Myanmar

HIV Sectoral and Thematic Report

January – December 2016

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Prepared by:
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Abbreviation and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Treatment
ARV	Antiretroviral drugs
BHS	Basic Health Staff
CHAI	Clinton Health Access Initiative
DMS	Department of Medical Services
DPH	Department of Public Health
EID	Early Infant Diagnosis
HCT	HIV counselling and testing
HIV	Human Immune Deficiency Virus
HSS	HIV Sentinel Surveillance
IR	Intermediate Result
AKP	Adolescent Key Population
LIMS	Laboratory Information Management System
MCH	Maternal and Child Health programmes
MDG	Millennium Development Goals
MoHS	Ministry of Health and Sports
NAP	National AIDS Programme
NGO	Non-Government Organizations
NHL	National Health Laboratory
NSP	National Strategic Plan for HIV and AIDS
OpenMRS	Open Medical Record System
PCR	Programme Component Result
PMTCT	Prevention of Mother-to-Child Transmission of HIV infection
STD	Sexually Transmitted Diseases
ToT	Training of trainers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollar
WHO	World Health Organization

Executive Summary

Since the end of 2015, national-level prevalence of HIV among adults 15 years and older seems to have stabilized at below 1 per cent and there had been significant decline in deaths (from 15,601 in 2011 to 9,675 in 2015)[1]. However, it was estimated that there were 224,794 people living with HIV in 2015, with the epidemic was heavily affecting the key populations. According to epidemic modelling, there were estimated 11,000 new infections in 2015, or approximately 30 new infections per day[2]. From 2014 data, major hospitals in Mandalay, Yangon, Tanintharyi and Myitkyina recorded over 3 per cent HIV prevalence among pregnant women whereas the national HIV prevalence among pregnant mothers was around 0.5 per cent[3].

National AIDS Programme (NAP) in collaboration with maternal, newborn and child health (MNCH) services has established PMTCT services with antiretroviral prevention integrated into routine antenatal services in 304 townships, by the end of 2015. By that time, 71.7 per cent of pregnant women who come for antenatal care (ANC) had received an HIV test and knew their result. However, early infant diagnosis (EID) at the age of 4-6 weeks, in order to identify HIV infected infants and initiate antiretroviral treatment (ART), is less than 17.2 per cent. Another area requiring attention was coverage of antiretroviral therapy (ART) which was only at 47.4 per cent in 2015.

Within this context, UNICEF Myanmar plays a leading role in HIV programming with a focus on "Elimination of new HIV infections among children and keeping their mothers alive". The aim is to increase access to HIV prevention, treatment and care services for adolescent key population, pregnant mothers and children living with HIV. With the funding from the Global Thematic-HIV/AIDS, UNICEF has provided technical, financial and logistical support to NAP and National Health Laboratory (NHL) of Ministry of Health and Sports (MoHS). These inputs contributed to the early identification of HIV positive children and timely return of the test results, and also, facilitated the follow up of both mother and infants and early initiation of ART for positive infants. Laboratory Management Information System (LMIS) was established at National Health Laboratory (NHL) with the support of programme cooperation between UNICEF and Clinton Health Access Initiative (CHAI) to strengthen early infant diagnosis and reporting in Myanmar. UNICEF-CHAI cooperation is also supporting the establishment of an electronic patient management system in ART sites. This has gradually improved the quality of patient management and data linkages, triggered intensified training, improved referrals and Ministry of Health's programme's capacity to monitor data for quality of care and in reducing loss-to-follow up.

The thematic funds were also utilized to strengthen the health system and to facilitate existing HIV testing centres in testing more adolescent key population, ensuring equity and creating an enabling environment. Innovative testing strategies were introduced successfully in mass gathering like festivals and special traditional events that are likely to attract adolescent key population and provided access to ART for HIV-positive adolescents. The total programmable amount was US$ 800,361.44. During reporting period of 1 January 2016 - 31 December 2016, a total US$ 408,450 has been utilized and committed for programme implementation.

