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Draft country programme document**

Myanmar

Summary

The draft country programme document (CPD) for Myanmar is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $83,585 from regular resources, subject to the availability of funds, and $115,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2011 to 2015.

* E/ICEF/2010/8.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2010.

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Basic data[†] *(2008, unless otherwise stated)*	
Child population (millions, under 18 years)	16.1
U5MR (per 1,000 live births)	98
Underweight (%, moderate and severe)	30[a]
Maternal mortality ratio (per 100,000 live births)	380[b]
Primary school enrolment (% net, male/female)	83/84[c]
Survival rate to last primary grade (%)	72
Use of improved drinking water sources (%)	80
Use of improved sanitation facilities (%)	82
Adult HIV prevalence rate (%)	0.7
Child labour (%, children 5-14 years old)	—
GNI per capita (US$)	[d]
One-year-olds immunized with DPT3 (%)	85
One-year-olds immunized against measles (%)	82

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.
[a] WHO child growth standard.
[b] WHO/UNICEF/UNFPA and the World Bank's developed MMR 2005 estimate, which are adjusted for under-reporting and misclassification of maternal deaths. http://www.childinfo.org/maternal_mortality.html.
[c] Survey data.
[d] Low income ($975 or less).

Summary of the situation of children and women

1. Approximately 38 per cent of Myanmar's estimated population of 57.5 million are children under 18 years of age (21.7 million).[1] Around 69 per cent of the population live in rural areas. The recently published *Fertility and Reproductive Health Survey* put the total fertility rate at 2 births per woman, indicating a possible demographic transition. The same report also estimated the infant and under-five mortality rates at 53 per 1,000 live births and 77 per 1,000 live births, respectively. The absence of reliable quantitative data makes it difficult to demonstrate social and economic progress in the country and their impact on the situation of children and women. Nevertheless, field observation, anecdotal information and data available from routine sources indicate an overall positive trend.

2. The International Monetary Fund (IMF) estimated inflation to have dropped from 29 per cent in 2007/2008 to 3 per cent in 2009.[2] According to the IMF, the combined investment in the health and education sectors is estimated at 1.5 per cent of gross domestic product. Nevertheless, progress is being noticed toward several Millennium Development Goal targets.

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[1] Ministry of National Planning and Economic Development, Central Statistical Organization, *Statistical Yearbook 2008*.

[2] International Monetary Fund Article IV briefing with the United Nations and the local diplomatic community, 17 December 2009.

3. There is slow progress towards achieving Millennium Development Goal 1. The 2007 report by the Ministry of National Planning and Economic Development estimated that 32 per cent of the population lives below the poverty line of Kyat 162,136 ($162) per capita per year,[3] based on minimum food expenditure plus reasonable expenses to meet other basic needs. This has a direct impact on the nutritional status of children. Though recent data is lacking, the percentage of children under five who were underweight was 31.8 per cent in 2003 (Multiple Indicator Cluster Survey [MICS] 2003) and the nationwide prevalence of severe acute malnutrition is currently estimated at about 7 per cent. The prospect of Myanmar achieving Goal 2 is good, with net enrolment in excess of 80 per cent annually and gender parity index for primary education enrolment in 2005 at 1.1 annually.[4] School completion remains a concern, with a considerable number of children dropping out without completing the primary cycle. There has been progress in attaining Goal 4, with the under-five mortality rate at 77 per 1,000 live births in 2007.[5] There is a need to address significant disparities in under-five mortality between urban and rural and among different geographical regions.

4. Data concerning Goals 5 and 6 is inadequate. The Nationwide Cause-Specific Maternal Mortality Survey (2004-2005) reported a maternal mortality ratio of 316 per 100,000 live births, with haemorrhage identified as the main cause of death. Available data shows 91 per cent of women in rural areas and 57 per cent of women in urban areas give birth at home. Estimated HIV prevalence in the general adult population has declined from 0.95 per cent in 2000 to 0.61 per cent in 2009. While general HIV knowledge has reached more than 90 per cent among young people, comprehensive correct knowledge is 37 per cent. Access to antiretroviral drugs is limited, estimated at 20 per cent due to inadequate resources.[6] Malaria control has made substantive progress nationwide though the lack of resources to expand early diagnosis and treatment remains one of the key challenges.

