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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Myanmar

Proposed indicative UNFPA assistance:	\$29.5 million: \$16.5 million from regular resources and \$13 million through co-financing modalities and/or other, including regular, resources
Programme period:	Four years (2012-2015)
Cycle of assistance:	Third
Category per decision 2007/42:	A
Proposed indicative assistance by core programme area (in millions of \$):	

	Regular resources	Other	Total
Reproductive health and rights	11.5	11.0	22.5
Population and development	2.5	1.0	3.5
Gender equality	1.0	1.0	2.0
Programme coordination and assistance	1.5	-	1.5
Total	16.5	13.0	29.5

I. Situation analysis

1. The population of Myanmar was approximately 57.5 million in 2007-2008. The country is home to a large number of ethnic groups. Young people aged 10-24 account for nearly 30 per cent of the total population. In 2008, the gross domestic product per capita was \$578, and health expenditure as a percentage of gross domestic product was only 0.23 per cent.

2. The most recent census was undertaken in 1983. As a result, there are significant gaps in data relating to population dynamics, and to the composition and distribution of the population. According to a United Nations estimate, the maternal mortality ratio was 240 maternal deaths per 100,000 live births in 2008. Due to limitations in its health system, Myanmar faces challenges in achieving the Millennium Development Goal target of reducing the maternal mortality ratio to 105 maternal deaths per 100,000 live births by 2015. These challenges include inadequate financing and human resources, and wide regional disparities. The Sagaing, Magway and Ayeyarwaddy divisions and Kayah, Rakhine and Shan states have higher maternal mortality ratios and higher abortion rates than other localities.

3. Seventy-six per cent of deliveries take place at home, where nearly 90 per cent of maternal deaths occur. In 2009, the antenatal care coverage rate was 70.6 per cent, and skilled birth attendants were present at 64.4 per cent of deliveries. The current availability of skilled birth attendants is far below the level recommended by the World Health Organization (WHO).

4. The quality of assisted deliveries is of concern. Constraints include limited access to health services due to poverty, geographical barriers and a shortage of health personnel, especially midwives. These constraints contribute to the high neonatal mortality rate (in 2009, 33 deaths per 1,000 live births).

5. According to the 2007 fertility and reproductive health survey, the total fertility rate was 2.03 children per woman. However, the fertility rate among married women was higher (4.7 children per woman). More than half of women of all ages (in 2007, 52.8 per cent) had never been married. The contraceptive prevalence rate for modern methods was 38.4 per cent, and the unmet need was 17.7 per cent. The survey also reported that nearly 5 per cent of all pregnancies ended in abortions, with the highest rate occurring among women aged 15-19 years. Complications of abortion are one of the leading causes of maternal deaths.

6. Although the majority of young people have heard about HIV/AIDS, comprehensive knowledge about prevention methods is relatively low, and misconceptions about HIV/AIDS are prevalent. There is shortage of data on young people's knowledge of sexual and reproductive health, and their access to sexual and reproductive health services is limited.

7. The national HIV prevalence rate was 0.61 per cent for adults and 0.96 per cent among pregnant women in 2009. However, the HIV prevalence rate is higher among injecting drug users (34.6 per cent), men in high-risk groups (22.3 per cent) and female sex workers (11.2 per cent). HIV incidence is especially high among the young cohort of these populations.

8. The Government is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women, the Beijing Platform for Action and the Millennium Declaration. Nevertheless, there are gender inequalities in legislation, access to economic opportunities and representation in the upper echelon of government branches. The involvement of men in family planning, safe motherhood and HIV prevention is limited. A shortage of gender statistics and research, a lack of awareness, and limited institutional capacity hinder the development and implementation of effective policies and programmes for the empowerment of women.

II. Past cooperation and lessons learned

9. The second programme of assistance, which covered the period 2007-2010, was extended until 2011 to align it with the United Nations Development Assistance Framework (UNDAF), 2012-2015. Programme achievements included: (a) supporting the provision of maternal health and birth-spacing services and commodities in 132 of 330 townships; (b) improving the knowledge of 400,000 youth on adolescent reproductive health and HIV/AIDS; and (c) contributing to a reduction in HIV infection among female sex workers (from 18.4 per cent in 2008 to 11.2 per cent in 2009), and to a reduction among men in high-risk groups (from 28.8 per cent to 22.3 per cent during the same time period).

