



UNICEF Myanmar

Country Programme Overview 2011-2015

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Foreword

I am pleased to present a brief summary of UNICEF's current Country Programme of Cooperation in Myanmar for the period 2011-15. This programme is based on the experience of the immediate past country programme implemented in partnership with relevant government departments and other stakeholders.

As Myanmar enters a new phase of socio-economic and political change with the ushering in of a newly elected government, UNICEF expects to see new opportunities to further strengthen and make progress toward protective environment for children. While making progressive development in the situation of children, sustainability of what have been achieved so far remain a priority such as steady reduction in infant, child and maternal mortality; control and maintenance of a polio free status, measles-related mortality and morbidity at its lowest rate ever; and maternal-neonatal tetanus eliminated.

The country programme will continue to strengthen UNICEF partnerships with various government departments and other organizations interested to promote stronger education and basic health care systems, establish improved water, sanitation & hygiene, and protection for Myanmar's children.

The governance structure of the newly formed government provides for broader scope for policy reforms which can lead to an enabling environment for further improvements in implementation of the Convention on the Rights of Children (CRC) and related agenda. UNICEF, in consultation with the government ministries, will provide technical assistance to create a suitable policy environment for nationwide application of the CRC agenda.

UNICEF Myanmar received valuable assistance from bilateral and multilateral donors and UNICEF National Committees in the implementation of 2006-10 country programmes. I believe steady support to UNICEF Myanmar will continue to help us implement the newly started country programme.

Ramesh Shrestha
Representative
UNICEF Myanmar





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Myanmar: A Land of Diversity

Myanmar is the largest country in mainland South-east Asia, with an estimated population of 59 million. More than a hundred ethnic groups make the country a virtual kaleidoscope of ethnic cultures and languages set on a rich natural resource base.

The tremendous potential of the Myanmar people is often limited by challenged such as poverty, natural disasters and inadequate social development and services.

Myanmar shares border with Bangladesh, India, China, the Lao PDR, and Thailand. Topographically, the country is divided into four regions: the Dry Zone, the riverine Delta, the Coastal Belt and the Hilly regions. Four main rivers criss-cross the country from north to south: Chindwin, the Ayeyarwaddy (Irrawaddy), the Sittoung and Than Lwin (Salween).

Administrative structure divides Myanmar into seven States: Kachin, Kayin, Kayah, Chin, Rakhine, Mon and Shan; and seven Regions: Yangon, Mandalay, Sagaing, Tanintharyi, Bago, Magway, Ayeyarwaddy. Regions are located mainly in the central lowland and delta areas where majority population is composed of Bamars, while States are located in the mountainous border regions and mainly populated by non-Bamar ethnic minorities.

By ratifying the Convention on the Rights of the Child (CRC) in 1991 and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1997, Myanmar committed to the realization of children's and women's rights through a set of national laws, including Myanmar Child Law enacted in 1993.

UNICEF Programmes and Presence in Myanmar

UNICEF's current five-year Country Programme 2011-2015 starts on the backdrop of 60 years of the organization's active engagement and effort in improving the lives of children in Myanmar.

UNICEF commenced its activities in Myanmar in 1950. Over time and through steadfast support to key areas of child survival and development, becoming a long standing trusted partner of the people and the government of Myanmar.

UNICEF Myanmar implemented successive country programmes for the realization of children's rights through a range of programmatic and legislative measures in the areas of child survival, growth, development, protection and participation with a special focus on the poor, the marginalized and the hard-to-reach.

The goal of the current Country Programme is to continue contributing toward the progressive realization of the rights of the child for survival, development, protection and participation, with emphasis on vulnerable children and aiming to reduce disparities. To that end, the country programme adopts an equity approach with special focus on disadvantaged and vulnerable groups and in closing the gap between hilly regions and lowlands, between far flung rural areas and urban centres.

The current Country Programme of Cooperation covers a range of areas and interventions clustered around Young Child Survival and Development, Water, Environmental Sanitation and Hygiene, Basic Education and Gender Equality, HIV/AIDS and Children, and Child Protection. The goal is the reduction of infant and child mortality, promote and enhance equity and help create a protective environment for children to grow up and reach their full potential.

UNICEF Myanmar has in place an emergency preparedness and response plan that makes provisions for strategic pre-positioning of emergency relief supplies, building staff and partner capacities for prompt and effective response and in disaster risk reduction.

UNICEF collaborates primarily with government ministries and departments to advance programmes for children. It also partners with NGOs to implement humanitarian as well as development programmes for children, women, families and communities.

Zone Offices Across Myanmar

UNICEF Myanmar Country Office is located in Yangon. It has a strong field presence with nine strategically located field offices, as shown in the map.

The Zone Offices are located in: Mandalay, Taungyi, Kengtung, Lashio, Mawlamyine, Myitkyina, Kale, Maungdaw, Myeik. The field teams are instrumental in monitoring of UNICEF supported programme implementation.

Some programmes have nationwide coverage such as childhood immunization, de-worming, vitamin-A supplementation while some others, such as basic education, controlling child trafficking and prevention of mother to child transmission of HIV, are geographically targeted.



Situation of Children and Women

More than one third of Myanmar's current population is composed of young people. Approximately 38 per cent of Myanmar's population of 59 million, that is over 21 million are children under 18 years of age. About 69 per cent of the population is based in rural areas.

