

FP2020 Commitment 2020 Update Questionnaire MYANMAR



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31st for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share the responses on your country's dedicated FP2020 webpage — www.familyplanning2020.org/myanmar—so in-country and global stakeholders can follow Myanmar's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We ask that you collaborate with your country focal point team, including civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to msmith@familyplanning2020.org and jhatcher@familyplanning2020.org.

Should you have any questions or concerns, please contact Jordan Hatcher on jhatcher@familyplanning2020.org. FP2020 is available to help you via teleconference as well, if needed.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

FP2020 Commitment

2020 Update Questionnaire

MYANMAR



The questionnaire includes 1) Myanmar's commitment and 2) seven (depending on GFF status) standard questions to all 47 FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

SECTION I: COMMITMENT UPDATE QUESTIONS

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.

a) Please provide an update below on achievements made in the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- Procurement of contraceptives with the government budget amounted to US\$ 1.13 million during the fiscal year 2018-2019. Development and implementing partners' investments in family planning has also increased in terms of commodity security, logistics management system support, capacity building of family services providers and awareness raising of family planning information and services.
- UNFPA mobilized resources and procured US\$ 1.3 million and 3.3 million worth family planning commodities in 2019 and 2020 respectively.
- To strengthen the quality of family planning services, IEC materials of family planning such as pamphlets, vinyl posters, family planning registers and report forms were printed and distributed up to sub-rural health centers of all States and Regions.
- In order to strengthen the reproductive health commodity logistics system, the national quantification workshop for RH commodities including family planning was organized in October 2019. As an output, the needs of family planning and RH commodities for the public sector and also funding gaps to fulfill the needs were identified based on the actual

consumption of commodities by health facilities.

- UNFPA in partnership with Netherlands Interdisciplinary Demographic Institute (NIDI) conducted the family planning resource flow survey in 2019 and shared the clearance reports to partners for the advocacy and sustainable financing for the family planning.
- Enhancing advocacy efforts to the government for increasing domestic budget for family planning, MOHS in close collaboration with UNFPA and partners regularly organize the RHWG, FPWG, AHWG, RMNCAH TSG and reproductive commodity management meetings to strengthen national coordination mechanisms and advance country's efforts in sexual and reproductive health and rights including family planning.
- The capacities of family planning services providers were reinforced through capacity building training that centered human rights based approaches, continuous monitoring and supportive supervisions. The trained/skilled health care providers provide family planning and reproductive health services to all women and girls regardless of marital status with non-discrimination and non-judgmental attitude.
- The above mentioned progress and achievement intensified the availability, accessibility, acceptability and quality of family planning programme.

Check Points (extracted from 2017 revitalized commitment):

Proposed Actions:

- Ministry of Health and Sports and Ministry of Finance and Planning will discuss on national budget and investing more in health especially in FP commodities. The planning cycle begins in October 2017 for 2018- 2019 budget.
- 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 to 5 million USD is invested annually to ensure that RH Commodities are available.
- GFF funding as grant and loans will be tapped upon as part of health financing of national health Plan 2017- 2021.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

The domestic budget for family planning commodities procured through the government budget is reducing and it needs to advocate the government to invest more in family planning and keep the commitments on FP2020. Although the stock out issues of contraceptives in health facilities is reducing as a result of strengthening of the supply chain system, there are still gaps in the needs of family planning commodities especially in the public sector.

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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- Since 2014 and to date, MRH in coordination with UNFPA has put tremendous efforts on strengthening supply chain management systems for reproductive health commodity security in Myanmar. With the support of UNFPA, MRH in coordination with states and regional health departments ensured functionality of RH CLS in 178 townships of 12 States and Regions were strengthened and set up the automated electronic LMIS in 148 townships of 10 States and Regions.
- LMIS forms and software for e-LMIS was harmonized as a national platform in coordination with other implementing partners so that the RH-LMIS data from additional 79 townships of 3 Regions implemented by other partners are also available in a standardized manner.
- Quality improvement team (QIT) approach has been applied at the facilities in order to improve the utilization of data generated from the e-LMIS in resupply, distribution and/or reallocation of commodities. The percentage of health facilities with stock out of family planning commodities is significantly reduced by reallocation of commodities from overstock health facilities to understocked or stock-out health facilities based on the data generated from LMIS. As a result, the availability of at least 3 modern contraceptive methods in primary level health facilities increased 86.9% in 2014 to 94.3% in 2018.
- With the continuous support of UNFPA, the coverage of LMIS has been expanded to the southernmost part of Myanmar and additional 10 townships of Tanintharyi Region have a functioning LMIS in 2020.
- MRH in collaboration with the Department of Medical Research and UNFPA conducted the health facility assessment survey with the focus on availability of contraceptives in 2019. The findings of the survey were disseminated in December 2019. With the strengthening of RH-LMIS, the data from the health facility survey showed that the health staff know how to

manage the inventory management system including minimum and maximum inventory control system as well as FEFO and they were able to make data informed decision and request the quantity of commodities based on the actual needs. Therefore, the commodity security and availability of commodities are increased also in humanitarian affected areas of Myanmar.