[1] ;AEM modelled prevalence, based on IBBS (PWID 2014, FSW & MSM 2015) and HSS 2014; AIDS Epidemic Model and Spectrum 5.4, April 2016
[2] Ibid, 2016
[3] NSP 2016-2020

Strategic Context in 2016

Myanmar was the third highest prevalence among 10 countries in our region, behind Thailand and Cambodia in 2014, thus Myanmar is one of the East Asia Pacific region's priority countries. With the updated Asia Epidemic Model (AEM) of Myanmar in 2015, low risk women are contribution the second biggest amount (24per cent) in new HIV infection by sub-population behind male IDU (28 per cent). The distribution of PLHIV in 2015 by sub-populations are 31 per cent in low risk women, 25 per cent in clients, 19 per cent in low risk men, 11 per cent in MSM, 10 per cent in male IDU and 4 per cent in FSW respectively[1]. HIV prevalence in the general population in Myanmar has declined; however the prevalence is relatively high among key populations such as people who inject drugs (PWID), men who have sex with men (MSM), and female sex workers (FSW) and their clients, including among younger cohorts. Moreover, there are still 757 new HIV infections in children due to mother to child transmission in 2015.

HIV prevalence among adolescents aged 15-19 from key populations is 4.8 per cent, 13.8 per cent and 2.9 per cent in Female Sex Workers, Injection Drug Users and Men who have Sex with Men respectively[4]. HIV prevalence appears to be rising among young MSM[4.] Only 47.6 per cent of all adults and children living with HIV received antiretroviral therapy in 2015 and among them, 60.4 per cent are female. With age disaggregation, the percentage of ART receiving among people less than 15 years and older than 15 years of age in 2015 were 86 per cent and 46.1 per cent respectively.

At the beginning of 2016, national-level prevalence of HIV among adults 15 years and older seems to have stabilized at below 1 per cent and there had been significant decline in deaths (from 15,601 in 2011 to 9,675 in end of 2015)[5]. However, it was estimated that there were 224,794 people living with HIV, with the epidemic was heavily affecting the key populations. According to epidemic modelling, there were estimated 11,000 new infections in 2015, or approximately 30 new infections per day[6]. From 2014 data, major hospitals in Mandalay, Yangon, Tanintharyi and Myitkyina recorded over 3 per cent HIV prevalence among pregnant women whereas the national HIV prevalence among pregnant mothers was around 0.5 per cent[7].

In 2016, National AIDS Programme (NAP) in collaboration with maternal, newborn and child health (MNCH) services has established PMTCT services with antiretroviral prevention integrated into routine antenatal services in 304 townships. By that time, 71.7 per cent of pregnant women who come for antenatal care (ANC) had received an HIV test and knew their result. However, early infant diagnosis (EID) at the age of 4-6 weeks, in order to identify HIV infected infants and initiate antiretroviral treatment (ART), is less than 17.2 per cent. Another area requiring attention was coverage of antiretroviral therapy (ART) which was only at 47.4 per cent at the end of 2015.

To address all the above prioritised issues and areas, UNICEF's added-value lies in its ability to provide high-level technical and advocacy support for policy formulation and leveraging resources, develop partners capacity in improving HIV service delivery coverage and quality as well as in generating community demand for quality services, generating evidence and scaling up innovations, as well as supporting capacity development monitoring of results and quality improvement, both at national and states/regional levels. Field presence of HIV officers and

[1] AEM 4.1 and Spectrum 5.4 (2016)

[4] General AIDS Progress Report, National AIDS Programme (2015)

[5] ;AEM modelled prevalence, based on IBBS (PWID 2014, FSW & MSM 2015) and HSS 2014; AIDS Epidemic Model and Spectrum 5.4, April 2016

[6] Ibid, 2016

[7] NSP 2016-2020

technical assistance with close proximity to states/regions and townships' governments makes UNICEF well placed to support context specific, equity focused analysis, risk assessment and locally driven solutions using government, international and national civil society organization and community resources.

Results in the Outcome Area

Programme Output 1: Strengthened political commitment, policy and data management systems to reduce new HIV infection in children, improve quality treatment for mothers and children

With funding from the global thematic funds, UNICEF contributed financially and technically to Ministry of Health and Sports (MOHS) National AIDS Programme (NAP) in establishing electronic patient management system, in cooperation with Clinton Health Access Initiative (CHAI). This has been promising in terms of improving quality of patient management and data linkages, and building the Ministry of Health's programme management capacity to monitor data for improving quality of care and reducing loss-to-follow up. A Beta version of Open MRS with all prototypes for electronic patient management system was developed and presented to National AIDS Programme (NAP) and implementing partners for feedbacks and suggestions for the customization of software. During the reporting period, UNICEF continued to support the customization with inputs and requirements as recommended by the national programme and professional organizations through series of consultation meetings and discussions.

