ANNEX 3A: IMPLEMENTATION SCHEDULE

L/F	Antivitu	T	Y	1*		Y2			Т	Y3			Y4			Y5		5	
Ref	Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3 C	4 (Q1 (Q2 Q3	Q4	1 Q1	Q2	2 Q3	Q4	Q1	Q2	Q3 Q4
1.0	Output 1: Service delivery teams effectively delivering quality, client friendly SRH services.																		
1.1	Core Technical Training Team (CTTT) selected and trained																		
1.2	Develop a set of integrated SRH guidelines covering clinical skills and non clinical skills based on existing best practices																		
1.3	Train 20 clinical service providers (5/site) and 96 outreach workers (48 CBDs and 48 SRH Promoters) on integrated SRH guidelines + Annual Refresher																		
1.4	CTTT create annual training plan and conduct annual competency assessments of clinical and outreach programme team.																		
1.5	Ongoing coaching and mentoring and capacity building by CTTT through field based monitoring										Ш		Ш			Ш			
1.6	CTTT manage program of mystery client assessments and client feedback exit forms.						ш	ш		Ш	ш	ш	Ш	н	Ш	Ш	ш	Ш	ш
1.7	Establish and implement client centred service quality and service marketing framework to be adapted for "local service standards"					Ш	П	Ш		П	Ш	П	П	П	Ш	П	П	П	
1.8	Train 4 Centre In Charge team members in cost control and budget management.																		
2.0	Output 2: Men and women of reproductive age, youth and Sex Workers are making informed choices abo	ut se	eking	SRH i	nform	nation a	and s	ervice, i	nclud	ding c	ontrace	ptive	choic	es.					
2.1	Conduct Baseline survey																		
2.2	Conduct Gender analysis																		
2.3	Community and MSIM identify and select SRH promoters																		
2.4	MSIM train SRH promoters																		
2.5	Develop and modify existing IEC materials																		
2.6	Training for youth peer educators (SRH Promoters) in accessing youth populations and BCC methods																		
2.7	Advocate with SW gatekeepers (brothel owners, pimps) to support and enable access to SW for SRH services					Ш		Ш			Ш		Ш			Ш			
2.8	SRH Promoters conduct small group sessions with all target populations to promote safer SRH practices				Ш	ш	ш	ш		Ш	ш	ш	Ш	н	Ш	Ш	ш	Ш	ш
2.9	Establish Self Help Groups with Sex Workers and train SHG members in peer education and behaviour change communication methods so they become "peer educators".																		
2.10	Identify, develop and consolidate referral networks					ш	ш	ш		Ш	ш	ш	Ш	н	ш	Ш	ш		
2.11	Work with local CBOs (such as the Culture and Literature Association) to conduct small group awareness raising sessions on SRH issues					П	П	Ш		Ш	Ш	П	П	П	Ш	Ш			
2.12	Work with local performance troupes (traditional groups and pwe) to conduct community theatre events on SRH issues																		
2.13	Community and MSIM identify and select CBDs																		
2.14	MSIM train CBDs																		
2.15	Ongoing CBD support and monitoring provided by CTTT																		
3.0	Output 3: Delivery of comprehensive SRH services (FP/birth spacing, STI, VCCT, ANC, PAC, ARH) through community based distribution of contraceptives).	n 4 in	tegrat	ed ser	rvice	deliver	y cen	itres and	com	nmuni	ty base	d serv	vice pı	rovisi	on (m	onthly	mobil	e clini	cs,
3.1	Establish and equip 2 new fixed clinic facilities (Kale, Ye)																		