- In 2019, MRH in collaboration with UNFPA and partners conducted family planning trainings for service providers. A total of 186 Medical Doctors were trained for insertion and removal of implants. Moreover, a total of 1,017 midwives from Sagaing Region and Eastern Shan State were also trained for family planning methods focusing on skill-based insertion and removal of IUD.
- The Maternal and Reproductive Health (MRH) division, Ministry of Health and Sports in collaboration with stakeholders and partners reviewed and amended the sterilization criteria in order to increase access to a wide range of affordable modern contraceptive methods and reduce unmet need of women and couples in Myanmar. Female sterilization guideline was developed and disseminated in Oct 2019.
- The research study “Exploring experiences & insights from SC-DMPA user women and providers” will be conducted in collaboration with PSI in late 2020 but the process might be delayed due to the situation of COVID-19 pandemic in Myanmar.
- In the context of COVID-19 pandemic, MRH, MOHS, UNFPA and stakeholders continue efforts on maintaining, updating and expanding RHCLS and LMIS to ensure commodity security and prevent services disruption as a critical response to the pandemic.
- Ensuring safety and wellbeing of health care workers and continuation of sexual and reproductive health services including family planning services in the context of COVID-19 pandemic, PPE kits were procured and distributed to midwives in (12) States/ Regions with the support of UNFPA. The information regarding COVID-19 and its prevention and management are disseminated in collaboration and coordination with stakeholders and partners across the sectors.

Check Points (extracted from 2017 revitalized commitment):

Proposed Actions:

- MOHS to lead the expansion of townships and states and regions with integrated LMIS system. UNFPA –JSI continued support for expansion of LMIS. Contraceptive utilization data to be generated by the system to be collected and analyzed for accurate forecasting and procurement.
- 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 Rakhine, Chin, Kayah 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 (Sayana Press).

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

The health facility survey showed the significant improvement on availability of contraceptives but 38.4% of health facilities have no trained staff for family planning and 68.7% of health facilities have no trained staff for implant insertion and removal. The government in collaboration with UNFPA will accelerate the efforts of capacity building of family planning service providers on both short-term and long-term family planning methods with the focus on implant insertion and removal to ensure that a wide range of contraceptive methods are available to women, girls and young people of Myanmar.

The survey also indicated that health staff are well equipped to quantify and request for resupply based on their needs in 60.5% of health facilities and 63.9% of health facilities have no stock out of contraceptives at the time of assessment. These data verified that there's a significant improvement in the area of supply chain and reproductive health commodity security in Myanmar. However, it is critical to expand coverage to the last miles, maintain functionality of the system, reinforce the providers' capacity continuously and keep the policy makers' and stakeholders' commitments towards strengthening RM-LMIS.

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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- To increase access to SRHR information and services including family planning by young people, adolescent and youth sexual and reproductive health and rights (AYSRHR) package is being developed as provider modules and community volunteers (youth/peer) modules. This national standardized comprehensive package is underway with the engagement of stakeholders working on AYSRHR and meaningful involvement of adolescents and youth.
- Access to SRHR education/information by adolescents and youth is promoted by using different approaches such as peer education in universities and communities, youth corners, digital platforms using innovative methods.
- Adolescent and Youth SRHR mobile application, Love Question Life Answer promotes adolescent and youth access to evidence based SRHR information. More than 60,000 adolescents and youth are reached through mobile apps and COVID-19 related information including SRHR, GBV, and MHPSS are delivered to adolescents and youth through push notifications.
- Model township for promotion of Adolescent and Youth Friendly Health Services (AYFHS) are implemented holistically by increasing the demand generation through promoting access to SRHR information by adolescents and youth, sensitization of community to create a favorable environment, and by increasing the supply side by strengthening the capacity of health care providers to be able to provide quality friendly health services.
- The World Contraception Day commemoration event was celebrated and conducted through social media including talk show, community dialogue with young people and dissemination of family planning animated video clips.