5. MICS 2003 data shows the use of safe drinking water to be 80 per cent, which suggests that Myanmar is on track in achieving that Goal 7 target. However, the available water sources are very basic and include surface water sources that are not considered safe for drinking in the new definition of this indictor. Therefore, it is expected that the next MICS data will show lower safe drinking water coverage. Sanitation coverage is reported at 82 per cent, which does not reflect the sustainability challenges due to severe weather conditions and fatigue for frequent replacement.

6. Myanmar became a state party to the Convention on the Rights of the Child in 1991 and to the Convention on the Elimination of All Forms of Discrimination against Women in 1997. Myanmar also has a strong national legal framework to protect children, though there are gaps to its implementation. Key legislation includes the Child Law (1993) and the Rules related to the Child Law (2001) and the Anti-Trafficking in Persons Law (2005). The Government has fully embraced the concept of child protection, which has helped to reduce children's exposure to

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[3] Myanmar, Integrated Household Living Conditions Survey, June 2007.

[4] United Nations Educational, Scientific and Cultural Organization, *Asia and the Pacific Education for All (EFA) Mid-Decade Assessment, Mekong sub-region Synthesis Report*, 2008.

[5] Nay Pyi Taw, Myanmar, Government of Myanmar, UNFPA, Country Report on 2007 Fertility and Reproductive Health Survey.

[6] National AIDS Programme, Annual progress report 2008.

harm by accelerating actions to strengthen the protective environment for children across the country.

7. Based on the experience of its current work in the townships, UNICEF intends to work more closely with the state and divisional authorities to strengthen local-level data collection, planning, programming, monitoring and supervision. UNICEF will provide necessary technical support to ensure greater coordination between the state and divisional authorities and the townships.

Key results and lessons learned from previous cooperation, 2006-2010

Key results achieved

8. As a result of continued efforts through routine polio immunization and through campaigns, Myanmar is on the verge of declaring polio-free status. Similarly, the child morbidity and mortality due to measles have been significantly brought down with sustained immunization and targeted campaigns in high-risk areas. Myanmar is also on course towards eliminating maternal and neonatal tetanus and iodine deficiency disorders. An initial assessment for declaring Myanmar to be free from maternal neonatal tetanus is ongoing. An estimated 60 per cent of pregnant women currently receive iron-folate supplementation regularly, and intensified measures are in place to supplement vitamin B1 to pregnant and lactating women. Improved hygiene and sanitation has led to a continuous decline in the fatality rates of waterborne diseases such as diarrhoea in children under five years. The risk of HIV transmission from mother-to-child has been brought down to 6.7 per cent in a sample survey,[7] and prevention of mother-to-child-transmission (PMTCT) services have been scaled up to more than half of the country. Access to antenatal care has also gone up to 91 per cent in nearly 50 per cent of all townships with UNICEF support, and the Government has begun preventing maternal deaths from haemorrhage through administration of misoprostol by midwives in community settings.

9. The Ministry of Education adopted a child-friendly school approach as a national strategy to improve the quality of education. The initiative is fully operational in 25 out of 324 townships in Myanmar. A standard guideline for high-quality early childhood development has been approved, although coverage of the early childhood development programme is still low. Life-skills and HIV education, introduced in three townships in 2005, has been adopted nationally as part of the primary school curricula, and is covering all 40,000 primary schools as of end 2009.

10. Minimum standards on care, such as the protection of children in residential care and of working children, have been developed in partnership with relevant Ministries. Once issued as directives, these standards could provide an additional protective framework. Two separate juvenile courts were established in Yangon and Mandalay to try juvenile cases in 20 townships in Yangon City Development Area and 5 townships in Mandalay City Development Area. Bilateral memoranda of understanding have been signed by the Government with the People’s Republic of China and Thailand in combating human trafficking. In collaboration with the

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[7] In absence of interventions, 25 per cent to 30 per cent of infants born to HIV-positive mothers are infected with HIV.

Department of Social Welfare, UNICEF took a leadership role in establishing an Inter-Agency Working Group for Social Protection of Children, which provides a platform for discussing issues and strategies for reducing socio-economic vulnerabilities and risks to children and their families.

