Notes of meeting between Delta/Chin IPs and 3MDG Fund  
6 September 2013 at UNOPS office, Inya Lake Hotel

Present: 3MDG Fund, Danish Red Cross (DRC), IOM, MDM, Merlin, Relief International, SCI, IEG

Agenda:
- Presentation of Accountability, Equity and Inclusion (AEI) by Philip Martin and Swe Sin Mya (3MDGF)
- Stakeholder analysis
- Presentation of the Comprehensive Township Health Plan excel tool by Myint Thu Lwin and Marc (3MDGF)
- Capacity building at State/Regional and Township levels

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>Discussion</th>
<th>Issues highlighted to address/answer</th>
<th>Actions agreed</th>
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</thead>
<tbody>
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<td>1. Introductions</td>
<td>• All parties were introduced including the Internal Evaluation Group composed of five experts that will be evaluating the 3MDGF</td>
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<td>2. Meeting rationale</td>
<td>• The agenda was designed to introduce the Accountability, Equity and Inclusion (AEI) framework, to provide further acclimation to the CTHP planning tool and to discuss any IP issues</td>
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| 3. Introduction of the AEI framework | • Accountability, Equity and Inclusion framework was developed through extensive consultations among 3MDG partners. AEI framework aligns 3MDG’s support for partner activities with national guidelines on gender and accountability. 3MDG is seeking input from the IPs to develop an AEI implementation plan and foster AEI in projects  
  • The AEI partnering principles originate in 3MDG’s Description of Action, which prioritizes partnerships with local organizations to address Getting started involves an AEI stakeholder analysis (3 pages in the hand out), and is expected to be a quick survey.  
  The AEI stakeholder analysis will a part of the stakeholder analysis that is required in the 3 month inception phase (see next agenda item).  
  3MDG invites feedback on the strategy and timeframe.  
  Philip Martin (3MDG) will send out an electronic version of the hand out to Myint Thu Lwin (3MDG), who will add the AEI framework and slides to the files he distributes to partners. This will be distributed along with the finalized meeting minutes. |                                                                                                                                                  | The AEI stakeholder analysis is expected to commence with a mapping exercise, which should identify possible stakeholders in a timely manner. This step will be followed by survey, capacity assessment, interviews and formal partnering recommendation.  
  3MDG invites feedback on the strategy and timeframe. |                                      |
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|             | delivery of outputs expected of partners – either through support to community-based service delivery, community participation or in other aspects. 3MDG lead partners will initiate two types of partnership: program and thematic.  
• 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  
• 3MDG seeks to guide and support AEI practice that is feasible and sustainable in Myanmar, is widely inclusive, and contribute to 3MDG Output goal 5 in clearly defined ways  
• Kamma Blair encouraged IPs to join the AEI Community of Practice (CoP) on Facebook and LinkedIn.  
• “Progressing through Partnerships” research study and “The Role of local NGOs in support of community based health programs” review can be located in the 3MDG M&E Community of Practice on Facebook.  
• The new 3MDG website will be launched with guidelines and resources | | | |
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<td>4. Stakeholder Analysis</td>
<td>• 3MDG will support partners to undertake stakeholder analysis for the purpose of identifying programme and thematic partners. 3MDG expects that the IPs would have an understanding of how to undertake and conduct the stakeholder analysis. 3MDG aims to identify service delivery coverage gaps through the stakeholder analysis. IPs will perform stakeholder analysis within the health sector at a township level, and the stakeholder analysis will be a deliverable during the inception period of 3 months. The intention is that IPs would be able to spend more time analyzing whether there exists local entities that could contribute through partnership—either through support to community-based service delivery, community participation or in other aspects. This would ensure smaller local organizations are not systematically excluded. 3MDG invites feedback form IPs on partnerships, accountability issues, and wider stakeholder engagement. The stakeholder analysis will assist the 3MDGF and the Fund Board to identify gaps. 3MDG recognizes the timeframe for Delta IPs could take longer than Chin IPs given the fact that there is already</td>
<td>IPs sought clarification on expected outputs from the 3MDG for the stakeholder analysis. IPs concerned about timeframe – the need to complete a stakeholder analysis before the township planning. IP requested clarification on the level of engagement with different local entities.</td>
<td>3MDG stresses that it is up to the discretion of the IPs to determine the methodology and with which local entities to engage with. Ideally, IPs should aim to perform stakeholder analysis within the foreseen 3 months frame. The 3MDG FMO will be flexible and support IPs if they need more time and funds with a clear understanding that the analysis will be done. 3MDG propose no ideal approach, but requires stakeholder analyses to be performed with due diligence.</td>
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<td>a substantial number of potential relevant actors and hence the stakeholder analysis may be more time-consuming and complex</td>
<td>IPs concerned with timeframe (3 months inception period), the process to identify needed activities, and buy-in from the central, S/R and Township Health Departments. IPs inquired if activities can be added. IPs raised a number of questions regarding the content of the tool, application of it and undertaking a CTHP. IPs reiterated the request from last month’s meeting that any sensitization meeting or training on the CTHP tool be conducted in the R/S to help facilitate participation of the most relevant IP field staff, RHD and THD individuals.</td>
<td>3MDG encourages IPs to do the best they can and create the CTHP and budget as realistically as possible in the foreseen timeframe. 3MDG will meet with the MoH on Wednesday to identify essential activities including the minimum health services practice at the township level. After Wednesday’s meeting with the MoH, 3MDG will scope and engage with the MoH for the presentation of the tool to the R/S and township health departments. 3MDG encourages IPs to refer to the 3MDG DoA for the package of services for planning specific to the 3MDGF.</td>
<td>IPs will send a list of participants to Myint Thu Lwin: (<a href="mailto:myintthul@unops.org">myintthul@unops.org</a>) for the CTHP training. 3MDG will provide training after Wednesday’s meeting with the MoH. 3MDG will provide the version of the CTHP tool to be used and accompanying manual by the end of next week (13 Sept 2013). 3MDG will organize a Q&amp;A online for CTHP. This will be set up by the end of the September 16th work week.</td>
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### 5. CTHP Excel Tool

