The Three Millennium Development Goal Fund
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3MDG

3MDG ANNUAL REPORT

January to December 2016

ANNEXES

ANNEX I - RESULTS MATRIX (JANUARY TO DECEMBER 2016)

ANNEX II - IP GRANTS VS. DISBURSEMENT

ANNEX III - VOLUNTEER RECORDING SYSTEM

ANNEX VI - FINANCIAL STATUS

ANNEX V - YEARLY TRENDS FOR 3MDG INTERVENTIONS

Australian Aid
DENMARK
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ANNEX I - 3MDG RESULTS MATRIX JANUARY-DECEMBER 2016

The Performance Bands are defined as follows:

- Meeting or Exceeding Expectation (above 90% of the target achieved)
- Moderate achievement (60-90% of the target achieved)
- Weak but potential demonstrated (between 30-59% of the target achieved)
- Substantially not meeting expectations (below 30% of the target achieved)

NO.	INDICATORS	2015 RESULT	2016 TARGET	2016 RESULT	2016 PERFORMANCE VS TARGETS	CUMULATIVE ACHIEVEMENT	COMMENTS
IMPACT		Improved maternal, newborn and child health and a reduction in communicable disease burden (HIV, TB, malaria) in areas and populations supported by the 3MDG Fund					
1	Maternal mortality ratio per 100,000 live births	Not available	187 (2015 target)	Not available	-	Not applicable	Myanmar DHS has only reported pregnancy-related mortality ratio (PRMR) for the 7-year period before the survey - 227 deaths per 100,000 live births. MMR will not be reported in this DHS due to few maternal deaths reported by sampled respondents. Based on UNFPA 2016 report, the Census-based MMR = 282 per 100,000 live births.
2	Under-five child mortality per 1,000 live births (disaggregated by sex)	Not available	43 (2015 target)	50	-	Not applicable	In Myanmar DHS 2015-2016, the mortality rates are based on a 5-year period preceding the survey. The 2015 LogFrame target was 43. (2016 target was not set in the LogFrame, as data collection was not expected in 2016).
3	Neonatal mortality rate per 1,000 live births (disaggregated by sex)	Not available	21 (2015 target)	25	-	Not applicable	In Myanmar DHS 2015-2016, the mortality rates are based on a 5-year period preceding the survey. The 2015 LogFrame target was 21. (2016 target was not set in the LogFrame, as data collection was not expected in 2016).
4	HIV prevalence among people who inject drugs in programme areas	Not available	TBC	Not available	-	Not applicable	Based on latest IBBS (2014), the HIV prevalence among PWID was 28%. The next IBBS is planned in 2017. 2016 HIV Sentinnel Surveillance (HSS) data was not cleaned and analyzed yet. (Now the HSS will be conducted only once every two years).
5	National TB (all forms) mortality per 100,000 population per year in programme areas	49	48	Not available	-	Not applicable	The 2016 result will not be available on time for this reporting. The 2015 result was 49 (source: Global TB report 2016).
6	Malaria mortality rate	0.08	0.07	Not available	-	Not applicable	0.08 was reported for 2015 in Malaria NSP (2016-2020). There is no officially available data for 2016 yet. However, in 2016 there were 13 reported malaria deaths and the number of population at risk of malaria was 43.9 million (source: NMCP's presentation at Malaria Symposium 2016). Based on this malaria mortality rate per 100,000 can be calculated as 0.03. This is not officially available data.
OUTCOME		Increased access to and availability of (i) essential maternal and child health services for the poorest and most vulnerable in areas supported by the 3MDG Fund and (ii) HIV, TB, and malaria interventions for populations and areas not readily covered by the Global Fund					
1	Number and percentage of births attended by skilled health personnel (doctor, nurse, lady health visitor or midwife) in Component 1 townships	67% (50,307 out of 75,081 total deliveries)	72%	68% (51,358 out of 75,401 total deliveries)	Meeting or Exceeding expectation	149,368	All 34 townships reported for this indicator. State/Region-wise coverages are as follows: Delta 71%, Chin 57%, Magwe 82%, Kayah 78% and Shan 54%. *Additional contribution = 2,483 (** all)
2	Number and percentage of women attended at least four times during pregnancy by skilled health personnel for reasons related to the pregnancy in Component 1 townships.	68% (50,960 out of 75,081 total deliveries)	73%	71% (53,319 out of 75,401 total deliveries)	Meeting or Exceeding expectation	155,947	All 34 townships reported for this indicator. State/Region-wise coverages are as follows: Delta 80%, Chin 63%, Magwe 65%, Kayah 71% and Shan 62%. *Additional contribution = 3,160 (** all)
3	Number and percentage of mothers and newborns who received postnatal care visit within three days of childbirth	83% (60,959 out of 73,869 total livebirths)	80%	82% (60,734 out of 74,120 total livebirths)	Meeting or Exceeding expectation	173,812	All 34 townships reported for this indicator. State/Region-wise coverages are as follows: Delta 84%, Chin 82%, Magwe 87%, Kayah 87% and Shan 69%. *Additional contribution = 4,048 (** all)
4	Number and percentage of newborns that initiate immediate breastfeeding within one hour after birth in Component 1 townships	84% (62,315 out of 73,869 total livebirths)	82%	84% (62,330 out of 74,120 total livebirths)	Meeting or Exceeding expectation	124,645	All 34 townships reported for this indicator. State/Region-wise coverages are as follow: Delta 85%, Chin 89%, Magwe 88%, Kayah 89% and Shan 71%. *Additional contribution = 1,335 (** EHO only)
5	Contraceptive prevalence rate in Component 1 townships	63% (373,262 out of 596,980 married couples)	65%	66% (413,187 out of 627,502 married couples)	Meeting or Exceeding expectation	Not applicable	All 34 townships reported for this indicator. State/Region-wise coverages are as follow: Delta 77%, Chin 27%, Magwe 64%, Kayah 58% and Shan 59%.
6	Percentage of under five children who had diarrhoea receiving ORT (disaggregated by sex and age)	Not available	75% (2015 target)	63%	-	Not applicable	The reported result based on DHS 2015-16 is national and includes ORS and recommended home fluid. The situation in states / regions varies. The 2015 target for this indicator is 75% (2016 target was not set in the LogFrame, as data collection was not expected in 2016).

NO.	INDICATORS	2015 RESULT	2016 TARGET	2016 RESULT	2016 PERFORMANCE VS TARGETS	CUMULATIVE ACHIEVEMENT	COMMENTS
7	Percentage of under five children with suspected pneumonia who received appropriate antibiotics (disaggregated by sex and age)	Not available	57% (2015 target)	43%	-	Not applicable	The 2016 result is the national figure on the DHS indicator on % of children with Acute Respiratory Infection who received antibiotics. The situation in states / regions varies. The 2015 target for this indicator is 57% (2016 target was not set in the LogFrame, as data collection was not expected in 2016).
8	Number and percentage of children under one immunized with (i) DPT3/Penta3 and (ii) Measles in Component 1 townships	(i) 91% (71,597 out of 78,875 children under 1 yr old)	(i) 95%	95% (72,803 out of 76,962 children under 1 yr old)	Meeting or Exceeding expectation	(i) 219,352	All 34 townships reported for these indicators. State/Region-wise coverages are as follows: (i) Penta = Delta 96%, Chin 93%, Magwe 102%, Kayah 97% and Shan 85%. *Additional contribution = 2,590(** Wa / SR4 only)
		(ii) 84% (65,914 out of 78,875 children under 1 yr old)	(ii) 95%	96% (73,650 out of 76,962 children under 1 yr old)	Meeting or Exceeding expectation	(ii) 219,718	(ii) Measles = Delta 98%, Chin 94%, Magwe 101%, Kayah 97% and Shan 88%. *Additional contribution = 3,273 (** Wa / SR4 only)
9	Number and percentage of people who inject drugs (PWID) reached by HIV prevention programmes in programme areas	Number: 30,411 Coverage: 73% (30,411 / 41,500 PWID in programme area).	70% of PWID in programme area (29,050)	Number: 40,033 Coverage: 96% (40,033 / 41,500 PWID in programme area).	Meeting or Exceeding expectation	40,033 (2016 highest achievement)	More PWID have been reached through outreach than targeted since outreach sites have been extended with mobile trips. Additionally, less Pat Jasan interventions in operation area took place in 2016, this facilitated access to more beneficiaries and outreach services.
10	Case notification rate of all forms of TB per 100,000 population – (bacteriologically confirmed plus clinically diagnosed)	276	294	Not available	-	Not applicable	This indicator is based on national reporting by NTP. 2016 result is not yet available at the time of report preparation. 2015 result has become available and is reported.
11	Percentage of confirmed MDR TB cases successfully treated (disaggregated by sex and age)	Not reported for 2015	0.81	Not available	-	-	National TB Programme is in the process of collecting data for the MDR-TB cases for treatment success calculation. Treatment outcomes for the first cohort of MDR-TB patients who started treatment under 3MDG are expected to become available by July 2017.
12	Number and percentage of confirmed malaria cases treated in accordance with national malaria treatment guidelines within 24 hours of onset of symptoms (fever) in 3MDG supported townships	49% Number: 5,923 Denominator: 12,046	60%	64% Number: 5,312 Denominator: 8,337	Meeting or Exceeding expectation	Not applicable	
14	Number of IPs/ % of all IPs (including C1, C2 and CVs), reporting events/ meetings that include participation and engagement between health care providers and target communities	Not available	Baseline to be established	76% (baseline)	-	-	This is a new indicator which replaced the indicator on the quality of services. 2016 result is the baseline. Numerator : Total No. of orgs who reported about engagement and participation is 19 (8 orgs in C1, 6 in C2 & 5 in CV) Denominator: Total 25 orgs (8 in C1, 11 in C2 & 6 in CV)

