

UNFPA SECOND PROGRAMME OF ASSISTANCE TO MYANMAR 2007-2011

Output 1:

Promoting Reproductive Health

Date: 12/01/2010

Improved access to reproductive and maternal health services, including birth spacing, pre- and post-natal care, delivery services and emergency obstetric care

Project output	Output 1
Project code	MYA2R11A, MYA2R21B, MYA2R21A, MYA2R21B, MYA2R21H, MYA2R31A
Implementing Partners and their IP codes	Maternal and Child Health Section, Department of Health, Central Health Education Bureau, Department of Health, Health Information Division, Department of Health Planning, Myanmar Maternal and Child Welfare Association, Myanmar Medical Association (PN4676), Myanmar Anti-Narcotics Association (PN4675), Japanese Organization for International Cooperation in Family Planning (PN4672), Population Services International (PN4674), Aide Medicale Internationale (PN4732), Marie Stopes International (PN4673), Save the Children (PN0335), Medecins sans Frontieres – Holland (PN4752)

Brief description of the project

Under this broad output of the UNFPA second country programme in Myanmar, a number of projects are implemented by different agencies with the common aims of achieving MDG5 targets, reducing maternal mortality and assuring universal access to reproductive health. In addition to the implementing partners, UNFPA is working closely with other stakeholders such as WHO, UNICEF, the Department of Medical Research and the Department of Medical Science, etc., for programme and technical cooperation.

The **key strategies** include –

1. Strengthening quality reproductive health services through the provision of reproductive health commodities, supporting capacity building of health care providers, and operating the reproductive health management information system, and
2. Creating a demand for reproductive health services and encouraging people to make healthy and responsible reproductive choices, decisions and practices through community mobilization and innovative IEC/BCC interventions.

UNFPA Country Office procured and distributed essential reproductive health commodities, including contraceptives, clean delivery kits, medicines, supplies and equipment for maternal and new-born as well as for emergency obstetric care, to the public sector service delivery points of 132 project townships. UNFPA's reproductive health programme covers almost half the entire population of Myanmar.

The Maternal and Child Health Section of the Department of Health is responsible for the capacity building of the health staff and for promoting quality antenatal care coverage, skilled birth attendance rate, post abortion care, birth spacing services and emergency obstetric care in order

to reduce maternal mortality and morbidity as well as neonatal mortality. The Health Information Division of the Department of Health Planning is responsible for the management information system for reproductive health in all project townships.

The Central Health Education Bureau is implementing intensive behaviour change communication interventions in selected townships, reaching 45 townships by the end of 2009. The Japanese Organization for International Cooperation in Family Planning is the executing agency supporting technical inputs for the development of BCC strategies, the production of appropriate IEC/BCC materials and overall management. Community volunteers, one per 30 households, are recruited and trained in those townships to promote positive behaviour change in the community, and male involvement in and community support for maternal health especially for in emergencies.

In addition to the activities of the various departments under the Ministry of Health, a number of effective interventions are implemented by NGO partners. The Myanmar Maternal and Child Welfare Association operates maternity waiting homes for high-risk pregnant mothers in order to assure timely emergency obstetric care. Moreover, MMCWA disseminates RH information to communities through its extensive network of volunteers throughout the country. Myanmar Medical Association has been providing RH training for general practitioners since 2003, and is now expanding its activities by running mobile RH services for the poorest communities. Myanmar Anti-Narcotics Association is conducting awareness raising on RH and MISP (minimum initial service package for RH in emergencies) through its networks of local authorities, and is also supporting community mobilization activities.

International NGOs are also important stakeholders in expanding access to quality affordable reproductive health services in Myanmar. In nearly 200 townships, franchised networks of reproductive health care and social marketing of RH commodities are operated by Population Services International and Marie Stopes International, which is also supporting Emergency Obstetric Care (EmOC) services. Aide Medicale Internationale is working in the most difficult remote border area serving the Wa ethnic minority group. Medecins sans Frontieres – Holland is also serving those most in need with comprehensive RH services. Save the Children is undertaking community capacity building and mobilization activities to improve maternal and child health in selected villages.

UNFPA is a key member, along with WHO and UNICEF, of the National Reproductive Health Working Committee led by the Ministry of Health. The Reproductive Health Strategic Plans (2004-2008) and (2009-2013) were developed collaboratively in order to implement coordinated programmes by the various actors.

Results/Achievements

All public sector health service delivery points in 122 townships received RH commodities, and almost all basic health staff in those townships received training on RH services, using WHO modules on PCPNC (Prenatal, childbirth, postnatal and new-born care) and quality RH services for birth spacing, post abortion care and syndromic management for sexually transmitted diseases, etc. In the project townships, the data for 2007 and 2008 indicate the increase in antenatal care coverage from 64.4 per cent to 68.2 per cent, increase in skilled birth attendance rate from 47.7 per cent to 49.4 per cent, and increase in contraceptive prevalence rate from 64.3 per cent to 66.1 per cent respectively.

