateral donors are easing restrictions



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by providing assistance through multilateral channels. All of these situations negatively impacts on the national economy and overall development efforts of the country. The prevalence of poor and extreme poor who are unable to meet the basic daily nutritional needs are estimated at about one third of the total population.

Ethnic divide

Myanmar's mosaic of political economy has been adversely affected by its 135 ethnic groups with different political aspirations. The ethnic insurgencies that began during the time of its independence continue to take toll on the development efforts of the government and the lives of its average citizens. Seventeen non-state entities with their own fighting forces have ceasefire agreement with the government since 1990, nevertheless there are many more who are still in active conflict with the central government. The net result of this continued conflict has serious

impact on children by being caught in the armed conflict, displacement, malnutrition and illiteracy.

Problem statement

Although much progress has been achieved during the 1990s in keeping with promises made at the *World Summit for Children* the problems of high mortality, morbidity and malnutrition in children continue to exist with glaring geographical disparities. The primary school enrolment is high but retention and quality of education are of concern. In 2007 after an absence of seven years a number of polio cases were reported, presumably imported from a neighbouring country. Despite progress made in all social sectors the statistics affecting children and women are still of serious concern. There is also a wide disparity in the distribution of wealth and the problems with the border regions being at the most disadvantaged end.

Table 1 Current trends in social indicators

Indicator		Indicator status (source)
Infant mortality	76/1000	Family & reproductive health survey 2001
Child mortality	107/1000	Family & reproductive health survey 2001
Delivery by skilled health worker	57%	Family & reproductive health survey 2001
Stunting	32.2%	Multiple indicator cluster survey 2003
Underweight	31.8%	Multiple indicator cluster survey 2003
Wasting	8.6%	Multiple indicator cluster survey 2003
Net primary enrolment boys	82.8	EFA Mid-Decade Assessment report, 2007
Net primary enrolment girls	81.6	
Access to safe water	79%	Multiple indicator cluster survey 2003
Access to safe sanitation	76%	Multiple indicator cluster survey 2003
HIV prevalence	1.3%	National HIV/AIDS project

Corporate image of UNICEF Myanmar

UNICEF has a long history in Myanmar³. UNICEF is well received and recognised by the communities and by the government as a reliable partner. At present UNICEF is amongst the largest development partners in Myanmar. The UNICEF brand is well recognised through its efforts in immunization programme and water wells. UNICEF's close association with geographic, ethnic and faith based civil society organisations also earned trust among the communities. UNICEF's unique position among multi-lateral and bi-lateral agencies has allowed the issues of children and the Convention on the Rights of the Child, to be brought to the forefront of national development agenda.

The spread of UNICEF field office in nine separate locations, since 1996, headed by national officers who work closely with State/Division and Township authorities have helped improve monitoring capacity. It has helped highlight the problems of disparity in the field across all sectors. UNICEF supported studies and evaluations also assisted in providing support to various programme interventions. UNICEF Myanmar intends to continue strengthening the role of field offices in monitoring the humanitarian situation.

UNICEF is positioned to work with all local partners to develop innovative methods and practices. Continued use of UNICEF resources for unique projects such as life skill based education for young adults, micro stratification for malaria risk mapping and arsenic mitigation will continue to guide further programme development. Large UNICEF field presence will allow for close monitoring of the processes and interventions to learn from experiences and mistakes to prepare for replication.



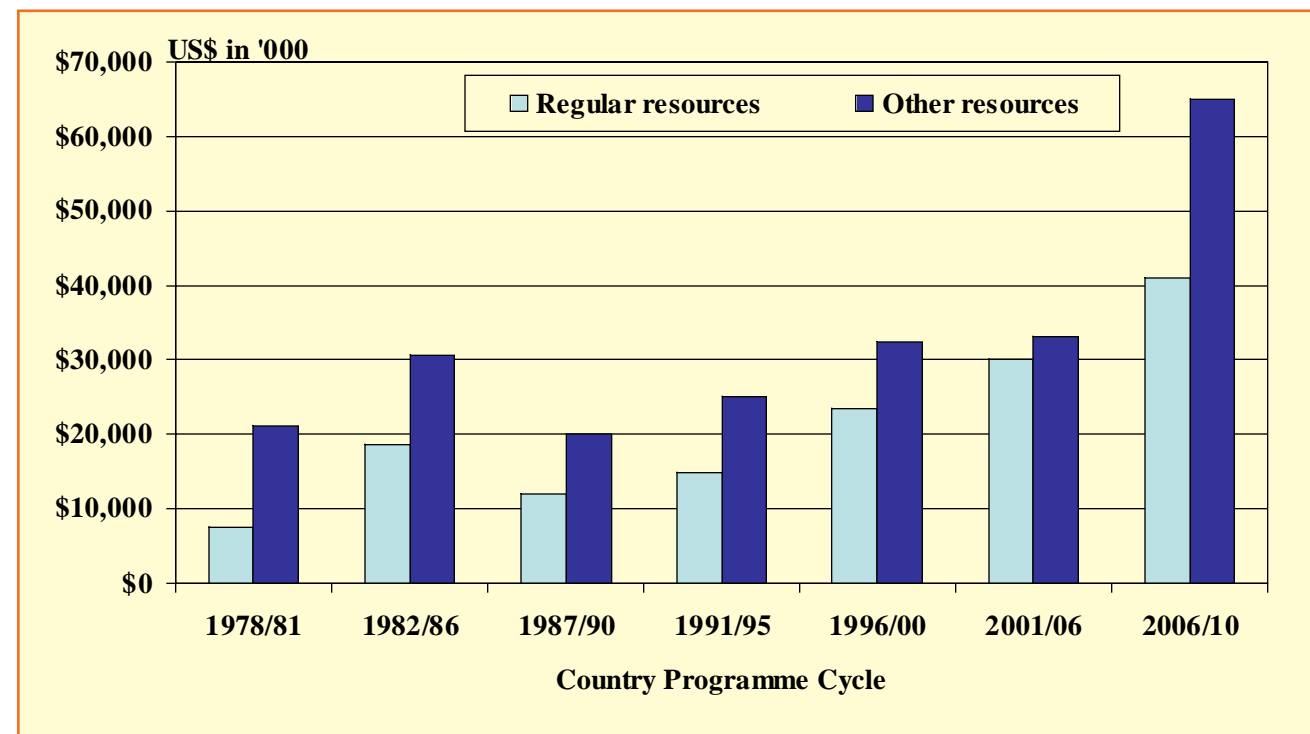
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³ UNICEF opened a liaison office in Yangon in March 1950

Past experiences in fund raising

Over the years UNICEF has been consistently increasing its Regular Resources and Other Resources to address the rightful needs of Myanmar children as seen in Figure 1 below. The funding of the various projects are based on the mutual consensus on the priority areas set between the government, UNICEF and donors. The governments and or UNICEF National Committees of Canada, USA, Japan, Germany, United Kingdom, Australia, Sweden and Netherlands have contributed generously to UNICEF Myanmar.

Figure 1 Regular and Other Resource allocations available to UNICEF country programme in Myanmar for various country programme cycles as approved by the UNICEF Executive Board

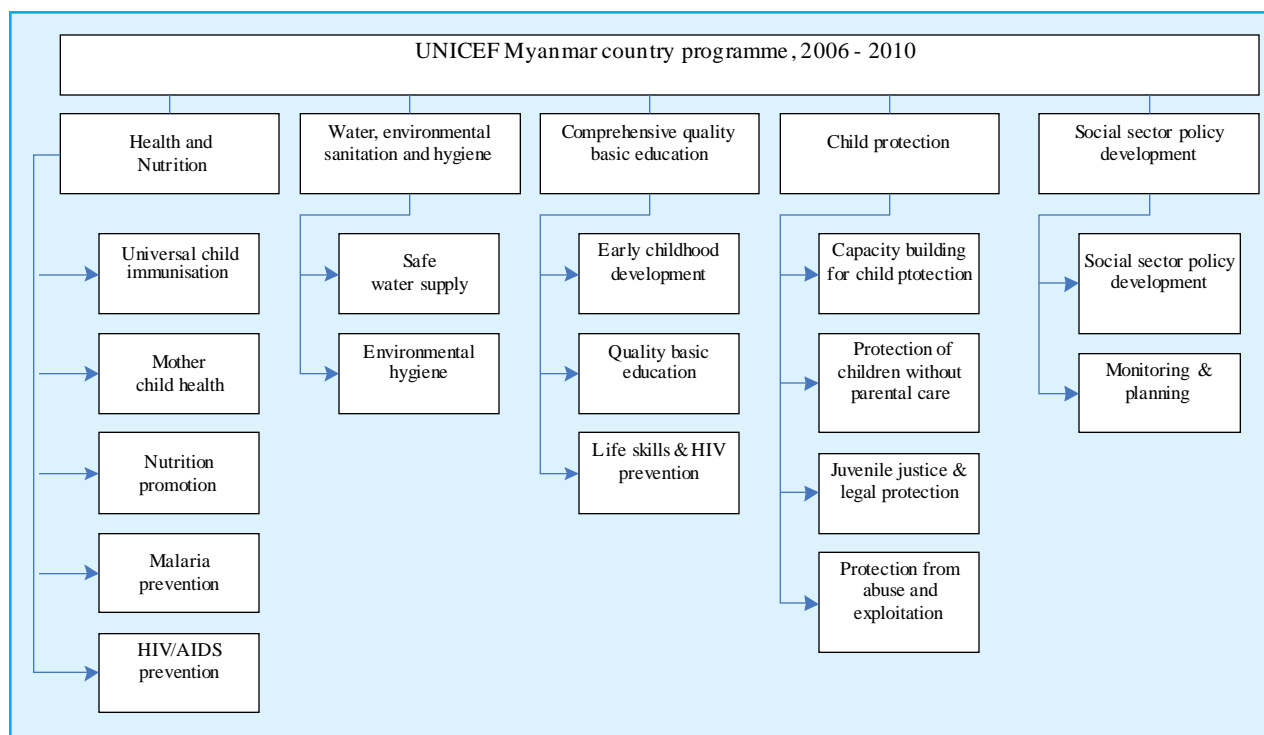


2006-10 Country programme structure

The current country programme was developed according to the recommendations of the mid term review of the last country programme with a view to managing the unfinished business of the 1990s while addressing the programme from the point of view of children's rights. The goal of the current country programme is:

To contribute to the fulfilment of the rights of children, young people and women to survival, growth, development, protection & participation with a special focus on the families, the poor, and the hard-to-reach areas

The current country programme consists of sixteen projects and sub projects in five sectors with specific interventions listed below.





Health and nutrition: *Reach more children with health and nutrition services that support their survival, growth and development;*

1. **Universal child immunization:** Support routine, campaigns and crash immunization activities against seven vaccine preventable diseases (includes hepatitis-B) through provision of vaccines and strengthening cold chain
2. **Women & child health development:** Improve antenatal, obstetric and newborn care; Strengthening emergency obstetric care; Provision of essential drugs; Improvement of case management of childhood pneumonia, diarrhoea and malaria
3. **Nutrition:** Provision of vitamin A and B1; Support universal salt iodization; Promote exclusive breastfeeding; Support iron/folate supplementation and de-worming; Support home fortification with multimicronutrients, Provision of therapeutic feeding for the severely malnourished
4. **Malaria:** Provision for diagnosis, treatment & prevention efforts through drugs and long lasting insecticide treated bed nets

5. **HIV/AIDS prevention and care:** Prevention of mother-to-child transmission of HIV/AIDS; Support care services for infected and affected children

Water, environmental sanitation & hygiene: *Improve access to safe water and sanitary latrine facilities to support survival, growth and development of children*

1. **Safe water:** Provide disadvantaged families and underserved communities with safe drinking water and sanitary latrines; Improve access to safe water services in schools and rural health centres
2. **Environmental sanitation & hygiene:** Promote beneficial hygiene practices in communities; Improve access to safe water services in schools and rural health centres; Support the establishment of a safe and effective system of medical waste disposal





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Comprehensive quality basic education: Assist equitable access to, and completion of, quality basic education, with extended learning opportunities for all children, especially the most vulnerable and those out of school;

1. **Early childhood development:** Improve access to and expansion of quality Early childhood development (ECD) programmes, including research & monitoring and support to families for ECD promotion
2. **Quality basic education:** Improvement and expansion of child friendly schools (CFS); Education research and monitoring; and Promoting equity in education
3. **Life skills and HIV/AIDS prevention education:** Expand life skills and HIV/AIDS prevention education in primary and secondary schools; Extended and continuous education and learning (EXCEL) for in and out-of-school children

Child protection: *Increase the capacity of duty bearers to prevent and respond to violence, abuse, exploitation and the neglect of children;*

1. **Capacity building for child protection & participation:** Assist in training on social work; Child protection; Child rights; Psycho-social support; Community-based child protection mechanisms
2. **Protection of children without parental care:** Community-based and alternative care; Support for national action plan and care standards; Training on child care; Protection and community-based support for NGO staff and community members
3. **Juvenile justice and legal protection:** Training for judiciary; Law enforcement officials and social welfare professionals; Support for development of national juvenile justice standards
4. **Protection of children from abuse and exploitation:** Interventions to combat trafficking in children and women; Reintegration and support programmes for street and working children; Support for action plan to prevent under-age recruitment

Social policy analysis, planning & monitoring: *Increase the availability and reliability of disaggregated data on children and women for planning, programming, monitoring and policy development*

1. **Social sector policy development:** Social policy analysis through review of existing policies, evaluation and research; Monitoring progress on

Millennium Development Goals; Strengthen overall information management system;

2. **Capacity building for child friendly planning and monitoring:** Community-level planning and programming with built in monitoring system at township level; Monitoring implementation of National Plan of Action for Children and CRC



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2006-10 Country programme funding status

The current country programme approved by the Executive Board has a total budget of US\$ 106.13 million of which US\$ 41.1 million has been committed from the Regular Resources of UNICEF⁴. The remaining US\$ 65 million is expected to be raised over the programme period to complement the activities implemented with the Regular Resources. The detailed allocation of the regular and other resources over the five-year period is presented in **Annex 1**.

