Oversight Visit to Mon and Kayin States

17-22 July 2018

Report

M-HSCC

Myanmar

1. INTRODUCTION

The Myanmar Health Sector Coordinating Committee (M-HSCC) Executive Working Group (ExWG) conducts periodic oversight visits in the regions and states of the country to assess and observe progress, identify challenges and propose recommendations for improved results in the health sector. The ExWG has conducted numerous oversight visits, including in recent years to Shan, Tarintharyi and Chin.

As part of the M-HSCC's oversight mandate and in the context of the support of the Global Fund on AIDS, Tuberculosis and Malaria (GFATM), such a visit was organized on 17-22 July 2018 by the M-HSCC Secretariat to assess status of health services and programme implementation in the States of Mon and Kayin. Over the span of six days, the ExWG visited different health services, including in Paung, Mawlamyine, Thanbyuzayat and Kyaikmayaw in Mon State; and Hpa-an, Kawkareik and Myawaddy in Kayin State.

ExWG representatives from the Ministry of Health and Sports (MoHS), Donors, United Nations, Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs) were divided into two field teams to assess selected health services, identify health system as well as specific issues in HIV/AIDS, Tuberculosis and Malaria (ATM), Maternal and Child Health (MCH), etc. The list of participants of the oversight visit is included in Annex I. Observations and evidence were also made on other health issues where sufficient information was available, such as on Sexual Reproductive Health (SRH), Health Promotion, Human Resources (HR), and otherwise.

This report includes two sections: First, an *Executive Summary* that outlines the key findings and observations made by the ExWG during the visit and summarizes recommendations for action based on these findings; and second are the *Field Visit Notes* that include the background, findings, challenges, and recommendations for each of the sites visited or meetings conducted over the six-days.

It is to be noted that the report focuses more on qualitative and programmatic observations rather than the health system-side, as the latter would require further factual checks on figures, costs and HR. It should also be cautioned that while substantial field notes were prepared during the visit, it would be essential to validate any figures quoted in this report. All additional background documentation collated before or during the visit have been uploaded and are accessible on the M-HSCC website, including tables, graphics and photos of the visit.

SECTION 1: EXECUTIVE SUMMARY

1.1 Methodology

For the purpose of greater coverage of state and township-level health services and programmes during the oversight visit, the ExWG was divided into two teams to cover the seven townships in Mon and Kayin States amounting to a total of over 30 sites visited and meetings conducted. The specific service-delivery points seen during the visit range from: general hospitals, township hospitals, disease-specific centers (e.g. Tuberculosis, Antiretroviral Therapy), rural health centers (RHC), sub-centers (SC), private clinics, and community health workers and volunteers. The agenda of site visits was established based on an itinerary provided by the M-HSCC Secretariat during a planning visit conducted in the weeks preceding the oversight visit in July 2018. The agenda, in general, ensured that a range of urban-rural contexts would be covered, including state-capitals, towns, villages, and more remote or border zones.

Below the findings of the two teams are regrouped: on the one hand, general cross-cutting themes are covered on health services; and, on the other hand, more specific health programmes were assessed, e.g. HIV/AIDS, Tuberculosis (TB), Malaria, and MCH. It is to be noted that the methodology applied during the oversight visit was based on group interviews and discussions, including posing a set of generic questions based on standardized reporting forms established for this purpose and duly filled in by the designated rapporteur for each site. This approach allowed the teams to have an overall assessment of the different service-delivery points and programmatic areas, the progress they have made and the challenges they face.

As such, the method provides a useful in-depth 'snapshot', but is not intended to measure and quantify findings that would enable evidence-based conclusions to be drawn about the status of health care in all of Mon and Kayin States. This is important to note so as to place these observations into perspective and not to generalize on the two States from a sample of services visited.

Lastly, it should be noted that the observations summarized in *Section 1* below do not specify which site or service-provider is being referred to. The purpose of keeping the findings and conclusions generic, at a first level, is that this was not intended to be an evaluation of each health facility visited. Nevertheless, *Section 2* of this document does indicate which service is facing particular challenges to allow MoHS and State Health Departments (SHD) to undertake follow-up actions at the level of townships and/or the specific service or programme.

1.2 General, Cross-Cutting Observations

- In general, public sector health facilities visited at state and township level were operational, well-maintained and managed. However, there was some differences in levels of maintenance and upkeep noted across health services and centers, partly related to infrastructural issues (e.g. age of buildings), need for renovation to be carried out, and availability of resources for this purpose.

- Civil society contribution to health promotion and provision of health care is essential in terms of increasing coverage, quality and impact on the health and well-being of the population. Timely and clear referral mechanisms to public sector health facilities were noted to be in place in many though not all cases. However, systems of

information-sharing, supervision and regular coordination linking the public sector and NGOs should be strengthened at state, township and facility-level.

- Based on the meetings held with the Ethnic Health Organizations (EHOs) in Kayin State, the latter reach and provide much needed health services to 'hard-to-reach', remote and rural communities, including in the border areas and among displaced and mobile populations.

- Despite an improved environment and efforts at 'building bridges' through health in Kayin State over recent years, there is still need for more frequent, structured and optimal level of collaboration between EHOs and public health programmes.

- The most critical concern is enhancing information sharing between the following actors – Implementing partners such as International Non-Governmental Organizations (INGOs) with EHOs and MoHS. Sharing of information should include epidemiological evidence, status of service-provision and emerging health needs at locality, township and state level. This would help identify where the gaps are and where resources need to be mobilized.

- Limited human resources and vacant positions remain a challenge across some health facilities as well as state and township-level teams as well as programme units. There are similar challenges noted in the two states visited, as in other parts of the country: filling critical posts, such as for doctors and nurses; staff turn-over; and, in some cases, staff benefits or conditions, such as housing.

- Supply chain management and procurement of diagnostics, medicines and commodities, as evidenced by availability and reporting on stock-outs in health services, was mostly functional across townships.[1]

HIV

- In the states visited, referral, initiation or follow-up of anti-retroviral therapy (ART) is available in key health facilities.[2] In some townships, a proper referral system is in place for patient follow-up which includes detailed patient histories, treatment provision, other investigation documents, and continuum of care. There is, however, a need to ensure a wider access to ART.

[1] One NGO raised this issue of delayed provision of supplies in the border and EHO areas in Kayin for urgently needed diagnostics or medicines. This seemed to have been a result of limited information sharing and unclear chain of communication.

[2] This is in accordance with the National Strategic Plan on HIV/AIDS (NSP-III) designating both ART and decentralized centers (DC) based on epidemiological evidence, burden of disease and the overall numbers requiring treatment.

- Possibility of HIV testing is available in public health services visited, but it is largely focused on pregnant women and, in some cases, their partners as well[3].

- Outside of the HIV-focused NGOs, there is limited HR and capacities for HIV-related services in the health system to expand primary prevention, testing and counseling. The exception is nurses and mid-wives that are focusing on prevention of mother-to-child transmission (PMTCT).

- There is room and urgency to consider a more active promotion of HIV-related message and services through SC, RHC, township hospitals, and through community health volunteers (CHV) to reach mobile and migrant populations, women and young people.

- Condom distribution and promotion are still conducted in some health facilities visited, but this is not systematic for all health centers.[4]

- The presence of *Key Population Services Centers* (KPSC) run by NGO or community actors offer the possibility of reinforcing HIV prevention services using a peer network approach to reach key and vulnerable populations.

- PMTCT services are available at the township level at rural and sub-centers. This is indicative of the possibility – with investment of additional resources – that substantial progress can be made on the elimination of mother-to-child transmission.

Tuberculosis (TB)

- Active Case Finding (ACF) mobile teams are in place and contact-tracing is being done through home visits. Efforts are being made to conduct case-finding in hard-to-reach and remote areas and closed-institutional settings, such as prisons.

- There is evidence of good coordination with implementation partners (IPs) of the TB programme at township level.

- TB patient registration, referral and reporting is properly documented.

- The public-private mix approach to TB is essential. An example is provided by Population Service International (PSI) support to TB screening, malaria testing, SRH, and treatment through private clinics.

- Challenges includes (a) low presumptive examination rate in some townships; (b) overdiagnosis of childhood TB cases noted in different sites; and (c) under-utilization

[3] The NGOs focus HIV prevention on key and vulnerable populations through outreach and drop-in services which is done in coordination with the National AIDS Program (NAP) through state-level STD/AIDS units.