Recently published Fertility and Reproductive Health Survey put the total fertility rate at 2 births per women, indicating a possible demographic transition. The same report also estimated the infant and under-five mortality rates at 53/1000 per live births and 71/1000 per live births, respectively.

The absence of routine reliable quantitative data makes it difficult to demonstrate social and economic progress in the country and their impact on the situation of children and women. Nevertheless, field observations, and anecdotal information available from routine sources indicate an overall positive trend.

The Economic Intelligence Unit estimates current inflation rate at 16.2 per cent as opposed to 3 per cent estimated by the International Monetary Fund (IMF) in 2009. According to IMF, the combined investment in health and education sector is estimated at 1.5 per cent of the Gross Domestic Product. In spite of which progress toward several Millennium Development Goal targets is noticed, however, the progress are being made in a mixed pace.

The 2007 report by the Ministry of National Planning and Economic Development estimated 32 per cent of the population living below the poverty line of Kyat* 162,136 per capita, based on minimum food expenditure plus reasonable expenses to meet other basic needs. This has direct impact on the nutritional status of children. The percentage of children under five who were underweight was measured at 31.8 per cent by the 2003 Multiple Indicator Cluster Survey.

Similarly, the nationwide prevalence of severe-acute malnutrition is estimated at about 7 per cent. There is a fair chance for Myanmar to achieve MDG I&2, with net enrolment and gender parity in basic education recorded in excess of 80 per cent annually. The school completion remains a concern with a considerable number of children dropping out without completing the primary cycle. There has been progress in attaining Goal 4, with a decline in under-five mortality to 71 per 1,000 live births. There is, however, a need to address significant disparities in under-five mortality between the hilly and central plains and the rural areas.

Data concerning Goals 5 & 6 is inadequate. The 2005 Nationwide Cause-Specific Maternal Mortality Survey reported maternal mortality ratio of 316 per 100,000 live births, with haemorrhage identified as the main cause of death. Available data shows 91 per cent of women in rural areas and 57 per cent of women in urban areas give birth at home.

Estimated adult HIV prevalence has declined from 0.95 per cent in 2000 to 0.61 per cent in 2009. While general HIV knowledge has reached more than 90 per cent among young people, comprehensive correct knowledge is 37 per cent. Access to anti-retroviral drugs is low, estimated at 20 per cent due to inadequate resources.

*Kyat (pronounced as Chyat) is Myanmar currency, the exchange rate with US\$1 has fluctuated between Ks. 700 and 900 in the first half of 2011

Malaria control has made substantive progress nationwide even though lack of resources to expand early diagnosis and treatment remain a major challenge.

Myanmar became a State Party to the Convention on the Rights of the Child in 1991 and to the Convention on the Elimination of all Forms of Discrimination against Women in 1997. Myanmar also has a strong national legal framework for the protection of children. Key legislation include the Child Law (1993) and the Rules related to the Child Law (2001), and the Anti-Trafficking in Persons Law (2005). The Government has embraced the concept of child protection, which has helped reduce children’s exposure to harm by accelerating actions to strengthen the protective environment for children across the country.

Based on the experience of working in the townships, UNICEF intends to work more closely with the state and regional authorities in the next five years of the new country programme cycle to strengthen local level data collection, planning, programming, monitoring and supervision. UNICEF will provide necessary technical support to facilitate greater coordination between the state and divisional authorities and the townships.

Basic Indicators, Myanmar

Total Population ¹	-	59 million
Child Population ²	-	22 million
Annual number of Births ³	-	1,016,000
Under-5 mortality rate ⁴	-	71
Immunization Coverage for Under-5 (%) ⁵		
• OPV3	-	90
• BCG	-	93
• DPT3	-	90
• MCV1	-	88
Nutritional Status for Under-5 (%) ⁶		
• Weight for age	-	31.8
• Height for age	-	32.2
• Weight for height	-	8.6
Primary School Net Enrolment (%) ⁷	-	87.7
• Girls	-	87.6
• Boys	-	87.8
Total Literacy Rate for 15-24 year-olds (%) ⁷	-	95.8
Use of Improved Drinking Water Sources, Total (%) ⁸	-	71
• Urban (%)	-	75
• Rural (%)	-	69
Use of Improved Sanitation Facilities, Total (%) ⁸	-	81
• Urban (%)	-	86
• Rural (%)	-	79

¹ Myanmar Health Statistics 2010

² Statistical Yearbook 2008

³ UN Population Division (2009)

