Australian Government

AusAID

Australia - Myanmar Cooperation Agreement

29 October 2010

ANNUAL PROGRESS REPORT

AS AT *September 2010*

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 (MSIA)
Delivery Organisation's Name/s	Marie Stopes International Myanmar (MSIM)
Date Project Commenced (Contract Signed)	1 October 2007
Expected date of completion	September 2012
Report covers activities implemented in the period	1 October 2009 to 30 September 2010

1.1 Introduction

The AusAID Periodic Funding for Humanitarian Assistance to Burma (PFHAB) provides a unique opportunity for Marie Stopes International (MSI) to further develop and expand its 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, and 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, the following documents were referred to 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.

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

Preparation of this annual report was based on review of project activities, output in Year 3, analysis of monitoring data, routine management and information system (MIS) data, monthly reports, reports from the field, and findings from monitoring visits. The programme support team, project management team, and field teams with beneficiaries such as sex workers and their gatekeepers, as well as Self Help Group (SHG) members and leaders from Community Based Organization (CBOs) were also consulted in review of the progress.

1.2 Project Description:

1.2.1 Program Goal :

To contribute to the improvement of the SRH 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 make informed choices about seeking SRH information and service, including contraceptive choices.
3. Comprehensive SRH services (family planning (FP)/birth spacing, reproductive tract infection (RTI)/sexually transmitted infection (STI) checks, voluntary and confidential counselling and testing (VCCT) for HIV, antenatal care (ANC), post-abortion care (PAC), and adolescent reproductive health (ARH)) are delivered through 4 integrated service delivery centres and community based service provision (via monthly mobile clinics and community based distribution of contraceptives).
4. A more supportive operating environment is built through advocacy with the public sector and collaboration with PFHAB partners.
5. Public and private sector providers improve 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; Kalay in Sagaing division, Myingyan in Mandalay division, Thingungyun in Yangon division and Ye in Mon state, and is based on 4 main components:

(A) Building the capacity of the MSIM team to expand its SRH information and services.

(B) Increasing SRH knowledge through Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) intervention.

(C) Delivering quality information and services through SRH centres and outreach services.

(D) Increasing advocacy and coordination.

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 effectively deliver quality, client friendly SRH services.	Good Practice (GP)
2. Men and women of reproductive age, youth and sex workers make informed choices about seeking SRH information and service, including contraceptive choices.	GP
3. Comprehensive SRH services (FP/birth spacing, RTI/STI, VCCT, ANC, PAC, ARH) are delivered through 4 integrated service delivery centres and community based service provision (via monthly mobile clinics and community based distribution of contraceptives).	GP
4 A more supportive operating environment is built through advocacy with the public sector and collaboration with PFHAB partners.	GP
5. Public and private sector providers improve their capacity for providing quality, more integrated, client friendly SRH services.	S

2.1.2. Narrative of progress toward objectives:

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

MSIM employs different approaches to strengthen the capacity of its service providers. Capacity strengthening activities include trainings and workshops on different types of services and integrated service delivery, providing technical updates, job aids, guidelines and protocols, and conducting follow ups and supervision. Onsite competency checks and client satisfaction surveys are also conducted to access technical competency as well as the clients' perceptions of MSIM's services. Findings indicate that the teams are competent in clinical skills and overall service quality generally satisfies the clients. Findings from these assessments including feedbacks and recommendations from clients are discussed with the team members to act upon for continuous quality improvement.

2. *Men and women of reproductive age, youth and sex workers make informed choices about seeking SRH information and services, including contraceptive choices.*

MSIM implements a range of IEC and BCC to facilitate health seeking behaviours and service utilization. MSIM also provides training and support to strengthen capacity of local groups and CBOs on SRH. These groups in turn disseminate SRH information in their own community. Mobilization of sex workers' SHGs has been improved through leadership and participation of Sex Worker Peer Educators. The trend of community knowledge and attitude on SRH is being assessed according to an updated Monitoring and Evaluation (M&E) framework.

3. *Comprehensive SRH services are delivered through 4 integrated service delivery centres and community based service provision.*

MSIM is providing SRH services through static clinics and mobile clinics when the situation permits. Frequency of mobile clinics and range of services covered in mobile clinics were however reduced this year due to continued restrictions from the Department of Health (DoH) and administrative authorities. Community based distribution of contraceptives is ongoing in all project sites.