Quality RH services were provided through 243 PSI's franchised private clinics in 84 townships. The total number of RH consultations that took place in these clinics during 2007 and 2008 is 2,311,259. Myanmar Medical Association has so far provided Quality RH Services training for 1601

general practitioners from 68 townships. Myanmar Anti-Narcotics Association conducted training on the Minimum Initial Service Package for RH in Crises (MISP) in 10 townships in 2008 and 2009, reaching 421 local stakeholders. AMI has trained 33 local AMWs, and is providing reproductive health care through 45 service delivery points in the Wa region. AZG provided comprehensive RH services in nine townships in Rakhine, Kachin and Shan states, including services for 3472 STI clients and provision of 472,667 condoms with UNFPA support in 2008. The Central Health Education Bureau has recruited and trained more than 40,000 community support group members in 45 townships, while Myanmar Medical Association provided RH training to 5909 factory workers in 10 factories.

Future Plans

UNFPA is expanding the geographical coverage of reproductive health care by mobilizing funds from multi- and bilateral funding sources in addition to the UNFPA core fund. In coordination with other partners, coverage will be maximized by avoiding duplication of activities. As previous experience indicates that ensuring emergency obstetric care is crucial for the reduction of maternal mortality, UNFPA will focus on training and the upgrading of facilities for EmOC.

Reproductive health commodities security is the key area to be strengthened through advocacy, training and the establishment of a logistics management information system. Joint development of a research agenda for reproductive health, the development of updated modules on RH, the strengthening of both pre-service and in-service training for health staff, evaluation of previous training and IEC/BCC (Behaviour Change Communication) activities, and the expansion of community-operated reproductive health programmes are some of the future activities.

Output 2:

Improved availability of disaggregated data for population and reproductive health programming

Date: 17/01/2010

Project output	Output 2
Project code	MYA2P32A
Implementing Partners and their IP codes	Department of Population, Ministry of Immigration and Population

Brief description of the project

UNFPA began supporting population activities in Myanmar on an ad-hoc basis in 1973. UNFPA-supported projects in the past three decades have been quite successful in meeting the needs for population-related data and reproductive health information and services and in promoting a better understanding of population activities to improve the socio-economic development of the country, including the health of women, men, adolescents and youth. As there has been no census in Myanmar since 1983, there is a lack of nationally representative data for demographic and reproductive health indicators. The Department of Population (DOP) of the Ministry of Immigration and Population has extensive experience in conducting population censuses and sample surveys in the areas of population and reproductive health. DOP conducted the national-level Population Changes and Fertility Survey in 1991 and Fertility and Reproductive Health Surveys (FRHS) in 1997, 2001 and 2007 with UNFPA funding. Similarly, DOP conducted the Family and Youth Survey (2004). The data obtained from the UNFPA-funded Fertility and Reproductive Health Survey (FRHS) at the national as well as at the sub-national levels have served to fill the data gap in the country for required demographic indicators. The availability of baseline data to generate

indicators for relevant programmes will demonstrate progress in achieving results and help to set reasonable targets against which to monitor progress.

The project aims to conduct Population and RH related surveys and research during the second country programme (2007-2010) in order to improve the availability of disaggregated data for programming with the following strategies:

- To develop a system of periodic estimates of demographic indicators needed for policy formulations and development planning;
- To provide up-to-date information on changes in fertility, mortality, maternal and child health, knowledge and practice of contraception and information concerning knowledge of STDs, HIV/AIDS and trafficking;
- To study the changes in fertility and reproductive health related indicators derived from the 2007 FRHS and earlier surveys; and
- To develop a core of experienced staff capable of undertaking demographic data collection, processing and analysis.

Results/achievements

The project has produced the FRHS (2007) report and research papers on the Family and Youth Survey (2004) report that have been very useful for programme planners, managers, and policy makers as well as in developing appropriate RH interventions aimed at the promotion of the RH status of all women of reproductive age and their partners. The FRHS (2007) was designed to provide important information and data on levels and trends of fertility knowledge and use of contraception, nuptiality, fertility preference, unmet needs, infant and child mortality, maternal and child health, knowledge of STDs and HIV/AIDS and trafficking.

Future plans

- Based on the data collected through FRHS (2007), in -depth analysis will be undertaken on 1) Elderly and 2) Internal Migration in 2010.
- The capacity of the departmental staff will be strengthened in the field of demographic data collection, processing and analysis.
- Preparation for fifth round of FRHS (2011) will be initiated.

