M-HSCC ExWG Oversight Visit
Kalaw, Aung Ban and Pindaya
23-25 February 2015

Mission Report

Introduction

As part of the M-HSCC Executive Working Group's oversight mandate, a trip was organised from 23-25 February 2015 for M-HSCC Executive Working Group members to visit a number of activities under Public Health programmes in Kalaw, Aung Ban and Pindaya, Shan State.

The 2½ days visit included a varied mix of public health programmes including vaccination, maternal and child health, HIV, TB and malaria activities. The programme is available in Annex 1.

Three government officials from MoH in Nay Pyi Taw, the Taunggyi District Medical officer, one representative from International NGOs, one representative from national NGOs, one representative from the bilateral constituency and one representative from the multilateral constituency participated together with staff from the organizing M-HSCC secretariat. For a full list of participants please refer to Annex 1.

Brief Summary

In general the sites visited were in good condition and staff members were very well prepared and open to questions. Relatively few issues were identified around availability and provision of commodities and stock-outs, which appeared well organised. Engagement of communities in both NGOs and select government sites seemed solid. Overall, the Pindaya Township Hospital was

particularly noteworthy, being well managed and well equipped. However, it should be noted that apart from at the PGK site and during the visit to a vaccination site, there was limited unfiltered access for the ExWG members to members of the communities. Overall the main issues detected were: a notable number of unfilled posts in government services; difficult logistics primarily in terms of lack and prohibiting costs of transportation for clients and patients; health sector silos with insufficient coordination between the different health programmes; and collaboration with the medical service of the army including at the very large local military hospital located close to Aung Ban and Kalaw not developed and used to its fullest capacity. Below is a description of the sites and the main finding in a chronological order.

Monday, 23 February 2015, Kalaw

General Hospital Kalaw (100 bedded) – Programmes on HIV, TB, Reproductive, Maternal and Child Health

Focal Point: Dr Khin Moh Moh, Township Medical Officer, Kalaw

The General Hospital covers a population of around 162,000 people with more than 2/3 living in rural areas. It is affiliated with 2 Station Hospital (16 bedded), 2 MCH clinics, 4 rural health centres and 26 sub-health centres.

The National AIDS Programme provides PMTCT activities in Kalaw General Hospital. In 2014, nearly 3500 pregnant women attended ANC services and were screened for HIV. Seven tested positive. While 4 received ARVs during pregnancy, two HIV positive women were recorded as having given birth. The HIV programme have patient referred to them from the local military hospital, but drop-out rates are significant as the military staff either move on or are discharged from military service. The current ART support to PLHIV is provided by NAP in cooperation with Union-HIV. The Union has staff and facilities integrated into the General Hospital and are providing crucial HIV and TB services.

The number of patients on ART is 170 with 5 being on 2nd line treatment. Of the 170 on ARV treatment 18 are children. The gender distribution for adults is 76 patients each while it is 6 boys and 12 girls for children on ARVs.

The TB centre in Kalaw is a NTP, TB/HIV collaborative site which is supported by The Union. Activities initiated include a) intensified case finding by HIV testing among TB patients after counselling, and vice versa, b) Isoniazid Preventive Therapy and infection control, c) Co-trimoxazole Preventive Therapy promoted in accordance with International Standards for Tuberculosis Care (ISTC). There are a small number of MDR-TB patients who are on treatment with regular supervision with assigned DOT plus-providers. Township TB/HIV committee meetings are held regularly in Kalaw in order to increase and facilitate collaboration across the programmes as well as with partners.