L/F	A . (C. /).	Y1*		Y2				1	Y3		Y4				Y5				
Ref	Activity	Q1	Q2		Q4	Q1		Q3	Q4	Q1		Q4	Q1	Q2		Q4	Q1		Q4
3.2	Upgrade equipment in the 2 existing clinics (Thingangyun, Myingyan)																		
3.3	Establish 2 new mobile clinic facilities for the new centres																		
3.4	Fee service affordability survey for 2 new centres																		
3.5	MIS data collected for all client presentations in all sites and updated monthly	ш	Ш	Ш	Ш	П	Ш	Ш	Ш	ш	Ш	н	ш	н	Ш	Ш	Ш	Ш	
3.6	MSIM centres participate MoH/DoH National External Quality Assurance Scheme Laboratory																		
3.7	Yangon support office oversees procurement and supply management of all centres ensuring no pipeline rupture	П											Ш						
4.0	Output 4: To build a more supportive operating environment through advocacy with the public sector and	coll	aborati	ion wi	th PF	HAB	3 partn	ers.											
4.1	Quarterly coordination meetings between PFHAB partners in Myanmar to share implementation progress and lessons learned.																		
4.2	Semi-annual coordination meetings between PFHAB partners in Australia to share implementation progress and lessons learned.																		
4.3	international organisations, NGO, and private sector service providers to bring together more "traditional" RH and STI																		
4.4	Participate in township level coordination mechanisms to share information and advocate for more collaboration on SRH issues																		
5.0	Output 5: Public and private sector providers have improved their capacity for providing quality, more int	egrat	ed, clie	ent fri	endly	SRI	H servi	ices.											
5.1	CTTT contact public and private sector providers to assess knowledge gaps and conduct sensitisation to SRH rights																		
5.2	Contribute to semi-annual technical updates through the Myanmar Medical Association's Continuing Medical Education Programme of SRH issues to public hospitals, GPs and partner INGOs.																		
6.0	Output 6: Project managed efficiently and effectively																		
6.1	Recruitment of Project Team + Induction Training																		
6.2	Advocacy with the government on the project and MSIM services	П																	
6.3	Project Site Specific Implementation Plans established																		
6.4	Development of Risk Management Plan + Annual Update of Risk Register																		
6.5	Finalise Project M&E Framework																		
6.6	Mid-Term Project Review (AusAID with MSI support)																		
6.7	Quarterly Field Site Monitoring - Yangon Team																		
6.8	Technical Assistance support from MSIA (in Australia) with annual monitoring visit in Myanmar	П	TH	H	П	П	П		П	П	THI	П	П	H	H	Ш			
6.9	Monthly MSIA internal reporting - Yangon to Australia	П						\mathbf{H}	Н	П		П	П	П					
6.10	Quarterly Project Reports - Financial and Narrative to AusAID													Ι.					
6.11	Annual Report including forward Annual Work Plan, Updated Risk Matrix, Annual Audit Results, FP Checklist																		

