



**Government of the
Republic of the Union of Myanmar**



**United Nations
Population Fund**

COUNTRY PROGRAMME ACTION PLAN (2012 – 2015)

BETWEEN

**THE GOVERNMENT OF THE REPUBLIC OF
THE UNION OF MYANMAR**

AND

THE UNITED NATIONS POPULATION FUND

December, 2011

List of Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
ART	Anti-Retroviral Therapy
AWP	Annual Work Plan
BCC	Behavior Change Communication
BS	Birth Spacing
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEmONC	Comprehensive Emergency Obstetric and New-born Care
CO	Country Office
CP	Country Programme
CPA	Complimentary Package of Activities
CPAP	Country Programme Action Plan
CPR	Contraceptive Prevalence Rate
CS	Child Survival
CSG	Community Support Group
CSO	Central Statistical Organization
DFID	Department for International Development
DHP	Department of Health Planning
EmONC	Emergency Obstetric and New-born Care
FACE	Funding Authorization and Certificate of Expenditure
FP	Family Planning
FSW	Female Sex Worker
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-Based Violence
GCA	Government Coordinating Authority
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GMAG	Gender Mainstreaming Action Group
GTG	Gender Theme Group
GTC	German Technical Cooperation
HMIS	Health Management Information System
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Surveillance
ICPD PoA	International Conference on Population and Development Programme of Action
IDU	Intravenous Drug User
IEC	Information, Education and Communication
IMF	International Monetary Fund
IP	Implementing Partner
IUD	Intrauterine Device
JICA	Japan International Cooperation Agency
KAP	Knowledge, Attitude and Practice
MARP	Most at Risk Populations

MARYP	Most at Risk Young People
MDGS	Millennium Development Goals
MH	Maternal Health
MMR	Maternal Mortality Ratio
MNMWA	Myanmar Nurses and Midwives Association
MISP	Minimum Initial Service Package
MOE	Ministry of Education
MOIP	Ministry of Immigration and Population
MOH	Ministry of Health
MONPED	Ministry of National Planning and Economic Development
MOSWRR	Ministry of Social Welfare, Relief and Resettlement
M&E	Monitoring and Evaluation
NAP	National AIDS Program
NGO	Non-Governmental Organization
NRHWC	National RH Working Committee
NRHTWC	National Reproductive Health Technical Working Committee
OAGU	Office of the Auditor General of the Union
ODA	Overseas Development Assistance
PBA	Programme-Based Approach
PD	Population and Development
PE	Peer Educator
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
QA	Quality Assurance
RH	Reproductive Health
RHC	Reproductive Health Commodities
SIDA	Swedish International Development Agency
SOP	Standard Operational Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TWG	Technical Working Group
TWG-G	Technical Working Group on Gender
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRC	UN Resident Coordinator
VAW	Violence against Women
VCCT	Voluntary Confidential Counseling and Testing
WHO	World Health Organization
YIC	Youth Information Centres/Corners

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COUNTRY PROGRAMME ACTION PLAN BETWEEN
THE GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR
AND
UNITED NATIONS POPULATION FUND

The Framework

1. The Government of the Republic of the Union of Myanmar, hereinafter referred to as “the Government” and the United Nations Population Fund, hereinafter referred to as “UNFPA” are in mutual agreement to the content of the Country Programme Action Plan (CPAP) and accept their respective responsibilities in the implementation of the 3rd Programme of Assistance;
2. Furthering their mutual agreement of cooperation for the fulfilment of the International Conference on Population and Development (ICPD) Programme of Action, other related conferences and Millennium Development Goals (MDGs);
3. Building upon the experience gained and the progress made during the implementation of the previous Programmes of Assistance and the country’s needs as identified by the Situation Analysis of Population and Development, Reproductive Health and Gender in Myanmar, conducted by UNFPA in 2010, the UN Thematic Analysis (in lieu of Common Country Assessment) in 2011 and the priorities identified in the United Nations Strategic Framework (UNSF), the National Strategic Plan for Reproductive Health (2009-2013), the National Strategic Plan for HIV/AIDS (2011-2015), the National Strategic Plan for Advancement of Women (2012-2021), the National Action Plan for Rural Development and Poverty Alleviation and other national development documents;
4. Entering into a new period of cooperation from January 2012 to December 2015; and
5. Declaring that these responsibilities will be fulfilled in a spirit of mutual cooperation for the implementation of the UNFPA 3rd Programme of Assistance.

Part I. Basis of Relationship

6. The provisions of the agreement entered into effect between the United Nations Development Programme and the Government on 17 September 1987 shall /mutatis mutandis/apply to the activities and personnel of UNFPA under this Programme of Assistance to the Republic of the Union of Myanmar. This Country Programme Action Plan for the period 2012-2015 is to be interpreted and implemented in conformity with this basic agreement. This Country Programme Action Plan (CPAP) contains the general framework; basis of relationship; situation analysis; past cooperation and lessons learned; summary of proposed programme; partnership strategy; programme management;

monitoring and evaluation; and the commitment of the Government as well as UNFPA. The Programme and components described herein have been agreed upon jointly by the Government and UNFPA.

Part II. Situation Analysis

7. Myanmar has a population of approximately 59.13 million¹ in 2009-2010 with over 100 ethnic groups. Children aged 0 to 14 constitute 31.89 percent, people in the age group 15 to 59 constitute 59.26 percent and people aged 60 years and above constitute 8.85 percent of the total population². Young people aged 10-24 account for nearly 30 percent of the population. The last population census was conducted in 1983. As a result, there are significant gaps in data relating to population dynamics, and to the composition and distribution of the population. Although a number of surveys were conducted to fill in data gaps, there is an urgent need for a population census.
8. Myanmar has abundant natural resources and a productive working age population. However, the average annual Gross Domestic Product (GDP) growth rate was over 5% during the period 2005 to 2010³. The GDP per capita was \$724⁴ and health expenditure in the state budget as percentage of GDP was 0.22 percent in 2010.
9. Substantial disparities in living conditions exist between rural and urban areas and among the 14 Regions and States. Poverty incidence in the rural areas, where 70 percent of the country's population resides, is still considerably higher than in the urban areas (29% vs. 16%)⁵. Poverty incidence in Chin State is 73 percent compared to 46 percent in Shan State and 33 percent in Tanintharyi Region.
10. The 2008 joint United Nations estimate of maternal mortality ratio was 240 deaths per 100,000 live births. Reaching the Millennium Development Goal (MDG) target of reducing maternal mortality ratio to 105 deaths per 100,000 live births by 2015 is a major challenge considering inadequate health financing and human resources and wide regional disparities. For instance, the Sagaing, Magway and Ayeyarwaddy Regions and Kayah, Rakhine and Shan States have higher maternal mortality ratio and abortion rate than other localities. Antenatal care (ANC) coverage increased from 63.1 percent in 2005 to 70.6 percent in 2009⁶. The proportion of deliveries attended by skilled birth attendants increased from 57.9 in 2005 to 64.4 percent in 2009⁷. The current availability of skilled birth attendants is below the level recommended by

¹ National Statistical Year Book 2010, Central Statistical Organization (CSO)

² Planning Department, Ministry of National Planning and Economic Development

³ UN Strategic Framework, 2012-2015

⁴ Salient Economic and Social Indicators (2010-2011), Planning Department, Ministry of National Planning and Economic Development

⁵ Integrated Household Living Condition Survey, 2005-2010, Ministry of National Planning and Economic Development

⁶ Annual Public Health Statistics Report, Department of Health Planning, 2011

⁷ Reproductive Health Statistics, Department of Health Planning, 2011

World Health Organization (WHO). According to WHO, achieving 80 percent skilled birth attendance requires the availability and deployment of 23 doctors, nurses and midwives per 10,000 population. In Myanmar there are only 14 doctors, nurses and midwives per 10,000 population⁸. There is a high turnover of midwives and other health personnel. Eighty two percent of deliveries take place at home where the majority of maternal deaths occur. Limited access to health services due to poverty, geographical barriers and shortage of health personnel, especially midwives, are major constraints which also contribute to the high neonatal mortality rate of 33 deaths per 1,000 live births (2009). There are 45 midwifery education institutions in Myanmar and the number of graduates was 2,527 in 2009⁹. Not all graduates were recruited by the government. According to the Health Profile 2009, 8,663 midwives were appointed against the sanctioned posts of 9,442 thus leaving 779 posts vacant¹⁰. Judging by the above mentioned ratio of skilled birth attendants to population, the number of midwives required exceeds by far the vacant posts. The MOH, in cooperation with WHO, is revising the curricula of midwifery education and the Ministry is considering revision of work profile of midwives to focus on safe motherhood. Besides, there is a need to strengthen methodology of in-service training of doctors and basic health staff. Teaching and training materials in some midwifery schools are inadequate.