Output 3:

Increased Access by Young People to Reproductive Health and HIV information

Date: 22/11/2009

Project output	Output 3
Project code	MYA2R43A
Implementing Partners and their IP codes	Myanmar Anti-Narcotics Association (PN4676), François-Xavier Bagnoud (PN4669), Marie Stopes International (PN4673), Myanmar Red Cross Society (PN4668), Japanese Organization for International Cooperation in Family Planning (PN 4672)

Brief description of the project

UNFPA Myanmar is working to promote access to adolescent reproductive health and HIV prevention information for young people (15-24 years). The project uses different modalities with five implementing partners (IPs) from the public and private sectors, Myanmar Red Cross Society, Myanmar Medical Association, Marie Stopes International, François-Xavier Bagnoud and the

Japanese Organization for International Cooperation in Family Planning (through the Central Health Education Bureau) in 74 townships nationwide. These implementing partners have established and operate different types of Youth Centres in different areas. The project's strategy focuses on improving adolescent reproductive health (ARH) through various channels to reach both in- and out-of-school youth to increase awareness and knowledge of reproductive health, HIV and AIDS issues. The youth information corners and youth centres are community based sustainable endeavours making use of the services of youth volunteers who serve as peer educators within their respective communities. The major activities of this project are basic adolescent health training, and peer education. Moreover, the project supports capacity building among young people to increase their leadership skills. To strengthen youth participation and raise awareness of HIV and ARH, UNFPA provides assistance to IPs to organize special events tailored to youth, such as the HIV/AIDS Knowledge Fair, the World AIDS Day Campaign, and Youth Forum. UNFPA also supports opportunities for youth to participate in international activities: the International Conference on AIDS in the Asia Pacific (ICAAP) region, the International AIDS Conference, study tours and some regional training.

Results/achievements

Achievements by end of 2008;

- Geographical coverage - 74 townships nationwide
- Number of youth centres (by 5 IPs) – 54
- Number of peer educators trained 1674
- Number of outreach activities 18,583
- Number of young people reached by the programme - more than 200,000
- Number of young people equipped with leadership skills – 480
- Established youth centres providing training services, education libraries and sports activities
- Five items of Youth friendly HIV-IEC materials were developed and distributed through IPs, and local and international NGOs with participation of youth from different localities
- Behaviour Change Communication monitoring tools were developed with youth participation
- Peer education guidelines (draft) were developed by youth leaders from the Myanmar Medical Association
- Outstanding youth participated in international events: ICAAP, International AIDS Conference, study tours, regional training, etc. Two Youth Forums were organized with youth participation

Future Plans

- To increase the number of youth centres to promote wider peer education and ensure centres are functioning well;
- To organize study tours and youth forums activities regularly with IPs;
- To conduct more community based activities to reach out to vulnerable girls;
- To provide assistance to activities that strengthen and promote youth participation (e.g. International Youth Day, World AIDS Day, Knowledge Fairs, Youth Forums);
- To increase the capacity of youth by providing more opportunities for participation in ICAAP, International AIDS Conference, study tours and regional training and youth events.
- To develop adolescent reproductive health booklet by full participation of trained youth from UNFPA's partner organization

Output 4:

Voluntary Confidential Counselling and Testing (VCCT) service provision in Myanmar

Date: 22/11/2009

Project output	Output 4
Project code	MYA2R44B
Implementing Partners and their IP codes	National AIDS Programme (NAP), Myanmar Anti-Narcotics Association (MANA)

Brief description of the project

UNFPA supports the provision of Voluntary Confidential Counselling and Testing (VCCT) services for HIV and Sexually Transmitted Infections (STIs) in Myanmar. VCCT services are mostly implemented by the public sector and targeted to those most at risk of HIV. The VCCT service is an extremely important component of UNFPA's HIV prevention activities, as it is not only effective for prevention but is also essential for care and treatment, and to improve the quality of HIV service provision in Myanmar. AIDS/STI teams of the Ministry of Health play a key role in providing VCCT services, which includes providing trained healthcare providers and supervisors to administer VCCT services. While expansion in the private sector is foreseen, national AIDS/STI teams will remain important providers of VCCT. In spite of restrictions and the stigma of HIV, support from donors, such as, the Fund for HIV/AIDS in Myanmar, the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), and the Three Diseases Fund (3DF) has enabled VCCT provision in Myanmar to expand significantly in the last few years. External assistance is still required, however, if the goal of reaching all those in the country who would benefit from access to VCCT services is to be achieved.

