Australian Government

AusAID

Australia - Myanmar Cooperation Agreement

31 October 2009

ANNUAL PROGRESS REPORT

AS AT *30 September 2009*

1.0 GENERAL INFORMATION

Program Name	Mobilising Access to Sexual and Reproductive Health in Burma
AusAID Reference Number	*37913/6*
NGO Name	Marie Stopes International Australia
Delivery Organisation's Name/s	Marie Stopes International Myanmar
Date Project Commenced (Contract Signed)	1 October 2007
Expected date of completion	September 2012
Report covers activities implemented in the period	October 2008 to 30 September 2009

1.1 Introduction

The AusAID Periodic Funding for Humanitarian Assistance to Burma (PFHAB) provides a unique opportunity for MSI to further develop and expand Sexual and Reproductive Health (SRH) program in Myanmar. The Activity Design Document (ADD) was written in-line with AusAID policies, principally: *A White Paper on the Australian Government's Overseas Aid Program*, the *Framework for Humanitarian Assistance to Burma (Draft)*, *Humanitarian Action Policy 2005* and *Guiding Principles for Australian Assistance for Family Planning Activities.* The Australian Government recognises the importance of strong and effective SRH policies and programs, with a particular emphasis on "addressing the needs of women and children by focusing on maternal health, sexual and reproductive health, access to safe and effective contraception based on informed choice"[1]. This project focuses on one of three key areas outlined in the *Framework for Humanitarian Assistance to Burma (Draft)* - Health (reproductive health). The Design Team, an inter-disciplinary team comprised of both Burma and Australia based members, used the AusGuide specifications to guide the production of this ADD, and the PFHAB template was used as a broad guide.

In addition, following documents were referred in preparation of the project:

- National Health Plan 2006 - 2011, the Five-Year Strategic Plan for Reproductive Health in Myanmar 2004-2008, the National Reproductive Health Policy 2002, and the Draft National Population Policy 1992
- National situation analyses reports including the Reproductive Health Needs Assessment (1999), Fertility and Reproductive Health Survey (2001), Profiles for Family Planning and Reproductive Health Programs (Futures Group, 2005) and Health in Myanmar (2006).
- Gender Equality in Australia's Aid Program, Reproductive Health in Crisis Issues Paper Draft (September 2006), and the Family Planning and the Aid Program: A Comprehensive Guide.
- ICPD Program of Action (1994); the Millennium Development Goals and Sexual and Reproductive Health (Family Care International, 2004).
- PFHAB documents including the MSIA PFHAB Capacity Statement, Needs Analysis, Concept Paper and AusAID Comments on the Concept Paper.

This report covers the processes and progress of the second year of the project (October 2008- September 2009) and most of the background information has also been reported in annual plan submitted in July 2009.

[1] Australian Aid: Promoting Growth and Stability, White Paper on the Australian Government's Overseas Program, Page 49.

1.2 Project Description:

1.2.1 ***Program Goal :*** Contribute to the improvement of the sexual and reproductive health of the Burmese population.

Purpose: To increase adoption of safer SRH practices through the use of quality and accessible SRH services for men and women of reproductive age (15-49 years) and youth (10-24 years) in 4 townships.

1.2.2 Major Development Objectives:

1. Service delivery teams effectively deliver quality, client friendly SRH services.

2. Men and women of reproductive age, youth and Sex Workers are making informed choices about seeking SRH information and service, including contraceptive choices.

3. Delivery of comprehensive SRH services (Family Planning (FP)/birth spacing, Sexually Transmitted Infection (STI), Voluntary Confidential Counselling and Testing (VCCT), Ante-Natal Care (ANC), Post Abortion Care (PAC), Adolescent Reproductive Health (ARH)) through 4 integrated service delivery centres and community based service provision (monthly mobile clinics, community based distribution of contraceptives).

4. To build a more supportive operating environment through advocacy with the public sector and collaboration with PFHAB partners.

5. Public and private sector providers have improved their capacity for providing quality, more integrated, client friendly SRH services.