11. According to the 2007 Fertility and Reproductive Health Survey (FRHS), the total fertility rate was 2.03 children per woman. However, fertility among married women (4.7 children per woman) was higher than total fertility rate, and 52.8 percent of women of all ages had never been married¹¹. The contraceptive prevalence rate for modern methods was 38.4 per cent in 2007¹². The unmet need for family planning was estimated at 17.7 percent in 2007 and is now 24.2¹³. The FRHS also reported that nearly 5 per cent of all pregnancies ended in abortions, with the highest rate among 15-19 year olds. Ensuring adequate supply of contraceptives and improving quality of birth spacing services are crucial to reduce unintended and unwanted pregnancy and abortion and to achieve the target of the National RH Strategic Plan (2009-2013) of increasing Contraceptive Prevalence Rate (CPR) to 45 percent by 2013.
12. In 2009, the estimated national HIV prevalence in Myanmar was 0.61 percent for adults and 0.96 percent among pregnant women. However, the HIV prevalence is high at 34.8 percent among injecting drug users, 22.3 percent among men who have sex with men and 11.2 percent among female sex workers (FSW)¹⁴. The HIV incidence appears especially high among the young cohort of these most-at-risk populations.
13. Although the majority of the young population has heard about HIV/AIDS, comprehensive knowledge about prevention methods is relatively low and

⁸ WHO annual review, Working together for health, 2006 and World Health Statistics 2009

⁹ The State of the World's Midwifery 2011

¹⁰ HMIS 2009, DHP

¹¹ FRHS 2007, DOP

¹² IHLCA, 2009-2010

¹³ IHLCA, 2009-2010

¹⁴ HIV Sentinel Sero Surveillance, 2009

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.

14. According to the 2007 Behavioural Sentinel Surveillance, over 90 percent of FSW used condoms at last sex with clients. However, only half of FSW reported condom use at last sex with their regular partners. A knowledge, attitude and practice (KAP) survey conducted in Matayar Township, Mandalay division in 2009 revealed that knowledge of HIV/AIDS among men who have sex with men (MSM) was high, but only 50% of them reported consistent condom use in the past 6 months¹⁵. Treatment seeking behaviour for STI was high in FSW but low among intravenous drug users (IDU) and MSM. In 2009, prevention services reached 75 percent of FSW whereas prevention services were provided to only 21 percent of the total estimated MSM and 12.5 percent of estimated IDU.
15. There is a gap in meeting the MDG target of universal condom use in high risk groups such as MSM and IDU by 2010. The proportion of population with advanced HIV infection with access to antiretroviral drugs is only 20 percent. In addition, only 38.7 percent of people in need of PMCT received a complete course of antiretroviral prophylaxis in 2008¹⁶. In 2009, Prevention of Mother to Child Transmission (PMCT) of HIV programme was able to provide ARV prophylaxis to 46.4 percent of targeted HIV positive pregnant women¹⁷.
16. Myanmar is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Beijing Platform of Action and the Millennium Declaration. The ratio of girls to boys in primary education fell from 96.1 percent to 92.6 percent during the period 2005 to 2010. The lowest ratio is found in Kayah, Sagaing, Mon and Bago. The ratio of girls to boys in secondary education was 102.5 percent to 95.6 percent during the period 2005-2010. There is an increase of the share of women in wage employment in the non-agriculture sector from 41.3 percent to 44.7 percent from 2005 to 2010.
17. In Myanmar, 95.6 percent of men and 89.3 percent of women are literate. However, there is considerable regional variation, with the lowest levels of literacy in Eastern Shan (female 55.3 percent and male 83.0 percent) and Rakhine (female 71.9 percent and male 90.7 percent). Northern and Southern Shan and Kayah also register adult literacy rates of 80 percent or more for both females and males¹⁸. The average gender gap in adult literacy for Myanmar is 6.2 percent, however, the gap is largest in Mandalay (9.7 percent) followed by Magway (9.2 percent)¹⁹. Although there are equal opportunities for employment,

¹⁵Pyae Sone Tun M.B.,B.S, Knowledge, Attitude and Practice (KAP) Regarding HIV/ AIDS Among Men (MSM) who Visited Taung, Pyone Festival, Matayar Township, Mandalay division, 2009

¹⁶ Report on the global AIDS epidemic, 2008 (Executive summary), UNAIDS.

¹⁷ Progress Report on HIV program, NAP-UNAIDS, 2010

¹⁸ *Poverty Profile, Integrated Household Living Conditions Survey in Myanmar, UNDP & Planning Department 2009-2010*

¹⁹ *Poverty Profile, Integrated Household Living Conditions Survey in Myanmar, UNDP & Planning Department. 2003-2005.*

according to the constitution, 48.84 percent of women are in labour force compared to 80.57 percent of men.

18. Gender Inequality Index (GII), Gender related development index (GDI) and Gender Empowerment Measure (GEM) cannot be calculated for Myanmar due to inadequate gender statistics. The percentage of women in the Parliament after the general election held in November 2010 is 4.9 percent in the National Assembly and 4.3 per cent in the People's Assembly. There are now two female Deputies to the Ministers of Health and Culture which reflects increased women's participation in policy making and decision making bodies in the new government compared to the previous one.
19. The draft *National Strategic Plan for the Advancement of Women (2012-2021)* provides for an integrated Government approach to improving the situation of women and girls in Myanmar. The Plan provides an overarching framework, and outlines interventions and anticipated results for the twelve priority areas delineated in the Beijing Platform for Action, and builds upon CEDAW principles. The Plan aims to create enabling systems, structures and practices for the advancement of women, gender equality, and the realization of women's rights, in accordance with Myanmar's expressed commitment to international standards, treaties, and agreements. A key focus of the Plan is to strengthen the institutional capacity and systems for women's advancement and protection, improve the understanding of gender concepts among government officials of various ministries, and build their capacities to mainstream gender within their own mandates and advocate for allocation of adequate resources to mainstream gender into policies and programmes.
20. Women are the most vulnerable group in crisis situations. During the second UNFPA Programme of Assistance 2007-2011, UNFPA piloted an integrated approach to assist women survivors of cyclone Nargis through establishment of 'Women-friendly Spaces' (WFS). These places offer psychosocial support, reproductive health education, referral to health facilities, social networking and livelihood skill-training with small business loans provided to eligible women for income generation activities.
21. Male knowledge and involvement in birth spacing, safe motherhood and HIV prevention including PMCT is limited. With regard to gender relations in RH, it is known that women have little negotiation power for condom use to prevent HIV even if they suspect their partners of having sex outside their relationship. There is a lack of open spousal communication about sexual matters and HIV/AIDS among majority of the population²⁰. Shortage of gender statistics and research, lack of awareness and limited institutional capacities hinder development and implementation of effective policies and programmes for empowerment of women.