[4] Where available in Family Planning, condom usage may not be actively promoted in HIV and STI prevention.

of GeneXpert machines and machine errors were observed due to unstable electrical voltage and heavy rains in some sites.

- There is a low TB success rate (in Myawaddy Township) and a high loss-to-follow-up.

Malaria

- The Integrated Community Malaria Volunteers (ICMVs) conduct malaria testing and treatment as well as provide services for family planning and treatment for other common diseases. The possibility of expanding ICMVs to cover other health issues should be further considered.

- Malaria cases in the sites visited are decreasing as reflected in the yearly decline in number of cases in many health centers. There is evidence of progress of the regions visited towards elimination of Malaria. The cases that were reported were mostly imported.

- IPs covering border zones in Kayin State report progress, but also indicate that the target of elimination will take more time. This is related to environmental, mobility and gaps in coverage of services.

Maternal and Reproductive Health (M&RH) and Child Health Development (CHD)

- In some localities, there is an increasing trend in low birth weight rate and under five (U5) malnutrition is an area of concern.

- For progress on M&RH indicators, there are challenges in reaching Ethnic Health Organizations (EHO), migration, conflict zones and other areas covered by Shoklo Malaria Research Unit (SMRU).

- M&RH and immunization activities are going well and strong support and collaboration with local authorities was also noted.

- Nevertheless, there is still some limitations in human resources for M&RH in some health facilities.

Health Information Management

- The *mSupply System* and *Open MRS software at HIV care settings in Mawlamyine State* are not functioning because of legacy data transfer problems in *Open MRS.*

Other

- The leading causes of mortality and morbidity vary across states. There is an increasing trend of Non-Communicable Diseases (NCD) noted in some townships. Also, to be noted, is that Road Traffic Accidents (RTA) are currently a major cause of mortality.

1.3 Conclusions

The oversight visit resulted in specific recommendations for follow-up in the health sector (see below). A relevant overall learning from this visit is the need to reinforce the delivery of integrated and cost-effective health programmes and services at the state, township and community level.

In terms of the oversight visit itself, there was some initial concern with the heavy rains during the monsoon season and the subsequent floods that occurred during the month of July and August 2018. Practically, however, the weather conditions only prevented the oversight visit to reach one of the rural sites in Kayin. Nevertheless, the NGO partner at this specific rural site was able to join the oversight team on the same day in another location. This resulted in all partners being met as planned, without exception.

To the credit of the local health authorities and health care workers, most services visited were prepared for the field visit, made presentations and provided supporting documentation. All understood the importance of the need for greater coordination and guidance from MoHS authorities.

Despite standardized information all health services did provide to the oversight team, it would be useful to consider, for the future, how the capacity of local health care cadre could be strengthened to provide overviews of the needs of the localities they cover. This is in terms of analyzing broader public health issues faced in their coverage areas and suggestions for adapted solutions.

The objectives of the National Health Plan and Universal Health Coverage (UHC) are very relevant for Mon and Kayin States and efforts should be made to achieve their goals. Regarding post-conflict areas and displaced populations, impressive steps have been made by the national and state authorities to reinforce dialogue and cooperation with Ethnic Health Organizations (EHOs). In some cases, specific national health programmes have incorporated EHOs in national planning and targets, but this does not seem to be the case for all national programmes. Communication needs to be strengthened not only with the central authorities, but equally with state and township health authorities.

The effective use of frontline workers and services – community health volunteers, sub-centers and rural health centers – for the implementation of health promotion, primary prevention, provision of commodities, referrals, and other health-related tasks in the community, should be pursued. To this effect, it is essential to determine what are the best models of integrating such capacity and response in the health system. The diverse public and NGO sector experience in support of rural health centers and community health workers/ volunteers reaching the population with effective services is crucial to achieve UHC goals.

1.4 Specific Recommendations

Coordination

- There is a need to establish regular coordination between Government and NGO implementing partners to share updated information and strengthen implementation. This would also help in prioritizing which health problems to address, avoid overlapping of services and pool funds.

- Strengthen coordination and information-sharing between local, state and national level health department for more effective results.

- Adherence and implementation of national guidelines in various programme areas and reporting systems.

- Strengthen coordination between EHOs and Government through more transparent communication, especially on referral to public health facilities and determining needs and coverage in hard-to-reach and remote areas.

- Regardless of source of funding, there is need to follow national guidelines and protocols in treatment and service-provision, and to submit respective reports to local public health authorities in a timely manner.

Planning

- Develop state health operational plans that is in line with the National Health Plan.

- Invite field-level implementers, such as general practitioners, to national, Global Fund and other workplan meetings to reflect and inform on realities of programme implementation at field level.

Management

- Proper financial management capacities are needed in public health sector facilities, as well as also ensuring medical store management capacities.

Human Resources

- Consider ways to fill key positions according to the organizational set up to reduce current gaps in HR.

- Promote career development for Nurses and Auxiliary Midwives.

- The working environment for health care workers (HCWs) should be improved and incentives should be provided.

- Trainings for all HCWs should be up-to-date and developed under the guidance of MoHS.

- Recruit more Auxiliary Midwives and Community Health Workers and provide capacity-building trainings for them.

ICMV

- Build evidence-base on the effectiveness of ICMV and other community health workers and volunteers in health promotion, prevention and referrals other than for Malaria (e.g. TB, HIV, Leprosy, MCH, SRH, and Nutrition).

- Generic but focused integrated health promotion and preventive packages must be available in public health sector, and effectively integrated into the community volunteer mechanisms, rural health centers and sub-centers.

- Identify reasons for high drop-out of community health volunteers and ensure effective management of volunteer health workers.

- National policy to be developed on community health volunteers who are essential for provision of health care and referral.

Infrastructure, Resources

- Allocate more funds for maintaining hospital infrastructures and equipment.

- Regularly monitor medicine stocks and mobilize resources between implementing partners to avoid stock outs.

- Allocated funds should be pooled and flexible (i.e. regardless of which budget/project they come from) for better and need-based implementation.

Health Promotion

- Regularly and more widely raise community awareness on different health issues and available hospital services through diverse campaigns using various channels.

- Ensure updated Information, Education and Communication (IEC) materials for all programmes, diseases and activities are available at rural and sub-center level. Health messages should be in local languages.

HIV

- Pool all the different sources of information on availability of HIV test kits together in the lab stocks to monitor utilization.

- Continue providing SHR services, including STI.

- Reduce drop out among key populations, such as sex workers and other at-risk groups, and improve reach of services through strong peer network approach.

- Follow the HIV Testing Services (HTS) guideline for confirmation test to be done at HIV testing centers.

- Start the Quality Control (QC) on HIV Testing and Counselling (HTC) and to ensure better coordination with NAP and the National Health Laboratory (NHL).

- Meet the HR needs in ART center according to the agreed upon team structure; and ensure presence of sub-stock book for ART.

Tuberculosis

- TB ACF activities should be accelerated, and sputum transportation mechanism must be effective.

- ACF mobile team coverage must be planned based on the case distribution and to cover hard-to-reach EHO areas.

- Ensure effective usage of GeneXpert machines.

- Conduct a refresher training on the diagnosis of childhood TB and to ensure that pediatricians follow the National Pediatric TB diagnosis guidelines. Also encourage pediatricians to offer Isoniazid Preventative Therapy (IPT) to children.

- Strengthen referral linkage, case tracing and tracking.

- Strengthen infection control measure in health facilities.

- Update the manual guideline for TB.

Malaria

- Continue malaria elimination activities.

- Strengthen coordination mechanism between the District Malaria team and the National Malaria Control Program (NMCP). Proper information sharing between NMCP and District Malaria team and need to get feedback from Regional Officers (RO).

- Monitor the emergence of drug resistance and insecticide resistance.

- Reporting to the township level should be done in a timely manner to effectively respond to notified malaria cases.

Maternal and Child Health

- National policy guidelines must be followed for implementing the family planning programme at the community level.

- Consider special strategy for migrant population to have better EPI coverage, Maternal Mortality Rates (MMRs) and Infant Mortality Rates (IMR) reduction.

- Strengthen collaboration between implementing partners and promote MCH and immunization activities to reach national targets.

- To reach all uncovered areas, there is a need for support vehicles and transportation allowances for supervision of immunization activities.

- Specific activities and plans should be developed to provide MCH services for migrant communities.

- Inform the NMCP of the need for reallocation of stocks if INGO are facing any stock outs.

Other Recommendations

- Focus on measures to prevent Non-Communicable Diseases (NCD) to improve health indicators.