1.2.3 Brief description of key components

The project is being implemented in four townships in Myanmar; Kale in Sagaing division, Myingyan in Mandalay division, Thingungyun in Yangon division and Ye in Mon state and based on 4 main components: (1) Building the capacity of MSIM team to expand its SRH information and services, (2) Increasing SRH knowledge through Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) intervention, (3) Delivering Quality Information and Services through SRH centres and outreach services, and (4) Advocacy and Co ordination.

2.0 ACHIEVEMENTS AND ANALYSIS

2.1 Overall Activity Rating/ Major Development Objectives

2.1.1 Table 1: Self evaluation

Overall Activity Rating	Rating
	Satisfactory (S)

Major Development Objectives	Rating
1.Service delivery teams to effectively delivery quality ,client friendly SRH services	Good Practice (GP)
2. Men and women of reproductive age, youth and Sex Workers are making informed choices about seeking SRH information and service, including contraceptive choices.	GP
3. *Delivery of comprehensive SRH services* (FP/birth spacing, STI, VCCT, ANC, PAC, ARH) through 4 integrated service delivery centres and community based service provision (monthly mobile clinics, community based distribution of contraceptives).	GP
4 To build *a more supportive operating environment* through advocacy with the public sector and collaboration with PFHAB partners.	S
5. *Public and private sector providers have improved their capacity for providing* quality, more integrated, client friendly SRH services.	S

2 Narrative of progress toward objectives

1. *Service delivery teams effectively deliver quality, client friendly SRH services*

MSIM strengthened quality of service delivery teams through training, technical updates and protocols, supervision, onsite competency checks and feedback, mystery client assessments, and client satisfaction surveys. A Core Technical Training team (CTTT) comprising team members with clinical skills and facilitation skills was mobilized and the CTTT and project management team are striving to continuously improve the quality of project implementation and services.

2. *Men and women of reproductive age, youth and Sex Workers are making informed choices about seeking SRH information and service, including contraceptive choices*

The community's knowledge and attitude on SRH is showing improvement and service uptake by the target groups is also increasing. These changes are the result of a range of IEC and BCC activities including engaging local communities in the development of new IEC materials to promote SRH and gender awareness; SRH promoters providing information to women and men of reproductive age; Mobilization of Sex workers Self Help Groups (SHGs) and improvement of BCC materials for sex workers through leadership and participation of sex worker peers in these activities; inclusion of individual counselling for sex workers to dispel myths, and to discuss safer sex practices and negotiation skills and; support to theatre troupes and youth groups to provide SRH information to the community through drama and songs.

3. *Delivery of comprehensive SRH services (FP/birth spacing, STI, VCCT, ANC, PAC, ARH) through 4 integrated service delivery centres and community based service provision (monthly mobile clinics, community based distribution of contraceptives).*

Provision of SRH services and commodities is ongoing through static clinics, mobile clinics and community based distribution of contraceptives in all project sites and service utilization is on increasing trend. MSIM is making concerted effort to reach rural populations through mobile clinics.

4. *To build a more supportive operating environment through advocacy with the public sector and collaboration with PFHAB partners.*

Current political environment and overall situation allowed little space for meaningful advocacy at central level. However, MSIM is always an active participant in the technical and strategy fora and coordination mechanisms for the SRH agenda. MSIM's capacity and leadership in SRH has recently been recognised through an invitation by the Ministry of Health to be the only member representing the international NGO community in the National Reproductive Health Working Committee for Myanmar formed for the first time in 2009. MSIM is also a member of Reproductive Health Commodity Security Subcommittee. MSIM's representation at these national level bodies also on Country Coordinating Mechanism and Technical and Strategy Group on HIV allows ongoing interactions and technical discussion with public sector and other agencies.

5. *Public and private sector providers have improved their capacity for providing quality, more integrated, client friendly SRH services.*

Partnership and coordination with Community Based Organizations (CBOs) have been strengthened particularly with Mon Women's Organization (MWO) working on development and women's empowerment, and *Myitta Kyemon*, a local organization providing treatment, care and support for people living with HIV including children. MSIM helped strengthened their capacity on SRH through training, workshops, regular meetings and joint activities with MSIM. As these CBOs gained new capacity, they integrated SRH concepts into their existing work. These local groups were involved in conducting awareness raising sessions on SRH issues, providing counselling and distributing IEC materials among the communities MSIM cannot reach due to restricted areas.