⁴ 2010 Report of the UN Inter-agency Group for Child Mortality Estimation

⁵ WHO/UNICEF Joint Reporting on Immunization for January - December 2010

⁶ Multiple Indicator Cluster Survey (MICS) 2003

⁷ Integrated Household Living Conditions Assessment (IHCA) 2009-2010

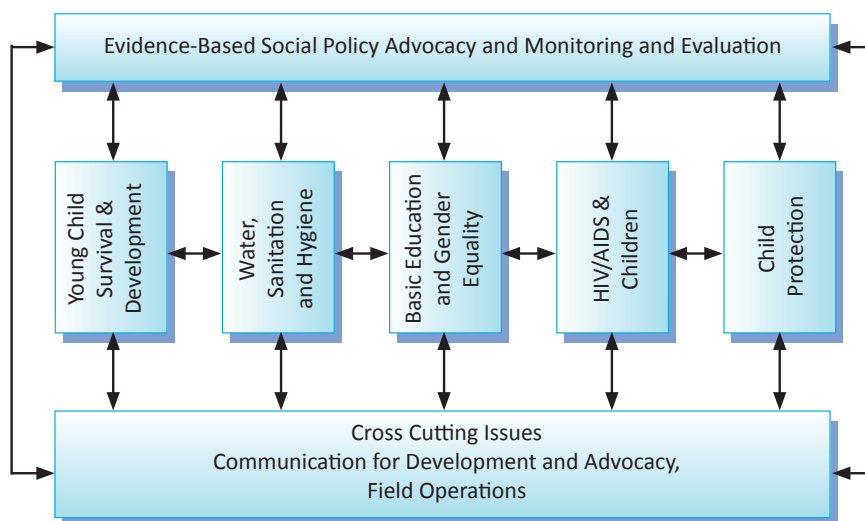
⁸ WHO/UNICEF Progress on Sanitation and Drinking Water 2010 Update



Country Programme Structure

UNICEF implements activities in five key programmatic areas structured on the main pillars of the Convention on the Rights of the Child (CRC): Survival, Development, Protection and Participation of Children.

UNICEF Myanmar's present Country Programme, 2011-2015, is designed as follows:



Areas of Programme Implementation

Young Child Survival and Development (YCSD)

YCSD programme aims to sustain and scale up high impact interventions to reduce major preventable and treatable causes of under-five mortality and morbidity in Myanmar, with special emphasis on hard-to-reach areas.

YCSD is aligned to the three key focus areas of National Child Health Strategic Plan 2010-2014: Child Nutrition, Child Health, and Maternal and Newborn health corresponding to MDGs 1, 4, 5 & 6.

The programme seeks to enhance health situation by strengthening planning, implementation and supervision capacity at all levels and by improving service delivery.

UNICEF will make available selected essential medicines and health supplies; provide technical assistance where necessary for better planning and programming. UNICEF will continue to promote policy dialogue and development of policies and strategies to reduce disparity in access and quality of services.

Key results achieved

- In 2010 maternal and neonatal tetanus was eliminated in Myanmar.
- Measles related morbidity and mortality are at lowest rates ever.
- Immunization coverage with DPT3 has been maintained at 80+ per cent.
- Coverage of vitamin A supplements and de-worming has reached 90+ per cent of all under-five children.

Expected results by 2015

1. At least 40 per cent of families in programme areas practiced appropriate infant and young child feeding including Exclusive Breastfeeding from birth up to six months and complementary feeding after six months. They are also benefitted from micronutrient supplementation and can access treatment for severe acute malnutrition.
2. Coverage and quality of preventive and curative services increased and appropriate key family care practices for childhood diseases are practiced;
3. Relevant guidelines and policies for maternal and child health developed and coverage of quality maternal and newborn interventions increased at facility and community levels in selected townships.

The YCSD Programme will support four key priority areas:

YCSD Priority I: Prevention and Management of Infant and Child Malnutrition

This priority addresses the main reasons of child malnutrition as an underlying cause of mortality in half of under-five deaths. Major micronutrient deficiencies such as Vitamin A and iron deficiencies in young children are addressed by nationwide, bi-annual campaigns, while maternal micronutrient supplementations are integrated with routine antenatal care services.

UNICEF will assist the government partners in maintaining required level of salt iodization at the factory level while continuing to monitor the level of iodine in salt at household level. Through this rigorous monitoring, iodine deficiency elimination status is expected to be achieved by the end of 2012.

Acute and chronic malnutrition in under-five children is addressed and strengthening nutrition surveillance systems will be established in selected high risk communities. The programme will support in developing an age appropriate infant and young child feeding strategy and national guidelines in 2011 with on the ground Communication for Development components. It will continue to Advocate for Code of Marketing for breast milk substitutes.

YCSD Priority II: Prevention and Management of Common Childhood Illnesses

This priority seeks to prevent and/or treat three main post-neonatal causes of death amongst children aged 1-59 months: Diarrhoea, Pneumonia and Malaria. The programme makes sure Antibiotic and Oral Rehydration Salt with zinc available in at least 200 townships.

Key family practices linked to growth promotion, disease prevention including hand washing at critical times, home care of sick child and new born care, and

appropriate care seeking, have been prioritized and implemented in collaboration with other relevant programmes.

Malaria micro-stratification will be updated to identify most at risk families in 80 malaria endemic townships by providing insecticide treated bed-nets, together with information and advocacy on behaviour change communication to prevent malaria. Technical assistance is provided as well for improvement in malaria diagnosis and case management.

YCSD Priority III: Essential Maternal and Newborn Care

This is to address the causes of neonatal deaths, which constitutes about one third of all infant deaths. Basic health staff are trained and supplies for management of sick newborn will be cumulatively increase covering 200 townships by 2015. Lifesaving drugs to prevent and treat complications associated with pregnancy and child birth will be made available. Technical assistance is extended to finalize national guidelines for home visits for newborn care by local volunteers. The programme will assist in training of volunteers in 25 selected townships during this country programme cycle.

YCSD Priority IV: Immunization and Outreach Services

The programme will continue to support immunization services integrated with relevant interventions such as Vitamin A supplementation, insecticide treated bed net distribution, and de-worming. It also aims to facilitate the development of a coordinated township implementation plan in 70 hard-to-reach townships with provision of vaccines and equipment.

