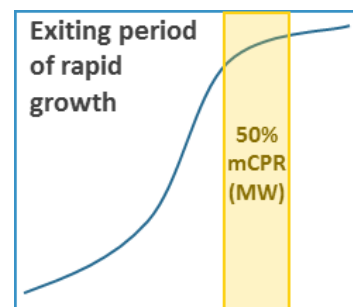
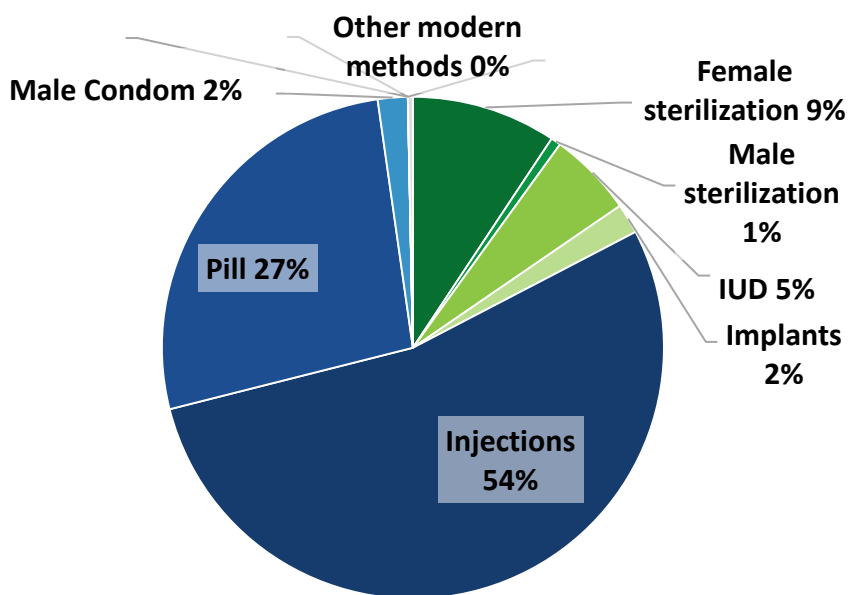


Myanmar Actions for Acceleration



Country Snapshot



Myanmar Demographic Health Survey (2015-2016)



Figure 1 Myanmar Team at Regional FP 2020 focal point meeting, Manila, 8th to 10th May 2017)left to right: Emily Sullivan, FP2020 Sec, Dr. Mya Thet Su Maw, DFID, Dr. Hnin Hnin Lwin, MOHS-Myanmar, Dr. Hla Hla Aye, UNFPA-Myanmar, Dr. Sid Naing, CSO representative from MSI -Myanmar

FP2020 Commitment

Commitment objective

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.

- Increase CPR from 41 percent to 50 percent by 2015 and above 60 percent by 2020
- Reduce unmet need to less than 10 percent by 2020 (from 12 percent in 2013)
- Increase demand satisfaction from 67 percent in 2013 to 80 percent by 2020

	<ul style="list-style-type: none"> • Improve method mix with increased use of long acting reversible methods (LARC) and decentralization to districts
Policy commitment	<p>Myanmar aims to strengthen the policy of providing modern contraceptive methods by trained/skilled nurses, midwives and trained volunteers through better collaboration among multi-stakeholders within the context of. 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. In addition, Myanmar commits to expanding the forum of family planning under the umbrella of the Health Sector Coordinating Committee. The RMNCAH Technical Strategy Group has been formed by the MOHS under which is the Lead FP working group and lead RH Technical working groups together with Child health and adolescent health working groups will function. 2017 marks initiation of adolescent and youth sexual and reproductive health and rights program with focus on availability and access to information and contraception services as part of Comprehensive sexuality education program for both in school and out of school youth.</p>
Financial commitment	<p>In fiscal year 2012-2013, Ministry of Health and Sports -Myanmar committed USD \$1.29 million for the purchase of contraceptives during the 2012-2013 financial period. The Myanmar government's investment in RH commodities increased to 2.7 million USD in 2016-2017. Myanmar pledges to increase the health budget to cover all eligible couples by 2020. The Myanmar Ministry of Health and Sports commits to working toward 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.</p>
Programmatic commitment	<p>Myanmar seeks to boost partnership with the private sector, civil society organizations, and other development partners including Ethnic Health Organizations for expanded service delivery. The Government of Myanmar will continue to strengthen the logistics management information system to ensure reproductive health commodity security through improved projection, forecasting, integrated procurement planning, supply, storage, systematic distribution, and inventory control. In addition, Myanmar will implement a monitoring system to strengthen quality of care and ensure women have a full range of contraceptive options. Given that gender inequality, including gender based violence and other forms of harmful or disenfranchising social and cultural barriers in accessing or making choices in SRHR and family planning, the MOHS working together with UNFPA, Development partners and other Ministries is committed to rolling out standards operating procedures for preventing and responding to GBV – especially</p>

sexual violence in an integrated approach.

The Government of Myanmar will review and revise its current five-year strategic plan for reproductive health through a consultative process, and Myanmar's family planning program will identify and address social and cultural barriers as well as regional disparities and inequalities in line with WHO revised guidelines.