NO.	INDICATORS	2015 RESULT	2016 TARGET	2016 RESULT	2016 PERFORMANCE VS TARGETS	CUMULATIVE ACHIEVEMENT	COMMENTS
OUTPUT 1		Delivery of essential services, with a focus on maternal and child health, strengthened in target townships					
1	Total number of Couple Years of Protection (CYPs) delivered through public sector services and private sector channels in i) Component 1 townships ii) non-Component 1 townships	(i) 108,327	i) 81,200	(i) 107,302	Meeting or Exceeding expectation	(i) 271,382	(i) Private sector MSI - 50,011 (15 Tsps). PSI - 33,399 (34 Tsps); Public Sector 23,892 (28 Tsps + Wa and SR4) Note: Actual reported CYP for Public Sector in 2016 is 24,051. According to IEG recommendation, the number is adjusted by taking out 159 which is over-reported in 2014 RM.
		(ii) 222,187	ii) 240,000	(ii) 141,782	Moderate achievement	(ii) 363,969	(ii) PSI (247 tsps) This indicator was significantly overachieved in 2015 (ahead of the original time), therefore the CYP in 2016 was lower than targeted. Cumulative target - 414,000 (2014 target - 17,250, 2015 target - 156,700, and 2016 target - 240,000) therefore 88% of the cumulative target achieved.
2	Number and percentage of appropriate EmOC referrals supported in Component 1 townships	14,364 (17% of estimated pregnancies 85,152)	11,800	16,612 (19% of estimated pregnancies 86,384)	Meeting or Exceeding expectation	44,730	All 34 townships reported for this indicator. State/Region-wise coverages (as % of estimated pregnancies) are as follows: Delta 26%, Chin 11%, Magwe 22%, Kayah 13% and Shan 10%. *Additional contribution = 336 (** all) *** Rakhine townships total - 194 EmOC referral cases
3	Number of under five children diarrhoea cases i) treated with ORT at Health Facilities ii) treated with ORS + Zinc at community by volunteers	(i) 34,499	i) 28,900	(i) 35,542	Meeting or Exceeding expectation	(i) 93,487	i) All 34 townships reported for this indicator. *Additional contribution = 2,431 (** all)
		ii) Not reported for 2015	(ii) TBC	(ii) 7,938	-	(ii) 7,938	This figure of diarrhea treatment by community health volunteers is based on the collected VRS reports. VRS was launched in 2016 and this first results dataset has some data quality challenges (completeness and accuracy). The result reflects all cases treated by all volunteers (incl. CCM-trained). 25 townships reported for this indicator with average monthly reporting rate 52% (July-Dec) among all VRS trained functioning volunteers. State/Region-wise are as follows: Delta 1554, Chin 4942, Magwe 621, Shan 821. *Additional contribution = 4,899 (**HPA)
4	Number of under five children suspected pneumonia cases treated with antibiotics i) at Health Facilities ii) at community by volunteers	(i) 22,126	(i) 21,300	(i) 27,323	Meeting or Exceeding expectation	(i) 69,937	i) All 34 townships reported for this indicator. *Additional contribution = 3,064 (** all)
		ii) Not reported for 2015	(ii) TBC	(ii) 7,433		(ii) 7,433	This figure of pneumonia treatment by community health volunteers is based on the collected VRS reports. VRS was launched in 2016 and this first results dataset has some data quality challenges (completeness and accuracy). 25 townships reported for this indicator with average monthly reporting rate 52% (July-Dec) among all VRS trained functioning volunteers. According to the indicator guidelines, the reported result reflects treatments given by CCM trained volunteers = 7.433 (Delta 631, Magwe 78, Chin 6,369 and Shan = 355). The total suspected pneumonia cases treated by all VHWs = 9,429 (Delta 974, Chin 7623, Magwe 274, Shan 558).

NO.	INDICATORS	2015 RESULT	2016 TARGET	2016 RESULT	2016 PERFORMANCE VS TARGETS	CUMULATIVE ACHIEVEMENT	COMMENTS
OUTPUT 2		Strengthened systems for delivery of essential MNCH services					
1	Number of doctors, nurses and midwives who participated in at least one MNCH training including delivery and emergency obstetric care in Component 1 townships	2167 (coverage = 69% of total functioning 3,132) (achievement = 87% of 3MDG 2015 target 2,500)	2,200	1,985 (coverage = 62% of total functioning 3,184) (achievement = 90% of 3MDG 2016 target 2200)	Meeting or Exceeding expectation	Not applicable	All 34 townships reported for this indicator. 62% of eligible health staff (1,985 out of total 3,184 functioning BHS) have received at least one MNCH training. ***Rakhine Township Total = 45 NB: There is a known risk of reporting lower than actual numbers trained for this indicator because reporting the exact number of BHS trained would require systems to track individual participants. It is not deemed practical to impose such systems on IP, unless they have this capability already. Therefore the risk of some under-reporting is accepted.
2	Average percentage of auxiliary midwives and community health workers receiving quarterly supervision and monitoring	37%	80%	62%	Moderate achievement	Not applicable	All 34 townships reported for this indicator. State/Region-wise coverages are as follow: Delta 62%, Chin 60%, Magwe 85%, Kayah 79% and Shan 37%. Although the result is not meeting the target, there is a significant improvement from 37% in 2015. The key challenges are BHS workload and travel difficulties.
3	Number and percentage of functioning AMWs and CHWs who report no stock-outs of essential medicines and supplies	Not reported for 2015	55%	32%	Moderate achievement	Not applicable	This result is based on the collected VRS reports from 26 townships of Delta, Chin, Magway and Shan. It reflects the average across those townships which reported. VRS was launched in 2016 and this first results dataset has some data quality challenges (completeness and accuracy). Average monthly reporting rate is only 52% (July-Dec) among all VRS trained functioning volunteers, which largely affects this indicator result as 32% is calculated as no stock-out among all functioning volunteers. Actually, 57.2% of the collected reports show no stock-out during this year. State/Region-wise are as follow: Delta 22%, Chin 34%, Magwe 46%, and Shan 22%. Additionally 5 Kayah townships also reported through a different system (volunteer stock reports) because there is no VRS implemented in these townships. 53% of functioning volunteers reported no stock-outs of essential medicines and supplies in 5 Kayah townships.
4	Proportion of midwifery students demonstrating competency	Not reported for 2015	-	24%	-		The 2016 figure is an interim result. The target js set as 80% in 2017 as the endline result will be done around November 2017. The baseline competency assessment conducted in November 2015 showed that only 1% demonstrated competency in both knowledge & skills.
5	Number of health facilities built and renovated per annum with 3MDG support	17	32	44	Meeting or Exceeding expectation		17 in Sagaing, 13 in Ayeyarwady, 7 in Shan South, 3 in Kayah, 2 in Shan East, 1 in Chin and 1 in Mandalay.