4. *A more supportive operating environment is built through advocacy with the public sector and collaboration with PFHAB partners.*

MSIM is representing international NGOs in national level technical, strategic and coordination bodies on HIV and SRH as Country Coordinating Mechanism for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the National Technical and Strategic Group on HIV, the Reproductive Health National Working Committee, the Women Protection Technical Working Group, and the HIV and SRH Technical Working Group. MSIM has been participating actively and regularly in central and township level advocacy and coordination activities, putting the SRH agenda into discussion and sustaining relationships with and the support of key stakeholders to advance SRH work.

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

MSIM has strengthened partnerships and coordination with a number of CBOs. Partner CBOs have different strengths: the Mon Women Organization (MWO) is working on women's empowerment and overall development in Mon State; the Myanmar Positive Women Network Initiative (MPWNI) is promoting empowerment of women living with HIV and advocating their rights to access treatment using its network throughout the country; and a local organization, Myitta Kyemon, is providing care and support for people living with HIV including children in Ye area, Mon State. MSIM helped these organisations strengthen their capacity on SRH through training, workshops, regular meetings and joint activities. MSIM has also provided SRH training to members of Myanmar Medical Association (MMA), a professional organization comprising general practitioners.

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 deliver quality, client friendly SRH services.	80% of all clients reporting that they are satisfied with the quality of MSIM services	- Internal quality assurance system strengthened by using clients' perspective to inform service delivery. MSIM conducted client exit survey and feedbacks were analysed in monthly centre	- Client feedback forms are analysed and the findings are discussed in centre monthly meetings, and actions are taken as necessary to improve client friendliness. Over 85 % of the clients are satisfied or very satisfied on different services provided by MSIM.

		staff meeting and monitored by a Core Technical Training Team (CTTT)	
	90% of service delivery team members perform clinical responsibilities according to competency training	- Medical doctors and nurses from MSIM centres in project sites attended quality care STI training and clinical supervision training.	- 21 Service providers (Medical doctors, nurses, counsellors,) participated in training on different topics related to service delivery and quality.
		- Refresher training was also organized for the counsellors to enhance their skills on counselling on HIV and gender based violence (GBV)	- Five Counsellors participated in workshop for GBV and HIV counselling.
		- Laboratory technicians and counsellors received refresher training.	- One Lab technician received refresher training in this Year3.
		- Onsite competency assessment was done in all project sites.	- Onsite competency assessment showed that MSIM's service providers are complying with the protocol and technical standards.
		- The CTTT has been mobilized and is working on doing capacity strengthening of the team.	- In addition to different trainings conducted on service delivery, the CTTT also provided hands on training to service providers and all SRH promoters during the monitoring visits to the field.

2. *Men and women of reproductive age, youth and sex workers make informed choices about seeking SRH information and service, including contraceptive choices.*	Men and Women of reproductive age, youth and sex workers are aware of SRH information and services including contraceptive choices.	- MSIM is using various ways to reach out to different target groups and promote SRH with their participation. 1. Community Based Distributors (CBDs) and SRH promoters (SRHPs) are providing SRH information to different target groups through individual interaction and group discussion.	- Breakdown of the numbers of different target groups reached are as follows: *1. <u>Men and women of reproductive age</u>* - Total contacts made for health education were 55,639. Some received health education more than one time. The total number has already exceeded the number of people set as the target in the annual plan for Year 3 (20,000). 15,206 (approximately 27%) and 40,433 (approximately 73 %) were male and female respectively. - Urban to rural ratio of the clients reached is approximately 5:7. (23,281:32,358) *2. <u>Youth</u>* - Among the people reached, 20,773 were youth. About 32% (6,606) and 68 % (14,167) were male and female respectively. Urban to rural ratio of youth reached is 5:7 (8,779;11,994) *3. <u>Sex workers</u>* - A total of 3,154 interactions with female sex workers done by SRH promoters and provided SRH information. Some sex workers have been reached by the team repeatedly to reinforce the

			messages and to promote safer SRH behaviors.
		2. Community awareness raising on SRH was also done in commemoration of World AIDS Day, International Women's Day, and World Population Day. MSIM organized educational booths to celebrate special events (pagoda festival, valentine's day). Education and condom promotion activities were conducted during water festival as well.	More than 4,000 people participated in these community awareness raising initiatives.
		3. MSIM engaged sex workers also by supporting SHGs and their initiatives.	- MSIM has helped establish and support 8 SHGs of sex workers, with 50 current members in these groups. The groups have also received training on SRH. - A regular monthly meeting was conducted among these SHG members. Four sex workers from project sites attended the sex workers Forum organized by MSIM in Mandalay. This forum provided participants with sharing and learning opportunities, and motivation and ideas for sustainability of their SHGs. They have shared workshop experiences in regular SHG meetings. - Two sex workers and two men who have sex with men