The government also commits to improving availability in health facilities so that the method mix is improved, especially in offering use of long-acting reversible contraceptives and permanent methods.

Myanmar hosted a national conference focused on family planning and reproductive health best practices in 2014 and the 8th Asia Pacific Conference on Reproductive and Sexual Health and Rights in 2016. In 2017-18 there will be acceleration of FP method mix and commodity security through expansion of RH-LMIS over more states and regions, namely Kayah, Shan State (north) and Kachin

states where men, women and girls are reached at the last mile with a choice of contraceptives for family planning, including life-saving maternal medicines and contraceptives.

With joint efforts it plans to offer women of reproductive age with a choice of contraceptives including the SC-DMPA.

Since Myanmar has become GFF country in 2016, the Ministry of Health and Sports working with H6 and RMNCAH TSG will focus on ensuring at least 3million USD is invested annually to ensure that RH Commodities are available. Procurement practices to enhance value for money to be explored with DPs. It is also important for Myanmar 's NHP (2017-2021) implementation and identification of Essential Package of Health Services positions contraceptives especially LARC as part of EPHS interventions.

CIP Strategic Priorities

1. Review of current Costed Implementation plan with TA support on CIP review tools to align and develop CIP according to change in trends of contraceptive method use.
2. Strengthening health systems to enhance the provision of an essential package of reproductive health interventions
3. Increasing access to quality, integrated RH services at all levels of care including young people
4. Engaging the community in promotion of RH and service delivery and defining barriers to access of SRHR
5. Incorporating gender perspectives in the RH Strategic Plan, including the need for SRHR and all health providers to be sensitized to and able to respond to gender-based violence
6. Integrating SRHR in humanitarian and conflict settings

Country: Myanmar Priorities

Priorities: 4 clear priorities for the next 18 months. These priorities are in-line with existing agreed focus areas, also aligned to 6 strategic areas in the Myanmar Costed Implementation Plan (CIP), and National RH Strategic Plan..

1. **Reaching the hardest to reach.**
2. **Strengthen LMIS-RH commodity security**
3. **Ensure young people's access to SRHR**
4. **Sustainable financing for commodities**

Focal Point, Secretariat and Partners Actions

Priority #1: Reaching the hardest to reach.

1.1 Finalizing National Family Planning Guideline and Adapting Family Planning Fact sheet for Myanmar context

Focal Point Actions	Who?	Timeline
1.1a. Stakeholder Meeting for family planning guidelines and factsheet partners.	MOHS, WHO & UNFPA-TA, Financial.	Q1,2,3,4 2017
1.1b. Develop factsheet and finalize the guideline with engagement of MRH, Ob/GY Medical Universities, key Partners	UNFPA, WHO Jpheigo, MSI, PSI, MRH, MMA, MNMA, EHOs	Q3 2017
1.1c. Stakeholder Meeting to finalize the draft and endorsement by MOHS	All stakeholders in FP and MOHS, including youth	Q3 2017
1.1d. Dissemination of guidelines and factsheet at the post-London Summit satellite event of National Guidelines	MOHS, UNFPA, WHO	Week of July 17
1.1e Reach women experiencing humanitarian crises for better access to the contraceptive services and supplies	UNFPA, MSI, DSW, MRH, MMA.	2017-2018

Secretariat Actions	Who	Timeline
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1.1a. Identify opportunities for TA for distribution of National FP Guideline and FP Factsheet (especially for updated data and information globally and locally related with FP)	FP2020 secretariat	2017 Q4 – 2018 Q4
Partner Actions		
	Who	Timeline
1.1a. Distribution of National FP Guideline including long acting methods to Service Providers	UNFPA, MRH, EHOs and Private sector	Q4 2017
1.1b. Dissemination of National Guidelines and distribution of fact sheet on FP2020 for London Summit.	MRH, UNFPA, WHO, DFID	July 2017
1.2: Expansion of DMPA-SC program to increase access in hard to reach and vulnerable populations		
Focal Point Actions	Who?	Timeline
1.2a. Program update meeting with stakeholders	MOHS, UNFPA	Q2 2017
1. 2b. Develop advocacy and training materials for SQ DMPA to advocate for self-injection in hard to reach populations.	MOHS, CSO (MSI/PSI), UNFPA	Q2 2017
1.2c. Advocacy and Launching event at Nay Pyi Taw	MOHS, UNFPA	Q3 2017
1.2d. State Level advocacy and TOT in all states	MOHS, UNFPA	Q3 2017
1.2e. Multiplier training at 60 townships and task shifting to volunteers-AMW	MOHS, UNFPA's IPs- MSI, PSI, CPI, MMCWA, HPA, SC, 3MDGF, EHOs	Q1/Q2 2018
1.2f. Monitoring and supervision at pilot townships ensuring data collection on utilization.	MOHS, IPs, EHOs, UNFPA	Jan- May 2018
1.2g Social mobilization to overcome the socio-cultural, religious barriers through community consultations	MOHS, SHD UNFPA, MSI, PSI, MMCWA	2018