2.2 Significant Project Outputs.

Table 2: Significant Project Outputs

Significant Output	Performance Indicator	Achievements during reporting period and Lessons Learnt	Aggregatable Benefits
1.*Service delivery teams* effectively delivering quality, client friendly SRH services.	- 80% of all clients reporting that they are satisfied with the quality of MSI services	- Internal quality assurance system strengthened through getting clients perspective to inform service delivery. MSI conducted a client satisfaction exit survey and assessment through mystery clients in all project sites.	- Client satisfaction surveys showed that more than 85 % of the clients are satisfied with different services provided by MSIM. Mystery clients also reported that MSIM's services are of good quality and they provided recommendations for areas to be improved.
	- 90% of service delivery team members perform clinical responsibilities according to competency training	- Laboratory technicians and counsellors received refresher training.	- 7 counsellors and 4 laboratory technicians received refresher training during the reporting period.
		- Laboratory technicians participated in *"Training on external quality assurance"* Scheme facilitated by National Health Laboratory (NHL) under the Ministry of Health.	- 4 MSIM Laboratories are now participating in National External Quality Assurance Scheme (NEQAS) organized by NHL. According to the NEQAS feedback report, HIV testing quality of MSIM labs has been satisfactory.
		- Medical doctors and nurses from MSI centres in project sites attended training on Clinical Response to Gender Based Violence (GBV).	- 5 service providers have improved their knowledge and skills on providing services for GBV survivors
		- Post abortion care (PAC) orientation training was organized for service providers.	- 3 service providers from project sites learned technical concepts and some clinical skills of post abortion care from the training.
		- Refresher training on clinical service provision was conducted.	- 12 clinical service providers (4 Medical doctors and 8 nurses) participated in the training.
		- Onsite competency assessments were completed in all project sites.	- Onsite competency assessments showed that MSIM's service providers are complying with the protocol and technical standards but several aspects of quality such as applying the updates,

			addressing clients' needs and promoting choices, should be strengthened.
		- Core Technical Training Team (CTTT) has been mobilised and is working on ongoing capacity strengthening of the team.	- CTTT has been organized and project management and other programme support team members also assisted in training activities as necessary. 46 SRHPs including peer educators (Men who have sex with men (MSM) and sex workers) received basic counselling training.
		- External Monitoring and & Evaluation (M&E) consultant provided technical support to project management team and field teams to strengthen the M&E system, and ensure appropriate M&E at all levels.	- 17 programme and project team members participated in M&E workshop and updated M&E framework especially to emphasise on monitoring of field activities by field teams and engaging target groups in ongoing M&E activities.
2. *Men and women of reproductive age, youth and Sex Workers (SW) are making informed choices about seeking SRH information and service, including contraceptive choices.*	- Increase of 10% from baseline. Men and women aware of at least three modern methods of family planning (gender, age, location and ethnicity disaggregated). - Increase of 15% from baseline of women of reproductive age aware of at least three benefits of birth spacing. (gender, age, location and ethnicity disaggregated). - Increase of 15% from baseline men and women of reproductive age aware of at least	- Outputs of SRH information sessions during this reporting period were on track and far exceeded the target 18,000, set in the Year 2 annual plan. The trend of community's knowledge and attitude on SRH is being assessed according to updated M&E framework and it is showing improvement overtime. Change of knowledge in quantitative terms from baseline will be assessed at end project evaluation. - MSI is using the following diverse ways to reach out to different target groups and promoting SRH with their participation. 1. CBD and SRH promoters are providing SRH information to different target groups according to the plan.	Breakdown of number of different target groups reached are as follows: <u>*1. Men and women of reproductive age*</u> # of participants : 73,719 Male 31% (22,812) Female 69% (50,907) Urban to rural ratio of the clients reached is approximately 3:4. <u>*2. Youth*</u> # of participants: 27,333 Male 34.7% (9,485) Female 65.3% (17,848)