10. Additional programme achievements included: (a) increasing the availability of data through the fertility and reproductive health survey; (b) supporting the establishment and operationalization of the national working committee for reproductive health, the development of the national strategic plan for reproductive health, 2009-2013, and the national strategic plan on HIV/AIDS, 2011-2015; and (c) supporting mechanisms for community volunteers to promote the demand for reproductive health services and access to health facilities. UNFPA has been the main provider of contraceptives and reproductive health services in 14 states and regions in Myanmar.

11. Given the vulnerability of Myanmar to natural disasters, UNFPA assisted in strengthening disaster preparedness in the areas of reproductive health and the protection of women by developing contingency plans. After cyclones Nargis and Giri, UNFPA provided life-saving reproductive health services and supported interventions to protect women, including the establishment of women-friendly centres for vocational training and the provision of microcredit, psychosocial counselling and reproductive health education.

12. UNFPA also supported the development of the National Plan of Action for the Advancement of Women, 2011-2015, and helped raise awareness of gender issues among government staff and members of civil society.

13. The evaluation indicated the need to: (a) increase partnerships among stakeholders to implement the national plans for reproductive health, HIV/AIDS and the advancement of women; (b) strengthen health systems and improve the quality of service provision at the national level; (c) ensure a geographical focus for service provision at the subnational level to reduce inequities and disparities; and (d) support the development and use of guidelines for user-friendly adolescent reproductive health services that also target young people who are most at risk.

14. The evaluation also recommended: (a) strengthening linkages between efforts to prevent mother-to-child transmission of HIV and reproductive health interventions; (b) utilizing the media and training community volunteers to promote behaviour change; (c) conducting research on gender, strengthening gender mainstreaming and supporting women-friendly centres to empower women; (d) strengthening the national capacity to collect, analyse, utilize and coordinate data and bridge data gaps on population, reproductive health and gender; and (e) promoting results-based management, evidence-based advocacy and joint programming.

III. Proposed programme

15. The proposed programme is based on the end-of-programme evaluation and the United Nations thematic analysis, and is aligned with the national plans for reproductive health, HIV/AIDS and the advancement of women. It contributes to three strategic priorities of the United Nations Strategic Framework: (a) increase equitable access to high-quality social services; (b) reduce vulnerability to natural disasters and climate change; and

(c) promote good governance and strengthen democratic institutions and rights.

Reproductive health and rights

16. The outcome of this component is: equitable access to and utilization of high-quality information and services on sexual and reproductive health, and on HIV prevention among women, men, young people and populations that are most at risk, with a focus on poor and vulnerable populations and geographically remote areas. The programme will provide national-level support to strengthen the health system and subnational level support to improve the quality of information and services on sexual and reproductive health, adolescent sexual and reproductive health, and HIV prevention. The programme will focus on selected townships in seven states and regions that include hard-to-reach, most-at-risk and disadvantaged populations. This component has two outputs.

17. Output 1: Strengthened health systems to improve the availability of high-quality, equitable sexual and reproductive health information and services among target groups, including in emergency settings. This output will be achieved through interventions at the national, state and regional levels and in selected townships.

18. National-level strategies will focus on strengthening coordination mechanisms and health systems for sexual and reproductive health, including the prevention of HIV, by developing and updating national standards and guidelines, and strengthening human resources, logistics management and information systems on reproductive health and HIV.

19. UNFPA will also contribute to reproductive health commodity security, including HIV prevention, in partnership with other stakeholders. At national and subnational levels, the programme will strengthen public-private partnerships for the provision of services and

commodities as well as for disaster preparedness and response.

20. Township-level strategies will focus on providing an integrated package of high-quality sexual and reproductive health information and services by: (a) strengthening health facilities and human resources; (b) piloting initiatives to reduce financial barriers to accessing sexual and reproductive health services; (c) creating demand for services through community support mechanisms and media channels; (d) strengthening peer education to promote high-quality adolescent sexual and reproductive health services, including HIV-prevention education, counselling and referral; and (e) piloting adolescent reproductive health services based on new guidelines.

