

Format for the Country Programme Performance Summary

This format is mandatory to be submitted to the Executive Board (EB) alongside the Country Programme Documents (CPDs). The summary format should factor in all evaluative evidence, such as the latest country programme evaluation, and will be posted together with other mandatory documents for access by the Executive Board.

A. Country Information		
Country name: Myanmar		
Category per decision 2013/31:	Current programme period: 2012-2017 (including 2 years extension 2016-2017)	Cycle of assistance: 3 rd cycle

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
Output 1: Strengthened health systems to deliver quality and equitable integrated sexual and reproductive health information and services among target groups as well as in humanitarian settings			
Indicators	Baseline	Target	End-line data
1.1 Number of states and regions under UNFPA supported areas that have functional Logistics Management Information Systems (LMIS) for RH commodities (Aligned with SP Output indicator 2.1)	0	4	4
1.2 National Midwifery standards as per ASEAN-WHO guidelines developed (Aligned with SP Output indicator 3.1)	0 (No)	1 (Yes)	1 (Yes)
1.3 Costed national action plan for Family planning developed (Aligned with SP Output indicator 2.2)	0 (No)	1 (Yes)	1 (Yes)
1.4 Number of states and regions under UNFPA supported areas that have maternal death review in place (Aligned with SP Output indicator 13.3)	0	2	4
1.5 Number of community based sex worker-led organizations engaged in the design, implementation, and monitoring of programmes that address HIV and sexual and reproductive health needs of sex workers. (Aligned with SP Output indicator 4.3)	1	4	4
1.6 Ministry of Health, UN HCT and UNFPA has humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women, adolescents and youth including services for survivors of sexual violence in crises (Aligned with SP Output indicator 5.2)	Not reflected	Reflected	Reflected

1.7 Number of states/regions that have capacity to implement MISP at the onset of a crisis (Aligned with SP Output indicator 5.1)	1	3	4
1.8 Number of and [percentage] of pregnant women offered voluntary HIV counseling and testing services in UNFPA supported areas	60,000	70,000	74,980

Key Achievements *(input also from the last CP evaluation)*

- During CP3, UNFPA supported Reproductive health commodity logistic information system (RHCLS) and developed in-country 1st automation supply chain real-time monitoring system in 4 states and regions -Ayeyarwady, Mandalay, Southern Shan and Yangon.
- 1,500 Basic Health Staff were trained on RHLMIS System in 30 townships. Current system allows keeping track of 35 RH commodities and supplies. 50 Medical doctors from 39 townships were trained on long acting reversible contraceptive (LARC). UNFPA together with other partners, was contributing to reach 4,633,000 users of modern methods of contraception.
- UNFPA was able to support the development of a new two years competency based Midwifery Diploma curriculum and implementation. UNFPA supported the Ministry of Health and Sports to conduct Training of Trainers sessions for instructors and faculty members from 22 out of 46 MW training schools of the Ministry.
- To enhance the clinical skills of tutors and faculty members, four months hands-on training was conducted. 324 (75 percent of all faculty members in country) have attended Training of Trainer course on BEmOC, and 192 completed four months hands-on training course.
- A National Midwifery Standards was developed in line with ASEAN standards to promote the maternal health of women in the ASEAN region.
- UNFPA supports in-service trainings for basic health staff on PCPNC, QRH and BEmOC training. During the programme period more than 1,800 BHS trained on PCPNC, nearly 2,000 trained on QRH and nearly 700 trained on BEmOC in UNFPA supported townships.
- Development of the costed implementation plan for family planning was completed and implementation has been initiated.
- Maternal Death Surveillance and Response (MDSR) is one of the key interventions for reducing maternal mortalities that has been promoted by WHO and it has been implementing in townships in 4 states/regions.
- UNFPA's support in formation of Rapid Response Teams in 4 selected states and regions was conducted. MISIP training for 40 members of RRT teams, prepositioning of ERH kits in Ministry of Health and Sports's warehouse in Yangon and training of 15 UNFPA partners on clinical management of rape survivors contributed to the above achievement. More than 1,010 health providers including government departments, were trained on MISIP.
- Natural disaster response projects are implemented in Magway, Sagaing, Rakhine and Chin States and Regions and Conflict response projects are implemented in Rakhine, Kachin and Shan States.
- UNFPA's collaboration with donors to boost the skills of midwives and deployment of midwives in hard to reach areas in Mon, Kayah, Shan, Chin and Ayeyawady and Rakhine States and Regions has made increasing access to SRH services. 40 pre-service midwives were trained and deployed to areas in need, in partnership with the government to solve the issue of human resource gap to some extent.
- UNFPA HIV programme focused on the CCP and PMTCT and it used direct service delivery model to CSOs led by Female Sex Workers (FSWs) and discontinued to support IPs in CCP implementation. 4 community based organizations led by sex workers were supported in the design, implementation, and monitoring of programmes that address HIV and sexual and reproductive health needs of sex workers. UNFPA supported to develop a national guideline on a core package of HIV prevention among key population in Myanmar.
- PMTCT programme achieved beyond its target. Pregnant women who received voluntary HIV counseling and testing has increased up to 74,980 pregnant women.