	three service delivery points to access modern SRH service providers. (gender, age, location and ethnicity disaggregated). - Increase in 10% from Baseline of sex workers aware of STI treatment service providers.		Urban to rural ratio of clients reached is approximately 1:2 *3. Sex workers* 1,593 sex workers received SRH information
		2. Community awareness raising on SRH was also done in commemoration of World AIDS Day.	- MSIM organized educational booth to celebrate World AIDS Day. Approximately 2,000 people participated.
		3. Different IEC materials were developed, reproduced and distributed to raise awareness on SRH.	- A booklet on gender was developed to sensitise community members to gender concepts, to stimulate dialogue on gender and to promote gender equality. 1,700 gender booklets have been distributed. MSI also distributed different kinds of pamphlets on Family planning, VCT, RTI/STI, maternal health which were developed in the previous reporting period.
		4. MSI sought inputs from vulnerable population specialists who are also peer sex workers. Vulnerable population specialists worked together with the field teams to enhance mobilization of SWs community.	- 8 Self Help Groups (SHG) of sex workers supported by MSIIM with 7 to 10 Sex Workers participating in each group. 2 sex workers and 2 MSM joined the MSIM team members as peer educators.
		5. MSI engaged local theatre troupes and church based youth groups and promoted SRH through performance. With support from MSI, these local groups developed drama and songs which incorporates SRH issues and promoted awareness of the community.	- During festival season in Burma, October to December 2008, (3) local theatre troupes were organized *pwe* (Myanmar word for folk theatre which coincides with acronym for performance with education) in 4 villages of Ye township. One church based youth group also conducted youth oriented theatre activity in Kalay. Approximately, 4,000 people appreciated the activities. Preparations are underway with local groups for coming festival season as well.

<table>
<tr>
<td>3. Delivery of comprehensive SRH services (FP/birth spacing, STI, VCCT, ANC, PAC, ARH) through 4 integrated service delivery centres and community based service provision (monthly mobile clinics, community based distribution of contraceptives).</td>
<td>Increase in client numbers of men and women of reproductive age, youth and sex workers using MSIM centre and outreach services (Gender, service age, ethnic group, location disaggregated)</td>
<td>- Comprehensive SRH service provision through MSI centres, mobile clinics and community based distribution is ongoing and reaching different target groups.
- The number of services provided was well ahead of the Year 2 target in the annual plan, 13,000.
- Service uptake is increasing in all services (a 54% increase from Year 1) and all target groups. Apart from family planning services, more people from urban areas utilized MSIM's services more than rural population.</td>
<td>- 4 integrated service delivery centres and regular mobile clinics functioning.

<u>1. Services utilization by type of service:</u>
Family Planning
37,337 including 9,025 for youth. Urban rural ratio was almost equal. Almost all were women.

Antenatal care
2,252 including 852 youth. Urban and rural ratio was 3:1.

RTI/STI
4,719 including 1,347 youth. Urban rural ratio was 1:0.87 and male to female ratio was 1: 5.

VCT
2,406 including 1,060 youth. Urban rural ratio was about 3:1 and male to female ration was 2:5.

Post abortion care
319 including 80 youth, urban rural ratio is 22:1.

<u>2. Service utilization by ethnic groups of the clients</u>
Among the clients who utilized above SRH services, 86% were Bamar and the rest included Chin, Shan, Kayin, Rakhine, Kachin, Kayah and others.

<table>
<tr><td>Ethnic group</td><td>SRH service utilization N=44,627</td></tr>
<tr><td>Myanmar</td><td>38,679(86.67%)</td></tr>
<tr><td>Chin</td><td>1,929 (4.3%)</td></tr>
<tr><td>Mon</td><td>1,253 (2.8%)</td></tr>
<tr><td>Kayin</td><td>119 (0.266%)</td></tr>
<tr><td>Rakhine</td><td>34 (0.07%)</td></tr>
<tr><td>Shan</td><td>24 (0.05%)</td></tr>
<tr><td>Kachin</td><td>5 (0.01%)</td></tr>
<tr><td>Kayar</td><td>1 (0.00%)</td></tr>
<tr><td>Others</td><td>2,583 (5.78%)</td></tr>
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<u>3. Service taken by Sex Workers</u>