NO.	INDICATORS	2015 RESULT	2016 TARGET	2016 JAN - JUNE ACHIEVEMENT	2016 PERFORMANCE VS TARGETS	CUMULATIVE ACHIEVEMENT	COMMENTS
OUTPUT 3		Prioritised HIV, TB and malaria interventions not readily covered by the Global Fund provided to targeted populations or areas					
1	Number of sterile injecting equipment distributed to people who inject drugs	10,057,064	8,000,000	12,978,384	Meeting or Exceeding expectation	35,737,039	
2	Number of bacteriologically confirmed DR TB cases who began second line treatment.	1,406	600	654	Meeting or Exceeding expectation	2,054	Total MDR-TB cases who began second line treatment started from Jan 2015 to this reporting period is 2,054 cases for both Yangon and Mandalay. NB: Jan-Jun 2015 report included 6 transfer-in patients from Yangon who were not eligible to count in cumulative MDR-TB patients.
4	Number of RDTs taken and read	439,192	415,000	444,482	Meeting or Exceeding expectation	1,921,850	RDT testing has a slight increase from 2015 result.
5	Number of people with confirmed malaria (disaggregated by sex and age) treated as per the national treatment guidelines.	Total= 6,342+5,400= 11,742 3MDG - 6,342 Top Up Funds - 5,400 Ref. age- and sex-disaggregated data in 2015 Result Matrix	9,000	8,194 Disaggreg. by sex: - Male: 4,808 - Female:3,386 Disaggreg. by age: - All Under 5s: 1,021 - 5-9 yrs: 1,225 - 10-14 yrs: 1,066 - >15 yrs: 4,882	Meeting or Exceeding expectation	129,418	
6	Number of LLINs distributed (i) total (ii) migrant/mobile populations in high priority areas not readily covered by the Global Fund	N/A	0		-		LLIN distribution is planned to take place in 2017.

NO.	INDICATORS	2015 RESULT	2016 TARGET	2016 RESULT	2016 PERFORMANCE VS TARGETS	CUMULATIVE ACHIEVEMENT	COMMENTS
OUTPUT 4		Prioritised components of the health system are strengthened for greater sustainability					
1	Specific health sector policies, strategies and plans that the 3MDG is supporting are developed and delivered to the MoHS.	On track	Final draft submitted to MoHS	Final drafts completed and submitted to MoHS.	Meeting or Exceeding expectation	Not applicable	This covers four areas - Health financing, Human resource for Health, RMNCH and Midwifery. - For Health Financing - strategic approach had been developed and submitted to the MoHS and NLD Health Network. A series of health financing policy notes on fiscal space and public financial management presented to MoHS. The recommendations have been incorporated in the NHP. - For HRH - the assessment report accepted; 3MDG engaged JHPIEGO to support MOHS in addressing the report recommendations. In early 2017, a HRH grant was signed with MoHS focusing on the HR information systems, processes, accreditation and capacity building in HR management. - For RMNCH - Five year National Strategic Plan for Young People's Health (2016 - 2020) by UNFPA with support from 3MDG developed and disseminated, with implementation plan developed. The strategy for Ending Preventable Maternal Mortality (EPMM) has been submitted to MoHS. - For Midwifery - BEmONC rollout strategy and Post Training Follow-Up strategy developed by Jhpiego with support from 3MDG and approved by MoHS. Midwifery workforce policy assessment conducted. In addition to the planned deliverables: - For NHP - 3MDG supported the development of the NHP. The framework, the NHP, and the draft NHP annual plan have been approved by MoHS by the time of the report writing. A high level launch will occur in late March 2017. - For HIS - 3MDG funded WHO in supporting MoHS in developing a HIS Plan. Ministry plans to host a stakeholder consultation in April and approve the plan in May/June 2017.
2	The national Essential Package of Health Services has been defined, costed and submitted to the MoHS with support from 3MDG.	On track	Final package submitted to MoHS	The final package is submitted to MoHS	Meeting or Exceeding expectation	Not applicable	EPHS for UHC - A draft document was prepared by MOHS with technical assistance from the World Bank with the support of WHO, UNICEF and UNFPA. It includes proposed services and interventions, along with initial cost estimates for the Basic Package of Essential Health Services (BPEHS). The output of this work served as an input for further discussions on EPHS. NB: the original package was costed much higher than the fiscal space allows, therefore the MoHS is in the process of reviewing the package and developing a phased implementation approach over 15 years.
3	Percentage of townships with functional cold chain equipment and adequate storage space	50%	60%	80%	Meeting or Exceeding expectation	Not applicable	The result is an estimate based on CEPI/MoHS annual evaluation reports, and comprehensive cold chain equipment inventory. Following the installation in preparation for pneumococcal vaccine introduction (1 July, 2016), there is an increase in the storage space at Township vaccine stores.

NO.	INDICATORS	2015 RESULT	2016 TARGET	2016 RESULT	MID 2016 PERFORMANCE VS TARGETS	CUMULATIVE ACHIEVEMENT	COMMENTS
4	Percentage of stock-out incidents at health facilities in 3 PFSCM-supported States/Regions	Not reported for 2015	Baseline to be established by end 2016	40% (baseline)	-	-	Baseline established: Based on the data from 300 health facilities in Bago, Magway, and Ayeryawady that participated in the baseline study in mid-2016, there was 40% of stock-out incidents of tracer commodity between January and the time of the visit (July-August 2016).
OUTPUT 5		Enhanced health services accountability and responsiveness through capacity development of target communities, civil society organizations and the public sector					
1	Number of staff from Ministry of Health and Sports (MoHS), Implementing Partners (IPs), local Non-Governmental Organisations (NGOs) and Community-Based Organisations (CBOs) (at central, regional and township level), trained in Accountability, Equity, Inclusion and Conflict Sensitivity (AEI & CS)	2,791	300	3,192	Meeting or Exceeding expectation	5,983	Out of 9 townships in Rakhine, only 4 township reported for this indicator. The reported figure for Rakhine Grants: 14 (M: 9, F: 5) Out of 6 grants in Collective Voices, 1 Org (PTE) had not reported yet as they are preparing for closure. C1: 2,248 (M:761, F:1,487) C2: 737 (M: 479, F: 258) CV:207 (M:96, F:111)
2	i) Number of feedback received by IPs from community members and ii) Percentage of feedback from community members addressed by the implementing partners.	i) Not applicable (this is a new sub-indicator)	i) -	(i) 7,673	-		During the 2016 LogFrame revision, the original indicator definition for 2 (i) and 2(ii), was revised to the current definition. Therefore, there are no results reported in 2015.
		ii) 54%	ii) 50%	(ii) 66%	Meeting or Exceeding expectation		Number of pieces of feedback addressed 5,087 out of 7,673 - 66%. C1: 1,394 responded out of 2,695 pieces of feedback received C2: 3168 responded out of 4,428 pieces of feedback received CV: 525 responded out of 550 pieces of feedback received
4	Number and proportion of women representatives attending the annual Comprehensive Township Health Plan (CTHP) review workshop	75% (1,187 women attended among total 1,582 participants)	45%	79%	Meeting or Exceeding expectation		34 townships reported (1,644 women attended among total, 2,071 participants)
5	Proportion of women representatives on (i) township health committee (ii) village tract health committees/ village health committees	i) 26% (105 women among 401 total)	i) 20%	i) 28%	Meeting or Exceeding expectation		34 townships (107 women attended among 382 participants)
		ii) 44% (12,606*** among 28,422 total)	ii) 30%	ii) 44%	Meeting or Exceeding expectation		34 townships in C1 and 4 Collective voice projects reported this data. (14,631 women participated among 33,777 members in C1 and 611 women participated among 1113 members in CV) So total (15,242 women participated in village health committees out of total 34,890)

NO.	INDICATORS	2015 RESULT	2016 TARGET	2016 RESULT	2016 PERFORMANCE VS TARGETS	CUMULATIVE ACHIEVEMENT	COMMENTS
OUTPUT 6		Fund Management demonstrates value for money and cost-effectiveness, generates evidence to inform policy, funding and programming decisions, and strengthens aid effectiveness					
1	Fund Manager performance: (i) Percentage of Fund Manager annual work plan milestones achieved (ii) number FM monitoring visits conducted as planned	(i) 87%	90%	96%	Meeting or Exceeding expectation	Not applicable	65 out of 68 FMO work plan milestones have been accomplished
		(ii) 109%	90%	110%			75 missions conducted (C1:41; C2:20; (C1+C2):3 and AEI: 11) vs. 68 originally planned (C1:35; C2:25; (C1+C2):2; AEI: 6)
3	Number of operational research studies and case studies produced and disseminated	19	10	17	Meeting or Exceeding expectation	54	Overall 19 studies were completed: MNCH - 8, HIV - 2, TB - 2, Malaria - 2, HSS - 1 and H4A - 2.
4	Number of policy dialogue and technical and strategic forums where 3MDG Fund results are presented and discussed	16	At least 10 per year	50	Meeting or Exceeding expectation	-	The results reflects technical and strategic forums across all components.

Notes:
Indicators and targets are based on 3MDG Log Frame version 5 approved by the Fund Board in August 2016.

