Fostering Accountability, Equity and Inclusion in 3MDG:
From Principle to Practice

Strategic Framework

September 2013
Executive Summary

3MDG output goal 5 is ‘enhanced health services accountability and responsiveness through capacity development of target communities, civil society organisations and the public sector’

Toward this goal, 3MDG DOA describes the Fund Manager as responsible for ‘Ensuring that implementation is consistent with rights-based approaches and advances gender equality, including the representation of women in decision-making roles at all levels’; ‘Building capacity for oversight and accountability at national, township and community levels’ and ‘taking steps to further strengthen adherence to the principles of country ownership, alignment and mutual accountability’.

Accordingly, FMO has developed a strategy for fostering Accountability, Equity and Inclusion (AEI) in 3MDG by strengthening and supporting the implementation of already existing national guidelines and frameworks for gender equality, social inclusion accountability and partnership, and supporting IPs to work with township-level NGOs/ CBOs to deliver upon that guidance in a coordinated manner.

Three AEI components are presented: Package, Partner, and Policy.

The first component describes the Package - minimum partner commitments to AEI (contractual requirements) and the guidelines, tools and resources – which will support equal engagement of women and men and promote women’s representation and voice, as well as mechanisms for accountability and independent monitoring in 3MDG supported projects.

The second component enables 3MDG to put AEI principles into practice by mandating IPs to Partner on AEI with local NGOs/ CBOs at the township/ local level; resourcing INGO partners to build the capacity of their staff and partners on AEI; and, facilitating AEI coordination forums at national level, regional/state level and township level.

The third level component focuses on translating Policy commitments about accountability, equity and inclusion into Ministry of Health guidelines and practice. Activities at this level include resourcing and facilitating the government of Myanmar to build through policy an enabling environment to support the implementation of AEI principles within health systems.

The 3MDG Fund Board endorsed this AEI strategy on Thursday 12 September 2013 and requested FMO to allocate appropriate resources toward its development and implementation.
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List of Acronyms

3MDG - 3 Millennium Development Goal Fund
AEI - Accountability, Equity and Inclusion
BHS – Basic Health Staff
CBO - Community Based Organization
CSO - Civil Society Organization
CTHP- Comprehensive Township Health Plan
FB – 3MDG Fund Board
FMO – 3MDG Fund Management Office
HAP - Humanitarian Accountability Partnership
HIV – Human Immunodeficiency Virus
INGO - International Non-Governmental Organization
LNGO - Local Non-Governmental Organization
MNCWA - Myanmar National Committee for Women’s Affairs
MoH – Ministry of Health
M-HSCC - Myanmar Health Sector Coordinating Committee
NHP – National Health Programme
NSPAW - National Strategic Plan for the Advancement of Women
UNOPS – United Nations Office of Project Services
TB - Tuberculosis
THC - Township Health Committee
THD – Township Health Department
VHC – Village Health Committee
VTHC – Village Tract Health Committee
List of Key Stakeholders

**Communities:** Communities are key stakeholders, through their involvement in township health planning process, village health committees, community based demand side social accountability initiatives and accountability and equity mechanisms. Target communities will benefit from capacity development, as appropriate, for service delivery, accountability, equity and independent monitoring.

**Ministry Of Health:** The MOH is central to planning, coordinating and implementation of accountability and equity strategy at central and decentralized levels through the Technical Strategy Groups and township health authorities respectively. The MOH will benefit from capacity building on Accountability & Equity and its strengthening activities at all levels.

**Township health authorities and health staff:** Township health authorities are key stakeholders as they have primary responsibility for delivery and sustainability of services. Township health authorities who lead township assessments and the development of coordinated township plans will also be expected to lead the integration of AEI into activities. Township health teams, Basic Health Staff and community health workers will be the focus of training and support from 3MDG implementing partners to build capacity for planning, coordination, management, implementation and monitoring of AEI activities.

**Non-Governmental Organizations:** International and national NGOs have considerable operational experience and will be important implementing partners in enhancing health services accountability and equity. Local NGOs and Community Based Organizations often have greater access to hard-to-reach and underserved communities. Consequently, strategic partnerships with these organisations for service delivery are likely to be a feature of the 3MDG Fund. Local NGOs and other Civil Society Organisations will also play an important role in strengthening accountability and in independent monitoring. They will also benefit from capacity development, as appropriate, for service delivery, accountability, equity and monitoring.

**UN agencies:** UN agencies have considerable operational experience in Myanmar. The UN has an important normative role and agencies such as WHO, UNICEF and UNFPA are well-placed to engage in policy dialogue with the MOH as well as to provide technical support for strengthening health policy and systems.
I. Overview

Purpose of the note
The purpose of this note is to present the AEI strategic framework for 3MDG stakeholders, and guide 3MDG support for: 1. equitable access to health care for all people in Myanmar irrespective of their social attributes (i.e. social determinants of health/SDH: gender, education, wealth, social status etc), and, 2. health services which are affordable, acceptable and responsive to feedback. The first sections of the note provide an overview of definitions and the guiding principles. The note then describes the theory of change outlined in the 3MDG Fund Description of the Action (DOA); briefly outlines the situation relating to accountability and gender equality in the Myanmar health sector; provides a conceptual framework to guide the AEI strategy; and identifies a strategic framework and an indicative timeline.

The intention of the note is not to support the re-writing of gender and accountability tools and training for 3MDG but to focus upon the strengthening and integration of already existing national guidelines and frameworks and support Partners to work with township-level NGOs/CBOs to deliver upon existing guidance in a coordinated manner. Accordingly, the note makes a number of recommendations about supporting the planning/management/capacity of MoH and Partners to deliver on gender and accountability standards which already exist, or are in development.

Rationale
The motivation for integrating AEI into 3MDG is threefold. First, many global indicators for child mortality, maternal health, HIV/AIDS, Malaria and TB exhibit considerable differences according to an individual’s social position, gender and role. Accordingly, there is a strong evidence-base for the importance of accountability, equity and inclusion in improving health program interventions in Maternal, Neonatal and Child Health (MNCH), communicable diseases of poverty (HIV/AIDS, TB and Malaria) and health systems strengthening (HSS).

Second, significant opportunities to contribute to accountability, equity and inclusion in Myanmar have been leveraged over the past few years, and important spaces for nascent and sustained initiatives are opening up. As the largest multi-donor fund in Myanmar, 3MDG is well-positioned to generate important data and analysis of the situation of vulnerable women and men in order to support partners to build equitable mechanisms for individuals and communities to have a say in health issues, so as to encourage services that are responsive to their needs.