Measles elimination initiatives will be accelerated while maintaining polio free and maternal and neonatal tetanus elimination status. Community based rapid cluster survey will be undertaken in selected townships to assess the vaccination coverage and additional high impact child survival interventions.



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“My daughter is three-and-a-half month old, she got her second doses of vaccinations against Tuberculosis, Diphtheria, Pertussis, Tetanus, Hepatitis B by injections and oral polio today in the Insein Secondary Health Centre. The health staff here are friendly and helpful. I did not have to pay for it. She received the first doses in our hometown, I am glad to have found the Centre. My baby is healthy and happy. I want to make sure she continues like this and is protected from diseases such as tuberculosis, measles and polio. The health staff in my hometown first made me aware of the importance and schedule of routine immunization that every child needs.”

*Thin Thin Hlaing, 35 year old mother,
Yangon, Myanmar*

Water, Sanitation & Hygiene (WASH)

The WASH programme contributes to achieving the community water supply and sanitation objectives of Myanmar's National Health Plan and Millennium Development goals 4 and 7. The programme focuses on disparity reduction by targeting hard-to-reach areas where access to safe water sources is limited, use of sanitation facilities is low and hygiene practices are poor.

Inadequate and unsafe water, poor sanitation and unsafe hygiene practices are the main causes of diarrhoea, which results in death and illness of children under the age of five. While significant progress has been made in improving water supply and sanitation coverage in Myanmar, disparities remain between and within States and Regions. Remote rural areas particularly lack access to adequate and improved water supply, and use of sanitation facilities is poor.

The programme is built on successful initiatives from the past Government of Myanmar-UNICEF collaboration. It also supports disaster preparedness and response capacity to ensure critical water and sanitation services delivery and essential supplies during emergencies.

Expected Results by 2015

1. Reduce water and excreta-related diseases caused by polluted water and poor hygienic conditions, especially diarrhoea in under-five children in the targeted areas, through hygiene improvement and by closing the access gap to safe and sustainable water supply and use of sanitation services;
2. Establish and implement supportive policies and legislative frameworks, such as the national drinking water standard and a sound school water and sanitation strategy.

“I learned in school that I need to wash my hands well. But, I didn't remember to practice regular hand washing. The Global Hand-washing Day event in our school demonstrated how we must do it and how important it is. Participating in the event motivated me to wash hands in the right way and every day, especially before touching food and after using the toilet.”

Ma Ei Wah Hlaing, 10 years old student from Nyaung Pin Tha (Ba Wai) village primary school in Pantanaw Township, Ayeyarwaddy Region on October 15, 2010



The WASH Programme will support two key priority areas:

WASH Priority I: Access to adequate safe water and use of sanitation facilities and improved hygiene practices

In order to protect children from diseases caused by poor water and sanitation, the programme focuses on enhancing community capacity to improve hygienic and healthy living environment. It adopts total sanitation principles to achieve one hundred per cent coverage in target areas. A more comprehensive approach to WASH in schools and rural health centres is implemented for school children and users of health services.

The work on the ground is reinforced by advocacy efforts for development of a strategy for better hygiene practices in primary schools and at home that include regular hand washing, household water treatment and proper use of household toilets. In collaboration with the Basic Education and Gender Equality programme, it helps establish healthy norms and standards for water and sanitation installation and use in educational institutions. The programme will be implemented in 75 village tracts in 25 townships within the five year cycle.



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Key results achieved

- The annual National Sanitation week introduced in 1989 helped increase nationwide coverage of household sanitation to nearly 80 per cent.
- Mapping of naturally occurring arsenic contamination identified 219 communities where provisions for mitigation have been put in place.

WASH Priority II: Enhancement of policies and legislative frameworks

The programme advocates for the development of a National Sector Strategy for Water Sanitation & Hygiene, an arsenic mitigation action plan, increased budget for hygiene, sanitation and safe water supply, and support sustainable and locally determined, user-owned initiatives consisting of hygiene, sanitation and safe water supply for the most vulnerable. UNICEF will continue to strengthen partnerships with government counterparts for the programme to succeed. Cooperation with the registered NGOs and CBOs, as well as the private sector will also be further enhanced.

Basic Education and Gender Equality



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Education is considered a core priority by families in Myanmar, as a result net primary school enrolment rates in Myanmar are relatively higher for both girls and boys. However, the completion rate remains a concern with only approximately 54 per cent of children enrolled complete full cycle of basic education.

In spite of the government investments in school infrastructure in recent years, parents, private donors and communities often bear much of the recurrent costs for operations and maintenance of schools including costs of additional school teachers, additional class rooms and school repairs and supplies.

The key challenges in the education sector include: access to early childhood education; access to quality education for children particularly in hard-to-reach areas and alternative learning opportunities for out-of-school children and adolescents. The Basic Education and Gender Equality programme contributes to the realization of children's right to education in light of article 28 of the Convention on the Rights of the Child (CRC) and in achieving MDG 2 and 3. It is aligned to the vision of the 30-year long-term Basic Education Development Plan of the Government of Myanmar (2001-2030) and the Myanmar Education for All (EFA) National Plan of Action (2015).

