Health Resource Facility
for Australia's Aid Program

Improving Health Service Delivery in Myanmar:

UN Joint Program on Maternal, Newborn and Child Health

INDEPENDENT REVIEW REPORT

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Initiative Summary

Initiative Name	Improving Health Service Delivery in Myanmar: UN Joint Program on Maternal, Newborn and Child Health		
AidWorks initiative number	INK437		
Commencement date	13 February 2012	Completion date	12 May 2013
Total Australian $	AUD5 million		
Total other $	Contributions from UN agencies: UNFPA: US$0.3 million UNICEF: US$5 million WHO: 0		
Delivery organisation(s)	UNFPA, UNICEF, WHO		
Implementing Partner(s)	Women and Child Health Development Section, Department of Health, Ministry of Health Maternal and Child Health section, Department of Health, Ministry of Health UNOPS Myanmar Maternal and Child Welfare Association		
Country/Region	Myanmar		
Primary Sector	Health		

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Author's Details

Kathy Attawell is an independent consultant.

Disclaimer:

This report reflects the views of the evaluation consultant, rather than those of the Government of Australia or of the Government of Myanmar.

Acronyms

BEmONC	Basic Emergency Obstetric and Newborn Care
BHS	Basic Health Staff
CCM	Community Case Management
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CPR	Contraceptive Prevalence Rate
CMS	Central Medical Stores
DHP	Department of Health Planning
DHS	Demographic and Health Survey
DOH	Department of Health
EPI	Expanded Programme on Immunisation
HMIS	Health Management Information System
HSS	Health System Strengthening
IMNCI	Integrated Management of Newborn and Childhood Illnesses
MCH	Mother and Child Health (Division), Department of Health
MDG	Millennium Development Goal
MHSCC	Myanmar Health Sector Coordinating Committee
MICS	Multi-Indicator Cluster Survey
MMCWA	Myanmar Maternal and Child Welfare Association
MNCH	Maternal, Newborn and Child Health
ORS	Oral Rehydration Salts
REC	Reaching Every Community
SOP	Standard Operating Procedure
TMO	Township Medical Officer
TSG	Technical and Strategy Group
TT	Tetanus Toxoid
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
WCHD	Women and Child Health Development (Division), Department of Health
WHO	World Health Organisation

Executive Summary

Review background and purpose

Maternal, newborn and young child mortality rates are high in Myanmar and the Millennium Development Goal (MDG) targets are unlikely to be met without increased investment in the health sector and improved delivery of basic health services. Donors are now providing significant support through the 3MDG Fund. Prior to the establishment of this Fund, there was little donor funding for maternal, newborn and child health (MNCH) in Myanmar. The Australian Government therefore provided AUD 5 million for a one-year UN Joint Program to address immediate and critical gaps in MNCH policy, service delivery and capacity development. A strategic objective of this support was to also improve joint UN working on MNCH, including building UN capacity to contribute to health sector coordination and supporting the agencies to plan for transition to and joint engagement with the 3MDG Fund.

The joint program goal was to contribute to national targets for reducing maternal, newborn and child death through maintaining and scaling up support to deliver low cost, high impact MNCH interventions. Implemented by UNFPA, UNICEF and WHO with the Ministry of Health (MOH) from February 2012 to May 2013, the joint program was based on the existing country programs of the three agencies; Australian funding made a significant contribution to addressing gaps in these programs.

The main emphasis of the independent review, which was conducted in October 2013, was on engaging key stakeholders in identifying lessons learned and recommendations for strengthening future UN support to the MOH in MNCH.

Review findings

Program achievements and lessons learned

The program provided critical support for child health, delivery and newborn care and birth spacing services through procurement and training. This included, for example, procurement of EPI vaccines for 700,000 children and tetanus toxoid vaccines for 250,000 women, malaria rapid tests to screen 150,000 patients and drugs to treat 60,000 cases of malaria, and training for more than 1,500 health professionals. The program covered 132 townships with an estimated population of 21.3 million, of which around 60% are women and children. Assessing the extent to which this increased access to appropriate case management for children, skilled attendance at birth and newborn care, and birth spacing services is difficult because data for these key program indicators will not be available from the national Health Management Information System until 2014; a full assessment of results will be provided in the final program report in May 2014.

The program also contributed to improvements in the enabling environment through support for development or revision of a range of evidence-based policies and guidelines, as well as to upstream policy dialogue. For example, the findings of an evaluation of a pilot of case management of pneumonia and diarrhoea by community health volunteers, which were disseminated with Australian Government support, are expected to influence policy and practice concerning provision of antibiotics for childhood illness by community health workers, thereby having a wider impact on child health. Limited progress was made with support for the development of costed plans for MNCH.

The program supported existing coordination forums for maternal health and child health – the National Child Survival Forum and Reproductive Health Committee – but was less effective in supporting overall MNCH coordination. No progress was made with supporting the establishment and functioning of the MNCH Technical and

Strategy Group (TSG), a sub-group of the Myanmar Health Sector Coordinating Committee (MHSCC). As of the time of this review, the TSG had not met and the UN agencies had not yet agreed on how they will support this as part of their ongoing collaboration in support of the MOH.

Key lessons learned include:

There are limitations associated with short program timeframes; these were explicitly recognised by the Australian government and the UN partners. The one-year timeframe allowed limited time for planning, implementation and follow up. In addition, given the lead time required for global procurement, some commodities arrived in country after the end of the program. In addition, it is not feasible to achieve or measure impact on health outcomes in one year.

A flexible approach is required in a challenging and rapidly changing operating environment. The wider context and the health system in Myanmar pose challenges and a flexible approach to implementation is needed.

Opportunities were missed to provide more coherent support for MNCH. The joint program offered an opportunity to support the MOH to take a more integrated approach to development of guidelines and to training for health workers. UN agencies continued to work separately with different parts of the MOH and to support the development and implementation of separate guidelines and training.

There is scope to improve analysis of the quality and impact of UN programs and technical support and to improve documentation of learning.

Joint working achievements and lessons learned

Australian Government investment in the joint program helped to strengthen UN joint working in several ways. The program improved collaboration, contributing to greater engagement between the agencies, stronger working relationships between technical staff and improved understanding of their respective programs. It also provided the basis for joint planning, both by the agencies and with the MOH, and for standardisation of equipment specifications and training guidelines.

The program has also provided the foundation for future joint work, including joint engagement with the 3MDG Fund. Although concrete plans have not yet been defined, the agencies reported that there is ongoing dialogue at senior management and technical levels on how the UN can work together. Progress has been affected by changes in senior management and relocation of UN agency offices.

Although there is less evidence that the program developed UN capacity to contribute to enhanced coordination, there appears to be increased commitment to providing more coordinated support for MNCH and the agencies recognise that an integrated approach will be essential to address MNCH challenges in Myanmar.

Key lessons learned include:

Changing the way in which UN agencies work takes time and it is important to be realistic about changes in UN working that could be achieved in a relatively short timeframe. Although coordination and joint approaches are not new for the UN, there had been relatively little engagement between the agencies in Myanmar prior to the joint program, and it therefore took some time for relationships to be established.

Joint working incurs as well as saves costs and the benefits need to justify these costs. There are transaction costs associated with joint working, including the time required for meetings and other communication, joint planning and monitoring. To justify these costs, joint working needs to have clear and measurable objectives.

While there have been improvements in joint planning, there are opportunities for improving integration and coherence in use of UN agency resources, for example, in staffing across agencies, and in functions, for example, in procurement, assessments, technical support, development of policies, plans and strategies, guidelines and training curricula, support for planning and implementation of training, and monitoring. There are also opportunities for improving integration and coherence in speaking with one voice, support to sector coordination mechanisms and engagement with the 3MDG Fund.

All three agencies implement similar types of activities, for example, training, technical assistance, development of policies and guidelines, across the MNCH continuum of care and there is potential for duplication and overlap unless these activities are well coordinated.

Specific indicators to monitor the effectiveness and outcomes of joint working are needed. It would have been helpful to agree indicators to monitor joint working effectiveness and impact at the outset.

UN and donor agencies need to identify when and where joint working adds value and take steps to ensure it is properly resourced, including through development of clear costed operational plans for joint programs.

Key conclusions

Progress in MNCH in Myanmar requires greater coherence and integration in MNCH. This includes one agreed package of essential MNCH interventions, one MNCH strategy and one costed MNCH implementation plan.

Progress also requires more effective coordination of MNCH. Effective coordination will be critical to support and strengthen government leadership, avoid duplication and overlap in coverage and activities, ensure that all partners are adhering to national policies and guidelines, share experience and lessons learned, and coordinate technical support. Coordination should be provided through the MNCH TSG with appropriate support provided to ensure that it functions effectively.

The contribution of the UN agencies to achieving greater coherence and integration and to more effective coordination in MNCH will be crucial. The UN agencies have a long-standing relationship with the MOH and enjoy a high degree of trust and credibility. They can play a key role in policy dialogue, provision of normative and technical guidance, convening and capacity development, as well as in ensuring that Myanmar benefits from global experience and best practice.

The UN agencies recognise the need for a shared vision, common platform and higher profile for MNCH and their stated intention is to coordinate their efforts in support of this.

Key recommendations

UN agency recognition of the need for coherent, coordinated support for MNCH and the MOH needs to be reflected in concrete action. This should include: joint support for integrated MNCH policies, strategies, costed plans, guidelines, training and procurement; joint support for the MNCH TSG; and joint engagement with the 3MDG Fund.

To strengthen the effectiveness and coherence of their support for MNCH, the UN agencies will need to change the way they do business. This will require a shift from channelling funds and implementing projects and programs; the ability to work with a wider range of partners will be at least as important as coherence within the UN family.

A coherent, integrated approach will require a shift from joint programming that is based on a compilation of separate agency programs to joint programming that is based on an assessment of how the UN can respond to country needs and priorities. There is also a need for individual UN agencies to identify and focus on areas where they have a comparative advantage.

The UN agencies need to identify areas where the comparative advantage of the UN can be maximised and where joint working can improve integrated support, increase efficiency and maximise the use of available resources. There are opportunities to improve integration and coherence in use of resources, functions, speaking with one voice, support to sector coordination mechanisms and engagement with the 3MDG Fund.