Many donor governments have provided generous assistance to fund various components of the current country programme. The list of donors and funds received and pledged is presented in **Annex 2**.

Annex 3 presents summaries of the fifteen programmes/projects and UNICEF's field monitoring mechanism approved by the UNICEF Executive Board in 2005. These programmes/projects are being implemented in partnership with authorities at various levels, NGO partners and civil society institutions such as the University. The summary of these fifteen projects and the field monitoring indicate the current funding level and the resource gap for the remaining period of the country programme. These projects and programme summaries can be developed into a full fledged project proposal should a donor be interested.

⁴ In 2006 UNICEF increased the regular resource allocation to US\$ 48 million.

Proposed strategies for fund raising



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The UNICEF Myanmar country team has adopted a number of strategies to raise resources to finance all activities approved by the UNICEF Executive Board under the current country programme for the period 2006-10.

Responsiveness: The UNICEF Myanmar country team will work towards ensuring prompt response to all correspondences, progress reports on programmes and projects, donor request for information on any of the country programme activity and other relevant information requested on Myanmar. The office will gather human-interest stories together with photographs and maps within the context of Myanmar's social and political development and will share with national committees and donors regularly as appropriate.

Donor participation: Donors will be invited to participate in review meetings such as annual reviews, mid term review, country programme preparation and periodic briefings.

Sharing information: UNICEF will share annual reports and relevant reports to inform donors on achievements and setbacks in programme implementation.

Donor recognition: Contributions from donors will be recognised with written credits in reports, visibility materials and advocacy materials where appropriate.

Donor field visits: UNICEF has organised a number of field visits to Ambassadors and Heads of bilateral and multilateral missions present in Yangon and Embassies and diplomatic missions based in Bangkok accredited to Myanmar. The office will continue to organise such field visits

aiming at demonstrating the achievements and the potentials that exists in the field.

Contribution management: UNICEF Myanmar has maintained satisfactory level of donor reporting and submission of financial utilisation reports. All donor reports will be prepared in timely manner with necessary details including financial reports and will provide clarification requested by the donor governments and national committees of UNICEF.

Country kit: The country team will update the country kit with a wide range of data and information covering all sectors of the programme and the country. This will be a comprehensive information package on UNICEF programme in Myanmar and Myanmar itself. A key content will be the summary of situation analysis that would be visually attractive and presented in an easily readable format.

Marketing projects according to donor palate: It is essential to gear fund raising strategy matching the interest of the donors vis-à-vis needs of children and women. For example EC, DfID, NORAD and DANIDA are interested in quality education project. While utilising the funds available from these donors for education project, the office will try to influence the interest of other donors and partners to increase their support in the sector by demonstrating UNICEF's comparative advantage. The office will also maintain a system to remain abreast of the development trends and future directions of such key partners as AusAID, DfID, USAID, NORAD, DANIDA, CIDA, SIDA and JICA both globally and locally.

National Committees visit to the country: Seeing is believing! The country team will encourage national committee members to visit Myanmar to see for themselves the situation on the ground and the potential opportunities. Such visits also provide opportunity for first hand monitoring and observation of programmes in the field. In addition, time together will allow for opportunities to discuss progress, reports & information needs and improve communication between the National Committees, local partners, communities, and the UNICEF Myanmar country team.



Visit to donors by country team: While not encouraging specific visit to any donor capitals, should the key staff members happen to be in any donor capital for any reason, would be encouraged to visit the key partners in those cities and brief the partners of the situations. This would be pre arranged between the Geneva Regional Office and Country Management Team. It would not be an ad-hoc decision to ensure proper planning.

Brochures and bulletins: Brochures and simple information bulletins will be developed regularly to provide visitors and guests with updated information on on-going activities combined with slide shows for visitors, or inserted into welcome kits and information packages. The main purpose is to give a colourful and instructive glimpse into what is happening to children of Myanmar. Special brochures will also be developed on specific project themes of global importance such as mother-to-child HIV transmission and peer education on HIV. What is UNICEF Myanmar doing about it?

Private sector fund raising: The number of private sectors operating in Myanmar is very limited. Nevertheless UNICEF will try to build linkages with private sector to promote children's issues and to mobilise public opinion on relevant issues. UNICEF already has good experience of working with Myanmar Motion Picture Company in promoting hygienic practices. This will compliment the works done by the government.

Proposal development: Summary of projects that are being implemented under the current country programmes is presented in **Annex 3** in this document. The programme team can quickly revise and adapted to meet the potential need of donors who are interested on specific sectors or geographic area based projects. By having a series of proposals ready at hand, it will be easy to ensure prompt response to potential requests from interested donors. Within each project, proposals will be developed for each specific objective to meet the requirement of funding agency.

Current donor profile in UNICEF Myanmar

UNICEF Myanmar has benefited from generous support of a number of governments and UNICEF national committees to implement its programme of cooperation. The Annex 2 reflects the assistance received from various donors for implementation of current UNICEF country programme in Myanmar.

Implementation environment and conditionality

Myanmar has been under various international political and economic sanctions since 1988. The sanction prohibits loans from international financial institutions such as the World Bank, Asian Development Bank, International Monetary Fund and Private Banks. The sanction also restricts access to technical assistance and travel by government officials to certain countries. UNICEF also has restrictions on the use of donor funds for certain activities and mechanism of fund transfer. UNICEF will continue to honour such donor conditionalities related to international sanctions.

Until recently both the US and EC member states only support humanitarian assistance such as support to tsunami affected population. However since late 2004 EC has somewhat relaxed its position on non-humanitarian aid. This has helped EC and its member states to fund 3-disease fund (Myanmar's version of Global fund for malaria, TB and HIV). Recently, UNICEF also received substantial amount of fund from Denmark, Norway, DfID and EC for quality basic education project. UNICEF will adhere the European Commission's 'Council Common Position on Myanmar' in use of such funds. UNICEF will ensure that the funds will be used directly at the township level for implementation of all its activities.



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Annex 1

Country programme budget allocation for the period 2006-10 (in US\$ '000)

Programme	Resources	2006	2007	2008	2009	2010	Total
Health & Nutrition	Regular	2,092	2,026	1,034	1,939	1,779	9,770
	Other	5,136	6,545	8,591	9,523	8,841	38,636
	Total						
Water & Environmental sanitation	Regular	1,270	1,330	1,330	1,350	1,430	6,710
	Other	990	1300	1400	1400	1400	6,490
	Total						
Comprehensive quality education	Regular	1,784	1,790	1,800	1,806	1,820	9,000
	Other	1,700	1,800	2,500	2,700	2,300	11,000
	Total						
Child protection	Regular	900	897	900	897	906	4,500
	Other	1,500	1,500	1,500	1,500	1,500	7,500
	Total						
Social policy planning, monitoring & evaluation	Regular	500	500	500	500	500	2,500
	Other	50	200	250	250	250	1,000
	Total						
Cross sectoral support	Regular	1,680	1,683	1,762	1,734	1,791	8,650
	Other	74	74	75	75	76	374
	Total						
Country ProgrammeTotal	Regular	8,226	8,226	8,226	8,226	8,226	41,130
	Other	9,450	11,419	14,316	15,448	14,367	65,000
	Total	17,676	19,645	22,542	23,674	22,593	106,130

Annex 2

Current source of funding (2006-2010)

SOURCE OF FUNDING	AMOUNT –US\$	PROGRAMME/PROJECTS
Government of		
Japan	10,113,983	Health and Nutrition- (All Projects for Maternal and Child Health Grant Aid, UCI (Emergency); Communication (Avian Influenza),
Australia (AusAID)	1,795,939	Health and Nutrition (UCI, Nutrition);WASH (Arsenic Mitigation);Child Protection (Juvenile Justice and Legal Protection, Protection of Children from Abuse and Exploitation)
Canada (CIDA) (IDRC)	903,726	Health and Nutrition (Universal Child Immunisation, Nutrition); Child Protection (Protection of Children without parental care)
Denmark	3,091,141	Education (Early Childhood Development, Quality Basic Education, Life skills and HIV/AIDS Prevention Education)
Germany	1,321,440	Education(Quality Basic Education, Life skills and HIV/AIDS Prevention Education), WASH (Environmental Sanitation and Hygiene)
European Commission	13,336,529	Health and Nutrition (HIV/AIDS Prevention and Care); Improving Access to Quality Basic Education (All Projects)
Norway	580,459	Improving Access to Quality Basic Education (All Projects)
Netherlands	946,460	Education (All projects), Health and Nutrition (Universal Child Immunisation)
Sweden (SIDA)	627,396	Health and Nutrition (HIV/AIDS Prevention and Care)
United Kingdom (DFID)	6,143,799	Education (All Projects)
United States of America (Centre for Disease Control - CDC)	2,020,402	Health and Nutrition (Universal Child Immunisation)
Ireland	307,839	Field Support-Support to UNICEF Project Operational Needs in Myanmar
Italy	216,815	Social Sector Analysis and Child Friendly Planning and Monitoring (Support for Junior Professional Officer)
Portugal	57,309	Child Protection (Capacity Building for Child Protection and Participation, Protection from Abuse and Exploitation, Protection of Children without Parental Care)

UNICEF Committees		
United States of America	654,072	Health and Nutrition (Universal Child Immunisation , Nutrition)
United Kingdom	369,206	Child Protection (Protection of Children from Abuse and Exploitation)
Australia	592,454	Health and Nutrition (HIV/AIDS Prevention & Care, UCI), WASH (Safe Drinking Water)
Sweden	1,189,687	Education (All Projects), WASH (Environmental Sanitation and Hygiene), Communication (Training of journalists in child friendly reporting)
Japan	1,893,732	Health and Nutrition (UCI) , Education (Quality Basic Education, Life skills and HIV/AIDS Prevention Education)
Swiss	73,031	Education(Life skills and HIV/AIDS Prevention Education)
Other Donors		
OPEC	132,728	Child Protection (Capacity Building for Child Protection and Participation, Protection of Children Without Parental Care)
UN Foundation	7,104,367	Health and Nutrition (Universal Child Immunisation)
Thematic fund	3,448,091	Health and Nutrition (UCI), Education (All Projects), Child Protection (Protection of Children from Abuse and Exploitation)
Thematic fund (Humanitarian assistance for Tsunami effected areas)	8,182,302	All Programmes
UNICEF Set aside fund (Additional special UNICEF allocation)	2,430,232	Health and Nutrition (Malaria), WASH (Safe Drinking Water), Education(Early Childhood Development)
GAVI (Global Alliance for Vaccines and Immunisation)	1,743,740	Health and Nutrition (Universal Child Immunisation)
UN Office for the Coordination of Humanitarian Affairs (UNOCHA)	1,448,630	Health and Nutrition (WCHD, Malaria, Nutrition)
GRAND TOTAL	70,725,510	



Annex 3

Project 1

Project title: Universal child immunization
Coverage: National
Implementing agency: Ministry of Health

Estimated cost
Regular resources: US\$ 3,587,897
Other resources: US\$ 15,561,773
Funding shortfall: US\$ (6,235,673)

Issue

In Myanmar, basic immunization coverage is characterized by significant disparities between urban and rural areas and areas affected by weak infrastructure and insurgencies. This was further complicated by the suspension of EPI activities for three months in early 2006 which resulted in a substantial decline in overall national coverage and compromised the quality of the monitoring mechanisms. The national average coverage is 76% but in 53 townships the coverage is lower than 50%. Lack of adequate cold chain network is a major constraint in providing immunisation services to all children. Many health facilities have introduced solar-powered refrigeration units; nevertheless it is far from adequate to meet all the needs.

Myanmar had maintained polio-free status since 2000, which was interrupted in May 2006 by one case of vaccine-derived polio virus detected in Pyin Oo Lwin Township, Mandalay Division. After a thorough investigation by an international response team, outbreak response immunization was



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conducted in 15 townships surrounding the index case. This was followed by two rounds of sub-national immunization days in September and October 2006. Despite these efforts 14 additional polio cases (11 wild polio virus and 3 vaccine derived polio virus) have been detected so far.

Measles vaccine has been part of routine immunization since 1987 and reaches over 80% of all children, however there are still periodic measles outbreaks. A national measles campaign for children under 5 years was implemented in early 2007. The government also introduced a new strategy for a second dose of measles for 18-24 month old and

periodic campaign for under five years old children in townships with low immunization coverage and hard to reach areas.

Although 73% of pregnant women receive tetanus toxoid vaccination during pregnancy, tetanus is still one of the main causes of neonatal deaths in parts of the country. The hepatitis B virus is endemic and affects around 12% of the population – one of the highest proportions in the region. At present 5.1 million people are assumed to be carriers and 86,000 are infected each year. Of these, an estimated 17,000 people will eventually die from hepatitis-B-related causes.