²⁰ Report on operational research: improving awareness on prevention of mother to child transmission and VCCT of HIV among pregnant women and their husbands at Magway Township (2004-2005)

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22. Rural development and poverty alleviation are among the main priorities of the new Government²¹. The Government has recently initiated the Action Plan for Rural Development and Poverty Alleviation aiming to reduce the level of poverty from the current 26.5 percent to 16 percent by 2015 in line with MDGs. The Government has established a Rural Development and Poverty Alleviation Central Committee chaired by the President, who reaffirmed the following eight development priorities for the Government: Agricultural production; Livestock and fishery; Rural productivity and cottage industries; Micro-saving and credit enterprises; Rural cooperatives; Rural socio-economy; Rural Energy; and Environmental conservation. In line with such priorities, action plans for rural development have been developed in areas of education, health, human resources development, transport and telecommunication and availability of portable water. In addition to the Central Committee, nationwide sub-committees were established involving relevant Ministries, Region/State governments and district and township organizations and local people. There have been concerted efforts to promote partnerships between the Government and other stakeholders, such as UN agencies, NGOs and civil societies to implement the Action Plan for Rural Development and Poverty Alleviation.
23. In line with the new government policy to mobilize resources from the private sector in poverty reduction and rural development initiatives, there is a dire need for increased coordination and partnerships between the public and the private sectors. There are a large number of non-governmental organizations and private practitioners working in the health including reproductive health sector and some 188 private hospitals compared to 871 public hospitals (Health in Myanmar, 2011). Due to the low national budget allocated to health including reproductive health, there is a need to mobilize the private sector and the business community to support rural health initiatives. Promoting public-private partnerships in the area of reproductive health would ensure optimal utilization of available financial, human and material resources, contribute to reproductive health commodity security, ensure adherence to uniform standards of reproductive health care and improve referral system.

Part III: Past Cooperation and Lessons Learned

24. The United Nations Population Fund (UNFPA) began its assistance to Myanmar in 1973. The Fund supported the 1973 and 1983 population and housing censuses and a series of surveys in the 1990's to collect data on fertility and reproductive health. Since the beginning of the new Millennium, UNFPA's support has expanded adopting a programmatic approach. The first UNFPA Special Programme of Assistance to Myanmar was implemented during the period 2002 to 2006 in the amount of \$12 million from regular resources, with an additional \$4 million through co-financing modalities. The special programme focused mainly on reproductive health with emphasis on the reduction of maternal mortality, and meeting the reproductive health needs of men and women including adolescents and youth to prevent the spread of HIV.

²¹ Speech of Union Minister of Information, U Kyaw Hsan, The rural Socio-economic development sub-committee of Work Committee for Rural development and Poverty alleviation on 21 July 2011, Nay Pyi Taw.

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25. UNFPA's Second Programme of Assistance covering the period (2007-2010) was extended for one year until 2011 to align with the United Nations Strategic Framework 2012-2015. The main programme achievements include: (a) supporting provision of maternal health and birth spacing services and RH commodities in 132 out of the country's 330 townships; (b) improving knowledge of over 400,000 young people on RH and HIV through information, education and communication (IEC) and behaviour change communication (BCC) interventions through peer education (PE) and youth information corners/centres (YICs); (c) contributing to the reduction of HIV among FSW from 18.4 percent to 11.2 percent and among MSM from 28.8 percent to 22.3 percent during the period 2008-2009; (d) increasing availability of data through fertility and reproductive health survey; (e) supporting the establishment and operationalization of the National Working Committee for Reproductive Health and the development of the National Strategic Plan for Reproductive Health (2009-2013) and the National Strategic Plan on HIV/AIDS (2011-2015); and (f) mobilizing over 90,000 community support group (CSG) members who helped bridge the gap between communities and RH services delivery points.
26. In the aftermath of cyclones Nargis (2008) and Giri (2010), UNFPA provided life-saving reproductive health services and supported women's protection interventions including the establishment of women-friendly spaces for vocational training, income generation, psycho-social counselling and reproductive health education. Furthermore, UNFPA supported the development of the National Strategic Plan for Advancement of Women (2012-2021) and raising awareness among staff of government and civil society on gender issues. As Myanmar is vulnerable to natural disasters, UNFPA assisted in strengthening disaster preparedness in reproductive health and women's protection through: a) development of contingency plans; b) training of health personnel and humanitarian actors on Minimum Initial Service Package (MISP) for RH in emergencies; and c) establishment of rapid response teams.
27. Several gaps were identified by the End of Programme Evaluation of the 2nd Programme of Assistance among which are: a) lack of geographical focus of programme interventions as activities were spread thin in all 14 states and regions; b) shortage of supply of contraceptives and other RH commodities. While UNFPA was the main supplier of such commodities, more than 100 townships were left without access to free contraceptives; c) stock out of contraceptives and inadequate logistics management systems; d) inadequate base line and end line data to measure the effectiveness and impact of interventions, particularly in the area of ARH; e) insufficient support to emergency obstetric care though it is a key to reducing maternal death; and f) lack of uniform standards of RH care.
28. Findings of Situation Analysis of RH, Population and Development and Gender in Myanmar (2010), Midterm Review (2009) Annual Program Review (2010) and End of Programme Evaluation (2011) indicate the need to: (a) provide support to the three areas of UNFPA's mandate, namely RH and rights, Population and Development and Gender Equality; b) increase partnerships among the stakeholders in implementing the national strategic plans for reproductive health, HIV/AIDS and advancement of women; (c) strengthen

health systems and improve the quality of RH service provision at the national level; (d) ensure geographic focus for RH service provision at sub-national level to reduce inequities and disparities and maximize utilization and impact of available resources; (e) support development and piloting of guidelines for youth-friendly reproductive health services and better target most at risk young people; (f) strengthen linkages between prevention of mother-to-child transmission of HIV and reproductive health interventions; (g) utilize media and strengthen community volunteers to promote behaviour change; (h) conduct research on gender, strengthen gender mainstreaming and continue support to women-friendly spaces as a vehicle for women's empowerment; (i) strengthen national capacity in data collection, analysis, utilization and coordination and bridge data gaps on population, reproductive health and gender; and (j) promote results-based management, evidence-based advocacy and joint programming.

29. A number of lessons were drawn from the implementation of the 2nd Programme of Assistance, such as:

30. *Partnership* is a key to promoting resource mobilization. In Myanmar where national resources allocated to development as well as Official Development Assistance (ODA) are scarce, it would be inevitable to promote coordination, complementarity and joint programming among programme partners, especially UN agencies. Donors have made it clear that they prefer to support joint UN programmes other than individual agency projects. UNFPA should utilize its leverage as a lead agency of a number of theme groups to promote joint programming. UNFPA should continue to advocate for and provide assistance to mapping of RH inputs by various stakeholders to know who is doing what and where, ensure complementarity, avoid duplication of efforts and maximize utilization of available resources.

31. An *evidence-based*, integrated and focused programme maximizes utilization of available resources: there is a need for more investments on assessments and research to inform programme design and management. Also interventions on RH, ARH, HIV prevention and women's empowerment should be aligned and focused in selected geographical areas to reinforce one another and achieve the desired impact.

32. *Humanitarian assistance* can provide the basis for development initiatives: Well-designed humanitarian response programmes adopting participatory and community-based approaches can plant the seeds for development. This was the case in supporting women friendly spaces (centres) in the aftermath of Cyclone Nargis which proved to be a viable model for women's empowerment.

Part IV. Proposed Programme

33. The CPAP builds on the UNFPA 3rd Programme of Assistance and the United Nations Strategic Framework (UNSF) outcomes identified jointly by the Government and the UN agencies.

34. The proposed programme is based on:
- the Situation Analysis on RH, Population and Development and Gender conducted in 2010
 - the End-of-Programme Evaluation 2011
 - the United Nations Thematic Analysis and UNSF 2012-2015
 - Lessons learned from the 2nd Programme of Assistance
35. The proposed programme will support key national priorities related to RH, Population and Development and Gender Equality. These priorities are reflected in: a) the National Strategic Plan for RH (2009-2013); b) the National Strategic Plan and Operational Plan for HIV/AIDS (2011-2015); c) Draft National Strategic Plan for Advancement of Women (2012 -2021); and d) Action Plan for Rural Development and Poverty Alleviation. The programme also contributes towards the revised UNFPA Strategic Plan (2008-2013) that has been approved by the Executive Board in September 2011 with the following linkages:

Linkages between

The Outputs of the 3rd Programme of Assistance and Strategic Plan Outcomes

Output of 3 rd Programme of Assistance	UNFPA's SP Outcomes
Output 1: Strengthened health systems to improve availability of high quality and equitable sexual and reproductive health information and services among target groups including in emergency settings.	Outcome 2: Increased access to and utilization of quality maternal and newborn health services
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	Outcome 4: Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk
Output 1: Strengthened national capacity to increase availability of high quality disaggregated data on population, reproductive health and gender issues for policy formulation, planning and monitoring and evaluation	Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality
Output 1: Strengthened national capacity and institutional mechanism for promoting gender equality and advancement of women	Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

36. UNFPA programme also contributes to the following three strategic priorities of the UNSF:
- (a) increase equitable access to quality social services;

- (b) reduce vulnerability to natural disasters and climate change; and
- (c) promote good governance and strengthen democratic institutions and rights.