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Hands-on training at pilot ART hospital on data entry of OpenMRS

In 2016, the pilot roll out of software commenced in five ART sites. CHAI team conducted software installation and onsite training at these sites and has been transferring old database using Excel to the Open MRS. The completion of the pilot phase was followed up with close supervision and continuous technical assistance. At the end of 2016, a consultation and review meeting was conducted to present updates of software modules and to share the experience of pilot testing. The roll out plan to all states and regions was discussed, taking into full consideration the available hardware and human resources.

UNICEF has also been working in partnership with CHAI to support NAP as well as National Health Laboratory (NHL) to scale up early infant diagnosis (EID) of HIV exposed babies, to enable early initiation of ART treatment. The global thematic funding has partially contributed in setting up the Laboratory Information Management System (LIMS) for Early Infant Diagnosis (EID) and viral load result management in NHL. The system has further improved the quality of data on testing of HIV-exposed infants and reduced the time in delivering test results to both care providers and caregivers. This LIMS helped to enhance the data sharing among NHL and NAP Laboratory and

the National AIDS Programme that was a great result in 2016. For operationalization of LIMS, 10 staff were trained to manage and supervise the full functionality of LIMS. Viral load testing forms were reviewed and standardized to be uniformly used by both public and private sectors. The introduction of a SMS printer in few high volume sites has also helped to reduce the time required to deliver reports to service providers.

UNICEF, together with UN agencies (such as UNAIDS, WHO and UNFPA) and INGOs organized 2016 World AIDS Day Walkathon with the theme of increasing HIV testing among adolescents vulnerable to HIV. Advocacy package was developed and distributed in order to create awareness among service providers about needs of HIV services amongst key adolescent population and to promote risk perception and care-seeking behaviour among young people.

Programme Output 2: Capacities strengthened and communities mobilized to increase access for HIV prevention, treatment and care services for adolescent key population, pregnant women and children living with HIV.

With funding from the Global thematic, UNICEF worked with CHAI to support the National AIDS Programme and NHL to improve the capacity of health workers in EID service delivery. EID training and mentorship programme was implemented in 28 selected sites in 16 States and Regions covering more than 300 health staff. Series of 2-day training workshops on DBS sample collection, HIV positive infant identification, and referral for ART and PMTCT were conducted for lab technicians, paediatricians and PMTCT focal points from township level. Additional initiatives like establishment of expert clients in high volume sites continued to be used to reduce loss to follow up. Due to all these efforts, the testing of HIV exposed infants using polymerase chain reaction (PCR) technology were increased from 15 per cent in 2014 to 39 per cent in 2015, and to 78 per cent among all live births of HIV exposed children in 2016 (January to September). Improving Paediatric treatment has been linked with increased EID testing and improving referral linkage to ART treatment through expert client in partnership with CHAI.

In 2016, 74.6 per cent of pregnant women (820,600 of total 1.1 Million pregnant women) attended ANC had received HIV testing and knew their result, out of which 4,418 were found HIV positive. Among those, 4,189 pregnant women received ARV to reduce the risk of mother-to-child transmission.[8] Regarding antibody testing for HIV exposed children at the age of 18 months, 56 children were found HIV positive among 577 tested.

[8] PMTCT programme data

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In 2016, with support from Global Thematic funding for HIV/AIDS, UNICEF in partnership with ICAP (Columbia University) and NAP organized a National level workshop on Paediatric HIV Infection Management in order to advance the agenda of paediatric HIV management as a national priority. The aim of the workshop was to define, advocate for and implement priority actions to rapidly improve paediatric HIV care in the country. Paediatricians with international experiences were invited to share their experiences and best practices in improving access and quality of paediatric HIV care in their respective countries. More than 100 participants from the Department of Medical Services and those working in HIV treatment and care programme attended the workshop. Key recommendations from the workshop were:

(1) Strengthening EID testing and referral for follow up and initiation of Paediatric ART
(2) To create enabling and user friendly services for children living with HIV
(3) Strengthening paediatric counselling and psychosocial support
(4) Transitioning of Adolescent to adult care and treatment including Adolescent counselling

To reach conflict-affected populations in high prevalence areas in Kachin, in partnership with the Kachin Baptist Association, volunteers from non-government-controlled areas (NGCA) were trained in providing PMTCT services and referral. Through this partnership, 100 pregnant women received HIV testing in antenatal care, and 4 HIV positive pregnant women and 2 spouses, were identified and provided with antiretroviral drugs for prevention of HIV to infants. UNICEF will continue to focus on increasing access in NGCA with high prevalence of HIV through this partnership, as well as by exploring other long term sustainable solutions.