Output 2: Increased national capacity to review the situation of comprehensive sexuality education(CSE) programmes and conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings

Indicators	Baseline	Target	End-line data
2.1 Number of organizations that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes. (Aligned with SP Output indicator 6.1)	3	6	7
2.2 Number of young people including marginalized young girls to have non-discriminatory access to SRH and HIV to marginalized young girls (Aligned with SP Output indicator 6.2)	0	30,000	89,908
2.3 CSE programmes reviewed (Aligned with SP Output indicator 6.2)	No	Yes	Yes

Key Achievements *(input also from the last CP evaluation)*

- UNFPA has advocated to place the policies and strategies which are to address youth and adolescent agenda - National Strategic Plan for young people’s health (2016-2020); National Service Standards and Guidelines on Adolescent and Youth Health Care; AYFHS Manual for BHS; and National Youth Policy development process in place.
- UNFPA has supported 7 organizations to advocate for increased investments in young peoples within the country development policy.
- UNFPA provides IEC and ASRH services to adolescents and young people through implementing partners. There were nearly 90,000 young peoples including marginalized young girls were sensitized to have knowledge of SRH and HIV. Number of functioning youth information centers-Youth Information Corners (YICs) has kept 21 centers in 9 regions. UNFPA conducted YIC Assessment captured issues related to the functionality, sustainability and management and implementation arrangement of YICs.
- UNFPA has also supported the partners to review their training modules on CSE and revision was made as necessary to be in line with national context.
- With support from UNFPA Innovation Fund, UNFPA CO developed mobile phone application for android and iOS phone users for the adolescents and youth to access information on comprehensive sexuality education including sexual and reproductive health and rights. The mobile app is under pilot testing and reviewing of the content for nationwide official launching.

Output 3: Strengthened national capacity and institutional mechanism for advancing reproductive rights, promoting gender equality and addressing gender-based violence, including in humanitarian settings.

Indicators	Baseline	Target	End-line data
3.1 No. of organizations with capacity needed for strengthening a reporting system to follow up on the implementation of reproductive rights recommendations and obligations, and in line with NSPAW (2013-2022) (Aligned with SP Output indicator 9.2)	1	7	7
3.2 No. of townships with available gender-based violence prevention, protection and response programme. (Aligned with SP Output indicator 10.1)	3	9	9
3.3 No. of functioning gender-based violence, gender and women's empowerment coordination bodies as a result of UNFPA guidance and leadership. (Aligned with SP Output indicator 10.2)	3	4	6

Key Achievements *(input also from the last CP evaluation)*

- During CP3, UNFPA contributed the Myanmar to improving policy and legislative frameworks of the country supporting in development of National Strategic Plan for Advancement of Women (NSPAW) and drafting of Prevention of Violence Against Women Law. The 7 number of organizations that have capacity to reporting and follow up in line with the NSPAW.
- There were increased up to 9 townships where GBV prevention, protection and response Programme implemented.
- The programme has been implemented in a very dynamic political environment at the national level. The interventions have evolved according to the country context and implemented different course of actions by reflecting the needs and priorities of the country, contributing to increased awareness of and improved responses to GBV, particularly in emergency situations. UNFPA was able to support and lead in setting up 6 coordination groups at national level as well as sub- national level.