Expected results by 2015

UNICEF will contribute to the following programme component result by 2015:

- 1 Improved government capacity to increase access to and reduce disparities in basic education
- 2 Improved quality of primary education across the country through the child-friendly school initiative
- 3 Increased access of adolescents to life skill education to reduce their exposure to risks, including HIV and AIDS

The programme will support three key interrelated priority areas:

Education Priority I: Increase Access to Basic Education

The programme strengthens coordination and collaborative relationship with different stakeholders to improve access to primary education in disadvantaged communities, along with support for alternative and flexible initiatives for out-of-school children.

Education Priority II: Improving the Quality of Basic Education

The programme supports the government in improving the quality of primary education by enhancing teachers' capacity to apply child-centred teaching-learning approaches in classroom and in school management practices toward child-friendly school approach. UNICEF will also support parental education on holistic and age-appropriate early childhood development practices to parents and caretakers of children under five years of age. This will contribute to improving children's school readiness.

Education Priority III: Ensuring Equity in Basic Education

The programme targets disadvantaged townships and schools where resources are limited. Rural and multigrade schools in addition to monastic schools will receive supplies to support the teaching and learning process. Children will receive an essential learning package with text books and exercise books to support their learning. Provision of water and sanitation in schools is a priority.

Key results achieved

- The Let's Read initiative and its Box Library with 18 children's books reached nearly 35,000 primary school grade one classes in 6 ethnic languages. This contributed to children's learning achievement in the Myanmar language.
- Implementation of Child Friendly School approach in 4000 primary schools resulted in overall improvement in the learning and school environment.
- Primary life skills and HIV/AIDS Prevention Education programme has been implemented nationally and reached about 5 million children while also targeting out-of-school children and adolescents.



“I love school where I can learn and play with my friends. I like to learn Math, Geography and History. We also have nice toys and play materials. I love to read the story books in the school from UNICEF. I would like to complete school and become a doctor when I grow up.”

*Phu Phu Wai, 8, Grade 4,
San Da Yaw village,
Htan Ta Pin Township*

HIV/AIDS and Children



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The HIV/AIDS and Children programme operates within the framework of the National Strategic Plan on HIV/AIDS (2011-15) and contributes to the achievement of MDG 6 and the Global Campaign on Children and AIDS, aiming at prevention and mitigation of the impact of HIV among children and women.

Even though the estimated HIV prevalence in general adult population has declined from 0.95 per cent in 2000 to 0.61 percent in 2009, increasing rate of infections are detected among so called 'low risk women' many of whom are housewives in monogamous relationship, infected by husbands who engage in high risk behavior outside the family. This emerging pattern of the HIV transmission increasingly puts children in the womb at greater risk due to the possibility of HIV transmission from mother to the child. It is therefore important to address the issue of husband to wife transmission as a primary approach of Prevention of Mother to Child Transmission (PMTCT). There is a need for increased support to initiatives targeting married couples, screening, counseling, treatment, care and support for those infected and affected. The issues relating to children affected by AIDS are also yet to be fully understood and as a result, the response for children affected by HIV and AIDS has so far been slow and inadequate.

Expected results by 2015

1. The capacity and response of various sectors on the prevention of HIV among children and women are strengthened at all levels to further reduce paediatric HIV infection.
2. Strategy and standards for prevention, care, support and protection for children infected and affected by HIV and AIDS are developed, documented in national strategic plan and implemented.

The HIV and Children programme will support two key interrelated priority areas:

HIV Prevention Priority I: Prevention of HIV infection among women and children

The programme component contributes to enhancing comprehensive Prevention of Mother-to-Child Transmission (PMTCT) services in selected townships by improving coverage as well as quality of services as an integral part of the regular ante-natal care. One of the key components of this strategy is to increase the involvement and participation of husbands. It capitalizes on PMTCT not only as a gender sensitive entry point for HIV prevention and continuum of care but also as an important source of data to track epidemic trends and risks behaviors. UNICEF plans to adopt Communication for Development as the main strategy to promote service seeking behaviour for Voluntary Counseling and Testing, and for reduction of stigma and discrimination against the HIV positive individuals.

HIV Prevention Priority II: Enhancing response to children affected or infected by HIV and AIDS

The programme will continue strengthening partnership with the Government, while seeking new partners among the NGO communities and civil society organizations. The programme will also contribute to building capacity of service providers to respond to orphans and vulnerable children (OVC). This will be harmonized with community based child protection approaches implemented by UNICEF Child Protection programme in order to improve HIV prevention among vulnerable and at risk children and for better care and support to children affected by AIDS.

Key results achieved

- The community and hospital-based prevention of mother-to-child transmission is now available in 170 townships covering almost half of the country and 37 specialized hospitals.
- The HIV prevalence in adult population has dropped to 0.61 per cent in 2009 from 0.95 per cent in 2000.
- School-based healthy living and HIV/AIDS prevention education programme has been implemented nationally while also targeting out-of-school children and young people.



“The children’s consultation on addressing challenges related to HIV and AIDS opened my eyes to discrimination and isolation faced by some children living with HIV. I would like to play a lead role in creating a discrimination and stigma free environment. I want to offer moral support to young people in that situation so they do not get lonely and depressed. I believe it is possible if we try to understand each other and work together.”