37. The strategic priorities, outcomes and outputs of the UNSF were identified by the UN Country Team in close consultation and full participation of the Government and other stakeholders. UNFPA, as the Chair of the MDG Monitoring and Evaluation Group, oversaw the process of the UN Thematic Analysis and contributed to UN Strategic Framework. Moreover, UNFPA has ensured that the Fund's mandate and strategic priorities are reflected in the overall UNSF. The following table shows the linkage between UNSF priorities and the 3rd Programme of Assistance outcomes. The Results and Resources Framework in Annex 1 provides greater details on such linkages.

Linkage between UNSF priorities and the 3rd Programme of Assistance Outcomes

No.	UNSF priorities	UNFPA 3 rd Programme of Assistance Outcomes
Strategic Priority (2)	Increase equitable access to quality social services <i>(contributing to MDGs 2, 3, 4, 5, and 6, with repercussions on MDG 1)</i>	Equitable access to and utilization of high-quality information and services on sexual and reproductive health, and 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.
Strategic Priority (3)	Reduce vulnerability to natural disasters and climate change <i>(contributing to MDG 7)</i>	
Strategic Priority (4)	Promote good governance and strengthen democratic institutions and rights <i>(foundation for progress on all MDGs, including MDG 8)</i>	Strengthened and better coordinated statistical systems for improved data collection, processing, analysis, dissemination and utilization. Protect the rights of women and girls and advance gender equity and equality, particularly their reproductive rights, are addressed in national legal frameworks, social policies and development plans

38. The CPAP is linked to four UNFPA's Strategic Plan outcome areas, namely
- a) Increased access to and utilization of quality maternal and newborn health services
 - b) Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk
 - c) Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality

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- d) Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

UNFPA Strategic Plan Outcomes: Increased access to and utilization of quality maternal and newborn health services; and

Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk.

39. These two outcome areas will contribute to the second strategic priority and the third strategic priority of the UNSF “increase access to equitable and quality social services” and “reduce vulnerability to natural disaster and climate change” to the following UNSF outcomes:

- Health systems ensure that the poor, the vulnerable, most at risk and the geographically remote populations have access to and utilize quality health, including reproductive health care and HIV prevention and treatment
- National Disaster Risk Reduction and Management (DRRM) and Climate Change Adaptation and mitigation policies and strategies are developed and mainstreamed to ultimately reduce vulnerability to natural disasters and climate change.

40. The expected programme outcome under these two areas is increased equitable access to and utilization of high quality sexual and reproductive health and HIV prevention information and services for women, men, young people and most-at-risk populations with the special focus on the poor, the vulnerable, and the geographically remote areas. UNFPA will provide national level support together with WHO and UNICEF for health system strengthening and sub-national level support for improving the quality of sexual and reproductive health, adolescent sexual and reproductive health and HIV prevention information and services. Cognizant of the need to direct more RH services to the poor, and to provide result-based programme interventions with impact on the RH status of the UNFPA supported townships, the proposed RH component will be implemented in 89 selected townships in seven states and regions. Programme areas are selected according to the criteria set with the Department of Health, Ministry of Health. The remaining townships in the 7 states and regions which are previously covered in the 2nd Programme of Assistance will be provided with birth spacing and RH commodities if adequate funds are available to UNFPA or other partners. Selection criteria for project townships in seven states/regions are as follows:

- high MMR and HIV prevalence
- high poverty incidence
- highly populated rural and peri-urban poor
- limited access to RH and HIV information and services
- high unmet need for birth spacing services and low CPR
- high abortion rate
- vulnerability to natural disasters and remoteness including areas with mobile population and ethnic minorities

- availability of adequate health personnel and infrastructure to facilitate achievement of sustained results

The selected states and regions based on the above criteria are as follows:

No.	Region	No.	State
1	Yangon	6	Rakhine
2	Mandalay	7	Shan
3	Ayeyarwaddy		
4	Bago		
5	Magway		

41. In pursuit of this outcome, UNFPA will focus its assistance on two outputs as follows:

Output 1: Strengthened health systems to improve availability of high quality and 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, seven state and regional levels and in some 80 selected townships whereby the Department of Health, Ministry of Health will be the major implementing partner. Given the high unmet need for family planning in the country and the government's favourable attitude towards birth spacing, emphasis will be placed on strengthening reproductive health commodity security and birth spacing services through improved RH logistics and LMIS, piloting ARH services including birth spacing for adolescents in selected townships, linking RH and STI/HIV services and promotion of public-private partnership. The national priority needs were identified by the Government, UNFPA and other stakeholders through a participatory exercise resulting in eight national level and seven township level strategies and related clusters of activities. These strategies are interlinked and will be implemented in close coordination with other stakeholders. Such strategies and activities can be described as follows:

National Level Strategies:

1. Strengthening national RH committees and linkages with the Technical Support Group(TSG) on Maternal, Newborn and Child Health (MNCH) of the Country Coordination Mechanism (CCM):
 - Support secretariat and regular functions of National RH Working Committee (NRHWC) and National RH Technical Working Committee (NRHTWC).
 - Assist MOH in mapping RH interventions of public, private, UN and NGOs (who is doing what and where) to promote private-public partnership, coordination and complementarity.
 - Advocate with NRHWC, NRHTWC and CCM for promotion of public-private/partnership through appropriate mechanisms (e.g. commodity distribution, development of standard operational procedures (SOP), capacity building to follow SOP, referral and quality assurance mechanisms).

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2. Capacity development of human resources for RH services through improved quality of training of basic health staff and doctors in Maternal and New-born Health:
 - Support selected midwifery training schools in UNFPA programme areas with teaching/learning materials for improved hands-on training and skill development.
 - Review and strengthen the current training methodology of doctors and basic health staff in cooperation with WHO.
 3. Support for the establishment of quality assurance systems for RH/ARH services:
 - Review, update/develop national standards for basic and comprehensive EmONC, pilot standards of care and develop quality assurance mechanisms.
 - Develop National standards and guideline for provision of ARH services and pilot these services in selected townships
 - Advocate and support establishing a system to ensure quality assurance of EmONC and ARH services at central, regional and township level.
 - Advocate for review and revision of regulations for midwifery practices to enable midwives to provide more life saving services.
 - Develop a plan for capacity building in implementation of the national standards for EmONC for all categories of RH service providers in UNFPA programme areas.
 - Support technical assistance for development of user friendly tools for supportive supervision and monitoring in UNFPA programme areas.
 4. Strengthening RH logistics management including warehousing and LMIS:
 - Review current RH commodity warehousing, distribution and inventory control system and apply feasible modalities to strengthen the system and commodity tracking.
 - Provide technical assistance to improve forecasting of needs for RH and HIV commodities.
 - Procure RH and HIV commodities to ensure RHCS in UNFPA programme areas.
 - Support capacity building of concerned staff through short term and on-the job training on RH logistics management.
 5. Advocacy and IEC/ BCC for RH including ARH:
 - Support MOH inter and intra ministerial [MOH, Ministry of Social Welfare, Relief and Resettlement (MOSWRR) and Ministry of Education (MOE), etc.] cooperation for mapping of IEC/BCC activities including materials for RH/ARH/HIV in collaboration with various stakeholders.
 - Develop a communication strategy for IEC/BCC interventions including (themes/messages, communication channels, sources of feedback and impact assessment).
 6. Advocacy to integrate RH/HIV& gender components into the existing national emergency preparedness and response plan:
 - Support the review of the current MOH plan for emergency management and response.

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- Advocate with MOH to integrate a package of essential RH/HIV& gender components including MISP into the MOH emergency response plan.