Output 4: 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.

Indicators	Baseline	Target	End-line data
4.1 Number of data-bases on population, RH and gender issues that are loaded to the national interactive databases (Aligned with SP Output indicator 12.2)	Not available	1	1
4.2 Number of national and local level institution which have institutional capacity to analyses and use disaggregated data on demographic and socio-economic themes including a) adolescents and youth and b) gender-based violence. (Aligned with SP Output indicator 13.3)	1	3	4

Key Achievements (input also from the last CP evaluation)

- During CP 3, UNFPA has supported the government of Myanmar to conduct the population and Housing census first time after 30 years, to complete and disseminate the results of census in conformity with internationally accepted standards. Disaggregated data by age, sex and other demographic and socio-economic characteristic are being produced and made available. 13 numbers of thematic reports were prepared using census data for purposes of planning and further analyses on specific needs.
- Government institutions were trained in order to have capacity to analyze data with respect to thematic areas. Many government officials were trained to incorporate population, reproductive health and gender issues in national plans and programmes using population and housing census data.
- There were 3 line ministries using results of the population census for designing national surveys for policy formulation, planning and monitoring and evaluation.

C. National Progress on Strategic Plan Outcomes ¹	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	N/A		61.8%	2015	Health Facility Assessment report
Contraceptive prevalence rate (total)	41%	2012	52.0 %	2016	Using Any method (DHS report)
Proportion of demand for contraception satisfied (total)	N/A		74.9%	2016	Modern methods only

¹ The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	30.6%	2012	34.6 %	2015	HF Assessment for RHCS
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	N/A		60.0%	2016	DHS (2016)
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	N/A		N/A		
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	N/A		N/A		
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	N/A		N/A		

Summary of National Progress

- The government was able to develop and implement the National Strategic plan for Reproductive Health 2014-2018 and track to meet with Myanmar's Commitment to Family Planning 2020.
- The government in cooperation with UNFPA conducted health facilities survey to track the implementation of family planning programme in Myanmar.
- The government has adopted a National Midwifery Standards to promote maternal care to be in line with ASEAN countries' standards.

UNFPA's Contributions *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

- UNFPA was able to carry out the interventions in line with National Health Plan and the National Strategic plan for Reproductive Health 2014-2018 which includes strengthening health system to enhance the provision of an essential package of SRH interventions increasing access to quality integrated SRH services at all levels of care ,engaging the community in promoting and delivery of SRH services; incorporating gender perspectives in the SRH strategic plan and integrating SRH in humanitarian settings.
- UNFPA is strategically positioned in coordinating and facilitating policy advocacy role (Co-chair SRH TSG, Co-chair HIV prevention group); procurement and distribution of FP commodities. Support was made to improve supply chain management system.
- UNFPA's training programme for basic health staff contributed to the increasing number of health facilities providing family planning services.
- UNFPA supports MOHS in development and implementation of Reproductive Health Commodity Logistic Information System (RHCLS).
- UNFPA supported to strengthen Midwifery skills and competencies contributing to the Government initiatives of Human Resource development plan.
- UNFPA supported to develop the National Midwifery Standards in line with ASEAN standards in Myanmar in 2016.
- Maternal Death Surveillance and Response (MDSR) is a good example of UN collaboration and moving the agenda in the country at national level. The functionality of MDSR is expected to start by the end of 2016 and too soon to assess the programme achievement.
- UNFPA's support and inputs led to build the capacity in four states and regions to implement MISP at the onset of a crisis and Humanitarian contingency plans developed by the Ministry of Health and UN HCT includes elements to address sexual and reproductive health needs of women, adolescents and youth including services for survivors of sexual violence in crises.
- Technical coordination in GBV sector and SRH sector, good relationship with the State Health Directors and other implementing partners have facilitated some of the achievements of RH in humanitarian context.
- UNFPA is acknowledged by the National AIDS Programme of the Ministry of Health and Sports as long-term partner in prevention of sexual transmission of HIV and PMTCT. UNFPA provides secretariat support to "sexual transmission prevention technical working group.
- UNFPA HIV programme shifted its strategy to focus more on the policy advocacy work in development of guidelines; facilitate regional and sub-national level coordination meetings; and empower community based sex workers led organization.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	N/A		16% for female 18% for male	2016	The values indicated comprehensive knowledge of HIV/AIDS and rejecting the two most common local misconceptions about HIV transmission. Please refer to DHS (2016)
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	N/A		N/A		