- Reinforce rule of law and collaborate with other respective ministries for reducing Road Traffic Accidents (RTA).

SECTION 2: FIELD VISIT NOTES

Day 1 - Tuesday, 17 July 2018

Day 1, Venue 1: MAM Malaria volunteer site, Paung Township

Activity: *Meeting with ICMV and with focal point of Medical Action Myanmar (MAM). Discussion on malaria management, malaria elimination, issues and challenges*

Findings:

- The MAM project supports community health volunteers (paid fixed incentive) to provide integrated services, including malaria testing and treatment, as well as treatment for a range of other common health conditions (colds, diarrhea, minor injuries, skin infections, as well as on family planning). This volunteer was recently trained as an ICMV.
- The community worker seemed motivated and well supported by MAM with regular supervision visits. This volunteer covers a village of 90-100 households (600 people). Nearby, sub-center is 5 minutes' drive and the nearest RHC is 5 miles from the village. The volunteer refers patients to nearby health centers.
- For malaria services, the community worker had the most recent manuals and was recording tests given. She had ACT and Primaquine, but no Chloroquine was found. The volunteer provided ACT and Primaquine to P.v. positive cases as per the instruction from Mon State VBDC.
- The stock of the volunteer seemed well managed and the volunteer had sufficient supplies. No expired kits and drugs were found.
- The volunteer continuously distributed LLINs to people identified with malaria, pregnant women and under 5 years old children.
- IEC materials (pamphlets) were available. The volunteer posted some of the IEC materials (poster) at her home.
- The volunteer was supported by monthly regular visits from MAM to provide support and replenish stocks of drugs. But there was no direct supervision from Basic Health Staff (BHS) and NMCP.
- The volunteer also has family planning commodities. MAM has since 2014 provided 3-months injection Depo (contraceptive) to the volunteer under the family planning program with 3MDG support. The volunteer was found to be providing some services (such as Depo), which are not within the scope of community health worker services as defined by national policy.
- Previously, there was no funding support for referral of cases, but now MAM provides reimbursement of referral cost with 3 MDG funding.
- The volunteer received training 2 times a year with the training lasting for 4-5 days. The last training was in February 2018.
- Data is provided by the volunteer to MAM who have a data team providing reports to the NMCP. MAM also reports to the township level; however, this is not included in township statistics (to avoid double counting). Nonetheless,

Township Medical Officers (TMOs) should be aware of the work of MAM and any malaria cases identified.

- Malaria cases detected were decreasing in the period from 2015 to 2017. In 2017, the volunteer did 111 rapid diagnostic tests (RDT) and one malaria case was detected. In 2016, 145 cases were tested with RDT and 10 positive cases were detected. In 2015, the volunteer tested 294 cases with RDT and 62 malaria cases were detected.
- In addition to malaria services, the community health worker provided 180 other services in 2017 – the most frequent service was for family planning (57), colds (29), diarrhea (28), and worm infestations (37).
- Since 2014, she has helped refer 6 suspected TB patients (4 had TB) and 2 STI patients, as well as one case of severe malaria.
- It was found that the Integrated Community Malaria Volunteer (ICMV) approach is functioning.
- There was no malaria case from January to June 2018.
- Malaria elimination activity is suggested to start at village level if the whole township has similar pattern of malaria case detection (< 1/1000 population).
- The project is well managed although there is an issue of the extent to which township authorities are aware or review data.

Recommendations:

- Supervisory role of BHS for MAM's malaria volunteers should be taken up.
- The State Health Director and Disease Control should supervise the MAM implementation and activities.
- For family planning, the organization must follow the national policy and guidelines.
- At central level, the policy on community health volunteers providing Depo injections must be clarified and agreed upon.
- It must be ensured that data is reported to township authorities as well as NMCP.
- Regular coordination with township authorities should be conducted to share updated information and for strengthening implementation of the activities.

Day 1, Venue 2: Paung Township Health Department

Activity: *Meeting with TMO and other staff of Township Health Department. Discussion on health system and services, issues and challenges*

Findings:

- Hospital compound, medical store/warehouse, laboratory and X-ray room of Paung General Hospital are functional.
- Logistic management information system of hospital and township health department is good. Supply chain for HIV/AIDS, TB and Malaria are vertical systems. The drugs and test kits are kept in different storage place.
- Regarding HIV, the hospital does not have ART center and patients are referred to Mawlamyine General Hospital for ART initiation. HIV testing services (HTS) are provided in Mawlamyine General Hospital. Paung Hospital provides HTS only for pregnant women and their spouses.
- There are limited human resources and capacities for other HIV related activities out of the hospital although it is possible that more can be done in prevention, HTS, counseling, etc. There are condom promotion activities carried out by the respective HIV focal person in Township hospital.
- Township hospital is providing PMTCT services. In 2017, 4,774 pregnant women and spouses were tested for HIV and 6 positive cases were found: 3 out of 6 PMCT positive mothers receive life-long ART from Mawlamyine ART center.
- HIV infection appears to be low, and, as far as programmatic response, referral and actions are mostly out of Mawlamyine. It was found that HIV testing algorithm is posted in the wall.
- TB unit of the hospital is well staffed. Regarding the services, there is also active case finding activities by mobile teams. Initial home visit and contact tracing are conducted by a midwife. The hospital does not provide GeneXpert testing and patients are referred to Mawlamyine TB center for GeneXpert test.
- When the team randomly checked the registration of TB unit, there were suspected TB cases referred from PSI and Myanmar Medical Association (MMA), but did not see those from MAM in the registration.
- Malaria incidence is low in the township and few cases from nearby state. It was found out that the basic system for malaria disease control is mostly well organized from perspectives of documentation, recording, supplying, distributions, storing, monitoring drugs, training, reporting, supervision and monitoring.
- From MCH aspect, Antenatal (AN) care coverage is high in Paung township.
- Regarding the man power of Paung Township Health Department and Hospital, approximately 60% of medical doctor posts and 26% of nurse posts are vacant.
- IMR, U5MR and MMR were decreasing from 2015 to 2017.

Recommendations:

- Continue current achievements.
- The performance of public health section is good and the mission appreciated it.

Day 2 - Wednesday, 18 July 2018

Day 2, Venue 1: Mon State Health Department

Activity: *Meeting with focal persons from Mon State Health Department. Discussion on health system and services, issues and challenges*

Findings:

- 12 implementing partners are currently working on health in Mon State with a limited coordination mechanism. Unified coordination mechanism should be developed for better collaboration and understanding.
- Expanded Programme of Immunization (EPI), crude birth rate and crude death rate are different from Myanmar Demographic Health Survey (MDHS). EPI service coverage is high in Mon State.
- Regarding HIV, there is still room for improvement in the area of ART decentralized sites' functioning. M-Supply System and Open MRS are not functioning because of legacy data transfer to Open MRS.
- Regarding TB, childhood TB contribution is high due to overdiagnosis. Underutilization of GeneXpert machine and more GeneXpert machine errors were seen due to unstable electrical voltage. Laboratory room for TB needs repair due to rain.
- RTA is currently the major problem in the state. No specific issues on malaria.

Recommendations:

- TB ACF activities should be accelerated, and sputum transportation mechanism must be effective.
- Ensure the effective usage of GeneXpert Machine as there are 2 GeneXpert machines.
- Consider special strategy for migrant population for better EPI coverage, MMR and IMR reduction.
- Reinforce rules of law and collaborate with other respective ministries for reducing RTA.
- Develop State Health Plan that is in line with the National Health Plan.

Day 2, Venue 2: Mawlamyine General Hospital (Team 2)

Activity : *Meeting with TMO of Mawlamyine General Hospital. Discussion on current activities in Mon State, health system and services, issues and challenges*

Findings:

- Although it is 500-bedded hospital, insufficient infrastructure and human resources shortage in both clinical and public health field (554 staff out of 882 sanctioned Staff) were noted.
- Hospital maintenance fee is high due to old building and weather conditions.
- Total hospital operation budget is only 2,125 million (MMK) for 2017-2018 including drug procurement and maintenance fee.
- Sanitation, electrical and water supply, infection control and medical waste disposal are good.
- Infection control committee and a Hospital Trust Fund were in place.
- Warehouse storage is well organized with proper documentation and well secured.

Recommendations:

- Meet manpower gaps.
- Promote career development for nurses and midwives.
- Allocate more fund for maintaining hospital building and equipment.