			(MSM) peer educators are involved in BCC and SHG activities.
		4. MSIM has partnered with CBOs and strengthened their capacity on community based SRH work.	- Referral network among other NGOs and CBOs is ongoing. - A total of 16 members of Mon Women Organisation (MWO) received Basic Counselling training facilitated by MSIM. The MWO team and MSIM together reviewed the previous year's activities and discussed future plans. - A total of 44 women and members of 4 migrant families participated in a SRH awareness raising session facilitated by MWO.
		5. MSIM engaged local theatre troupes, church based youth groups and village youth leaders in Mon villages and promoted SRH through performances.	- One professional theatre troupe and one amateur youth group in Mon state, and one church based youth group in Kalay received basic SRH knowledge from MSIM and generated ideas for performance with education. They developed songs and drama with SRH messages relevant to the local community. The professional theatre troupe performed to an audience in the whole Mon State during festival session. The amateur group performed at special events such as World AIDS Day commemoration. Approximately 3,500 people appreciated these activities. Preparations are underway with local groups for coming festival season as well.
		6. MSIM provided basic SRH training to the	- A total 19 staff from DSW attended.

		staff of the Department of Social Welfare (DSW) and institutions under the DSW taking care of vulnerable people including disabled people. 7. MSIM and its partner CBOs distributed IEC materials on SRH to the community to increase awareness and to reinforce the message provided during the discussion or other community education activities.	- Approximately 80,000 pieces of 6 different types of IEC materials on different SRH topics have been distributed to the community.
3. Comprehensive SRH services (FP/birth spacing, RTI/STI, VCCT, ANC, PAC, ARH) are delivered through 4 integrated service delivery centres and community based service provision (via monthly mobile clinics and community based distribution of contraceptives).	An increase in client numbers of men and women of reproductive age using MSIM centre and outreach services (disaggregated by gender, service age, ethnic group, and location). Increase in client numbers of youth using MSIM centre and outreach services.	Following processes are ongoing: - Service provision at fixed centres. - Mobile clinics. - Community based distribution of contraceptives. - Monthly data collection and analysis. Procurement and supply management supported by Yangon Support Office.	- Four integrated service delivery teams are functioning. ***1. Service utilization by type of services*** <u>FP</u> A total of 30,217 visits including 8,317 for youth. Urban and rural client ratio was 1.2:1. Almost all were women. <u>ANC</u> A total of 2348 including 784 youth. Urban and rural client ratio was 7:5. <u>RTI/STI</u> A total of 4210 episodes including 867 from youth. Urban rural client ratio was 1:1 and male and female ratio was 1:3.2. <u>VCCT</u> A total of 4605 including 1720 youth. Urban rural client ratio was

			2.4 : 1 and male to female ratio was 1: 2.3. <u>PAC</u> A total of 442 including 125 youth.Urban rural ratio was 39.3:1 ***2. Service utilization by ethnic group of the clients*** Among the clients who utilized the above SRH services during this reporting period, the vast majority (about 87%) were Bamar. Ethnic minority groups also utilized services provided by MSIM; about 6% and 3% of the clients were Chin and Mon respectively. MSIM's clients also included a few number of Kayin, Shan, Kachin, Kayar and Rakhine. ***3. Services utilized by sex workers*** 551 SRH consultations (FP, STI treatment, PAC and VCCT for HIV) were provided to sex workers. Outreach service provisions were also conducted at brothels, providing services and information, and promoting dual protection (from both STIs and pregnancy). ***4. Services utilized by other client groups*** 32 disabled persons received MSIM services in 4 project sites.
4. A more supportive operating environment is built through advocacy with the public sector and collaboration with PFHAB partners.	The Government and MSIM participated in a SRH working group.	- MSIM became a member of national level technical and coordination bodies on SRH. - PFHAB partners participated	- MSIM participated in and contributed to technical and strategy forums organized by the DoH at national level and sub-national level. - Heads of 3 PFHAB partner agencies; Burnet Institute,