Evaluation Criteria Ratings

Evaluation Criteria	Rating (1-6)	Explanation
Relevance	5	Program aligned with priorities of Australian aid program and of Government of Myanmar and addressed critical gaps in maternal, newborn and child health services at the time.
Effectiveness	4	Planned activities largely delivered. Although limited data available to assess effectiveness, can assume these activities made a difference to availability of services. Effectiveness limited by fragmented, one off activities.
Efficiency	4	Joint working avoided overlap of activities. Steps taken to ensure VFM. UN procurement systems ensure competitive prices. Scope to rationalise staffing through joint working.
Sustainability	4	Benefits of guidelines and training likely to be sustained. Procurement support sustained through agency core programs. Government of Myanmar has increased the health sector budget, particularly for essential medicines.
Impact	N/A	Given one-year timeframe, program was not expected to achieve or measure impact.
Gender equality	4	Program had a gender focus as it targeted women and children. Expectations about gender-disaggregated data were unrealistic and this is not available from the HMIS.
M&E	4	Monitoring framework aligned with national frameworks. Data for key indicators will be available in 2014.

Rating scale

Satisfactory		Less than satisfactory	
6	Very high quality	3	Less than adequate quality
5	Good quality	2	Poor quality
4	Adequate quality	1	Very poor quality

1. Introduction

Myanmar is committed to achieving the health-related Millennium Development Goals (MDGs) but progress is categorised as 'insufficient'[1]. These goals are unlikely to be achieved without a significant increase in sector funding and access to basic health services for the poorest and most vulnerable populations. Increasing access to services will also require a change in the way that services are delivered, including more coherent and integrated programming.

Maternal, newborn and child health (MNCH has been under-funded in Myanmar[2]. Historically low levels of public expenditure and service provision are reflected in poor health indicators. The Ministry of Health (MOH) and UNICEF 2004-2005 cause-specific national maternal mortality survey estimated maternal mortality at 361/100,000 live births; H4 (WHO, UNICEF, UNFPA and World Bank) time trend estimates show a reduction in maternal mortality from 250/100,000 live births in 2005 to 200/100,000 live births in 2010. Progress needs to be accelerated if the MDG target for reducing maternal mortality is to be met. The under-five mortality rate is estimated at 52 per 1,000 live births by the UN and MOH[3]. The neonatal mortality rate is estimated at 26/1,000 live births[4]. Again, faster progress is needed if MDG targets for reducing under-five and neonatal mortality are to be met.

To address immediate and MNCH gaps, the Australian Government provided AUD 5 million for a one-year UN Joint Program on Maternal, Newborn and Child Health, implemented by UNFPA, UNICEF and WHO in partnership with the MOH from February 2012 to May 2013.

1.1. Program background

The joint program was based on the existing country programs of the three UN agencies; Australian financing made a significant contribution to addressing gaps in funding for these programs. The joint program was also consistent with the UN Strategic Framework for Myanmar 2012-2015, which includes activities that involve two or more UN agencies working together, in particular with Strategic Priority 2, which is to increase equitable access to quality social services.

The original proposal submitted by the UN agencies was for a two-year program with a larger budget. The Australian Government reduced the program timeframe to one year, with a commensurate reduction in the budget, to reflect the planned start of the 3MDG Fund in January 2013. The one-year program was intended to allow adequate enough time for the UN agencies to plan for harmonisation with and transition to the 3MDG Fund and at the same time to avoid overlap between the two initiatives. It was explicitly recognised by the Australian Government and by the UN agencies that a one-year program would impose limitations. Areas where expectations were modified included achieving and measuring impact, monitoring and evaluation, including gender-disaggregation of data, and assessment of issues such as value for money.

The strategic program goal for the Australian Government was to improve joint UN working on MNCH, including building UN capacity to contribute to enhanced health sector coordination and supporting the agencies to plan for joint engagement with the 3MDG Fund. The specific joint program goal was to contribute to achieving national targets for reducing maternal, newborn and child death through maintaining and

[1] World Health Organisation and UNICEF 2012. Countdown to 2015 - Building a Future for Women and Children
[2] Ministry of Health. National Strategic Plan for Reproductive Health 2009-2013
[3] UNICEF, 2013. Committing to child survival: A promise renewed. Progress report 2013
[4] UNICEF, 2013. Committing to child survival: A promise renewed. Progress report 2013

scaling up support to deliver low cost, high impact MNCH interventions. The program document identified three strategies that would be used to achieve this:

1. Strengthening the enabling environment
2. Improving service delivery and gender equality and equity for reduction of morbidity and mortality
3. Enhanced capacity development at various levels

The four program outputs were to:

1. Support the development of evidenced-based policies for improved maternal and child health and improve health sector coordination
2. Increase health services and case management for children
3. Increase skilled attendance at birth and provision of newborn care
4. Increase access to birth spacing services

A Steering Committee, comprising the MOH, representatives of the Australian aid program and heads of the three agencies, was responsible for program management and coordination; UN agency MNCH specialists provided technical oversight through a Technical Working Group. UNICEF was the Administrative Agent and responsible for overall coordination and program narrative and financial reporting. There were initial delays in disbursement of funds from the Administrative Agent to the other UN partners[5]; a three-month no-cost extension was requested and agreed by the Australian aid program to complete planned activities. As of the end of 2012 all allocated funds had been disbursed. Table 1 shows funds allocation and expenditure as of 31 December 2012. The final financial report will be submitted in 2014.

Table 1: Allocation of funds and expenditure as of 31 December 2012

	Allocation[6]	Actual expenditure as of 31 December 2012
WHO	US$ 850,695 (AUD 792,000)	US $ 504,039
UNICEF	US$ 2,339,412 (AUD 2,178,000)	US$ 1,644,146
UNFPA	US$ 2,126,738 (AUD 1,980,000)	US$ 397,375
Administrative Agent	US$ 53,706	

In addition to Australian Government funding, UNICEF contributed US$5 million and UNFPA US$0.3 million to the joint program. WHO also provided support in kind, for example, the costs of external experts were covered by the WHO regional office. UNICEF's contribution was mainly used to support additional procurement. UNFPA's contribution was used to engage UNOPS to refurbish delivery facilities. Overall, therefore, Australia's contribution to this program represented 50 per cent of the total program envelope (excluding the WHO in kind contributions). Information provided by the agencies about their overall country program budgets gives a sense of this. WHO's regular budget contribution for MNCH in 2012-2013 was US$350,000; the

[5] The delay was caused by UNICEF Headquarter requiring agency-wide fund allocation information. The first Steering Committee, where all the partners could be present to make this decision, was held on May 2, 2012. Upon being informed, the funds were then promptly disbursed by UNICEF before the end of May.

[6] These were US values at time of conversion

amount received from the Australian aid program through the joint program was US$850,695 or more than double the regular budget contribution. UNICEF's Young Child Survival and Development (YCSD) program budget for 2012 was US$16.21 million; the amount received from the Australian aid program through the joint program was US$2,339,412 or 14.4 per cent of the total YCSD budget. For UNFPA, the Australian aid program's contribution to the joint program represented 19.6 per cent of the total country program budget for 2012.

1.2. Review Purpose and Questions

This was an independent end of program review. The objectives (see Annex 1) were:

- To assess the extent to which the program delivered the specified goal, strategies and outputs.
- To assess lessons about what has and has not worked well.
- To provide recommendations on how to improve the effectiveness and coherence of joint UN interventions in MNCH in order to inform future work.

Questions used for the review are included in Annex 4.

1.3. Review Scope and Methods

The scope of the review included assessment against standard Australian aid program evaluation criteria. However, the main emphasis of the review, which included a country visit to Myanmar from 4 to 11 October 2013, was on engaging key stakeholders in identifying lessons learned and making recommendations for strengthening future UN support to the MOH in MNCH.

Review methods included:

- Desk review of joint program documents and other relevant background documents including MOH, Australian Government and UN agency policy, strategy and program documents (see Annex 2).
- Telephone and in-country briefings with the Australian aid program in Myanmar.
- Meetings with UN agencies, MOH, bilateral donors and international NGOs (see Annex 3). Tailored briefing notes and questions for discussion were prepared and shared in advance of these meetings (see Annex 4).
- Development of a framework to capture UN support for MNCH in Myanmar, in order to build a common understanding of areas of work and identify opportunities for improving the coherence and effectiveness of UN agency programs and support to the MOH (see framework completed by UNFPA, UNICEF and WHO in Annex 5).
- Final feedback and consultation meeting with UN stakeholders and representatives of the Australian aid program Myanmar health team to review preliminary findings and discuss possible ways to strengthen the coherence and effectiveness of future UN support for MNCH and the MOH.

The review findings are based on the progress report for the period February 2012-March 2013. The final report with data for key indicators in the program monitoring framework (see Annex 6) will be submitted in May 2014. The review did not consult sub-national stakeholders or include field visits to triangulate or verify information provided in the progress report. It was deemed unlikely that stakeholders at this level would be able to differentiate Australian Government funded activities from other activities supported by the UN agencies.

2. Evaluation Findings

2.1. Program achievements and challenges

- ***The program provided critical support for delivery of child health, delivery and newborn care and birth spacing services***

The program covered 132 townships (including 70 hard-to-reach townships) with an estimated population of 21.3 million. (Township health administrations serve a population of 100,000-300,000; around 60% of the population are women and children.) Mobile services were supported for 3,000 villages in the 70 hard-to-reach townships and facility-based preventive and curative care in the other 62 townships.

Considerable support was provided for procurement of vaccines, child health essential medicine kits, maternal health and birth spacing commodities and equipment for nursing and midwifery schools, and for refurbishing health facilities for improved delivery care.

Outreach activities used the Reaching Every Community strategy to deliver services to hard-to-reach townships. Two rounds of outreach activities, focusing on immunisation and micronutrient supplements, were conducted in 60 of the 70 hard-to-reach townships. UNICEF reports that 75% of the targeted 3,000 villages were covered. Procurement of vaccines and essential child health medicines was based on micro-plans developed by basic health staff, based on the targeted number of children in each village under specific rural health centres. This is expected to be continued by township medical officers as part of regular planning processes.

The program also supported training for more than 1,500 health professionals. This included training for paediatricians, hospital and basic health staff on obstetric and newborn care, state/region health staff on child health program management, training of trainers and basic health staff on integrated management of newborn and child health, medical record staff on HMIS, and trainers of trainers on maternal and neonatal death audit.

Box 1 provides a summary of key activities implemented to support service delivery.