Past achievements

Through the Expanded Programme on Immunization (EPI) the Government has achieved widespread vaccination coverage against common childhood diseases. With the exception of measles, the incidence of vaccine preventable diseases has decreased substantially since 2000. Their greatest success has been with polio which has virtually been eliminated until it resurfaced in 2006. In 2003, national immunization days were discontinued while sub-national immunization days were implemented in the areas considered to be at the greatest risk – notably townships on the India, Bangladesh and Thailand borders. The Government has also introduced Hepatitis B immunization in 2003 and has now been fully integrated into EPI programme.

Project objectives

1. Protect all children under one year against seven immunisable diseases
2. Strengthen cold chain network nationally
3. Eradicate polio

4. Control/elimination of measles and maternal-neonatal tetanus

The way forward

The Expanded Programme on Immunization supports routine immunization services, and when necessary supplementary immunization activities and outbreak response, for infants and women countrywide, aiming for polio eradication, immunization against Hepatitis B, sustainable maternal and neonatal tetanus elimination, and measles control. Special attention is being given to strengthening the cold chain, injection safety and proper waste disposal. Outreach and crash programmes target children in hard-to-reach areas.

By 2010, UNICEF and the Ministry of Health expect to achieve the following milestones:

- Strengthened routine immunization through monthly outreach services and fixed immunization sites to reach at least 80% of children under one and 80% of pregnant women in all townships
- At least 85 % of the cold chain is fully operational and cold chain is available in all township hospitals, station hospitals and local health facilities
- Reach at least 90% of children under one and 90% of women of childbearing age women in hard-to-reach areas through programme through three to four times crash immunization services annually

Project strategy

- Provide technical assistance to develop a comprehensive immunization policy and a multi-year plan of action

- Continue advocacy with the Government to increase spending on immunization, and achieve a self-sustaining reliable routine system
- Provide vaccines, injection material, cold chain equipment, registers and forms, and communication/advocacy material
- Reinforce technical capacities of the basic health staff and medical officers.
- Support crash programmes in hard-to-reach areas with the integration of other health interventions including distribution of insecticide treated nets, Vitamin A, de-worming, and iron supplementation
- Reinforce institutional monitoring and evaluation capacity

Our partners

UNICEF works in close cooperation with the Ministry of Health, GAVI and WHO.

Monitoring indicators

The success of this project will be monitored by observing immunisation coverage of target population and disease reduction. Two most important indicators of success will be eradication of polio and elimination of measles. The required data for monitoring will be based on routine health facility data, qualitative assessment and occasional cluster surveys and evaluations.

Funding gap in EPI

The funding situation for EPI project appears very good but it is skewed due to recent resurgence of polio⁵. Further the government also implemented a nationwide measles campaign. The total funds available and utilised in EPI project exceeds planned amount for the five year. **However there is still need for strengthening the routine EPI activities including**

the cold chain network which is estimated to cost about US\$ 2 million in addition to vaccines and other EPI supplies.

Funding summary - EPI

RR allocation	4,900,000
RR received	3,587,897
OR approved	9,326,100
OR received	15,561,773
Funding shortfall	(6,235,673)

Source of Other Resources

Japan Government	2,131,117
UNICEF Japan	1,597,334
CDC, Atlanta	2,020,402
UN Foundation	7,104,368
GAVI	1,694,137
Canada	208,338
Netherlands	3,060
Australia	278,113
Global-Thematic	100,000
UNICEF USA	175,004
UNICEF Australia	140,318
UK Committee for UNICEF	109,572

Total OR received 15,561,773

⁵ The recent discovery of vaccine derived polio in central Myanmar and wild polio virus along its western border, presumed to be imported from its neighbour have been of concern in Myanmar's efforts towards polio eradication. In addition, the weaknesses in its routine immunisation services have also been of concern. UNICEF assisted in strengthening the cold chain network in 2006. However, much needs to be done to improve the quality of human resource, logistics, supervision and monitoring. In order to support government's efforts for several sub national polio campaigns that had to be implemented to contain the spread of polio virus, UNICEF received several sets of funding which exceeded the five year projection. Similarly UNICEF also received funds for national measles campaign which was not planned at the time of drafting the current country programme. Although the overall funding requirement for EPI exceeded due to polio and measles campaigns the EPI project still needs funds for improving routine immunisation services and cold chain improvement.

Annex 3

Project 2

Project title:	Women and child health development
Coverage:	National
Implementing agency:	Ministry of Health
Estimated cost	
Regular resources:	US\$ 1,228,158
Other resources:	US\$ 2,078,311
Funding shortfall:	US\$ 6,229,359

Issue

As part of a 2000 global study on maternal mortality, the UN estimate of maternal mortality in Myanmar is 360 deaths per 100,000 live births annually, though it also indicated a wide range of uncertainty – from a low of 91 to a high of 660. A ratio of 360 implies that a woman has a lifetime risk of 1 in 75 of dying in childbirth – and that each year in Myanmar there are approximately 4,300 preventable maternal deaths related to obstructed labour, haemorrhage and infections/sepsis. Illegal abortion is also an important associated factor for haemorrhage and infections. In addition to these previously known causes, the survey also revealed other notable causes such as HIV/AIDS, malaria, and cardiac beri beri. The findings strongly indicate the necessity of further effort to ensure the availability and accessibility of antenatal, clean delivery and emergency obstetric care services.

The infant and child mortality rate is estimated 76 and 106 per 1000 live births. Major causes of such



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mortality were acute respiratory infections (ARI - 21%), brain infections (includes meningitis, encephalitis, cerebral malaria - 14%), diarrhoea (13.4%), premature birth/ low birth weight (13.4%), septicaemia (10.5%) and malaria (5.7%). These avoidable deaths can largely be prevented through a set of high impact child survival interventions expanded to reach a near universal coverage .

Past achievements

Given the limited availability of reliable national data, the achievements of the Women and Child Health Development Project are measurable in terms of outputs rather than outcomes. Between 2001 and 2005, UNICEF supported activities reached one third of all townships with:

1. Basic health personnel being trained in women and child health development, auxiliary midwives being trained in safe delivery and birth preparedness and health volunteers being trained in key family practices.



2. Supplies and equipment for diagnosis and treatment of malaria were made available in 80 high-risk townships. More than 2,000 basic health personnel have been trained in malaria diagnosis and treatment, and 240,236 insecticide-treated nets were distributed to vulnerable households in high-risk malaria areas.
3. Appropriate essential drugs and emergency obstetric care equipment were supplied to targeted health facilities, especially in hard-to-reach areas.

Project objectives

1. Reduction in maternal mortality by one fourth from 2005 level
2. Reduction in diarrhoeal diseases by 25% from 2003 estimates in one third of the total townships

The way forward

The Woman and Child Health component of the 2006-2010 UNICEF country programme focuses on reducing newborn and child deaths as well as improving maternal health through up-scaling a basic package of high impact interventions against diarrhoeal diseases, acute respiratory infections, child malnutrition and maternal health etc. The main results expected by 2010 are the following:

- Maternal, peri-natal and neonatal mortality is reduced by one-fourth from 2003/2005 level in one-third of all townships.
- Infant and under five mortality due to diarrhoeal diseases, acute respiratory infections and malaria are reduced by 25 % from 2003 estimate in one-third of all townships.

Project strategy

The main strategies adopted to achieve above results are the following:

- Support to birth preparedness and quality antenatal care
- Promotion of delivery by skilled birth attendants and improved referral to essential obstetric care;
- Building capacities of health personnel and the community on safe delivery practices, obstetric emergencies and newborn care;
- Special emphasis on improving community child caring practices through promotion of key family care practices.
- Funding permitting, UNICEF will continue to support the availability of essential drugs country-wide

Our partners

Ministry of Health, UNFPA and WHO and local NGOs

Monitoring indicators:

These include increased use of skilled health workers, increased coverage with appropriate case management of childhood diarrhoea and pneumonia and improved care seeking behaviour. Eventual outcome indicator will be reduction in maternal and child mortality.

Funding gap

There is a major shortfall of funding for scaling up of proven low cost but high impact interventions for Child survival and maternal health as the current support for this project from Government of Japan comes to an end in 2008.

Funding summary - WCHD

RR allocation	575,000
RR received	1,228,158
OR approved	8,307,670
OR received	2,078,311
Funding shortfall	6,229,359
Source of Other resources	
Japan government	2,078,311
Total OR received	2,078,311



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Annex 3

Project 3

Project title: Nutrition
Coverage: National
Implementing agency: Ministry of Health

Estimated cost
Regular resources: US\$ 1,611,774
Other resources: US\$ 1,774,477
Funding shortfall US\$ 588,513

Issue

The problem of malnutrition is widespread among under-five children in Myanmar, with one third of child population being moderately to severely malnourished. Approximately 10 - 20% of infants are estimated to be born with low birth weight. Only 15% of children are exclusively breastfed for the first three months. Some dietary practices during pregnancy and lactation negatively impact on maternal and child nutrition.

A recent nationwide micro-nutrient survey identified alarming anaemia situation especially in young children. While overall anaemia prevalence among pre-school children was 65%, more than 80% of children less than 2 years of age were reported as anaemic and 70% were iron deficient. The prevalence of anaemia was 45% among women, and was found to be associated with helminth infection and iron deficiency. These indicate that iron deficiency likely begins at birth as maternal iron stores are insufficient throughout pregnancy and breast feeding period. The complementary food given to infants during weaning is not satisfactory in composition and diversity. Infantile beriberi, a form of vitamin B₁



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deficiency, has been identified as an emerging nutritional problem in Myanmar. It is often presented as a sudden death of infant and estimated to be responsible for more than a thousand infant deaths each year.

Past achievements

UNICEF contributed to the nationwide integration of de-worming activities and to the introduction of iron supplementation to adolescent school girls and children between six months and three years of age. Clinical vitamin-A deficiency was eliminated thanks, among other factors, to national mass supplementation campaigns initiated in 1998. A system for the surveillance of beri beri (vitamin B₁ deficiency) was established in 35 hospitals/ townships.

Good progress has been made towards the elimination of iodine deficiency disorder through universal iodization of salt: visible goitre rate among schoolchildren reduced from 33% in 1994 to 5.5% in 2003-4; household utilization of iodized salt increased from 48% in 2000 to 73% in 2005.

Project objectives

1. Elimination of vitamin-A deficiency
2. Elimination of iodine deficiency disorders
3. Control of Beriberi
4. Reduction in anaemia amongst pregnant women and children
5. Reduction in Protein energy malnutrition

The way forward

UNICEF is contributing to the achievement of the following two overall results in the area of nutrition:

- Protein energy malnutrition, causing stunting and low birth weight, is reduced by one-fourth from 2003 level in one-fourth of all townships.
- Iodine deficiency disorder and vitamin-A deficiency are eliminated in a sustainable way nationwide.

Project strategy

The Nutrition Project is developed around the following strategies:

- Building capacities of practitioners and partners on protein energy malnutrition prevention, including good feeding practices for infants and young children, exclusive breast feeding, avoiding breast milk substitutes;
- Social mobilization for good feeding practices, for the use of iodized salt;
- Mass de-worming campaign for all children aged 2 to 9 years

- Technical assistance for the reinforcement and revision of national policies such as the *salt act* and of funding mechanisms for potassium iodate revolving fund;
- Improved data collection and assessment on prevalence of low birth weight, beri beri, iodized salt production and consumption;
- Supplementation of iron folate, vitamin B₁ and high potency vitamin-A;
- Provision of iodised salt fortification equipment to upgrade salt factories

Our partners

The Nutrition project is implemented in close cooperation with the Ministry of Health, the Ministry of Education, WHO, WFP, and the Ministry of Mines.

Monitoring indicators

The main indicators of success in nutrition project will be monitored through

- Vitamin A supplementation in more than 90% of children
- Household availability of adequately iodised salt more than 90%
- Infant death due to beriberi reduced by 50%
- Reduction of Iron deficiency anaemia less than 40%
- Reduction in prevalence in malnutrition
- Exclusive breastfeeding prevalence more than 30%

Funding gap

This project is highly under funded partly due to the lack of recognition of the problems of malnutrition.

Funding summary - Nutrition

RR allocation	518,700
RR received	1,611,774
OR approved	2,362,990
OR received	1,774,477
Funding shortfall	588,513

Source of Other resources

Government of Australia	890,896
US fund for UNICEF	268,193
CIDA	212,673
Micronutrient Initiative	402,715
Total OR received	1,774,477



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Annex 3

Project 4

Project title: Malaria prevention
Coverage: 80 high risk townships
Implementing agency: Ministry of Health

Estimated cost
Regular resources: **US\$ 543,377**
Other resources: **US\$ 2,101,831**
Fund shortfall **US\$ 2,433,069**

Issue

According to the official statistics malaria affects around 1.3% of the population with almost 690,000 cases reported annually. Of this 30% of cases are among children under 15 years. Many people suffering from malaria do not seek consultation in a health centre but turn instead to traditional healers or the private sector, or simply treat the disease at home. As a result, the real malaria prevalence may be 60%-75% higher than official estimates. Malaria is also the leading cause of mortality, accounting for nearly one in five deaths. The total cases of malaria in Myanmar represent about 50% of all reported malaria deaths in South-East Asia region. Malaria is found in all ecological zones but the people at highest risk are those living in the forests and forest fringes and generally those living along the border areas. In Myanmar, about 71% of the population is assumed to be at risk. A major factor in spreading malaria is movement of people from low-risk to high-risk areas in search of work, such as the people working in mines, logging camps and plantations.