Also in 2016, WHO in collaboration with UNICEF and ENN, convened a two-day meeting in Geneva with participation from United Nations agencies, government representatives, and operational non-governmental organizations working in nutrition and HIV to clarify programmatic issues, implementation strategies, and develop a framework and key principles on infant feeding and HIV in emergencies. UNICEF Myanmar country office supported the participation of two senior paediatricians to the meeting to help put the 2016 updated HIV and infant feeding guidance into real practices. UNICEF is currently working with the Ministry of Health and Sports, which mainly relies on Global Fund resources, to identify the most cost-efficient options for delivering integrated PMTCT and paediatric HIV care services to women and children living with HIV. This can be done through capacity building of managers and service providers at national and sub-national level for data analysis, planning, training and supportive supervision to enable its rollout

and wider accessibility. The availability of flexible funds such as from regular resources and the global thematic funds have enabled UNICEF to prioritize on high impact and low cost interventions for improving the life of HIV positive mothers, strengthening EID, and improved access to quality paediatric care in Myanmar.

Results Assessment Framework

No	Indicator	Baseline	Target for 2017	As of Date	Status 2016	Primary Source
1	Percentage of children infected from HIV-infected pregnant women	11%	< 5%	30.12.2016	11%	Sector Review
2	Number of PMTCT indicators incorporated in HMIS.	0	5	30.11.2016	5	Sector Management Information System: DHIS
3	Number of needs assessments conducted for policy and strategy formulation.	0	2	30.11.2016	1	Study Report
4	Percentage of pregnant women receiving antenatal care who are tested for HIV and know their result in targeted townships	52% (as of Oct 2013)	80%	0.11.2016	74.65%	Sector Management Information System: PMTCT report
5	Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission during pregnancy, delivery and breastfeeding in targeted townships	87% (as of Oct 2013)	90%	30.11.2016	94.8%	Sector Management Information System: PMTCT report
6	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth in the townships that have PMTCT services	15% (as of Oct 2013)	50%	30.11.2016	43.6%	Sector Management Information System: PMTCT report

Financial Analysis

Table 1 : Planned budget by outcome area
Outcome Area 2: HIV & AIDS
Myanmar
Planned and Funded for the Country Programme 2016 (in US Dollar)

Intermediate Results	Funding Type[1]	Planned Budget[2]
104-001 Enabling Environment for HIV Policy	RR	41,162
	ORR	522,103
104-002 Capacity Building for HIV	RR	381,050
	ORR	898,764
Total Budget		**1,843,078**

[1] RR: Regular Resources, ORR: Other Resources - Regular *(add ORE: Other Resources - Emergency, if applicable)*
[2] Planned budget for ORR *(and ORE, if applicable)* does not include estimated recovery cost.
[3] ORR *(and ORE, if applicable)* funded amount exclude cost recovery (only programmable amounts)

Table 2. Country and Regional Thematic Contributions to outcome area received in 2016
Outcome Area 2: HIV and AIDS
Thematic Contributions Received for Outcome Area 2 by UNICEF Myanmar in 2016
(in US Dollars)

Donors	Grant Number*	Contribution Amount	Programmable Amount
Korean Committee for UNICEF	SC1499020037	400,000	380,952
Total		**400,000**	**380,952**

Table 3: Expenditures in the Outcome Area
Outcome Area 2: HIV and AIDS
Myanmar
2016 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
02-01 PMTCT and infant male circumcision	-	33,067	248,636	281,703
02-02 Care and Treatment of Children affected by HIV and AIDS	-	175,622	98,137	273,759
02-03 Adolescents and HIV/AIDS	-	15	24,199	24,214
02-05 HIV # General	-	227,679	225,166	452,845
Total	**-**	436,383	596,138	**1,032,520**

Table 4: Thematic expenses by programme area

Fund Category	All Programme Accounts
Year	2016
Business Area	Myanmar - 0600
Prorated Outcome Area	02 HIV & AIDS
Donor Class Level2	Thematic

Programme Area	Expense (in US Dollars)
Other Resources - Regular	239,482
02-01 PMTCT and infant male circumcision	575
02-02 Care and Treatment of Children affected by HIV and AIDS	153,389
02-05 HIV # General	85,518
Grand Total	**239,482**