11. UNICEF emergency response to Cyclone Nargis and the continuing recovery efforts were deemed appropriate and relevant.[8] UNICEF contributed substantially to the restoration of basic health services; assisted in the provision of safe drinking water to the affected population; and supported large-scale use of disinfectants. While it is not possible to quantify the number of lives saved and diseases averted, these efforts clearly helped to prevent disease outbreaks related to water, sanitation and personal hygiene. Hundreds of safe learning spaces were provided and damaged schools repaired. As a result, the new school year resumed on time in the first week of June 2008, with 82 per cent enrolment, a figure that reached 90 per cent in 2009, according to data collected in household surveys. UNICEF assisted in the establishment of 'child-friendly spaces' soon after the cyclone struck in 2008, providing a venue for nearly 1,600 orphans and separated children, whom subsequently were reunited with their biological parents or close relatives.

12. As part of early recovery, UNICEF continued to repair schools and rural health centres in the nine townships most affected by Cyclone Nargis. Collaboration with non-governmental organizations on health and nutrition helped to re-establish essential maternal and child health services and also to prevent severe acute malnutrition in the affected townships. Drawing on the recent experience in relief and recovery, UNICEF is currently working with the Ministry of Social Welfare, Relief and Resettlement and the Myanmar Red Cross Society on strengthening capacity in disaster preparedness and management.

Lessons learned

13. Essential learning packages for primary school children were introduced in 25 townships to reduce indirect cost of schooling for parents, which indirectly also had a positive impact on attendance and retention. UNICEF will assess the impact on learning achievements as a result of this intervention in 2010 and compare the findings with the 2007 baseline.

14. The microplanning strategy using community participation was found to be effective in identifying high-risk geographic locations, enabling the distribution of insecticide-treated mosquito nets to targeted families instead of universal distribution. This minimized unit cost coverage and maximized community awareness and motivation for prevention and control. This planning method has broader application for other targeted interventions.

15. In the aftermath of Cyclone Nargis, UNICEF assumed cluster leadership in the humanitarian community for nutrition, education, child protection, and water and environmental sanitation. While the overall experience in implementing the cluster approach has been positive, there is a need to strengthen cluster leadership capacity in-house to effectively respond in the field. The cluster mechanism worked well during the relief operation, but coordination with all humanitarian partners, at times

[8] UNICEF Myanmar, "Best practices and lessons learnt: UNICEF Myanmar's response following cyclone Nargis", April 2009.

competing, requires great effort. When the relief phase moves into the early recovery phase, the role of clusters must be revised accordingly.

16. The comprehensive database on mapping naturally occurring arsenic contamination in more than 230,000 groundwater sources has created good awareness and local ownership, and is instrumental for advocating the development of an arsenic mitigation strategy. The dissemination of the arsenic data and related maps to the authorities in 30 out of 62 affected townships allowed authorities to regulate drilling of tube wells and provide information on arsenic-related health hazards to affected communities. This experience will be used to design and develop policy on water safety.

The country programme, 2011-2015

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Young child survival and development	27 000	36 000	63 000
Water, sanitation and hygiene	10 000	16 000	26 000
Basic education and gender equality	13 500	31 000	44 500
HIV/AIDS and children	5 500	6 000	11 500
Child protection	10 585	11 000	21 585
Social policy advocacy and monitoring and evaluation	5 000	7 000	12 000
Cross-sectoral costs	12 000	8 000	20 000
Total	**83 585**	**115 000**	**198 585**

Note: The budget does not include emergency funds.

Preparation process

17. UNICEF and technical staff from line ministries formed a technical working group to review and recommend programme components outlined in a series of workshops, in 2009. The team took into account recommendations of the concluding observations of the Committee on the Rights of the Child on Myanmar’s periodic report. In-house workshops were held for programme and operations teams on planning and programming, results-based management, a human rights-based approach to programming and strategic visioning. The team also incorporated the recommendations from the midterm review of the 2006−2010 country programme, chaired by the Minister for National Planning and Economic Development. The draft country programme document was discussed with the Ministry of National Planning and Economic Development, all partner Ministries and relevant donor partners. This draft was then subjected to a peer review organized by the Regional Office, which assisted in refining the document and the accompanying results matrix, following the new guidelines in defining programme component results and intermediate results.