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A serious outbreak of malaria in eastern Shan State in 2000 was caused by a large-scale population movement from a highland area into low land, which caused significant malaria morbidity and mortality. Myanmar has a nationwide malaria control programme since 1950 with a series of initiatives linked to international efforts. The most recent of these is the global '*Roll Back Malaria*' initiative, launched in 1998.

Past achievements

An external review of the national malaria control programme was undertaken in October 2005 to document the lessons learnt from immediate past and recommend changes in strategic directions for the project. The recommendations were fully incorporated into the National Strategic Plan, 2006-2010. All national partners such as the WHO, UNICEF, and JICA are fully supporting the government efforts in controlling malaria.

Project objectives

1. Improve access to insecticide treated bed-nets
2. Improved access to diagnosis and treatment
3. Provide technical assistance to improve early diagnosis of malaria

The way forward

UNICEF will continue to support national efforts to reduce under five mortality due to malaria by 50% by 2010 from the 2006 baseline in 80 selected townships.

Project strategy

The main strategy will be to strengthen the implementation of the national Five-Year Strategic Plan against malaria. This includes support for early diagnosis, treatment and prevention in 80 malaria-risk townships. UNICEF will work with international non-governmental organizations in 27 townships. UNICEF expects to contribute to the following milestones:

- By 2007, all 80 project townships have completed village-level micro-stratification (malaria risk mapping) for the effective delivery of essential services to the most vulnerable families.
- 100% of children under five years and pregnant women sleep under ITN throughout the year in high risk areas (identified by micro-stratification process), 75% in moderate risk areas, and 50% in low risk areas;
- All health personnel in 80 townships have diagnostic and treatment capacity, including the appropriate skills and adequate supplies;
- All malaria outbreaks are responded to within 48 hours;

Our partners

The Ministry of Health, WHO, JICA and a number of NGOs such as PSI and CARE

Monitoring indicators

The success of the project will be monitored through

- Increased availability of insecticide treated bed-nets
- Increased access to anti-malarial drugs
- Reduction in malaria prevalence

Funding gap

The only current donor to this project is the Government of Japan. Its funding shortfall is US\$ 2.43 million.

Funding summary - Malaria

RR allocation	577,700
RR received	543,377
OR approved	4,534,900
OR received	1,001,831
GP Set Aside	1,100,000
Funding shortfall	2,433,069

Source of Other resources

Government of Japan	1,001,831
Total OR received	1,001,831

Annex 3

Project 5

Project title:	HIV/AIDS prevention and control
Coverage:	90 townships
Implementing agency:	Ministry of Health and NGO partners
Estimated cost	
Regular resources:	US\$ 1,099,894
Other resources:	US\$ 1,954,506
Funding shortfall	US\$ 9,705,594

Issue

According to official figures, the number of adults living with HIV/AIDS has more than doubled since 2002. UNAIDS estimate shows that the Percentage of adult (15-49 years) that are infected with HIV is estimated at 1.3% (2006). The epidemic has clearly spread beyond people with high risk behaviours. There is an increasingly visible impact on the children, women and young people, as evidenced by increase in antenatal HIV prevalence, orphans and children made vulnerable by HIV.

According to the data from sentinel surveillance, 1.32% of pregnant women are HIV infected (DoH 2005), consequently, 3,000 – 4,000 babies are born with HIV every year. Most of these children would become ill and die within months of birth to five years of age. There are approximately 347,000 adults and 7,800 children estimated to be living with HIV (2004). Increasing number of young people with few or no skills end up working in the informal economy



or on the streets where they are exposed to petty crime, risk of being in conflict with the law, sexual abuse, labour exploitation, exposure to drugs and HIV/AIDS. The HIV prevalence in young people (15-24 years) is estimated at 2.2%. According to the Behaviour Surveillance Survey in 2003, only 21% of young people are able to correctly identify the three common ways of HIV transmission.

Very little is known about the impact of HIV/AIDS on children such as children infected with the virus, orphan as a result of HIV/AIDS, their care and coping strategies at the family level.

Past achievements

Prevention from mother to child transmission

A project for prevention from mother to child transmission of HIV started in Myanmar in December 2000 and is now available in 96 townships and 37

hospitals. The National AIDS Program review in March 2006 recognized PMCT as a pioneering and successful health sector program intervention for HIV. In 2005, more than 90,000 pregnant women were offered PMCT and 52,000 were tested in the UNICEF supported township. This number however, represents only a small percentage compared to the total number of pregnant women in the country.

UNICEF supported the training of nearly 10,000 basic health staff and hospital staff with an emphasis on counselling, safer delivery practices, universal precautions, infant feeding and management of opportunistic infections. Laboratory technicians were given appropriate training for rapid tests. Access to antiretroviral treatment is extremely limited due to lack of resources. It is currently being provided by only few NGOs.

Primary prevention among youth

UNICEF introduced the Life skills based HIV prevention strategy among young people in 1993. This has been adopted for both in-school and out-of-school children. UNICEF assisted Department of Education Planning and Training to introduce the School based Healthy Living and HIV/AIDS Prevention Education (SHAPE) for primary and secondary school children from 7 to 14 years old and has now expanded nationwide with adoption in national curriculum.

However, considering that half of the children drop out of school before completing the primary cycle community based program involving NGO and parent teacher association is under expansion to target this group. For the higher age group, from 15 to 24 years, who are presumably at a higher risk, UNICEF works

with Myanmar Red Cross Society and Department of Health Planning, particularly emphasizing on the youth working in informal sectors and youth who are planning to migrate for work.

Care and support for people infected and affected by HIV, especially orphans.

UNICEF works with a number of NGOs to provide direct services to people affected by HIV, especially orphans. This includes referral to health service, psychological care, nutritional and education support. UNICEF assisted the Myanmar Nurses Association to establish a community and home based care model and more recently successfully expanded the involvement of people living with HIV through the creation of self-help groups.

However, the issue of orphans has been an emerging area of concern. UNICEF has been advocating and networking with relevant partners to extend support to orphans related to AIDS. The new National Strategic Plan now clearly states the need of care and support for orphans.

Project objectives:

1. 50% of new HIV infections in infants are prevented in selected PMCT townships;
2. Increased HIV/AIDS knowledge, prevention skills and access to service is available to youth in 30 townships.;
3. A national care and support strategy developed and implemented to reach children orphaned and made vulnerable by HIV/AIDS in 30 high-prevalence townships;

The way forward

The lessons learned in HIV/AIDS prevention efforts will continue to target children and women in high risk areas. To help protect the health of children born to HIV+ mothers, UNICEF will support a series of interventions including counselling on infant feeding, the provision of anti-retrovirals and other support for mothers living with HIV as well as for children infected or affected by HIV.

UNICEF will continue to reach out to children in primary and secondary school with life skills and HIV/AIDS prevention education. This activity will be taken to national scale during this Country Program, reaching millions of children and youth each year.

Because out-of-school children and youth are particularly vulnerable to HIV/AIDS, UNICEF will continue to support life skills and HIV/AIDS prevention education through its Education program, as well as activities targeting orphans and other children deprived of family care through its Child Protection program.

As there has been little focus on the plight of children orphaned by HIV/AIDS to date, UNICEF will work with partners to develop care and support programmes for this group of children. UNICEF will work with faith-based organizations throughout the country to reach children and youth with appropriate communication and social mobilization activities.

Project strategy

The project strategy aims at strengthening interventions in protection, education and health.

- In protection sector, care and support for orphans and other vulnerable children will remain a priority especially for those infected and affected by HIV/AIDS.
- In education sector, children and youth will continue to be targeted with ongoing information and communications campaigns for HIV/AIDS prevention and life skills.
- In health sector, the strategy will be strengthening prevention measures especially the transmission of HIV from mother to child during pregnancy and infancy, and providing the infected and affected children with care and treatment

Our partners

National AIDS Programme (NAP) of Department of Health, Department of Social Welfare, the Department of Educational Planning and Training and, UNFPA and WHO as UNAIDS cosponsors are UNICEF's main partners. In addition a number of NGO partners are engaged with UNICEF in implementation of various project interventions

Monitoring indicators

The indicators of success will be measured by increased knowledge among children and youth on high risk behaviour. Other indicators will include availability of HIV screening facilities and acceptance by high risk groups for screening.

Funding gap

Funding summary - HIV/AIDS

RR allocation	832,100
RR received	1,099,894
OR approved	11,660,100
OR received	1,954,506
Funding shortfall	9,705,594

Source of Other resources

Government of Japan	575,725
EC	504,828
UNICEF Australia	246,557
SIDA Sweden	627,396
Total OR received	1,954,506



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Annex 3

Project 6

Project title: Safe drinking water
Coverage: Selected townships
Implementing agency: Ministry of Border Areas

Estimated cost
Regular resources: US\$ 1,450,330
Other resources: US\$ 619,194
Funding shortfall US\$ 3,120,806

Issue

Nationally 79% of households have access to drinking water. However, this national average hides disparities between urban and rural areas. In some rural areas, less than 40% of households have access to safe drinking water. Unfavourable natural conditions and the lack of infrastructure in remote areas are the main reasons for the access gaps across townships, states and divisions. Remote townships and communities in disaster prone areas tend to have lower water and sanitation access coverage than those located on major national roads. The gains made in the provision of safe water during the past decade are being threatened by environmental pollution and the incidence of naturally occurring contaminants in drinking water sources, such as the recent discovery of arsenic in some underground water sources.



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Past achievements

Households in Myanmar have seen significant improvements safe water supply services. According to MICS, between 1995 and 2003 the proportion of households in Myanmar with access to an improved and convenient water supply increased from 60% to 79%. In urban areas the figure was notably higher reaching 92%⁶.

⁶ Department of Health Planning, undated; MICS, 2003

Project objectives

1. To provide disadvantaged families and underserved communities with safe drinking water and sanitary latrines;
2. To improve access to safe water services in schools and rural health centres;
3. To promote beneficial hygiene practices in communities;
4. To support the establishment of a safe and effective system of medical waste disposal in health centres

The way forward

UNICEF is working to reach the following results by 2010.

- 80,000 households benefiting about 400,000 people, 1,000 schools and 500 Rural health centres and 250 rural markets in vulnerable and disadvantaged areas have access to safe and sustainable drinking water supply
- About 600 communities identified as at risk for arsenic poisoning have access to alternative safe water options
- The Government and the key stakeholders involved in water supply, primarily communities, cooperate and are accountable for the management and maintenance of newly installed facilities, and take initiative to expand the project to other under served areas

Project strategy

UNICEF will continue to support the national programme to improve service delivery and capacity building in the water and environmental hygiene sector.

- Depending on geographical location the project will promote dug-wells, shallow wells and deep wells, improved drinking water ponds, rainwater collection reservoirs, household water treatment systems and gravity flow schemes as appropriate. In areas without electricity all wells will be equipped with hand-pumps.
- The Project will encourage decentralization of government responsibilities and advocate for increased resource allocation to the water sector. UNICEF will play a catalytic role to promote appropriate technologies such as water filters, water treatment chemical for water purification and covered water storage containers for in disadvantaged communities.
- Local water management committees and village maintenance groups will be encouraged to participate in financing the local infrastructure and maintenance. UNICEF is currently subsidising the local production of bacteriological test-kit for drinking water. Once there is enough demand UNICEF will phase out and the technology will be transferred to the private sector partners.
- UNICEF will continue to expand clean water and sanitary latrines in schools, health centers and underserved communities. This will be complemented by support to promote beneficial hygiene practices in schools through the provision of activity-based learning materials, and in communities through its support of National Sanitation Weeks.

- UNICEF will continue to provide technical assistance for water quality test for arsenic, fluoride and other contaminants in groundwater to introduce mitigation activities as needed.

Our partners

The Department of Development Affairs is the main technical counterpart. UNICEF also works in close cooperation with the Environmental Sanitation Division, the Occupational Health Division and the Central Health Education Bureau of the Department of Health, as well as the Water Resources Utilization Department and the Department of Medical Research. The NGO partners include ADRA, ACF, PSI, KBC and CDA in various phases of the project and are increasingly involved in water supply constructions and the marketing of water treatment systems.

Monitoring indicators

The monitoring will include increase in access to safe water and sanitation coverage by families in rural communities. The ultimate outcome indicators will be measured by decrease in water born diseases.

Funding gap

The Safe Drinking Project is partly funded by the Government of Australia and UNICEF National Committee of Australia. Its funding shortfall is US\$ 3.2 million.