Table 5: Expenses by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2016
Business Area	Myanmar - 0600
Prorated Outcome Area	02 HIV & AIDS

Specific Intervention Codes	**Expense (in US Dollars)**
02-01-01 Maternal HIV testing and counselling (PITC)	184,569
02-01-02 ART for PMTCT (including life-long ART)	35,388
02-02-01 Infant and child HIV diagnosis (PITC)	78,215
02-02-03 Paediatric ART	162,768
02-03-06 Address barriers to accessing HIV services by adolescents	18,209
02-05-01 HIV # General systems	30,689
02-05-06 HIV and AIDS technical assistance to regional and country offices	221,699
02-05-08 HIV and AIDS monitoring and bottleneck analysis	131,408
08-01-06 Planning # General	20,194
08-01-07 Humanitarian Planning (CAP/SRP, HAC) and review related activities	7,272
08-02-08 Monitoring # General	1,406
08-03-01 Cross-sectoral Communication for Development	8,880
08-03-02 Communication for Development at sub-national level	46
08-03-03 C4D # training and curriculum development	1,138
08-05-01 Supply # General	12,803
08-09-01 Innovation activities	2,136
08-09-06 Other # non-classifiable cross-sectoral activities	115,450
10-07-12 Management and Operations support at CO	1,011
5021 Support to MICS, DHS and other data collection systems and their analyses	45
7921 Operations # financial and administration	-807
Grand Total	**1,032,520**

Table 6: Planned budget for 2017
Outcome Area 2: HIV and AIDS
Myanmar

Planned Budget and Available Resources for 2017

Output	Funding Type	Planned Budget [1]	Funded Budget [1]	Shortfall [2]
104-001 Enabling Environment for HIV Policy	RR	67,771	132,952	-65,181
	ORR	410,078	112,139	297,939
104-002 Capacity Building for HIV	RR	321,183	318,872	2,311
	ORR	705,922	450,243	255,679
104-003 HIV Leadership and Technical assistance	RR	120,000	118,717	1,283
	OR	297,592	403,307	-105,715
Sub-total Regular Resources		**508,954**	**570,541**	**-61,587**
Sub-total Other Resources - Regular		**1,413,592**	**965,689**	**447,903**
Total for 2017		**1,922,546**	**1,536,230**	**386,316**

[1] Planned and Funded budget for ORR *(and ORE, if applicable)* excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

[2] Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

Future Work Plan

During the last cycle of UNICEF and Myanmar's government 2011-2017 country programme cooperation this year, UNICEF will accelerate the continuation of Phase 2 of Laboratory information management system (LIMS) in National Health Laboratory for early infant diagnosis, patient tracking, reporting and better forecasting of laboratory supplies. UNICEF will continue to support Myanmar in establishing and improving capacity in electronic patient management system using Open-MRS platform for improving quality of care and reducing loss-to-follow up for paediatric HIV. To ensure standards of care and understanding better the bottleneck and barriers at service delivery level, UNICEF is planning to support National AIDS Programme in conducting an assessment of Paediatric HIV Treatment, to coordinate and strengthen capacity of service providers to improve quality of paediatric ART care and counselling. UNICEF will also support NAP in providing training and supportive monitoring for quality of point of care testing and providing of ARV drugs (life-long ART) at field level.

In transition to new country programme cycle 2018-2022, UNICEF has identified key strategies in improving government and partners' capacity to integrate HIV interventions for young children and key adolescent populations into essential service delivery approaches sustainably at scale. They are:

- Strengthening data systems and analyses at national and sub-national level are to identify and track gaps in response and address social determinants of HIV across both young children and key adolescent populations
- generating evidence to leverage government and partners to support MOHS to attain better HIV-related outcomes for children
- strengthen national and sub national capacity to integrate HIV interventions into health, nutrition and other key social services
- engage communities, civil society organisations (CSOs) and ethnic health organisations (EHOs) to determine the best ways to improve access, coverage and retention in services, including outreach services to marginalized groups and communities
- promoting utilization and scale up of technological and programmatic innovations to overcome obstacles to accessing HIV treatment and care; and to better track women, children, and adolescents along the HIV continuum of care

