



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Programme of assistance for Myanmar**

Proposed UNFPA assistance: \$21.2 million: \$14.8 million from regular resources and \$6.4 million through co-financing modalities and/or other, including regular, resources

Programme period: 4 years (2007-2010)

Cycle of assistance: Second

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	14.0	6.4	20.4
Programme coordination and assistance	0.8	-	0.8
Total	14.8	6.4	21.2

## **I. Situation analysis**

1. Myanmar has a population of approximately 54.3 million, which is growing at a rate of 2.02 per cent annually. Of the total population, 27.5 per cent, or approximately 15 million, are between the ages of 10 and 24. These figures are estimates, because the last national census was carried out in 1983.
2. The maternal mortality ratio is estimated at 360 deaths per 100,000 live births, with a range of estimates varying between 91 to 660 per 100,000. This translates into approximately 4,300 maternal deaths annually, based on an estimate of 1.3 million births a year. A national study published in 1999, drawing on birth and death registrations, estimated a lower ratio of 255 deaths per 100,000 live births, with higher levels in rural areas. There is wide variation between regions.
3. Perinatal mortality, including stillbirths and neonatal deaths, is high, at 66 deaths per 1,000 live births, signalling the need for improved delivery and neonatal care. Complications from unsafe abortion contribute significantly to maternal deaths, as do indirect causes such as malaria and tuberculosis. Nationally, 57 per cent of births are assisted by skilled attendants such as doctors, nurses and midwives, while 39 per cent are attended by traditional birth attendants. The latter figure is 45.3 per cent in rural areas.
4. Utilization of hospital services is low, particularly in rural areas, where only 8.8 per cent of deliveries occur in health-care facilities. Home deliveries account for 83.3 per cent of births, although approximately half of these are performed by midwives. Surveys have cited constraints in access, both physical and financial, as the reasons for the low use of facilities. However, contact with the health system is high, with 75.6 per cent of women receiving antenatal care.
5. The contraceptive prevalence rate for married women of reproductive age rose from 16.8 per cent in 1991 to 37 per cent in 2001 (32.8

per cent for modern methods). More recent data should be available in 2006. The unmet need for contraception is estimated at 17 per cent, but this figure would be higher if the needs of all women of reproductive age were included.

6. National estimates indicate that 340,000 people, or 1.3 per cent of persons aged 15-49, were infected with HIV in 2004. This is roughly twice the 2001 figure. Estimates by the Joint United Nations Programme on HIV/AIDS (UNAIDS) show a comparable range of HIV infections of 170,000 to 620,000. Surveillance data for 2004 showed a slight decrease in prevalence among some high-risk groups such as commercial sex workers (27.5 per cent). However, there was an increase in the number of pregnant women attending antenatal care clinics who tested positive (1.75 per cent). The prevalence rate reached 2.9 per cent among women in four hospitals with UNFPA-supported prevention activities, one indication that the virus has spread beyond groups that are most at risk. However, transmission is still driven by commercial sex and by injecting drug use. One area of concern is that data from 2002 showed that 1.8 per cent of young people aged 15-24 were HIV-positive.

## **II. Past cooperation and lessons learned**

7. UNFPA assistance to Myanmar began in 1973, with the implementation of small-scale activities in data collection and analysis and reproductive health, carried out under the direction of a non-resident country director. The Executive Board approved the first special programme of assistance to Myanmar in 2001 for the period 2002-2005; the programme was later extended through the end of 2006. The first UNFPA representative was appointed in 2002.
8. Under the first programme of assistance, UNFPA was mandated to serve the most vulnerable segments of the population through the provision of humanitarian assistance. Assistance focused on reducing maternal mortality and preventing the spread of

HIV/AIDS by improving reproductive health information and services, including birth spacing, and by providing reproductive health commodities. The programme also supported the collection and analysis of reproductive health data.