TB Indicators at the end of 2014:

Bacteriologically confirmed TB cases	98
Total TB cases (including clinically diagnose)	232
No. of TB patients tested for HIV	223
No. of HIV+ TB patients	36
No. of HIV+ TB patients start CPT and ongoing CPT	36
No. of HIV+TB patients start ART and ongoing ART	22
Case Notification Rate (Bacteriologically confirmed)	61/100,000
Case Notification Rate (All TB cases)	146/100,000
Treatment Success Rate	78%

The Union's activities through IHC-HIV Out-Patient Departments (OPDs) at Kalaw General Hospital include:

- Coordination with National Programmes
- Provision of ART for both adults and children,
- Prevention of mother to child transmission of HIV
- Diagnosis, treatment, and prevention of opportunistic infections
- Laboratory Investigation Support
- PLHIV network and Self Help Group (SHG) activities

The Union commenced 3 MDG funded community based TB Active Case Finding project in Kalaw in July 2014. The project is to cover 50,000 people in Kalaw Township. About 20 villages 15 to 50 miles away from Kalaw Town are covered by 7 Union Community Health Workers (CHW). The CHWs are responsible for HE, DOTS, TB contact tracing and referral of TB suspects to government hospitals for diagnostic investigation. CHWs join and assist the NTP mobile team. Bi-monthly to monthly community health education sessions are conducted in the villages they cover. Two sputum collection centres are located 1 ½ hour and 3 hour's drive respectively from Kalaw. The Union plans to expand with an additional two sputum collection centres in near future.

The National TB and HIV Programme as well as the Union are sub-recipients of Global Fund grants (UNOPS PR) while Union also receives funding form the 3MDG Fund.

Main Findings:

- While the Kalaw Hospital facilities are well kept, the buildings are 90 years old and new buildings are being constructed.
- According to the senior staff, lack of qualified staff is a significant problem as numerous positions are vacant.
- With the exception of ARVs, only one supply chain is used for the national programmes. Supplies are channeled from Ministry of Health central levels to Taunggyi and onwards to Kalaw. ARVs are sent directly from central level to Kalaw. Union has a separate supply chain managed out of Mandalay.
- The General Hospital has detailed data on health generated from public health service outlets. However, in general there seems to be a need for further data collection as well as for strengthening the quality of the data from non-public health services. Data from military health services, civil society and private sectors are not well integrated into the public health data system.
- The General Hospital experience that many rural patients have problems with access to public transportation and high costs of transportation.
- Despite some referrals and minor collaboration, there are few formal coordination and referral mechanisms between the public health sector and the military health structure including the large local military hospital.
- While coordination is on-going within disease specific programmes and sectors (e.g TB and HIV), coordination mechanism for coordination of civil society, private sector, military and public health facilities across various health areas including but not limited to the three diseases is needed. A replication of the M-HSCC and (some of) the TSGs at district and/or township level might be useful.
- The PLHIV Network suffers from insufficient number of volunteers as well as low capacity.
- It was noted that there at the time of the visit was no functioning thermometer in the medication storage facility and hence no accurate record was kept of the daily temperature.

SUN Clinic (PSI franchise)

Focal Point: Dr. Shwe Khaing, physician and SUN Clinic owner

The clinic is located centrally in Aung Ban and is owned and run by Dr. Daw Shwe Khaing. It is open from 7 am to 6 pm daily. The clinic joined the Sun Clinic programme in March 2003, and as a result now offer quality services on STIs, RH, Malaria, TB, Pneumonia, Diarrhea, and safe water – IUD is soon to be offered.

PSI provides primary health services in 210 townships through its Sun Quality Health franchise network. The goal is to provide high-quality health services and products to low-income communities by leveraging the country's existing private sector general practitioners.

The network is comprised of more than 1,500 private medical doctors that PSI/Myanmar trains and monitors on reproductive health services including newborn and pediatric care, family planning, post-abortion care, as well as treatment for malaria, tuberculosis, pneumonia, diarrhea, HIV and sexually transmitted infections. Funding has been provided by the 3MDG Fund, The Danish International Development Agency (DANIDA), The Global Fund, UNFPA, USAID, Bill & Melinda Gates Foundation.

PSI monitors SUN Clinics monthly to address challenges, collect data, and restock products. Sun doctors are supplied with subsidized health products and education materials for clients. Quality assurance and monitoring methods include site visits, internal clinical audits, mystery client surveys, client follow-up interviews, and provider surveys.