Box 1: Program activities to support service delivery

Training

- Child health program management training for 34 program managers from all states/regions.
- Training of 20 trainers and training for 155 basic health staff in integrated management of newborn and child health (IMNCI) and training of 20 trainees and 8 facilitators in facility IMNCI.
- Training of midwifery tutors in all midwifery schools on the revised pre-service midwifery curriculum.
- Training of 40 trainers in maternal and neonatal death audit in seven states/regions.
- Refresher training of 60 district hospital paediatricians from all states/regions in essential and advanced newborn care and essential newborn care training for 256 basic health staff in four townships.
- Training for 236 basic health staff on pregnancy, child birth and post-natal care in 18 townships.
- Training for 412 basic health staff on emergency neonatal and obstetric care in 10 townships.
- Refresher training for 14 MMCWA maternity home staff.
- Training for 36 medical record technicians to strengthen hospital HMIS.
- Training for 256 basic health staff in 18 townships on reproductive health care.

Procurement

- Child health medicines kits for 4,663 facilities in 99 townships (60% of these hard to reach townships) and additional 1,239 kits to replenish stocks in hard to reach townships.
- ORS for 1,970 villages in 46 of 70 hard to reach townships – 375,000 ORS sachets were procured (280,000 with Australian Government funding).
- Malaria rapid diagnostic tests to screen 150,000 patients and malaria drugs to treat 60,000 cases.
- Tetanus toxoid vaccine for 250,000 women in 70 hard to reach townships.
- EPI vaccines for 700,000 children aged under three in 70 hard to reach townships and cold chain equipment for the same 70 townships.
- Midwife and auxiliary midwife kits, weighing machines, sterilizers, blood pressure cuffs, stethoscopes, test kits for antenatal care, drugs for maternal and newborn care in 70 hard to reach townships.
- Birth spacing commodities (oral contraceptives, injectables, IUDs, emergency contraception, condoms) for 37 townships.

Refurbishment and equipment

- Refurbishment of 10 delivery care facilities – five MOH and four MMCWA facilities and central midwifery school.[7]
- Provision of training aids and equipment for 23 nursing schools and 20 midwifery schools – the original target was 22 schools).

[7] The original plan was to refurbish 20 maternal health care facilities. This was subsequently revised to ten facilities due to the initial delay in disbursement of funds and difficulty in identifying a suitable implementing partner. Funds were reallocated for procurement of maternal health and birth spacing commodities.

- ***It is difficult to assess the extent to which support for service delivery contributed to increased access to appropriate case management for children, skilled attendance at birth and newborn care, and birth spacing services***

Three indicators were included in the program monitoring framework to measure increased access to appropriate case management for children. At the time of the review, data was only available for one of these – percentage of randomly visited rural health centres and sub centres having ORS and antibiotics in project townships. This showed reasonable progress towards the target of 90%, with 58% having ORS and 80% having antibiotics. Data for the other two indicators – percentage of children immunised with DPT3 in targeted townships and number receiving malaria case management – will be available in 2014 and included in the final program report.

Four indicators were included in the program monitoring framework to measure increased skilled attendance and provision of newborn care – percentage of deliveries attended by a skilled health worker, percentage of institutional deliveries, percentage of deliveries by caesarean section and percentage of pregnant women receiving two doses of TT vaccine. At the time of the review, no data was available for any of these indicators. Again, these will be available in 2014 and included in the final program report.

Three indicators were included in the program monitoring framework to measure increased access to birth spacing services. Data was reported for the first indicator – percentage of service delivery points with at least two types of contraceptives available. Significant quantities of commodities, including oral contraceptives, injectables, IUDs, emergency contraception and condoms, were procured for all service delivery points in 37 townships. However, these were only distributed in early 2013, due to the lead time required for procurement. Insufficient information was available to assess the second indicator – number of service delivery points in townships supported by the program offering quality birth spacing services.

No data was available to assess the third indicator – number of birth spacing consultations and users and CPR in service delivery points supported by the program. The progress report states that utilisation of modern contraceptive methods has increased. This is based on the findings of a joint MOH, UNFPA and WHO monitoring visit, which heard that use of modern methods had increased more in townships support by the joint program than in other townships; basic health staff reported that this was due in part to improved availability of contraceptives.

It was not feasible to assess progress towards the program goal, because reliable mortality data is not available and the program timeframe was too short to be expected to have an impact on mortality. In addition, it would be difficult to attribute any reduction in mortality to the joint program. Nevertheless, the program did contribute to maintaining and scaling up the delivery of low cost, high impact MNCH interventions. It enabled the UN agencies to address some key MNCH gaps and to make an important contribution to national EPI and malaria control efforts, as well as to extend coverage of interventions, for example, UNICEF was able to expand its program to an additional six hard-to-reach townships.

- ***The program contributed to improvements in policies and guidelines and to upstream policy dialogue***

The joint program enabled the UN agencies to provide technical assistance to develop and revise evidence-based policies and national guidelines. These included, for example, guidelines on community case management of childhood illnesses, community management of pregnancy, childbirth and post-natal care and

comprehensive emergency obstetric and neonatal care, and standard operating procedures for child health emergencies.

Support was also provided to revise the pre-service midwifery diploma curriculum and to develop a community newborn care training package. In addition, the UN agencies assisted the MOH to develop a national communication strategy for child survival and development, and to print a range of materials for health workers including a manual for auxiliary midwives, a MNCH handbook and antenatal registers.

Evidence-based policies and guidelines can contribute to improvements in maternal and child health, if these are disseminated and used. The UN agencies report that policies and guidelines were shared with a wide range of stakeholders through national coordination mechanisms. These have been disseminated by the MOH and through UN agency trainings and are being used by health workers. The agencies enable a systematic approach to identifying priority gaps in MNCH policies and guidelines through a UN joint program Technical Working Group. WHO has also recently recruited an MNCH expert, with 3MDG Fund support, whose terms of reference include reviewing current policies and guidelines and identifying gaps.

Assessments conducted under the auspices of the joint program contributed to strengthening the evidence base. These included an assessment of facility capacity to provide delivery care, conducted by UNFPA and MMCWA, and an assessment of the quality of facility newborn and child health care in 20 township and 20 station hospitals, conducted by WHO and the MOH. The latter found that only 20 per cent of hospitals had adequate essential drugs, supplies and equipment and only 20 per cent had child wards and facilities in good condition.

UNICEF and the MOH also conducted an evaluation of a pilot of community case management of pneumonia and diarrhoea by community health volunteers. Australian funding was used to print and distribute the evaluation report including to stakeholders during the WHO-led Global Action Plan for Pneumonia follow up mission in November 2012. UNICEF expects that the findings of the pilot will influence policy and practice concerning provision of antibiotics for childhood illness by community health workers, thereby having a wider impact on child health.

- ***The program supported existing coordination forums for maternal health and child health but was less effective in supporting overall MNCH coordination***

Technical, financial and logistical support was provided by the UN agencies to the existing forums for coordination of maternal and child health – the Reproductive Health Committee and the National Child Survival Forum – helping to ensure that these met on a regular basis. Support was provided for agenda setting, preparation of documents and dissemination of meeting minutes. These forums are reported to have been a useful platform for planning, sharing information and experience, disseminating guidelines and coordination with international and national NGOs. For example, the Child Survival Forum was used to consult on the child survival communication strategy and disseminate community case management guidelines, and the Reproductive Health Committee to review plans for the next reproductive health national strategic plan.

The UN agencies believe that support for evidence-based policies and specific coordination mechanisms helped to strengthen national leadership and progress with overall sector coordination. Steps have been taken by the Government of Myanmar to improve health sector coordination through the establishment of the Myanmar Health Sector Coordinating Committee (MHSCC) in July 2013, a sector-wide

mechanism co-chaired by the MOH and WHO that has replaced the Global Fund-specific Country Coordinating Mechanism and has a scope that goes beyond the three diseases. However, it is not possible to attribute this development to the joint program.

The MNCH Technical and Strategy Group (TSG) is a newly established sub-group of the MHSCC. An effective TSG will support joint planning and prioritisation within the MOH and will be pivotal to a coherent and integrated approach to MNCH. While UNICEF and UNFPA have signalled joint support for the TSG, the TSG has yet to meet and the UN agencies are still discussing with MOH how they will jointly support this.

- ***The program did not succeed in supporting the development of costed plans for MNCH***

Through the joint program, the UN agencies had planned to provide support for development of costed plans for maternal and child health using the Marginal Bottlenecks for Budgeting Tool. This did not happen. Reasons include the subsequent development by WHO of the One Health Tool, lack of agreement about the way forward within the MOH and the UN, and ongoing discussions about health systems strengthening. Program funds for this activity were reallocated for procurement of child survival medicines.

2.2. Program lessons learned

- ***There are limitations associated with short program timeframes***

The one-year program timeframe allowed limited time for planning, implementation and follow up. A longer timeframe is needed for programs that involve global procurement; given the lead time required, some commodities arrived in country after the end of the program timeframe. In addition, it is not feasible to achieve or measure impact on health outcomes in one year. Initial expectations were modified but it might have been better to set realistic and measurable targets at the outset. The objectives and design of future programs should be commensurate with the program timeframe and budget. Program monitoring frameworks should include indicators that are SMART and for which data will be available.

- ***A flexible approach is required in a challenging operating environment***

Both the wider context and the health system in Myanmar pose challenges and require a flexible approach to implementation, both to respond to unanticipated developments and to health system capacity weaknesses. For example, security concerns prevented the program from covering some hard to reach townships but the UN agencies were able to reprogram allocated funds. And in townships where local authorities lacked transport, the UN agencies needed to hired transport to ensure supplies were distributed to more remote areas.

- ***Opportunities were missed to provide more systematic and coherent support for MNCH***

The joint program, in principle, offered an opportunity to support the MOH to take a more integrated approach to MNCH, for example, by supporting the development of integrated guidelines and training for health workers. However, the UN agencies continued to work separately with different parts of the MOH and to support the development and implementation of separate guidelines and training activities for different aspects of maternal, newborn and child health.

A more systematic approach to identifying priority gaps in MNCH policies and guidelines could also have been taken. In addition, program activities could have been better phased and coordinated. For example, training and provision of supplies and equipment were not linked, so the latter arrived some time after training had been conducted. Training might also have been more effective if it had been situated within an overall plan for developing human resources for health capacity in MNCH and had been implemented more systematically.