Day 2, Venue 3: Mon State Tuberculosis Center (Team 2)

Activity : *Meeting with focal persons of Mon State Tuberculosis Center. Discussion on current activities, health system and services, issues and challenges*

Findings:

- Manpower shortage was the main concern for State TB team.
- Low Presumptive TB examination rate in some townships was noted.
- Good coordination on TB with implementation partners (i.e. PSI, MCWA, World Vision, MMA and IOM) was recognized.
- Good documentation regarding patients, warehouse and programme activities was found.
- In 2015, State TB team improved in diagnosis because of GeneXpert machine. However, errors were seen due to electrical voltage instability.
- Treatment Success Rate (TSR) among all TB cases in Mon State at 2017 is 86% and the highest TSR (96%) in Kyaikmayaw and lowest TSR in Thaton township (82%) was found.
- High loss to follow up rate in some townships (Thanbyuzayat, Ye, Thaton, Mawlamyine).
- Low TSR in some townships (Thanbyuzayat, Mudon, Thaton, Ye).
- ACF to peri-urban areas and community-based TB care services were started in 2017.
- ACF in prisons was conducted - 1 prison/year.
- Over-diagnosis of childhood TB was explored.
- Need to repair laboratory and GeneXpert rooms due to heavy rains.

Recommendations:

- Promote community awareness about TB to explore more cases.
- Conduct refresher training on the diagnosis of childhood TB and to ensure pediatricians to follow National Paediatric TB diagnosis guideline.
- Encourage pediatricians to offer Isoniazid Preventative Therapy (IPT) to children.
- Mobilize funds to improve the laboratory.
- Have a separate transformer for State TB center, if possible.

Day 2, Venue 4: PSI clinic, Mawlamyine (Team 2)

Activity: *Meeting with focal person from PSI-supported clinic (Mawlamyine). Discussion on current activities, health system and services, issues and challenges*

Findings:

- TB patient registration, referral and reporting is properly documented and currently upgrading to electronic database entry on daily basis.
- In connection with PSI, Malaria RDT testing, reproductive health services and tuberculosis screening and treatment services were offered since 2003. TB Scheme III was started in 2007. Provider Initiated Counseling and Testing (PICT) was offered at 2011 now limited by the PSI.
- Cervical cancer screening service (2015) and NCD services (2017) were also available. The doctor had participated in all trainings.
- Continuous supply of medical commodities from PSI was noted.
- HIV suspected cases were referred to Mon STD team for confirmation and ART.

Recommendations:

- As the doctor can do more screening of TB patients with the aid of SUN Primary Health (SPH) volunteers, it was suggested to get support to continue the work of volunteers.
- To invite field level implementers, such as general practitioners to GF and other workplan meetings, for more realistic contribution of information.

Day 2, Venue 4: Hpa Auk Station Hospital, Mawlamyine (Team 2)

Activity : *Meeting with focal person from Hpa Auk Station Hospital (Mawlamyine). Discussion on current activities, health system and services, issues and challenges*

Findings:

- EPI coverage is high.
- For HIV, counseling and screening services including PMCT is available and 6 positive cases in 2018 were referred to Mon STD team for confirmation of cases.
- No positive cases were found among PMTCT cases in 2018.
- 37 TB cases and 4 MDR-TB cases in 2018 were referred to Mon State TB Team.
- Malaria cases were a decreasing trend and testing was conducted by volunteers.
- No incinerator in hospital and disposal was done by burning and burying waste.
- Sanitation, warehouse, infection control and waste disposable system are satisfactory.
- Only minor operation was done at the hospital. Emergency and major operations were to be done at the Mawlamyine General Hospital.

Recommendations:

- Ensure rodent control system for the warehouse.
- Find reason for high drop out of volunteers and to recruit and to ensure effective usage of Village Health Workers (VHWs).

Day 2, Venue 5: Ka Toe Station Hospital, Mawlamyine (Team-2)

Activity : *Meeting with focal person from Ka Toe Station Hospital (Mawlamyine). Discussion on current activities, health system and services, issues and challenges*

Findings:

- Hospital Trust Fund was organized and managed by locally organized Hospital Administrative Committee to support some medical commodities and equipment.
- Need to have temperature chart in medical store.
- No incinerator and waste disposal system and this done mainly through burying and burning.
- SMO is recently transferred to this hospital.
- No staff housing and the house rental charges is a burden for health staff.
- Low Birth Weight Rate (Hospital) is an increasing trend 1.6 (2015) and 10.4 (2017) together with U5 malnutrition 0% (2015) and 3.2 (2017).

Recommendations:

- Include a temperature chart at the medical store.
- Develop a stock record for daily consumption of drugs.
- Promote MCH and Nutrition activities, such as health education and to find support on nutrition.

Day 2, Venue 6: - MMA clinic ,Mawlamyine

Activity: *Meeting with focal person from MMA clinic (Mawlamyine). Discussion of health system and services, local issues and challenges*

Findings:

- The project is well supported although only older training manuals were available. Patients with symptoms or history are referred to the National Tuberculosis Program (NTP) for testing.
- The clinic also does HIV testing of TB patients using rapid test kits which are provided by the NAP. Although the clinic also sees other STD patients through a project with PSI, there is no HIV testing of STD patients.
- Contact tracing is done by a field assistant/volunteer who visits homes of people identified with TB and refers contacts on to do a chest X-ray.
- The GP has done an initial training in 2006 but could not remember the last time he did refresher training, probably in 2015. Training is conducted by MMA with technical inputs from NTP.
- MMA provides reporting to the NTP and also manages stock control as well as contact tracing. They also help hold regular quarterly coordinating meetings with NTP for General Practioners (GPs).

Conclusion, Recommendations:

- This project is an important way to harness the potential of the private sector for identifying TB patients.
- Training should be kept up to date.
- MMA should explore whether HIV testing for STI patients could be provided, with test kits from the NAP.
- Ensure data is reported in a timely fashion.

Day 2, Venue 7: MSI clinic, Mawlamyine

Activity: *Meeting with focal person from Marie Stops International (MSI) clinic (Mawlamyine). Discussion of health system, services, issues and challenges*

Findings:

- MSI provided treatment and care up to the end of 2017. Starting from 2018, GF implementation modality was changed. So MSI stopped new enrolment in 2018 and maintained the remaining cohort of MSI. There are 92 ART clients in MSI cohort.

Recommendations:

- Continue SHR services, including STI, beyond 2018.
- Introduce long-term contraception such as implants.

Day 2, Venue 8: Kyaikmayaw Township Health Department

Activity: *Meeting with TMO. Discussion of health system and services, issues and challenges*

Findings:

- Regarding EPI statistics, coverage of specific vaccinations in 2017 declined due to increase number of migrants.
- AN care coverage declined probably to the differently assigned workers in the hospital.
- Concerning health management, facing shortage of HR and manpower is a major challenge.
- Morbidity rate of NCDs are an increasing trend.
- For TB, utilization of GenExpert machine is very low with only 5 MDR TB patients enrolled for the treatment.
- Childhood TB proportion is too high in 2017 (260/586 patients were < 15 years of age).
- ART received patients in TB/HIV co-infection with only 8/14 during 2017.

Conclusions:

- The health services management in Kyaikmayaw Township health department is well-organized in terms of data management, storage, services and reporting.
- The major health indicators in the area are mostly favorable, while NCD cases are increasing. On top of that the department is facing shortages in HR, especially doctors and nurses.

Recommendations:

- For improvement of health indicators, it would be better to be focused on measures taken to respond to NCDs.
- In order to deal with the human resource shortage, the working environment for the staff should be improved and provision of some incentives.
- Policy makers should consider the migration factor and quality of health workforce when they refer to statistical data.
- To improve the diagnosis of childhood TB cases which seems over-diagnosed.
- For improving the sputum transportation mechanism from Kyaikmayaw to Mawlamyine, TB center is using GF funding.
- Pool all the different sources of HIV test kits together in the lab stock in order to monitor the different utilization.

Day 2, Venue 9: MAM (Mawlamyine Main Office)

Activity: *Meeting with volunteer of MAM (ICMV) from the volunteer site of Thayet Kone Village, Kyaikmayaw. Discussion of health system and services, local issues and challenges*

Findings:

- Testing rate of RDT reduced from previous years. Experienced only one positive patient in past 2 years.
- Referred 2 TB suspected patients to Kyaikmayaw Hospital in 2017.
- Have good coordination with NMCP but volunteer never experienced supervision visits from MoHS.