Check Points (extracted from 2017 revitalized commitment):

Proposed Actions:

- 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 2015.
- Myanmar should send youth delegations to 9thAPCRSHR in Vietnam in 2017.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming

- SRMNCAH (Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health) National Strategic Plan (2021-2025) is being developed with a focus on reaching vulnerable and target groups in integrated concert efforts of all related programmes. MRH in coordination with partners developed HR mapping of SC-DMPA and training registry and planned to provide refresher training in the coming year with the priority of hard to reach areas.
- To ensure accessibility to long acting reversible contraceptives by rural and hard to reach women and girls, skill based IUD insertion and removal training for midwives were provided in Sagaing and Eastern Shan State during 2019.
- The procurement of contraceptives was annually done through government budget as well as through UNFPA. The strengthening of LMIS and setting up e-LMIS helped to improve the supply chain management and highlighted the needs of contraceptives in the public sector.
- Family planning trainings for service providers from Ethnic Health Organizations (EHOs) and Community Based Organizations (CBOs) through implementing partners as well as private sector general practitioners were conducted and the family planning commodities were provided through different partners. The engagement of ethnic health organizations (EHO), CBOs and the private sector helped to increase accessibility of family planning services and implement a total market approach for family planning in Myanmar.

commitment-related

b) milestones:

- SRMNCAH (Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health) National Strategic Plan (2021-2025) is being developed with a focus on reaching vulnerable and target groups in integrated concert efforts of all related programmes.
- MRH in coordination with partners developed HR mapping of SC-DMPA and training registry and planned to provide refresher training in the coming year with the priority of hard to reach areas.

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- To increase additional users of contraceptives from current 4 million in 2016 to 17 million in 2020 as per CIP strategies.

Proposed Actions:

- Introduction of new Method of contraception, Sub cutaneous DMPA, launched on 27th June. Will give priority to hard to reach regions in Chin, Rakhine, Shan, Kayin and Kayah regions where CPR is low and unmet need is high.
- To bring the long acting reversible contraceptives services closer to the women from rural areas, IUD hands on training for the Midwives will be conducted in Sagaing Region and Shan (North) in 2019.
- In 2019 first quarter, SCDMPA trainings were provided to Auxiliary Midwives and Midwives working at rural areas in Kachin State, Sagaing and Tanintharyi Regions and the coverage of SCDMPA training have reached the whole country except Rakhine State.
- The Ministry of Health and Sports launched the GBV Guideline for health care providers in October 2018 where provision of emergency contraceptives to prevent unwanted pregnancies and prophylaxis of HIV are explicitly mentioned. The health staffs from Kachin and Rakhine States were trained by using the GBV Guideline.
- The revised Costed Implementation Plan to meet Family Planning 2020 Commitments of Myanmar was published in December 2018.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

The partnership with the private sector, civil society organizations and ethnic health organizations to expand family planning services delivery especially to the vulnerable population in the hardest to reach areas needs to be improved and strengthened. This is influenced by several factors including the political situation of the country, commitments of both government and non-government stakeholders. The public private partnership is a key to meet the commitments of FP2020 and continue its efforts beyond 2020.

SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 7 questions for the reporting period of July 2019 - June 2020.

- 1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response. What are the main barriers and obstacles? Please share your successes as well.**

The COVID-19 outbreak has an impact on the routine services provision of essential health services including family planning since the Government put all its efforts on prevention and control of COVID-19 pandemic. The situation of COVID-19 pandemic has presented national programmes and implementing partners with programmatic challenges that include both supply side and demand side limitations involving procurement, distribution and utilization respectively.

As a response to the pandemic, the government has imposed travel bans and movement restrictions to contain the transmission. Because of these restrictions, the people who are in need of family planning services face the challenges in accessing the services at the time they need especially for the short-term methods users. These restrictions also have negative effects on production and shipment of contraceptives and in-country distribution. This could lead supply chain issues including stock out and decreased contraceptive prevalence rate and increased unmet need for family planning.

In order to mitigate the services disruption and stock out issues, the government is trying to mobilize resources in working closely with UNFPA and stakeholders through regular coordination mechanism – RHWG, FPWG and continue its efforts on RHCLS and ensure that the family planning commodities are available and delivered to the service delivery points. Awareness raising messages of COVID-19 and SRHR, GBV, MHPSS information are disseminated through LQLA mobile application and other communication channels through implementing partners.

The milestones and the activities during 2019 are mentioned in the following links: _

1 UNFPA promoted SRHR through media interview <https://myanmar.unfpa.org/en/news/%E2%80%9Cwe-must-realize-rights-and-choices-all-%E2%80%93-if-not-now-then-when%E2%80%9D>

2. Family Planning Benefits and Rights

https://myanmar.unfpa.org/sites/default/files/pub-pdf/familyplanning_e_spread_16jan_0.pdf

3. march for strengthening reproductive health commodity security

<https://www.facebook.com/unfpammr/videos/623399348059688/>

4. World Contraception Day 2019

<https://www.facebook.com/unfpammr/posts/3653746724639174>

5. Last Mile assurance of Programme Supplies

<https://www.facebook.com/unfpammr/posts/3730992146914631>

6. Media Advocacy workshop on Maternal Health

<https://www.facebook.com/unfpammr/posts/3832624633418048>

7. Media Advocacy workshop on Family Planning

<https://www.facebook.com/unfpammr/posts/3891120290901815>

2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision making bodies? Below please check all groups that have been engaged

Adolescents and Youth

People with disabilities

Out of School Youth

Minority groups

Remote or displaced populations

a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.