21. In line with the United Nations Secretary General's Global Strategy on Women's and Children's Health, UNFPA will collaborate with WHO and the United Nations Children's Fund to strengthen the health system and support a joint programme for maternal and newborn health. UNFPA will partner with the Ministry of Health and selected national and international non-governmental organizations to implement the programme.

22. Output 2: Improved availability of sexual and reproductive health services, including the prevention of HIV transmission among populations that are most at risk and their partners, and from mothers to their children. Strategies include: (a) strengthening behaviour change communication to prevent HIV among female sex workers and men in high-risk groups; (b) supporting counselling and testing for HIV and other sexually transmitted infections, as well as sexual and reproductive health services, for female sex workers and men in high-risk groups; and (c) strengthening services to prevent mother-to-child transmission of HIV.

Population and development component

23. The expected outcome of this component is: strengthened and better coordinated statistical systems for improved data collection, processing, analysis, dissemination and utilization.

24. Output: Strengthened national capacity to increase the availability of high-quality, disaggregated data on population, reproductive health and gender issues for policy formulation, planning, and monitoring and evaluation. The programme will achieve this output by: (a) strengthening institutional capacity to collect, analyse, disseminate and utilize data for policy development, planning, coordination, and monitoring and evaluation; (b) supporting data collection activities to produce disaggregated data on population, including on youth, migration, reproductive health and gender issues; (c) procuring data processing equipment and software; and (d) advocating and providing technical assistance for the review of existing statistical laws and developing mechanisms to improve the coordination and management of national statistical systems.

25. UNFPA will utilize the Millennium Development Goals monitoring and evaluation group as a forum to promote joint programming on data collection among United Nations organizations and other partners.

Gender equality component

26. The expected outcome of this component is: gender equality and the human rights of women, particularly their reproductive rights, are addressed in national legal frameworks, social policies and development plans.

27. Output: Strengthened national capacity and institutional mechanisms to promote gender equality and the advancement of women. In partnership with the United Nations gender theme group and the women's protection technical working group, UNFPA will support

the National Plan of Action for the Advancement of Women. UNFPA will support joint programming on: (a) research, evidence-based advocacy and technical assistance to formulate and revise policies and legislation to promote gender equality; (b) strengthening institutional capacity within the Government and civil society in the areas of gender analysis and mainstreaming; (c) awareness-raising on gender equality, reproductive rights, violence against women, and male responsibility in the areas of sexual and reproductive health and the trafficking of women; and (d) the establishment of women-friendly centres that promote reproductive health education and the empowerment of women.

IV. Programme management, monitoring and evaluation

28. UNFPA will manage and monitor the programme with the Ministry of National Planning and Economic Development, which will serve as the government coordinating agency, in cooperation with United Nations organizations and implementing partners. UNFPA will evaluate the programme as part of the United Nations Strategic Framework, 2012-2015. To strengthen results-based management, UNFPA, in cooperation with the Government and other partners, will: (a) collect baseline and end-line data; (b) conduct joint monitoring, reviews and evaluations; and (c) provide training on monitoring and evaluation tools. UNFPA will establish a network of field-based programme coordinators and ensure that coordination and monitoring mechanisms are functional.

29. The country office in Myanmar consists of a representative, a deputy representative, an international operations manager and programme and operations staff. The Asia and the Pacific regional office will assist the country office in the provision of technical assistance, including through international, regional and national institutions and experts, and will provide quality assurance of the programme.