Programme components results and strategies

18. The overall goal of the 2011−2015 country programme is to contribute to the progressive realization of the rights of the child to survival, development, protection and participation, with emphasis on vulnerable children and aiming to reduce disparities. The country programme will contribute to the achievement of Goals 2, 4 and 6, and the Millennium Declaration. By 2015, the programme will have contributed to the following strategic results: (a) reducing the under-five child mortality rate of 130 in 1990 to 43 per 1,000 live births; (b) reducing the infant mortality rate from 91 in 1990 to 35 per 1,000 live births; (c) reducing the neonatal mortality rate to 16 per 1,000 live births; (d) increasing the net enrolment to 90 per cent and completion of primary education to 80 per cent; and (d) promoting and enhancing a protective environment for all children from violence, exploitation, neglect and abuse.

19. Building on progress made and lessons learned from the previous country programme, the overarching programme strategy focuses on helping vulnerable children in the most disadvantaged townships, aiming at disparity reduction. UNICEF will focus on systems building and strengthening, and promote planning and programming at state and division levels for sustainability and local-level capacity enhancement. At the national level, UNICEF will support the formulation and strengthening of policies and strategies to implement national programmes, such as immunization and deworming, as well as vitamin A and other micronutrient supplementation. In selected townships with poor indicators for children, sectoral programmes will converge to achieve greater impact and allow for innovation and modelling that could be replicated and scaled up.

20. The programme will be guided by the following interrelated strategies: (a) providing technical assistance and support to improve knowledge management and the generation, use and dissemination of child-focused information to contribute to policy development, programme design and budget allocation; (b) strengthening the system for service delivery in selected townships, with active state/division-level involvement, emphasizing effective implementation and synergy between programme components and enhancing the capacity of service-providers to sustain results achieved; (c) partnering with communities, the mass media and non-governmental organizations to accelerate behavioural change, using a mix of communication strategies and approaches on child care practices and protection in selected townships; (d) continuing mainstreaming emergency preparedness and response through the programme components to address humanitarian needs; (e) paying greater attention to gender analysis and collection of disaggregated data, aiming to reduce gender disparities; (f) enhancing partnerships' and networks' capacities to advocate, mobilize and participate in meaningful policy dialogue, service delivery, emergency preparedness and response and to leverage resources; (g) applying results-based planning, monitoring and evaluation, giving special attention to monitoring of the Goals; and (h) developing joint programmes with United Nations agencies, where feasible, to maximize results.

21. The field presence of UNICEF in various locations will facilitate coordination with state, division and township authorities to support local-level planning and results-based advocacy to facilitate programme implementation, particularly by sharing good practices and addressing bottlenecks.

Relationship to national priorities and the UNDAF

22. The UNICEF country programme contributes directly to the Government's national priorities, sectoral policies and plans, such as the Myanmar National Action Plan for Children 2006−2015, the Myanmar 30-Year Long-Term Education Development Plan (2001−2030), the Myanmar National Child Health Strategy (2010−2014), the Strategic Plan for Water Supply (2001−2010), Sanitation and Hygiene in Myanmar (2007−2011) and the *Myanmar Millennium Development Goals Report*.

23. Myanmar does not have a Common Country Assessment or a United Nations Development Assistance Framework (UNDAF). However, the United Nations country team has a strategic framework, which guides the United Nations support to the development efforts of Myanmar. The framework summarizes the United Nations commitments to Myanmar in relation to national and international priorities.

Relationship to international priorities

24. Myanmar is a signatory to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The country programme is guided by these Conventions, the Millennium Declaration and the Millennium Development Goals, as well as other international and regional commitments. The proposed programme components will contribute to these international priorities, which are in tandem with all five focus areas of the UNICEF medium-term strategic plan.