Recommendations:

- Improve the reporting mechanism of MAM and avoid the data overlapping.
- Although malaria positive cases are rare during these years, should continue the malaria elimination activities.
- Continue the health information sessions to the public and maintain the effectiveness of volunteers in performing the ICMV activities of Malaria and TB.
- Improve the supervision of volunteers by the Township, State and public health sector.
- MAM reported 10 PV cases in 2018 to Kyaikmayaw Township Malaria team but needs to make sure good coordination in data-sharing to avoid any data overlap.

Day 3 – Thursday, 19 July 2018

Day 3, Venue 1: Thanbyuzayet Township Health Department

Activity: *Meeting with the Township Medical Officer. Discussion on health system and services, issues and challenges*

Findings:

- For TB, coordination is good with other TB partners such as MAM, MMA and IOM at the township level.
- Need more manpower for TB control activities and training on TB control measures is requested by the staff.
- Incinerator is needed for the disposal of TB waste materials.
- Limited human resources in all departments, especially in Radiography department, TB and OPD.
- Limited space for the laboratory.

Conclusion, Recommendations:

- Appreciated the performance of TB control activities with limited human resources.
- TMO/ State Health Director should assign more staff, especially in TB control activities, Laboratory and Radiography.
- Need to provide a bigger building for the laboratory and incinerator.

Day 3, Venue 2: Kawt Yinn (Upper) Sub-Centre, Hpa An Township (Team 2)

Activity: *Meeting with the focal person. Discussion on health system and services, local issues and challenges*

Findings:

- Family planning and Post-Abortion activities were supported by International Rescue Committee (IRC).[5]
- Recently build standardized sub-center which is functioning well.
- Infection control, waste disposal system, water supply and medical store are well organized.
- Record-keeping and reporting is good.
- MCH and immunization activities are going well and strong support and collaborative working with local ward authorities was also noted.

Recommendations:

- Raise community awareness on NCDs as it is an increasing trend.
- Raise awareness on TB and HIV.

[5] IRC is targeting 140,000 reproductive aged women and girls through 40 health facilities in 2 townships. IRC's FP-PAC project is supporting to FP-PAC service providers of 40 MoHS health facilities (32 in Hpa-an and 8 in Hlaing Bwe) for operational and technical needs, there is no IRC staff as health care providers. There are 13 project staffs base in Hpa Ann IRC project office for project implementation.

Day 3, Venue 3: Pyi Gyi Khin-ART Clinic, Hpa An Township

Activity: *Meeting with the focal person. Discussion on health system and services, local issues and challenges*

Findings:

- It is a Key Population Services Center (KPSC) offering HIV prevention services targeting key populations and other vulnerable populations (OVP) through peer network approach.
- STI syndromic management, Opportunistic Infection (OI) management and nutrition support are also available.
- Reports were sent monthly to local NAP and feedback on reporting is through Yangon-NPT level.
- Logistic and supply chain is satisfactory and medical store is well organized and secured.
- High dropout rate among sex workers and forming Self Help Group (SHG) difficult due to legal barrier and mobile working nature.

Recommendations:

- Reduce sex workers and other at-risk populations drop-out in reaching services through strong peer network approach.
- Ensure strong coordination with key stakeholders.
- Have strong advocacy and coordination with key stakeholder.
- Ensure good coordination with government and implementing partners in order to prioritize disease problems and to avoid overlapping of services.
- Strengthen referral linkage, case tracing and tracking.

Day 3, Venue 4: Kayin State Health Department and State TB center (Team-2)

Activity: *Meeting with the focal person. Discussion of health system and services, local issues and challenges*

Findings:

- IPs include: SMRU, CPI, MAM, IRC, ARC (RAI), ARC (DM), SCI, PSI, IOM, Pyi Gyi Khin (PGK), MHAA, MMA, MRCS, MCWA, PUI, World Vision, Malteser International, EMBRACE, ADRA, Phase M (SCI), USAID.
- EHOs – KDHW.
- Challenges were seen as: (a) Significant vacant posts were seen at AD, TMO, AS and TN level; (b) Geographically hard to reach areas and EHO areas are the main challenges to achieve targeted health goals; and (c) Mobile nature of the population and long border areas was also recognized (illegal migration).
- There was overlapping of activities in some areas due to poor advocacy and coordination with MoHS, other IPs and EH.
- Language barriers in disseminating health messages to reaching health services was noted.
- Community Health Clinics are well functioning.
- Regarding Malaria, Malaria Morbidity per 1,000 population is 0.8% and Mortality per 100,000 population is 0%. In 2000-2017, API (cases per 1000 pop is 7, TPR (cases per 100 population tested by RDT and Microscopy is 5.6, ABER (examined case per 100 population per year) is 21. ABER and API shows decreasing tend while TPR shows increasing (4 in 2016 and 5.6 in 2017).
- In Kayin State, Hpa Ann is highest in DHF tend, 1,105 DHF cases and 1 death in 2017.
- Regarding TB, total case detection rate is 95% and Treatment Success Rate is 85%, failure rate is 1% and loss to follow up is 7% in 2017.
- 84% of the cases is adult TB and 16% is childhood TB patients.
- Total TB cases were 3,702 in which bacteriologically confirmed cases is 1,429 and clinically diagnosed cases were 2,273. Diagnosis improved with the availability of GeneXpert machine.
- Community-based TB care project is implementing in all townships except Thandaung.
- Regarding HIV, Total number of patients on ART in 2017 is 1,763 (1,504 by NAP and 259 by INGO/NGO)
- PMTCT is available at township level.

Recommendations:

- Fill in posts according to organizational set up.
- Develop strong and regular coordination and collaboration with EHO to cover hard to reach areas.
- Disseminate health messages in local language.
- Promote MCH and immunization activities to reach target goals (MMR=106/100,000 LB in 2017, Institutional Delivery rate=33.4%, ANC coverage (at least 1 visit=89.5%, contraceptive prevalence rate=45.5%, IMR (per 1000 LB=11.8% in 2017).
- SMRU data for malaria morbidity, cases per 1000 population (11.8) need to check this properly as it is different from NMCP (0.8).
- Promote community awareness on TB and to strengthen infection control measure in health facilities.

Day 3, Venue 5: Kyone Ka Dat Rural Health Centre, Thanbyuzayet Township

Activity: *Meeting with the focal persons from Kyone Ka Dat Rural Health Centre. Discussion on health system and services, issues and challenges*

Findings:

- The percentage of home delivery and institutional delivery rates are not corresponding in 2017 data because the midwives added the hospital delivery in 2017 data.
- There are five malaria volunteers within the Kyone Ka Datt RHC, trained by NMCP. They are useful in finding malaria cases. The RHC have good coordination with other volunteers from IOM and MAM.
- Although the sanctioned AMW and CHW are above 10, only 1-2 person functioning as most of them went to Thailand for socio-economic reasons and the rest are retired due to old age.
- IMR and U5MR higher in 2017, because some of the infant deaths are imported cases from nearby states during rubber plantation season.
- The Health Assistant is new to the RHC (3 months).

Recommendations:

- Need to recruit more AMWs and CHWs and capacity building for them is crucial.
- Need to make the NMCP malaria volunteers and other volunteers from IPs more efficient and useful not only in the malaria but also in other areas.

Day 3, Venue 6: Medical Action Myanmar, Myitta Clinic (NAP-MAM ART satellite clinic), Thanbyuzayet Township

Activity: *Meeting with the focal persons from MAM. Discussion of health system and services, local issues and challenges*

Findings:

- Need coordination with IOM, MMA and Alliance to avoid overlapping of services.
- MAM used to do Hep B and Hep C testing, if Hep C positive, they refer to Mawlamying General Hospital.
- MAM did confirmation testing and HIV testing for pregnant woman up to 2018 June report.
- Community Home-Based Care (CHBC) report should be in line with NAP. MAM is not aware of NAP's CHBC report.

Recommendations:

- To follow the HTS guideline for confirmation test to be done at NAP.
- Overlapping of IPs (IOM, MMA, MAM and Alliance) is noted in Thanbyuzayet. So need to discuss for coverage of activities and avoid overlapping.
- To start the QC on HTC and to ensure better coordination with NAP and NHL.
- If the co-infection with Hep-B/C detected, need to refer to Mawlamyine General Hospital NAP.