Third, the structural nature of democratic processes and gender inequality means they are central to meeting development goals. Without addressing the ways in which unaccountable health services intersect with underlying structural causes of gender inequality and other social exclusion, Myanmar’s progress toward the three health-related MDGs (4, 5 and 6) is likely to be uneven and prone to reversals.
Stakeholder Participation
This note has been developed in dialogue with expert individuals and representatives from a variety of stakeholder groups, including INGOs, LNGOs, Government health staff, civil society networks and UN agencies, and incorporated the views articulated in a recent Gender Situation Analysis (2013) as well as the stated aims and guidelines of the Ministry of Health. A full list of stakeholders consulted can be found in Annex 3. Situation analyses of gender and accountability documenting the available national strategic plans and lessons from previous projects were also used to guide this note and determine activities and indicators.

Alignment with National Plans and Frameworks
The recommendations in this note are founded on a ‘Human Rights based approach to health’ and are consistent with ‘Disability inclusive development’ and the principles of non-discrimination, equality, participation, accountability and transparency.

In particular, the recommendations have been developed in line with existing national plans and accountability standards commonly used by Government and NGOs in Myanmar.

Regarding gender, the 3MDG AEI strategy will align with priority areas and indicators defined in the National Strategic Policy for the Advancement of Women (NSPAW) (2013), particularly in relation to the sections ‘Women and Health’ and ‘Women and Decision-Making’, and priority areas identified by Department of Health Planning.

Regarding accountability, the 3MDG AEI will align with the six benchmarks of the 2010 Humanitarian Accountability Partnership (HAP) standard.1 Most International NGOs and Myanmar Civil Society Organizations have adopted the Humanitarian Accountability Partnership (HAP) standard, and HAP training has been provided to key Ministry of Health staff.

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1 The Humanitarian Accountability Partnership (HAP) International was established in 2003 to promote accountability. The HAP standard was originally developed for application in humanitarian relief programmes. Based on experience and review consultation, the scope of the 2010 edition has been expanded and the HAP Standard can also be applied to other aspects of an organization’s work, including development and advocacy. Most of the International NGOs and Myanmar Civil Society Organizations have adopted the Humanitarian Accountability Partnership (HAP) standard.
II. Defining Principles and Key Terms

The key principle guiding this note is that AEI is not only, or primarily, about the adoption of certain methods and tools and policies. AEI is also an analytical lens through which existing 3MDG components or projects can be viewed to see whether they could be made more responsive to user needs and a crosscutting goal which requires the recognition that every policy and project affects women and men differently, and that and those differences may also be reinforced by class, race, caste, ethnicity or age.

Accountability: “the means through which power is used responsibly. It is a process of taking into account the views of, and being held accountable by, different stakeholders, primarily the people affected by authority or power” (HAP 2010). When applied to 3MDG, accountability can be understood as the spectrum of approaches, mechanisms and practices used by the stakeholders concerned with health services to ensure a desired level and type of performance.

Social Accountability is an approach toward building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations who participate directly or indirectly in exacting accountability. Social accountability can thereby support financial accountability by helping to ensure that public money has been used in a responsible and productive way, complied with legal and regulatory convention, and that value for money has been achieved.

Empowerment: Empowerment is about people — both women and men — taking control over their lives: setting their own agendas, gaining skills, building self-confidence, solving problems, and developing self-reliance. When applied to 3MDG, empowerment can be understood as the support processes that increase women’s and men’s self-confidence, develop their self-reliance, and help them set their own healthcare agendas.

Equity: The quality of being fair and impartial: "equity of treatment". When applied to 3MDG, equity can be understood as health systems which are considered ‘just’ and ‘fair’ by all users.

Gender and Gender Roles: Gender refers to the socially constructed roles and responsibilities of women and men. These roles and expectations usually result in women having less access than men to resources and decision-making processes, and less control over them. When applied to 3MDG, gender can be understood as a key variable affecting health and health-seeking behaviours.

Gender equity means being fair to women and men. To ensure fairness in 3MDG supported health services, measures are required to compensate for historical and social disadvantages in Myanmar that prevent women and men from otherwise operating as equals. Equity leads to equality.

Accountability to citizens on gender and health refers to accountability processes (to citizens) that reduce gender inequalities in health and address gender-specific health concerns and rights of women and men.

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3 Although this strategy paper focuses on the contribution of social accountability initiatives to the health sector, similar principles can be applied to increase financial, administrative and managerial accountability. See, for example, http://www.worldbank.org/socialaccountability_sourcebook/PrintVersions/Conceptual%2006.22.07.pdf
4 www.hm.treasury.gov.uk, pp. 9–25
III. Situation Analysis (summary):

There are a number of key problems for the health sector in Myanmar relating to the ways that accountability currently operates and the ways in which gender and health intersect. The new Myanmar government has nonetheless set an ambitious reform agenda and there appears to be substantial enthusiasm and growing momentum among Government Ministries and International Donors to make progress in accountability, gender equality and transformative partnerships.

Problem Statements

*Five key problems related to accountability to citizens on gender and health in Myanmar:*

1. Rarely have power holders in the health sector been held to account to reduce gender inequalities in health, or comprehensively address gender-specific health needs of women and men (in short accountability to gender and health).
2. There are few mechanisms for citizens to hold private health sector, public-private health partnerships (PPPs), multilateral financial institutions, and health donors to account.
3. Rarely have power holders in the health sector been accountable to marginalised women or men. Accountability has been stronger to elite sections, medical lobby, and mainstream NGOs.
4. A number of international treaties relevant to health accountability have not been ratified by Myanmar. Additionally, there is no accountability legislation like rights of citizens to participate, access information, and litigate on others behalf.
5. The pre-conditions- vibrant democracy, political will, and resources - for making accountability mechanisms (to citizens) work for reducing gender inequalities in health are not present in Myanmar

*Five key problems related to gender and health in Myanmar:*

1. Women are more disadvantaged than men in access to health services; ability to adhere to advised treatment; and consequences of ill health.
2. Some of the gender specific health needs of women and men are controversial and/or low priority (e.g., for women, provision of abortion through government health system is illegal and reform in this area appears to be low-priority for government; for men, sterilization is illegal through government system although female sterilization is approved. Additionally, no national level reproductive health strategies or educational activities are targeted specifically at men despite their acknowledged influence over women’s reproductive health).
3. Poor education levels constrain women’s health choices and behaviours in ways which increase MMR and IMR.
4. Women have limited/weak ability to influence formal decision making in health sector.
5. Men are not commonly involved in reproductive health (RH) decisions.
Current AEI directions in Myanmar

**Accountability**

In 2013, the government released the *Framework for Economic and Social Reform*, which includes Governance and Transparency among 10 policy priorities for 2016.