* Additional contribution: 2016 Achievement figures for MNCH indicators are based on HMIS township level data. Achievement figures other than HMIS source are presented as additional contribution under 'Comments' column. These additional contribution may have some operational definition inconsistencies of indicators, therefore they are not included in coverage % calculation of concerned indicator.
** Shan = a) HPA (Health Poverty Action) contributed MNCH activities at Shan special region 4 and Wa, b)3 Ethnic Health Organizations (EHOs) working as consortium with RI (Relief International) contributed activities in Laihka and Mawkmai Townships. Kayah = CHDN (Civil Health & Development Network), a local EHO working as consortium with IRC (International Rescue Committee) contributed activities in all Kayah 7 townships.
*** Rakhine 9 townships started up in different month of 2016 last quarter. Their achievement results were presented as additional contribution under 'Comments' column instead of direct merging into existing 34 townships' result to avoid misinterpretation in overall coverage calculation.

ANNEX II - 3MDG FUNDED IP GRANTS
FOR THE PERIOD OF 1 JANUARY 2013 TO 31 DECEMBER 2016

FIGURES ARE IN US$

COMPONENT	SUB-COMPONENT	IMPLEMENTING PARTNER	IP	DESCRIPTION	STRATEGIC DIRECTION	GRANT PERIOD		TOTAL AMOUNT (US$)	ADDED IN 2016
						START DATE	END DATE		
COMPONENT 1: MATERNAL NEWBORN AND CHILD HEALTH									
C1	MNCH	Save The Children (old Merlin)	SC	Supporting implementing Maternal Newborn and Child Health services (MNCH) in the Ayeyarwady Region	Strengthening service delivery both public and private	01-01-2013	30-06-2017	6,452,409	
C1	MNCH	Médecins du Monde	MdM	Supporting implementing Maternal Newborn and Child Health services (MNCH) in the Ayeyarwady Region	Strengthening service delivery both public and private	01-01-2013	30-06-2017	4,048,693	
C1	MNCH	The Save the Children Fund	SC	Supporting implementing Maternal Newborn and Child Health services (MNCH) in the Ayeyarwady Region	Strengthening service delivery both public and private	01-01-2013	30-06-2017	4,179,367	
C1	MNCH	Relief International	RI	Supporting implementing Maternal Newborn and Child Health services (MNCH) in the Ayeyarwady Region	Strengthening service delivery both public and private	01-01-2013	30-06-2017	6,160,477	
C1	MNCH	Save The Children (old Merlin)	SC	Supporting implementing Maternal Newborn and Child Health services (MNCH) in Chin State	Strengthening service delivery both public and private	01-09-2013	31-12-2017	10,981,746	
C1	MNCH	Danish Red Cross	DRC	Supporting implementing Maternal Newborn and Child Health services (MNCH) in Chin State	Strengthening service delivery both public and private	01-09-2013	31-12-2017	4,627,177	
C1	MNCH	The Save the Children Fund	SC	Supporting implementing Maternal Newborn and Child Health services (MNCH) in the Magway Region	Strengthening service delivery both public and private	01-02-2014	30-06-2017	3,639,066	
C1	MNCH	Marie Stopes International	MSI	Supporting implementing Maternal Newborn and Child Health services (MNCH) in the Magway Region	Strengthening service delivery both public and private	01-02-2014	30-06-2017	4,096,042	
C1	MNCH	International Organization for Migration	IOM	Supporting implementing Maternal Newborn and Child Health services (MNCH) in the Ayeyarwady Region	Strengthening service delivery both public and private	01-01-2013	30-06-2017	8,018,901	
C1	MNCH	Marie Stopes International	MSI	MSI private sector MNCH project	Strengthening service delivery both public and private	01-01-2014	30-06-2017	4,056,839	

COMPONENT	SUB-COMPONENT	IMPLEMENTING PARTNER	IP	DESCRIPTION	STRATEGIC DIRECTION	GRANT PERIOD		TOTAL AMOUNT (US$)	ADDED IN 2016
						START DATE	END DATE		
C1	MNCH	Population Services International	PSI	PSI private sector MNCH project	Strengthening service delivery both public and private	01-01-2014	30-06-2017	5,897,554	
C1	MNCH	International Rescue Committee	IRC	Supporting implementing Maternal Newborn and Child Health services (MNCH) in Chin State	Strengthening service delivery both public and private	01-02-2014	31-12-2017	4,832,801	
C1	MNCH	Population Services International	PSI	PSI Contraceptive Procurement Project	Strengthening service delivery both public and private	18-03-2014	31-12-2017	1,620,100	
C1	MNCH	International Rescue Committee	IRC	Supporting implementing Maternal Newborn and Child Health services (MNCH) in Kayah State	Scale up services in conflict affected areas	01-07-2014	31-12-2017	6,738,979	
C1	MNCH	Relief International	RI	Supporting implementing Maternal Newborn and Child Health services (MNCH) in Southern Shan State	Scale up services in conflict affected areas	01-12-2014	31-12-2017	4,751,673	
C1	MNCH	Cooperazione e Sviluppo (Cooperation and Development)	CESVI	Supporting implementing Maternal Newborn and Child Health services (MNCH) in Northern Shan State	Scale up services in conflict affected areas	01-01-2015	31-12-2017	2,759,571	
C1	MNCH	The Save the Children Fund	SC	Supporting implementing Maternal Newborn and Child Health services (MNCH) in Northern Shan State	Scale up services in conflict affected areas	01-01-2015	31-12-2017	2,729,707	
C1	MNCH	Health Poverty Action	HPA	Improve women and children's health and fight TB and HIV to contribute to peace and development in Wa of Northern Shan and Special Region 4 of Eastern Shan, Myanmar	Support to Health Care in Special Regions	02-04-2015	31-12-2017	7,262,802	
C1	MNCH	International Organization for Migration	IOM	International Organization for Migration (IOM) MNCH Project in Rakhine State	Scale up services in conflict affected areas	15-10-2016	31-12-2017	500,000	*
C1	MNCH	International Rescue Committee	IRC	International Rescue Commission MNCH Project in Rakhine State	Scale up services in conflict affected areas	01-11-2016	31-12-2017	500,000	*
C1	MNCH	Relief International	RI	Relief International MNCH Project in Rakhine State	Scale up services in conflict affected areas	15-10-2016	31-12-2017	500,000	*
C1	MNCH	Myanmar Health Assistant Association	MHAA	Myanmar Health Assistant Association MNCH Project in Rakhine State	Scale up services in conflict affected areas	15-10-2016	31-12-2017	400,000	*
COMPONENT 1 TOTAL								**$ 94,753,904**	
COMPONENT 2: HIV, TB AND MALARIA									
C2	HIV	Metta Foundation	Metta	Reduction of HIV prevalence among People Who Inject Drugs(PWID) through Community-led Harm Reduction in Kachin State	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-04-2016	31-12-2017	672,005	*
C2	HIV	Médecins du Monde	MdM	Reduction of HIV prevalence among People Who Inject Drugs(PWID) through Community-led Harm Reduction in Kachin State	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-05-2016	31-12-2017	300,000	*
C2	HIV	United Nations Office for Drug and Crime	UNODC	Programme on Improving Prison Health	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-09-2016	31-12-2017	569,860	*