Y1* = the Annual Workplan in Annex 6 has further detail on Year 1

Key: Ongoing activity occurring more than once per quarter

	RESOURCE SCHEDULE								
L/F Ref	Activity	%age of total time in project allocated to this	Unit	Y1	Y2	Projec Y3	t Years Y4	Y5	Total
		output		*1	12	13	14	15	rotal
1.0	Output 1: Service delivery teams effectively delivering quality, client friendly SRH serv	vices.							
Personnel		<u> </u>		T	T	1	T	T	T
1.1-1.7	CTTT Clinical Trainer	80%	Person Months	9.5	9.5	9.5	9.5	9.5	48
					<u> </u>			<u></u>	·
1.1-1.7	CTTT Social Mobilisation Adviser	68%	Person Months	9	8	8	8	8	41
1.1-1.7	CTTT Gender, Diversity and Rights Trainer	62%	Person Months	9	7.0	7.0	7.0	7.0	37
1.1-1.7	CTTT Vulnerable Populations Specialist	68%	Person Months	9	8	8	8	8	41
1.8	Regional Finance Manager	15%	Person Days	4	4	4	4	4	20
Training									
1.3	Training for Clinical and Outreach Staff on Integrated SRH Guidelines		No of training sessions	5	5	5	5	5	25
									·
1.7	Training in Client Centred Service Quality Framework		No of training sessions	1				ļ	1
1.8	Training in Cost Control /Budget Management		No of training sessions	1		1			2
Travel									
1.8	Travel for MSIA Regional Finance Manager		Trips	1	1	1	1	1	5
Materials									
			B. B.L. (488		T				
1.2	Publication - Integrated SRH Guidelines		Per Print run of 250	1				ļ	
1.6	Publication - Service and Marketing Framework	l	Per print run of 10	1				<u> </u>	<u></u>
2.0	Output 2: Men and women of reproductive age, youth and Sex Workers are making in	formed choices about se	eeking SRH information	and servi	ce, includir	ng contrace	ptive choic	ces.	
Personnel									
2.1, 2.4, 2.5,	CTTT Clinical Trainer	16%	Person Months	2	2	2	2	2	10
2.14, 2.15 2.1, 2.2, 2.5,					<u> </u>				
2.6, 2.8, 2.11 2.1, 2.2, 2.5,	CTTT Social Mobilisation Adviser	32%	Person Months	3	4	4	4	4	19
2.6	CTTT Gender, Diversity and Rights Trainer	32%	Person Months	3	4	4	4	4	19
2.1, 2.5, 2.6, 2.9	CTTT Vulnerable Populations Specialist	32%	Person Months	3	4	4	4	4	19
2.4, 2.6, 2.8, 2.10	SRH Promoters (14/site * 4 sites = 56)	100%	Person Months	672	672	672	672	672	3360
2.1	M&E International Adviser	100%	Person Days	20				20	40
2.6, 2.8, 2.9	BCC and Advanced SRH Counselling Intl Specialist	100%	Person Days	10		8		1	18
2.5	MSIM Marketing Support Team	100%	Person Months	1.5	1.5	1.5	1.5	1.5	7.5
		10076	1 Clour World	1.0	1.0	1.0	1.0	1.0	7.0
Training and	Dutreach Activities								
2.4, 2.14	Induction training of SRH Promoters and CBDs (one training/site)		Per Training	5					
2.6	Training of SRH Promoters in BCC Methods for youth populations (initial training + annual		Per Training	5	5	5	5	5	25
	refresher in each site) Small group BCC and awareness raising sessions with all target populations conducted by		Awareness Raising						
2.8	SRH promoters (every site twice/week)		BCC Sessions	520	520	520	520	520	2600
2.9	Self Help Group Meetings (once a month in two existing sites)		Per SHG Meeting		18	24	24	24	90
2.12	Community Awareness Raising Theatre Performances (1 performance /site/year)		Per Performance		5	5	5	5	20
Travel									
Travel	International Travel & Accommodation, PCC and Advanced SPH Councillies let								
2.6, 2.8, 2.9	International Travel + Accommodation - BCC and Advanced SRH Counselling Intl Specialist		Trips	1		1			2
2.1	International Travel + Accommodation - Intl Monitoring and Evaluation Specialist		Trips	1				1	2
Materials									
water lais									
2.5	Publication - IEC Materials		Per print run of 5,000	1	2	2	2	1	8
Other									
2.1	Baseline and Endline Survey - local researchers and travel costs		Per Study	1				1	2
	Output 3: Delivery of comprehensive SRH services (FP/birth spacing, STI, VCCT, ANC	. PAC. ARH) through 4 i	,	erv centres	and comn	nunity base	d service	provision (
3.0	mobile clinics, community based distribution of contraceptives).		J	, ,	·	1	·	,	
Centre Persor	nel								Ţ
3.1, 3.3	2 Full time Centre Doctors - 1/new fixed clinic (same doctors conduct mobile clinic 1/month)	100%	Person Months	24	24	24	24	24	120
ļ	,	ļ			ļ			ļ	
3.1, 3.3	4 Full time Nurses - 2/ new fixed centre	100%	Person Months	48	48	48	48	48	240
3.1	2 Full time Clinic Aids - 1/ new fixed centre	100%	Person Months	24	24	24	24	24	120
3.1.3.6	4 Lab Technicians/Counsellors - 2/ new site	100%	Person Months	48	48	48	48	48	240
3.1, 3.2, 3.4,	4 Field Coordinators - 1/site	100%	Person Months	48	48	48	48	48	240
3.5	Community Based Distributors - 14/site x 4 sites = 56	100%	Person Months	672	672	672	672	672	3,360
Centre Suppo		.0070	. 5.50m Monuis	012	012	012	012	012	3,000
3.1	2 Cashier/Receptionist/Accountant - 1/ new fixed clinic	100%	Person Months	24	24	24	24	24	120
3.1	2 Drivers - 1/new site clinic	100%	Person Months	24	24	24	24	24	120
					 				
3.1	2 Caretaker/General Utility Worker - 1/new site	100%	Person Months	24	24	24	24	24	120
3.1	2 Night Guard - 1/ new site	100%	Person Months	24	24	24	24	24	120
Yangon Supp	ort Personnel								
3.7	Yangon Logistics Manager	100%	Person Months	4	4	4	4	4	20
3.1, 32	Yangon Human Resources Team	100%	Person Months	6	6	6	6	6	30
Centre Start u	p and operating costs								1
3.1	2 new centres start up costs (recruitment, uniforms, premises refurbishment)		Per Centre	2				<u> </u>	2
3.1	2 new sites - Rent and maintenance		Per Site/year	2	2	2	2	2	10
3.1	E non sixes - Nort and maintenance	L	i oi oiteryeai						10