- The planning tools are based upon the GAVI-HSS and JI-MNCH planning templates, but altered so that 3MDG can standardize
- 3MDG has presented the tool to the MoH on a number of occasions. It is 3MDG’s understanding that the MoH fully understands and appreciates the CTHP tool and has no issue with the template.
- CTHP data entry will be done with the THD to identify essential activities
- Budget tools can and should be used to calculate unit costs. 3MDG will not provide the unit costs
- Reference of standard costs has been set in the Delta. State/Regional health departments can provide standards costs for GAVI in GAVI-HSS townships. Cost is always a matter of negotiation.
- The CTHP will could be a publically accessible document, but given its complexity it is preferable that discrete elements are made public where these assist aid social and financial accountability eg per diems to be paid or services to be supported under the THD and with 3MDG financial support if an activity has...
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|             | more than one funding, produce a second line with the same activity with a different source of funding (or add more lines as needed for various sources of funds)  
• Pivot tables are automated, and has been created for various users of the CTHP  
• The GAP pivot table summarises the list of activities planned but without any source of funding  
• Costs associated with technical assistance will be included in the IP’s program budget and not in the CTHP | | | |
| 6. Capacity building at State/Regional and Township levels | • IPs identified capacity gaps that will need to be fulfilled at the S/R and township levels  
• IPs described ambiguity in the roles and responsibilities of personnel at the S/R and township levels  
• 3MDG aims to support and build upon existing standards to build planning, management and capacity at the S/R and township levels | IPs sought clarification on the next steps of the ToR.  
3MDG clarified that IPs providing input into ToRs for capacity building at the S/R and township levels would not restrict their agencies for bidding in the future. | 3MDG will seek guidance from IPs and draft the ToR. This piece of work will be a separate call for proposal, and would not be implemented under the current grant. | 3MDG will review the one page summary submitted by the IPs. |
| 7. Plan for next meeting | Tentative for Tuesday, October 8 2013 from 2 – 4:00PM @ UNOPS office. Address: 12 (O), Pyi Thu Lane, 7 Mile, Mayangone Township.  
Suggested agenda items:  
• Discussion on the outcomes of the Regional Standardisation Workshop in the Delta (Sept 3-4, 2013)  
• Discussion on the development of a phase out plan for IPs in Delta townships, including plans for institutional strengthening prior to phase out. | | | |

Prepared by: Wai Yee
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Reviewed by: 3MDG Fund, Chin and Delta IPs