Partner Actions	Who	Timeline
3d. Initiation of DMPA- SC program to increase access in hard to reach and vulnerable populations. Need program support to reach the most vulnerable population.	UNFPA, MRH EHO, DFID, MSI, PSI, EHO, MMA, HPA, MMCWA, CPI	2017Jun-2018 Dec

Priority #2: Strengthen LMIS-RH commodity security

Focal Point Actions	Who	Timeline
2a. Coordination Meetings with Partners for the strengthening the national logistics management information system LMIS for all health commodities and expansion in to new regions.	UNFPA/MRH/ USAID, JSI, PFSCM,3MDG, WHO	Q2, Q3 and Q4 2017
2b. Joint Monitoring Visit on Strengthening of Harmonized RH-LMIS and automated System	UNFPA, JSI, MRH, DOPH, PFSCM, 3MDG	Q3 and Q4 2017
2c. Capacity Building of health staff for LMIS and inventory management, analysis and utilization of Data generated by automated LMIS system and health facility survey reports for quantification.	UNFPA, JSI, MRH	Q2, Q3 and Q4 2017
2d. Quantification Training Workshop for sub national levels.	UNFPA, JSI, MRH	Q3 and Q4 2017
2e. Streamlining consumption data from EHOs and volunteers	UNFPA, JSI, MRH	Q1,2,3,4 2018

Secretariat Actions	Who	Timeline
2a. Support QIT trainings led by JSI through the Rapid Response Mechanism	FP2020/JSI	Q2 2017-Q2 2018

Partner Actions	Who	Timeline
2a. Quarterly Lead Family Planning Working Group Meeting with the involvement of private sector and ethnic health organizations, and CSO representatives.	UNFPA/MRH	Q2, Q3 and Q4 2017 Q1, Q2, Q3, Q4-2018

2b. TA and program support for capacity building on analysis and utilization of data generated by automated LMIS system for quantification, in State and Regional Level inventory management

DFID, PSB-UNFPA, JSI, USAID, 3MDGF

2017 June- 2018 Dec

Priority # 3: Ensure young people’s access to SRHR: Introduction of adolescent and youth friendly SRH information and contraceptive services

Focal Point Actions	Who	Timeline
3a. Develop strategies to reach adolescent and youth with ASRH information and services in line with the National Youth Policy and Comprehensive Sexual Education.	UNFPA/MRH/HLPU/CSO (MSI)	Q2to Q4 2017
3b. Adapt existing programs and activities to target increased access and utilization of contraception by young people.	DFID, PSI, MSI/UNFPA, MRH&HLD Pathfinder	Q2 2017 to Q4 2018
3c. Training Basic health staff on adolescent and youth friendly health services using the ARH and AYFSH manual.	UNFPA,EHO, MMA, MRH, Pathfinder	Q2 2017 to Q4 2018

Secretariat Actions	Who	Timeline
3a. Support program planning and initiation of ASRHR including contraception in young people by haring of global best practices and adapting to Myanmar cultural context and needs, and by sharing opportunities for TA as they arise.	FP2020 secretariat	2017 Q3 & Q4 – 2018 Q4

Priority 4: Sustainable financing for commodities

Focal Point Actions	Who	Timeline
4a. Develop National resources mobilization plan to increase domestic funding and donor investments on family planning.	MOHS, DFID, USAID, UNFPA, FP2020 secretariat	Q1&2- 2018
4b. Ensure access to contraceptives is part of basic EPHS.	NIMU, MRH, H6	Q2 2017 to Q3 2018

4c. Quantify and procure high-quality contraceptives regularly and consistently and to expand the range of affordable modern contraceptives through international procurement ensuring quality and value for money.	UNFPA, MOHS, MOPF	Q1&2 2018
4d. Implement total market approach and facilitate registration of new contraceptive suppliers.	MOHS, private sector actors.	Q3 & Q4

Secretariat Actions	Who	Timeline
4a. Support FP2020 CIP review and revision or development of new cycle of CIP 2018-2022 by sharing CIP tools, connecting Focal Points to international experts and identifying TA opportunities as needed	FP2020 secretariat	Q2 2017 to Q3 2018
4b. Support initiation of TMA in Myanmar, by helping coordinate initial planning conversation and stakeholder meeting, and sharing of Family Planning watch and market segmentation research findings..	FP2020 secretariat	Q4 2017-Q4 2018

Partner Actions	Who	Timeline
4a. Stakeholder meeting for Total Market Approach. TA for initiation of TMA in Myanmar.	DFID, UNFPA/MRH EHOs and Private sector	Q2 and Q4 2017

Looking Ahead

Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and also to identify potential Rapid Response Mechanism opportunities in your country.

Inception and implementation of NHP (2017-2021) will result in investment of GFF in Essential Package of Health Services (EPHS), which will cover RMNCAH. Contraceptives and lifesaving maternal and child medicines will be covered in EPHS including LARCs.

It would be crucial for MOHS to commit at least \$1.5- 3 million to Family Planning and lifesaving maternal medicines from GFF to meet FP2020 goals and targets.

Funding Opportunities

Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?

- MOHS
- UNFPA
- FP2020
- GFF
- DFID
- 3MDGF