UNFPA first began implementing VCCT activities with funding from 3DF in 2008-2009. UNFPA will continue providing VCCT services in collaboration with partners, including the National AIDS Programme (NAP), the Central Health Education Bureau (CHEB), WHO and UNICEF, to increase the scale and improve the quality of VCCT services in Myanmar. VCCT services will be provided through appropriate procurement channels of necessary supplies, advocacy meetings for promotion of VCCT services, capacity development of service providers, outreach activities and monitoring visits.

UNFPA's main strategies are to strengthen existing VCCT services, and increase commitment and awareness of the benefits of the service.

Goal: Reducing HIV related risk, vulnerability and impact among high-risk populations.

Purpose:

- (1) To ensure established VCCT services continue to be available in key townships;
- (2) To increase the uptake of VCCT services through advocacy, by strengthening referral links with NGOs, outreach activities of service providers, and by strengthening public awareness through the use of mass media; and
- (3) To improve the system of programme monitoring, and to build capacity for supply management of test kits and other needed commodities.

Results/achievements

The project started in May 2008 with the steps required for the receipt of funding from 3DF for allocation by UNFPA's financial system. During this period, the plan for international procurement of HIV test kits and other accessories for blood collection was drawn up in collaboration with partner agencies. The procurement process began with detailed specifications of goods and supplies, including blood collection syringes and needles, the amounts required and the expected date of arrival. Procurement plans for VCCT projects and HIV test kits were discussed with

partners to avoid overlapping and shortages at the central level. HIV test kits and blood collection tubes were received during the reporting period and distributed to their respective townships. After successful distribution of HIV test kits to all VCCT sites the procurement plan for 2009 was prepared according to the needs of all sites. Transportation costs for blood collection tubes were disbursed as reimbursed costs and all documents for payments were received back for auditing. Information, education and communication (IEC) materials were produced with the assistance of GFATM funds and reviewed by implementing partners. Feedback on the effectiveness of printed materials was gathered during monitoring visits to VCCT services. The IEC materials were found to be useful in disseminating appropriate messages on VCCT with great demand from all VCCT services.

Future plans

Strengthen existing VCCT services through effective communication channels and quality assurance of these services. Ensure continuation of supplies of HIV test kits, blood collection materials and gloves to meet universal precaution standards with funding from 3DF. Remaining activities, such as community awareness of VCCT services and referral linkages, will be strengthened through various partners.

Output 5:

Increased access to comprehensive services to prevent mother to child transmission of HIV/AIDS

Date: 22/11/2009

Project output	Output 5
Project code	MYA2R45A, MYA2R209
Implementing Partners and their IP codes	Myanmar Anti-Narcotics Association (MANA-PN 4675), Myanmar Medical Association (MMA-PN4676), Save the Children (SC-PN0335)

Brief description of the project

Transmission of HIV infection from mother to child can occur during pregnancy, in delivery and through breast feeding. Transmission of HIV can be prevented through the provision of antiretroviral (ARV) drugs prophylaxis. UNFPA is implementing prevention of mother to child transmission (PMCT) of HIV infection activities in 70 townships in collaboration with the National AIDS Programme under the Ministry of Health. Activities in 24 townships are being supported through UNFPA core funding, and in 46 townships by the Three Diseases Fund (3DF) until 2009 with a planned extension into another 10 townships in 2010 by 3DF.

The main programme activities are:

- Training of trainers in PMCT activities;
- Multiplier trainings;
- Provision of PMCT services including pre- and post-test counselling (Voluntary Confidential Counselling and Testing, VCCT) for pregnant women and their spouses;
- Provision of antiretroviral drugs according to protocols A, B. and C;
- Follow-up activities for both HIV-positive mothers and babies born to HIV-positive mothers;
- Development and distribution of information, education and communication (IEC) materials and promotional materials; and
- Monitoring visits.

After HIV testing, post-test counselling is done not only for HIV-positive clients, but also for HIV-negative clients to inform the client about the sustainability of HIV-negative status. Even though PMCT project townships are based on existing township mechanisms for reproductive health, male involvement remains weak and the programme tries to address this by stressing male participation.

Results /achievements

The number of HIV-tested pregnant women increased with 12,316 tested in 2007 and 65,040 in 2008. 50 per cent of known HIV-positive pregnant women, and mothers and their new-born babies, received ARV prophylaxis. Project-related commodities including HIV test kits, ARV drugs, and universal precaution materials and antiseptic solutions were procured according to procurement plans and provided to project townships through the National Health Laboratory, National AIDS Programme and Central Medical Store Depot.

Future plan

Strengthen referral linkages for HIV-positive women and children to access care and support, including services providing ARV therapy. Plan to encourage and promote male participation in Sexual and Reproductive Health services, including PMCT services.