Summary of National Progress

- The government has been supported to develop the policy documents, protocols and standards of delivering SRH/ARH services available and in use by implementing partners : National Strategic Plan for young people’s health (2016-2020); National Service Standards and Guidelines on Adolescent and Youth Health Care; AYFHS Manual for BHS;
- Youth policy development is under process with greater participation of young people from different sectors.
- Government was involved in developing SRH mobile App “Love question – life answer”, a product of UNFPA innovation and use of new technology allows adolescents and youth to access wide range of information including FP, RH, STI and HIV, GBV without violation of their privacy.

UNFPA’s Contributions

- UNFPA implements behavioral change communication and ARH service provision in partnership with the government departments, IPs and civil society group with different implementation models focusing on the behavioral change communication around sexual reproductive health, HIV and STI prevention, and prevention of gender based violence.
- UNFPA conducted the assessment of Youth Information center - YIC and captured issues related to the functionality, sustainability and management and implementation arrangement of YICs and lessons learned
- UNFPA has shown its advocacy work and enhanced partnership with WHO and MoHS in development of AYFHS manual.
- UNFPA with the interest of the Ministry of Health and Sports, was able to involve in global initiatives and agenda to advance adolescents and youth to advance CSE agenda in reaching out adolescent at scale.

Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	N/A		N/A		
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	N/A		N/A		
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances			51.2 %	2016	2016 DHS provided the value of variable that Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons.

Summary of National Progress

- Ministry of Health and Sports (MoHS) identified strategies to respond to GBV in health sector and interventions were well reflected in Five Year Strategic Plan for RH (2014-2018).
- The government has been able to develop the National Strategic Plan for the Advancement Women (NSPAW) 2013-2022 and the drafted national law on Prevention of Violence against Women (PoVAW).
- The government with the support of the UNFPA, has prepared CEDAW reporting, responded to the CEDAW recommendations, and supported NSPAW interventions.
- The government has involved in reaching out GBV programme in all three areas (Rakhine, Kachin and Northern Shan State), where there was outbreak of conflicts during the CP period.
- Government has reflected its commitment on human rights and the advocacy work through implementation of programme by UNFPA.
- The Government is placing high priority on further strengthening disaster risk reduction efforts, including in finalizing the Myanmar Action Plan for Disaster Risk Reduction (MAPDRR).
- MOHS, UN HCT and UNFPA have humanitarian contingency plans that include elements addressing sexual and health needs of women, adolescents and youth including services for survivors of sexual violence in crises.

UNFPA's Contributions

- UNFPA has been contributing to support the government's compliance with the requirements of CEDAW, international norms and standards of the PoVAW Law.
- UNFPA's policy work, together with other UN sister agencies and women's network, includes drafting of the PoVAW law, advocacy on the highly contested 4 bills under the "Race and Religion Protection Law" through the provision of a technical review commissioned by UN agencies in Myanmar, as well as the Suppression of Prostitution Act.
- UNFPA provided the support to build the capacity of the Ministry of Social Welfare, Relief and Resettlement in the areas of GBV intervention of NSPAW plan.
- UNFPA was able to provide the training on GBV awareness raising to the Police, health care providers as well as the involvement of men in GBV.
- UNFPA was implementing the activities to address GBV aligning with the priorities of Myanmar and at the field level, Women and Girl Centre (WGC) made available services for women empowerment.
- UNFPA's interventions have evolved according to the country context and implemented different course of actions by reflecting the needs and priorities of the country. the "Women and Girls First" (WGF) as a comprehensive and integrated approach of GBV programme to address GBV response and service delivery, and increased access to justice, economic empowerment and protection and participation in the peace process.
- UNFPA's strong advocacy has achieved an inclusion of a Domestic Violence Module in the DHS disseminated in 2016.
- To fill the gap in gender statistics and research, UNFPA as part of UNGTG together with Asian Development Bank and the government, undertook a gender situation analysis in 2014.
- UNFPA, together with other UNGTG members, has provided technical and financial support to the government CEDAW report writing committee to submit the CEDAW periodic reports.
- To help women and girls cope with life in emergency settings, UNFPA has supported the establishment of Women and Girls Centres (WGCs) 7 in Rakhine State; 8 in Kachin State and in Northern Shan State. The centers provide safe spaces for women and girls, many of whom are survivors of GBV. Women from the camps have accessed the WGCs and receiving services (health, counselling or legal referrals as well as psychosocial support).
- UNFPA was able to respond to the humanitarian crisis effectively and immediately in those areas most severely affected providing GBV and psychosocial support (PSS) through Department of Social Welfare (DSW) and distribution of dignity kits UNFPA also trained Clinical Management of Rape (CMR) and Minimal Initial Service Package (MISP) to the government counterparts.