- ***There is scope to improve analysis of the effectiveness and impact of UN support***

The joint program progress report reports on activities implemented but provides no analysis of the effectiveness of program strategies. Although it can probably be assumed that these activities strengthened the enabling environment, improved service delivery and enhanced capacity development, future UN programming would benefit from more analysis of the effectiveness of program strategies. Limited attention was given to systematic follow up of the support provided, to assess its quality or impact. Both for specific programs in particular any new investments through the 3MDG Fund, and in their overall country programs, the UN agencies need to move beyond reporting on activities to evaluate the quality and effectiveness of the support they provide and whether or not it produces the desired results as well as document learning more systematically. The final report due in 2014 will be an opportunity for the UN agencies to better capture learning and analysis.

- ***Attribution is challenging when activities supported are subsumed within broader programs***

The joint program was subsumed within broader UN engagement and country programs. This makes it more difficult to monitor and measure the impact of donor support for an element of these programs, particularly when it is not clear exactly what proportion of the overall country programs the donor contribution represents.

2.3. Joint working achievements and challenges

- ***The program improved collaboration and joint planning on MNCH***

The agencies reported that the joint program did improve joint working within the UN. It strengthened collaboration and engagement between the agencies, in particular working relationships between technical staff. It also contributed to improved understanding of other agency programs. Specific outcomes of increased collaboration reported included joint planning between the agencies and with the MOH to avoid duplication of activities and geographical coverage, standardisation of training guidelines and specifications for equipment, and to a more limited extent, joint monitoring.

- ***The program laid the foundations for joint engagement with the 3MDG Fund***

One of the objectives of Australian Government funding for the joint program was to support the UN agencies to plan for joint engagement with the 3MDG Fund. The agencies report that the joint program has provided the foundation for future joint work, in particular joint engagement with the 3MDG Fund. Although concrete plans have not yet been defined, the agencies reported that there is ongoing engagement at senior management and technical levels on how the UN can work together in these areas.

- ***Although there is less evidence that the program developed UN capacity to contribute to enhanced coordination, there appears to be increased commitment to providing more coordinated support for MNCH***

The separation of maternal health and child health, managed by different divisions within the MOH, has undermined coherence and integration in MNCH and created inefficiencies. This separation is reflected in separate strategies, essential packages and coordination mechanisms for reproductive health and child health, as well as in separate guidelines, training packages and support for procurement of reproductive health and child health commodities. The joint program appears to have had limited impact on the way in which the UN agencies have engaged with the MOH – individual agencies continued to work separately with different parts of the MOH on reproductive and maternal health and on child health.

During the joint program, the agencies continued to support separate reproductive health and child health coordination mechanisms. However, in September 2013, UNFPA and UNICEF agreed to provide joint support to the MNCH TSG. This is an important step forward and reflects acknowledgment that a more coherent and integrated approach will be essential to address MNCH challenges in Myanmar. All three agencies – WHO, UNFPA and UNICEF – have expressed their commitment to providing more coordinated UN support to the MOH in future, both for MNCH and for wider heath systems strengthening.

2.4. Joint working lessons learned

- ***Changing the way in which UN agencies work takes time***

It is important to be realistic about changes in UN working that could be achieved in a relatively short timeframe. There had been limited engagement between the agencies prior to the joint program, and it therefore took some time for relationships to be established. It also took some time to conduct joint planning and to recruit staff. Sustaining joint working has also been affected by changes in senior management and relocation of UN agency offices.

- ***The UN agencies need to define their respective roles and comparative advantage and communicate these clearly to external stakeholders***

The mapping exercise (see Annex 5) shows that all three agencies provide similar types of support across the MNCH continuum of care. Although there are one or two clear areas of delineation, for example, WHO does not do procurement, UNFPA and UNICEF procure supplies in line with their respective mandates, and WHO does not generally operate at sub-national level, there is also potential for duplication and overlap unless activities are well coordinated. Consequently, streamlining expertise in areas of comparative advantage to best serve the needs of the country is particularly important.

- ***Joint working has transaction costs and the benefits need to justify these costs***

Although the costs of working separately are high and joint working can increase efficiency and maximise the use of available financial and human resources, there are also significant transaction costs associated with joint working. These relate to the time required for meetings and other communication, joint planning and monitoring and so on. To justify these costs, joint working needs to have clear and measurable objectives. To be effective, it needs to be task oriented and to be properly resourced.

- ***Specific indicators to monitor the effectiveness and outcomes of joint working are needed***

The joint program monitoring framework did not include indicators to track joint working. It would have been helpful to agree indicators to monitor joint working effectiveness and impact at the outset.

- ***The UN agencies' contribution to greater coherence and integration and more effective coordination will be crucial***

As the IHP+ mission noted, the UN agencies will need to change the way they do business, to adapt to a changing health sector and aid environment. This will require a shift away from channelling funds and implementing programs to focus on the key role they have to play in policy dialogue, technical guidance, convening and capacity development and to work with a wider range of partners. The agencies recognise the need for a shared vision, common platform and higher profile for MNCH and to coordinate their efforts in support of this.

Although foundations have been laid for joint UN engagement with the 3MDG Fund, progress may have been limited by factors such as misconceptions about the Fund (e.g. the links between MNCH and HSS initiatives) and lack of clarity about how to maintain the focus around agency country plans and engage with the Fund. However, heads of agencies are discussing plans for joint support to the MOH, including for the MNCH TSG, and for joint engagement with the 3MDG Fund.

- ***In the longer term, more effective joint working will require wider reform across the UN***

This includes alignment of planning cycles, systems and procedures as well as reform to support sharing of tasks and resources. The independent evaluation of lessons learned from Delivering as One highlighted these issues, noting the need for higher level systemic changes to support joint working including, for example harmonisation and simplification of business practices. UN and donor agencies need to identify when and where joint UN working adds value, ensure that it is properly resourced and rewarded, including through development of clear costed operational plans for joint programs, and take forward longer-term institutional reforms required to support joint working. Lessons could perhaps be learned from the experience of implementing One UN in other countries.

2.5. Evaluation criteria

The review included an assessment of the program against the standard evaluation criteria used by the Australian Department of Foreign Affairs and Trade. This takes into account expectations of a one-year program timeframe.

Relevance

Rating: 5 out of 6: Good Quality

The joint program was relevant. It was consistent with national priorities, policies and plans in Myanmar; accelerating progress towards MDG4 and MDG5 and improving access to maternal and child health services are priorities for the Government of Myanmar. The program supported the objectives of the National Health Policy, which aims to achieve health for all through primary health care, the National Health Plan 2006-20011 and 2011-2016, the National Strategic Plan for Child Health Development 2010-2014 and the National Strategic Plan for Reproductive Health 2009-2013. The joint program monitoring framework was aligned with the monitoring

and evaluation (M&E) frameworks in the national reproductive health and child health implementation plans.

The joint program was also consistent with the objectives of the Australian aid program in particular the strategic goal of saving lives. This includes saving the lives of poor women and children through greater access to quality maternal and child health services and supporting large scale disease prevention, vaccination and treatment. It also contributed to the objectives of the Australian aid program's Myanmar strategy 2012-2014, in particular the strategic priority of improving delivery of basic education and health services to the poor and the focus on maximising the returns on investment of funds invested. Australian Government support for MNCH through UN agencies was also a pragmatic approach at a time when scope for direct engagement with and funding of the Government of Myanmar was limited.

The joint program provided important support for MNCH at a time when it was under-funded both by the Government of Myanmar and by development partners, and provided momentum to the engagement with 3MDG. It contributed to development of evidence-based policies, strengthened existing MNCH coordination mechanisms and addressed critical gaps in MNCH, in particular shortages of essential drugs and commodities, which had been identified by the UN agencies as one of the main barriers to provision of basic health services. MOH stakeholders consulted for this review were positive about the contribution of the joint program and the UN agencies to MNCH.

Effectiveness

Rating: 4 out of 6: Adequate Quality

Effectiveness in terms of progress towards objectives and the achievements of the joint program and of joint working is discussed in section 2.1 above.

Assessment of the effectiveness of interventions needs to take account of the limitations of a one-year program and the fact that, although coordination and joint approaches were not new for the UN, there had been little engagement between the UN agencies prior to the program,. However, other factors also limited program effectiveness. These included a lack of coherence; the program comprised a range of one-off activities rather than a strategic approach to ensure all program townships received support for a package of interventions. For example, training on some issues was conducted in only a proportion of the 132 townships. Where support was provided to train basic health staff it is not clear that those responsible for supervision of these staff were also trained. Support was provided for provision of birth spacing commodities in only 37 townships and not all of these townships were covered with related reproductive health training. The program appeared to reinforce the 'project' township approach taken by the UN agencies and the MOH, which some view as undermining a strategic approach to improving health services in Myanmar.

The UN agencies noted that this apparent fragmentation reflected the fact that activities supported by the Australian Government were part of their wider country programs and that other support was also being provided by MOH and programs such as GAVI. That said, clearer prioritisation, with a focus on doing fewer things more comprehensively, and more realistic expectations of results within the available timeframe and budget might have enhanced effectiveness and achievement of objectives.

Phasing of different areas of activity was a challenge. The agencies had originally planned to link training with provision of supplies and equipment but this did not always happen. The time required for procurement meant that supplies and

equipment were not available to health workers who had been trained to use them until much later.

Opportunities were missed to use joint programming to take a more coherent and integrated approach to MNCH. For example, both program management training and the national communication strategy only focused on child health, rather than addressing wider MNCH. Separate guidelines and training packages were produced for different aspects of MNCH. Separate trainings were conducted on different aspects of MNCH, often for the same health worker. This was reported to have resulted in some training for basic health staff being less effective because these staff were over-burdened and could not cope with multiple trainings. Separate facility assessments were conducted to assess requirements for delivery care and the quality of newborn and child health care.

Efficiency

Rating: 4 out of 6: Adequate Quality

Implementation arrangements were reasonably efficient. Activities were implemented through existing government infrastructure and human resources. The UN agencies defined roles and responsibilities and identified the lead agency for delivering each program output. The Administrative Agent arrangement was reported to have worked well after initial delays in disbursement of funds.