In mid-2012, DFID and AusAID financed the World Bank to conduct a public expenditure and financial accountability assessment, and public expenditure review, respectively. Furthermore, the parliament debated the government budget for the first time in 2012 - an important step towards transparent public spending and more robust democratic and accountability processes.

In 2011, as the first engagement of NGO with the elected government, Local Resource Centre, Oxfam and Myanmar Red Cross Society conducted an orientation workshop on introduction of international accountability and quality standards for senior officials from MoH, Ministry of Social Welfare, Relief & Resettlement, Ministry of Home Affairs and Ministry of National Planning and Economic Development.6

**Gender Equality**

In Aug 2013, National Strategic Plan for the Advancement of Women 2013 – 2022 (NSPAW) was approved by the Minister, MSWRR, and the Myanmar National Committee for Women’s Affairs (MNCWA). In doing so, the Government has indicated its intention to meet its CEDAW commitments by developing and strengthening systems, structures, legislation, law enforcement, and practices for advancement of women in 12 priority areas (NSPAW 2013).

Additionally, MoH has established ‘Gender and Women’s Health’ as one of its Target Population Groups for Services. In 2012, MoH facilitated training to BHS on concepts and related frameworks of gender and equity. In Jan 2013, refresher training and evaluation of gender mainstreaming was given to TMOs from previously trained 32 townships, and also provided to State/Regional training team members.7 Evaluation of the training identified a need for State/Regional health managers to improve capacity in applying gender sensitive data and issues in programme implementation and evaluation and awareness of gender sensitive policy.

**Transformative Partnerships**

In Jan 2013, the government organized its first Development Cooperation Forum. At the Forum, the Ministry of National Planning and Economic Development presented the Nay Pyi Taw Accord for Effective Development Cooperation.

In this new accord, the government committed to strengthening public administration in order to enhance the transparency and effectiveness of government programs and foreign assistance (including through the promotion of public participation in policy-making and by establishing feedback mechanisms on government performance). Development partners committed to working with government to strengthen its institutions, build its capacity, reduce transaction costs and increase aid effectiveness.

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6 The ‘Accountability & Quality Induction Workshop (HAP 2010 & Sphere 2011), 13 July 2011, had 30 participants from four Ministries. Participants from the Department of Health included one Deputy Director, two Assistant Directors and one Medical Officer from the following sections: Maternal and Child Care; Women and Child Health; and, Medical Care.

7 Newly appointed TMOs/BHS were additionally trained on intersections of gender and health. Participants from project townships were trained to use gender analysis tools to uncover gender differences in their communities, to review and improve health programmes in relation to gender equity and inclusion of vulnerable populations, and to share experiences among the townships.
What is 3MDG already doing about AEI?

To promote gender equality and social inclusion, 3MDG has committed in its Description of Action (DOA) to the following steps:

- Target delivery of an essential package of health services that will primarily benefit women and girls of reproductive age and children.
- Implement demand-side financing that will increase access to services for poor people, in particular poor women and their children, and monitor the impact on service uptake by women.
- Support research that improves understanding of how gender affects health, health seeking behaviour, health care expenditure and other gender-related issues, including knowledge and attitudes of men and women concerning utilisation of health services.
- Ensure that accountability mechanisms support equal engagement of women and men and promote women’s representation and voice, and monitor the participation of women.
- Ensure that Fund Manager and implementing partner staff have a good understanding of gender issues and that the Fund Manager has access to gender expertise.
- Include gender-relevant indicators in the logical framework and collect disaggregated data as appropriate.

To promote accountability, 3MDG has committed in its DOA to promote transformational change and a rights-based approach. In particular, 3MDG will build on 3DF progress in developing a Beneficiary Accountability Framework, ensuring this is linked to existing structures and township plans with four specific objectives.

1. Improve the way an agency engages with local communities in decisions that affect them by striving to enhance participation and to seek informed consent.
2. Share information with beneficiaries to promote and improve transparency and information provision.
3. Provide beneficiaries with channels through which concerns can be raised. This is part of the ethical commitment to listen, monitor and respond to beneficiary concerns.
4. Ensure that all staff are provided with a thorough understanding of Accountability and Quality Management Principles and Standards.

3MDG is committed to articulating and implementing these four objectives at three distinct levels: national, regional/state, and township.

- At national level this might include developing policy options and approaches to strengthen accountability; training to develop capacity on accountability and responsiveness issues; and improving capacity for oversight and regulation of the private sector.
- At regional/state level this might include training to develop capacity on accountability and responsiveness issues.
- At township level this might include reviewing the capacity of existing structures for accountability; training for township health teams and committees; capacity building for civil society organisations for independent monitoring of service delivery; strengthening community mechanisms for voice and accountability and ensuring that these are integrated within comprehensive township plans.
III. Conceptual Framework

The impact of the 3MDG fund will be improved maternal, newborn and child health and a reduction in communicable disease burden in areas and populations supported by the 3MDG Fund. The outcome is increased access to, and availability of, (i) essential maternal and child health services for the poorest and most vulnerable in areas supported by the 3MDG Fund and (ii) HIV, TB, and malaria interventions for populations and areas not readily covered by the Global Fund.

One of 6 outputs, which will lead to the outcome, is output 5, ‘enhanced health services accountability and responsiveness through capacity development of target communities, civil society organisations and the public sector’.

This output raises important issues of definition: what will an accountable, equitable and inclusive health system in Myanmar look like? In answering this question, it is important to avoid falling into the trap of re-conceiving AEI as a series of technical problems. Issues such as citizen empowerment, gender and social practices, and cultural acceptability of changed behaviors and norms are not easily approached, and activities designed to influence these areas are necessarily complex.

Nonetheless, for the purpose of guiding the development of the conceptual framework, we offer the following indicative description:

An accountable, equitable and inclusive health sector in Myanmar will: place emphasis on accountability on gender and health to citizens, and not just higher-ups; see policy makers, managers, donors and multilateral funds held accountable for gender and health in addition to health providers and workers; eliminate gender inequalities in health access and outcomes; complement gender and health accountability with regard to service provision through dedicated policies, legislation, budgets and expenditures; promote co-governance of health services at local level, and gender and health policy advocacy at national and international levels; see pressure groups of marginalized women and others present and influential in formal health structures.