RESULTS AND RESOURCES FRAMEWORK FOR MYANMAR

<p>National priority: improved reproductive health status of women and men, including adolescents, and the prevention of HIV transmission through a life-cycle approach</p> <p>UNDAF outcomes: (a) health systems ensure that poor, vulnerable, most-at-risk and geographically remote populations have access to and utilize high-quality health services, including reproductive health care and services to prevent and treat HIV; and (b) national disaster-risk reduction and management as well as policies and strategies for climate-change adaptation are developed and mainstreamed to reduce vulnerability to natural disasters and climate change</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome:</u> Equitable access to and utilization of high-quality information and services on sexual and reproductive health and on HIV prevention among women, men, young people and populations that are most at risk, with a focus on poor and vulnerable populations and geographically remote areas</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Contraceptive prevalence rate for modern methods (subnational level and regional disparities) • Unmet need for family planning (subnational level and regional disparities) • Percentage of births attended by skilled health personnel (subnational level and regional disparities) • Percentage of female sex workers and men in high-risk groups who used a condom during their last sexual encounter • Percentage of HIV-positive pregnant women who received services to prevent mother-to-child transmission of HIV 	<p><u>Output 1:</u> Strengthened health systems to improve the availability of high-quality, equitable sexual and reproductive health information and services among target groups, including in emergency settings</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of health personnel who are applying national standards of reproductive health care in accordance with established criteria in UNFPA-supported areas • Percentage of health facilities in UNFPA-supported areas that provide a minimum of three contraceptive methods • Percentage of health facilities in UNFPA-supported areas that provide adolescent sexual reproductive health services based on the new guidelines • Percentage of women, men and young people who have comprehensive knowledge about sexual and reproductive health, including HIV, in UNFPA-supported areas • Number of states and regions where rapid response teams are able to implement the minimum initial service package for reproductive health in crisis situations <p><u>Output 2:</u> Improved availability of sexual and reproductive health services, including the prevention of HIV transmission among populations that are most at risk and their partners, and from mothers to their children</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of facilities in UNFPA-supported areas that provide services to prevent HIV to populations that are most at risk • Percentage of populations, in UNFPA-supported areas, that are most at risk and that have knowledge about preventing unwanted pregnancies and HIV • Percentage of pregnant women who received voluntary HIV testing and counselling in UNFPA-supported areas 	<p>Ministries of: Health; and Social Welfare, Relief and Resettlement</p> <p>International and national non-governmental organizations; United Nations organizations</p>	<p>\$22.5 million (\$11.5 million from regular resources and \$11 million from other resources)</p>

National priority: developing a comprehensive, efficient and reliable statistical system for social and economic policies and effective planning and administration				
UNDAF outcome: strengthened national statistical system for data collection, processing, analysis and coordination				
Population and development	<p>Outcome: Strengthened and better coordinated statistical systems for improved data collection, processing, analysis, dissemination and utilization</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Up-to-date data on population composition, distribution and dynamics are available • The number of household and thematic surveys that include issues related to the International Conference on Population and Development and the Millennium Development Goals 	<p>Output: Strengthened national capacity to increase the availability of high-quality, disaggregated data on population, reproductive health and gender issues for policy formulation, planning, and monitoring and evaluation</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of disaggregated data collection activities implemented and their results disseminated • Mechanisms for the coordination of national statistical systems and the harmonization of data are developed • Number of national and sectoral plans that address population, reproductive health and gender issues 	<p>Ministries of: Health; Immigration and Population; Labour; National Planning and Economic Development; and Social Welfare, Relief and Resettlement</p> <p>United Nations organizations</p>	<p>\$3.5 million (\$2.5 million from regular resources and \$1 million from other resources)</p>
National priority: Myanmar will be an equitable, inclusive and sustainable society, where all women can achieve their rights and aspirations while building a stronger society				
UNDAF outcome: the legal frameworks, social policies, plans and programmes of Myanmar are consistent with United Nations and international treaties, ratified international laws, international standards and norms, and the Millennium Declaration				
Gender equality	<p>Outcome: Gender equality and the human rights of women, particularly their reproductive rights, are addressed in national legal frameworks, social policies and development plans</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Percentage of components of the National Plan of Action for the Advancement of Women, 2011-2015, with implementation mechanisms and national budget allocations in place • Number of policy directives and legal procedures issued to implement the Convention on the Elimination of All Forms of Discrimination against Women 	<p>Output: Strengthened national capacity and institutional mechanisms to promote gender equality and the advancement of women</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of studies completed on relevant gender issues • Number of government departments and institutions addressing aspects of the National Plan of Action for the Advancement of Women, 2011-2015, in their programmes • Number of components in the National Plan of Action for the Advancement of Women being addressed by respective government departments and institutions • Number of initiatives in which reproductive health has been integrated into programmes that address the multiple needs of women 	<p>Ministry of Health; Ministry of Social Welfare, Relief and Resettlement; Parliament</p> <p>International and national non-governmental organizations; research organizations</p>	<p>\$2 million (\$1 million from regular resources and \$1 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.5 million from regular resources</p>