*Toe Maung, 13
Participant in Children’s and Adolescents’
consultation on HIV and AIDS
10-11 May 2010 in Yangon, Myanmar*

Child Protection

Myanmar has a strong legal framework to protect children, with the ratification of the Convention on the Rights of the Child (CRC, 1991), enactment of the Child Law (1993), its Rules and Regulations (2001), and the Anti-Trafficking in Persons Law (2005).

Poverty, family break-down, weak social welfare and legal systems, natural disaster or conflict increase child vulnerability, and the risk of exploitation and abuse. UNICEF Child Protection programme, together with nine Government Ministries, UN agencies, NGOs and CBOs, community members, parents and children, work to ensure the protection of girls and boys against all forms of abuse, exploitation, neglect, violence and unnecessary family separation.

Expected Results by 2015

1. A National Child Protection and Social Welfare Policy, in line with Myanmar Child Law, will be developed and operationalised, to support a national child protection system through an improved coordination and referral mechanism among social welfare, health, education and justice sectors, and civil society organizations.
2. Capacity of government officials, civil society organizations and communities enhanced to implement prevention, recovery and reintegration services for vulnerable children to strengthen child protection and social welfare system including improved data collection and use.
3. National and international standards are fully implemented to prevent and respond to grave violations against children in situations of armed conflict as per United Nations Security Council Resolutions 1612, 1882 & 1998.
4. National and local capacity in emergency preparedness and response improved to protect children and women in disaster prone areas, including those in the ceasefire areas.



Children taking part in an exercise to seek their views on community based child protection

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“There is more awareness and knowledge of child rights and child protection in our community; there is less violence in our homes; parents speak more kindly to us; our parents don't let us go to risky places anymore, like playing on the river bank or going to the shop to buy liquor for them; we do less hard work; there is more prevention and response to child sexual abuse, we feel happier and more confident.”

Changes reported by more than 250 girls and boys in a participatory consultation. The consultation was recently conducted as part of an external evaluation of UNICEF Township/community-based child protection systems building programme, which enabled establishment of Community Support Group in their village.

The Child Protection Programme supports three interrelated priority areas:

Child Protection Priority I: Development of National Child Protection and Social Welfare Policy and Guidelines

UNICEF assists in developing minimum standards, guidelines and policies that will contribute to the development of a National Child Protection and Social Welfare Policy. Legislations related to children will be reviewed for closer alignment with the CRC and to enforce the legal framework for the protection of children.

Child Protection Priority II: Strengthening of National, Subnational and Community Level Capacity to Support Child Protection and Social Welfare System

UNICEF and the Department of Social Welfare (DSW) strengthen State/Regional and Township Child Rights Committees (TCRC) to address child protection cases in collaboration with Community Support Groups (CSGs, made up of volunteers) which have been set up in 303 villages through NGO partners. CSG members are trained to recognize, prevent and respond to child protection cases. More complicated cases are referred to the TCRCs.

Child friendly and gender appropriate police investigation and court procedures are strengthened through training of police, law officials and judges. Free legal aid to children and women is provided in 245 townships by pro bono lawyers in partnership with a national NGO. The programme supports children who suffer from abuse and domestic violence; children without parental care, including children affected by HIV/AIDS; street and working children; children with disability and provides family tracing and reintegration support for children in residential care facilities and repatriated trafficked women and children.

Key results achieved

- Minimum Standards on Care and Protection of Children in Residential Care Facilities approved (2009).
- Social Work Diploma Course established in Yangon University with 520 graduates to date.
- Township Committees on the Rights of the Child activated in 9 Townships.

Child Protection Priority III: Monitoring and Reporting Mechanism (MRM) on grave violations against children in situations of armed conflict

UNICEF is the Co-Chair and Secretariat of the Country Task Force on MRM that seeks to establish a monitoring and reporting mechanism as per UN Security Council Resolutions 1612, 1882 and 1998 to prevent and respond to grave violations against children in situations of armed conflict. Joint efforts with the government include the preparation of a Joint Action Plan for prevention of child recruitment; training to the military, government counterparts, child protection partners to raise awareness and prevent under age recruitment. Family tracing, reintegration and rehabilitation support are provided to children formerly recruited by the armed forces.

Social Policy Advocacy, Monitoring and Evaluation



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Evidence-based social policy formulation and advocacy for the realization of children's rights is a priority for UNICEF. The Social Policy Programme works with relevant government departments in conducting thematic analyses, studies, and policy reviews on topical areas with a view to updating and refining policies and strategies leading to improved outcomes for children.

Expected Result by 2015

1. Improved collection and utilization of reliable and disaggregated data to identify disparities and vulnerabilities of children for policy advocacy and programming.
2. Develop and introduce national social policies and strategies, in particular those related to social protection, to mitigate vulnerabilities and reduce disparities at national and sub-national levels.

The Programme will support two key priority areas:

Social Policy Priority I: Improved collection and utilization of reliable and disaggregated data

UNICEF works with government departments to promote an evidence-based approach to social policy advocacy and programming. The Situation Analysis of Women and Children (SITAN) is being drafted in collaboration between UNICEF and the government. The report will be instrumental in guiding future social policy advocacy.

The data set in the Multiple Indicator Cluster Survey (MICS) and Integrated Household Living Condition Assessment (IHLCA), to be launched in 2011, will be further analyzed to generate thematic reports on the situation of children and women, and to map disparities in the country.