Day 3, Venue 7: Hpa-an General Hospital

Activity: *Meeting with the focal persons. Discussion on health system and services, local issues and challenges*

Findings:

- Population coverage is 1,543,856 with one 200 bedded hospital. Three storied building was recently built and functioning.
- HR shortage is the main problem with huge workload.
- Some drug procurements not included in the tender is not practical in using clinical site especially anesthetic drugs such as succinylcholine which did not have FDA approval.
- Most of staff housing needs repair.
- ART was started at 2007 and ART clinic open 2 times/month.
- PPM DOTS was initiated at 2012.
- DHF, GE and Malaria is main cause of admission to Paediatric work.
- NCD are in increasing trend especially DM and HT.
- Head injury and RTA is leading cause of admission to surgical ward and injury is the leading cause of morbidity and mortality in 2017.
- Hospital trust fund is available and functioning.

Recommendations:

- Fill up vacant post according to organizational set up.
- Ensure better achievements on MCH targets in collaborating with other IPs.
- Collaborate with other ministries to reduce RTA.
- Increase awareness campaign on NCDs.
- Promote health education and access to health services.

Day 3, Venue 8: Myanmar Medical Association (MMA), Thanbyuzayet Township

Activity: *Meeting with the focal persons from MMA. Discussion on health system and services, issues and challenges*

Findings:

- The MMA Thanbyuzayet clinic was established in Quarter 3 of 2017.
- For TB, average 80-100 patients were referred to Thanbuyzayet Hospital in 2017 and out of 35 cases of TB suspected patients referred to Thanbyuzayet Hospital up to now in 2018, 40% was confirmed and receiving anti-TB treatment.
- GP used to do CXR and referred to hospital for confirmation tests. However, hospital used sputum microscopy as a main investigation for the confirmation.
- The clinic does not use GenExpert for confirmation of TB.
- TB guideline manual 2016 version is printed and kept in the clinic.
- The clinic is doing HIV screening test, and if found positive, refers to hospital for confirmation.
- For Malaria, MMA started malaria activities since 2015 and the doctor is also a malaria coordinator.
- Total six malaria cases were found up to June 2018 but all are imported cases coming from Kayin State and already informed to MMA. The clinic used an average 30-40 RDT per month but have not shared any data. The clinic does patient registration with computer software.

Recommendations:

- Update the manual guideline for TB.
- Reporting mechanism to township should be in a timely manner especially for the response of notified malaria cases.
- Monitor the stocks regularly to avoid any stock outs of drugs.

Day 4 - Friday, 20 July 2018

Day 4, Venue 1: Meeting with Karen Department of Health and Welfare (KDHW) and Karen Ethnic Health Organizations' Consortium (KEHOC) at their office

Activity 1: *Meeting with the focal persons from KDHW. Discussion on health system and services, issues and challenges*

Activity 2: *Meeting with the focal persons from KDHW - TB team, Malaria team*

Activity 3: *Meeting with focal persons from Community Partners International (CPI). Discussion on health system and services, issues and challenges*

Findings:

- There are five departments under the Karen Ethnic Health Organizations' Consortium (KEHOC): KNU Department of Health and Welfare, KNU-KNLA PC Health Department, DKBA Health Department, BGF (Karen) Health Department, and KPF Health Department.
- Service areas covered by KDHW includes the 7 townships of Kayin State, 6 townships in Mon State, 3 townships in Bago Region, and 5 townships in Tanitharyi Region. The population reached is estimated at around 390,000.
- After the Ceasefire Agreement between Myanmar authorities and Karen National Liberation Army in 2012, a stationary community-based health care system was introduced by the EHOs where each village is to have a health post. This is part of the village Tract Health Center Program (VTHCP). Referral within this Programme includes to Township Hospitals.
- The basic pillars of VTHCP are village health posts that include (i) one Village Health Worker (VHW) who is trained on Malaria, TB, HIV and common easily treated diseases and referral; (ii) Trained Village Birth Attendant; and (iii) community involvement through village health committees.
- Current health programmes of the EHOs include Malaria (2013), TB/HIV (2016), EPI (2016), RMNCH and OPD services.
- Regarding TB**,** the focus is on 35 villages since 2017 in the hardest to reach areas in Hpa-an township and to expand to other areas in 2018; 36 presumptive cases were referred and total 12 cases were diagnosed in 2017.
- Regarding Malaria, 14 townships were covered. In 2017, 48,142 cases were tested and 1,226 positive cases were diagnosed. KDHW will continue to adopt the ICMV approach in all targeted areas in 2018. KDHW will focus on malaria elimination (case investigation) in targeted areas in 2018.
- Among the main challenges for EHOs is to have sustainable funding source as well as to ensure good collaboration and support from MoHS.
- Other challenges include high drop-out rate of ICMVs. There is also the need to strengthen data reporting from the field level and to coordinate with other IPs to avoid service overlap.

- Community Partners International (CPI) covers 4 townships in Kayin State (a total of 271 villages). Services include MCH and nutrition programme under the Swiss Agency for Development and Cooperation (SDC); Malaria and TB under 3MDG and CPI core funds; SRH activities under UNFPA; and Health System Strengthening (HSS) and capacity building under SDC, ACE (USAID) and CPI core fund.

Recommendations:

- National guidelines should be applied in EHO areas and reports submitted to local public health department and health services. EHOs need to reinforce coordination with the public health sector, including through sharing of information. Reporting from EHOs is also important for prioritization of disease burden at the local level.
- It was noted that there is a need to cooperate with the Hpa-an NTP team in conducting mobile visit across townships, and to do case mapping to find sources of infection. Uncovering hidden TB cases in underserved areas was one of the challenges pointed out in 2017.
- There is need to ensure the quality of RDT testing by volunteers.
- Malaria death reports need to be submitted as soon as possible and to follow up for elimination.
- National programmes are willing to give technical guidance when needed to the EHOs.
- Coordination is needed between Government, EHOs and IPs to ensure that the resources available through IPs to respond to needs on the ground and to help avoid stock-outs.
- EHOs were also encouraged to seek funding and strengthen their programmes and systems.

Day 4, Venue 2: Taw Nor Teaching Hospital

Activity: *Meeting with staff of Taw Nor Teaching Hospital and discussion of health system and services, issues and challenges*

Findings:

- Taw Nor Teaching Hospital is a newly built 24-bedded Hospital with the main purpose being to provide primary health care as well as to train health care professionals. Completed in May 2017, the funding for this hospital was for USD 800,000 through Global Neighbors International, Canada.
- The population it intends to serve is estimated at 220,000 from Kawkareik Township, including 32,000 from the nearby villages.
- Partners of this center includes MoHS, Global Neighbors International-Canada, CPI, JHPIEGO, Pact Myanmar, Ipas, IRC, and CBOs.
- Current human resource composition is one doctor, one nurse In-Charge, three medics, two EmOC, five MNCH volunteers, and one medic volunteer.
- Included facilities at the hospital are one delivery-room and one maternity ward, one general ward, one paedriatric ward, one emergency room, two outpatient rooms, and one isolation room. An X-ray room and a Laboratory room were also set up.
- Currently available services include basic medical care IPD (24 hour), OPD (on week days), MCH services, basic emergency obstetric care and basic trauma care. The most offered services in 2017 is OPD care.
- Training programmes at the Taw Nor Teaching Hospital includes Nursing, Midwife, MNCH, Medic, EmOC, Public Health, and other specialized training.

Recommendations:

- The hospital team should develop training guidelines under the guidance of MoHS. For training certificates, the hospital team should coordinate with Human Resources for Health (HRH) department under MoHS.
- The hospital should pursue greater coordination with the local and state level health department.
- To ensure the well-functioning of the hospital, community awareness on the hospital services should be reinforced and look at ways to enhance accessibility of the service given its location.

