



Australian Government

AusAID

Australia - Myanmar Cooperation Agreement

< October 2011 >

ANNUAL PROGRESS REPORT

AS AT September 2011

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 2010 to September 2011

1.1 Introduction

"Mobilizing Access to Sexual and Reproductive Health in Burma Project under The Periodic Funding for Humanitarian Assistance to Burma (PFHAB) provides a unique opportunity for MSI to further develop and expand SRH program in Myanmar. 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 referred AusAid guidelines such as Gender equality in Australia's Aid Programme, international commitment document such as ICPD Programme of Action (1994) and national plans and guidelines including Five Years Strategic Plan for Reproductive Health in Myanmar 2004-2008 in preparation of the project:

Project implementation in Year 4 went well as planned. The year 4 targets were achieved through collaborative work of MSI, its partners and community members. Preparation of this annual report was based on review of project activities and outputs in Year 4, analysis of monitoring data, monthly reports, comments, feedback and reports from the field staffs, findings from monitoring visits and midterm review.

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 (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).
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; Kalay in Sigaing region, Myingyan in Mandalay region, Thingungyun in Yangon region and Ye in Mon state and based on 4 main components.

- (1) Building the capacity of MSI team to expand its SRH information and services
- (2) Increasing SRH knowledge through IEC and Behaviour change Communication intervention
- (3) Delivering Quality Information and Services through SRH centres and outreach services
- (4) 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
	Good Practice

Major Development Objectives	Rating
1. Service delivery teams to effectively deliver 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. <i>Delivery of comprehensive SRH services</i> (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 <i>more supportive operating environment</i> through advocacy with the public sector and collaboration with PFHAB partners.	GP
5. <i>Public and private sector providers have improved their capacity for providing</i> quality, more integrated, client friendly SRH services.	GP

2.1.2. Narrative of progress toward objectives

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

To ensure quality of services, MSI applied 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 and guidelines and protocols, and conducting follow ups and supervision. Onsite competency checks, mystery client assessment and exit interviews were also conducted to assess technical competency as well as clients' perception on MSI's services. Findings indicate that the teams are competently providing quality services which satisfy the clients. Team members discussed assessment findings and acted upon for continuous quality improvement. (Detail output numbers are in Table 2)

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

Linking with service provision, MSI implements a range of IEC and BCC activities to facilitate health seeking behaviours. MSI team members carried out a range of behaviour change intervention including one to one discussions, small group discussions, educational talk with the large group, education booth, and distribution of IEC materials. The trend of community's knowledge and attitude on SRH is being assessed according to interviews and focus group discussion with beneficiaries. MSI also provided training and support to strengthen capacity of local groups and community based organizations (CBOs) in on SRH. These groups in turn disseminate SRH information in their own community and carry out advocacy and resource mobilization. MSI has continued to maintain its relationship with Mon Theatre troupes and provides training and other support to ensure culturally appropriate, gender sensitive and locally relevant SRH education through performance. Mobilizations of female sex workers and men who have sex with men (MSM) have been improved through leadership and participation of peer educators.

3. *Delivery of comprehensive SRH services*

Provision of SRH services and commodities has been ongoing through static and mobile clinic services to rural villages and community based distribution of contraceptives in all project sites. Mobile clinic operation in rural villages was supported by local leaders and community members. However, frequency of mobile clinics and services available were limited because of security restrictions in rural areas of Ye township.

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

While MSI is leveraging its commitment to enhance maternal health through overall SRH work, public sector, donors and other actors are putting a lot of emphasis on the importance of the Millennium Development Goals (MDGs) particularly MDG 4 and 5, reducing child mortality and improving maternal health. MSI has been participating actively and regularly in both central and township level meaningful advocacy and coordination works, has managed to include an SRH agenda in the discussion, sustained relationships with and support for key stake holders to advance SRH work. At the township level advocacy meeting, MSI field workers linked with Township health staffs from the public sector and to build a stronger referral network. For example, MSI received referrals for ANC, post natal contraception and MSI referred clients to hospital for facility based delivery. MSI also helped educate and mobilize communities to participate in National Immunization program.

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

MSI collaborated with Department of Health in project townships and organized joint trainings to public and private sector providers. Trainings conducted were: Maternal and Child Health care training to DoH's basic health staff in Thingyangyun township; prevention, early diagnosis and treatment of Malaria in Antenatal care to DoH's basic health staff in Ye township, Sexually Transmitted Infection training to NGO staffs and general practitioners in Kalay township. Partnership and coordination have been strengthened with private general health care providers. MSI provided competency based training on family planning service provision to general practitioners (GPs) from Mon State, Yangon Region to expand the reach of services through partnership with private sector providers, to enhance private providers' capacity in family planning service provision, to improve community's access to broader choices of family planning from local service providers. MSI is providing ongoing technical and commodity support to these GPs.