Toward this goal, the 3MDG Fund Description of Action describes a broad theory of change for the 3MDG AEI strategy. This is summarised below and expanded in the 3MDG Description of Action.

Figure 1 - AEI Theory of Change

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8 Adapted from Gaventa (2006); Murphy (2007); Murphy et al (2005); Sandaratne (1997).
The program output goal ‘Enhanced health services accountability and responsiveness’ has at least four constituent elements, however. Accordingly, the 3MDG AEI strategy is devised in recognition of the layering of these elements, including:

1. An enabling environment
2. Platforms for systems of mutual accountability that are participatory, equitable and accountable
3. Empowered citizens and civil society
4. Health accountability and equity systems that support interaction between the community, health facilities and the government.

The activities that are inherent in the above-defined elements for mainstreaming accountability also involve gender focused policy formulation/re-shaping, accountability planning, programming, resource allocation, capacity building, awareness creation as well as legislation design, ratification and literacy.

Figure 2 - 3MDG Accountability, Equity and Inclusion Conceptual Framework

<table>
<thead>
<tr>
<th>Overaching 3MDGF Goal</th>
<th>National progress towards the health MDGs through a rights-based approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>3MDGF Programme Goal</td>
<td>Improved maternal, newborn and child health and a reduction in communicable disease burden in areas supported by the 3MDG Fund</td>
</tr>
<tr>
<td>Programme Output Goal</td>
<td>Enhanced health services accountability and responsiveness</td>
</tr>
<tr>
<td>Constituent Elements</td>
<td>Enabling Environment, Platform(s) for Accountability, Equity and Inclusion Integration, Empowered Citizens and Civil Society, Health Accountability and Equity Systems</td>
</tr>
</tbody>
</table>
Defining Constituent Elements

Element 1. Enabling Environment: laws and policies that allow, favour and mainstream the creation of civil society institutions, promote the needs of vulnerable groups and good governance, and foster a socially responsible health sector.

Laws, policies and coordinating mechanisms in Myanmar do not yet effectively contribute to an enabling environment for AEI. 3MDG will support improvement in this area by supporting the strengthening of national frameworks, guidelines and coordination mechanisms. Laws and mechanisms to be strengthened include NSPAW (2013), the Association Law (2013), Myanmar Health Sector Coordinating Committee (M-HSCC) at national level, monthly coordination meeting at township level, quarterly coordination meeting at Rural Health Centre/Sub-Centre.

Element 2. Platform for AEI integration: formal mechanisms, spaces and rules of engagement to support citizen and public sector association, and formulate, articulate, and convey opinions; resource mobilization to fulfill agreed upon objectives; access to information.

The existing practice of monthly and quarterly coordination practices in township level is the appropriate entry point for 3MDG partners to listen, handle and respond to feedback on health services accountability issues. For effective functioning and sustainability, Partners will be required to coordinate their activities with accountability guidelines endorsed by the MoH.

Element 3. Empowered citizens and civil society: systems and processes to foster citizen aggregation and representation, through building capacity for public officials to foster citizen participation; grants for citizen participation/establishment of social funds; building through information and demand-side financing health expectations and demand; availability of information to NGOs and citizens in understandable language and easily-accessible formats.

Health service users (citizens/patients) currently lack appropriate knowledge and expertise to determine service quality. There is also a lack of expectation for health care services and accessibility in hard to reach areas. CSOs play an important role in accessing hard to reach and underserved communities. 3MDG partners can support CSOs not only through provision of capacity building (individual, institutional and material capacity), but also through opening dynamic spaces for negotiation and civic engagement including, for example, community notice boards, transparency signboards of commodities and financing provided, etc.

Element 4. Health Accountability and Equity Systems: Establishing social accountability mechanisms; Encouragement of media reporting on NGOs’ role in accountability; creation of public arenas & forums for shared policy dialogue public funding of NGO policy monitoring.

The diagram in Annex 1 shows patterns of answerability and sanctions in health service delivery, i.e., which actors can demand information and impose sanctions, and which actors must supply information and are subject to sanctions. 3MDG will support Partners to organize Village Health Committees (VHC) (at the bottom level). Hence, the Ward/Village Tract Health Committees (VTHC) will play an important role in enabling flow of information from Township Health Committee (THC) to VHC and citizens, and so must also be strengthened.
What is the 3MDG FMO role in AEI?

Government authorities and 3MDG partners in Myanmar are vital to goal of national progress toward health related MDGs through their roles in service delivery, policy advocacy, and constituency empowerment. Maximizing these contributions depends upon government and Partner commitments and capacities to ensure these actions are accountable and designed to support gender equality and social inclusion. Local NGOs and CBOs can take steps to support the Government and Partners to implement these principles, but in many cases they cannot do it alone. 3MDG Fund can provide support and fill gaps when necessary, using donor-provided resources.

The role of 3MDG in fostering the four constituent elements for the goal of enhanced health services and responsiveness can be categorized as consisting of the following five actions: facilitating, resourcing, partnering, mandating and endorsing.

**Facilitating** will be undertaken by 3MDG to provide incentives and capacity-building for Government and NGO actors, as well as other public and private sector stakeholders. Another type of facilitating action is to make available information to NGOs and citizens in readily understandable language and easily accessible formats; this is important to enable NGOs to effectively represent constituencies and to engage in advocacy.

**Resourcing** will involve 3MDG strategically directing funding to achieve particular goals, as in the case of training to improve the social inclusiveness and gender sensitivity of NGO programs or the provision of personnel to support Government work, and establishing a 3MDG AEI Innovation Fund to support partners and MoH to test innovative AEI tools and methodologies.

**Partnering** will be enabled by 3MDG to bring INGOs into relationships with local NGOs, CBOs and Village Health Committees based on mutual interest and shared benefits to engage in information sharing, dialogue, and negotiation, and capitalize on the comparative advantages of the partners. 3MDG can also recommend mechanisms and procedures that allow public or private entities to enter into partnership arrangements with NGOs. An example would be where the Department of Health Planning enables a policy advocacy NGO to participate in establishing standard-setting and/or in policy outcomes monitoring.