UNICEF will continue to work with the MoHS HMIS unit, National AIDS Programme (NAP), WHO, UNFPA and UNAIDS to strengthen data systems and analyses at national and decentralised levels using DHIS2 platform, to understand the situation, identify gaps in the response, and address social determinants of HIV. UNICEF will work at the national and subnational levels to impact service integration and improve referral linkages across the Maternal, Neonatal, and Child Health (MNCH) platforms and other service delivery points, such as nutrition, community child health services, family planning and youth (mainly with UNFPA) HIV, and drug dependency programmes. UNICEF will work with National Health Laboratory (NHL) to introduce point of care diagnostics and facilitate decentralization of the use of these technologies to the lowest level of care. At the same time it will actively engage communities, ethnic health organizations, civil society and youth groups to determine the best ways to improve access, coverage and retention in services. Where possible, outreach services which facilitate reaching marginalized groups and communities will be supported through partnership with NGOs. As a UNAIDS Co-sponsor, UNICEF has played a leading role in the national HIV and AIDS response for children, adolescents, and women. UNICEF co-convenes the expanded Technical Working Group on the Prevention of HIV Infection in

Pregnant Women, Mothers and their Children (with WHO) and on HIV and Young People (with UNFPA).

Expression of Thanks

UNICEF Myanmar would like to express its sincere gratitude to Korean National Committee for UNICEF for its invaluable support and contribution through the Global Thematic Fund for HIV & AIDS in increasing access to HIV prevention, treatment and care services for key adolescent populations, pregnant women and children living with HIV in Myanmar. The continued availability of the fund has contributed significantly in sustaining technical support to the National AIDS Programme and also implementation of service delivery approaches toward elimination of parental-to-child transmission, early infant diagnosis and initiation of antiretroviral treatment to babies exposed with HIV, as well as increasing demand for testing and treatment for children and key adolescent population in the country. Without sufficient funding available through the generous support of Korean National Committee for UNICEF, it would have been difficult to leverage expertise, capacity and funding for wider scale up of HIV services for pregnant women, children and key adolescent population.

Annexes: Human Interest Stories and Donor Feedback Form

Human interest story

A Baby girl was free from HIV as her mother received treatment in an ART centre with digital health care system

With UNICEF support, the National AIDS Programme under the Ministry of Health and Sports scaled up trainings on early infant diagnosis (EID) to all States and Regions starting from 2015 through technical guidance from National Health Laboratory (NHL). Some staff from AIDS/STD team at a township hospital in the central Myanmar received the training and follow-up support by the programme. Ms. Khin Hla Win, a midwife working in this township health department, provided ANC services to a pregnant woman, Aye Nanda (changed name), 21 years old, in her first pregnancy. Ms. Khin Hla Win found that her client is HIV positive. Then, the pregnant woman was referred to the township hospital which was designated as anti-retroviral treatment (ART) centre. After a series of counselling services received, the pregnant woman was registered in the ART centre.

The centre has started using electronic patient management system, for improving quality of care and reducing loss-to-follow up. Aye Nanda has received services not just benefited by the system, she also got support from Khin Hla Win. A baby girl was delivered well at the township hospital. Two months later, both mother and baby accompanied by KHW revisited the centre. They were anxious to know HIV status of the baby. The midwife said "I put all my efforts into this patient because I want the baby to be born free of HIV. I have done everything I could do for them".

When result came out, the baby girl was free of HIV. The mother mentioned that "I took my daughter to the ART centre for testing. I was the happiest mother all over the world when I learnt that my baby was HIV negative. So that, she will live definitely and I will too." She added that "she wants to continue with the antiretroviral treatment to be in good health and go on taking care of her child."

The township medical officer explained the experience of using the system in the ART centre. "Since the country is moving towards eHealth system, using this software in our programme also helps us to be in streamline". He added, "The software serves as a stepping stone for linking with digital health care infrastructure. The use of it offers less paper records to store, manage and retrieve. We have more effective clinical workflows and easy compliance with the standard guidelines and procedures".

The implementation, however, is not without challenges, "It does not mean there is only benefit and advantage. We need more manpower and resources to operate the system, and even to maintain the server and hardware, we need facilities and continuous support", he said.

Donor feedback form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below in relation to this report and return to Penelope Campbell (pcampbell@unicef.org) who will share your input with relevant colleagues in the country office and at headquarters. Thank you.

SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what could we do better next time?

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2. To what extent did the fund utilization section of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what could we do better next time?

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3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings, as well as the remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

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4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what could we do better next time?

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5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

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6. Are there any other comments that you would like to share with us?

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