

MYANMAR COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage [<http://www.familyplanning2020.org/entities/82>]—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Chonghee Hwang on chwang@familyplanning2020.org.

Should you have any questions or concerns, please contact Chonghee Hwang on chwang@familyplanning2020.org OR Sarah Meyerhoff on smeyerhoff@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

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This year we have modified the questionnaire to include 1) the 2017 commitment and elements of the Government of Myanmar's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

The government of Myanmar views family planning as critical to saving lives, protecting mothers and children from death, ill health, disability, and under development. It views access to family planning information, commodities, and services as a fundamental right for every woman and community if they are to develop to their full potential.

As such, the Government of Myanmar commits to:

1. Increase CPR from 41 percent to 50 percent by 2015 and above 60 percent by 2020.
2. Reduce unmet need to less than 10 percent by 2015 (from 12 percent in 2013).
3. Increase demand satisfaction from 67 percent to 80 percent by 2015.
4. Improve method mix with increased use of long acting permanent methods (LAPMs) and decentralization to districts.

In 2017, the Government of Myanmar renewed its commitment to FP2020, including on identifying innovative financing solutions, especially for commodities; strengthening supply chains and expanding the range of contraceptives available to women; empowering young people to thrive; and reaching the hardest to reach.

1. COMMITMENT: Innovative financing solutions, especially for commodities:

- 1.1 Myanmar will explore innovative financing models such as Global Financing Facility (GFF) to ensure donor and national resources of \$3 – 5 million USD annually, incrementally for family planning commodities and to ensure sufficient and timely availability of quality contraceptives for all the reproductive aged women of Myanmar.
- 1.2 Myanmar will work with the development partners and UNFPA to procure high-quality contraceptives regularly and consistently and to expand the range of affordable modern contraceptive methods available for women and girls in Myanmar.
- 1.3 Myanmar pledges to increase the health budget to cover all women and eligible couples by 2020. The Myanmar Ministry of Health and Sports commits to working towards increasing the resources allocated to family planning in state budgets. The government is also committed to ensuring results-based management through new initiatives for effective fund flow mechanisms and internal auditing.
- 1.4 Procurement practices to enhance value for money to be explored with DPs. It is also important that all family planning programmes are aligned to the implementation of Myanmar’s National Health Plan (2017-2021). MOHS commits that the Essential Package of Health Services (EPHS) has contraceptives and Long Acting Reversible Contraceptives (LARCs) are especially positioned as part of EPHS interventions.
- 1.5 Myanmar aims to strengthen the policy of providing modern contraceptive methods by trained/skilled nurses, midwives and trained volunteers through better collaboration among a wide range of stakeholders.
- 1.6 The Government of Myanmar also pledges to implement people-centered policies to address regional, social and gender-related barriers, including disparities and inequities between urban and rural, and rich and poor populations in accessing affordable modern contraceptive methods.
- 1.7 In addition, Myanmar commits to expanding the forum of family planning under the umbrella of the Health Sector Coordinating Committee. The Technical Strategy Group on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) has been formed by the MOHS, and under which are the Lead FP working group, the Lead RH working group, and the Lead Child Health working group.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- Procurement of contraceptives with the government budget amounted to US\$ 1.2 million during the fiscal year 2017-2018. Implementing partners’ investments in family planning has also increased in terms of support in capacity building and commodity procurement for family planning services.
- Essential Package of Health Services (EPHS) has been finalized with inclusion of all range of contraceptive methods under implementation of National Health Plan (2017-2021) which aims towards universal health coverage for Myanmar.
- To strengthen the implementation of the policy of providing contraceptive methods by trained health staff and trained volunteers, the National Family Planning Guideline, the Waste Disposal Guideline for family planning commodities and the Family Planning Fact Sheet have been developed in collaboration with all stakeholders and partners.
- To address geographical, social and gender-related barriers during provision of contraceptive methods, small group discussions and group talks with local women and women groups were conducted before provision of DMPA SC and other family planning services in some States.
- RMNCAH Technical Strategic Group meetings are held quarterly with RH Technical Working Group meeting and RH Commodity Management meeting are also conducted back to back.

2. COMMITMENT: Strengthening supply chains and expanding the range of contraceptives available to women:

2.1 Ministry of Health and Sports will bring on board, and work closely with, development partners and implementing agencies to strengthen the integrated national supply chain and ensure that no woman is left empty-handed for her family planning needs, and that women will have informed choice of contraceptives even at the last mile.

2.2 The Government of Myanmar will continue to strengthen the logistics management information system (LMIS), to ensure reproductive health commodity security through improved quantification, forecasting, and integrated procurement planning, supply, storage, systematic distribution, and inventory control. To fulfill that commitment, there will be rolling out of an RH commodities logistic system training to midwives and health staff members in additional 4 States/Regions (out of 14 States/Regions), of training on LARC method (implant in particular) and expansion throughout the country (currently half of the country has already been covered), and supporting collaboration among EHO and local CSO, etc.

2.3 Introduction of a new contraceptive method for the women in Myanmar: a programme of providing Subcutaneous DMPA (Sayana Press) was initiated in 2017 especially for the women in hard to reach regions.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- Expansion of RH Commodity Logistic System was carried out in the townships of 4 States/ Regions during 2017 and as a total, the system is being implemented in 7 States/ Regions. In 2018, the system will be rolled out in 3 more States/ Regions.
- Quantification Training workshops for State and Region Maternal Health focal persons were also conducted during 2017 and 2018.
- Training on a long acting and reversible contraceptive method (implant), and expansion of its access throughout the country have covered up to 10 out of 17 States/ Regions.
- Training of Sub cutaneous DMPA was conducted in 6 States/ Regions comprising of 7 courses of Training of Trainers, and 83 multiplier trainings. More than 3,000 health care providers and volunteers (Auxiliary Midwives) have been trained for that new method.