L/F Ref	Activity	%age of total time in		1		Projec	t Years		
DI KCI	rourny	project allocated to this output	Unit	Y1	Y2	Y3	Y4	Y5	Total
3.1	2 new sites - Office Costs (office supplies, printing, communication)	Julyan	Per Site/year	2	2	2	2	2	10
3.2	2 existing sites rent and maintenance		Per Site/year	2	2	2	2	2	10
3.2	2 existing sites - Office Costs (office supplies, printing, communication)		Per Site/year	2	2	2	2	2	10
3.3	Lease costs for mobile clinic (2 sites)		Per Site/year	2	2	2	2	2	10
Equipment and	d Supplies								
3.0	Bicycles for SRH Promoters and CBDs (1/outreach worker)		Bicycles	112					112
3.1	Medical Equipment for new centres (gynae bed, stethascope, trolley, bathroom scale, minor operation table, midwifery kit)		Per New Centre	2					2
3.1	Non-Medical Equipment for new centres (tables, chairs, computer. Lamp, cot, fridge)		Per New Centre	2					2
3.2	Medical Equipment for existing centres (stethascope, trolley, bathroom scale, midwifery kit)		Per Existing Centre		2				2
3.2	Non-Medical Equipment for Existing centres (tables, chairs, computer. Lamp, cot, fridge)		Per Existing Centre		2				2
3.7	Family Planning Supplies and Medications (contracteptives, STI treatment drugs, condoms, HIV test kits)		Per Centre/Year	4	4	4	4	4	20
3.7	Consumables (Gloves and sterilisation supplies)		Per Centre/Year	4	4	4	4	4	20
4.0	Output 4: To build a more supportive operating environment through advocacy with the	ne public sector and col	laboration with PFHAB	partners.	·			~	
Personnel									
4.1, 4.3	MSIM Country Programme Director	30%	Person Days	4	14	4	4	4	30
4.2	MSIA Programme Support Manager	5%	Person Days	2	2	2	2	2	10
Travel									
4.2 I	MSIA Programme Support Manager travel to Canberra (2/year)		Per trip	2	2	2	2	2	10
4.1, 4.3	MSIM Country Programme Director Travel to Nay Pyi Daw		Per trip		2				2
Other									
4.3	Representation/Advocacy Costs for Central Level Meetings		Per Meeting		2	2	2	2	8
4.2	Centre level SRH working Group Meetings		Per Meeting		1	1	1	1	4
4.4	Representation/Advocacy Costs for Township Level Meetings		Per Meeting	20	20	20	20	20	100
	Output 5: Public and private sector providers have improved their capacity for providi	ng quality, more integra	ted, client friendly SRH	services.	·				·
Personnel									
5.2	CTTT Clinical Trainer	4%	Person Months	0.5	0.5	0.5	0.5	0.5	2.5
5.1	CTTT Gender, Diversity and Rights Trainer	6%	Person Months		1	1	1	1	4
Other				 			 		
5.2	Township Technical updates (MMA + others) - Twice/year/township		Meetings	8	8	8	8	8	40
6.0	Output 6: Project Managed Efficiently and Effectively			*	-			·	
Yangon Based	d Management Staff Time								
6.0	PFHAB Project Manager	100%	Person Months	12	12	12	12	12	60
6.0	Research/Analyst/M&E/ Project Officer	100%	Person Months	12	12	12	12	12	60
6.0, 6.2	Programme Director - Oversight / govt Liaison inputs	70%	Person Days	9	9	9	9	9	45
6.0	MSI Senior Programme Coordinator - Oversight / quality control of inputs	100%	Person Days	13	13	13	13	13	65
Australia Base	ed Management Staff Time								
6.0	Myanmar Programme Support Manager	95%	Person Days	44	44	44	44	44	220
6.8-6.11	Regional Finance Manager	85%	Person Days	22	22	22	22	22	110
6.8-6.11	Regional Programme Support Manager	100%	Person Days	22	22	22	22	22	110
Travel									
6.0, 6.7	Local Travel from head office/Yangon to Sites Monitoring Trips - all sites visited by CTTT, Project Mgt Team at least 1/month		Cost/Month	12	12	12	12	12	60
	Programme Support Manager Monitoring Travel to Myanmar		Trips	1	1	1	1	1	5
6.00	Regional Programme Support Manager Travel to Myanmar		Trips			1			1
Equipment and	d Supplies								
6.0	Yangon Support Office Equipment		Lump Sum	1			<u> </u>		1
, I									
Other					4		 	 	
·	Yangon Support Office Operating Costs (portion of rent, utilities, maintenance)		Per Month	12	12	12	12	12	60
6.0	Yangon Support Office Operating Costs (portion of rent, utilities, maintenance) Annual Audit		Per Month Audits	12 1	12 1	12 1	12 1	12 1	5
6.0				 	 			 	