COMPONENT	SUB-COMPONENT	IMPLEMENTING PARTNER	IP	DESCRIPTION	STRATEGIC DIRECTION	GRANT PERIOD		TOTAL AMOUNT (US$)	ADDED IN 2016
						START DATE	END DATE		
C2	HIV	Substance Abuse Research Association	SARA	Scaling-up the capacities of communities to deliver HIV and drug abuse prevention and support activitie in high-risk townships of Kachin and neighbouring Sagaing Regions.	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-01-2013	31-03-2014	530,693	
C2	Malaria	World Concern	WC	Myanmar Artemisinin Resistant Containment (MARC)	Support to the National Malaria Strategy	01-01-2013	31-03-2014	184,001	
C2	Malaria	Myanmar Medical Association	MMA	Quality Diagnosis and Standard Treatment of Malaria	Support to the National Malaria Strategy	01-01-2013	31-03-2014	356,644	
C2	HIV	Rattana Matte Organisation	RMO	Treatment, Care and Support for People Living With HIV/AIDS (PLHIV)	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-01-2013	30-06-2013	61,524	
C2	HIV, Malaria, TB	Asian Harm Reduction Network	AHRN	Harm Reduction and HIV/TB Health Promotion Services to (Injecting) Drug Users	Support to the National Strategic Plan on HIV/AIDS (Harm reduction)	01-01-2013	31-03-2014	1,653,902	
C2	HIV	Myanmar Anti-Narcotics Association	MANA	Comprehensive HIV prevention and care among drug users with effective harm reduction intervention	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-01-2013	31-03-2014	640,060	
C2	HIV	Malteser International	Malteser	Prevention and Treatment of Sexually Transmitted Infections and HIV/AIDS in Wa Special Region II a Shan Special Region IV Shan State – Myanmar	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-01-2013	31-12-2014	707,763	
C2	Malaria	International Organization for Migration	IOM	Community-based Artemisinin Resistance Containment for Mobility-impacted Communities in Mon state, Myanmar	Support to the National Malaria Strategy	01-01-2013	31-03-2014	1,021,005	
C2	HIV, Malaria, TB	Phaung Daw Oo	PDO	Paung Daw Oo Jivaka Integrated HIV/AIDS, Malaria, TB	Support to the National Strategic Plan on HIV/AIDS (Harm reduction)	01-01-2013	30-06-2013	63,953.58	
C2	HIV	Mahaythi Women's Development Co-operative Society Ltd	MHT	HIV/AIDS Prevention, Treatment,Care & Support for Poor and Marginalised Female Youth	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-01-2013	30-06-2013	45,246.65	
C2	HIV	AIDS Support Group	ASG	HIV Spread Free Zone	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-01-2013	30-06-2013	39,916.20	
C2	Malaria	Community Development Association	CDA	MARC Support to Participatory Prevention of Malaria Among Vulnerable Communities Project	Support to the National Malaria Strategy	01-01-2013	31-03-2014	270,853.28	
C2	Malaria	Myanmar Health Assistant Association	MHAA	Community-based malaria prevention, control and MARC Project	Support to the National Malaria Strategy	01-01-2013	31-03-2014	519,642.24	
C2	HIV	Black Sheep	BS	Harm Reduction Care and Support for (Injecting) Drug Users	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-01-2013	31-12-2013	130,540.07	

COMPONENT	SUB-COMPONENT	IMPLEMENTING PARTNER	IP	DESCRIPTION	STRATEGIC DIRECTION	GRANT PERIOD		TOTAL AMOUNT (US$)	ADDED IN 2016
						START DATE	END DATE		
C2	Malaria	Population Services International	PSI	Containment of Artemisinin Resistance in Eastern Myanmar	Support to the National Malaria Strategy	01-01-2013	31-03-2014	2,175,310	
C2	Malaria	World Health Organization	WHO	National Malaria Control Programme including Artemisinin Resistance Containment	Support to the National Malaria Strategy	01-01-2013	30-06-2014	5,872,110	
C2	HIV	United Nations Office for Drug and Crime	UNODC	Expanding access to HIV prevention services among people who inject drugs	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-09-2013	31-12-2015	889,528	
C2	Malaria	World Health Organization	WHO	3MDG Fund Flow Mechanism	Support to the National Malaria Strategy	01-06-2013	31-08-2014	423,399	
C2	TB	World Health Organization	WHO	Sustaining MDR-TB management in Myanmar	Support to the National TB Strategy (MDRTB and ACF)	01-07-2013	30-06-2014	235,427	
C2	HIV	UNAIDS	UNAIDS	Creating an enabling environment: Addressing policy, legal and social barriers in order to expand and improve HIV prevention for people who inject drugs, people engaged in sex work and men who have sex with men and transgender people in Myanmar.	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	15-07-2013	31-12-2017	2,621,400	
C2	Malaria	Community Partners International	CPI	Containment of Artemisinin Resistance in Eastern Myanmar	Support to the National Malaria Strategy	16-09-2013	30-06-2017	3,934,992	
C2	Malaria	Myanmar Health and Development Consortium	MHDC	Development of private public partnership (PPP) research products	Support to the National Malaria Strategy	25-09-2013	31-01-2014	30,000	
C2	Malaria	The University of Oxford	Oxford	Economic-epidemiological modeling to support the containment of artemisinin resistance in the MARC regions of Myanmar (MARCMOD)	Support to the National Malaria Strategy	01-09-2013	31-08-2015	697,419	
C2	Malaria	Medical Action Myanmar	MAM	Optimising operational use of artemether-lumefantrine: An open-label randomized controlled trial to evaluate the effectiveness and safety of a 3 day versus 5 day course of artemether-lumefantrine for the treatment of uncomplicated falciparum malaria in Myanmar	Support to the National Malaria Strategy	05-11-2013	31-03-2016	163,236	
C2	Malaria	Myanmar Health Assistant Association	MHAA	Community-based malaria prevention, control and MARC project	Support to the National Malaria Strategy	01-04-2014	30-06-2017	1,876,976	
C2	Malaria	Population Services International	PSI	Containment of Artemisinin Resistance in Eastern Myanmar	Support to the National Malaria Strategy	01-04-2014	30-06-2017	2,000,566	
C2	Malaria	World Concern	WC	MARC project	Support to the National Malaria Strategy	01-04-2014	31-12-2016	1,125,609	
C2	TB	Myanmar Health Assistant Association	MHAA	MHAA TB ACF Project	Support to the National TB Strategy (MDRTB and ACF)	01-04-2014	30-06-2017	2,039,386	
C2	TB	Myanmar Medical Association	MMA	MMA ACF TB PROJECT	Support to the National TB Strategy (MDRTB and ACF)	01-04-2014	30-06-2017	1,615,376	
C2	TB	Medical Action Myanmar	MAM	TB ACF in Hard to Reach areas	Support to the National TB Strategy (MDRTB and ACF)	01-04-2014	30-06-2017	1,447,665	

COMPONENT	SUB-COMPONENT	IMPLEMENTING PARTNER	IP	DESCRIPTION	STRATEGIC DIRECTION	GRANT PERIOD		TOTAL AMOUNT (US$)	ADDED in 2016
						START DATE	END DATE		
C2	TB	Population Services International	PSI	Accelerated TB active case finding among urban slum dwellers and clients of MNCH services	Support to the National TB Strategy (MDRTB and ACF)	01-04-2014	30-06-2017	3,309,726	
C2	HIV, Malaria, TB	Asian Harm Reduction Network	AHRN	Harm Reduction and HIV/TB Health Promotion Services for PWID/PWUD and their partners & household members	Support to the National Strategic Plan on HIV/AIDS (Harm reduction)	01-04-2014	31-12-2017	9,992,227	
C2	HIV	Burnet Institute Myanmar	BI-MM	Enhancing education and health services to reduce harms related to drug use	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-04-2014	31-12-2017	1,175,339	
C2	HIV	Myanmar Anti-Narcotics Association	MANA	Comprehensive HIV prevention and care among drug users with effective harm reduction intervention	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-04-2014	31-12-2017	7,158,785	
C2	HIV	Substance Abuse Research Association	SARA	Consolidating the momentum to develop the capacities of communities to deliver HIV and drug abuse prevention and support activities in high-risk townships of Kachin Region	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-04-2014	31-12-2017	2,276,891	
C2	TB	National TB Program	NTP	Scaling up of active case finding activities	Support to the National TB Strategy (MDRTB and ACF)	01-04-2014	30-06-2017	3,827,245	
C2	Malaria	Medical Action Myanmar	MAM	Malaria MARC project	Support to the National Malaria Strategy	01-04-2014	30-06-2017	4,971,929	
C2	Malaria	Burnet Institute Myanmar	BI-MM	Malaria services for most hard to reach populations	Support to the National Malaria Strategy	01-04-2014	31-01-2016	726,939	
C2	TB	International Union against Tuberculosis and Lung Diseases	UNION	Program to Increase Catchment of Tuberculosis Suspects (PICTS) 2	Support to the National TB Strategy (MDRTB and ACF)	01-05-2014	30-06-2017	1,054,577	
C2	TB	World Health Organization	WHO	Technical support for TB Care and prevention activities	Support to the National TB Strategy (MDRTB and ACF)	15-09-2014	31-12-2017	586,962	
C2	TB	National TB Programme	NTP	Implementation of a Grant in Myanmar provided by the Three Millennium Development Goal Fund	Support to the National TB Strategy (MDRTB and ACF)	01-10-2014	31-12-2017	13,045,870	
C2	HIV	Population Services International	PSI	Pilot Distribution of Needles and Syringes, Kachin State, Mandalay Region and Sagain Region	Support to the National Strategic Plan on HIV/AIDS (Harm Reduction)	01-01-2015	31-12-2017	839,099	
C2	TB	Pyi Gyi Khin	PGK	Patient-centred Community-based MDR TB care model	Support to the National TB Strategy (MDRTB and ACF)	05-02-2015	31-12-2017	1,097,208	
C2	TB	Myanmar Health Assistant Association	MHAA	Patient-centred Community-based MDR TB Care Model	Support to the National TB Strategy (MDRTB and ACF)	05-02-2015	31-12-2017	993,156	
C2	TB	Myanmar Medical Association	MMA	MMA-MDR-TB Project (Patient-centred Community-based MDR-TB Care and treatment support Model)	Support to the National TB Strategy (MDRTB and ACF)	05-02-2015	31-12-2017	1,281,607	
C2	Malaria	Malaria Consortium in Myanmar	MC	Myanmar Malaria Indicator Survey (MIS)	Support to the National Malaria Strategy	15-02-2015	31-12-2016	876,289	