**Mandating** refers to the 3MDG authority to make requirements of Partners through contracting modalities. Partners may be mandated by 3MDG to enter into particular partnerships, use particular tools or standards, and collect specific data and information.

**Endorsing** refers to actions that publicize, praise, and encourage Government actions which are consistent with 3MDG AEI goals, recognizing the sovereign authority of the government in policy making, implementation and enforcement. 3MDG’s role here also relates to supporting Government to endorse particular cultural values and influencing attitudes.
IV. Putting Principles into Practice

In this section we propose the approach to ensuring principles of accountability, equity and social inclusion are effectively incorporated into 3MDG supported activities. This approach has been developed in recognition of the sovereign authority of the Myanmar government in health policy making, implementation and enforcement, and 3MDG’s primary role in supporting national progress towards the health MDGs through a rights-based approach.

Ahead of the presentation of the strategic framework, we recommend 3MDG support immediate AEI progress by resourcing the following activities:

• Rural Health Centre and Sub-Centre to provide lists of services provided.
• TMOs display lists of drugs available and free of charge criteria (Condition: consistent and specific instruction should be guided by MoH).
• In the offices of Township Health Department and State/Region Health Department, display description of budget such as emergency referral support cost, travel allowance of midwives, etc.
• Introduction and discussion on accountability and gender equity issues during the township coordination meetings.
• Establishment of Community Feedback Mechanisms in funded project areas, to support improved health service delivery and management through feedback and learning (the focus here is primarily on performance accountability)

We further recommend a number of short/medium-term activities to complement these immediate steps and enhance 3MDG AEI guidance:

• Comprehensive gender and accountability situation analyses
• Identify methodologies and processes for improving the measurement and monitoring of gender and accountability in 3MDG
• Establish timeline with MOH for next steps and coordination on AEI support and integration, including pilot-testing of AEI in 42 3MDG townships ahead of national rollout.
• Alignment of 3MDG AEI with ‘Strategic Framework for Non-Public Health Sector’ (Mar 2014)
• TOR development addressing 3MDG options in the following areas:
  o Collaboration with CSO sector in Myanmar
  o AEI Innovation Fund, to support innovative research and integration of technologies and new tools into AEI activities
  o AEI learning framework

We additionally recommend a number of medium/long-term activities to align and harmonise 3MDG accountability activities with:

• 3MDG Value for Money framework (integrating VfM Component 3: Equity)
• Myanmar Public Expenditure and Budgeting Framework
The strategic framework enables 3MDG to put AEI principles into practice by mandating 3MDG INGO partners to partner on AEI with local NGOs/ CBOs at the township/ local level; resourcing INGO partners to build the capacity of their staff and partners on AEI; facilitating AEI coordination forums at national level, regional/state level and township level; and resourcing and facilitating the government of Myanmar to build through policy an enabling environment to support the implementation of AEI principles within government health systems.

This approach is composed of the following 3 components:

1. **Package**

   Package describes the contractual requirements, tools and technical support resourced and/or developed by 3MDG for implementation by partners.

   **Minimum Partner commitments (Contractual Requirements)**
   - Partners will set out clearly how they will involve beneficiaries in planning and in design, implementation and monitoring of specific health services and interventions, as well as supporting inclusive participation in township and community coordination mechanisms.
   - Good understanding of accountability, equity and inclusion issues.
   - Collect disaggregated data as appropriate

   **Guidelines, tools and resources**
   - Through dialogue among partners, townships, NGOs/ CBOs and beneficiaries, tools, accountability mechanisms and guidelines will be developed/ selected which support equal engagement of women and men and promote women’s representation and voice, as well as mechanisms for accountability and independent monitoring.  
   - Resources provided by 3MDG to appoint short term accountability consultant (or) advisor and to support establishment of AEI committees among stakeholders and identify focal point staff for AEI work
   - Resourcing and facilitation of AEI guideline development for inclusive participation of stakeholders in township and community coordination mechanisms
   - Resourcing and facilitation of AEI costed work plan including AEI technical trainings, workshops, coordination meeting and participatory review and reflection AEI processes

2. **Comprehensive Partnership (through INGOs, LNGOs and Govt Health System)**

   Partnership describes the coordination mechanisms resourced and/or facilitated by 3MDG to bring INGOs into relationships with local NGOs, CBOs and, where appropriate, Village Health Committees based on mutual interest and shared benefits to engage in information sharing, dialogue, and negotiation, and capitalize on the comparative advantages of the partners.

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9 One example of HAP standard benchmarks to be adapted for 3MDG partner purposes is the community feedback mechanism. Examples of Social Accountability Tools to be adapted include: Feedback Mechanism, Social Audit, Budget Analysis, Right to Information, Participatory Planning, Participatory Budgeting, Citizen's Charter, Public Hearing, Investigative Journalism, Public Expenditure Tracking Survey (PETS), Citizens Report Card (CRC) and Community Score Card (CSC).
Partners will be tasked with prioritizing key AEI issues facing them which are relevant to 3MDG goals. AEI activities which enhance the four constituent elements of health accountability will be identified and endorsed, ahead of their inclusion as contract requirements of Partners during implementation of 3MDG projects. To institutionalise these AEI activities, 3MDG will support the MOH to establish a National Steering committee for AEI and/or a permanent gender and health accountability desk.

**Township level partnership**

- The focus of the township level partnership is on raising awareness among women of legislation, policies and programmes of government, and on mobilising them to put pressure from below on government health services.
- As a 3MDG contracting condition, partners will link with Village Health Committees and local NGO/ CBOs for coordination and strengthening of AEI in community health activities. Partners will lead this process through the undertaking of a stakeholder analysis within the NGO sector at a Township level, a deliverable during the Contract inception period of 3 months. The intention is that individual Partners would be able to find ways to link with local NGOs/ CBOs to ensure activities are designed and implemented in a manner to contribute to the particular constituent elements of ‘health services accountability and responsiveness’ in clearly defined ways (enabling environment; platforms for systems of mutual accountability that are participatory, equitable and accountable; empowered citizens and civil society; health accountability and equity systems that support interaction between the community, health facilities and the government) – either through support to community-based service delivery related to gender and accountability, community participation or in other aspects.

  - For 3MDG Component 1, Partners will prioritise AEI in their dialogue and planning with Township Health Authorities toward the Comprehensive Township Health Plan. The township administrative unit is vital for the success of AEI because of existing operating procedures and imminent partnering platforms.\(^\text{10}\)

  - For 3MDG Component 2, additional partnership forums and mechanisms will be resourced and facilitated among partners and township health staff on AEI, where appropriate.