Programme components

25. **Young child survival and development**. The programme will sustain and scale up high-impact interventions to further reduce major preventable and treatable causes of under-five mortality and morbidity, with a special focus on hard-to-reach areas. It will operate within the framework of the government-led health and nutrition programme. UNICEF aims to (a) strengthen planning, implementation and supervision capacity at the national, state, division and township levels and (b) to improve service delivery. This includes ensuring the availability of essential medicines and commodities; providing technical assistance and advocacy for better planning and programming; and promoting policy dialogue and development of policies and strategies to reduce disparity. The programme will advocate, leverage resources and provide technical advice for the expanded nationwide programme for immunization, vitamin A and other micronutrient supplementation, as well as deworming. UNICEF will contribute to the following programme results components: (a) improve child and maternal nutrition by promoting appropriate infant and young child feeding practices, micronutrient supplementation and treatment of severe acute malnutrition; (b) increase coverage and quality of preventive and curative services and appropriate key family care practices for childhood diseases; (b) develop relevant guidelines and policies for maternal and child health and increase coverage of quality maternal and newborn interventions at facility and community levels in selected townships.

26. **Water, environmental sanitation and hygiene**. The programme will focus on disparity reduction by targeting hard-to-reach areas where access to safe water sources is limited. The experience of mapping naturally occurring arsenic

contamination in groundwater will be expanded to address other water quality parameters that are potentially hazardous to public health. Further deliberations will be pursued on the proposed national drinking water standard and the development of school water and sanitation guidelines. Similarly, promotion of water treatment at the household level, using affordable technologies suitable to local conditions, will be continued to achieve the anticipated health goals. As part of the child-friendly school initiative, UNICEF will continue the expansion of water and sanitation networks in schools that are currently without such facilities. This programme component is in compliance with the Government's efforts to improve the water and sanitation infrastructure and to reduce diseases related to unsafe water and sanitation, especially diarrhoea.[9] Expected programme component results by 2015 are the following: (a) reduce water- and excreta-related diseases caused by polluted water and poor hygienic conditions, especially diarrhoea in under-five children in the targeted areas, through hygiene improvement and by closing the access gap to safe and sustainable water supply and sanitation services; (b) establish and implement supportive policies and legislative frameworks, such as the national drinking water standard and a sound school water and sanitation strategy.

27. **Basic education and gender equality**. The programme will assist the Ministry of Education in further improving the current net enrolment of over 80 per cent, with gender parity, and in increasing retention and completion of primary education to achieve Goal 2. It aims to progressively enable children aged 3−5 years to access quality early learning, stimulation and preparation for timely enrolment in primary school. It also aims to enable children aged 5−9 years to access and complete quality primary education and achieve the required proficiency levels. The intervention will be coupled with early childhood development and life skills as well as adolescent participation activities. The programme will consolidate and expand current initiatives, such as the child-friendly school initiative. UNICEF will partner with teacher training colleges to mainstream the child-friendly school concept for quality improvement through effective teaching-learning processes. UNICEF will expand management information systems for township- and school-based education to promote evidence-based policy consultation and advocacy, in line with the Government's 30-year Education Plan. The main programme strategy aims at reducing disparities in access to quality basic education and increase school completion rates in the primary education cycle. UNICEF will contribute to the following programme component results by 2015: (a) enhance government capacity at national and subnational levels to increase access to basic education with reduced disparities in early childhood and primary schools; (b) support the Government in improving the quality of primary schools nationally, through the child-friendly school initiative; (c) enable nationally adolescents, whether they are in or out of school, to have access to life-skills education, to reduce risks and vulnerabilities, including HIV/AIDS.

28. **HIV and children**. The programme seeks to control the spread of HIV and reduce its impact among the general population, whose current prevalence is estimated at 0.61 per cent. UNICEF is supporting the Government in expanding services for the prevention of mother-to-child transmission of HIV by increasing access to voluntary HIV counselling and testing of pregnant women, and providing nevirapine to reduce HIV transmission in children. These services are now available

[9] Department of Development Affairs, 10-Year Clean Water Supply Plan in Rural Regions.

in 170 out of 325 townships. Further controlling the spread of HIV and minimizing its impact can be achieved by 'de-medicalizing' HIV response through an enhanced family-centred approach, social support services, greater protective measures and by expanding partnerships with various government departments and communities. UNICEF will contribute to the following programme component results by 2015: (a) strengthened capacity and response of various sectors at all levels on the prevention of HIV among children and women, to further reduce paediatric HIV infection; (b) strategy and standards for prevention, care, support and protection for children infected with and affected by HIV/AIDS developed and implemented, and documented in the national strategic plan.