COMPONENT	SUB-COMPONENT	IMPLEMENTING PARTNER	IP	DESCRIPTION	STRATEGIC DIRECTION	GRANT PERIOD		TOTAL AMOUNT (US$)	ADDED IN 2016
						START DATE	END DATE		
C2	TB	International Union against Tuberculosis and Lung Diseases	UNION	Community Based Care for Multi-Drug Resistant Tuberculosis Cases [CBCMDR-TBC] in Mandalay Region	Support to the National TB Strategy (MDRTB and ACF)	01-04-2015	31-12-2017	1,082,890	
C2	TB	Clinton Health Access Initiative	CHAI	Strengthening MDR-TB patient data management system of National TB Program	Support to the National TB Strategy (MDRTB and ACF)	15-07-2015	30-06-2017	576,416	
C2	Malaria	Malaria Consortium in Myanmar	MC	Strengthening an integrated iCCM Pilot implementation in three hard-to-reach townships of Sagaing Region	Support to the National Malaria Strategy	01-09-2016	31-03-2017	260,000	*
C2	Malaria	Population Services International	PSI	Mapping of Private Medical Doctors to inform Future Malaria Control and Elimination Efforts	Support to the National Malaria Strategy	01-10-2016	31-03-2017	200,000	*
COMPONENT 2 TOTAL								**$90,249,163**	
COMPONENT 3: HEALTH SYSTEM STRENGTHENING									
C3	HSS	JHPIEGO	JHPIEGO	Support to Strengthen Management of Human Resources for Health	Support to the Ministry of Health Human Resource for Health Strategy	13-12-2016	31-12-2017	2,000,000	*
C3	HSS	World Bank	WB	Reimbursable Advisory Services Agreement	Governance and Stewardship	29-05-2013	29-11-2017	2,818,000	
C3	HSS	World Health Organization	WHO	Technical support to the Government of Myanmar efforts to develop and implement evidence based health sector policies in support of Universal Health Coverage	Support to Evidence Based Policy	01-04-2013	31-05-2016	97,846	
C3	HSS	The Regents of the University of California, San Francisco	UCSF	Framework for Private Health Sector Engagement in Myanmar	Support to Evidence Based Policy	31-10-2013	30-04-2014	105,662	
C3	HSS	PFSCM	PFSCM	National Supply Chain Baseline	Systems Support	19-03-2014	15-11-2014	249,397	
C3	HSS	Humanitarian Accountability Partnership	HAP	Provision of HAP Technical Support for Implementation of the 3MDG Accountability, Equity and Inclusion (AEI) Framework in Myanmar	Community Engagement	24-03-2014	16-07-2015	1,980,276	
C3	HSS	Myanmar Partners Company Limited	MPCL	3MDG contribution to the Family Planning Best Practice Conference	Support to Evidence Based Policy	12-06-2014	31-07-2014	32,225	
C3	HSS	JHPIEGO Corporation	JHP	Improved Midwifery for Maternal, Newborn and Child Health Services	Human Resources for Health	01-07-2014	31-12-2017	6,500,000	
C3	HSS	PACT	PACT	Organizational capacity development for 3MDG local NGO/CBO Implementing Partners	Community Engagement	24-10-2014	31-12-2017	1,950,000	
C3	HSS	Ministry of Health	MOH	Implementation of a Grant in Myanmar provided by the Three Millennium Development Goal Fund	Human Resources for Health	01-11-2014	31-12-2015	1,947,655	
C3	HSS	UNAIDS	UNAIDS	UN joint assistance to strengthen health systems in Myanmar	Governance and Stewardship	07-11-2014	31-12-2017	1,127,501	

COMPONENT	SUB-COMPONENT	IMPLEMENTING PARTNER	IP	DESCRIPTION	STRATEGIC DIRECTION	GRANT PERIOD		TOTAL AMOUNT (US$)	ADDED in 2016
						START DATE	END DATE		
C3	HSS	Charity Oriented- Myanmar	COM	Supporting the Accountability, Equity and Inclusion (AEI) in the access to health services in Ayeyarwady and Magway Regions	Community Engagement	02-03-2015	31-12-2017	303,409	
C3	HSS	Ar Yone Oo Social Development Association	AYO	Supporting the Accountability, Equity and Inclusion (AEI) in the access to health services in Southern Chin State	Community Engagement	02-03-2015	31-12-2017	250,000	
C3	HSS	Bright Future (La Yee Anar Gut)	BF	Supporting the Accountability, Equity and Inclusion (AEI) in the access to health services in Mon State	Community Engagement	02-03-2015	31-12-2017	250,000	
C3	HSS	Community Agency for Rural Development	CAD	Supporting the Accountability, Equity and Inclusion (AEI) in the access to health services in Northern Chin State	Community Engagement	02-03-2015	31-12-2017	250,000	
C3	HSS	Community Driven Development & Capacity Building Enhancement Team	CDDCET	Supporting the Accountability, Equity and Inclusion (AEI) in the access to health services in Mon State	Community Engagement	02-03-2015	31-12-2017	250,000	
C3	HSS	Phan Tee Eain (Creative Home)	PTE	Supporting the Accountability, Equity and Inclusion (AEI) in the access to health services in Ayeyarwady Region, Yangon Region and Shan State	Community Engagement	02-03-2015	31-12-2016	250,000	
C3	HSS	PFSCM	PFSCM	Regional Supply Chain Strengthening (RCSC) Myanmar	Systems Support	23-03-2015	31-12-2017	4,200,000	
C3	HSS	UNICEF	UNICEF	UN Assistance to Health System Strengthening (HSS) in The Republic of the Union of Myanmar (the "Activities") in support of the Three Millennium Development Goal Fund ("3MDG")	Systems Support	01-01-2015	31-12-2017	12,803,340	
C3	HSS	United Nations FPA	UNFPA	UN Assistance to Health System Strengthening (HSS) in The Republic of the Union of Myanmar (the "Activities") in support of the Three Millennium Development Goal Fund ("3MDG")	Human Resources for Health	01-01-2015	31-12-2016	789,500	
C3	HSS	World Health Organization	WHO	UN Assistance to Health System Strengthening (HSS) in The Republic of the Union of Myanmar (the "Activities") in support of the Three Millennium Development Goal Fund ("3MDG")	Support to Evidence Based Policy	01-01-2015	31-12-2017	2,980,610	
C3	HSS	ICF Macro Inc.,	ICF	Demographic Health Survey in Myanmar	Governance and Stewardship	01-10-2015	31-03-2017	882,586	
C3	HSS	UNICEF	UNICEF	Health System Strengthening Support to the Rakhine State Health Department	Systems Support	01-10-2016	31-12-2017	1,093,444	*
COMPONENT 3 TOTAL								**$43,111,451**	
TOTAL GRANTS (for all components)								**$228,114,518**	

Notes:
Implementation rate indicates FMO disbursement / reported IP expenditure against total grant value
The figures include overhead charged by Implementing Partners, but excludes overhead charged by the FMO (on pass through and procurement)

ANNEX III - VOLUNTEER RECORDING SYSTEM

CONTEXT

The Volunteer Recording System (VRS) aims to provide a standardized way in which information regarding maternal and child health services can be collected. It targets community cadres supported by eight implementing partners. Township health departments are supported with up-to-date data on the services delivered by volunteers.

Forms were developed by the VRS working group and 3MDG, after seeking collaborating with relevant programs of the Ministry of Health and Sports, including the Health Information Division, Child Health Development, and Maternal and Reproductive Health. In the first year, which was 2016, 27 out of 34 3MDG-supported townships (all except Kayah townships) have implemented the system in their townships after providing training to volunteer health workers and basic health staff.