Funding summary - Safe water

RR allocation	3,370,000
RR received	1,450,330
OR approved	3,740,000
OR received	419,194
GP Set Aside	200,000
Funding shortfall	3,120,806
Source of Other resources	
UNICEF Australia	205,579
Government of Australia	213,615
Total OR received	419,194

Annex 3

Project 7

Project title: Environmental sanitation & hygiene
Coverage: Selected townships
Implementing agency: Ministry of Border Affairs, Ministry of Health

Estimated cost
Regular resources: US\$ 536,801
Other resources: US\$ 1,537,456
Funding shortfall US\$ 1,212,544

Issue

Nationally sanitary latrines are available to 76% of households, 75% of schools and 65% of rural health centres, although not all available latrines are properly used and fulfil basic sanitary standards. But as for most other social indicators in the country, this average hides critical disparities between urban and rural areas. The problems of environmental sanitation in Myanmar are caused not by lack of resources or deficiencies in system management but by lack of awareness and unhealthy hygiene behaviour. Sanitation usually has a low priority. Despite the progress made at the national level, inevitably there are disparities across and within the States and Divisions. Rakhine and Kayin States have poor water supplies and the lowest household usage of sanitary latrines. These localized disparities reflect unfavourable geological conditions and cultural and economic factors.



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Past achievements

Between 1997 and 2003, the proportion of households with access to sanitary latrines increased from 43% to 76%. This step forward has been achieved largely by a massive social mobilization campaigns, such as the National Sanitation Week, and by the local production and marketing of plastic toilet pans at affordable prices. There are also improvements in sanitary practices such as hand washing. Between 1996 and 2001, the proportion of the population washing their hands with soap and water after using latrines rose from 18% to 43%.

Project objectives

1. Promote household sanitation in target communities
2. Promote safe sanitation in primary schools in target townships
3. Promote safe hygienic practices in communities

The way forward

By 2010 the project aims to achieve the following:

- 80,000 new latrines are constructed by community members on a self-help basis as a result of improved hygiene awareness
- Sanitary facilities are constructed and used in 1000 schools, 500 rural health centres and 250 rural markets
- At least 80% of the population in the project area and 60% of the students in the Child Friendly Schools have acquired and apply a set of basic sanitary principles. All students in all Child Friendly Schools are regularly de-wormed.
- Health Centres and Health Care staff are actively engaged in hygiene promotion

Project strategy

The main strategy of the project will aim at behaviour change among young people by targeting schools and improving access to safe sanitation in communities through promotion of household latrines.

- **School sanitation and hygiene education:** For many poor children, the school is their only opportunity to discover the critical links between good hygiene and health. Effective hygiene education in schools transforms children into health educators for their families in reducing household vulnerability to waterborne diseases.
- **Service delivery and expansion of coverage:** UNICEF supports schools, health facilities, rural markets and communities in improving access to and usage of quality sanitary latrines. The Project has facilitated the development of affordable, child friendly latrines which are now the model for public standards. For school, UNICEF covers a large part of the initial costs in order to reduce the already high financial burden on the parents for educational expense. For markets and health facilities, UNICEF provides the construction material and communities will cover the associated costs of construction and maintenance.
- **Social Mobilization:** UNICEF will continue to support training of counterparts and partners on social mobilization for hygiene and sanitation at central and township level. At the community level, in addition to direct social mobilization activities, UNICEF will

continue working with schools and children to relay to families awareness on the necessity of improved sanitation and good hygiene behaviour. The National Sanitation Week, celebrated annually is a major means to promote the construction and use of household sanitary latrines.



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Our partners

The Environmental Sanitation Division of the Department of Health is the lead agency for the construction of water supply, sanitation and waste disposal facilities at RHC and MCH centres. The Department of Educational Planning and Training coordinates school sanitation activities including teacher training and promotion of active participation of the Parents Teacher Association. The School Health Division jointly coordinates the de-worming activities in schools. The Central Health Education Bureau supports social mobilization and the training of stakeholders at all levels on hygiene promotion. Myanmar Radio and TV Department and the Information and Public Relation Department of the Ministry of Information support public information campaigns. Department of Development Administration is the focal point for the construction of sanitary facilities in rural markets.

Monitoring indicators

The ultimate outcome indicators will be measured by decrease in diseases related to water born and faecal contamination. The immediate monitoring will include increase in access to sanitation coverage.

Funding gap

Current donors to the Project are the Government of Germany and the Swedish National Committee for UNICEF. It funding shortfall is US\$ 1.3 million.

Funding summary - Environmental sanitation

RR allocation	1,840,000
RR received	536,801
OR approved	2,750,000
OR received	1,537,456
Funding shortfall	1,212,544

Source of Other resources

UNICEF Sweden	372,059
Government of Japan	1,165,397
Total OR received	1,537,456



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Annex 3

Project 8

Project title: Early childhood education
Coverage: Selected townships
Implementing agency: Ministry of Education, NGOs

Estimated cost: US\$ 1,015,377
Regular resources: US\$ 6,786,803
Other resources: US\$ (3,666,803)
Funding shortfall

Issue

Effective early childhood development lies at the very heart of human development. For those most persuaded by the economic arguments, investments in services and support for early childhood development have an estimated return of as much as US\$17 for every US\$ 1 investment. The foundation for academic success is built during the first five years of a child's life. For this reason, children who enter school with fewer cognitive and social skills than their peers typically struggle to catch up and keep up in class. The home, therefore, is a powerful center of learning for children.

The concept of Early Childhood Development (ECD) is relatively new in Myanmar. Less than one in every ten children below five years of age has access to any form of organized ECD programme. In recent years, the Government has begun developing and introducing some teaching models for young



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children, but the offer of adequate pre-school development services is still very limited. There are approximately 1,300 pre-schools based in primary schools which are totally funded by the community and therefore lack appropriate facilities and supplies. The Department of Social Welfare finances and operates sixty-two day care centres and pre-primary schools throughout the country, and subsidizes 748 voluntary day-care centres. The remaining ECD centres are operated by local non-governmental organizations and faith-based organizations.

Past achievements

The number of children participating in early childhood programmes has risen from 9% in 2000 to 17% in 2003. Participation has increased in almost all States and Divisions with the exception of Rakhine State. UNICEF supported the training of more than 2,000 ECD teachers and reached 12% of the under-five children in the areas targeted by this project. The 'Box-Library', a national initiative to increase young children's access to appropriate children's books was distributed to 12,200 Grade 1 Classes and 6,200 Pre-primary and ECD centres reaching an estimated 552,000 children aged 0-6 years.

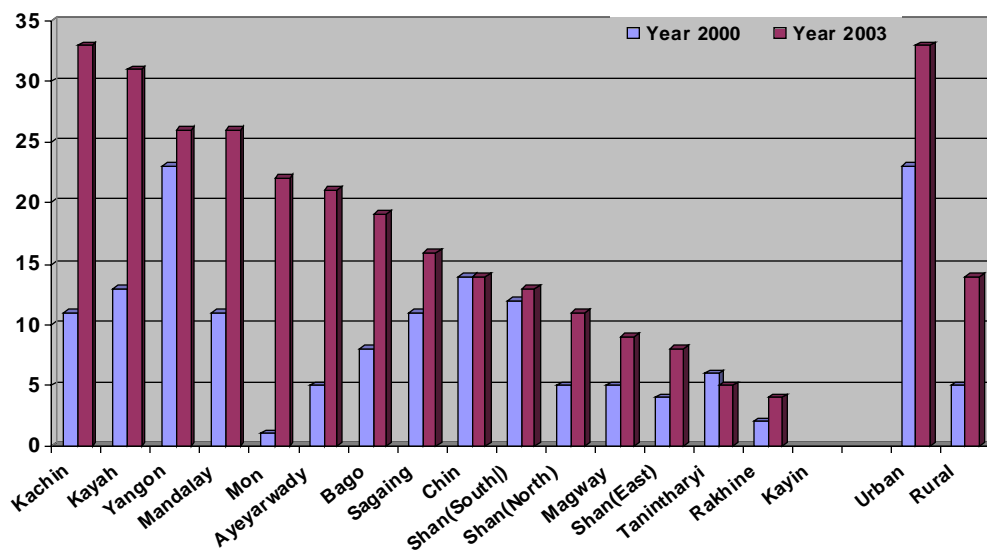


Figure 3-1: Percent of children who participated in ECD Programs, 3-5 years; 2000-2003

Project objectives

1. Increase coverage with early childhood development education through formal network in target communities
2. Increase quality coverage of early childhood development through mother circle in target communities

The way forward

By 2010 the Early Childhood Development project aims to achieve:

- Improved quality, access and coverage of ECD programmes for 0-3 and 3- 5 year olds, and
- Increased families' competencies/practices in promoting young child's development and early learning opportunities.

Project strategy

To achieve these goals, UNICEF will adopt a number of well established strategies:

- **Developing good practices among caretakers:** UNICEF will continue to advocate for the national adoption of age appropriate developmentally appropriate teaching learning practices in pre-school and lower primary grades. Parents, community members, mother circle facilitators and volunteers will receive training on child care practices. UNICEF will advocate for scaling up of good practices learned through these interventions.

- **Building capacity of civil society:** Non government organizations will be encouraged to engage more on ECD activities. UNICEF will provide training and technical support to expand NGOs involvement in ECD.
- **Social Mobilization:** UNICEF will support nation-wide awareness on the importance of ECD in close cooperation with relevant government departments and civil society organizations. These communication efforts will target parents, families and primary care-givers.
- **Promotion of age appropriate learning and playing:** UNICEF will continue to provide age appropriate learning and play materials, box libraries, basic furniture and kitchen utensils for feeding programme to mother circles.
- **School feeding:** All children in mother circles will be administered de-worming pills and vitamin-A supplements as appropriate. The partnership with the World Food Programme's school feeding programme will be expanded in selected hard-to-reach areas.
- **Targeting:** Most of the ECD activities will be carried out in the remote hard to reach areas and areas with ethnic minorities.

Our partners

The Department of Social Welfare, the Department of Educational Planning and Training, the three Departments of Basic Education, WFP, and the following non-governmental organizations: Yinthway Foundation, Kayin Baptist Convention, Karuna and Pinnya Tazung.

Monitoring indicators

Increased number of children in grade 1 with ECD experience, transition rate from grade 1 to grade 2, number of children enrolled in any organized ECD programme.

Funding situation

The current level of funding for this project is good with generous support from DfID, Norway, Denmark and EC. The programme could expand in 2010 with additional funding.

Funding summary - ECD

RR allocation	2,250,000
RR received	1,015,377
OR approved	3,120,000
OR received	5,656,571
GP Set Aside	1,130,232
Funding shortfall	(3,666,803)

Source of Other resources

Government of Norway	238,465
Demark	500,439
UNICEF Sweden	377,593
Thematic Funds	544,424
Government of Netherlands	148,708
European Commission	2,589,933
DFID	1,257,009
Total OR received	5,656,571

Annex 3

Project 9

Project title: Quality basic education
Coverage: 40 priority townships
Implementing agency: Ministry of Education

Estimated cost
Regular resources: US\$ 1,507,020
Other resources: US\$ 15,325,565
Funding shortfall: US\$ (11,083,265)

Issue

In Myanmar, net primary school enrolment rates are relatively high for both girls and boys, but only about one out of two children complete the primary cycle indicating high internal inefficiency. This high drop-out rate is caused by unsatisfactory school conditions, teacher absenteeism, low teaching quality, and poverty which take children to work places rather than schools. There are also significant disparities between rural and urban areas: 90% of 5-9 year-olds attend schools in urban areas, whereas only 77% of their peers do so in rural areas. In some ethnic minority areas, net enrolment rates are estimated to be as low as 47%. Although the right to education is stipulated in the 1974 Constitution and reiterated by subsequent legislation, there is no mechanism to enforce it. The network of primary and secondary schools has increased in the last decade, nevertheless universal access is still a challenge, especially for children in remote areas.



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Past achievements

Between 2001 and 2005, UNICEF contributed to the creation of 8,460 child friendly schools (CFS), which represent 20% of all primary schools and serve approximately 765,500 children. The environment in CFS is conducive to effective learning through proper interaction with pupil and teachers. For these children, attending a CFS means learning through participatory methodologies, having access to appropriate water and sanitation facilities, receiving adequate school supplies and learning in an attractive school environment. In the communities with CFS, the schools look out for children to be enrolled.

Project objectives

1. To reduce disparity in education quality through child friendly school approach in target townships
2. To improve teacher quality through regular teacher training

The way forward

The Basic Education Project aims to achieve the following results by 2010:

- Number of child friendly schools progressing from level 1 to level 5 increased
- Status and progress of basic education monitored and evaluated through research
- Equitable access and opportunities in education for hard to reach children is ensured

Project strategy

To promote CFS, UNICEF will continue to push for the following strategies:

- **Continuous improvement in environment:** Continued investment will be made in quality improvement through professional development of teachers and the criteria defined for CFS will be monitored for further improvement
- **Parent/community involvement:** UNICEF will continue to encourage and increase the participation of the communities, the Parent Teacher Associations, and the families in schools through the '*school self assessment processes*' and *school improvement plan*. This will enhance the ownership of schools and involvement of local communities in management of the schools and children's learning programmes.
- **Building capacities:** UNICEF will make provision for relevant and practical education materials essential for education managers and teachers in solving education challenges they face
- **Support to teachers:** Creative teaching materials will be produced for multi-grade teachers to support their challenging task. A *teacher kit* is being developed and will be distributed to primary school teachers as an incentive
- **Holistic Approach to Quality:** The holistic quality approach promotes access to quality teaching methodologies that encourage children to think critically, solve problems and express their opinion. It will also promote integration of other components on UNICEF's education programme such as life-skills and HIV/AIDS prevention education
- **Investment in education:** UNICEF will continue to advocate for increase in national spending for basic education. It will also promote the status of teachers
- **Management effectiveness:** UNICEF will provide technical assistance to improve the education management information system (EMIS) at central, township and school level, essential for education planning and budgeting
- **Disparity reduction:** In collaboration with the Progress of Border Areas and National Races Department, more teachers from ethnic minority areas will be trained for deployment to primary schools in border areas. These new educators will be best placed to facilitate the integration of students from minority ethnic groups in the school system

- **Language sensitivity:** Attention will be given to language issues through language enrichment programmes to ensure that their mother language is not a barrier to children continuing their education to middle and high school levels
- **Reaching the excluded:** UNICEF will assist in establishing a mechanism to foster relationship between education officers, schools and communities to identify the children who are not in school (children with disabilities, mobile and working children). Specific approaches such as multi-grade classes and child-centred methodologies will be adopted to get more children into school and keep them in school. In addition, School Management Information System will be in place to track all out-of-school children and bring them to school.

