ANNEX 8: AusAID's Guiding Principles for Australian Assistance for Family Planning Activities: Questionnaire

1. Are there any partner government policies which limit the ability of women and men to make free and informed choices about timing of childbirth and family size? If yes, how will these be addressed to ensure the project provides a voluntary approach to family planning?

According to government policy, performing a vasectomy is technically illegal and consequently MSIM does not offer this as a FP option. Government policy supports the provision of tubal ligation however, the bureaucratic process involved (e.g. paperwork and necessity for an identification card) that is required is so complicated and tedious women will not choose this option. MSIM provides assistance and support to women to navigate this bureaucratic process if they decide that tubal ligation is their preferred choice of long term FP.

There is also the un-stated policy of the government being pro-natalist. It is beyond the project scope to change the governments' pro-natalist stance; however, it is recognised and addressed under risk management. In addition, the Project Team will advocate with UNICEF, UNFPA and the Department of Health to initiate a central level discussion forum on SRH issues in Myanmar. At the township level MSIM will coordinate multi-stakeholder dialogue, focused on sharing information, experiences, and analysing gaps in RH services. Working within existing structures, the primary vehicle for sharing this information will be the Myanmar Medical Associations' Forums.

2. How will women and men (in the recipient country) be involved in the design and management of the project's family planning activity?

In the Design of the project men, women and youth were involved through focus group discussions and interviews in identifying existing barriers and unmet needs in relation to SRH information and services.

Women, men and youth will continue to be involved in the implementation and evaluation of the project. There will be regular surveys to assess the client fee structure, satisfaction questionnaires will become routine on completion of a service at a MSIM centre and evaluation teams will comprise community members (men, women and youth). Members of the local communities will be identified, selected and trained in SRH promotion e.g. SRH Promoters and CBD's.

Additionally the project has assigned a Gender Diversity and Rights Trainer who will coordinate the gender analysis, develop and instigate gender strategies. Small group discussions with women and men, male and female youth will take place to determine appropriate IEC materials, as well as BBC methods.

3. How will local social, cultural and economic issues that impinge on the family planning component of the project be addressed? In particular, consider the differing roles and status of women and men.

The problem analysis reveals that men have power over SRH decision making and they are more likely to engage in behaviours that put them at high risk of contracting STIs (such as visiting SWs). The majority of the existing MSI teams, including the clinical service provision team, outreach workers and community based distributors are female. This imposes some limitations for potential male clients to openly discuss their problems and utilise services. Disproportionate underutilization of SRH services by male clients

informs MSIM that concerted efforts into improving male involvement are crucial. Creating a more gender balanced workforce, enlisting men as agents of change in SRH, and delivering messages and activities which promote safe and responsible behaviours of both men and women will be key to addressing this imbalance.

The program will not, on the other hand, lose sight of the overall disadvantaged and vulnerable position of women in communities and build on the strong reputation of MSI advancing women's reproductive health rights in the community. A particular focus will be on female youth who may or may not be sexually active. These girls/women are made particularly vulnerable by strong social norms that suggest unmarried girls do not engage in sexual activity. Evidence suggests this is not necessarily the case but under such strong norms, sexually active young women are unlikely to seek support to protect their SRH and prevent unwanted pregnancy. They are also less likely to be able to negotiate safer practices with their male partners. Small group discussions with female youth using BCC methods will be important to build self esteem and female confidence in SRH decision making.

Gender and diversity principles and concepts will be discussed when training service providers to enable them to provide gender sensitive services. Gender disaggregated data will be collected in all aspects of the monitoring framework.

4. Which key groups in the community support, and will be involved with, the family planning component of this project?

Key project implementing partners: the Department of Health at the township level, the Township Medical Officer and the basic health unit staff.

Local community based organisations: Religious organisations, Mon Culture and Literature Association, Myanmar Medical Associations', existing self help groups for Sex Workers, and other International NGOs working SRH care such as CARE, Population Services International (PSI) and Medecins Sans Frontieres Holland (AZG). The project will also work with private sector service providers including GPs, pharmacy and drug store workers. PFHAB project partners are CARE, Burnet Institute and AusAID.

5. What family planning methods will be available in the project area? Will the available family planning methods be accessible and affordable to prospective clients?

A full range of contraceptives including pills, injections, condoms, barrier methods will be available at the centres. The principle behind MSI's service provision is to increase and make available a greater range of RH options for women and men. In compliance with the AusAID's Family Planning Guidelines (2002), only contraceptives registered in Australia will be used. Counselling will be provided to all clients seeking FP services to help them make them aware of their full range of contraceptive choices.

MSI being a social enterprise, services and commodities will not be delivered or distributed for free but sold at prices calculated to ensure sustainability of the program and accessibility to the poorest members of the community. Moreover, MSIM will use a 'sliding scale' of fees payment ensuring all services can be accessed. This sliding scale system is determined through regular surveys in relation to household and individual income and the information is fed back into a framework for costing services so they are realistic and achievable to meet the needs of the population. Fees will be waived for clients who are unable to pay. Discussion with focus group participants indicates that the

fees currently charged by MSI are within the financially accessible and acceptable realms of potential clients.

6. What follow-up arrangements will there be for those who wish to change or cease using a family planning method? What arrangements will be made in regard to providing confidential services for clients?

It is standard operating practice for all clients to receive information and advice on follow-up consultations at the completion of a visit with a service provider at MSIM SRH centres or during a consultation with outreach workers/community facilitators.

The MSI Partnership Manual clearly outlines the responsibilities of MSIM clinical service providers. Under Section 5, Clinical Standards of the Manual it specifies that "all team members must maintain the highest possible standard of practice and care and show respect for the people under their care. In particular, service providers must: respect and protect confidential information".

7. What arrangements exist in regard to continuity of contraceptive supplies following completion of the project?

MSIM procures SRH supplies both internally and externally allowing the advantages of both choice and to mitigate the risk of pipeline rupture, this varies depending on what's available. MSIM has access to the MSI global pool and procurement experts in licensing and registration of such products. Through MSI global purchasing power MSIM is able to access low cost contraceptive supplies. Procurement is managed out of the Yangon Support Office by the Logistics Manager. Yangon Support Office holds a three month buffer stock of internationally procured supplies to mitigate the risk of any pipeline, legal or import restrictions. The Centre Manager assesses supply stock monthly and orders the required stock. These procurement arrangements existed prior to the PFHAB project and will continue following the completion of the project as the continuation of the MSIM programs is not reliant exclusively on AusAID funds.

8. Will the project's activities (such as revolving funds or income generating activities) be accessible to people, regardless of numbers of children or contraceptive status?

This MSIM/A PFHAB project does not involve any revolving funds or income generating activities. Marie Stopes International "respects and upholds the right of **all** to access quality sexual and reproductive healthcare and services" (MSI Partnership Manual, Section 6: Service Plus).

9. What arrangements will be put in place for monitoring and evaluation against the Guiding Principles?

The ADD will conform to the contractual requirements set out in the *Guiding Principles* (page 10) i.e. that the *Guiding Principles* and the *FP Checklist* will be integral parts of the project's monitoring and evaluation plan to be implemented by MSIM. The Project Completion report will include an evaluation of the project's achievements against the objectives of the *Guiding Principles*. Process and outcome indicators in relation to the *Guiding Principles* will be included in the Logical Framework Matrix and interventions included in the Implementation and subsequent Annual Plans.

10. Describe any issues relating to the family planning component of this activity, which need to be addressed before the project can proceed. Consider if any of these issues represent major risks. Please refer to Risk management Matrix and Chapter on Risk Management.