7. Strengthening RH HMIS:

- Support integration of selected RH/ARH indicators into HMIS in UNFPA programme areas.
- Support maternal death review in UNFPA programme areas.

Township Level Strategies:

1. Improving coverage and strengthening quality of RH services in UNFPA programme areas:

- Assess the needs of health facilities for basic and comprehensive EmONC capabilities using WHO township micro planning tool.
- Develop costed plan for strengthening EmONC facilities.
- Support capacity building of health staff for quality (Basic EmONC for BHS and Comprehensive EmONC for doctors at hospital setting) according to national guidelines.
- Strengthen LMIS (need based distribution and monitoring to prevent stock-outs through supply chain management).
- Introduce quality assurance (QA) systems for RH Services (developed at national level) and monitor its implementation linking to Global Alliance for Vaccines and Immunization (GAVI) monitoring system.

2. Improving access to skilled birth attendants in rural and remote areas and among the poor:

- Support Department of Health (MOH), and Myanmar Nurses and Midwives Association to identify gaps in midwives posts in facilities and availability of unemployed midwives in respective areas.
- Support development of an appropriate mechanism for increasing the number of skilled birth attendants
 - ✓ Deployment mechanisms for unemployed midwives, remuneration, skill building, etc.
 - ✓ Assessment of and support to maternity homes.
- Review of experiences of countries with interventions to reduce financial barriers to accessing maternal health services.
- Based on the GAVI HSS evaluation results of the pilot initiatives, support maternal health voucher scheme.

3. Strengthening RH and HIV linkages:

- Based on the national RH strategy and HIV/AIDS strategy develop a strategy for strengthening linkages between RH and STI/HIV services in UNFPA Programme areas.
- Initiate RH-HIV linked services on a pilot basis in UNFPA programme areas including PMCT and syphilis screening as part of ANC to eliminate paediatric HIV and congenital syphilis, promotion of male involvement, introducing contraception services in STI clinics.

Train FSW peer educators on HIV as well as RH (including STIs, birth spacing, safe delivery, PMCT, post natal care and cervical cancer) and information on availability of services (HIV counselling and testing, STI treatment, RH services) in UNFPA supported townships where services are provided. The trained peer educators will conduct outreach activities. During outreach sessions, they will educate other FSWs and refer those who need these services to either private clinics or STI public clinics. FSW will be involved from the beginning as FSW network members, and conduct the activities as planned. They will be involved in all the process of preparation, planning and implementation in collaboration with other multisectoral partners. Training on STI, counselling (FSW, MSM) will include issues of stigma and discrimination).

4. Strengthening humanitarian preparedness and response:
 - Review strategies and plans for emergency preparedness to incorporate RH and gender, plans for each of the regions/states and townships.
 - Support training for rapid response teams with pre- and post-training assessment at State and Regional level including MISP in UNFPA programme areas and develop a plan for their deployment to other affected areas.
 - Pre-position, stockpile and timely distribute supplies in case of emergencies.
 - All the above activities are to be implemented in coordination with the Department of Health.

5. Strengthening access to ARH services:
 - Pilot provision of ARH services based on new national standards and guidelines.
 - Support training of health personnel on ARH services using new national standards and guidelines.
 - Promote supervision and monitoring to ensure compliance with ARH national standards and guideline.

6. Creating demand for services through community support mechanisms and media channels:
 - Undertake a KAP survey on RH/ HIV that covers women, men and adolescents.
 - Assess existing IEC/BCC interventions/materials, peer educators (PE), youth volunteers, community support groups (CSGs)/youth information centres (YIC).
 - Strengthen RH IEC/BCC interventions (for safe motherhood, Birth Spacing (BS)), Reproductive Tract Infections (RTI)/ Sexually Transmitted Infection (STI) and HIV and awareness on violence against women and male involvement in RH).
 - Strengthen coordination with local authorities and health committees at all levels.
 - Utilize different types of media channels preferably in combination with interpersonal communication and community volunteers.

42. 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. The output strategies include:

1. Strengthening behaviour change communication for HIV prevention among female sex workers (FSW) and men who have sex with men (MSM) and clients and partners of FSW:
 - Assess levels of knowledge among Most at Risk Populations (MARPs) and Most at Risk Young People (MARYP) on prevention of unwanted pregnancy and HIV.
 - Assess IEC/BCC interventions (PE including capacity of PE and training needs printed materials etc.) and techniques of approaching FSW, MSM and their clients and partners.
 - Support capacity development of PEs in terms of knowledge about RH and HIV information, RH and HIV counselling and referral (counselling, STI/HIV testing and birth spacing services).
 - Support outreach activities reaching to FSW, MSM, clients/partners and MARPs to ensure access to condoms and lubricants, access to VCT services, RH and other services such as opportunistic infections, ART, social support etc.

2. Supporting STI/HIV counseling testing and SRH services for FSW clients and partners and MSM:

According to the UN division of labour in Myanmar, UNFPA is the lead agency in prevention of sexual transmission of HIV. In the context of Myanmar Country Coordination Mechanism (CCM), the UNFPA country office will work on development of a minimum package of services for FSW and review the current 100% Targeted Condom Promotion Programme in coordination with National AIDS Programme and other stakeholders. UNFPA will provide technical assistance to develop strategies to reduce stigma and raise awareness about prevention of sexual transmission of HIV. UNFPA will outsource technical assistance to support capacity development of public and private service providers on STI management and HIV counselling and testing for female sex workers and MSMs. More specifically, UNFPA will:

- Provide training for service providers, STI drugs, and test kits for Venereal Disease Research Laboratory (VDRL), HIV test kits, supplies for blood sample collection, and condoms to MOH/NAP, INGOs and NGOs. Such commodities and supplies will be used to provide services including STI diagnosis and treatment, voluntary HIV counselling and testing and contraception counselling and services.
- Conduct operational research on quality of care of current facilities and current situation of violence against FSWs and MSMs.
- Promote Comprehensive Condom Programming (CCP) gradually through advocacy for integrated approach of condom use and step by step implementation according to CCP guideline.

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3. Strengthening services for prevention of mother to child transmission of HIV
- Assess quality of current UNFPA funded PMCT services.
 - Support capacity development of public/private service providers.
 - Support PMCT services including screening of syphilis and VCCT for pregnant women and their partners and promotion of male involvement at all routine ANC both urban and rural at public sector in UNFPA programme areas.
 - Ensure linkage of HIV prevention with other services for opportunistic infections, ART, birth spacing and social support services (prong 2 and 4).

UNFPA Strategic Plan Outcome: Improved data availability and analysis around population dynamics, RH (including family planning) and gender equality

43. This outcome area will contribute to the fourth strategic priority of the UN Strategic Framework “promote good governance and strengthen democratic institutions and rights” and to the following UNSF outcome: Strengthened national statistical system for data collection, processing, analysis and coordination. The expected programme outcome under this area is: strengthened and better coordinated statistical systems for improved data collection, processing, analysis, dissemination and utilization. In pursuit of this outcome, UNFPA will focus its assistance on one output:

44. Output 1: Strengthened national capacity to increase availability of high quality disaggregated data on population, reproductive health and gender issues for policy formulation, planning and monitoring and evaluation. This output will be achieved through three strategies and corresponding cluster activities which can be described as follows:

1. Strengthening institutional capacity to conduct a population census and a migration survey

(a) Support population and housing census:

- Support to developing a project document on census
- Recruiting chief technical adviser (CTA)
- Organizing data users and data producer workshops
- Development of quality assurance mechanism (participation in census steering committee , designing the questionnaire, sampling, access to raw data)
- Development of questionnaires
- Technical assistance for sampling design for long questionnaires (10% survey for testing)
- TOT training of supervisors and enumerators
- Technical assistance for data processing, data analysis and report writing
- Providing essential computer hard ware and software
- Support for engendering of the census
- Conduct gender analysis after the census data is available

(b) Support internal migration survey:

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- Support to data collection, data processing, dissemination and publication
 - Technical assistance in data processing and data analysis and equipment supports
2. Strengthening institutional capacity for population research, advocacy and policy dialogue
- Support research on impact of demographic change in Myanmar including qualitative study on elderly involving research/data institutions
 - Conduct desk review to assess the integration of Population, RH and gender issues in relevant national plans
 - Advocate for and support the establishment of a Parliamentary Committee on Population and Development and a Government Commission on Population and Development
3. Providing technical assistance for the establishment of an integrated and harmonized data base to monitor ICPD and MDGS indicators
- Provide technical support to compile, cross check and triangulate data from census and surveys (e.g. Integrated Household Living Condition Assessment Survey, Multiple Indicator Cluster Survey, etc.) and administrative records Support the establishment of an agreed upon national data base to be utilized for monitoring ICPD and MDGS indicators

UNFPA Strategic Plan Outcome: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

45. This outcome area will contribute to the fourth strategic priority of the UN Strategic Framework “promote good governance and strengthen democratic institutions and rights” and to the following outcomes:
- Myanmar’s legal frameworks and social policies, plans and programmes are consistent with the UN/international treaty bodies and international laws ratified, international standards and norms and the Millennium Declaration.
 - Most vulnerable populations, including children, women, the elderly and minorities have increased knowledge and better access to social protection and social welfare services.
46. The expected programme outcome under this area is gender equality and the human rights of women, particularly their reproductive rights are addressed in national legal frameworks, social policies and development plans. In pursuit of this outcome, UNFPA will focus its assistance on one output.
47. Output 1: Strengthened national capacity and institutional mechanism for promoting gender equality and advancement of women. In partnership with the United Nations Gender Theme Group (GTG) and Women’s Protection Technical Working Group (WPTWG), UNFPA will support the National Strategic Plan for Advancement of Women through joint programming. Each member of the GTG and WPTWG from the UN and NGOs will address areas of the National

Strategic Plan that are related to its mandate. UNFPA will take up issues related to RH and rights, data and violence against women. UNFPA will continue to play a leading role as the chair of both GTG and WPTWG in ensuring coordination, synergies and complementarity among inputs of all partners in the two groups. This output will be achieved through three strategies and a number of cluster activities which can be described as follows:

1. Strengthening institutional capacities of the government and civil society in the area of gender analysis and mainstreaming:

UNFPA will provide technical assistance and support advocacy activities:

- Conduct assessment of capacity, knowledge and attitudes on gender of the key staff in Ministry of Social Welfare, Relief and Resettlement (MOSWRR), Ministry of Health (MOH), Ministry of Immigration and Population (MOIP), and INGO/NGOs as well as Parliamentarians in gender analysis and mainstreaming in UNFPA's gender focus areas (RH, ARH, reproductive rights, violence against women (VAW)).
- Based on the above study, develop capacity building strategy and action plan on gender analysis and gender mainstreaming in UNFPA's gender focus areas through technical assistance, sensitization, advocacy and training including South-South Cooperation.

(Integration of gender in UNFPA's supported interventions RH, ARH, HIV, data, will be undertaken under the outcome areas of maternal and newborn health, STI/HIV prevention services and data)

(The above activities will be supported in collaboration with members of GTG and WPTWG from the UN and NGOs)

2. Strengthening capacity for evidence-based advocacy for formulation and revision of policies and legislation to advance gender equality:

- Advocate for the review and revision of policies, customary laws, and existing legislations in relation to CEDAW commitments to identify gaps and anomalies in UNFPA's focused areas.
- Support pilot study on the prevalence, determinants and consequences of VAW.
- Advocate for conducting National Study on VAW based on pilot study.
- Provide technical assistance and advocate with the Government, Parliament and Judiciary in revision of policies and laws including developing women's protection law especially on domestic violence utilizing South-South cooperation in coordination with GTG/WPTWG.

3. Building/strengthening capacity of community based organizations to improve awareness on gender equality and women's empowerment, reproductive rights, violence against women, promote male responsibility in sexual reproductive health:

- Support gender Training including TOT and capacity development of community-based organizations in UNFPA's programme areas to create awareness and promote attitude and behaviour change on gender issues in relation to RH, ARH, HIV, and VAW in the context of the National Strategic Plan for Advancement of Women.

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- In partnership with other UN agencies and stakeholders, support existing women's friendly spaces, women centres and networks for promoting women's empowerment through an integrated approach (skill development, livelihood support, income generation, IEC, counselling and referral for RH and rights and violence against women in UNFPA supported areas).

Part V. Partnership Strategy

48. In Myanmar where national resources allocated to development as well as ODA are limited, effective partnerships, coordination and complementarity is a key to achieve the aims of the Programme of Assistance, the UN Strategic Framework and national development plans as well as MDGs.
49. UNFPA will work with a range of stakeholders in order to achieve the outputs and the outcomes of the Programme of Assistance. Partners will include Government, Parliament, local NGOs, international NGOs, UN sister agencies and civil society, such as the media and community-based organizations, and the private sector. UNFPA will continue to build on the existing partnerships with relevant line ministries and other institutions. In particular, UNFPA will continue to work with the Ministry of Planning and Economic Development as an overall coordinating Government body with the UN and line Ministries including the Ministry of Health, Ministry of Social Welfare, Relief and Resettlement, Ministry of Immigration and Population and Central Statistical Organization. The establishment of decentralized administration authorities at the state/region and other local levels will provide an excellent opportunity for engagement with local authorities in programme implementation and management. While some of these partnerships will be through Annual Work Plans, UNFPA will continue to demonstrate its commitment to aid effectiveness by engaging in existing and emerging programme-based initiatives. Partnerships in advocacy and policy dialogue will also be promoted especially with the Parliament and its pertinent committees on Women and Children, Health Promotion and Population and Development once established. UNFPA will facilitate coordination and cooperation between the Myanmar Parliament and its counterparts in other Asian countries in the area of population and development through the Asian Forum for Parliamentarians on Population and Development (AFPPD).
50. In close consultation with the Government, UNFPA will utilize south-south cooperation modalities especially with ASEAN as an effective approach to capacity development and technical assistance.
51. UNFPA will collaborate closely with other UN agencies through the UN-interagency coordination structure. In its capacity as the chair of the UN Theme-Groups on MDG, Monitoring and Evaluation and Gender and Technical working Groups on Women's Protection and Sexual and RH, UNFPA will promote joint programming in the context of the UN Strategic Framework. For instance, building on the commitment of the Myanmar Government to implement the UN Secretary General's Global Strategy on Women's and Children's Health, UNFPA

will cooperate with WHO and UNICEF in joint programme on maternal, new born and child health. The Fund will cooperate with IOM and UNIAP in supporting a migration survey and with a number of other UN agencies and ESCAP on the Population and Housing Census. UNFPA's membership in the Country Coordination Mechanism (CCM) provides an excellent platform for coordinating health related initiatives, such as the Global Fund on HIV, TB and Malaria, GAVI Health System Strengthening and maternal, new born and child health. Members of the UN Gender Theme Group and Women's Protection Technical Working Group will cooperate in supporting the National Strategic Plan for Advancement of Women.

Part VI. Programme Management

52. The government authority for overall coordination of the implementation of the Programme of Assistance will be the Ministry of National Planning and Economic Development. At the implementation level, Government ministries and their respective departments will be responsible for the management and implementation of specific outcome areas of the Programme of Assistance as indicated in the CPAP Results and Resources Framework. Activities of outcome areas on maternal and new born health and STI/HIV prevention services will be implemented by the Department of Health, other departments of the ministry and a number of local and international NGOs. The activities of the outcome area on improving data availability and analysis on population, SRH and gender will be implemented by the Department of Population and other departments of the Ministry, the Central Statistical Organization, and the Yangon Institute of Economics. The activities of the outcome area on gender and reproductive rights will be implemented by the Department of Social Welfare and other departments of the Ministry as well as local and international NGOs and civil society organizations.
53. Planning, implementation and monitoring of programme activities will be undertaken at the national, state/regional and township levels. Selected local NGOs and community based organizations will be involved in implementation of activities at the local level. They will work as a team with local authorities to mobilize communities. Multi-sectoral management and monitoring mechanisms at national, regional and township levels will be established.
54. UNFPA will be involved in implementation of activities related to procurement of commodities and equipment, conduct of special surveys and research studies, organization of fellowships, conferences and study tours and undertaking selected national capacity-building initiatives.
55. The UNFPA Country Office in Myanmar will be responsible for managing the Programme of Assistance. The UNFPA office consists of a Representative, one Deputy Representative/International Programme Coordinator, one International Operations Manager, one International Humanitarian Coordinator, two Assistants to the Representative and programme and operations support staff. The 3rd Programme of Assistance will support the recruitment of additional national and international staff as required to manage the programme. National

project personnel will provide technical backstopping and undertake monitoring at the field level. The Asia and the Pacific Regional Office will assist the country office in the provision of technical assistance, including support through international, regional and national institutional experts, and will provide quality assurance of the programme.