Community mobilization is improved by collaborative work among civil society such as Mon Women Organization (MWO) working on women's empowerment and overall development; Myanmar Positive Women Network Initiative (MPWNI) promoting empowerment of women living HIV and advocating their rights to access to treatment; *Myitta Kyemon*, a local organization providing care and support for people living with HIV including children. MSI helped strengthen their capacity on SRH through training, workshops, regular meetings and joint activities.

2.2 Significant Project Outputs.

Table 2: Significant Project Outputs

Significant Output	Performance Indicator	Achievements during reporting period and Lessons Learnt	Aggregatable Benefits
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<p>1. <i>Service delivery teams effectively delivering quality, client friendly SRH services.</i></p>	<p>80% of all clients reporting that they are satisfied with the quality of MSI services</p> <p>90% of service delivery team members perform clinical responsibilities according to competency training</p>	<ul style="list-style-type: none"> - Internal quality assurance system strengthened through getting clients perspective to inform service delivery. MSI conducted client exit survey, mystery client assessment and feedbacks were analysed by project and program management team . - Service providers (Medical doctors and nurses) from MSI centres in project sites participated in quality care family planning and STI refresher training, refresher on Infection Prevention workshop , clinical supervision, and management workshop. - Counselling case conference workshop was organized for the counsellors to share their experiences and to enhance their skills on counselling . - Laboratory technicians received refresher training on etiological diagnosis of RTI /STI. - Onsite competency assessment was done in all project sites during monitoring visit by CTTT. - CTTT has been mobilized and is working on going capacity strengthening of the team 	<ul style="list-style-type: none"> - Over 95 % of the clients are satisfied or very satisfied with overall experience at MSI's facilities. - Ten Service providers (one male medical doctor, three female medical doctors and six female nurses) participated in service delivery training on different topics through four times of training in this 4th year project period,. - Six SRH promoters (two male and four female) attended Basic SRH training. - Two men and seven women (Centre managers, stock controller and project team) participated in management workshop. - Five counsellors (one male and four females) participated in Counselling Case Conference and Counselling capacity enhancement workshop. - Four technicians from PFHAB sites received refresher training on RTI/STI diagnosis (theory and practical). Consultant of National Health Laboratory under the DoH. - Onsite competency assessment showed that MSI's service providers are complying with the protocol and technical standards. - In addition to different trainings conducted on service delivery, CTTT also provided hands on training to service providers and all SRH promoters during the monitoring visits to the field.
<p>2. <i>Men and women of reproductive age, youth and Sex Workers (SW) are making informed choices about seeking SRH information and service, including contraceptive choices.</i></p>	<p>Men and Women of reproductive age ,youth and sex workers aware on SRH information and services and including contraceptive choices</p>	<ul style="list-style-type: none"> - MSI is using following different ways to reach out to different target groups and promoting SRH with their participation 1. Community Based Distributors (CBD) and SRH promoters (SRHP) are providing SRH information to different target 	<ul style="list-style-type: none"> - Breakdown of numbers of different target groups reached are as follows: 1. <u>Men and women of reproductive age</u> - Total number reached: 59,388 (numbers newly reached 19,426).

		groups through individual interaction and group discussion	<p>17,512 (approximately 29 %) and 41,876 (approximately 71 %) were male and female respectively.</p> <ul style="list-style-type: none"> - Urban to rural ratio of the clients reached is approximately 4:5. <p>2. <u>Youth</u></p> <ul style="list-style-type: none"> - Among the people reached, 21,102 (7,775 were newly reached) were youth. 37.72 % 7,960 (38%) 13,142 (62%) were male and female respectively. - Urban to rural ratio of youth reached is 4:5 <p>3. <u>Sex workers</u></p> <ul style="list-style-type: none"> - Total 4,351 (number newly reached this year: 749) received SRH information to facilitate safer SRH behaviors. - Total people 5,727 participated in these broad base awareness raising initiatives. In these activities, MSI organized performance plots and essay competition on the theme/slogan of the specific days. - Total people 3,072 appreciated MSI booths and they also participated in quiz on SRH issues.
		<p>2. Community awareness raising on SRH was also done in commemoration of World AIDS Day, international women's day, world's population day.</p> <p>3. MSI organized educational booth to celebrate special events (pagoda 's festival, valentine's day). Education and condom promotion activities were conducted in these activities as well.</p> <p>4. Female sex workers, are also mobilized through supporting Self Help groups (SHGs) MSI's peer educators are facilitating BCC activities and mobilizing SHGs for sustaining their social support to each other and promoting healthy behaviour.</p>	<ul style="list-style-type: none"> - More SHG members participate in MSI supported female sex workers SHG. Currently there are 80 members in these SHGs. - MSI took facilitating role in regular SHG's monthly meetings. These meetings were organized in order to disseminate the information about SRH, to discuss how sex workers could help each other for health, and to promote their social network as a support mechanism. - One MSM Self Help Group in Myingyan and one female Sex worker SHG in Thingyan Gyun township were newly formed in this year. Currently MSI supports seven FSW SHG and one MSM SHG. - Referral network among other NGOs,