9. The UNFPA strategy focused on four areas: (a) developing the capacity of service providers in the public and private sectors; (b) providing reproductive health commodities and building capacity to better manage supplies; (c) supporting behaviour change communication interventions that encourage women, men and young people to make healthier reproductive choices; and (d) carrying out related research. In addition, a number of UNFPA-supported initiatives focused on adolescent reproductive health and on preventing HIV.

10. During the first programme of assistance, UNFPA expanded activities to 100 of the country's 324 townships. UNFPA learned that it was possible to reach the poorest and most vulnerable population groups through the service delivery points in the public health system, especially rural health centres and township hospitals. Another lesson learned is that community mobilization is a successful mechanism in Myanmar to build demand for services and empower people to take control of their own reproductive health. The hallmarks of the first special programme of assistance – training; commodity supply; information, education and communication materials development; behaviour change communication interventions; and research – will be integral parts of the next programme.

11. The first programme focused on two proven strategies to reduce maternal deaths: (a) increasing skilled attendance at birth, including increasing the capacity of midwives; and (b) birth spacing to enhance the health of mothers and babies. However, a clear lesson of the first programme is that if a significant reduction in the level of maternal deaths is to be achieved, an additional strategy – access to emergency obstetric care – must also be included.

12. The first programme showed that UNFPA has a key role to play in HIV prevention, especially among vulnerable groups, and that these activities should be expanded. Expanding the coverage and scale of interventions to prevent mother-to-child transmission of HIV is both a humanitarian goal and an important part of overall HIV prevention efforts.

### **III. Proposed programme**

#### *Reproductive health component*

13. Myanmar has announced its desire to attain the Millennium Development Goals. The two areas in which UNFPA has provided humanitarian assistance in the past are related to goal 5 (reducing by three quarters the maternal mortality ratio by 2015) and goal 6 (halting and beginning to reverse the spread of HIV/AIDS). These goals constitute the priorities of the new programme.

14. There is no common country assessment or United Nations Development Assistance Framework for Myanmar. However, in 2005, the United Nations agencies and organizations working in Myanmar formulated a strategic framework to guide their operations. The priorities of the strategic framework include reproductive and maternal health and the prevention of HIV among vulnerable populations.

15. Therefore, the proposed programme will focus on helping Myanmar to realize its goal of reaching the Millennium Development Goals of reducing maternal mortality and preventing the spread of HIV. In addition, the proposed programme includes an outcome designed to promote adolescent reproductive health. All outcomes are related to reproductive health, including those concerned with data collection, analysis and dissemination. UNFPA and its partners will design all initiatives within a framework that empowers women, promotes gender equality and equity, and promotes male involvement in reproductive health.

16. Output 1: Improved access to reproductive and maternal health services, including birth

spacing, pre- and post-natal care, delivery services and emergency obstetric care. This output is directly related to reducing maternal mortality. It will build on the gains made under the current programme, which carries out training, behaviour change communication interventions, and commodity provision in 100 townships. These interventions are designed to encourage and provide the means for birth spacing to promote the health of mothers and babies and to train health staff, especially midwives, to provide high-quality, pre- and post-natal care and delivery services. The programme will supply reproductive health commodities and will promote reproductive health commodity security.

17. During the next programme, UNFPA will continue these activities and expand them to as many other townships as possible. In addition, the new programme will examine innovative ways to make these interventions more effective. The programme will also reinforce the capacity of health-care professionals, especially their ability to carry out behaviour change communication interventions in order to build demand for birth attendance by skilled professionals. The programme will test the feasibility of using maternity waiting homes, so that women can be near health facilities if complications arise.

18. An important addition to the new programme is the inclusion of activities designed for emergency obstetric care. A long-term undertaking, this endeavour has many aspects, including staffing, equipment, facilities, transportation, communication, financing and drug protocols. Maternal mortality cannot be reduced unless these issues are addressed, and UNFPA is in the best position to provide assistance in this area.