<table>
<tr><td>Service</td><td># of clients</td></tr>
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			STI/RTI 39 FP 21 HIV testing 82 VDRL testing and treatment taken 77
4. To build *a more supportive operating environment* through advocacy with the public sector and collaboration with PFHAB partners.	- PFHAB partner coordination meetings both in country (quarterly) and in Australia (semi-annual) highlight lessons learned, share information on operational issues. - Regular forums at central level enabling dialogue between SRH service providers from public, private and NGO sector on SRH policy issues - Forums in at least 2 project townships for SRH service providers explore linkages between traditional RH and STI services (including HIV).	- PFHAB partners participate together in formal and informal coordination and advocacy meetings with other stakeholders. - MSIM participated in a variety of central level mechanisms for SRH. These included Country Coordination Mechanism (CCM) for Global Fund for HIV/ADIS, Tuberculosis and Malaria; Technical and Strategy Group for HIV, National Reproductive Health Working Committee, and Reproductive Health Commodity Security Subcommittee, and SRH and HIV Technical Working Group and Women Protection Technical Working Group under UN Cluster system. MSI participated in review and Revision process for Reproductive Health Strategy for 2009-2013. MSIM Organized and participated in advocacy and co-ordination meetings with the public sector at township level.	- PFHAB partners in Myanmar met with the AusAID post in Yangon and AusAID mission. - Australia based PFHAB partners met twice, in Melbourne. - MSIM contributed to policy, strategy and technical aspects of SRH through participating in different coordination mechanisms. - Co-ordination meetings with health authorities, collaboration with other INGOs and NGOs were conducted in all 4 project township.
5. Public and private sector	80% of partners reporting an	- In collaboration with Myanmar Medical	- 60 public and private sector providers participated in SRH

providers have improved their capacity for providing quality more integrated client friendly services	increase in knowledge in modern SRH management	Association, MSIM conducted continuing Medical Education and technical updates session on SRH for public sector health care providers and private practitioners.	workshop.

2.2.1 Emerging Issues & Narrative

Table 3: Emerging Issues

Key Issues	When Occurred	Action to Address Issues	Who was (will be) Responsible or involved?
1. Political instability and security threats in one project site, Ye township because of the conflict and shootings between the military and ethnic insurgents (active and cease-fire groups).	Dec2008 and Jan2009	Yangon Support Office (YSO) drafted a risk management strategy with field team members from the area who have understanding of the local situation and contacts with different groups involved. MSI continued centre operations but stopped field activities for the safety and security of team members and to avoid conflicts with the stakeholders.	Country Director, other support team members and field teams
2. Department of Health tightening of restrictions on FP services, especially IUD service provision in mobile settings, to prevent any possibility of complications. Particularly in Yangon Division which impacts one PFHAB site.	From Dec 2008 and ongoing	Ongoing comprehensive approach to clinical quality, ongoing advocacy and coordination with DoH, sharing information with other agencies providing FP services	Clinical services team, centre managers and service providers in the field

Review of the progress

Notwithstanding above mentioned emerging issues, project is progressing on track for all service delivery outputs. The Impact of MSIM's family planning services for year 2 is summarised here:

No.	Impact Indicator	Impact number
1	Couple Years of Protection	39,410
2	Number of pregnancy averted	22,649
3	Number of births averted	10,651
4	Number of women's lives saved	40
5	Number of infants' lives saved	65
6	Ecological foot print (hectares) reduced	11,716

Report on sustainability

MSI Myanmar promotes sustainability of its SRH interventions through recruiting local people including people from rural areas for MSIM field teams as much as possible, as their understanding of culture and language can help them provide client-friendly services. Moreover, MSIM involves people from specific target groups such as Sex Workers and MSM as peer educators and consultants to increase relevance, effectiveness and sustainability of interventions targeted for sex workers. To further contribute to sustainability of the activities and service delivery, MSIM engaged CBOs and local groups such as local theatre troupes, and local service providers. Through technical support mechanisms, MSIM is helping them strengthen their capacity on SRH in order to help

them provide SRH information and services to their communities. Most importantly, sustainability is fundamental to MSI's global partnership, as per the Partner Consensus Statement (2004): *MSI is a social enterprise providing 'Children by Choice not Chance' services that is compelled to use business-like cost-recovery techniques to deliver affordable contraceptive services sustainably to underserved fertile couples.*