		<p>5. MSI partnered with CBOs and strengthened their capacity on community based SRH work. MSI also organized formal and informal meetings with NGOs and CBOs to discuss project activities and broader humanitarian and development work these partners are involve in any areas for collective and integrated work.</p> <p>6. MSI engaged local theatre troupes, church based youth groups and village youth leaders in Mon villages and promoted SRH through performances.</p> <p>7. MSI and its partners CBOs are distribute information, education, and communication materials on SRH to the community to increase awareness and to reinforce the message provided during the discussion or other community education activities.</p> <p>8. Basic SRH awareness raising sessions to physically handicapped persons .</p>	<p>CBOs is ongoing.MSI conducted Basic SRH training to 12 youth (3 male and 9 female) of Mon Literary Culture Association members. Those active youths worked with MSI in mobile clinic and outreach activities in their villages.</p> <ul style="list-style-type: none"> - 30 members of MPWNI participated in a basic SRH awareness session organized along with women leader's monthly meeting. - MSI also facilitated topic discussion on family planning for people living with HIV, sexual rights, sexual and reproductive health in trainings that Burnet Institute, one of PFHAB partners organized for members of partner CBOs. - MSI is engaging two Mon professional performance troupes who are the most popular among local communities. - 6 Church based youth groups participated in MSI World AIDS day activities in Kalay. - Performance troupes received basic SRH knowledge from MSI and generated ideas for educational performance. They developed songs and drama with SRH messages relevant to the local community. Professional theatre troupe performed to audiences throughout Mon State during the festival season. Amateur groups perform continue to perform the songs/drama at other community special events. - Approximately 40,000 pieces of IEC materials on different SRH topics have been distributed to the community. - Total 100, (New 71,old 29) persons received basic SRH knowledge. Out of which 14 male and 12 female are from vocational school.
3. Delivery of comprehensive SRH services (FP/birth spacing, STI, VCCT, ANC, PAC, ARH)	Increase in client numbers of men and women of reproductive age using MSI centre and	<p>Following processes are ongoing:</p> <ul style="list-style-type: none"> - Service provision at fixed centres - Mobile clinics - Community based distribution of 	<ul style="list-style-type: none"> - 4 integrated service delivery teams are functioning <p>1. Service utilization by type of services</p>

through 4 integrated service delivery centres and community based service provision (monthly mobile clinics, community based distribution of contraceptives).	out reach services (Gender, service age, ethnic group, location disaggregated) Increase in client numbers of youth using MSI centre and outreach services.	contraceptives	<p><u>Family Planning</u> 25,697 visits including, 6,893 for youth. Urban and rural client ratio was 3:2. Almost all were women.</p> <p><u>Antenatal care</u> Total 2,950 services including 994 youth. Urban and rural clients ratio was 1:1</p> <p><u>RTI/STI</u> Total 4,212 cases including 843 from youth treated. Urban rural client ratio was 1:1 and male and female ratio was 1: 2.</p> <p><u>VCT</u> Total 4,375 clients including 1,980 youth. Urban rural client ratio was 3 : 1 and male to female ratio was 1: 2.5</p> <p><u>Post abortion care</u> 521services that include 142 youth. Only 5 PAC clients were from rural areas with the remainder from urban areas.</p> <p>2. Service utilization by ethnic group of the clients Among the clients who utilized above SRH services during this reporting period, the vast majority (about 84%) were Bamar. Ethnic minority groups also utilized services provided by MSI; about 9 % and 4% of the clients were Chin and Mon respectively. MSI's clients also included a few number of Kayin, Shan, Kachin and Rakhine.</p> <p>3. Services utilized by sex workers 855 SRH consultations (family planning, treatment of sexually transmitted infections, post abortion care, and voluntary counselling and testing for HIV) were provided to sex workers. Mobile visit to brothel house and ensure dual protection who received contraception.</p> <p>4. Services utilized by other client groups 46 SRH services were provided to persons with disabilities at static and mobile clinics.</p>
4. To build a more supportive operating environment through advocacy with the public sector and	Government participate in SRH working group	- PFHAB partners participate together in formal and informal coordination and advocacy meetings with other stakeholders	- Heads of 3 PFHAB partner agencies; Burnet Institute, CARE and MSI participated in several meeting and discussion on overall humanitarian and development work, and