19. The first step will be to undertake a comprehensive assessment of emergency obstetric care needs, accompanied by a stakeholder analysis. The assessment will examine the capacity of skilled birth attendants to provide emergency management of complications and the capacity of health facilities to provide basic and comprehensive

emergency obstetric care. The priority issues identified in the needs assessment will be addressed during the course of the programme.

20. Output 2: Improved availability of disaggregated data for reproductive health programming. This output will build upon surveys on fertility and reproductive health and on family and youth undertaken during the first programme by continuing them on a regular basis to ensure comparability of data. In the context of the new programme, there is a need to undertake a survey on the determinants of maternal mortality. Because of the need for reliable data to support programming activities, UNFPA will provide technical assistance for statistical activities, as appropriate.

21. Output 3: Increased access by young people to reproductive health and HIV-prevention information. This output will build on the success of youth information “corners” located in rural health centres. The corners make use of the services of youth volunteers, who serve as peer educators. The corners meet the needs of in-school and out-of-school rural youth by enabling them to access information and services. They are community-based, sustainable endeavours.

22. The proposed programme will expand the youth corners beyond the 23 townships where they now operate and increase the number of rural health centres that sponsor such corners. Young people will be involved in programme design and implementation. The programme will also use the mass media and youth centres in urban areas, such as those supported by Marie Stopes International, to increase awareness and knowledge of reproductive health issues.

23. Output 4: Improved access by vulnerable populations to knowledge about, and ways to prevent, HIV. In October 2005, a midterm review of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Myanmar found that although the epidemic had spread to the general population, it was still fuelled by three groups most at risk and their contacts: (a) injecting drug users; (b) men who have sex with men; and (c) commercial sex workers. Under the

United Nations technical support division of labour matrix, UNFPA has been designated as the lead agency in Myanmar for prevention efforts for the latter two vulnerable groups (b and c, above). UNFPA will work with NGOs and community groups to address the concerns raised in the midterm review that constitute an obstacle to reversing the spread of HIV.

24. Along with other donors, UNFPA supports a programme that promotes 100 per cent condom use among commercial sex workers and their clients. A 2005 review found that the programme had led to increased condom use, despite weaknesses in programme implementation. UNFPA will address these weaknesses under the new programme. It will collaborate with other groups, including NGOs and community-based organizations, in designing innovative programmes to reach out to this vulnerable population group.

25. Output 5: Increased access to comprehensive services to prevent mother-to-child transmission of HIV/AIDS. UNFPA is one of the lead agencies carrying out such activities. To date, it has worked in 13 townships, funded by the multi-donor Fund for HIV/AIDS in Myanmar. The UNFPA programme has worked well because it integrates activities that prevent mother-to-child transmission of HIV/AIDS into overall reproductive health services. In the new programme, UNFPA will work with other partners to build upon this integrated, comprehensive approach to preventing mother-to-child transmission of HIV/AIDS. The strategy will include four elements: (a) preventing HIV infection in women; (b) preventing unintended pregnancy among women living with HIV; (c) preventing transmission from HIV-positive women to their babies; and (d) providing treatment, care and support for HIV-positive women, infants and families. In addition to regular resources devoted to preventing mother-to-child transmission, UNFPA will seek extrabudgetary resources for this programme.

#### **IV. Programme management, monitoring and evaluation**

26. Myanmar is large in terms of area as well as population, making it necessary to maintain

and strengthen an extensive network of field monitors. UNFPA will continue this modality, and will make efforts to expand the scope of the monitoring as well as the capacity of the monitors. UNFPA will also maintain other monitoring mechanisms, such as regular programme coordination committee meetings. Several research activities will be undertaken to determine the impact of UNFPA programme interventions. UNFPA will evaluate each of the outputs during the course of the programme.

27. The UNFPA country office in Myanmar consists of a representative, two assistant representatives, an operations manager, a programme associate and four support staff. UNFPA will earmark programme funds for up to six national programme posts and six administrative support posts, within the framework of the approved country office typology. The UNFPA Country Technical Services Team in Bangkok, Thailand, will provide technical support.