Report on AusAID Cross cutting concerns

- MSIM is strengthening its governance system and assessment through the organizational development tool has been initiated.
- MSIM mainstreams gender in its interventions. Day-to-day implementation of the project activities also took gender issues into consideration (e.g. male involvement in SRH). Gender concepts are included in staff training and specific training on clinical response to GBV was also provided for service providers. To specifically address gender, MSIM has developed a gender booklet illustrating gender issues in everyday life to improve gender awareness and to stimulate discussion on gender issues among training participants and in a larger community.
- In regard to environment, through its family planning services and couples being protected from unwanted pregnancy, during this reporting period MSIM saved an additional 11,716 hectares of ecological footprint being exploited, thus having a positive impact on the natural environment.
- MSIM is also contributing to addressing the needs of people with disability. MSIM provided SRH training to teachers and staff and some students of Mary Chapman School for the Deaf Children, a charity entity caring and supporting approximately 300 deaf children and adolescents for education and vocational training. Some clients who received SRH information and services were disabled people.
- As the design of this project is based on integrating SRH and HIV, one of AusAID's crosscutting concerns, HIV and AIDS is encompassed in its implementation. Moreover, MSIM is a member of active central level bodies including Country Coordination Mechanism for the Global Fund, Technical and Strategic Groups for HIV, HIV and SRH Working Group under Health Cluster which advocate and coordinate HIV and SRH interventions for the whole country.

Report on progress, strengths and issues in project coordination, harmonisation (such as strengthening counterpart systems), and delivery organisation issues and relationships

- Country directors of three PFHAB partners in Burma participated in INGO coordination forums and shared information about overall programme operations. Country Directors also met with the AusAID post in Yangon and AusAID mission and discussed overall programme operations in Burma.
- MSIM field teams and programme support team also keep regular communication coordination with other non-PFHAB partner organizations working in the project areas (e.g., IOM in Ye, Save the Children and Myanmar Medical Association members from each project site) to strengthen coordination, explore and implement complementarity activities.
- The project management team and field team are frequently undertaking informal meetings with the authorities of township level Department of Health for better coordination between the SRH services provided by the public sector and MSIM.
- MSIM was able to secure financial support from Central Emergency Response Fund (CERF) mechanism for Year 2008, which enabled MSIM to provide the township hospital in Ye with equipment and supplies for emergency obstetric care (EmOC). This contributed to strengthening of government hospital's capacity and to improving access to EmOC service which is one of the critical interventions to reduce maternal mortality.
- Coordination with NGO partners as well as the public sector at local level still needs to be strengthened for creating enabling environment for implementation, synergising the contributions by different actors, and for cross-referral for different services.

Report on raising Australian identity

MSIM raises Australian identity by displaying AusAID logo in all IEC materials developed and displaying it in training or other forums in the community or activities with other stakeholders. In trainings, meetings and community activities, it was explained that the support for the activities was from Australia.

3.0 **ANNUAL PLAN: 1 October 2009 – 30 September 2010**

4.0

3.1.1 Components, *Planned outputs, indicative activities-*

Components	***Planned outputs***	***Indicative activities***
1.Building the capacity of MSIM to expend its SRH information and services	1. MSIM Service delivery teams to effectively deliver quality, client friendly SRH services	- Train 30 outreach workers and 12 service delivery teams, based on the integrated SRH guidelines - Conduct competency assessments and capacity building to outreach workers by CTTT in all 4 sites - CTTT conduct analysis of the client exit surveys, assessment through mystery clients and provide feedback to field team quarterly. - Implement the client centred service quality and marketing framework in all 4 sites - Train 8 staff from centres in the 4 townships on cost control and budget management.
2. Increasing SRH knowledge through IEC materials and BCC interventions	2.. Men and women of reproductive age, youth and Sex Workers are making informed choices about seeking SRH information and service, including contraceptive choices.	- Ongoing support for SRH promoters including refresher training and monitoring - Advocacy with Sex Worker 'gatekeepers' in all 4 project sites - Mobilize and train sex worker SHG members (20 sex workers from 8 SHGs) - IEC development and adaptation based on reviewing the effectiveness of existing IEC materials - SRH education activities to reach 40,000 participants - Consolidate referral net works in all 4 sites - Work with 3 local performance troupes (traditional groups and *pwe* groups) to produce community theatre events on SRH issues
3.Provision of quality and integrated RH,STI,HIV and maternal health services	3. Delivery of comprehensive SRH services through 4 integrated service delivery centres and community based service provision	- Deliver SRH services through 4 centres and mobile clinics - MISM data for all client presentations in all 4 sites collected and updated monthly - All 4 centres participate in NEQAS scheme - Yangon Support Office oversees procurement and supply management of all centres ensuring no pipe line rupture
4. Strengthening advocacy and coordination to enable an environment conductive to SRH information and exchange	4. To build *a more supportive operating environment* through advocacy with the public sector and collaboration with PFHAB partners.	- Quarterly coordination meetings between PFHAB partners at township level - Semi- annual meeting between PFHAB partners in Australia to share