Day 5 – Saturday, 21 July 2018

Day 5, Venue 1: Myawaddy District Hospital

Activity: *Meeting with the District Medical Officer and Township Medical Officer. Discussions on health system and services, issues and challenges*

Findings:

- There were vacant positions in the hospital requiring to be filled, however generally there was enough staff. Coverage of immunization is high. Improved roads had increased access to health care in the State, but they were requiring vehicles for transport in the form of motorbikes. There was a need for covering transportation fees for patients.
- As challenges, they mentioned working with the Armed Ethnic Organizations (AEOs) as not all were easy to coordinate with. Among the varied challenges they faced, includes the weather conditions and floods in the monsoon and the high cost of rent due to economic activities across the border.
- As far as human resources are concerned in the District, there are 6 medical officers from public health, 7 medical officers from disease control, and 3 station medical officers' positions that are currently vacant.
- For MCH, IMR, MMR and U5MR are an increasing trend at the Myawaddy District Hospital. For EPI, BCG and TT2 coverages are high above 90%, and other vaccine coverages range between 62-77% in 2017.
- Myawaddy District Hospital includes an ART center in line with the national ART strategy. It currently has 800 people living with HIV on ART, including 37 children. The population served is from communities residing in the Mywaddy-Thailand border area. There is coordination on PMTCT with the MCH unit of the hospital. Manned by a small team and including support from PGK for one of the peer counselors, the records were well kept, no stock-out were reported, however there was need to undertake improvements in the storage room, including ventilators. AIDS Health Foundation (AHF) was providing nutritional support to the PLHIV.
- For referral, a comprehensive referral form exists, with patient history, treatment and other investigation documents. Coordination exists on follow-up of patients returning from Thailand. This ART center serves a critical vulnerable population and is essential in cross-referral with Thailand.
- Myawaddy Hospital receives ART drugs though Hpa-an General Hospital and they do not experience stock-out of ART drugs.
- The hospital also provides PMTCT services; 2,000 pregnant mothers got pre-test counselling from January to June 2018, and 1,833 of those underwent HIV testing at the hospital. Among them, 16 pregnant mothers were found HIV positive and 15 were

livebirths. Of the 15, 12 children were tested with Dry Blood Spots (DBS) and 3 were positive.

- Condom distribution from the hospital through community volunteer network is noted as good practice, and nutritional support is provided through NGOs.
- The medicine store lacks an air-conditioning system and there is no pallet in the store.
- Infrastructure set up of Myawaddy hospital was functional, however Su Ka Lei RHC needs full official set up including man power.
- For malaria, cases are going down based on the report of NMCP and IOM. SMRU is not currently reporting to the District level, and there is no reporting from some areas under armed control.
- Challenges are seen in EHO areas, areas with limited health service coverage are experiencing high rates of migration. There is also language barrier and transport is difficult as the motorcycles are not functioning.
- Additional RHC/Sub-centers are needed as coverage of health services remains limited.
- Weak coordination among implementing partners is noted, especially with SMRU. Also, there is no feedbacks from RO and no reports from this INGO received.
- In 2017, 2nd quarter, 745 patients were tested and they found 68 positive patients for malaria (7 were Pf positive and 61 are Pv positive)
- LLINs distributed and good LMIS is in place, however, RDT and drugs stock out occurred in early 2018.

Recommendations:

- To fill HR posts according to ART center and team set up and to have a sub-stock book for ART.
- To reach all the uncovered areas, need to support vehicles for the supervision and to provide transportation charges for immunization activities.
- To achieve a strong coordination mechanism between the District Malaria team and NMCP. Proper information sharing between NMCP and District Malaria team and need to get feedback from RO.
- To inform the NMCP for reallocation of stocks if INGOs are facing any stock outs. Reinforcements of storage room and close to monitoring of the referral system from the NGOs working in the border area.

Day 5, Venue 2: International Organization for Migration (IOM), Myawaddy Township

Activity: *Meeting with the focal persons from IOM Sub-Office. Discussion on health system and services, issues and challenges*

Findings:

- IOM has considerable presence in both Mon and Kayin States with three sub-offices, and management and service-delivery teams in MLM, HPA and MWD, including health professionals and outreach workers.
- IOM is a key actor in the delivery of Malaria, TB and HIV-related services in these two states. It also has a focus on MCH, SRH, Gender-Based Violence and Health System Strengthening (HSS). The organization focuses on migrants, mobility, IDPs and hard-to-reach areas through the support of 3MDG, GF and ADB.
- For Malaria, the ICMV approach started in 2018 and malaria case-based reporting started since June 2017. Errors were fixed in the software developed for this purpose.
- 500 volunteers from SRs and 450 NMCP volunteers were involved in in MCBR.
- For TB, IOM ACF mobile team is functioning in Mon State; 81 mobile sessions were completed in 2017. A total of 36,662 patients were screened by CXR and 224 TB cases were detected in 2017. A Gene Expert machine was installed in April 2018.
- The TB program includes social mobilization, referral, community monitoring of DOTS and other support in four townships in the two States.
- Follow-up is being undertaken of 1,673 on ART treatment. The NGO currently provides ART and follow-up services including OI, CD4 and VL as well as home-based care.
- For HIV, IOM implements community-based combination prevention approaches and health promotion, including through community outreach, HIV testing, ART, STI, HIV/TB collaborative activities, CD4 and VL testing, continuum of care, and referral to public health services.
- All TB patients are provided HTC and all PLHIV are screened for TB.

Recommendations:

- Preventive packages must be integrated into the network of community volunteers or community workers.
- Regular coordination with all IPs, the national programmes and state teams to avoid overlapping of activities in Mon and Kayin.
- For TB, ACF mobile team coverage must be planned based on the case distribution and to cover the hard- to-reach EHO areas.
- For HIV, maintain support to the ART cohort 1,673 till 2020.

Day 5, Venue 3: SHOKLO Malaria Research Unit (SMRU), Malaria Elimination Task Force Shwe Ko Ko, Myawaddy Township

Activity 1: *Meeting with focal persons from SHOKLO Malaria Research Unit (SMRU). Discussion on health system and services, issues and challenges*

Findings:

- SMRU works on Malaria and TB/HIV in the border area on, both, the Myanmar and Thai side of the border. The NGO focuses particularly on marginalized and underserved populations with limited resources, the free trade zone area, migrant and mobile population as well as IDPs in the border area of Kayin State.
- In the cases of the three diseases, the approach is that "there are no real borders" on health issues. There is a focus the high number of TB cases in these areas.
- SMRU partners with the EHOs, other NGOs and government services in its work.
- SMRU covers 4 townships out of 7 townships in Kayin State. Almost 100% in Hpa-pun and 80% in Hlaingbwe, Kawkareik and Myawaddy.
- The population covered is estimated about 380,000. There is a total of 1,226 malaria posts: 42% of them are in Hpa-pun and 7,842 malaria cases were detected up to June 2018 (1,875 were pf, and the rest were pv)
- There was a stock-out of malaria drugs and RDT diagnostics.
- The main challenges are reporting: SMRU shared the reports to central level and was not reporting to the State and District-level health departments. But SMRU has now agreed to share with the state-level on quarterly basis and to the district-level on monthly basis.
- The organization has an operational research competence and can undertake evaluations of their programmes based on baseline and follow-up evaluation. The NGO notes progress towards elimination of malaria, but it cautions that some localities face a much slower progress towards elimination and potential for outbreaks exist. Also shortages or delays were noted in the supply of medicines from the MoHS to areas controlled by the EHOs.

Recommendations:

- To closely monitor the emergence of drug resistance and insecticide resistance together with NMCP.
- To continue to improve the communication and sharing of information between the NGO as an implementing partner and the health sector.
- SMRU needs to follow and align to national guidelines on surveillance.
- There is a need to prevent any stock-outs and inform to NMCP as necessary for reallocation of supplies.
- There is need for operational research or assessment to consider and prove the effectiveness of ICMV in providing prevention and referrals for other diseases, apart from malaria.

Activity 2: *Meeting with the focal persons from the SHOKLO Malaria Research Unit (SMRU). Discussions on health system and services, local issues and challenges*

Findings:

- Focusing on Malaria, TB, TB/HIV collaborative activity, the NGO undertakes cross-border referral from EHO areas to the hospital in MWD. The organization is working since three decades in Thailand, but has, in recent years, implementing in Myanmar with malaria posts and TB activities with the National Programs.
- Collaboration has developed between NTP and SMRU since 2015 on implementation of GF funding. The NGO also receives funding from GF Thailand and from a regional GF grant. This coordination with the national programmes has been extended recently to HIV, as TB patients living with HIV are now referred to ART in MWD.
- HIV positivity among TB patients in 2017 was 21% and are referred to NAP/SHD ART center, of whom 97% have been started on ART in MWD.
- ICMV found 10 new TB patients and 2 new leprosy patients from Jan to June 2018.

Recommendations:

- To build strong information-sharing, coordination and communication between NMCP, NTP, NAP and implementing partners in EHO.
- To improve the referral systems and information-sharing to the district, states and national level is crucial to improve access to treatment and to reduce morbidity and mortality.
- To prove the effectiveness of ICMV in prevention and referral for other diseases (e.g.: TB, Leprosy, HIV, MCH, SRH and Nutrition) apart from Malaria. It is also essential to ensure effective ICMV usage.