collaboration with PFHAB partners.			<p>coordination with donors and other stakeholders.</p> <ul style="list-style-type: none"> - MSI also participated in other coordination meetings with the department of health and other NGOs and UN agencies at different levels. - There is also a strong referral network mechanism supported by township level coordination meetings. MSI participated coordination meetings with DOH and other NGOs in Myingyan and Kalay every 3 months. - Township level coordination meetings with the partner agencies including PFHAB partners are being organized in ongoing basis. 20 persons who are representatives of NGO, INGO, DOH and GPs participated in Kalay township co-ordination meeting. Advocacy meeting conducted in Thingangyun township was attended by 83 local authorities and DoH staff. In this meeting MSI staffs and Township Health Officers discussed health activities in township especially on SRH aspect.
5. Public and private sector providers have improved their capacity for providing quality more integrated client friendly services	80% of partners reporting an increase in knowledge in modern SRH management	<ul style="list-style-type: none"> - CTTT contact public and private sector providers to assess knowledge gaps and conduct sensitisation to SRH rights - In collaboration with Myanmar Medical Association, MSI conducted Continuing Medical Education and technical updates session on SRH for public sector health care providers and private practitioners. 	<ul style="list-style-type: none"> - MSI organized Continuous Medical Education session (CME) in Kalay, total 46 Health authorities, senior and junior doctors from Kalay General Hospital, GPs from Kalay Township participated in this session. - Refresher training on Malaria was organized by MSI in co-ordination with Mon state Malaria team from DOH .74 field staffs in Ye township (both township basic health staffs and MSI field staffs) received awareness on Malaria , early diagnosis and prompt treatment in pregnant mother aimed to reduce Maternal Mortality Rate. - MSI has provided Family Planning training both on theory and practical skills training to eight private practitioners. With enhanced skills on family planning and ongoing technical and supplies support, these GPs have been working in partnership with MSI since after completion of the training.

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. New administration: union and local level government and emerging sections/groups within the government	March 2011	- Keeping abreast with the updates and information from different sources including NGO and UN forums, sharing information between support office and the field, updating risk management plan. Informal and formal advocacy and coordination with different stakeholders at different levels.	- Country Director and Senior Management Team - Field teams
2. Political tensions in Mon State between the military, Mon and Karen ceased 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

Sustainability Overview

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.* At a more local level MSI promotes sustainability of the SRH interventions through recruiting local people including people from rural area for MSI field teams as much as possible as their understanding of culture and language can help them provide client friendly services. Moreover, MSI involves people from specific target group such as sex workers and Men having sex with men (MSM) as peer educators to help build ownership and leadership amongst the key participating communities.

To further contribute to sustainability of the activities and service delivery, MSI builds networks and capacity of partners including CBOs, local groups and other service providers to assisting demand generation and behaviour change communication for improved SRH.

Cross Cutting issues

- **Gender:** MSI mainstreams gender in its operations. Day-to-day implementation of the project activities take gender issues into consideration (eg. male involvement in SRH). Gender concepts are included in staff training and specific training on GBV was also organized for MSI staff. Existing IEC materials on gender were distributed to the communities and shared with other organizations for their staff and for community based work. MSI also sits in Steering Committee of Women Protection Technical Working Group, an active interagency network made up of national and international NGOs, women's and gender networks, UN agencies and technical specialists working collectively to contribute to advancement of women and girls in Myanmar.
- **Environment:** This project will not have any adverse environmental impacts as it does not focus on an environmentally sensitive area or sector. It is therefore not the subject of any international environmental conventions.

- **Disability:** MSI is also responding to SRH needs of the people with disability. Two project management staff, one field manager and service provider participated in workshop on “ Mainstreaming Disability in Development Cooperation”. One male SRHP also received ‘Community Based Inclusive Development Training’. These trainings were organized by Center for Disability in Development –Myanmar and touched upon how disability and development is linked deeply, embrace disability as a cross cutting issue, importance of mainstreaming disability in all policies and practices. MSI has letter of agreement and ongoing relationship with the Department of Social Welfare, focal government body for interventions for disabled people and the process for signing of memorandum of understanding in final stage. MSI provided training on SRH to staff and students of the Vocational school for Physically Handicapped persons run by the Department of Social Welfare. Among MSI clients seeking SRH care from MSI centres and those participated in community based activities, a few were disabled people.
- **HIV/AIDS Mainstreaming:** MSI’s service delivery and BCC work address SRH which includes HIV awareness, prevention and VCT. Dual protection is promoted and services are integrated to address comprehensive needs of the clients.

