

FP2020 Commitment Update Questionnaire 2018-2019 MYANMAR



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment Update Questionnaire 2018-2019 for Myanmar, by **5 July 2019**. Your 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 your responses on your country's dedicated country webpage —<https://www.familyplanning2020.org/myanmar>— so in-country and global stakeholders alike 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 hope this will be an opportunity for you to engage with your country focal point team, including the youth representative, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Myanmar is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith (msmith@familyplanning2020.org), Chonghee Hwang (chwang@familyplanning2020.org), and Jordan Hatcher (jhatcher@familyplanning2020.org). Should you have any questions or concerns, please contact Jordan Hatcher at jhatcher@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020. Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) the 2017 revitalized commitment and elements of Myanmar's original 2013 commitment that still stand, and 2) 7 standard questions to all FP2020 commitment-making countries.

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

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

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 July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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.*

- The Government of Myanmar introduced new fiscal year from 1 October 2018. In the transition period (April to October 2018), the Ministry of Health and Sports spent USD 166,071 and for the 2018-2019 fiscal year, USD 1,138,33 was allocated on procurement of family planning commodities.
- The RMNCAH TSG is working with H6 and the World Bank to develop the investment case for GFF and the TSG decides to use the GFF as a catalyst for mobilizing financial resources on improving institutional delivery in Myanmar. The development of GFF investment case is still ongoing and investment on family planning commodities could be embedded in the strategies for promoting institutional delivery under the overarching goal of maternal mortality reduction.
- The Ministry of Health and Sports is finalizing the National SRHR Policy (2019) which elaborated on family planning as one of the six thematic areas of the Policy. The Policy Statement on family planning describes as “All individuals of reproductive age, regardless of marital status, ability or special entity, will have equitable access to quality and inclusive Family Planning information, commodities, and services and will have the freedom to decide on the desired number of children and determine the healthy timing and spacing of pregnancies.”
- In May 2019, the Lead Family Planning Working Group was convened in Nay Pyi Taw where all stakeholders working on family planning program discussed the issues related to successful implementation of family planning program.
- The Family Planning Guideline for Service Providers was published in September 2018 which incorporate human rights as guiding principles for family planning services.
- As for the midwives to provide insertion of IUD skillfully, the IUD training manual with hands on practices is being drafted and will be applied in the training planned in Q3 and Q4 2019.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track(X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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).*
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- UNFPA and JSI continue support for expansion of LMIS. In 2019, the basic health staff from Tanintharyee Region and Shan (East) will be trained on LMIS and electronic LMIS will be rolled out in Sagaing Region and Chin State. By the end of 2019, LMIS will be established in a total of 178 townships in 12 States and Regions where 130 townships will have functioning electronic LMIS.
 - The Logistimo software used for visualization of reproductive commodity status is switched into the m-supply so as to harmonize with the logistic information system of the other programs (e.g., HIV, TB, Malaria).

- During Q3 and Q4 2018, 15 sessions of implant training were provided to the medical doctors from public and private sectors in Mon, Kachin, Shan (East) and Shan (North) States and Yangon, Mandalay and Bago Regions. With the roll out of implant training in two additional Regions (Sagaing, and Tanintharyi) in 2019, implant will be available as a method mix of the family planning services provided by the public hospitals across the country.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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.

- The mobile application “Love Question Life Answer” was promoted among the youth at the World Contraception Day (2018), World AIDS Day (2018) and International Youth Day (2018).
- The Ministry of Health and Sports and Ministry of Education jointly convened the Health Promoting School Seminar in June 2019. It was opened by the State Counsellor highlighting the urgent need to address substance abuses in the schools as well as the necessity of successfully implementing life skills curriculum to educate the students on comprehensive sexuality education.
- As references for the adolescent reproductive health program, the National Peer Education Guideline was developed by the School Health Division and the Standard CSE Message was finalized by Health Literacy Promotion Unit under the Ministry of Health and Sports. The Adolescent and Youth Friendly Health Services Manual was developed to equip the health care providers with the skills to deliver family planning information and services to adolescent and youth.
- As it is a cross cutting issue, different Ministries are working on well-being of adolescent and young peoples. The Ministry of Social Welfare, Relief and Resettlement is finalizing Strategic Plan to implement Youth Policy at States and Regional levels where Comprehensive Sexuality Education is one of the key activities under the health thematic area. The Ministry of Education is undertaking curriculum revision for secondary schools where family planning methods will be introduced in the life skill curriculum for Grade 10 student.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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 X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following 7 questions:

1. **How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups** (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) **into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?**

Quarterly coordination mechanism, RH TWG (Reproductive Health Technical Working Group) started inviting youth NGOs such as MMA (youth project) and other new partners (eg, Alliance) who are working with marginalized groups like Female Sex Workers Group, MSM groups, HIV Positive Groups and those new partners participated in our coordination meetings since first quarter TWG 2019. Community engagement meetings were conducted just before SC DMPA trainings, attended by community leaders, women groups and networks etc. The youth representative, Zar Ti Nwe Nu Aung, together with other focal points, joined the FP2020 meeting in Kathmandu, Nepal in 2018. The ToR for Youth Focal Point will be circulated by the end of July 2019 in order to select a qualified person for the Focal Point Team.

- a. If yes, how has this engagement influenced achieving your FP2020 commitment?

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

Through above mentioned engagement of quarterly coordination and community engagement meetings, the new partners more involved in family planning implementation as well as the community leaders and women networks got more understanding on family planning. Their support and contribution influenced on family planning methods utilization promoting FP2020 commitment.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

- There are challenges working as a FP 2020 Focal Point group, e.g.,
 - The two focal points (government and Donor(UNFPA) work in Nay Pyi Taw, the other two focal points (CSO and Donor(DFID) reside in Yangon, and the youth representative is in Mandalay, causing difficulty to meet all together and have discussion regularly
 - Other competing priorities that all focal points are obligated to.

2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?

The Ministry of Health and Sports has approved Myanmar National Health Plan (2017-2021) which aims to achieve Universal Health Coverage in Myanmar. The Second Year Annual Operation Plan (2018-2019) of the NHP describes all the family planning methods as part of the Basic Essential Package of Health Services (EPHS). However, the Ministry is currently focusing on the infrastructure development to be ready for delivery of all Basic EPHS by the year 2021.

3. Has your Government organized the 2019 data consensus workshop?

Yes, the 2019 Data Consensus Workshop was conducted on 2nd July 2019.

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

One focal point based in Nay Pyi Taw participated in the workshop for the whole day. But, the two focal points from Yangon could join only half day at the consensus workshop.

The insights gained from the workshop was that Myanmar is on track to achieve the FP 2020 target. However, increased investment from both external and domestic investment are essential to maintain the achievement momentum.

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

Yes. Domestic expenditure data were reviewed as part of the data consensus meeting.

It showed in range of 1 to 3 million every year; USD 3.2 million in 2013-2014, USD 1.95 million in 2014-2015, USD 0.56 million in 2015-2016, USD 1.2 million in 2016-2017, USD 0.16 million in 2018 mini budget and USD 1.1 million in 2018-2019.

There is also potential to further reduce the government budget for family planning commodities since the Ministry's budget for procurement of all medicines will be cut in order to compensate co-financing for GAVI program.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

Ministry used to preposition Emergency Reproductive Health (ERH) kits at Central Warehouse with the support of UNFPA every year. During emergency situations last year, flood in Kayin, Mon States and Bago Region, government could distribute some Emergency Reproductive Health (ERH) kits 2A, 2B and 4 to disaster areas. ERH kit no.2A contains Clean Delivery Kits (for individual), ERH kit 2B contains delivery sets of care provider and ERH kit no.4 contains oral and injectable contraception. MISP (minimum initial service package) of RH is going to be integrated into Emergency Response System conducted by Central Epidemiology Unit (CEU) under MOHS.