With respect to costs, agency overhead costs, at 7 per cent, are comparable with international benchmarks, as is the Administrative Agent charge of 1 per cent. UNICEF and UNFPA procurement systems ensure competitive prices as well as the quality of drugs and other supplies. Measures taken to ensure value for money were not explicitly described in the progress report. However, the UN agencies report that value for money was considered in facility refurbishment, training and printing. For example, WHO trainings were held in government premises and government per diems were used to contain costs. The agencies use standard competitive bidding processes and local firms for printing of guidelines and training materials. Joint monitoring and supervision also reduced costs.

Although each agency took steps to minimise staff inputs to the joint program, staffing is an area where there may be scope for greater efficiency through joint working.

Impact

Rating: Not assessed

The program was ambitious in scope and initial expectations that it would demonstrate impact on mortality in one year were moderated. It was not feasible for the UN agencies to report on program impact on MNCH service coverage or outcomes, given the short program timeframe, in addition to the lack of reliable data. Staff working within the Australian aid program acknowledge this; the review therefore did not address impact. However, it is clear that the joint program played a key role in maintaining and scaling up high impact, low cost interventions. Whilst this is likely to have contributed to improved access to services and improved MNCH outcomes, insufficient data is available to verify this. Impact has, for this reason, not been scored.

Sustainability

Rating: 4 out of 6: Adequate Quality

The UN agencies have taken steps to ensure that some program activities will be sustained, using their core program resources. UNICEF and UNFPA, for example, have developed a shared procurement plan to ensure continuity of supplies. If it meets eligibility criteria, Myanmar may potentially benefit from the global reproductive health commodity security program, which could help to address gaps from 2014 onwards.

In addition, specific areas of program activity, in particular the development of guidelines and support for training, are likely to have sustained benefits. For example, pre- and post-test assessments indicated that some training – in maternal and neonatal death audit, essential newborn care, and HMIS – had resulted in improved knowledge and skills. The UN agencies acknowledge, however, that maximising and sustaining the impact of training will require greater emphasis on improving the quality of training, ensuring that training is competency-based, ensuring that all health workers are trained, and strengthening supervision and monitoring.

It is important to be realistic about the sustainability of support for an underfunded health system. Ultimately sustainability will depend on increased Government of Myanmar funding for the health sector as well as on the effectiveness of government and development partner efforts to strengthen the health system. As noted earlier, domestic and donor funding for health, including MNCH, has historically been low, but recent developments have improved the prospects for sustainability.

The Government of Myanmar has announced commitments to the Global Strategy for Women and Children's Health to 2015, has increased the budget for the health sector, in particular for procurement of essential drugs and supplies for township and rural health centres, and has increased support for deployment of health workers in hard to reach areas. Donor support for MNCH has also increased significantly through commitments to the multi-donor 3MDG Fund; further increases in donor support to Myanmar are anticipated.

The UN agencies, individually and jointly, plan to provide support to the MOH for health system strengthening as well as to continue to contribute to MNCH through development of policies and guidelines, training and capacity building, supervision and monitoring, procurement of drugs, commodities and equipment.

WHO has suggested it will prioritise support to MOH to develop the next child health strategic plan, to cost the National Health Plan, on universal health coverage as well as scaling up training in program management, HMIS and data collection.

While strengthening national and sub-national evidence-based policy and planning, UNICEF plans to expand equity-focused support for integrated facility-based and outreach services for MNCH and strengthen the MOH's procurement and supply management system to sustainably address gaps in the availability of essential medicines.

In 2014, Myanmar has become one of the Global Program for enhancement of Reproductive Health Commodity Security (GPRHCS) focus countries. UNFPA will continue to provide support for sexual and reproductive health and rights and for reproductive health commodity security through integrated procurement planning of commodities.

Ongoing dialogue between the agencies concerning joint support for the MOH and joint engagement with the 3MDG Fund suggest that joint working catalysed by Australian Government support will be sustained.

M&E, analysis and learning

Rating: 4 out of 6: Adequate Quality

The joint program monitoring framework was aligned where appropriate with the national M&E frameworks for reproductive health and child health. This made sense. The monitoring framework did not include indicators to capture data on gender, poverty or the quality or cost of interventions, which are of interest to the Australian Government. This means, for example, it is difficult to assess the extent to which the program benefited the poorest women and children. However, it is recognised that expectations about monitoring needed to reflect the short program timeframe. Indicators to measure the effectiveness and expected outcomes of support for health sector coordination are weak, although it is important to recognise that this is a difficult area to measure. Joint program monitoring also did not include indicators to track the progress or impact of joint working.

Data for reporting on many of the key indicators in the program monitoring framework is collected through the HMIS. As noted earlier, this data will be available in 2014 and included in the final program report. There are some concerns about the completeness and reliability of HMIS data. For example, disaggregated township data is not available for some indicators.

The agencies made good efforts to monitor some program activities. For example, UNICEF Field Program Officers tracked supplies to ensure these were delivered and available at township level and all agencies conducted basic pre- and post-training assessments. A joint monitoring mission was carried out, although the findings of this mission are not included in the progress report.

Monitoring should have enabled the agencies to provide some analysis of the coverage and quality of program activities, but the progress report focuses on describing activities. For example, it includes no information about what types or quantities of maternal health and birth spacing commodities and equipment were procured, what refurbishment of facilities entailed or what the assessments showed and no analysis of the health systems or institutional context. In addition, there is little emphasis on learning in the progress report.

Gender Equality

Rating: 4 out of 6: Adequate Quality

The joint program had a gender focus, as the interventions mostly targeted women (and children) and gender equality and equity was included within the program strategies. The UN agencies also report that gender is mainstreamed across their programs. Expectations that the program would generate gender disaggregated data were not realistic; this will be available from the HMIS for the indicators included in the monitoring framework. The program did not have explicit gender equality objectives or indicators and, hence, its contribution to advancing gender equality, promoting women's empowerment or, specifically, increasing women's voice in decision making or ensuring that health services are gender responsive, was not monitored.

3. Key conclusions and recommendations

Key conclusions and recommendations reflect the review findings and the discussions at the final feedback and consultation meeting on ways to improve the future effectiveness and coherence of joint UN interventions in support of MNCH in Myanmar.

3.1 Key conclusions

Progress in MNCH in Myanmar requires greater coherence and integration in MNCH. This includes one agreed package of essential MNCH interventions, one MNCH strategy and one costed MNCH implementation plan. The MOH has identified an integrated package and integrated service delivery as a priority.

Progress also requires more effective coordination of MNCH. Effective coordination will be critical to support and strengthen government leadership, avoid duplication and overlap in coverage and activities, ensure that all partners are adhering to national policies and guidelines, share experience and lessons learned, and coordinate technical support. Coordination should be provided through an effective MNCH TSG with appropriate support provided to ensure that it functions effectively. Experience in Myanmar with the TSGs for HIV and TB has demonstrated clearly the benefits of coordination. The recent IHP+ mission also highlighted the need for stronger sector and development partner coordination.

The contribution of the UN agencies to achieving greater coherence and integration and to more effective coordination in MNCH will be crucial. The UN agencies have a long-standing relationship with the MOH and enjoy a high degree of trust and credibility. They can play a key role in policy dialogue, provision of normative and technical guidance, convening and capacity development, as well as in ensuring that Myanmar benefits from global and regional experience, best practice and lessons.

The UN agencies recognise the need for a shared vision, common platform and higher profile for MNCH and their stated intention is to coordinate their efforts in support of this.

3.2 Key recommendations

UN agency recognition of the need for coherent, coordinated support for MNCH and the MOH needs to be reflected in concrete action. This should include: joint support for integrated MNCH policies, strategies, costed plans, guidelines, training and procurement; joint support for the MNCH TSG; and joint engagement with the 3MDG Fund.

To strengthen the effectiveness and coherence of their support for MNCH, the UN agencies will need to change the way they do business. This was highlighted as critical by the IHP+ mission, if the UN agencies are to fulfil their role and to adapt to a changing health sector and aid environment. More specifically, the IHP+ mission noted that this will require a shift from channelling funds and implementing projects and programs, with implications for UN resources and staffing needs, and that the ability to work with a much wider range of partners will be at least as important as coherence within the UN family. The latter is critical as UN agencies, like other partners, have finite resources, and need to identify and focus on areas where they have a comparative advantage.

A coherent, integrated approach will require a shift from joint programming that is based on a compilation of separate agency programs to joint programming that is based on an assessment of how the UN can respond to country needs and priorities. The UN agencies need to consider what steps they could take to achieve the desired outcomes of joint working or Delivering as One. These outcomes include reduced fragmentation, reduced duplication, reduced competition for funds and enhanced capacity for a strategic approach.

The UN agencies need to identify areas where joint working can improve integrated support, increase efficiency and maximise the use of available resources. While there have been improvements in joint planning, there are opportunities for improving integration and coherence in use of UN agency resources, for example, in staffing across agencies, and in functions, for example, in procurement, assessments, technical support, development of policies, plans and strategies, guidelines and training curricula, support for planning and implementation of training, and monitoring. There are also opportunities for improving integration and coherence in speaking with one voice, support to sector coordination mechanisms and engagement with the 3MDG Fund.

Annex 1: Terms of Reference

Background:

Myanmar is committed to achieving the Millennium Development Goals (MDG) but maternal and child mortality projections for 2015 indicate that MDG 4 and 5 targets are unlikely to be met. UN organisations are actively working with the Ministry of Health to address maternal, newborn and child health (MNCH) mortality and morbidity in Myanmar. In line with AusAID priorities to improve access to quality maternal and child health services for the most vulnerable, a Joint UN Program was funded by AusAID (AUD 5 Million) from February 2012 until May 2013. The program delivered by WHO, UNICEF and UNFPA in partnership with the Ministry of Health built upon the country programs of these agencies and provided the opportunity for scale up and/or maintenance of support for the ongoing low cost high impact maternal and child health interventions that the three UN organisations have been delivering in Myanmar.

The overall goal of the Joint UN Program is to contribute the attainment of objectives, outcomes, and targets of National Strategic Plans for Reproductive Health and Child Health Development by reducing maternal, newborn and child deaths. The program was designed collaboratively by the three UN agencies in the context of their country programs. The overarching strategies for the joint program are:

(1) Strengthening the enabling environment,
(2) Improving service delivery and gender equality and equity for reduction of morbidity and mortality, and
(3) Enhanced capacity development at various levels.