		together in formal and informal coordination and advocacy meetings with other stakeholders.	CARE and MSIM also met and discussed PFHAB coordination, overall humanitarian and development work, and coordination with donors and other stakeholders. - PFHAB coordination meeting was held in Australia in February 2010 - MSIM also participated in other coordination meetings with the DoH, Department of Social Welfare, UN agencies, and other NGOs at different levels. - As a member of Technical Working Group for Women Protection comprising Department Social Welfare, UN and NGOs, MSIM is participating in National Plan of Action for Women Protection. - Township level coordination meetings with the partner agencies including PFHAB partners were conducted in 2 townships (Kalay and Ye). - An advocacy meeting with local authorities was conducted in Thingangyun township. A total of 60 members of Ward Peace and the Development Council attended the meeting.
5. Public and private sector providers improve their capacity for providing quality, more integrated client friendly services.	80% of partners reporting an increase in knowledge in modern SRH management.	- In collaboration with Myanmar Medical Association, MSIM conducted Continuing Medical Education and technical updates session on SRH for public sector health care providers and private practitioners.	- In collaboration with Myanmar Medical Association in Myinyyan, MSIM organized Continuing Medical Education session on Management of STIs. A total of 21 medical doctors, both from public sector and general practitioners attended. - Family Planning Choices wall charts for providers (from

			WHO), SRH intervention packs (also from WHO) and service quality booklets have been distributed to GPs in project townships .

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.Increasing unpredictable interventions by government and other groups in preparation for election 7th November 2010	Since late 2009 and more restrictions in recent months especially on field activities.	- Keeping abreast with the updates and information from different sources, other NGOs, CBOs, relaying information back to the field, updating risk management plans and developing a contingency plan.	Country Director and Senior Management team, as well as Field teams.
2. Political tensions in Mon State between the military, Mon and Karen cease fire groups leading to insecurity in the area.	May 2010	- Keeping abreast with the situation, getting information from different sources, communication with support office, modifying the implementation plan (staff movement and mobile clinics) according to the situation for security of the staff.	- Field Manager, Senior Management Team and Country Director.

Review of the progress

The project is progressing on track for almost all the activities. MSIM is monitoring the process and outputs of the activities through different monitoring tools and methods. The project team conducted a midterm review workshop to review the relevance, effectiveness and outputs of the project activities, and to reflect on lessons

learnt to inform future plans. The Programme Officer, AusAID post in Myanmar also participated in the review workshop.

The Impact of MSIM's family planning services for year 3 is summarised here: [2]

No.	Impact Indicator	Impact number
1	Couple Years of Protection	38,004
2	Number of pregnancies averted	20,658
3	Number of births averted	11,934
4	Number of maternal deaths averted	46
5	Number of infants' lives saved	880
6	Disability Adjusted Live Years averted	2,238
6	Ecological foot print (hectares) reduced	13,105

Report on sustainability

MSIM recruits local people including people from rural areas to the MSIM field teams as much as possible, as their understanding of culture and language can help them provide client friendly services. They also act as sustainable resources for their community. Moreover, MSIM involves people from specific target group such as sex workers and MSMs as peer educators who can transfer their knowledge and skills to their peers.

To further contribute to the sustainability of the activities and service delivery, MSIM strives towards networking and capacity building of partners including CBOs, local groups and other 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 community.

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."

Cross Cutting issues

- MSIM mainstreams gender in its interventions. Day- to- day implementation of the project activities also took gender issues into consideration (eg. male involvement in SRH). Gender concepts are included in staff training and specific trainings on GBV was also organized for MSIM staff. Existing IEC materials on gender were distributed to the communities and shared with other organizations for their staff and for their community based work.
- MSIM is reaching the poorest of the poor populations including the people with disabilities. A strong relationship established between MSIM and the Department of Social Welfare which is a focal ministry in promoting welfare of the most vulnerable population groups will enhance MSIM's ability to better respond to the needs of those groups.
- Through its family planning services, MSIM is contributing to stabilization of populations, hence having a positive environmental impact.

Coordination/ Harmonisation/ Delivery Organisation issues and strengths

- Country directors of three PFHAB partners in Burma met and shared information about overall programme operation and discussed implementation updates.

[2] All impacts were calculated by entering service numbers from projects sites in project year 3 into MSI's Impact Calculator.