Day 6 – Sunday, 22 July 2018

Day 6, Venue 1: Wae Kayin Sub-Center

Activity: *Meeting with midwife of Wae Kayin Sub-Center and HA of Tharyargone RHC as well as other staff of Wae Kayin Sub-Center. Discussions on health system and services, issues and challenges*

Background, Findings:

- Wae Kayin Sub-Center is situated on the Hpa-an – Kawkareik main road. The Wae Kayin sub-center is a newly built standard structure. Led by a midwife, the infrastructure of the sub-center is satisfactory and in a clean setting. The electricity supply for the sub-center is generated from solar power.
- The sub-center covers approximately 3,100 population in eight villages. It is one of the five sub-centers of Tharyargone RHC. The sub-center refers patients to Eaindu Hospital.
- During the visit to the sub-center, the team was able to observe MCH services being provided at the center: there was a case of delivery with an attendant in the labor room.
- In terms of man power, the sub-center is fully staffed and there are no vacant posts. There is one midwife, one PHS (II), three AMWs and one community health worker operating at and from the sub-center.
- IEC materials for EPI, DHF, ANC, birth registration, Nutrition and Leprosy, are well displayed at the sub-center; The patients, clients and the attendants can easily access the information from the posted IEC materials.
- In term of the training, the midwife and other staff of the sub-center had received the Basic Emergency Obstetric Care training, BHS training, training on Nutrition, TB, Malaria and PMTCT, newborn care, and Infant and Young Child Feeding, accordingly.
- There is no hard to reach area under the Wae Kayin Sub-Center. The sub center is not involved in the 'Community Based Newborn Care' project. The center is providing counseling and family planning services: Depo injection, OC pill, condoms, emergency pills are available at the center. Sayana Press contraceptive injection is also available and the AMW is delivering this service to the community. The sub-center provides some baseline investigations, and that is blood pressure check, urine for protein/sugar, screening of high risk pregnancy, HIV testing and Hemoglobin testing. Testing of blood sugar level with glucometer is also available and performed to the suspected Diabetes Mellitus cases. But the glucometer is sometimes out of order.
- Migration is common and one of the barriers in accessing MCH services in the area.
- There is adequate workforce for immunization. Together, with PHS II and AMW, the midwife is providing immunization services to the community. There is no stock out and problems for vaccine and immunization related medical commodities such as cold box and vaccine container. Previously, there was no financial support to conduct

immunization activities, but starting from January 2017, there was certain amounts of financial support provided for immunization activities.

- According to the data at the sub-center, condom usage is probably very low in the area covered as only 15 persons accessed condoms from the center in a one-year period.
- The allocation of the budget and fund to the sub-center is complicated and the staff were facing difficulty to manage and use the funds.

Additional Observations:

- According to the profile of the sub-center, there were an increase in home-delivery and these deliveries were by health staff and AMW. Immunization coverage is over 90% for all immunization. Currently, the midwife is providing health care services for 96 pregnant women and 89 under one-year children.
- According to the data, there was zero maternal death at the sub-center and U5MR is also declining from 2014 to 2017.
- For PMTCT coverage, all the new AN cases underwent blood examinations; 110 pregnant women in 2017, and 96 pregnant women in 2016 were tested for HIV and no positive cases were found.
- Family planning usage is high at the sub-center; 284 injections, 157 OC pills, 13 IUD and 15 condoms used in 2017.
- Diarrhea is the leading cause of morbidity, followed by TB and Dysentery.

Conclusion, Recommendations:

- The sub-center is functional with capable and well supported staff.
- IEC materials for all programmes, diverse disease focus and activities should be made available at the sub-center level.
- Greater facility delivery may need to be promoted and supported.
- The allocated funds to the center should be pooled and flexible (no matter which budget/project they may come from) for better and need-based implementation.
- Specific activities and plans, including MCH services, should be developed to serve migrant communities.

Acronyms

ACF	Active Case Finding
ACT	Artemisinin-based Combined Therapy
AD	Assistant Director
ADB	Asian Development Bank
AHF	AIDS Health Foundation
AMW	Auxiliary Midwives
AN	Antenatal
ART	Anti-retroviral Therapy
ATM	AIDS, Tuberculosis and Malaria
BCG	Bacillus Calmette–Guérin
BHS	Basic Health Staff
CBO	Community-Based Organization
CHD	Child Health Development
CHV	Community Health Volunteer
CHW	Community Health Worker
CPI	Community Partners International
DC	Decentralized Center
DFID	Department for International Development
DHS	Demographic Health Survey
DOTS	Directly Observed Treatment, Short course
DUNS	Data Universal Numbering System
EAO	Ethnic Armed Organization
EHO	Ethnic Health Organization
EmOC	Emergency Obstetric Care
EMTCT	Elimination of Mother-to-Child Transmission
ExWG	Executive Working Group
FDA	Food and Drug Administration
FSW	Female Sex Worker
GF	Global Fund
GFATM	Global Fund on AIDS, Tuberculosis and Malaria

GH	General Hospital
GP	General Practitioner
HA	Health Assistant
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HSS	Health System Strengthening
HTC	HIV Testing and Counseling
HTS	HIV Testing Service
ICMV	Integrated Community Malaria Volunteer
IDP	Internally Displaced Populations
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
INGO	International Non-Governmental Organization
IOM	International Organization of Migration
IP	Implementing Partner
IPD	In-Patient Department
IPT	Isoniazid Preventative Therapy
IRC	International Rescue Committee
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JICA	Japan International Cooperation Agency
KDHW	Karen Department of Health and Welfare
KEHOC	Karen Ethnic Health Organizations Consortium
KNU	Karen National Union
KP	Key Population
KPSC	Key Population Service Center
LHW	Lady Health Worker
LLIN	Long Lasting Insecticidal Nets
MAM	Medical Action Myanmar
M&RH	Maternal and Reproductive Health
MCWA	Maternal Child Welfare Association

MDHS	Myanmar Demographic Health Survey
MICS	Multi-Indicator Cluster Survey
M-HSCC	Myanmar Health Sector Coordinating Committee
MMA	Myanmar Medical Association
MMR	Maternal Mortality Rate
MOHS	Ministry of Health and Sports
MRS	Medical record system
MSI	Marie Stopes International
MSM	Men who have Sex with Men
mSupply	Software for supply chain management
MW	Midwives
MWD	Myawaddy
NAP	National AIDS Programme
NHL	National Health Laboratory
NHP	National Health Plan
NCA	Nation-wide Ceasefire Agreement
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
NPT	Nay Pyi Taw
NSP	National Strategic Plan
NTP	National Tuberculosis Program
OPD	Out-Patient Department
OpenMRS	Software for medical record system
OG	Obstetrics and Gynecology
OI	Opportunistic Infections
OVP	Other Vulnerable Populations
Pf	Plasmodium falciparum
Pv	Plasmodium vivax
PGK	Pyi Gyi Khin
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission

PITC	Provider Initiated Testing and Counselling
PSI	Population Services International
QC	Quality Control
RDT	Rapid Diagnostic Test
RHC	Rural Health Centre
RMNCH	Reproductive, Maternal and Neonatal Child Health
RO	Regional Officer
RTA	Road and Traffic Accidents
SC	Sub-center
SDC	Swiss Agency for Development and Cooperation
SHD	State Health Department
SHG	Self Help Group
SMRU	Shoklo Malaria Research Unit
SPU	SUN Primary Health
SR	Sub-Recipient
SRH	Sexual Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
3MDG	Three Millennium Development Goal
TMO	Township Medical Officer
TSR	Treatment Success Rate
TTI	Tetanus Toxoid Immunization
U5	Under five
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
VBDC	Vector Borne Disease Control
VHW	Village Health Worker

VL	Viral Load
WHO	World Health Organization

Myanmar Heath Sector Coordinating Committee Participant List for Oversight Visit to Mon and Kayin States (From 17 July 2018 to 22 July 2018)			
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5	Mr. Billy Stewart	Senior Health Adviser	DFID
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8	Dr. K Zar Yu	Communication Officer	M-HSCC Secretariat

Myanmar Heath Sector Coordinating Committee Participant List for Oversight Visit to Mon and Kayin States (From 17 July 2018 to 22 July 2018)			
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6	Ms. Karen Cavanaugh	Director Office of Public Health	USAID
7	Dr. Sid Naing	Country Director	Marie Stopes International (MSI)
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