- UNFPA was able to co-chair the Gender Equality and Women Empowerment Sector Working Group (GEWE SWG) consisting of development partner-government coordination mechanism supporting to identify implementation modalities and priorities areas for each UN agency in line with the NSPAW to accelerate the coordination mechanism.
- UNFPA has involved in GBV Sub-Sector (GBV SS) - Under the Protection Cluster within the Humanitarian Coordination Structure, UNFPA leads the GBV Sub-sector at the national level and in 3 states (Kachin, Rakhine, Northern Shan States). The group, under the leadership of UNFPA, developed referral pathways and supports the integration of GBV mitigation practices into other sectors and clusters of response.
- UNFPA is also chair of the SRH WG under the Health Cluster in the Humanitarian Coordination. The group convene to discuss technical issues and coordinate a set of prioritized activities, such as HIV/AIDS and family planning. One focus area for the SRH WG has been building capacity to implement MISP and prevent health related consequences of GBV.
- UNFPA's role as the chair for SRH TWG, ensuring its commitment to SRH in crisis settings and coordinating actors in the area of SRH has been recognized by the stakeholders including donors, government and humanitarian organizations.
- UNFPA has also been using the guidance note in training with health and police in the states and regions since 2015.
- UNFPA has been currently making efforts to make improvements in this areas. UNFPA has developed the guidance note and have presented to MoHS for approval in order to 100% of reporting GBV survivors receives case management and GBV related health services in line with their needs and wishes.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	No	2012	Yes	2014	Once after 30 years, the first population and housing census was supported to complete and disseminate the data of it.
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2012	Yes	2016	There were 2 surveys carried out during last 5 years, i.e. DHS, Labour Force Survey
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	N/A		N/A		
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	N/A		N/A		UNFPA advocated the government to use census data for their planning process.

Summary of National Progress

- The results of the census have provided the latest data as the basis for developing national development plans and sectoral plans by accounting for population trends and projections based on the census data.

UNFPA's Contributions

- With UNFPA's technical support and financial contribution, the Ministry of Labour, Immigration and Population conducted the first ever in 30 years, of the population and housing census in 2014, and published thirteen volumes of population census monographs based on the results of 2014 Population and Housing Census.
- The detailed reports on sub-national levels including state/region level, district level, and township level are published and make efforts to advocate the government departments to use census results for their concerned planning purposes.
- UNFPA has contributed in the first demographic and health survey, and labor force survey conducted by the Ministry of Health and Sports and Ministry of Labour, Immigration and Population.
- UNFPA has built the capacity of the selected government officials, local research institution for utilization of census data on analysis and application demographers and planners on evidence-based planning/results- based management, research methodology and survey data analysis.

D. Country Programme Resources						
SP Outcome Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure) (USD in Million)		Others (Planned and Final Expenditure) (USD in Million)		Total (Planned and Final Expenditure) (USD in Million)	
Increased availability and use of integrated sexual and reproductive health services	19.7	19.1	16.3	13.4	36	32
Youth policies and programmes, and increased availability of comprehensive sexuality education	1.7	1.6	0.7	0.3	2.4	2
Advanced gender equality, women's and girls' empowerment, and reproductive rights	2.6	2.3	13.1	9.2	15.8	11.5
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	6.8	6.8	46.1	32.5	52.9	39.3
Programme coordination and assistance	1.5	1.3			1.5	1.3
Total	32.3	31.1	76.2	55.4	108.6	86.1