  - For 3MDG Component 3, partners will develop AEI design and enforce AEI process in the existing health system through township coordination workshops and to raise awareness campaigns.

**Regional level partnership**

- At the regional partnership level, 3MDG partners will come together along with other progressive actors to hold policy dialogues with government officials to support effective implementation of AEI guidelines and activities.
- Facilitate the AEI process, disseminate the relevant operation guidelines and provide supervision from state/region level to townships.

\(^{10}\) In a number of townships the Township Medical Officer already convenes a multi-stakeholder body to coordinate partners working in the health sector, and this offers a potential model for other townships.
National level partnership

- Sensitize MoH to the concept of AEI through workshops and joint consultations with INGOs.
- Prioritize integration of institutionalized AEI framework (strategy and operation guidelines) into the national health policy with participation of 3MDG key stakeholders.
- Conduct a participatory workshop and series of discussion among MoH (all levels), 3MDG FMO and partners to integrate AEI strategies into National Health Policy.

Thematic partnership

- Partners will link with Technical Strategy Groups and other AEI Initiatives (such as Accountability & Learning Working Group and Gender Equity Network) to discuss national health policy and engage other civil society organizations.

3. Policy

Policy describes the ways in which 3MDG will incorporate AEI principles into its support for complementary health systems strengthening at central and de-centralised levels of the health system, to help develop a more effective and responsive health system. This component reflects 3MDG’s response to identified needs within MoH for capacity development and strengthening of national AEI systems. It aims to support the longer-term sustainability of investment in AEI in Myanmar and to complement existing AEI initiatives.

- Provision of accountability specialist and gender specialist or advisors to support national MoH/ Dept of Health Planning to integrate accountability strategies and NSPAW into CTHPs, and to develop relevant guidelines.
  - At national level this might include developing policy options and approaches to strengthen equity and accountability; training for policy makers and health program managers to develop capacity on accountability and responsiveness issues; and improving capacity for oversight and regulation of the private sector.
  - At regional/state level this might include training to regional health program managers to develop capacity on accountability and responsiveness issues.
  - At township level this might include reviewing the capacity of existing structures for accountability; training for township health teams and committees; capacity building for civil society organisations for independent monitoring of service delivery; strengthening community mechanisms for voice and accountability and ensuring that these are integrated within coordinated township plans.
Due to the differences among stakeholders’ authority, responsibilities and capacities, a National Partnership on AEI will be established. The National Partnership will be headed by MoH and administered by 3MDG Partners.

As the first step in organizing the National Partnership, 3MDG will support the constitution of a task force on stakeholder participation by the Ministry of Health. The task force will consist of primary stakeholders (marginalised women and men, double marginalized groups, vulnerable and disabled people, ethnic minorities), secondary stakeholders (service providers, health officials, donors, health NGOs) and external stakeholders (media, political parties, and religious leaders). Partners will organise most stakeholder consultations.

Figure 3 –AEI Conceptual Framework
Outputs

- Stakeholder Analysis of NGOs/ CBOs working on gender and accountability and identification of strategies to enhance service delivery through partnership
  - 3MDG Civil Society Partnership plan (contributing to enabling environment)
- For Component 1, AEI strategies integrated into the Comprehensive Township Health Plan (contributing to both enabling environment and health accountability & equity system, and articulated in line with national guidelines/ frameworks).
- For Component 2, AEI strategies integrated into programme activities
- Partner and THD establish/ implement township level AEI Mechanism (Platform for AEI process)
- Trained Partner, NGO and Township Health Department staff (capacity building including target communities, civil society organizations and the public sector) - contributing to empowered national capacity for social accountability and equity.
- National Partnership on AEI
  - National task force on stakeholder participation
  - National Steering committee for AEI and/or a permanent MoH gender and health accountability desk
- National Framework for Accountability and Equity in National Health Policy (contributing to both enabling environment and health accountability & equity system)
- Trained MOH staff (capacity building including target communities, civil society organizations and the public sector) (contributing to empowered national capacity for social accountability and equity)
- Partners and MoH establish/ implement national level AEI Mechanism (Platform for AEI process)
V. Assessing the Framework

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fully inclusive, participatory approach to integrating AEI in Myanmar health sector</td>
<td>• Commits 3MDG resources to policy strengthening and integration processes which are unpredictable, slow and prone to reversals</td>
</tr>
<tr>
<td>• Contributes to Health System Strengthening, 3MDG Component 3</td>
<td>• High resource intensity</td>
</tr>
<tr>
<td>• Complements the ‘bottom-up’ strengthening of AEI achieved through working with local NGOs/ CBOs with advocacy and support for ‘top-down’ AEI policy revisions, framework and guideline development</td>
<td>• Time intensive</td>
</tr>
<tr>
<td>• Demonstrates 3MDG commitment to capacity development and to strengthening national systems</td>
<td></td>
</tr>
<tr>
<td>• Greater ownership of AEI by government and 3MDG stakeholders</td>
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</tbody>
</table>

In Wa Region, elements of the AEI Strategic framework will be adapted to leverage existing governance systems and institutions. For example, 3MDG may provide AEI policy support to Wa local government.
VI. Monitoring, evaluation and learning framework

Assessing 3MDG progress toward Program Output 5 will require ongoing monitoring and evaluation of Partner activity in the four constituent areas determined to underpin ‘health services accountability and responsiveness’. Four appropriate indicators have been identified from the existing 3MDG Logframe. Two additional indicators have been developed to supplement the data collected by the Logframe indicators. Data collection, analysis and usage will be conducted in accordance with 3MDG existing M&E system.

Data sharing will be worked out six-monthly by partners’ reports, strengthening will be achieved by monitoring visits and mutual learning facilitated by 3MDG hosted M&E forums.