The next round of MICS will be conducted in 2013/14. The data will come at a critical time for updating the MDG indicators (MDG 2, 4, 6, and 7) related to children, and measure Myanmar's progress against these goals ahead of 2015.

UNICEF will support further improvement of the township-based Health Management Information System (HMIS) and the revision of the Education Management Information System (EMIS), which are the only sources for township level health and education data in the country.

UNICEF will provide training and support to strengthen national and sub-national level capacity for analysis and utilization of data related to children. UNICEF will also continue to promote utilization of DevInfo databases for local planning and decision making in collaboration with the UNICEF Field Operations.

Social Policy Priority II: Priority Social Protection Initiatives

UNICEF engages and collaborates with relevant government departments through the Inter-Agency Working Group for Social Protection of Children, to advocate for reducing child vulnerabilities and disparities by adopting appropriate social policies and social protection strategies.

The working group, for example, has identified a pilot health protection scheme at township level as a priority intervention. UNICEF is promoting a pilot health protection intervention with a feasibility study to guide the appropriate design of the scheme. Lessons generated from the initiative will inform and guide health financing strategies for children in Myanmar.

UNICEF is keen to improve the coverage of birth registration in Myanmar as a social protection measure. The Inter-Agency Working Group for Social Protection of Children held a special meeting on the topic and created the sub-group working for improvement of birth registration. In 2011 a study on Myanmar's young people aged 14-18 and caretakers of young children is being conducted to understand people's experiences in registering the birth of their children. It will also investigate the reasons for many children not having a birth certificate. The findings will guide further discussions with the government on how to improve the birth registration system in the country.

Key results achieved

- Multiple Indicator Cluster Survey (MICS) and Integrated Household Living Conditions Survey (IHLCA) have been completed, they provide reliable disaggregated data for national and subnational level according to different socio-economic quintiles.
- The updated Health Management Information System (HMIS) data dictionary with new indicators and data collection has been completed and will be to be disseminated to townships.
- The Inter Agency Working Group for Social Protection of Children was set up with membership from key government departments, academic institutions and civil society organizations. The group meets regularly to improve knowledge of social protection among member departments and organizations.

Advocacy, Information and Communication for Development

UNICEF Myanmar Country Programme employs advocacy, Information & Communication for Development as key strategies in achieving the expected results. Strategic communication inputs toward advocacy, behavioural and social change, sharing updated information for increased awareness on and accountability for children's rights in the public domain and through mass media and external relations remain central to achieving priority outcomes. Communication aims to bring greater visibility to children's issues and UNICEF actions and works with donors and partners to help mobilise resources for children in Myanmar.



The country programme 2011-2015 espouses greater engagement with the media, partners, children and adolescents. Communication interventions are built on successful past approaches such as edutainment and engaging communities through interpersonal communication to promote a range of topics including exclusive breastfeeding, newborn care, hand washing, prevention and control of diarrhoea and malaria as part of recommended key family practices.



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Funding

In accordance with the approved UNICEF Executive Board the budget table shows the indicative level of funds from Regular Resources (RR) and Other Resources (OR). Actual fund allocations will depend on the availability of UNICEF global resources and thematic and non- thematic contributions from various funding partners including UNICEF National Committees.

Table: UNICEF Regular and Other Resources 2011 - 2015 (In US\$ '000)

Programme	2011	2012	2013	2014	2015	Total
UNICEF Regular Resources (RR)						
Young Child Survival and Development	5,600	5,200	5,400	5,400	5,400	27,000
Water, Sanitation & Hygiene	1,800	2,100	2,000	2,100	2,000	10,000
Basic Education and Gender Equality	2,700	2,700	2,700	2,700	2,700	13,500
HIV/AIDS and Children	1,100	1,100	1,100	1,100	1,100	5,500
Child Protection	2,117	2,217	2,117	2,017	2,117	10,585
Social Policy Advocacy and Monitoring and Evaluation	1,000	1,000	1,000	1,000	1,000	5,000
Cross-Sectoral Costs	2,400	2,400	2,400	2,400	2,400	12,000
Sub-Total: Regular Resources	16,717	16,717	16,717	16,717	16,717	83,585
UNICEF Other Resources (OR)						
Young Child Survival and Development	6,200	7,200	7,600	7,500	7,500	36,000
Water, Environmental Sanitation & Hygiene	2,900	3,350	3,200	3,350	3,200	16,000
Basic Education and Gender Equality	7,500	6,700	6,200	5,400	5,200	31,000
HIV/AIDS and Children	1,200	1,200	1,200	1,200	1,200	6,000
Child Protection	2,200	2,200	2,200	2,200	2,200	11,000
Social Policy Advocacy and Monitoring	1,400	1,400	1,400	1,400	1,400	7,000
Cross-Sectoral Costs	1,600	1,600	1,600	1,600	1,600	8,000
Sub-Total: Other Resources (OR)	23,000	23,650	23,400	22,650	22,300	115,000
Over-All Total Resources: RR+OR	39,717	40,367	40,117	39,367	39,017	198,585

MILESTONES: Children in Myanmar



April 1950

UNICEF begins its journey in Myanmar (then known as Burma)

1950s: The Mass Campaign Era

Myanmar's BCG campaign supported by UNICEF vaccinated about one million children a year, or roughly 60 per cent of annual births. Support for the malaria programme continued for a number of years despite political difficulties. Some insurgent-held areas even allowed the spraying teams to enter. At one point, Spurgeon M Keeny, UNICEF's Regional Director for Asia, told the Executive Board "One insurgent group in Burma recently agreed to keep the peace while their area was being sprayed for malaria - and maybe longer, they promised. If the results were really good, it is just another form of matching".