3. COMMITMENT: Empowering young people to thrive:

- 3.1 Myanmar will ensure adolescent and youth friendly health services including access to information on sexual and reproductive health for in-school and out-of-school youth as well as contraceptive services.
- 3.2 2017 marks initiation of adolescent and youth sexual and reproductive health and rights programme with focus on availability and access to information and contraception services. Youth mobile application “*Love Question, Life Answer*” developed aligned to Comprehensive Sexuality Education principles will be launched to young people in all states and regions to provide accurate sexual and reproductive health information and reference to services delivery points if young people should need it.
- 3.3 Adolescent and Youth Friendly Health Services manual developed in Myanmar context is being disseminated and distributed, and basic health staff members are being trained to provide youth friendly ASRH services including contraception.
- 3.4 Young people will be encouraged to speak about Sexual and Reproductive Health and Rights (SRHR), and empowered to have capacity for policy dialogue so that more young people will have information and knowledge, and skills to communicate about SRHR in Myanmar.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- Youth mobile application “*Love Question, Life Answer*”, developed in collaboration with the Department of Public Health, related departments and the UNFPA, was launched at all States and Regions during 2017 and 2018 to provide accurate sexual and reproductive health information and references to service delivery for young people.
- To appeal and to provide choices for youth from diverse backgrounds, other mobile applications, social media platforms, and fora and channels (such as *MayMay, Mate*, hotlines, FaceBook pages, etc.) developed by FP implementing partners are also utilized in synch with the principles, standardized messaging, and consistent information agreed among the partners.
- A manual on Adolescent Reproductive Health Counseling Training has been finalized and capacity building of health care providers for youth friendly services will be carried out in coming years.

4. COMMITMENT: Reaching the hardest to reach:

- 4.1 Myanmar will work with its civil society organizations, ethnic health organizations and private sector to make sure that women experiencing humanitarian crises or facing other socio-cultural barriers can access the contraceptive services and supplies that they need to protect their health.
- 4.2 In addition, Myanmar will implement a monitoring system to strengthen quality of care, and to ensure women have a full range of contraceptive options. Given gender inequality, including gender-based violence (GBV) and other forms of harmful or disenfranchising social and cultural barriers to accessing or making choices in SRHR and family planning, the MOHS – working together with UNFPA, development partners, implementing agencies, and other Ministries – is committed to rolling out standard operating procedures for preventing and responding to GBV, especially sexual violence, in an integrated approach. This will be linked to providing family planning services of choice for the women to decide if they need contraception.
- 4.3 The Government of Myanmar will review and revise its current Five-Year Strategic Plan for Reproductive Health and Costed Implementation Plan (CIP) for FP2020 through a consultative process, and Myanmar's family planning programme will identify and address social and cultural barriers as well as regional disparities and inequalities in line with the WHO revised guidelines.
- 4.4 The government also commits to improving availability in health facilities so that the method mix is improved: especially in offering long-acting and reversible contraceptives, and also permanent methods adding to offering method of choice and ensuring quality of care.
- 4.5 Myanmar seeks to boost partnership with the private sector, civil society organizations, and other partners including ethnic health organizations for expanded service delivery in family planning.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- In collaboration with civil society organizations, ethnic health organizations and private sector, family planning training for auxiliary midwives and volunteers through task shifting strategy was carried out in the hard to reach areas of townships in 4 States/Regions. Before provision of family planning trainings and services, especially in some politically sensitive ethnic areas, community talks with local women groups were conducted first to generate better understanding of the communities on benefits and rights of women and girls by accessing family planning information and services.
- Review and revision of the Costed Implementation Plan (CIP) for FP2020 is being finalized and going to be finished by August 2018. To develop RMNCAH strategic plan, some consultative process is going on with the support of WHO and UNFPA.

Please respond to all parts of the following 3 questions:

1. *How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?*

Government has encouraged ethnic health organizations (EHO), civil society organizations (CSO), and young people networks to participate in drawing of Policy, Development Plans and Strategic Plans. During the development of National Youth Policy and National SRHR Policy, these groups meaningfully participated and effectively provided their inputs to the policy formulation.

a. *What challenges have you faced in working with these groups? (please give examples)*

Marginalized groups in some ethnic areas are still reluctant to accept family planning, and it is a challenge to make them understand and welcome family planning as their own benefit.

b. *How has this engagement supported reaching your FP2020 commitment?*

Government has encouraged listening to the people and community voices. Thus, community group discussions have been conducted and they have identified health problems related to unsafe abortion and unmet needs. Such local group discussions encouraged ownership by the communities in supporting FP2020 commitments. During the process of SRHR policy development at the central level, those civil society organizations, young people and special group networks also participated.

c. *Please share successes and/or lessons learned from these engagements.*

These engagements promote all inclusiveness and a sense of ownership by the communities themselves for contraception which make the family planning programme successful and FP2020 goals more attainable.

2. *How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?*

Department of Public Health, with other partners' support, has successfully lobbied for the inclusion of family planning methods with commodities in the Essential Package of Health Services (EPHS) under the National Health Plan. The basic package will be provided with equity and will be the basis for national UHC scheme.

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

Yes

a. If so, what insights were gained?

At the time of data consensus meetings in the past, the discussions focussed on the linkage of National Family Planning Roadmap and achievements of FP data or result. Possible strategies were selected and consensus obtained among focal points, M&E officers and implementing partners. 2018 data consensus meeting will be held in July 2018.

b. Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

M&E officers collected and reviewed all the data related to family planning before consensus meetings, and challenges and findings were discussed during the meetings.

Please provide the following information on the Government's point of contact for this update:

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