PRINCIPLES

- Based on a minimum essential data set
- This is not another parallel data collection system but a contribution to the existing system

OBJECTIVES

- To strengthen the role of volunteers in community healthcare and supervisory role of basic health staff
- To get a complete picture of health information through extending community level data collection for health management information system (HMIS)
- To standardize data collection tools across 3MDG townships

"By looking at the VRS reports, I can appraise volunteer activities and I can see how recognized or influential they are in their village."
- Midwife from Ayeyarwady Region

FINDINGS FROM THE FIRST YEAR

Out of a total of 7,000 volunteers, 79 percent were trained in the volunteer recording system in 27 townships. Among those, 87 percent of trained volunteers reported at least once during the year.

This first-year dataset gives only a partial reflection of township volunteer status and results of community health activities. This is due to existing challenges in under reporting and data quality issues. Overall average monthly reporting rate is around 48 percent.

Significant results extracted from collected reports include:

- On average, around 19 (min 17 – max 26) people can be reached by each volunteer health worker through village level health education sessions each month
- Over 74,000 nutrition assessments were done for under five children. The overall finding was 11 percent moderate wasting and 1.8 percent severe wasting. Findings differ among the townships.
- The coverage of ante-natal care (at least four times) among expected pregnancies is 13.6 percent. Of expected pregnancies delivered by reported auxiliary midwives, the figure is 10.1 percent.
- Of estimated under five diarrhoea cases, 0.9 percent were treated by volunteer health workers. Of estimated under five pneumonia cases, 5.8 percent were treated by reporting volunteer health workers.

CHALLENGES AND WAY FORWARD

Common challenges faced among 27 townships include inconsistent report submission and collection on monthly basis; age, education and drop-out of volunteers; language barriers; motivation and support and supervisor workload. Based on the suggestion and feedback received from different stakeholders, template modification, reporting channels and system strengthening need to be considered.

ANNEX IV - FINANCIAL STATUS

The Three Millennium Development Goal Fund
Interim Financial Status Report (in USD)
as of 31 Dec 2016

Project ID	Description	2012	2013	2014	2015	2016	TOTAL
FUNDS RECEIVED							
	Multi Donor 3MDG Fund for Myanmar						
	DFAT (Australia)	13,065,965	14,982,973	20,181,671			48,230,608
	Denmark	4,130,183		5,046,257			9,176,441
	DFID	16,966,350	28,780,326	31,027,930	37,294,948	33,111,200	147,180,754
	EU		5,790,568		13,071,895	12,084,321	30,946,784
	Sweden (SIDA)		3,038,175	7,009,550	1,800,005	5,818,500	17,666,230
	Switzerland (SDC)		1,122,334	1,038,098	2,029,366	2,971,978	7,161,777
	USAID		1,500,000	1,500,000	2,000,000	1,700,000	6,700,000
	Inter-project transfer*		938,752	(938,752)		3,756,712	3,756,712
	Total Contributions	34,162,498	56,153,128	64,864,755	56,196,215	59,442,711	270,819,307
	Interest	40,229	242,434	273,907	404,253	522,032	1,482,855
	Total Funds Received	34,202,727	56,395,562	65,138,662	56,600,468	59,964,742	272,302,162
FUND EXPENDITURE							
(a) Fund Manager Office							
	Multi Donor 3MDG Fund for Myanmar						
Activity . 1	FMO**	$12,940	3,495,863	4,365,648	4,634,618	5,023,334	18,032,404
Activity . 2	Fund Board***	15,910	96,349	3,010	128,861	125,323	370,453
Activity . 3	Senior Consultation Group	2,316	3,235	86	146,297	122,281	274,216
Activity . 4	Independent Evaluation Group		58,165	508,035	394,193	181,879	1,142,272
	Sub-Total (FMO)	$31,167	3,653,613	4,876,779	5,304,970	5,452,816	19,819,344
(b) Grants****							
Component . 1	Maternal, Newborn and Child Healthcare		6,765,805	37,626,907	29,812,985	15,584,263	89,789,960
	- Implementing Partners		6,237,742	36,648,591	29,614,669	15,863,717	88,364,720
	- Procurement Prepositioning		441,666	811,951	123,823	(362,996)	1,014,444
	- Programme Consultancies		86,396	166,365	74,492	83,542	410,796
Component . 2	HIV, TB and Malaria		14,193,597	16,294,612	15,829,934	16,895,040	63,213,184
	- Implementing Partners		13,852,120	15,575,715	15,857,710	16,847,645	62,143,190
	- Procurement Prepositioning		262,193	566,119	(32,362)	47,395	843,345
	- Programme Consultancies		69,284	152,778	4,586	-	226,648
Component . 3	Health Systems Strengthening		702,599	2,871,833	22,774,346	9,972,726	36,321,503
	- Implementing Partners		448,227	2,756,614	22,576,570	9,731,691	35,513,102
	- Programme Consultancies		45,337	9,998	75,972	151,020	282,318
	- Fund Flow Mechanism		209,035	105,231	121,803	90,015	526,083
	Sub-Total (Grants)	-	21,662,001	56,793,352	68,417,265	42,452,030	189,324,647
(c) F & A							
	F & A (FMO)	37,182	255,503	341,481	371,262	381,635	1,387,062
	F & A (C.1 Grants - MNCH)		86,084	420,085	432,241	207,037	1,145,448
	F & A (C.2 Grants - ATM)		157,812	214,056	271,051	357,261	1,000,180
	F & A (C.3 Grants- HSS)		25,887	38,921	375,219	339,199	779,226
	Total F & A	37,182	525,285	1,014,543	1,449,773	1,285,132	4,311,916
	Total Fund Expenditure	568,348	25,840,899	62,684,674	75,172,008	49,189,978	213,455,908
	Funds Available as at 31 Dec 2016	33,634,379	30,554,663	2,453,988	(18,571,540)	10,774,764	58,846,254

Dan Magambo
Financial Management Officer
Myanmar Operations Center

Dan Magambo
Financial Management Officer
UNOPS-Myanmar

Note :

* The correction of inter-project transfer of US$ 938,752 from project 00053634 back to the project was adjusted in FY2014

** The correction of FY 2012 personnel salaries between 3DF and 3MDG of US$ 38,749.97 (including F&A) cost to 3MDG following 3DF auditor's advice was effected in FY2013

*** The correction of prepaid warehouse charges in the amount of US$46,518.44 under Project ID-82844/Activity2 (FB) was adjusted in FY2014 equally against projects 00086942 (MNCH procurement) and 00088531 (ATM procurement) through GLIE AEM14MM059

**** The correction of reimbursable direct cost (allocable charges) of US$ 84,035 charged to grants January - June 2013 was adjusted in FY 2014 to the FMO budget.

**** The correction of AMW training US$ 56,749 (from Component 3 - 86943 to Component 1 - 92224) and NTP TB ACF US$ 121.6 (from FMO 82844 to Component 2 89804) was adjusted in FY 2015

**** The correction of Center of Excellence travel of US$ 910 (from FMO 82844 A.3.5 to Component 3 97447) will be adjusted in FY 2016 (through GLIE 295)

The six above adjustments have the following impact on the annual 3MDG FMO expenditure: **FY 2012** to **US$ 607,098** (including F&A) - US$ 568,348 + US$ 38,750; **FY 2013** to **US$ 3,907,882** (including F&A) – US$ 3,909,115 minus US$ 46,518 minus US$ 38,750 plus US$ 84,035, **FY 2014** to **US$ 5,180,621** (including F&A) - US$ 5,218,260 plus US$ 46,518 minus US$ 84,035 minus US$ 121.6; **FY 2015** to **US$ 5,675,443** (including F&A) - US$ 5,676,232 plus US$ 121.6 minus US$ 910

** The correction of US$ 1,200 income account code (from 56005 to 73110) in FY 2016 will be reflected in FY 2017, with ref: GLIE 600004685.

ANNEX 5: Yearly trends for 3MDG interventions

MATERNAL, NEWBORN AND CHILD HEALTH

Across 3MDG interventions in maternal, newborn and child health services, coverage has generally increased across the country. However, as services are phased up in difficult to reach or conflict-affected areas, the percentage coverage can be affected due to challenges of working in these locations. For example, in 2016 coverage in Northern Shan townships began and ongoing conflict impacted service delivery, which affected overall coverage.

Skilled birth attendants

Since 2013, there has been a 12 percent increase in skilled birth attendants. The last three years has seen small but consistent improvements, with three percent total increase from 2014. *See Graph 1.* In many of the areas supported by 3MDG, there are a significant number of unfilled midwife positions, which present challenges to increasing access to skilled care. This is especially true in conflict-affected areas.