- MSIM centre team and programme support team also keep regular communication and information sharing with other non-PFHAB partner organizations working in the project areas (e.g. International Organization of Migration (IOM) in Ye, Save the Children and Myanmar Nurse and Midwife Association in Kalay) to strengthen coordination, and to implement complementary activities.
- Being the only INGO representative in National Reproductive Health Working Committee, as well as a member in other national level bodies on HIV, SRH and Women's Protection, MSIM regularly participates in a number of strategic and technical forums.
- MSIM and the AusAID post in Yangon are in close contact with other AusAID supported work; cyclone response interventions and The Three Diseases Fund implementation.

3.0 ANNUAL PLAN: 1 October 2010– 30 September 2011

3.1. Components, Planned Outputs, and Indicative Activities.

Components	Planned outputs	Indicative activities
(A) *Building the capacity of MSIM to expand its SRH information and services.*	1) MSIM Service delivery teams to effectively deliver quality, client friendly SRH services.	- Refresher training to 15 service providers and field teams on integrated SRH service provision. - Conduct onsite competency assessments of service provision, provide feedbacks and take actions and follow up for quality improvement. - CTTT to conduct mystery client assessments, and provide feedbacks to field teams, work together with the field teams for improvement. - Centre team to conduct and analyse Client Exit Surveys, and discuss and act upon findings and recommendations by the clients. - Strengthen quality assurance system for laboratory services by providing refresher training and improved supervision.
(B) *Increasing SRH knowledge through IEC materials and BCC interventions.*	2) Men and women of reproductive age, youth and sex workers make informed choices about seeking SRH information and service, including contraceptive choices.	- Ongoing support to SRH promoters and CBDs through refresher trainings and monitoring. - Advocacy with sex work

		gatekeepers. - Mobilize and train sex workers and SHG member. - Ongoing IEC and BCC activities, materials and approaches to be adapted as necessary. - Partnership with 3 CBOs to strengthen their capacity on community based SRH work. - Work with 2 local performance troupes to conduct community theatre events on SRH issues.
(C) *Provision of quality and integrated SRH, STI, HIV and maternal health services.*	3) Comprehensive SRH services are delivered through 4 integrated service delivery centres and community based service provision	- Deliver SRH services through 4 service delivery teams. - MIS data collected for all client presentations in all sites and updated monthly. - MSIM centres participate in National External Quality Assurance Scheme for Laboratory service quality control. - Yangon Support Office oversees procurement and supply management of all centres ensuring no pipe line rupture. - Consolidate referral network in all 4 project sites.
(D) *Strengthening advocacy and coordination to enable an environment conducive to SRH information and exchange.*	4) A more supportive operating environment is built through advocacy with the public sector and collaboration with PFHAB partners.	- Quarterly coordination meeting between PFHAB partners at Support Office and township level. - Semi- annual meeting between PFHAB partners in Australia to share implementation progress and lesson learned.

		- SRH advocacy at township, departmental and international organizational level.
	5) Public and private sector providers improve their capacity for providing quality, more integrated, client friendly services	- Conduct sensitization to SRH rights to 30 public and private sectors providers. - Contribute to semi-annual technical update through Myanmar Medical Association's (MMA) programme of SRH for public hospitals, GPs and partners INGOs.

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

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 MSIM team
- BCC and Contraceptive Social Marketing (CSM)
- Integrated service delivery methods
- Advocacy and Coordination.

3.3 Confirmation of delivery organisation inputs

Comprehensive services include FP, RTI/STI management, VCCT for HIV, maternal care and youth specific SRH services. SRH clinical services are delivered by trained team members from each centre. Technical, management, procurement and logistics support are provided by Yangon Support Office, MSIA, and MSI in London.

3.4 Sustainability approach

MSIM promotes sustainability of the SRH interventions through recruiting local people for MSIM 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, the local team has started networking and capacity building with partners including CBOs and local groups and it is enhanced throughout 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."

3.5 Budget

Financial report is attached (Annex 1). Changes to Yr 4 budget submitted together with annual in June 2010 have been approved by AusAID.

3.6 Work Plan

The work plan is attached (Annex 2)

3.7 Proposed variations to the Project

None.

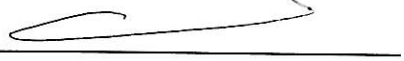
4.0 DECLARATION

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 #37913/6, 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: NOVEMBER 9 2010