Our partners

UNICEF works with Department of Educational Planning and Training, the three Departments of Basic Education, the Central Health Bureau and Department of Health, the Ministry for Progress of Border Areas and National Races and Development Affairs, JICA, UNESCO, WFP, UNFPA, and a number of non-governmental organizations.

Monitoring indicators

The main indicator will be the improvement of performance by primary school children as measured by competency based tests in selected subjects. Other indicators will include net enrolment, retention, and completion rates in primary education.

Funding situation

The current level of funding for this project is good with generous support from DfID, Norway, Denmark and EC. The programme could expand in 2010 with additional funding.

Funding summary - QBE

RR allocation	2,510,964
RR received	1,507,020
OR approved	4,242,300
OR received	15,325,565
Funding shortfall	(11,083,265)

Source of Other resources

Denmark	1,840,043
Government of Norway	208,464
DfID	3,192,523
UNICEF Sweden	245,796
Thematic Funds	1,575,243
Japan NC	246,388
European Commission	7,354,250
Government of Netherlands	662,858
Total OR received	15,325,565

* However, given the expansion of the project activities it will cost at least US\$ 1.5 million annually to maintain the current level of implementation for teacher trainings only.

Annex 3

Project 10

Project title: Life skills and HIV/AIDS prevention Education
Coverage: Selected townships
Implementing agency: Ministry of Education, NGOs

Estimated cost
Regular resources: US\$ 1,501,784
Other resources: US\$ 4,891,707
Funding shortfall US\$ (2,511,707)

Issue

In Myanmar, the lack of alternative learning opportunities aggravates the situation of those children and young people who have dropped out of the formal education system. With few or no skills, increasing numbers of children and young people end up working in the informal economy or on the streets where they are exposed to petty crimes, risk of arrests, sexual abuse and exploitation, exposure to drugs and HIV. Girls especially are at risk of being trafficked as they leave their schools and communities in search of work and fall prey to opportunistic middlemen inducing them to cross-border migration with the promise of better prospects. These young people find themselves entrapped by traffickers and unscrupulous employers and often end up in the sex industry further exposing them to abuse and exposure to HIV, thus continues the cycle of poverty and violence.

Considering that half of the children drop out of school before completing the primary cycle, the numbers of young people at risk in Myanmar are alarming for the future of the country and of the sub-region. Addressing the issue those vulnerable children and young people who swell the ranks of illiterates and semi-literates in Myanmar should be urgently addressed as a matter of priority both by the Government of Myanmar and the international community.



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Past achievements

As the HIV epidemic became a threatening issue for young people in Myanmar, UNICEF introduced the life skills based training to promote reproductive health knowledge for adolescents older than 15 years of age in 1994. In 1998 a major life skills training review was conducted in collaboration with Population Council and two implementing partners, Myanmar Red Cross Society (MRCS) and Myanmar Maternal

and Child Welfare Association. Review and assessments revealed knowledge of and acceptable attitude towards people living with HIV by young people from project townships are significantly higher than national average. But there is still a gap in utilization of essential services for prevention. As a first step to address this gap, UNICEF in collaboration with MRCS established youth center as a mean of providing a youth friendly environment to provide knowledge, skills and reproductive health services in 2004.

Since 1998, UNICEF supported the introduction of life skills and HIV/AIDS prevention education in primary and secondary school through the *School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE) project*. In 2002 SHAPE's success among primary school students led to the national launch of Extended and Continuous Education and Learning Project (EXCEL). The assessment of EXCEL's impact on behaviour change on out-of-school children showed significant impact of the project in helping children develop the skills for healthy living. Life skills-based education is now a requirement in the basic education curriculum. To reach more out of school young people, the EXCEL project has forged a partnership with communities and non-governmental organization.

Project objectives

1. To provide life skills and HIV/AIDS prevention education and information to primary school children
2. To provide life skills and HIV/AIDS prevention education to out of school children and youth

The way forward

UNICEF is working to achieve these key results by 2010:

- The life skills education and HIV/AIDS prevention curriculum is developed, improved and implemented in all primary and secondary schools reaching an estimated seven million school children
- 50,000 in and out of school children and young people have access to quality non-formal education that prepares them for a healthy and productive adulthood
- Increased HIV/AIDS knowledge, prevention skills and access to service is available to youth in 30 townships

Helping children and youth acquire skills, values and attitudes, critical to their future is an essential task for UNICEF and the Ministry of Education. Ensuring that these are successfully transmitted in classrooms and outside of school requires working with education personnel and communities to support both the ongoing renewal and consistent implementation of life skills curricula and teacher development programmes focused on more active learning methodologies.

Project strategy

The following strategies will be adapted for promotion of Life skill education on HIV/AIDS

- **National coverage & sustainability:** Reach all primary schools, teacher training colleges by 2009 with the national curriculum on HIV/AIDS
- **Increased children's participation:** Engage out-of-school children and young people in development of their own learning materials and processes
- **Partnership:** UNICEF will continue working with both, the government and NGO partners involved in non-formal education to take to scale and reinforce successful life-skills and HIV/AIDS prevention education programmes. Parents and communities are also encouraged to participate in support of specific education programmes adapted to the needs of out-of-school children and young people
- **Capacity building:** UNICEF will assist in production of creative literacy materials on life skills and HIV/AIDS, substance abuse and other potential risks to vulnerable youth. Functional literacy is introduced in a 'non-conventional' way, using life experiences in writing and reading stories.
- **Sustainability:** Life skill education will be introduced in pre-service training of teachers in all teacher education institutions (university & colleges)

Our partners

UNICEF works with the Department of Educational Planning and Training, the three Departments of Basic Education, the Central Health Bureau and Department of Health, the Ministry for Progress of

Border Areas and National Races and Development Affairs, the Ministry of Religious Affairs, UNFPA, UNAIDS, the National AIDS Programme (NAP) and a number of local non-governmental organizations.

Monitoring indicators

- Increase in awareness of the dangers of HIV/AIDS among school children, out of school population and youth
- Adoption of safe behaviours by school children and youth on HIV/AIDS

Funding situation

The current level of funding for this project is good with generous support from DfID, Norway, Denmark and EC. The programme could expand in 2010 with additional funding.

Funding summary - Life skills

RR allocation	2,552,000
RR received	1,501,784
OR approved	2,380,000
OR received	3,827,929
Thematic fund	1,063,778
Funding shortfall	(2,511,707)

Source of Other resources

UNICEF Sweden	170,302
Government Norway	55,520
Denmark	500,439
European Commission	1,789,933
Swiss NC	73,031
Japan NC	50,000
Netherlands	131,695
DFID	1,057,009
Total OR received	3,827,929

Annex 3

PROJECT 11

Project title: Capacity building for Child Protection, Social Work & Child Participation National

Coverage: Ministry of Social Welfare, Relief and Resettlement, Ministry of Home Affairs, Ministry of Labour, Ministry of Education, UN agencies, INGOs, NGOs and CBOs.

Implementing agency:

Estimated cost

Regular resources: US\$ 750,000

Other resources: US\$ 1,269,000

Funding shortfall US\$ 1,181,308

Issue

Myanmar became a State Party to the Convention on the Rights of the Child (CRC) in 1991. It has a body of national laws committing the State to the realization of children's rights including the Child Law, which was enacted in 1993. Although, over the past few years, there has been a greater focus on and recognition of child protection issues in Myanmar, there exists a lack of understanding, technical skills and financial resources needed to secure a protective environment for children. There is a need to raise awareness among government officials, service providers and communities on the existence of national policies and translating these policies into implementation strategies and programmes. There is

also an urgent need to mobilize and empower government officials and communities to understand and respond to the needs of all children. Although some capacity building activities for key stakeholders and caregivers have been undertaken in Myanmar, there are a range of such actors who have not benefited from such initiatives. This project aims to strengthen knowledge and skills across a broad range of key stakeholders, including the children themselves. In addition, the project aims to build on this increased understanding to build sustainable networks of the key stakeholders to create a protective environment for children.



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Past achievements

UNICEF has led and supported the development of training programmes, strategies and models on child protection, child rights, social work, psychosocial care and support, alternative care, juvenile justice and in addressing the needs of exploited and trafficked children. Training and workshops on child protection emergency preparedness and response, juvenile justice, alternatives to institutionalisation, anti-trafficking, commercial sexual exploitation of children, as well as violence against children confirmed that there is increasing openness to discuss issues earlier considered sensitive. Such positive attitudes towards child protection are mainly due to UNICEF advocacy and leadership role in this area, in coordination with partners.

UNICEF's advocacy efforts led to the establishment of a new post-graduate diploma course on social work in Yangon University. This initiative, undertaken in collaboration with the Department of Social welfare is aimed at establishing social work as a recognized profession in Myanmar and to build a cadre of social workers to be deployed at national and sub-national levels to undertake child / social welfare services

UNICEF has partnered with community based organization (CBOs), including those operating in remote areas in Myanmar to increase knowledge among 6000 members of communities and CRC Committees at state, division, township and village levels, on child protection, prevention of abuse and exploitation as well as and to create new and strengthen existing networks for child protection.

Project objectives:

1. To increase knowledge and skills on child protection and social work amongst a wide range of professionals.
2. To build the capacity of social/ NGO workers and community members to develop a mechanism for mapping risk factors and identifying vulnerable children and families.
3. To strengthen the capacity of NGO and key stakeholders at the community level to conduct community led oversight and response to child protection issues
4. To increase the capacity of key stakeholders on responding to child protection issues in emergencies and code of conduct for humanitarian workers
5. To build the capacity of Labour Inspection Officials and related stakeholders on implementing the Minimum Standards for the Protection of Working Children
6. To enhance coordination of strategies and activities in child protection

The way forward

Human resource capacity building on a range of child protection issues: The project aims to strengthen the understanding and skills of at least 15,000 social / NGO and community workers in 100 townships on child protection service delivery. The project will continue to provide technical and material assistance to the University Post-Graduate Diploma Course on Social Work to train at least 400 professionals from different sectors on social work and child protection. At least 10,000 community leaders and child-rights committee members will be oriented on child protection. The project will also build the capacity of

the Ministry of Labour officials, employees, the private sector, NGO personnel and other key stakeholders on implementing the Minimum Standards for Working Children.

Protection during emergencies: Through emergency preparedness planning, training, technical and material assistance, UNICEF will ensure that the technical competencies and material support required for the protection of child rights in emergency response are reinforced among key stakeholders.

Project strategy:

UNICEF will continue ongoing advocacy, consultation and capacity building efforts aimed at all levels of government partners - from senior national to township level local partners - for greater commitment, policies and action on child protection services through engendering increased understanding of the role that effective protection plays in poverty reduction and national development.

In order to support sustained national capacity for child protection, UNICEF will strengthen ongoing efforts to increase the understanding and skills of a range of key stakeholders on child protection, social work and implementing a child /social welfare system.

A fundamental strategy is to harness children's life skills, knowledge and participation. Interventions aim to build child awareness of child rights and protection through its community awareness raising workshops, youth support groups, inter-personal contact between community worker and child/family, etc.

Our partners

Department of Social Welfare (DSW), Ministry of Social Welfare, Relief and Resettlement, Ministry of

Home Affairs, National Committee on the Rights of the Child at all levels, Ministry of Labour, Foreign Economic Relations Department, UN agencies, INGOs, NGOs and CBOs.

Monitoring indicators:

- Increased awareness on child protection, social work and child welfare system among key stakeholders: government officials, INGO partners, community members, parents and caregivers, including children. The number of professionals trained and action plans available.
- The number of Ministry of Labour and relevant key stakeholders trained on the Minimum Standards of Working Children
- The number of quality emergency preparedness and response action plans available in the selected emergency prone areas.
- The number of common positions and approaches engendered in programming.

Funding gap

The child protection is a new area in Myanmar. Very little financial assistance has come thorough in this field.

Funding summary - Child protection

RR allocation	750,000
RR received	908,488
OR approved	1,269,000
OR received	87,692
Funding shortfall	1,181,308
Source of Other resources	
OPEC Funds	87,692
Total OR received	87,692

Annex 3

PROJECT 12

Project title:	Protection of children without parental care
Coverage:	National
Implementing agency:	Ministry of Social Welfare, Relief and Resettlement, Department of Health, National AIDS Programme, INGOs and NGOs
Estimated cost:	
Regular resources:	US\$ 717,000
Other resources:	US\$ 1,269,000
Funding sources	US\$ 1,223,964

Issue

Many orphans and other vulnerable children such as street children often find themselves without the care and protection of their families. The support provided for these children are a number of residential facilities managed by the government, faith-based organizations and NGOs. It is estimated that there are more than 30,000 children living in some kind of institutional care. As of 2005, there were 167 registered institutions providing services to children. Most children in these facilities are not truly orphans as they still have at least one living parent. Children are often abandoned or placed in institutions for the purpose of education.