Element 1: Enabling Environment:

Indicator: Comprehensive township health plan has been developed with AEI activities

Element 2: Platform for Equity, Empowerment and Accountability Integration:

Indicator: % of community members who say they have access to mechanisms to provide feedback to township health committees and the 3MDG Fund

Element 3: Empowered Citizens and Civil Society:

Indicator: Number of civil society organizations trained in accountability and responsiveness and performing independent monitoring function;

Proportion of female representatives on (i) township health committees, (ii) village tract health committee and (iii) village health committee

Element 4: Health Accountability and Equity System:

Indicator: AEI strategies have been incorporated into National Health Policy;

Number of central and township MOH staff trained in accountability and equity

Figure 5 - Monitoring, Evaluation and Learning Matrix sample

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data source</th>
<th>Data collection method</th>
<th>Reporting frequency</th>
<th>Responsible person</th>
<th>What is evaluated and learned</th>
<th>How it will be evaluated and learned for continual improvement</th>
<th>Reporting Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Number of civil society organizations trained in accountability and equity</td>
<td>Partner report</td>
<td>1. Training attendance sheet 2. Financial report on training</td>
<td>Six monthly</td>
<td>Partner project staff target CSOs Focal and awareness level by pre-test/ post-test</td>
<td>Using existing monitoring information and organizing review meeting</td>
<td>3MDG reporting template</td>
<td></td>
</tr>
</tbody>
</table>

Remark: Additional indicators to be developed.
Learning Framework

For learning and continual improvement, implementing partners will define and document processes to learn effectively, including from monitoring, evaluations, feedback and complaints. They will regularly monitor its performance, including in relation to the accountability and equity and will include in the scope of evaluations an objective to assess progress in delivering its accountability and equity commitments (sections in evaluation reports on accountability and equity, including learning). The Partner works with its local partners to agree on how they will jointly monitor and evaluate programmes, the quality of the partnership, and each other’s agreed performance, and to put this agreement into practice. They will ensure that learning, including on accountability and equity is incorporated into work plans in a timely way.

In many situations the need will exist for interventions complementary to AEI efforts – especially in areas where blatant gender discrimination prevails. Such efforts will typically fall outside the scope of general 3MDG AEI support. For example, work on AEI at sector level and/or project level will help uncover cultural, geographic, structural and/or legislative problems concerning gender equality and social inclusion of vulnerable peoples, such as women’s ownership/ rights to use of land, the right to inherit from one’s husband, or the right to equal division of property – issues that cannot be addressed solely within a limited health sector response. In these cases the challenge consists in raising key questions to the relevant political level in the government. This can be achieved through the political dialogue conducted between 3MDG and the authorities. However, it will often have to form part of a broader political dialogue that also includes other actors (donors, civil society, research institutions and media etc.) in order for sustainable results to be achieved.

AEI learnings will be shared with 3MDG stakeholders and the wider development community through learning forums among interested parties and existing FMO communication channels, including website, reporting, feature articles and newsletters, etc.
### VII. Indicative Timeline

<table>
<thead>
<tr>
<th>Q4 2013</th>
<th>Q1 2014</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement of accountability advisor in MoH/ Dept of Health planning</td>
<td>Undertake health policy review re AEI and liaise with MoH and departments though joint consultations to integrate AEI components into National Health Policy</td>
<td>Develop AEI framework to integrate in the National Health Policy (including strategies and operation guidelines)</td>
<td>Provide AEI capacity building for MOH staff, partners’ staff. (including target communities, civil society organizations and the public sector)</td>
<td>Set up AEI mechanisms in place</td>
<td>Start independent monitoring and learning for continual improvement</td>
</tr>
<tr>
<td>Conduct National workshop among MOH (all levels), 3MDG FMO and partners</td>
<td>Disseminate the AEI integrated strategies and operation guidelines from central to state/region and townships</td>
<td>Placement of gender/ NSPAW advisor in MoH/ Dept of Health planning</td>
<td>Develop AEI Design and Budget</td>
<td>Develop Partnership Plan and identify AEI focal point staff by MOH and partners</td>
<td>Develop AEI Indicator Guidelines with partners</td>
</tr>
<tr>
<td>Develop costed work plan by partners, including coaching &amp; follow-up plan</td>
<td>Conduct awareness raising campaign</td>
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</tbody>
</table>
Annexes

1. Existing Structure of MoH and Accountability Linkages in Health Service Delivery

THE REPUBLIC OF THE UNION OF MYANMAR

National Health Committee

Ministry of Health

NHP M & E Committee

Department of Health Planning

Department of Health

Department of Medical Sciences

Department of Medical Research (Lower)

Department of Medical Research (Upper)

Department of Medical Research (Central)

Department of Traditional Medicine

State/Regional Government

State/Regional Health Committee

State/Regional Health Department

District Administrative Department

District Health Committee

District Health Department

Township Administrative Department

Township Health Committee

Township Health Department

Ward/Village Administrative Department

Ward/Village Tract Health Committee

Station Hospital

Ward/Village Health Committee

Rural Health Center

Village Health Committee

Village Volunteers

Committee supported by partners (NGOs).

(Not included in MOH’s current structure.)

Citizens

Need to support for effective flow of information in AEI process

Government

1. Ministries
2. Myanmar Women’s Affairs Federation
Professional Associations
4. Red Cross Society
5. Medical Association
6. Dental Association
7. Nurses Association
8. Health Assistant Association
9. Traditional Medicine
10. Practitioners Association
CSOs
11. Community Based Organization
12. Faith Based Organization
13. Parent – Teacher Association

NGO

Myanmar Women’s Affairs Federation

Professional Associations

Myanmar Maternal & Child Welfare Association

Red Cross Society

Medical Association

Dental Association

Nurses Association

Health Assistant Association

Traditional Medicine

Practitioners Association

Community Based Organization

Faith Based Organization

Parent – Teacher Association
2. Good-Practice, Guidance & Recommended Tools for AEI processes

Due to the growing interest in evidence-based advocacy over the decade, many methods and tools have emerged for the purposes of collecting and analyzing information on service providers’ performance. In this context, we recommend the following:

- Stakeholder Analysis for Multi-Stakeholder Engagement
- Citizens Charters: Enhancing Service Delivery through Accountability
- Feedback Matters: Establishing Grievance Redress and Community Feedback Mechanisms for 3MDG-Supported Projects
- Social Accountability Tools for such as Social Audit and Community Score Card, Citizen Report Card, Investigative Journalism, etc… in ensuring accountability and quality

3. Toolkits

Appropriate, context-specific tools will be identified, adapted, developed and selected through participatory method, involving the collaboration of 3MDG partners, MoH, CSOs and beneficiary populations. Ahead of this process, there are a number of tools available and in development which can be considered by stakeholders for the achieving AEI objectives.