May-June 1948: Early Assessment of Children's Needs

A team led by Dr. Thomas Parran and Dr. C.K. Lakshmanan carried out a survey for UNICEF on children's needs across Asia including Myanmar (the then Burma) with the result of two major findings - infant mortality and malnutrition.

September 1947: Asia Operation Approved

UNICEF Executive Board approved allocations and beginning of UNICEF Operations in Asia

December 1946: UNICEF Begins its Global Journey

The United Nations General Assembly unanimously establishes an international Children's Emergency Fund, to mount urgent relief programmes for children and adolescents in war-ravaged countries and for "child health purposes generally". Aid is to be distributed without discrimination due to race, creed, nationality, status or political belief.



anmar



1978 Primary Health Care

Primary health care was introduced through the Government's People's Health Plan. First batch of 670 community health workers, chosen by their communities and trained by the Government, had begun work early in 1978 in their townships, against a national target of 5,300. These community health workers would be supplemented by auxiliary midwives, also chosen by the communities, and trained and equipped with UNICEF assistance.

1977

Unleashed the new model for a five year Country Programme of Cooperation between UNICEF and the Government of Myanmar.

1970s: Leap towards Basic Education for All

The number of primary schools had increased during the period 1961-1974 from nearly 15,000 to over 18,000 under the Basic Education for all drive the number of students doubled from 1.7 million to 3.4 million. UNICEF aid was extended to the production of textbooks and teaching aids, and for a science equipment workshop.

A project to provide safe drinking water for primary schools begun, thus starting the process of overlapping of services to produce a multiple effect.

1968-69: Myanmar Leprosy Project - the most successful in the world

As the decade of the 1960s came to a close, the Executive Director announced Myanmar's Leprosy project, conducted through years of mass campaign, as the most successful in the world.

1965-1974

Conquering Campaign for Mass Literacy

With 200,000 volunteer teachers participating, over one million people became literate through a mass literacy campaign supported by UNICEF to eradicate illiteracy under the leadership of Dr Nyi Nyl, Deputy Minister for Education.





1997: CEDAW

Myanmar accedes the Convention on Elimination of all forms of Discrimination against Women (CEDAW)

February - March 1996
National Immunization Days Initiated.
First-ever nationwide polio immunization campaigns

July 1993
The Child Law (in Myanmar) comes into effect.

August 1993
National Breastfeeding Week initiated

September 1993
National Programme of Action for the Survival, Protection and Development of Myanmar's Children in the 1990s.

October 1993
Establishment of the National Committee on the Rights of the Child

July 1991: CRC
Myanmar ratified the Convention on the Rights of the Child (CRC)

July 1991
Signing of the Declaration and Plan of Action of the World Summit for Children.

20 November 2002
CRC Day celebrated for the first time in Myanmar

December 2001
Iodine Deficiency Elimination week initiated

June 1998
Introduction of School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE)

July 1998
National Sanitation Week initiated with first-ever nationwide sanitation campaigns



1980s: Universal Child Immunization

Universal Child Immunization (UCI) received tremendous international support in response to the global challenge of combating major childhood diseases from governments, bilateral sources, and National Committees of UNICEF, as well as many other non-governmental organizations. 1985 saw the launching of an extraordinary initiative called the 'Polio Plus' programme, pledging to provide all the polio vaccines necessary for up to five consecutive years for any participating city, state or country.



January 2007
Nationwide Mass
Measles Campaign

2006
UNICEF Myanmar starts
working in Child Protection as
a separate programme. It
existed as part of Education
and Child Development
before.

May 2005
Launch of hospital-based
programme to prevent the
mother-to-child transmission of
HIV and AIDS.

October 2004
Regional Trafficking Conference
held in Yangon, Myanmar

November 2004
First-ever media training on
child rights in Myanmar

March 2003
Education for All (EFA)
National Action Plan

1-7 September 2003
Introduction of Annual
Nutrition Promotion Week

October 2010

Cyclone Giri hit the Rakhine State on 22 October 2010. It severely damaged four low-lying coastal townships: Myebon, Pauktaw, Kyaukpyu and Minbaya affecting 260,000 people. The cyclone had also done damages, to a lesser extent, to Magway and Sagaing Regions further inland. UNICEF coordinated immediate response in collaboration with the Government, UN Agencies, national and international NGOs to effectively reach and assist the affected.

May 2010

Maternal and Neonatal Tetanus Elimination achieved.

October 2010

UNICEF Celebrates 60 years of service for the children of Myanmar through children's art competition and exhibition.

2009

First ever National Plan of Action on Protection of Children in Emergencies approved

August 2009

Introduction of Annual Nutrition Promotion Month

May 2008

Cyclone Nargis devastates southern Myanmar with Ayeyarwaddy and Yangon regions as the most hard hit killing 140,000 people and causing major damage to livelihood and infrastructure. Dawning a new era of emergency response, recovery and preparedness for the country. UNICEF worked relentlessly to reach the affected population with assistance along with the government and many other international and national partners.

December 2008

First ever national seminar on Social Protection focusing on vulnerable children

unicef 
unite for children



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