56. The programme will be managed through annual work plans. These will be developed, agreed upon and signed by UNFPA and programme implementing partners including line ministries, other government institutions, local NGOs and International NGOs and civil society INGOs and NGOs will be selected based on findings of assessment of IP capacity assessment to implement the programme of assistance. Such work plans will detail the key results to be achieved, the activities to be carried out, the responsible implementing partner, time frames and planned inputs from Government and other partners. Progress in implementation of work plans will be reviewed annually. A detailed description of the planned monitoring and evaluation system can be found in the following section.
57. All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in Annual Work Plans can be made by UNFPA using the following modalities:
- Cash transferred directly to the implementing partners: a) Prior to the start of activities (direct cash transfer), or b) after activities have been completed (reimbursement); and
 - Direct payment to vendors or third parties for obligations incurred by the implementing partners on the basis of requests signed by the designated official of the implementing partner.
 - Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with implementing partners.
58. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNFPA shall not be obliged to reimburse expenditure made by the implementing partner over and above the authorized amounts. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the implementing partner and UNFPA, or refunded.
59. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN²² Implementing Partner. A qualified consultant, such as a public accounting

²²For the purposes of these clauses, “the UN” includes the IFIs.

firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate.

60. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

Part VII. Monitoring and Evaluation

61. Consistent with the M&E framework, benchmark indicators specified in the Results and Resources Framework (RRF) of the Programme of Assistance will be utilized to assess the performance of the programme throughout its duration. Baseline data will be collected in order to complete the RRF. The most common tools for tracking programme implementation used by programme implementing partners are: a) the Annual Work Plan Monitoring Tool; b) Standard Progress Report (for each programme outcome area); c) CPAP Monitoring and Evaluation Calendar; and d) CPAP Planning and Tracking Tool. Please refer to Annex II for more details about these tools.
62. Planning, coordination, monitoring and evaluation of the Programme of Assistance will be conducted jointly by implementing partners and UNFPA at the national, state/region and township levels. Relevant monitoring and evaluation reports shall be provided to the Ministry of National Planning and Economic Development and concerned ministries.
63. The Government and other implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To this effect, implementing partners agree to the following: a) periodic on site reviews and spot checks of financial records by UNFPA or its representatives; b) programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring; c) annual programme review; d) mid-term review (MTR) in September 2013; and e) Special or scheduled audits. UNFPA, in consultation with the Ministry of National Planning and Economic Development and implementing partners will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening. The Office of the Auditor General of the Union (OAGU) may undertake the audits of government Implementing Partners. If the OAGU chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services.
64. Assessment and audits of non-government implementing partners will be conducted in accordance with the policies and procedures of UNFPA.

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65. UNFPA will evaluate the programme as part of the United Nations Strategic Framework, 2012-2015. An evaluation plan will be developed and implemented in consultation with the Government and implementing partners.
66. Knowledge sharing will be promoted and data collected will be shared nationally and in a timely manner. The existing RH Management Information System (RH MIS) and HMIS system, including the monitoring and evaluation tools developed under the 2nd Programme of Assistance will be further improved and made accessible to those working in the field of reproductive health. Base line and end line data will be generated from existing systems (e.g. RH MIS) or collected through surveys and other means. Monitoring and data collection will be continuous and systematic. Information regarding best practices and lessons learned will be made accessible nationwide.
67. It should be noted that while major initiatives and anticipated implementing partners are set out below, it is also expected that the overall situation may change during the implementation of the third Country Programme. In particular new data will become available upon the completion of the population census. Considering the transition that the country is going through, new policies may be introduced, the sub-national governance arrangements and development programs will be refined, public administration and public financial management reform programmes may further evolve, donor willingness and political climate may vary and harmonization for aid effectiveness will become increasingly important. In the light of these possible changes, the progress towards achieving the results of the Programme of Assistance will be jointly reviewed and adaptation could be made to the extent possible to respond to changing needs and priorities through the annual programme review and work plan processes.

Part VIII. Commitments of UNFPA

68. The UNFPA Executive Board approved a total commitment not to exceed the equivalent of the sum of US\$29.5 million over a 4-year period beginning January 2012 and ending December 2015. Of the total amount approved, US\$16.5 million will come from UNFPA regular resources subject to availability of funds. The Board authorized UNFPA to seek additional funding in the form of other resources to support the implementation of the Programme of Assistance, to an amount of US\$13 million. The availability of other resources will be dependent on the success of the joint UNFPA and government resource mobilization efforts and donor interest. These regular and other resources are exclusive of funding received in response to emergency appeals. The distribution of funds from both regular and other resources among the outcome areas will be as follows:

Outcome Areas and Programme Coordination and Assistance	Amount
<ul style="list-style-type: none"> Increased access to and utilization of quality maternal and newborn health services Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk. 	US\$22.5 million
Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality.	US\$3.5 million
Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.	US\$2.0 million
Programme Coordination and Assistance	US\$1.5 million
Total	US\$29.5 million

69. UNFPA's support for the development and implementation of activities within this Country Programme Action Plan may include supplies and equipment, medicines and contraceptives, procurement of services on behalf of the government, transport, technical staff and support, funds for advocacy work, research and studies, consultancies, improvement of facilities, information and communication programme, fellowships, participation to international conferences, study tours, orientation and training activities, monitoring and evaluation, programme development and coordination and management. UNFPA shall appoint programme staff and consultants for programme development, programme support, technical assistance, as well as monitoring and evaluation activities. Part of the fund will be provided to NGOs and civil society organizations within the framework of the multi-year and annual work plans.

70. UNFPA will support priority programmes as identified in the CPAP Results and Resource Framework (RRF) attached to this document (Annex I). Changes in the programme activities are subject to review by the Government and the UNFPA. Funds will be committed annually based on the AWP to be signed by the respective implementing agencies and UNFPA. Disbursement of funds will be made on a quarterly basis following UNFPA financial rules and procedures.

71. UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it which are not used for the purpose specified in the AWP. Therefore, in consultation with concerned government agencies, UNFPA maintains the right to request a joint review of the use of commodities supplied but not used for the purpose specified in this CPAP or the AWP, for the purpose of reprogramming those commodities within the framework of the CPAP. UNFPA will keep the Government informed about the UNFPA Executive Board policies and any change occurring during the programme period.

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72. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner in due course.
 73. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within a reasonable time frame.
 74. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.
 75. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring will be undertaken jointly or coordinated with those UN agencies.

Part IX. Commitments of the Government of the Republic of the Union of Myanmar

76. The Government will provide necessary support to UNFPA and concerned implementing agencies to carry out the 3rd Programme of Assistance. The Government is also committed to organize periodic programme reviews and planning meetings and facilitate the participation of donors, INGOs and NGOs. The Government through its line Ministries will support necessary personnel, premises, supplies (locally purchased), and technical assistance for implementation of the programme except those provided by UNFPA.
77. Each of the UNFPA-assisted programme departments, central, regional and township departments shall maintain proper accounts, records and documentation with respect to funds, supplies, equipment and other assistance provided under this Programme of Assistance. Authorized officials of UNFPA shall have access to all relevant accounts, records and documents concerning the distribution of supplies, equipment and other materials, experts on mission, and persons performing services for UNFPA, to observe and monitor all phases of the programme of cooperation.
78. Unless agreed otherwise, the Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNFPA under this CPAP. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNFPA under this Country Programme Action Plan. UNFPA shall also be exempted from the Value Added Tax (VAT) or any other forms of local taxation with respect to local procurement of supplies or services procured in support of UNFPA assisted programmes. The Government shall thus be responsible for all costs of warehousing, transport to the specific programme site and local storage of supplies. UNFPA's supplies will be kept and accounted for separately.
79. All supplies and equipment procured by UNFPA for the Government shall be transferred immediately upon arrival in the country. Final legal transfer shall be

accomplished upon delivery to UNFPA of a signed government receipt. Should any of the supplies and equipment thus transferred not be used for the purposes for which they were provided as outlined in the AWP and this CPAP, the Government will notify UNFPA who may, therefore, require the return of those items, and the Government will make such items freely available to UNFPA.