5. Has your country allocated GFF resources to your FP program? If so, how has this benefitted your work?

No, GFF Investment Case is still in the development process.

6. Have you worked to improve quality of care/rights based family planning in your programs?

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

Yes, different contraceptives methods (Condom, OC pills, SC DMPA, DMPA and EC pills) are made available at the lowest level of service points (Sub-rural Health Center and Rural Health Center). To add long acting reversible methods to these service points, the IUD hands on training are provided to the Midwives in Sagaing Region and Shan (North) in 2019.

Additional to short acting contraceptives, all long acting methods including sterilization are available at the public hospitals. At the family planning training for service providers, it is emphasized to conduct counselling on all available methods including side effect so as for the women to make their own choice.

- 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?

The clients are not prohibited from giving feedback but the questionnaires, survey or suggestion boxes are not available in all service delivery points.

- c. Are your clinics open to improve accessibility and availability of services?

The clinics are mostly open during the office hours. However, the staff houses are attached to the Sub Rural Health Centers and Rural Health Centers which are located in the villages so that the clients can get access to the services even outside the clinic hours.

- 7. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?**

Yes, the focal points from Myanmar are consulted through online survey and we have responded.

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

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- Date: 7 August 2019

FP2020 Commitment Update Questionnaire 2018-2019 Annex



COMMITMENT	COMMITMENT UPDATE	QUESTIONS	RESPONSE
1.4: 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.		Could you kindly confirm if LARCs are included in the EEPHS? If so, which methods?	Yes, LARCs are included in the EPHS, mainly intra-dermal Implants.
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.	1.6: The Ministry of Health and Sports is finalizing the National SRHR Policy (2019) which elaborated on family planning as one of the six thematic areas of the Policy.	Are there any updates on when the SRHR policy will be finalized and disseminated?	SRHR policy in English and Myanmar versions has been already finalized. They have also been revised based on Attorney General Office comments and now in the process of taking approval for launching.
1.7: 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.	1.7: In May 2019, the Lead Family Planning Working Group was convened in Nay Pyi Taw where all stakeholders working on family planning program discussed the issues related to successful implementation of family planning program.	Is this platform meeting quarterly? How has FP2020 been featured in the agenda? We welcome suggestions on if increased FP2020 support ahead of these would be useful for Focal Points and partners.	That meeting is being conducted quarterly. In 2014 and 2015, when FP2020 initiatives started, FP2020 agendas such as FP progress reports and Indicators, FPET and M&E were included in discussions. But whenever there is updates or event related with FP, we used to share at this working group meeting.
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.	3.1: The Standard CSE Message was finalized by Health Literacy Promotion Unit under the Ministry of Health and Sports.	What is the current status of implementation of CSE in country? Has it been disseminated? In which areas? How is this reaching out-of-school youth?	CSE is being incorporated in Life Skill Curriculum but not yet finished for all grades. With implementing partners and related sectors, Standardized CSE messages has been developed. Those who work for out of school

			youth can use those messages.
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.	4.2: 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.	Do the GBV guidelines include a monitoring system? We welcome documentation for how this operates to share with other countries in the region developing similar mechanisms.	GBV guideline does not include separate monitoring system. It consists of First line support, Investigation and Treatment, Psychosocial support, Medico legal investigation and Report etc.
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		Are there any new updates from the past year on engagement with private sector, civil society, and EHOs?	Representatives from EHO and civil society participated in Reproductive Health Technical Working Group meeting. Private sector has not yet participated
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.	3.3: The Adolescent and Youth Friendly Health Services Manual was developed to equip the health care providers with the skills to deliver family planning information and services to adolescent and youth.	What are the plans for scale up of the AYFHS manual? Which geographic areas has this been rolled out to thus far?	Districts, townships with high adolescent birth rate were selected to scale up of AYFHS with Access to Health fund support.
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.		How are young people being encouraged to speak about SRHR? Are there any updates on potential appointment of a Youth Focal Point?	Only in some project areas, ASRH counseling training together with peer education program are being implemented.