The Joint UN Program has four main outputs:

(i) To support to the development of evidenced-based policies for improved maternal and child health and improve health sector coordination among program partners;
(ii) To increase health services and case management for children to prevent the contraction of potentially fatal diseases;
(iii) To increase attendance at birth by a skilled health practitioners and increased provision of newborn care ; and
(iv) Increased access to birth spacing services in project townships.

The program covers an estimated population of 21.3 million, 8 million of whom live in hard to reach townships. The program takes two approaches in reaching these populations: mobile outreach for 3,000 remote/inaccessible villages in 70 hard to reach townships; and facility based curative and preventive packages for common maternal, newborn and child health issues.

The program has aimed to address immediate and critical gaps in MNCH, as well as supporting greater coherence amongst the UN agencies in MNCH. With the implementation start-up of the 3MDG Fund planned for January 2013, the Joint UN Program was a means to establish early engagement between UN agencies and to start the preparatory work in harmonisation and transition in the lead up to the 3MDG Fund. The program was also an opportunity to support the UN in building the institutional capacity to improve sector-wide coordination in Myanmar and strengthen the policy environment at the national level and capacity building at the regional/state level.

A Joint Program Steering Committee comprising the three Heads of UN agencies and representative from Ministry of Health and AusAID is responsible for management and coordination of the program. WHO, UNICEF and UNFPA MNCH specialists provide technical oversight of the program through the Joint Program Technical Working Group. The funding mechanism agreed by the Joint Program Steering Committee is pass-through funding with UNICEF as the administrative agent.

The Joint UN Program, initiated in February 2012, was initially contracted as a 12 month engagement and subsequently extended until May 2013. The UN agencies have reported progress on a six-monthly basis. Progress reporting has been finalised and preliminary results show that the majority of output targets will be met satisfactorily. In line with standard UN reporting standards, final reporting of outcome and output results on the Joint UN MNCH program is not due until 31 May 2014.

Effective engagement by the three UN agencies in MNCH in support of the Ministry of Health continues to be a priority to achieve progress towards MDG 4 and 5 targets. Experience under the Joint UN Program provides an opportunity to reflect on the lessons learnt to inform future joint interventions.

Objectives:

The objectives of this Independent Review are to provide an assessment of the quality of the program in delivering the specified goals, strategies and outputs in line with the strategies as per the Joint MNCH Program document. The review will:

- Assess lessons about what has and has not worked well,
- Engage and synthesize learning among key stakeholders, and
- Provide recommendations on how to improve the effectiveness and coherence of joint UN interventions in MNCH for the purpose of informing future work.

Scope:

Based on the progress report and supporting data including interviews and workshops with stakeholders, this independent review will assess the effectiveness of the Joint Program including an assessment against standard AusAID evaluation criteria of relevance, effectiveness, efficiency, impact, sustainability, monitoring and evaluation, gender equality, analysis and learning.

The review will be cognisant of the one-year timeframe of the program, and that it has been recognised that the impact on child and maternal mortality may not be readily demonstrable. With this in mind, the review should be sufficiently focused on lessons learnt and on developing recommendations with stakeholders on ways to improve the effectiveness and coherence of joint programs by UN agencies on maternal, new born and child health in support of the Ministry of Health.

Methodology:

To facilitate engagement and synthesize learning with stakeholders, the consultant will engage stakeholders both through individual pre-briefings and interviews, stakeholder workshops, and reviews of draft reports/ deliverables.

Given the forward looking view on effectiveness and coherence of joint UN programming in maternal, newborn and child health (MNCH), it is recommended that the consultant propose a framework (with input from stakeholders) on the key roles and technical focus of the respective UN agencies and how they map together to provide support across MNCH interventions in Myanmar. This framework will assist to build a common understanding of areas of complementarity and areas for focus to ensure greater coherence in support to the Ministry of Health.

Key steps in undertaking the independent review include:

- Desk Review of Program Document, Steering Committee Meeting Minutes, Technical Working Group Minutes and internal reports available from stakeholders.
- Pre-briefing meetings and interviews with stakeholders (to be conducted in country where feasible)
- Propose a framework (with input from stakeholders) to map target interventions of respective agencies in MNCH national programs and to identify opportunities for greater integration and coherence of UN agency programs.
- Workshop with stakeholders to engage jointly in development of recommendations. (There may be separate workshops for technical versus strategic team members).
- Sharing with stakeholders a draft Aide Memoire on outcomes from the stakeholder workshop.

Primary stakeholders include UNICEF, UNFPA, WHO (management and program staff), and the Department of Health. Secondary stakeholders include other donor agencies (such as DFID, USAID) and the 3MDG Fund Manager Office.

Deliverables:

The key deliverables for this assignment are:

Deliverables	Due Dates
Draft mapping framework of UN interventions in MNCH	Due following pre-briefings and desk review
Aide Memoire (max 5 pages plus annex) including the framework with an assessment of strengths and opportunities for improving integration and coherence.	Due on last day of country assignment
Draft Evaluation Report (max 15 pages plus executive summary and annexes)	Due two weeks after end of country assignment
Final Evaluation Report (max 18 pages plus executive summary and annexes)	Due two weeks after inputs from reviewers

In line with AusAID's Transparency Charter, there is an expectation that all independent evaluations or reviews will be published on the AusAID website.

Annex 2: Key documents reviewed

AusAID QAE and QAI reports.

Cassels A, Schleimann F, Travis P. Effective Development Cooperation in the Health Sector in Myanmar. Report of IHP+ mission to Myanmar 26-31 August 2013.
Health and Water Supply. Presentation by Dr Nilar Tin, 1st Myanmar Development Cooperation Forum, January 2013.

Ministry of Health. Report on the Programme Review on Reproductive Health, Maternal and Child Health. January-February 2013.
Ministry of Health. Assessment on Quality of Care of Newborns and Children in Township and Station Hospitals. 2012.

Ministry of Health. National Health Plan 2006-2011.

Ministry of Health. Health Sector Five Year Program 2011/12-2015/16.

Ministry of National Planning and Economic Development, Ministry of Health, UNICEF. Myanmar Multiple Indicator Cluster Survey 2009-2010. October 2011.

MNCH TSG. Terms of Reference. December 2012.

Myanmar Health Sector Coordinating Committee. Governance Manual. September 2013.

UNDP in Myanmar. Annual Report 2012.

UNFPA. Draft Country Program Document for Myanmar. July 2011.

UN General Assembly. Independent Evaluation of Lessons Learned from Delivering as One. 26 June 2012.

UNICEF Myanmar Country Program Overview 2011-2015.

UN Joint Program Document. Improving Maternal, Newborn and Child Health in Myanmar. November 2011.

UN Joint Program Steering Committee Meeting Minutes 26 April 2013.

UN Joint Program Steering Committee Meeting Minutes 12 September 2012.

UN Joint Program Technical Working Group Meeting Minutes 26 February 2013.

UN Joint Program on Maternal, Newborn and Child Health in Myanmar. Generic Annual Program Narrative Progress Report February 2012-March 2013. 25 June 2013.

United Nations Strategic Framework for Myanmar 2012-2015.

Annex 3: People consulted

AusAID
Amber Cernovs, First Secretary, Health
Linda O'Brien, Senior Program Manager, Health
Dr Aye Sanda Aung, Senior Program Officer, Health

UNFPA
Janet Jackson, Country Representative
Dr Hla Hla Aye, Assistant Representative
Dr Win Aung, National Professional Officer
Dr Khin Oo Zin

UNICEF
Dr Sarabibi Thurzarwin, Health Specialist
Ni Ni Lwin, Health Officer

WHO
Eva Nathanson, Technical Officer, TB and MNCH
Dr Maung Maung Lin, National Professional Officer
Professor Kyu Kyu Khin, National Technical Officer, MNCH
Dr Yee Yee Cho, National Technical Officer, GAVI HSS

Ministry of Health
Dr Yin Thandar Lwin, Director, Public Health, DOH
Dr Thet Thet Mu, Director, HMIS, DHP
Dr Theingi Myint, Deputy Director, MCH, DOH
Dr Myint Myint Than, Deputy Director, WCHD, DOH
Dr May Khin Than, Deputy Director, Nutrition, DOH
Dr Thuzar Chit Tin, Deputy Director, BHS, DOH
Dr Myint Moh Soe, Assistant Director, MCH, DOH

Donor agencies
Billy Stewart, Senior Health Adviser, DFID
Bill Slater, Director, Office of Health, USAID

International NGOs
Sid Naing, Country Director, MSI
Dr Kyu Kyu Than, Burnet Institute
Aye Thida, IOM

Other
Dr Nilar Tin, former Deputy Director General Public Health, Ministry of Health
Marinus Gotink, former Chief, Young Child Survival and Development Section, UNICEF
Paul Sender, Fund Director; Markus Buhler, Planning and Coordination Specialist, 3MDG Fund
Management Office
Eamonn Murphy, Country Coordinator, UNAIDS

Annex 4: Checklists of issues and questions for discussion

1. Joint MOH consultation

Independent review and issues for discussion

AusAID is conducting an independent review to assess Joint Programme achievements, identify lessons and make recommendations for strengthening future UN work in MNCH. A priority for AusAID is to seek the views of the Ministry of Health about both the Joint Programme and the role of UN agencies in supporting the Department of Health, and State and Region Health Departments. Possible issues for discussion include:

Joint Programme

- Did the Joint Programme tackle the most immediate priorities in MNCH? Was it consistent with national strategies?
- Has the Joint Programme contributed to improvements in policy, sector coordination, delivery of MNCH services, and capacity? If so, in what way?
- What did the UN agencies do well? What did they do less well? What else could they have done to improve MNCH?
- Has the Joint Programme contributed to improvements in UN agency coordination?

Scope and coherence of UN agency work in MNCH

- Are the three UN agencies addressing priority MNCH issues in Myanmar? Are there gaps or issues that they are not working on?
- Is it clear which UN agency is responsible for covering different aspects of MNCH? How well do these agencies coordinate their activities in MNCH? How could they work together more effectively in future?

UN role and type of support provided in MNCH

- What is the role and comparative advantage of the UN agencies? How might this role need to adapt to changes in the aid environment in Myanmar?
- Are the three UN agencies providing the technical support that is needed in Myanmar? How effective is this support? Are there areas of technical and capacity building support for MNCH and health system strengthening the UN is not providing?
- What other contribution can UN agencies make to current efforts by the Ministry of Health to improve health status and health services in Myanmar?