29. **Child protection**. The programme will support the Government's efforts to reduce children's exposure and vulnerability to violence, abuse and exploitation in 80 per cent of identified at-risk and marginalized children. It will strengthen its efforts on advocacy for planning, policy development and budgeting, as well as providing support for appropriate inter-ministerial and interdepartmental arrangements for adequate child protection. The programme will seek to promote and strengthen integrated child-friendly services, at the state, division, township and community levels, and continue to make improvements in the juvenile justice system, as well as combat human trafficking and expand the protection of children. It will also seek to ensure that child protection programmes and policies are enhanced by improved data collection and analysis on the situation of children. UNICEF will contribute to the following programme component results by 2015: (a) a developed and operational national child protection and social welfare policy, in line with Myanmar Child Law; (b) support for a national child protection system through an improved coordination and referral mechanism among social welfare, health, education and justice sectors, and civil society organizations; (c) enhanced capacity of government officials, civil society organizations and communities to implement prevention, recovery and reintegration services for vulnerable children to strengthen child protection and the social welfare system, including improved data collection and use; (c) full implementation of national and international standards to prevent and respond to grave violations against children as per United Nations Security Council resolutions 1612 and 1882.

30. **Social policy advocacy, monitoring and evaluation**. The programme will support evidence-based social policy formulation and advocacy for children's rights by mainstreaming social policy and social protection strategies at institutional and national levels. It will provide technical assistance to the counterpart departments in conducting thematic analyses, studies, and policy reviews on topical areas, with a view to refining and updating policies and strategies for improved outcomes for children. The programme will also support knowledge management related to social policies and social protection strategies for children and women by strengthening relevant networks with a wide range of stakeholders, including the Government, academic institutions, civil society organizations and the media. Expected programme component results by 2015 are the following: national social policies and strategies are developed and protection systems introduced to mitigate vulnerabilities and reduce disparities at national and townships levels. These results will be based on improved collection and utilization of reliable and disaggregated data for policy advocacy and planning.

31. **Programme communication and information** will support the country programme goals and the Millennium Development Goals by making strategic

communication inputs towards advocacy and behaviour change communication, in part by increasing awareness on children's rights through the media and other external relations. Communication activities promoting and engaging child participation also aim to bring greater visibility to children's issues and to help raise resources for children in Myanmar. Costing of programme communication activities are covered under respective programme components.

32. **Cross-sectoral costs** will cover the management and support of the overall country programme, including programme planning, coordination and field monitoring. It will also cover staff costs and operating expenses related to supply, logistics, administration and finance.

Major partnerships

33. Myanmar receives only limited external assistance, directly or indirectly through bilateral or multilateral agencies. The level of bilateral assistance increased in 2008, following Cyclone Nargis. Some donors are jointly establishing trust funds for livelihood and health, to be accessed by non-governmental organizations based on Expression of Interest and Call for Proposal. Four member countries of the Organisation for Economic Co-operation and Development and the European Union have been funding a large high-quality basic education programme, implemented by UNICEF since 2007. With the establishment of the Three Diseases Fund[10] in 2006 and the possible return of the Global Fund in 2011, resources for other priority child health problems, such as pneumonia, diarrhoea and acute respiratory infections, need to be mobilized. UNICEF works on the ground for programme implementation directly through the government departments and through a number of international and local non-governmental organizations and faith-based organizations. Joint programming with United Nations agencies in monitoring, reproductive health and education will be promoted.

Monitoring, evaluation and programme management

34. The Ministry of National Planning and Economic Development is the coordinating body for overall programme implementation and signs the UNICEF Country Programme Action Plan. A five-year integrated monitoring and evaluation plan will guide the country management team on results-based management and the planning of major research, studies, surveys and evaluations in a comprehensive way. DevInfo will contribute to the decision-making process related to the situation of children within the broader context of the Goals. The summary results matrix highlights expected programme component results as well as key progress indicators to be used for monitoring and evaluating programme performance. Results of MICS 2009/2010 and the National Household Survey 2009/2010 will be used as baseline data, and specific surveys will be undertaken to monitor progress of programme component key results, as required. It is hoped that there will be increased opportunities for broadening partnerships with local authorities in ceasefire areas to address the acute needs of Myanmar children everywhere in the country.

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[10] The Three Diseases Fund was established as a substitute for the Global Fund, whose work was suspended in August 2005.