UNICEF has helped develop policies on alternative care and standards related to the protection and care of children placed under residential facilities. Despite



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efforts to train caregivers, staff from institutions and relevant government officials, there is still little understanding within the institutions and wider Myanmar of the psychological and social harm caused to children as a result of institutionalization as well as the importance of reunification and re-integration in familial environments. There are also limited policies and procedures in place to enable children to have contact with their families. Many of the caregivers in institutions have a basic understanding of children's needs and cannot provide the required care, resulting in long-term psychological harm for many children. In addition, the process of returning children to their families and communities is slow and there is a dearth of agencies undertaking such reunification efforts.

Past achievements

UNICEF developed new strategies and action plans on alternative care, as well as community based psychosocial care and support for vulnerable

children, including the minimum standards of care and protection for children in institutions, in consultation with government and NGO partners. UNICEF manuals and tools on community-based psychosocial care and support, home-based care and case management are guiding responses to vulnerable children. To date, almost 3000 orphans, vulnerable children and children affected by HIV/AIDS have received community based child protection, care and support, through UNICEF collaboration with NGOs.

Project objectives:

1. To ensure that operational data on children without parental care is available
2. To increase care and protection for children in institutions, with a focus on family contacts, tracing and reintegration.
3. To establish and support alternative care options in Myanmar.

The way forward

Data and research: Provide technical assistance to build operational database using child-friendly approaches/methodology on vulnerable children including those affected by HIV/AIDS, in at least 20 high-risk townships and 15 residential facilities.

Develop national strategy: Assist relevant government authorities in developing a national strategy on the protection of children without parental care including children affected by HIV/AIDS, with a focus on community-based care and support.

Develop national standards: The Department of Social Welfare (DSW) has finalized the Minimum Standard for protection and care of children in residential institutions. UNICEF will continue to work with DSW in adopting the standards, which will be disseminated among the target institutions. The project also aims to support the government and relevant NGOs in building the skills of selected institutions in implementing the Minimum Standards. to enhance the quality of children's lives in the residential facilities.

Develop and pilot models of alternative care: UNICEF will assist the government, NGOs and community based organizations in developing models of community based foster care and group homes for young people. The aim is to support the transformation of institutions into group homes and pilot group homes in two locations initially. Based on lessons learned, the initiatives may be scaled up.

Enhance the quality of children's lives in residential facilities: The project will continue to provide ongoing support to improving the conditions of care for children living in institutions with a view to accelerating family contact, family tracing and reintegration of the separated children. In cases, where this is not possible or in the best interests of the child, the project will advocate and support relevant stakeholders to identify and provide the most suitable forms of alternative child care, under conditions that promote the child's full and harmonious development.

Project strategy:

UNICEF aims to continue its advocacy efforts with high-level government officials and relevant key stakeholders on the provision of appropriate care and reintegration of separated children within their families and communities.

UNICEF will build the understanding and skills of the relevant stakeholders in implementing alternative care models for children.

UNICEF will focus on building the capacity of relevant officials of the government, selected private institutions and key NGO and community based organizations to undertake and build a system to coordinate family contact, family tracing and the reintegration of children in their communities.

Children will be supported to provide direct inputs in the individual assessment of their needs and desires. In addition, children will also participate in a number of community based CRC Day and other fun activities, building their analytical, social and leadership skills.

Our partners

UNICEF works closely with the Department of Social Welfare (IDSW), Ministry of Social Welfare, Relief and Resettlement, the Ministry of Health, the National AIDS Programme, UN Agencies, INGOs, NGOs and community based organizations and is currently expanding its cooperation with faith-based organizations.

Monitoring indicators:

- Community based alternative care models established and piloted
- 15 Residential care facilities apply minimum standards of care for children in institutions
- 20% increase in the number of children reintegrated with their families and communities
- Database on vulnerable children available in 20 townships and 15 residential facilities

Funding summary - Children without parental care

RR allocation	717,000
RR received	499,787
OR approved	1,269,000
OR received	45,036
Funding shortfall	1,223,964
Source of Other resources	
OPEC Funds	45,036
Total OR received	45,036

Annex 3

PROJECT 13

Project title:	Juvenile justice and legal protection
Coverage:	National
Implementing agency:	Supreme Court, Ministry of Home Affairs, Office of the Attorney general, Ministry of Social Welfare, Relief and Resettlement and NGO partner
Estimated cost	
Regular resources:	US\$ 378,000
Other resources:	US\$ 1,270,000
Funding shortfall	US\$ 872,884

Issue

In Myanmar, children who find themselves in conflict with the law are often street children who are accused of committing petty crimes or '*status offences*'. Many such children without parental care or children who are working in informal sector to support their families run into conflict with the law. Some children are formally prosecuted through the court system and convicted of committing offences. Other children are placed in the custody of state authorities. A juvenile court has been established in Yangon and Mandalay to attend to such criminal cases involving alleged juvenile offenders. As the jurisdiction of these two courts is limited, many cases involving children in conflict with the law in other places are heard in regular courts where child-friendly procedures are not applied. Criminal

investigations and prosecutions involving child victims and witnesses are also conducted in accordance with regular procedures which are not child-sensitive or victim/witness focused. Some disputes involving alleged child offenders are



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resolved according to traditional cultural practices or through administrative sanction by the local authorities. The extent to which this occurs is not documented and accounts are largely anecdotal. There is no formal system of diversion or restorative justice which uniformly applies to the resolution of disputes concerning petty or status offences.

Past achievements

UNICEF is the only agency providing technical support on juvenile justice and legal protection.

UNICEF in collaboration with the Supreme Court conducted trainings – the of its kind for judges on juvenile justice and child protection. Approximately 58 judges have been trained impacting on court procedures in Yangon and Mandalay. Training was also conducted on handling of children in conflict with the law for 29 Officials of the Prison Department in Yangon.

UNICEF is collaborating with a local NGO to pilot legal aid and representation for children in conflict with the law and support for child victims and witnesses, in 31 townships in the metropolitan areas in Yangon. In collaboration with the General Administration Department, under the Ministry of Home Affairs, a study is underway on the use of traditional dispute resolution practices in use for children in conflict with the law.

UNICEF's collaboration with the Ministry of Labour led to the drafting of the Minimum Standards for the protection of working children and two workshops in Yangon and Mandalay to review the Minimum Standards. The workshops have resulted in strengthened commitment among key stakeholders

on the rights of working children and the implementation of the minimum standards for regulating work and working conditions in both formal and informal employment sectors.

Project objectives:

1. To ensure that national standards, policies and training programmes on juvenile justice are in place to protect children in conflict with the law.
2. To ensure the development, institutionalisation and implementation of child-friendly police and court procedures to protect children victims, witnesses and offenders
3. To ensure the development and implementation of guidelines on community based dispute resolution
4. To increase access of children in conflict with the law to legal representation and legal aid.

The way forward

Strengthen standard practices: UNICEF will provide technical and financial support to relevant authorities in order to ensure that Myanmar national laws, standards and policies on juvenile justice and child protection are developed and implemented in accordance with the CRC and other international standards. Focus will be on legal protection of children in conflict with the law as well as standards and guidelines for the protection of children from trafficking, exploitation and abuse.

Develop human resource capacity and promote child friendly systems, procedures and actions: UNICEF will support the technical knowledge and skill

development of the Supreme Court, the Myanmar Police Force, the Department of Social Welfare, the Attorney-General's Office, the Corrections Department and local authorities at the division, state and township levels, all of whom have an important role to play in protecting the rights of children in conflict with the law and child victims and witnesses.

Promote community based resolution: UNICEF will advocate for the application of community-based resolution of disputes involving children in conflict with the law, particularly for petty crimes or minor offenses. The aim is to collaborate with the relevant authorities to develop a set of guidelines for community based dispute resolution and implement them in selected 5 localities.

Project strategy:

A key strategy is to provide technical assistance and support the development of child friendly uniform and transparent standards and procedures for juvenile justice in accordance with international standards. The focus will be on the development, institutionalization and implementation of these standards and procedures in selected localities, with a view to scaling up the interventions based on lessons learned.

Our partners

UNICEF works with the Supreme Court, the Attorney-General's Office, the Ministry of Home Affairs (the Myanmar Police Force, the General Administration Department, the Corrections Department and local authorities), the Department of Social Welfare, National Committee on the Rights of the Child, the Yangon and Mandalay City Development Committees, UN agencies, INGOs and NGOs.

Monitoring indicators:

- The number of standards/ guidelines in place to ensure protection of children from trafficking, exploitation and abuse as well as those in conflict with the law
- Child friendly police procedures developed, institutionalized and implemented
- Child-friendly court procedures developed, institutionalized and implemented in 7 locations.
- Guidelines on community based dispute resolution developed and piloted in 5 localities.

Funding situation

Funding summary - Juvenile justice and legal protection

RR allocation	378,000
RR received	378,000
OR approved	1,270,000
OR received	397,116
Funding shortfall	872,884
Source of Other resources	
Government of Australia	317,116
CIDA	80,000
Total OR received	397,116

Annex 3

PROJECT 14

Project title: Protection of children from exploitation and abuse
Coverage: National
Implementing agency: Ministry of Social Welfare, Relief and Resettlement, Ministry of Home Affairs, Ministry of Labour, Ministry of Foreign Affairs, Ministry of Defence, UN agencies, INGOs, NGOs and CBOs

Estimated cost:
Regular resources: US\$ 1,191,767
Other resources: US\$ 1,273,000
Funding shortfall US\$ 1,046,216

Issue

As in many developing countries economic strains within Myanmar households pushes many children to contribute to their family incomes by working at an early age. With few or no skills, increasing numbers of children end up working in the informal economy or in the streets where they are exposed to petty crime, risk of arrest, sexual abuse and exploitation, exposed to drugs and HIV/AIDS. Girls especially are at risk of being trafficked as they leave their communities in search of work and fall prey to opportunistic middlemen inducing them to cross-border migration with the promise of better prospects. These young people find themselves entrapped by traffickers and unscrupulous employers

and often end up in the sex industry further exposing them to HIV/AIDS. This situation is exacerbated in the border areas due to accessibility constraints and the legacy of conflict.

In recent years, the official acknowledgment of child protection concerns has helped to accelerate action, particularly in the areas of child trafficking, child exploitation, and children infected and affected by HIV/AIDS. There have also been a growth of and partnerships between UN agencies, NGOs and community-based organisations working on awareness raising on child rights and protection as well as creating support groups at the community level to respond to child protection needs and concerns. However, despite progress in some areas, there continues to be limited services, policies and systems in place to enable a protective environment for children. There is no comprehensive national child protection system. The prevention and responses to protection related risks that are available are ad-hoc and cover few localities. Even in these areas, coordination between sectors - social welfare,



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education, health, law enforcement and justice - and between levels - community, township, district and state - is weak and there is no agreed system for referral that is a key to addressing the multiple aspects of the protective environment.

The national legislation prohibits the recruitment of children below 18 years of age into armed forces. However, it is increasingly recognised that such recruitment happens on the ground both in national army and non-state groups for various reasons.

Past achievements

UNICEF provides technical and material support to regional cross border collaboration efforts to prevent trafficking as well as to support trafficked victims. It is a key stakeholder in drafting the Myanmar repatriation and reintegration guidelines for trafficked victims which will contribute substantially to victim protection and support in Myanmar. UNICEF also supported the opening of border liaison offices between Myanmar and China to help strengthen information exchange and facilitate the arrest and prosecution of traffickers as well as in providing assistance in rescuing and repatriating victims.

Over 300 children and women commercial sex workers and other children vulnerable to abuse, exploitation and trafficking have received direct assistance, including, school, health and nutrition support through UNICEF assisted projects in 11 high-risk townships. UNICEF provides support for the protection, reintegration and recovery of trafficked victims through the Myanmar Police Force Anti-trafficking Unit and Task Forces in six border areas, and through the Department of Social Welfare – this includes equipment, supplies and Child Protection kits for affected children, women and families.

UNICEF gained critical access to a government temporary centre and initiated a ground-breaking project for the protection and reintegration of street and working children in Yangon. Over 555 street and working children receive - non-formal education, nutrition and medical support -through drop-in-centres in Yangon, Mandalay and Bago divisions, through UNICEF's capacity building of and partnership with local NGOs.

UNICEF funds and technical expertise have facilitated the development of IEC materials on child protection, issues of street and working children and commercial sexual exploitation and tourism.

Dialogue is ongoing with authorities on prevention of child recruitment into armed groups and forces. UNICEF supported training on child rights and protection and prevention of child recruitment for the military and other key officials.