UN agency engagement with the Ministry of Health and donors to the health sector in MNCH

- How do the three UN agencies engage with the Ministry at national and sub-national level? How have they reported to the Ministry on programme progress and results?
- How do the UN agencies engage with sector coordination mechanisms in MNCH? What role should they play in strengthening health sector coordination?
- How well do the UN agencies coordinate with major donor-funded initiatives in MNCH e.g. GAVI health system strengthening, 3MDG Fund? What role should the UN agencies play in these initiatives?

2. Checklist of questions for individual meetings with MOH officials

AusAID is conducting an independent review of the Joint Programme, the main objectives of which are to: assess programme achievements; identify lessons learned; and make recommendations for strengthening future UN work in MNCH. A brief background to the programme is provided in a separate note. Broad areas for discussion at one-to-one meetings with Ministry of Health officials are outlined below. Please note that interviews will focus only on questions that are relevant to the official concerned.

Overview

- What in your view were the main achievements of the Joint Programme?
- What were the main challenges?
- What lessons have been learned?

Programme implementation and impact

- Was the programme consistent with national MNCH priorities, strategies and targets?
- Did programme activities address the main MNCH issues in Myanmar? Were there any issues that it did not address?
- Did it target the most appropriate geographical areas and populations?
- How was planning undertaken in partnership with the Ministry of Health, states/regions and township health authorities?
- Did the UN agencies provide relevant, high quality technical support for development of policies and guidelines?
- How effective and efficient is UN agency support for procurement?
- How effective is UN agency support for curriculum development and training?
- What support has been most useful for maternal health, child health, nutrition?
- How effective were programme governance and oversight arrangements? How were relevant officials at the Ministry involved?
- What support was provided by UN agencies to strengthen the National Child Survival Forum and the Reproductive Health Committee?
- How was programme implementation coordinated with other health systems strengthening and MNCH programmes and initiatives?
- What impact did the programme have on MNCH policy? What impact did it have on MNCH service coverage and quality? Did it have any other benefits?
- Did the programme strengthen the UN's contribution to sector coordination on MNCH?
- Did it help to improve engagement between UN agencies and the Ministry on MNCH?
- Did it help to improve UN agency coordination and coherence on MNCH?
- What steps were taken by the UN agencies to plan for transition to ensure support for service delivery would be maintained?

Future direction and recommendations

- What are the main challenges to improving MNCH in Myanmar?
- How can the UN agencies best support the Ministry of Health's efforts to improve health status and health services in Myanmar?
- How could UN agencies work together on MNCH more effectively in future?
- How could they contribute to strengthening health sector coordination?
- What role should UN agencies play in donor-funded initiatives such as the 3MDG Fund?

3. Issues for discussion with donor agencies and INGOs

Independent review and issues for discussion

AusAID is conducting an independent review to: assess Joint Programme achievements; identify lessons learned; and make recommendations for strengthening future UN work in MNCH. The review will include consultation with the Ministry of Health and other stakeholders about the Joint Programme and the role of UN agencies in supporting the Department of Health, State and Region Health Departments on MNCH. It will also map UN support for MNCH in Myanmar, in order to build a common understanding of areas of work and identify opportunities for improving the coherence and effectiveness of UN support to the Ministry of Health. Possible issues for discussion with other stakeholders include:

MNCH in Myanmar
- What are the main challenges and bottlenecks to improving MNCH in Myanmar?
- What are the main areas where the Ministry of Health needs support?

Scope, contribution and coherence of UN agency work in MNCH
- Are the three UN agencies addressing priority Ministry of Health/MNCH issues in Myanmar? Is their work consistent with national priorities and strategies? Are there key issues that they are not working on?
- What contribution have these agencies made to improving MNCH in Myanmar? Has the Joint Programme made a contribution?
- Is it clear which UN agency is responsible for covering different aspects of MNCH?
- How well do these agencies coordinate their activities in MNCH including support to the Ministry of Health? Is there any evidence of improved UN coordination and coherence? How could they work together more effectively in future?

UN role and type of support provided in MNCH
- What is the role and comparative advantage of the UN agencies? How might this role need to adapt to changes in the aid environment in Myanmar?
- How do the three UN agencies engage with sector coordination mechanisms in MNCH? Are they fulfilling their convening role effectively? What role should they play in strengthening health sector coordination?
- Are the three UN agencies supporting stronger leadership by the Ministry of Health and providing the technical support to the Ministry that it needs? How effective is this support? Are there areas of technical and capacity building support for MNCH and health system strengthening the UN is not providing?
- What other contribution could UN agencies make to current efforts by the Ministry of Health to improve health status and health services in Myanmar?

UN agency engagement with donors, initiatives and NGOs supporting MNCH in Myanmar
- How do these three agencies engage with bilateral donors?
- How do the UN agencies engage and coordinate with major donor-funded initiatives in MNCH e.g. GAVI, 3MDG Fund? What role should UN agencies play in these initiatives?
- How do the UN agencies engage with international and national NGOs?
- How could UN agency engagement with other partners be improved?

4. Checklist of questions for individual meetings with UNFPA, UNICEF and WHO

The following outlines broad areas for discussion at meetings with the UN agencies who were involved in implementing the Joint Programme, in line with AusAID evaluation criteria. (It is possible that there may be some additional questions, following initial briefings with AusAID and the MOH, as well as agency-specific questions, for example, related to UNICEF's role as Administrative Agent for the Joint Programme.)

Overview
- What were the main achievements of the Joint Programme?
- What were the main challenges?
- What lessons were learned?

Relevance
- Was the Joint Programme consistent with national priorities, strategies and targets?
- Did programme activities address the main issues and critical gaps in MNCH?
- Did it target the most appropriate geographical areas and populations?
- How was planning undertaken in partnership with the MOH, states/regions and township health authorities?

Effectiveness
- Did the programme achieve its objectives?
- What progress was made towards the programme goal and outputs?
- What factors contributed to and limited achievement of objectives?
- Was the programme implemented in line with the timeframe and budget envisaged?
- How effective were governance and oversight arrangements?
- What support was provided to strengthen the National Child Survival Forum and Reproductive Health Committee?
- How was programme implementation coordinated with other programmes and initiatives in HSS and MNCH?

M&E
- How was programme progress and impact monitored?
- When will data on key indicators in the monitoring framework be available?

Impact
- What impact did the programme have on MNCH policy?
- What impact did it have on MNCH service delivery, in terms of service coverage and quality? What evidence is available to demonstrate that the programme contributed to increased access to and uptake of services?
- How did the programme help to strengthen UN capacity to contribute to improved sector coordination around MNCH?
- How did it help to strengthen national leadership by MOH and engagement between UN agencies and the MOH on MNCH?
- How did the programme contribute to improvements in UN agency coordination and collaboration on MNCH?

Efficiency

- Were the programme strategies and approaches the most appropriate ones in the context and to address the problems identified?
- What steps were taken to ensure value for money?

Sustainability

- What steps were taken to plan for transition and an exit strategy to ensure support for service delivery would be maintained?
- Who is providing ongoing support for programme interventions?
- What steps have been taken to link UN agency support for MNCH to the 3MDG Fund?

Gender and poverty

- How were gender issues addressed and monitored?
- To what extent was the programme able to take steps to ensure that policies and services are gender responsive and to increase women's access to services and involvement in decision making?

Future direction and recommendations

- What are the main challenges and bottlenecks to improving MNCH in Myanmar?
- What are the main areas where the Ministry of Health needs support? What contribution can UN agencies make to current efforts by the Ministry of Health to improve health status and health services in Myanmar?
- How could UN agencies work together on MNCH more effectively in future?
- How can the UN contribute to strengthening health sector coordination?
- What role should UN agencies play in donor-funded initiatives such as the 3MDG Fund?

Annex 5: Framework mapping UN agency support for MNCH in Myanmar

What are the agency's mandate, technical focus and objectives? *(Brief summary only)*

	WHO	UNICEF	UNFPA
Mandate	WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.	UNICEF's current program in Myanmar is to protect and further children's rights to survival, development, protection and participation. Recognizing that the wellbeing of children is closely linked to the health and wellbeing of their mothers, UNICEF also works to help women in Myanmar realize these fundamental rights.	Our mandate is delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.
Technical focus	To promote health of women and children (for this specific work).	Health and Nutrition, HIV/AIDs, WASH, Education, Child Protection	Sexual and Reproductive health and Rights including adolescent health, HIV/AIDS, STI, RTI prevention Population and Development Gender equality
Country-specific objectives and targets in MNCH	To achieve MDG4 and MDG5 by 2015 and subsequently post-2015 development goals.	**Expected Intermediate Results** -Coverage and quality of preventive and curative services increased and appropriate key family care practices for childhood diseases are practiced. -Relevant guidelines and policies for maternal and child health developed and coverage of quality maternal and newborn interventions increased at facility and community levels. **Target** Under-five children, Newborn and their mothers	Output 1: Strengthened health systems to improve the availability of high-quality, equitable sexual and reproductive health information and services among target groups, including in emergency settings. This output will be achieved through interventions at the national, state and regional levels and in selected townships. Output 2: Improved availability of sexual and reproductive health services, including the prevention of HIV transmission among populations that are most at risk and their partners, and from mothers to their children.

			Output 3: Strengthened national capacity to increase the availability of high-quality, disaggregated data on population, reproductive health and gender issues for policy formulation, planning, and monitoring and evaluation. The programme will achieve this output by conducting the Population and Housing census 2014. Output 4: Strengthened national capacity and institutional mechanisms to promote gender equality and the advancement of women. In partnership with the United Nations gender theme group and the women's protection technical working group, UNFPA supports the development and launching of the National Plan of Action for the Advancement of Women.
Country-specific programmes in MNCH	Reproductive Health Maternal and Child Health Adolescent Health	1) Support national level in upstream works: generating evidence; developing strategies, guideline; developing training packages; strengthening coordination mechanism 2) Support to facility-based MNCH interventions 3) Support to outreach MNCH intervention 4) Support to community-based health intervention; a) Community-based Newborn Care b) Community Case Management c) Communication for Development (C4D)	See above.