Coordination/ Harmonisation/ Delivery Organisation issues and strengths

- MSI 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 complementarity activities.
- MSI’s capacity and leadership in SRH was recognized by the DoH which thus invited MSI to involve as the only INGO representative in National Reproductive Health Working Committee and Technical and Strategic Group on Maternal, newborn and child health. MSI participates in meetings of these national level structures as well as Country Coordinating Mechanism for Global Fund.
- MSI also participated in consultation meeting with donors and INGOs for planning 3 MDG fund.
- Country Director and programme support team participated in formal advocacy meeting with regional level health committee and other NGO actors in Yangon Division.
- Field teams from two new sites: Kalay and Ye also organized formal advocacy meetings with district and township level stakeholders.
- MSI and AusAID post in Yangon are in close contact with on other AusAID supported work. AUS AID program officer in Yangon participated in one field monitoring visit accompanied with project team.
- Midterm review team of PFHAB programme visited project sites, discussed with MSI team in Support office and field sites as well as CBO partners. Midterm review findings and recommendations were discussed within MSI team to incorporate in future planning.

ANNUAL PLAN: 1 October 2011– 25 September 2012

3.1.1 Components, *Planned outputs, indicative activities*

<i>Components</i>	<i>Planned outputs</i>	<i>Indicative activities</i>
1. <i>Building the capacity of MSI to expand its SRH information and services</i>	- MSI Service delivery teams to effectively deliver quality ,client friendly SRH services	<ul style="list-style-type: none"> - Refresher training to 16 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 ,field visit monitoring and discussion with the field teams for improvement. - Centre team to conduct and analyse Client exit survey, discuss and act upon findings and recommendations by the clients. - Strengthen quality assurance system for laboratory services by providing refresher training and improved supervision.
2 <i>Increasing SRH knowledge through IEC materials and BCC interventions</i>	- Men and women of reproductive age, youth and Sex Workers, disable people are making informed choices about seeking SRH information and service, including contraceptive choices.	<ul style="list-style-type: none"> - Ongoing support to SRH promoters and CBDs through refresher trainings and monitoring - Advocacy with Sex work gatekeepers - Mobilize the female sex workers <i>SHG members, support on monthly SHG meetings</i> - Ongoing IEC and BCC activities, materials and approaches to be adapted as necessary. - Ongoing work with 3 CBOs and make collaboration with new CBOs to strengthen their capacity on community based SRH work. - Work with 2 local performance troupes to conduct community theatre events on SRH issues.
3. <i>Provision of quality and integrated RH,STI,HIV and maternal health services</i>	- Delivery of comprehensive SRH services through 4 integrated service delivery centres and community based service provision	<ul style="list-style-type: none"> - Deliver SRH services through 4 service delivery teams - MIS data collected for all client presentations in all sites and updated monthly - MSI 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 net work in all 4 project sites
4. <i>Strengthening advocacy and coordination to enable an environment conducive to SRH information and exchange</i>	4. To build a more supportive operating environment through advocacy with the public sector and collaboration with PFHAB partners.	<ul style="list-style-type: none"> - Participation in technical, strategic and coordination meetings and activities at different levels. - Formal and informal advocacy with stakeholders.
	5. Public and private sector providers have improved their capacity for providing quality more integrated client friendly services	<ul style="list-style-type: none"> - Conduct technical update sessions and training on integrated SRH and maternal, newborn and child health to 60 providers from public sector, private sectors and partner organizations. - Contribute to semi annual technical update 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 project proposal, MSI Myanmar has identified the strategies informed by local problem analysis, lessons learned from past MSI experience and from the MSI Global Partnership and MSI Australia, MSI Myanmar, MSI Global Partnership and international best practice 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

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 clinical service delivery as well as IEC, BCC and community mobilization activities are carried out by trained team members from each field team with coordination, technical, management, and operations support from Yangon Support Office.

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. Strong networking and partnership with and capacity building support to CBOs and local groups will also enhance sustainability

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 (Annex 1)

3.1.6 Work-plan is attached (Annex 2)

3.1.7 Proposed variations to the Project

Nothing specific.

3.0 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 #, Services Order #, and the Program Proposal, including any variations to the proposal approved by AusAID.

Full Name: _____

Signature: _____

Position in NGO: _____

Date: _____