Adolescents and youth were engaged in planning and implementation of the programmes related to AY SRHR as relevant. For example, adolescents and youth were involved in designing the LQLA mobile application to ensure that the contents meet the needs of adolescents and youth. Moreover, they were also involved in research prioritization workshops to prioritize the research topics identified as gaps in the community. Young people actively engaged in ICPD 25 in Nairobi, Kenya and advocated for the SRHR of adolescents and youth. They also actively involved and engaged in the conversations of International Youth Day, World Contraception Day, World AIDS day to make their voices regarding AYSRHR. Young people were meaningfully engaged in development of youth policy strategic plan in which the access to CSE and Adolescent and Youth Friendly Services were highlighted as priority actions.

- b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples)

- c. Have any of these groups engaged or participated in completing this questionnaire?

3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points:

- a. Reduction in out of pocket costs for FP services

The Maternal and Reproductive Health Division issued the instruction letters to service providers in the public sector to provide the family planning services with free of charge and in most of the health facilities, health officials declared and announced that all family planning services are free of charge in their health facilities.

- b. Expansion of FP services covered

MRH, MOHS in collaboration with UNFPA support implementing partners to provide family planning services in both government control areas as well as non-government control areas. Minimum Initial Services Package (MISP) for Reproductive Health has been disseminated and service providers were trained and provided Emergency RH kits in humanitarian settings.

- c. Extension of population covered

Previously, family planning programme in Myanmar was implemented as birth spacing programme and targeted mainly to married women only. However, Myanmar applied the rights based approaches for family planning and disseminated national family planning guidelines for service providers in 2018. The family planning programme becomes more inclusive; and financial and geographical barriers are also being addressed. Furthermore, the programmes integrated the strategies and approaches to involve adolescents, sexual and gender based violence survivors and special groups to address their needs.

4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?

The central program and State/ Region supervisors monitored the stock status and provided support for resupply of family planning commodities to prevent stock out and engaged with different partners for in-country distribution of commodities despite the movement restrictions challenges amid COVID-19 outbreak. As a response to the pandemic, MRH and UNFPA provided remote technical assistance and trainings for service providers as well as PPE Kits for midwives in order to continue family planning service provision.

5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?

MRH in collaboration with stakeholders built the capacity of family planning service providers and supplied commodities to strengthen the postpartum and post-abortion family planning services. With the support of WHO, postpartum and post-abortion family planning activities are being strengthened.

6. Has your country worked to improve quality of care and rights based family planning into programs?

- a. Do family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Is comprehensive information and counseling on all available methods, including information on any risks or side effects provided?

Yes. In general, family planning programmes provide a wide range of contraceptive methods such as pills, injections, condoms, IUD, Implant, sterilization but the methods range depends on the scope of service providers and level of facilities. In DHS and health facility assessment reports, the method information index based on the clients receiving counseling on family planning information, side effects and management of side effects are mentioned.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

During family planning trainings, to promote a client-centered approach, the client feedback mechanism was discussed and encouraged to include in routine services as part of quality assurance but the implementation

needs to be monitored and strengthened. The questionnaire for client interview sessions was designed and added to the health facility assessment conducted by the Department of Medical Research in collaboration with MRH and UNFPA.

- c. After collecting client feedback, how is the data collected being used to improve quality of care?

Based on the client feedback collected through surveys and assessments, the annual programme review meetings were organized by the MRH with stakeholders; the findings were discussed and the data are used to improve quality of care and programme design.

7. If applicable, has your country allocated GFF investment case resources to the family planning programs?

If yes, which elements of the program have been financed?

What were the challenges in prioritizing FP within GFF?

Although my country has starting GFF investment case, its resources were not allocated (with focus) to family planning nor SRMNCAH. World Bank has integrated GFF resources into yearly loan and named as “Additional Financing” which will be allocated to all programs under MOHS.

Please provide the following information for the government point of contact for this update.

- Name: Dr. Hnin Hnin Lwin
- Title: Deputy Director (Maternal and Reproductive Health Division)
- Department: Department of Public Health
- E-mail: hninhninlwin@gmail.com
- Phone: +95-9-5153861
- Address: Maternal and Reproductive Health Division,
Department of Public Health, Office No.47,
Ministry of Health and Sports, Nay Pyi Taw, Myanmar
- 21-10-2020