Components	Planned outputs	Indicative activities
		implementation progress and lesson learned - SRH advocacy to township level government departments and organizations
	5. Public and private sector providers have improved their capacity for providing quality more integrated client friendly services	- Conduct sensitization to SRH rights for 30 public and private sectors providers - Contribute to semi annual technical updates through MMA's CME programme of SRH issues to public hospital, GPs and partners INGOs

3.1.2. Strategy for Implementation *including Project Management approach, coordination, resources*

As stated in the project proposal, MSI Myanmar's strategies are informed by local problem analysis, lessons learned from past MSIM experience and from the MSI Global Partnership and MSI Australia, MSI Myanmar, MSI Global Partnership and international best practices for FP and RH service provision.

Implementation strategies that have been formulated for this project are:

- Increasing SRH knowledge with a focus on Behaviour Change
- Maximising the Choice of Services: An Integrated Delivery Model
- Delivering Quality Information and Services

Guided by these strategies, the project is delivering following components of activities:

- Capacity building for MSI Myanmar team
- Behaviour Change Communication and Contraceptive Social Marketing
- Integrated service delivery methods
- Advocacy and Coordination

In implementing these strategies and activities, MSI takes the role of direct service provision. Meanwhile, it partners with different actors and engages local groups as well.

3.1.3 Confirmation of delivery organisation inputs

Comprehensive services include FP, RTI/STI management, VCT for HIV, maternal care and youth specific RH services .SRH information and services are delivered by trained team members from each centre and overall project implementation is overseen by the project management team and assisted by the programme support team. MSI Australia provides support on monitoring, management and donor relation matters. MSI Australia conducted technical assistance and monitoring trips twice to Burma during this reporting period.

3.1.4 Sustainability approach

MSI Myanmar promotes sustainability of the SRH interventions through recruiting local people for MSI field teams as much as possible as their intimate understanding of culture and language can help them provide client friendly services. To further contribute to sustainability of the activities and service delivery, local teams have started networking and capacity building of partners including CBOs and local groups; this will be enhanced through out the life of the project.

Moreover, sustainability is fundamental to MSI's global partnership, as per the Partner Consensus Statement (2004): MSI is a social enterprise providing 'Children by Choice not Chance' services that is compelled by donor disinterest to use business-like cost-recovery techniques to deliver affordable contraceptive services sustainable to underserved fertile couples.

3.1.5 Budget

Financial statement and changes to next year budget is attached (Annex 1)

3.1.6 Workplan please see attached (Annex 2)

3.1.7 Proposed variations to the Project

There have been delays especially in engaging partners; CBOs and other service providers from the public and private sectors. Restriction on family planning service provision is getting tighter but the outputs of the project are so far are on track. There could be more restrictions in community activities in view of 2010 election and some political and security changes. Overall, there would be delays in activities and slower progress in the next year. Nevertheless, MSIM believes that major development outputs will be achieved by the end of project and it does not have anything to propose for changes in design.

FURTHER ANNEXES/ ATTACHMENTS:
Annex 3: Pictures and a Client Case Study from MSIM's programme.

5.0 DECLARATION
The following declaration must be made by an appropriately Authorised Officer *of the Non Government Organisation.*

I declare:

- this report is complete and accurate;
- the funds allocated to the Program were used in accordance with Agreement 37913, Services Order 37913/4, and the Program Proposal, including any variations to the proposal approved by AusAID.

Full Name: CHRIS TURNER

Signature: _____

Position in NGO: SENIOR PROGRAM SUPPORT MANAGER

Date: DEC 31, 2009