Available

Myanmar CSOs Accountability Framework (ALWG, 2012)

Accountability Standard Benchmarks and Guide to the accountability and quality management (HAP Int'l, 2010)

Accountability minimum standard tracking tool (3MDG-Draft, 2013)

Knowledge, Attitude and Practices regarding accountability of the selected CSOs in Myanmar (ALWG Research-Draft, 2013)

CSO participation in Continuum of Care on MNCH (MSI Guidebook- Draft, 2013)

In Development

Mapping Political Context: A Toolkit for NGOs

Local Governance: Tools to Support Transparency and Access to Information

Social Accountability Toolkit: A Generic Guide for Implementing the Social Accountability Process to Improve Quality of Services

Gender Audit Toolkit: A Guide for Performance Improvement and Outcome Measurement
4. List of Stakeholders Consulted

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Organization</th>
<th>Types of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Local Resource Centre</td>
<td>LNGO</td>
</tr>
<tr>
<td>2</td>
<td>Ratana Metta Organization</td>
<td>LNGO</td>
</tr>
<tr>
<td>3</td>
<td>Accountability &amp; Learning Working Group</td>
<td>Working Group</td>
</tr>
<tr>
<td>4</td>
<td>Gender Equity Network</td>
<td>Network</td>
</tr>
<tr>
<td>5</td>
<td>Action AID</td>
<td>INGO</td>
</tr>
<tr>
<td>6</td>
<td>MDM (Pyapon)</td>
<td>INGO</td>
</tr>
<tr>
<td>7</td>
<td>Merlin</td>
<td>INGO</td>
</tr>
<tr>
<td>8</td>
<td>Oxfam</td>
<td>INGO</td>
</tr>
<tr>
<td>9</td>
<td>Relief International (Dedaye)</td>
<td>INGO</td>
</tr>
<tr>
<td>10</td>
<td>Save the Children International</td>
<td>INGO</td>
</tr>
<tr>
<td>11</td>
<td>UNDP</td>
<td>UN agency</td>
</tr>
<tr>
<td>12</td>
<td>UNFPA</td>
<td>UN agency</td>
</tr>
<tr>
<td>13</td>
<td>LIFT (UNOPS)</td>
<td>UN agency</td>
</tr>
<tr>
<td>14</td>
<td>3MDG Fund (UNOPS)</td>
<td>UN agency</td>
</tr>
<tr>
<td>15</td>
<td>AusAID</td>
<td>Donor agency</td>
</tr>
<tr>
<td>16</td>
<td>DFID</td>
<td>Donor agency</td>
</tr>
<tr>
<td>17</td>
<td>Delta Region Health Department</td>
<td>Government agency</td>
</tr>
</tbody>
</table>
5. Partnering for Sustainability

Enhancing Service Delivery and Accountability, Equity and Inclusion in 3MDG projects

Introduction

International and national NGOs have considerable operational experience in areas of 3MDG interest and constitute a vital resource – as 3MDG Lead Partners – in supporting Myanmar’s national progress toward the three health-related MDG goals. However, local NGOs and Community Based Organizations often have existing service delivery capacity and experience, greater access to hard-to-reach and underserved communities, and are best-placed to understand the local social contexts in which disease burden is experienced and which affect health seeking behaviours. Local NGOs and other Civil Society Organisations also play an important a key role in strengthening accountability and in independent monitoring of development interventions. Accordingly, strategic partnerships between 3MDG lead partners and local NGOs and Community Based Organizations will improve service delivery and enhance accountability, equity and inclusion of vulnerable peoples in 3MDG projects.

Benefits to 3MDG lead partners through partnership with local NGOs and Community Based Organizations will include: enhanced community-based service delivery, community participation or in other areas tied to 3MDG Accountability, Equity and Inclusion objectives.

Benefits to local NGOs and Community Based Organizations through partnership with 3MDG lead partners will include: capacity development, as appropriate, for service delivery, accountability, equity and monitoring.

It is expected that 3MDG lead partners will initiate two types of partnership: program and thematic. Depending on local conditions and 3MDG review, the two types of partnership may be agreed with one, two or more local NGO partners.

Program partnerships will focus on complementary and enhanced service delivery, to improve health service efficiency and sustainability

Thematic partnerships will focus on incorporating into health projects and service delivery principles of Accountability, Equity and Inclusion, as articulated within the 3MDG AEI Strategy.

Depending on quality and number of local partners identified and the social context of operations, lead partners may prioritise one aspect of service delivery or AEI – for example, gender equality – over others. It is expected, however, that overarching commitment to the letter and spirit of 3MDG partnering principles and AEI framework will be demonstrated through lead partner attempts to both incorporate the specific skills and capacities of local partners and resource and support local partners to build broader service delivery and AEI capacity.
Partnering Models

3MDG will be flexible in supporting the types, scale and scope of the lead partner/ NGO & CBO partnerships, trusting that lead partners will collaborate to determine the appropriate partnering model for particular objectives and activities, minimum criteria for local partners (such as demonstrated knowledge of relevant issues), partnership responsibilities (such as clear division of roles and responsibility; equal-partner approaches) and overarching partnering objectives (such as strengthening local partners to continue service delivery post 2016, etc). 3MDG is supportive of relationships which accommodate varying capacity, interests, etc.

3MDG recognises five main partnership types or models

1. Complementary: Complementary roles but no funding relationship or mutual accountability,
2. Convergent: The largest category of those working in partnership, characterized by funding, and monitoring/capacity-building, with great variation in the relative emphasis between the two,
3. Creation: A new NGO grows out of an INGO (or experienced NGO) project,
4. Cooperation: Joint INGO-NGO implementation with responsibilities delineated within the project objectives and activities, and some cooperative planning and assessment,
5. Contracting: NGO contracted to achieve objectives set by a partner, who normally will not implement on their own in that region or sector

Definitions

Definitions and classification criteria should be developed through collaboration among 3MDG lead partners and appropriate NGO/ CBO representatives. Examples of such collaboration on definitions and general ‘working out’ abound in Myanmar.

Fora initiated by 3MDG lead partners should additionally be used to share tools and criteria for capacity and needs assessment, as well as lessons on partnering, identify support needs, etc.

Getting Started

In CfPs under Component 1, 3MDG prioritizes partnerships with local organizations but also recognized that IPs might not necessarily be able to form partnerships within the period of the duration of the Call. 3MDG has thus made the undertaking of a stakeholder analysis within the health sector at a Township level, a deliverable during the Inception period of 3 months. The intention of the stakeholder analysis is that individual lead partners would be able to spend more time analyzing whether there exist local entities which could contribute through partnership to delivery of outputs expected of applicant organizations.