Project objectives:

1. To establish functioning Child Protection service delivery system in pilot townships
2. To strengthen community based child protection to support families and children in need
3. To strengthen protection, recovery and reintegration of child victims of trafficking, unaccompanied/separated, street and working children, as well as children in institutions
4. To increase protection of children from the impact of emergencies
5. To strengthen the prevention of child recruitment into armed forces/groups

The way forward

Strengthen Child Protection Service Delivery System: A key aim of UNICEF Myanmar is to create and strengthen flexible prevention and response systems capable of addressing all forms of violence, abuse and exploitation of children. The aim is to pilot an integrated child protection service delivery system in five locations that focuses on the importance of individualised responses, strengthens mechanisms to promote collaboration and referrals between Department of Social Welfare, health, police, NGOs, local authorities and other relevant agencies/service providers, and is linked to existing community-based approaches to promote the child's recovery and reintegration.

Strengthen community based child protection activities to increase protection, recovery and reintegration of vulnerable children, child victims and their families: UNICEF has supported relevant government authorities, NGOs and CBOs to create and support community based oversight/monitoring of child protection issues as well as community support to children and families in need. UNICEF aims to strengthen and expand efforts to reach and impact the lives of 12,000 vulnerable Myanmar children with community based child protection activities. UNICEF will work with DSW, MPF and I/ NGO partners to support the repatriation and reintegration of at least 2000 vulnerable separated children. UNICEF will continue to provide technical and material assistance to NGO partners to strengthen and expand community based drop-in-centres and outreach programmes for at least 3000 street and working children. UNICEF will support INGO partner to provide 1000 vulnerable children

with access to vocational training, life-skills and other opportunities to support their reintegration. UNICEF will work with the Ministry of Labour to pilot the implementation of the Minimum Standards for Working Children in at least 3 locations.

Strengthen the prevention of child recruitment into armed forces/groups: UNICEF will work with the relevant government authorities to train military and related officials on child protection, prevention of child recruitment and relevant legal/normative frameworks. UNICEF will continue ongoing dialogue with the government and non-state actors on the prevention of child recruitment, ratification of relevant international legal instruments and on the development of action plans to prevent recruitment and reintegration children with their families and communities.

Project strategy:

- UNICEF's key strategy is strengthening child protection service delivery and community based child protection which will contribute towards a continuum of community based support and referral services to respond to a range of child protection concerns. These are made available through government social workers, community support groups, and NGO. UNICEF's support to both government and civil society partners will focus on strengthening their capacity and improving the quality and quantity of protection services available to children and their families.
- Sustained efforts will be made to build capacity of the key stakeholders in

appreciating and integrating gender implications in all protection issues, strategies and responses.

Our partners

UNICEF works with the Department of Social Welfare, Ministry of Social welfare, Relief and Resettlement, the Ministry of Labour, Ministry of Home Affairs, the National Committee on the Rights of the Child, the Ministry of Foreign Affairs, the Ministry of Defence, the Committee to Prevent the Military Recruitment of Children, UN agencies, INGOs, NGOs and CBOs.

Monitoring indicators:

- Child Protection service delivery system (family and child welfare services) established and functioning in at least 5 localities, benefiting approximately 5000 children
- Strengthened community based child protection to support families and children in need, in 15 localities benefiting 12,000 children.
- Drop-in centres and outreach programmes are available for 3000 street and working children
- Vocational and life-skills training available to 1000 vulnerable children
- 2000 vulnerable and separated children have been repatriated and reintegrated with their families and communities
- At least 150 working children benefit from improved working conditions and have their basic needs met
- Common standards and tools available and used by key stakeholders for emergency child protection issues

- Strategy on training on prevention of military recruitment of children in place and a series of training programmes rolled out.

Funding situation

Funding summary -

Protection from exploitation & abuse

RR allocation	1,191,767
RR received	521,846
OR approved	1,273,000
OR received	224,078
Thematic fund	2,706
Funding shortfall	1,046,216

Source of Other resources

Government of Australia	33,999
UNICEF Committee for United Kingdom	190,079
Total OR received	224,078

Annex 3

Project 15

Project title: Social policy, planning monitoring and evaluation
Coverage: National
Implementing agency: Research institutes and NGOs

Estimated cost
Regular resources: US\$ 679,950
Other resources: US\$ Nil
Funding shortfall US\$ 1,000,000

Issue

Myanmar remained politically isolated for decades which has affected negatively on many development issues affecting entire generations of children. There is only limited social and technical interaction between Myanmar and the rest of the world, which has created vacuum in Myanmar's economic, social and technical development. Technical assistance to Myanmar is extremely limited. There are no experts from international financial institutes or bilateral agencies to provide policy support in social and development sector.

There is very little research and studies on budgeting processes, decentralisation, tax and revenues, costing of services and human resources required for social development. The government has not published national budget for several years. The last national census in Myanmar was conducted in 1983. The quality and quantity of data available in all sectors is of serious concern. Similarly there are only



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very few studies and evaluations to guide policy development. Most of its planning and programming works are based on extrapolated data with a national annual population projection of 2.02 % growth and other similar old data. The denominator data required for activities such as immunisation and school enrolment are always subject to extrapolation which has resulted in under-estimate or over-estimate of the actual target and coverage. Reliable data on school age population and other age specific data are always difficult to get.

Past achievements

UNICEF works closely with Department of Educational Planning and Training, General Administration Department, Department of Health, Ministry of National Planning and Economic Development, and various State and Division authorities in various surveys, and data handling. UNICEF has also been providing limited support in health management information system, education management

information system, birth registration system and multiple indicator cluster surveys. In recent months UNICEF has been actively perusing the use of *DevInfo* to map available data for its proper use. Many staff from various government departments has been trained on *DevInfo*.

Project objectives

1. To strengthen the capacities of government and non government partners in improving policy development through social policy related research, studies and evaluation
2. To expand knowledge base on child survival, development and protection issues through policy development, implementation and monitoring of various national and sub national projects
3. Build upon UNICEF's ongoing works in education, health, nutrition, water and child protection sectors with greater focus and actions in developing appropriate social policies.
4. Strengthened capacity among partners to establish, manage and maintain user-friendly data systems
5. Improved social sector management information systems at national and sub-national levels;
6. Improved capacity among local officials to assess, plan, monitor and report on the situation of children and women

The way forward

- A number of cross cutting research on standards and policies on education, child protection, basic health care, water & environmental sanitation are conducted to generate recommendations for discussion with the authorities.
- UNICEF will assist relevant authorities and NGOs to build technical capacities to enable policy research and policy development affecting children.
- UNICEF will assist local authorities in developing local level data collection, data handling and management for decentralized planning and programming aimed at improving access to Quality Basic Education, safe water and sanitation, and health care.
- UNICEF will continue to advocate for the use of *DevInfo* at the State, Division and township level to facilitate advocacy, data collection, data management, and utilization for the development of children and women.

Project strategy

- UNICEF will engage academic institutions, professional organisations, international and national NGOs in conducting research and studies in social sector, implementation issues and budgeting. It will also focus on disparity, quality of services, financial gaps and human resource issues. The research will identify list of recommendations to be discussed with concerned authorities in developing policies and implementation strategies.

Our partners

Ministry of National Planning and Economic Development, the Planning Department, the General Administration Department, the Department of Health Planning, the Department of Educational Planning and Training, the Central Statistical Organization and the Department of Social Welfare, Myanmar Media Association, Myanmar Medical Research Institute and NGOs

Monitoring indicators

- Number of child related social policy research conducted
- Number of policy recommendations made

Funding situation

Social policy is a brand new and untouched area in Myanmar. It is also totally unfunded. For a long term impact on children's issues UNICEF must encourage social policy research and development of new policy.

Funding summary - Social policy planning, M&E

RR allocation	1,200,000
RR received	679,950
OR approved	1,000,000
OR received	0
Funding shortfall	1,000,000
Source of Other resources	
Total OR received	0



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Annex 4

Field Monitoring

Programme title: Field monitoring
Coverage: National

Estimated cost
Regular resources: US\$
Other resources: US\$ 1,000,000
Funding shortfall US\$ 1,000,000

Issue

Availability of data and their reliability continue to be a challenge in Myanmar. The situation is compounded by the constraints in the movement of UNICEF staff and NGO partners alike and the woeful lack of contemporary means of communication in the field. These difficulties are further intensified in many remote and border areas where humanitarian access to children and women are compromised due either to on-going conflict, terrain or transportation limitations. While UNICEF's support reaches Myanmar's children mostly by regular delivery of social services through technical line ministries, the situations in hard-to-reach areas leave some children out of the reach.

It is only through having a strong field presence and field monitoring capacity that UNICEF can ensure that valuable programme resources reach the children and remain better accountable to all stakeholders. UNICEF also sees stronger field presence in Myanmar as a vehicle for more humanitarian programme approach.



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To this end, UNICEF Field Officers monitor the implementation of UNICEF assisted programme interventions and gather decentralized information on the situation of children and women, which helps in designing appropriate interventions and advocacy. The Field Officers work closely with local and international NGOs, various levels of local administrators, teachers and the local community leaders.

Extensive field presence adds a few more critical strengths to UNICEF's programme in Myanmar. In a situation of decreasing counterpart capacity that has resulted from decades of out-migration of competent human resources and very low social sector expenditures, UNICEF Field Officers are able to provide appropriate and hands-on technical support to local-level government workers and communities. The Field Officers also help facilitate dialogue at the community-level, as well as with the local government workers, on decentralized planning for children and help ensure that UNICEF programmes

are kept responsive and relevant to the situation on the ground. In addition, UNICEF's staff capacity in the field has proven crucial in ensuring that UNICEF is able to meet its Core Commitment to Children during emergencies, as seen in UNICEF's prompt and effective response to recent flood related emergencies in Myanmar.

UNICEF currently has field presence in nine locations manned by National Officers working as a team with three Education Field Officers and ten Education Monitors. The Country Programme 2006-2010 aims at converting three of the nine outposts to full-fledged zone offices, each eventually led by an international staff, strategically located in Mawlamyine, Mandalay and Taunggi. Each of these offices will offer technical support, facilitation and monitoring in areas of interest to government and UNICEF. The technical support and monitoring function will be strengthened by the on-going deployment of technical field staff, such as the Education Field Officers and monitors, to the zone offices. Additional field staff in areas of Health, Nutrition and Water & environmental sanitation will follow to build up the zone offices.

Past achievements

UNICEF Myanmar's field presence outside Yangon began since 1996. Throughout these years the Field Officers have helped monitor how UNICEF-supported activities were implemented on the ground. This has regularly rendered valuable feedback to UNICEF Yangon's technical teams that in turn allowed timely adjustments to UNICEF interventions to meet the realities on the ground. During emergencies, UNICEF Field Officers have been among the first international aid workers to be on site to work alongside local disaster management teams and Myanmar Red Cross,

and ensure that UNICEF emergency supplies do reach the most vulnerable and affected children. The Field Officers have been routinely briefed to have updated knowledge on emerging programme strategies and interventions, which has enabled them to provide direct technical assistance to government workers at sub-national levels.

At the same time, the Field Officers have identified and built up close partnerships with various non-governmental partners on the ground, including faith-based organizations and the communities. These efforts have contributed to strong community-level acceptance of UNICEF as a trusted international agency. At present UNICEF has a project cooperation agreement with 23 local NGOs and three international NGOs operating outside Yangon.

Although it is a stretch for the existing field staff to cover a vast geographic span of the country with many physical challenges, the field staff have provided decentralized information on the situation of children and women from townships and villages, either as first-hand account or using the trusted network of partners on the ground, which would be hard to come by through regular government channels.

Project objectives

1. Contribute to an effective, accountable Country Programme by monitoring the status of programme implementation on the ground and collecting local-level decentralized data on the situation of children and women.

2. Help build capacity of local government authorities and community-based organisations for local-level programme development and implementation.
3. Help local government authorities and communities in improving their monitoring capacity on children's issues, such as school enrolment and children affected by HIV

The way forward

Unlike other projects, the strength of field monitoring will rely predominantly on internal strategies on the use of the field presence and the continued capacity building of its own field staff.

- Complete the on-going establishment of the three zone offices in Mawlamyine, Taunggyi and Mandalay to provide stronger decentralized technical support to the sub-national level government workers and communities.
- Strengthen the capacity of the field staff to monitor the situation of children, especially those in remote and hard-to-reach areas, by engaging a wider range of local partners.
- Strengthen the capacity of the field staff to mobilize government and non-governmental partners to better collect decentralized data and to use the data for local-level planning.

Project strategy

- Sustain the on-going on-the-job training for the Field Officers to hone their skill sets in monitoring, analysis and programming/ planning.
- Shift the thrust of monitoring from inputs/ output to outcome/impact of UNICEF programmes on children and women, especially those in hard-to-reach areas.
- Engage local authorities, local NGOs, community leaders and other local institutions in understanding the importance of decentralized data collection and using them for local-level planning such as for early childhood development, reducing school drop-outs, malnutrition prevention, HIV prevention, etc.

Our partners

Local NGOs, community leaders, teachers, technical officers of various government departments in townships and states and divisions

Funding gap

Monitoring of project activities in Myanmar is human resource intensive. The following resources are required on a yearly basis to cover local staff costs and logistics.

OR approved	US\$ 1,000,000
	(3 Offices, 6 Outposts, 27 staff)
Operating costs:	US\$ 100,000
Funding shortfall	US\$ 1,100,000

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UNICEF Myanmar

14th Floor, Traders Hotel
223 Sule Pagoda Road
Yangon Myanmar

Tel: 95-1-375527 - 32
95-1-375547 - 48

Fax: 95-1-375552

Email: yangon@unicef.org

Web: unicef.org/myanmar