Ante-natal care

For women being attended at least four times for ante-natal care, results have also steadily increased since 2013, with a bigger improvement between 2015 and 2016. *See Graph 2.*

Post-natal care

From the beginning, for this indicator, results were better than targets. From 2013, there has been an improvement of 24 percent for this indicator. This is a significant improvement. *See Graph 3.* It is believed that this care primarily refers to the care received by newborn babies within the first three days. Midwives who conduct regular outreach are able to case for the babies, even if they have not delivered them. Regular outreach visits make this possible.

Immunization

Immunization numbers have been strong since the Fund began in 2013. For the DPT3/ Pentavalent 3 vaccination *(Graph 4)* there has been an improvement of more than 12 percent of children under one covered since that time. This was especially impressive from 2013 to 2014, with a jump of 14 percent (which has since fallen, and then risen to 95 percent for 2016.)

For measles, there has been fluctuation in numbers year to year. *See Graph 5.* For example, the 2015 result is low because of measles/rubella campaign activities in 2015 that affected routine data reporting in some townships. This is because this campaign data is not added to routine figures, meaning they appear lower.

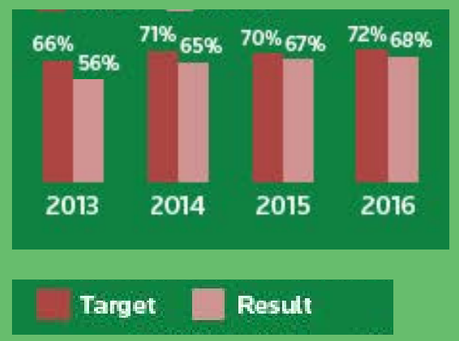
Contraceptive prevalence rate

The contraceptive prevalence rate has shown yearly increases since the start of the Fund. There are state and regional fluctuations, with Chin in particular showing lower results (only 27 percent in 2016, for example, with no improvement). *See Graph 6 and main report for state and regional graph, page 66.*

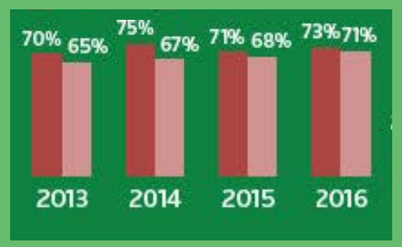
Maternal referrals

The global target for maternal referrals is 15 percent of all pregnancies, based on global evidence that suggest that 15-20 percent of all pregnant women globally will experience an unpredictable obstetric emergency that will need an intervention. As evidenced by *Graph 7*, since 2013 3MDG has seen a steady increase in the percentage of women receiving referrals.

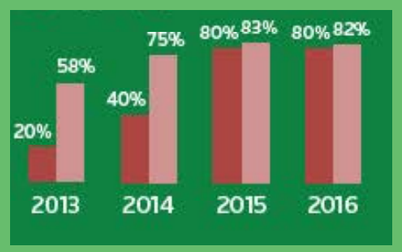
Graph 1: Percentage of births attended by a skilled health person in 3MDG supported townships (2013-2016)



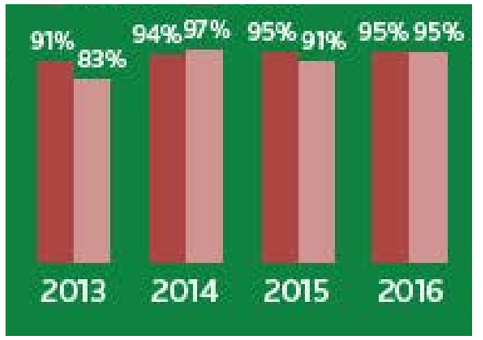
Graph 2: Percentage of women attended at least four times during pregnancy by a skilled health person in 3MDG supported townships (2013-2016)



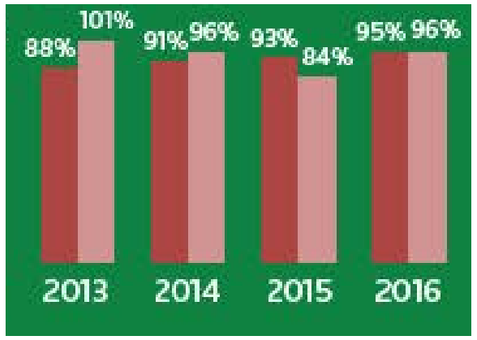
Graph 3: Percentage of mothers and newborns who received postnatal care visit within three days of childbirth (2013-2016)



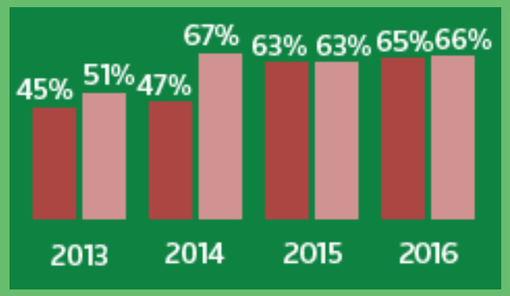
Graph 4: Percentage of children immunized with DPT/Penta 3 in 3MDG supported townships (2013-2016)



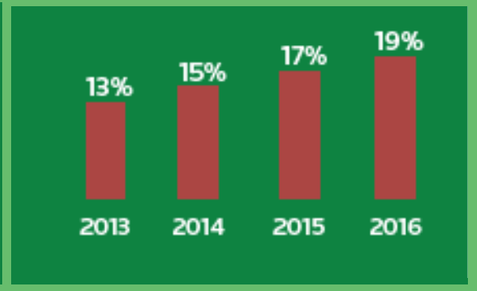
Graph 5: Percentage of children immunized against measles in 3MDG supported townships (2013-2016)



Graph 6: Contraceptive Prevalence Rate in 3MDG supported townships (2013-2016)



Graph 7: Maternal referrals support coverage of pregnant mothers in 3MDG supported townships (2013-2016)



HIV, TB AND MALARIA

HIV

Across all aspects of the Harm Reduction programme, 3MDG partners have shown steady improvement year on year. For example, in 2013 nearly 19,000 people who inject drugs were reached by prevention programmes. This has more than doubled in the three years since, reaching 96 percent of target population in the coverage area. *See Graphs 8, 9 and 10.*

Graph 8: Needles and syringes distributed (2013-2016)

Graph 9: People who inject drugs (PWID) reached by prevention programmes (2013-2016)

Graph 10: People who inject drugs (PWID) given voluntary confidential counselling and testing for HIV (2013-2016)

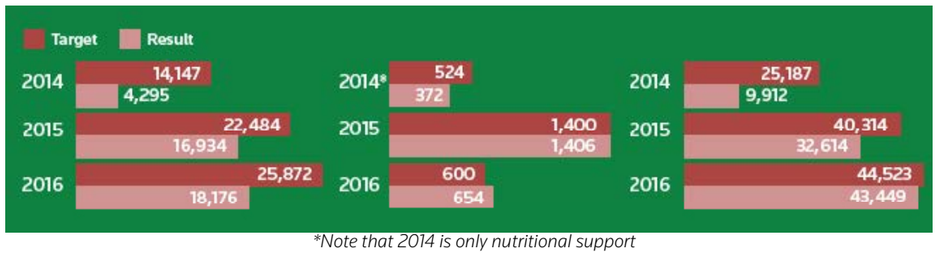
TUBERCULOSIS

This graph highlights significant and sustained yearly improvement for case notification. However, targets have not been reached. In previous years, targets set for the detection rate have been revealed to be unrealistic, for a number of reasons including: a lack of baseline data, the newness of the active case detection approach, and the complexity of decisions around which specific populations to prioritize and the timing of mobile team visits. To better understand this context, 3MDG is supporting a review of the cost-effectiveness and rationale for active case detection to be conducted in 2017. *See Graphs 11, 12 and 13.*

Graph 11: Notified cases for TB treatment (2014-2016)

Graph 12: Number of MDR-TB patients enrolled for second line treatment (2014-2016)*

Graph 13: Number of referrals to TB departments by Community Health Workers/ Volunteers (2014-2016)



Note that 2014 is only nutritional support

MALARIA

These graphs illustrate declining malaria prevalence across the years of delivery for the Fund. These three graphs show a steady number of malaria tests taken and read, in line with targets, and correspondingly a markedly decreasing number of cases treated (and within 24 hours). This is demonstrative of declining malaria across the country, though efforts continue, particularly in endemic areas. *See Graphs 14, 15 and 16.*

Graph 14: Number of malaria tests taken and read (2013-2016)

Graph 15: Number of people tested for confirmed malaria (2013-2016)

Graph 16: Number of confirmed malaria cases treated within 24 hours of fever (2013-2016)