**RESULTS AND RESOURCES FRAMEWORK FOR MYANMAR**

<b>National priority:</b> to provide humanitarian assistance to achieve the Millennium Development Goals in Myanmar, especially goal 5 (to reduce the maternal mortality ratio by three quarters by 2015) and goal 6 (to have halted by 2015 and begun to reverse the spread of HIV/AIDS)				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Reproductive health	<p><u>Outcome:</u> Increased utilization of high-quality reproductive health services, including maternal health services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Contraceptive prevalence rate</li> <li>• Proportion of births attended by skilled health personnel</li> <li>• Caesarean sections as a proportion of all births</li> </ul> <p><u>Baseline:</u> Family and reproductive health survey; health management information system</p> <p><u>Outcome:</u> Safer sexual behaviour and increased use of reproductive health services by young people</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Percentage of population under age 25 who are HIV-positive</li> </ul> <p><u>Baseline:</u> National sentinel surveillance data</p> <p><u>Outcome:</u> Reduced high-risk behaviour among vulnerable groups</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of commercial sex workers reporting that their clients were using condoms during their most recent encounters</li> </ul>	<p><u>Output 1:</u> Improved access to reproductive and maternal health services, including birth spacing, pre- and post-natal care, delivery services and emergency obstetric care</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of delivery points with at least three contraceptive choices and no stock-outs</li> <li>• Percentage of service delivery points with information, education and communication materials on full range of reproductive health issues</li> <li>• National coordination mechanism for reproductive health commodity security</li> <li>• Percentage of providers with knowledge of and skills for emergency obstetric care</li> <li>• Number of referrals to hospitals with a full range of emergency obstetric care services</li> <li>• Percentage of villages with community support groups promoting deliveries by skilled attendants</li> </ul> <p><u>Output 2:</u> Improved availability of disaggregated data for reproductive health programming</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Fertility and reproductive health survey</li> <li>• Family and youth survey</li> <li>• Study on maternal mortality</li> </ul> <p><u>Output 3:</u> Increased access by young people to reproductive health and HIV-prevention information</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of youth information corners in rural health centres</li> <li>• Percentage of trained peer educators who can demonstrate communication and negotiation skills about condom use</li> <li>• Percentage of young people knowing at least three methods of HIV prevention</li> </ul>	<p>World Health Organization (WHO); United Nations Children’s Fund (UNICEF)</p> <p>Population Services International; Marie Stopes International; other NGOs</p> <p>UNICEF; WHO; UNAIDS</p> <p>Japanese Organization for International Cooperation in Family Planning; Marie Stopes International; other NGOs</p>	<p>\$20.4 million (\$14 million from regular resources and \$6.4 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
	<p><u>Baseline:</u> National AIDS Programme behavioural surveillance survey</p> <p><u>Outcome:</u> Increase in HIV-positive pregnant women and their newborns receiving services that prevent mother-to-child transmission of HIV/AIDS</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of HIV-positive pregnant women and their newborns receiving care to prevent mother-to-child transmission</li> <li>• Transmission rate (number of babies testing positive for HIV after 18 months divided by the total number of babies born to HIV-positive mothers)</li> </ul> <p><u>Baseline:</u> Data from project township hospitals</p>	<p><u>Output 4:</u> Improved access by vulnerable populations to knowledge about, and ways to prevent, HIV</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of commercial sex workers involved in peer education programmes</li> <li>• Number of condoms distributed to at-risk individuals</li> </ul> <p><u>Output 5:</u> Increased access to comprehensive services to prevent mother-to-child transmission of HIV/AIDS</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of providers skilled in voluntary counselling and testing</li> <li>• Percentage of service facilities offering voluntary counselling and testing</li> <li>• Number of sites offering antiretrovirals</li> </ul>	<p>UNAIDS</p> <p>Population Services International; Alliance; CARE; other NGOs</p> <p>UNICEF; WHO; UNAIDS</p>	<p>_____</p> <p>Total for programme coordination and assistance: \$0.8 million from regular resources</p>