What does the agency do? *(Please tick the relevant boxes)*

	WHO	UNICEF	UNFPA
What type of support is provided?			
Normative guidance	x	x	x
Developing policy and guidelines	x	x	x
Curriculum development, training of trainers, training for health workers	x	x	x
Procurement of drugs, commodities and equipment		x	x
Programme/project implementation	x	- (no direct implementation, only through MOH and partners)	x (through implementation partners)
Long/short term technical assistance	x	x	x
Other (Please specify)		Support for evidence generation Support for supervision	Influence policy development and implementation through dialogue with Government
In what areas is health systems support provided?			
Policy	x	x	x
Planning and management	x	x	x
Supplies and logistics management	x	x	x
Human resources for health	x	-	x
Health financing	x	x	x
M&E and strategic information	x	x	x
Other (Please specify)		Community partnership and support strengthening linkage with the health system.	Sectoral engagement to bring about system change

At what levels does the agency work in Myanmar? *(Please tick the relevant boxes)*

	WHO	UNICEF	UNFPA
National level	x	x	x
State/region level	x	x	x
Township level		x	x
Community level		x	x (through empowering community volunteers, youth peer educators)

Where does the agency currently implement programmes or support implementation of programmes? *(Please include total number and names)*

	WHO	UNICEF	UNFPA
State/region		All	Shan, Magway, Rakhine, Ayeyartwaddy, Bago,Mandalay, Yangon Region
Townships		200 townships (please refer to the attachment) but support to EPI and Nutrition program is nationwide	89 townships

Who are the agency's target populations? *(Please tick the relevant boxes)*

	WHO	UNICEF	UNFPA
Women of reproductive age	x		x
Newborns	x	x	
Children aged under 5	x	x	
Adolescent girls	x		x (girls and boys)
Poor, vulnerable, marginalised populations (Please specify)	x	x	x

What areas of MNCH does the agency work on? What type of support is provided for these? *(Please tick the relevant boxes)*

	WHO	UNICEF	UNFPA
Birth spacing			
Normative guidance	x		x
Developing policy and guidelines	x		x
Curriculum and training	x		x
Procurement			x
Programme/project implementation	x		x
Long/short term technical assistance	x		x
Antenatal care			
Normative guidance	x	?	x
Developing policy and guidelines	x	x	x
Curriculum and training	x	x	x
Procurement		x	x
Programme/project implementation	x	-(no direct implementation, only through MOH and partners)	x
Long/short term technical assistance	x	x	x
Pre-pregnancy / Maternal nutrition			
Normative guidance	x	x	x
Developing policy and guidelines	x	x	x
Curriculum and training	x	x	x

Procurement		x	x
Programme/project implementation	x	-(no direct implementation, only through MOH and partners)	x
Long/short term technical assistance	x	x	x
Delivery care			
Normative guidance	x	x	x
Developing policy and guidelines	x	x	x
Curriculum and training	x	x	x
Procurement		x	x
Programme/project implementation	x	-(no direct implementation, only through MOH and partners)	x
Long/short term technical assistance	x	x	x
EmONC			
Normative guidance	x	x	x
Developing policy and guidelines	x	x	x
Curriculum and training	x	x	x
Procurement		x	x
Programme/project implementation	x	-	x
Long/short term technical assistance	x	x	x
Post-natal care			
Normative guidance	x	x	x
Developing policy and guidelines	x	x	x

Curriculum and training	x	x	x
Procurement		x	x
Programme/project implementation	x	-(no direct implementation, only through MOH and partners)	(through implementing partners)
Long/short term technical assistance	x	x	x
Infant feeding			
Normative guidance	x	x	
Developing policy and guidelines	x	x	
Curriculum and training	x	x	
Procurement		x	
Programme/project implementation	x	-(no direct implementation, only through MOH and partners)	
Long/short term technical assistance	x	x	
Childhood illness prevention			
Normative guidance	x	x	
Developing policy and guidelines	x	x	
Curriculum and training	x	x	
Procurement		x	
Programme/project implementation	x	-(no direct implementation, only through MOH and partners)	
Long/short term technical assistance	x	x	
Case management of common childhood illness		x	

Normative guidance	x		
Developing policy and guidelines	x	x	
Curriculum and training	x	x	
Procurement		x	
Programme/project implementation	x	-(no direct implementation, only through MOH and partners)	
Long/short term technical assistance	x	x	
Child nutrition			
Normative guidance	x	x	
Developing policy and guidelines	x	x	
Curriculum and training	x	x	
Procurement		x	
Programme/project implementation	x	-(no direct implementation, only through MOH and partners)	
Long/short term technical assistance	x	x	
Other SRH (specify)			SRH including adolescent
Normative guidance	x	-	x
Developing policy and guidelines	x	-	x
Curriculum and training	x	-	x
Procurement		-	x
Programme/project implementation	x	-	(through implementing partners)
Long/short term technical assistance	x	-	x

Who are the agency's main partners? How do they engage with these partners? *(Please tick the relevant boxes and provide a brief summary of how the agency engages with partners)*

	WHO	UNICEF	UNFPA
Government of Myanmar	x	x	x
How engage?		-	Letter of Understanding, Annual Work Plan
National Ministry of Health (Please specify departments)	All Departments but for this purpose particularly Reproductive Health and Child Health	Department of Health Department of Health Planning Department of Medical research Department of Medical Science Department of Medical Care	Department of Health- MCH, CHEB. NAP. Department of Medical Science Department of Health Planning
How engage?		Technical and financial support	Separate AWP with each department
State/region health authorities	x	x	x
How engage?		Technical support	Through MOH central MCH unit
Township health authorities	x	x	x
How engage?		Technical and financial support	
Bilateral donors	x AusAID, DFID, USAID etc	x	x
How engage?		Financial contribution	Through implementing partners
Global Fund	x	-	
How engage?		-	
3MDG Fund	x	x	
How engage?		A series of discussion with UNs as well as coordination meeting among	Still developing Joint UN concept note

		MOH, UNs and 3 MDG Fund	
GAVI	x	x	
How engage?		Procurement service for medical products	
INGOs	x	SC, ACF, MSF	
How engage?		Financial and technical Partnership for IYCF and Case Management	
National NGOs	x	Myanmar Maternal Child Welfare Association (MMCWA), Myanmar Health Assistant Association (MHAA), Kachin Baptist Convention (KBC)	
How engage?		Financial and technical partnership for Communication for Development and Case Management	
Community organisations	x	Rathana Myitta	
How engage?		Financial and technical partnership for Communication for Development	

What mechanisms exist for UN inter-agency coordination on MNCH? *(Brief summary only)*

	WHO	UNICEF	UNFPA
Mechanisms for UN inter-agency coordination on MNCH that the agency participates in (Please specify)	Technical Working Group meetings Child Survival Forum Technical and Strategic Group on RH and MNCH under the Myanmar Health Sector Coordinating Committee Joint work of 4 UN agencies on health	UN coordination meeting	Joint UN meetings for MNCH

Annex 6: Progress towards outputs in joint program monitoring framework

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Baseline	Target (Planned)	Target (Achieved)
JP Output 1: Evidence based policies in place & improved sector coordination	• # of guidelines/policy shifts for child health and newborn care prepared as planned	planned **(**4 guidelines, 1 costed plan for investment case for MNCH**)**	At least half the planned activity outputs achieved	All child health related guidelines developed except one costed plan
	• Functional Coordination mechanism for child health and newborn in place	Bi-annual meetings at national level with partners	Quarterly meetings at national level with partners	Three national forums organized and one more is being held in April.
	• # of guidelines / policy shifts for maternal health care system approved and implemented	planned **(**3 clinical guidelines, 2 updated manuals,1 updated curriculum)	At least half the planned activity outputs achieved	One clinical guideline developed and one set of IEC updated; The remaining curriculum and manuals were updated by WHO as planned
	• Functional Coordination mechanism for maternal care in place	Bi-annual meetings at national level with partners	Quarterly meetings at national level with partners	Conducted three coordination meetings with MCH-DoH and MMCWA
JP Output 2: Increase % of children receiving appropriate case management	• % of randomly visited RHC & Sub centres having ORS and antibiotics in project townships	Not available	90%	58% of randomly visited Sub centres have ORS and around 80% have antibiotics
	• % of estimated 260,000 children aged 0-18 months immunized with DPT3 in 70 townships	63% (validated against >90% reported)	70% (validated)	Data-not yet available. Information will be provided in final report.
	• # of cases receiving anti-malaria treatment in 24 townships	50,000	60,000	Data-not yet available. Information will be provided in final report.

JP Output 3: Increase percentage of skilled delivery and provision of newborn care	• # / % of deliveries attended by skilled health personnel (midwives and above) in program townships	• 2009 HMIS data from programme townships- 64.4%	• increase in SBA in intensive townships to 70% by 2012	Data-not yet available. Information will be provided in final report.
	• # / % of institutional deliveries (RHC / NGO delivery rooms and hospitals) in program townships	• 2009 HMIS data from programme townships- 36.2%	• 10% increase in institutional deliveries in intensive townships by 2012	Data-not yet available. Information will be provided in final report.
	• # / % of deliveries by C-section in public hospitals in programme townships	• 2009 HMIS data from programme townships Data not available	• At least 4% of deliveries by C-section in programme townships by 2012	Data-not yet available. Information will be provided in final report.
	• % of pregnant women receiving two doses of TT vaccine	• 65.6%	• 70%	Data-not yet available. Information will be provided in final report.
JP Output 4: Increased access to birth spacing services	• % of programme supported SDPs with at least two types of contraceptives available	• Not available	• 90%	UNFPA supported Inj. Depo, OCP, ECP, Condoms and IUD for SDPs in all SDPs in 37 program townships (100%)
	• # of birth spacing consultations and users / CPR/ PCPR in programme supported service delivery points in programme townships	• 2007 FRHS - CPR 38.4% (national) • 2010 CPR / PCPR in programme townships (RHMIS) 39.5	• CPR Increased by 2-3% annually in programme townships	2012 CPR is not available, however, utilization rate of contraceptive modern increased
	• # of programme supported service delivery points offering quality birth spacing services in programme townships (at least 3 methods offered without stock out, provider trained for birth spacing counselling and birth spacing IEC materials available	• Total SDPs supported by programme & SDPs providing QBSS- 81 Townships by UNFPA	• increase in # of SDPs providing QBSS- 70% of SDPs	Able to provide Inj' Depo, OCP, ECP, IUD and Condoms to all townships, only in early 2013; late arrival, distribution ongoing as of time of progress report

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