80. The Government will not recover any fees (either directly or indirectly) from recipients of supplies provided by UNFPA unless this has been mutually agreed with UNFPA beforehand.
81. With respect to the use of programme funds, procedures, the government and the other IPs shall designate the names, titles and account details of the recipients authorized to receive such funds. Responsible officials will utilize such funds/assistance in accordance with the Government regulations and the Letter of Understanding signed by the Government and UNFPA, in particular ensuring that funds are spent against prior approved AWP budgets and ensuring adequate reporting as specified below. Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed through mutual consent between the Government, IPs and UNFPA, or returned to UNFPA. Failure to do so will preclude UNFPA from providing further funds to the same recipient.
82. Funds used for travel and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System. UNFPA shall apply the rates agreed upon by the UN Country Team.
83. Each of the Government institutions concerned – through its respective technical personnel at national, regional, township levels – shall provide status reports to UNFPA on UNFPA-assisted programmes. Key indicators of physical and financial progress shall be developed for each activity, showing the targeted and achieved objectives in each period. The Government and UNFPA shall mutually agree on the pro-forma to be used and the frequency of reporting.
84. The Government shall facilitate and cooperate in arranging periodic visits to programme sites and observations of programme activities for UNFPA personnel and officials for the purpose of monitoring the end use of programme assistance, assessing progress in programme implementation and collecting information for programme development, monitoring and evaluation.
85. The Government will be responsible for dealing with any claims, which may be brought by third parties against UNFPA and its officials, advisors and agents. UNFPA and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by the Government and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors, agents or employees.

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86. In the event of a disaster or a temporary lack of operational capacity of one or more ministries and upon request by the Government, UNFPA may be permitted by the Government to temporarily assume the responsibility for customs clearance, either directly or through a third party provider, for a period that will be mutually agreed between the Government and UNFPA on a case by case basis. Under such circumstances, UNFPA may also temporarily assume responsibility for warehousing, transportation and direct distribution of such supplies, equipment and other materials, either directly or through a third-party provider. Exemptions granted under shall remain valid in such a situation.
 87. The Government shall support UNFPA's efforts to raise funds required to meet the financial needs of the Programme of Assistance and will cooperate with UNFPA by encouraging potential donor governments to make available to UNFPA the funds needed to implement the unfunded components of the programme and facilitate exploratory and monitoring field missions by donors' representatives.
 88. When organizing periodic programme review and planning meetings, including annual reviews, annual planning meetings, the mid-term review and other functions related to programme implementation, the Government shall encourage and facilitate the participation of donors, UN agencies, members of the UNFPA Executive Board, INGOs, NGOs or civil society organizations, as appropriate.
 89. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.
 90. Cash transferred by UNFPA to Implementing Partners should be spent exclusively for the purpose of activities as agreed in the AWP and in accordance with the approved budget.
 91. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within three months but not later than six months after receipt of the funds. Where any of the national regulations, policies and procedures is not consistent with international standards, the UNFPA regulations, policies and procedures will apply.
 92. In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that

reports on the full utilization of all received cash are submitted to UNFPA within three months after receipt of the funds.

93. The Implementing partner shall provide the account details and identify the designated officials authorized to request and receive resources. Cash resources received shall be used in accordance with established national regulations and international standards, in particular ensuring that cash is expended for activities as agreed in the annual work plans and ensuring that reports in the full utilization of all cash received are submitted to UNFPA within three months after receipt of the fund.
94. For every disbursement in cash to be made in local currency (Kyat), the recipient Government institution will have to provide evidence of efficient use of resources through the provision of corresponding liquidations. Failure to provide liquidations within three months but not later than six months UNFPA will be obliged to suspend further disbursement of funds as per global UNFPA accounting regulation. Authorized UNFPA officials will be permitted without restriction to monitor payment of final recipients.
95. To facilitate scheduled and special audits, each implementing partner receiving cash from UNFPA will provide UNFPA or its representative with timely access to:
- all financial records which establish the transactional record of the cash transfers provided by UNFPA;
 - all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
96. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore
- receive and review the audit report issued by the auditors;
 - provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash and to the OAGU where the OAGU has been identified to conduct the audits;
 - undertake timely actions to address the accepted audit recommendations; and
 - report on the actions taken to implement accepted recommendations to the UNFPA and to the OAGU where the OAGU has been identified to conduct the audits, on a quarterly basis (or as locally agreed).
97. Authorized officials of UNFPA will be permitted in coordination and collaboration with the Department of Health and other related departments, to observe clearance and reception, warehousing, stock levels, distribution, utilization, repair and maintenance of UNFPA supplies and equipment at national, State/Region, township and local levels.
98. It is to be ensured that each department and agency concerned will provide periodic status reports to the government and UNFPA on each UNFPA-assisted programme and project activity. Key indicators of physical and financial progress will be agreed upon, showing the targeted objectives by time phases.

Information gathered will form the basis for regular reviews of progress by projects, which will be carried out jointly by the agencies concerned and UNFPA for analysis of progress and constraints and to recommend corrective action.

99. The outcome of project reviews will form the basis for improvements within each project. The information gathered will also provide a basis for planning the requisitioning of supplies, equipment and cash, and for the annual programme reviews. The annual review will be the basis for the preparation of annual work plans with a detailed description of activities and expected results to be achieved during every year of the country programme.

In addition to the evaluation plan referred to in the CPAP section on M&E, each project may carry out specific evaluation studies of designated individuals, private sector agencies or institutions to assess the impact of the programme interventions on communities (Part VII: Monitoring and Evaluation). The evaluation reports will be made available to UNFPA. In consultation with the Government and in line with the project documents and agreements, such reports will be shared with stakeholders including multilateral and bilateral donor agencies in order to help guide further cooperation between the Government and external donors.

100. Applications for visas and travel authorizations by all categories of expatriate UNFPA staff, their dependents and consultants shall be processed by the Government in a timely manner in a spirit of mutual trust and cooperation so as to facilitate the effective and efficient implementation, monitoring and evaluation of project activities supported by UNFPA. This courtesy shall extend to the smooth and timely delivery and/or extension of passports for national UNFPA staff leaving abroad for official missions.
101. By signing this CPAP, the Government indicates its willingness for UNFPA to publish, the results of surveys and interventions supported by the Programme of Assistance and the experience derived thereof, after consulting with the focal departments.
102. Upon completion of UNFPA assistance to any programme or project, the Government shall assume responsibility for the continuation of the programme within the scope of its available resources, based on the quality of project results.

Part X. Other Provisions

103. This CPAP and annexes shall supersede any previously signed CPAP or action plan of operations and will take effect upon signing, but will be understood to cover programme activities to be implemented during the period 1 January 2012 to 31 December 2015.

104. The CPAP may be modified through mutual consent of the Government and UNFPA based on annual reviews or compelling circumstances.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day _____, of the _____, year _____ in Nay Pyi Taw, Myanmar.

**For the Government of the
Republic of the Union of Myanmar**

**For the United Nations
Population Fund**

H. E. Dr. Kan Zaw
Deputy Minister
Ministry of National Planning and
Economic Development

Mohamed Abdel-Ahad
UNFPA Representative
for Myanmar

Attachments:

Annex-I: Country Programme Action Plan (CPAP) Results and Resources Framework (RRF)

Annex-II: The CPAP Planning and Tracking Tool

Annex-III: The M&E Activities Calendar