SUN franchise members provide about 13 percent of the national total of family planning services and treat 16 percent of the national total registered tuberculosis cases.

Main Findings

- Dr. Shwe Khaing has had a rise in clients since her clinic became part of the SUN Clinic Franchise.
- A particular increase has been seen in demand for Family Planning as this can be provided at low costs (provided with subsidies).
- The most popular family planning method is injections. Norplant is still not being offered, but might be part of the family planning choices in the future.
- Despite the relatively high number of sex workers in Aung Ban, Dr. Shwe Khaing is not seeing many STIs. According to her most male patients prefer male doctors.

Tuesday, 24 February 2015, Aung Ban

Pyi Gyi Khin (PGK) Aung Ban - HIV prevention and Care support program

Focal Point: Daw Aye Aye Latt, Field Manager, PGK office

Pyi Gyi Khin has been a registered NGO since 1997 and is working closely with NAP in responding to HIV as per the National Strategic Plan (2006 – 2010) and (2011-2015). With funding support from the Global Fund, PGK is implementing the project “Enhancing the quality of life of PLHA through ART provision, psychosocial support, home base care and increase the access to prevention services among MSM/SW”. These areas are continuation of work originally initiated by the 3DF Phase I, which included provision of prevention, care and treatment services. The office in Aung Ban is located in a residential area in a large villa. Activities in Aung Ban focus on HIV prevention including education

and condom distribution, care and support, HIV Counseling & Testing, as well as ART programme and Self Help Group activities. The main target groups are MSM and sex workers. Of the 202 PLHIV receiving ART treatment in Aung Ban area, 76 receive their medication and support from PGK

As part of the care and support activities the following services are provided:

- Pre ART care
- ART service
- Medical Supports (OI Treatment & Prophylaxis)
- Home Based Care
- Emergency supports (hospitalization)
- Lab support
- Referrals (to TB- services, hospital, partners)
- Adherence counseling & psycho-social support
- Nutrition support (rice distribution)

Three self-help-groups are supported: the Sex Worker self-help-group “Sky”; the MSM group “Angels“ and the PLHIV self-help-group “Shining Star”.

Main findings

- It is difficult to follow up on behavior change activities because most sex workers in Aung Ban are mobile. There is in general a frequent change in sex workers who are often moved or choose to move themselves around every 3 months.
- It is difficult to provide confidential HIV counselling and testing service to sex workers in brothels, KTV, and massage parlors as establishments owners are very reluctant to let sex workers leave the establishment to go to the clinic or counseling facilities which otherwise could ensure confidentiality of the services. However, it should be noted that many owners allow HIV activities in their premises as long as it does not interfere with their business.
- There is a need for strengthened training of volunteers providing support to HIV counselling and testing and advance training of senior counselors.
- When trained counselors apply for and get ART- promoters positions PGK have to recruit and train new volunteers, which is taxing on resources.

Pindaya Township including Kyone Sub-RHC, Pway Hla Station Health Unit and Pindaya Township Hospital
Focal Point: Dr Than Min Htut, Township Medical Officer

The Kyone Sub-RHC implements a number of malaria activities as part of the NMCP including routine diagnosis and treatment. While Pindaya Township (total confirmed cases in 2014: 155) has low malaria morbidity compared to other townships in Southern Shan State, malaria is a sufficiently serious health threat to warrant the distribution of LLINs in the Kyone village area. This health facility covers around 5,400 people living in 12 villages in the area. There are approximately 10 deliveries per month. Around 45% are home deliveries. There is currently one mid-wife and one assistant employed. According to the responsible staff, the Sub-RHC would benefit from additional staff support with a primary focus on an additional midwife.

Pway Hla Station Health Unit is a 16 bedded facility with one doctor, one senior nurse, two trainees, a pharmacist and a radiologist. The unit had at the time of the visit 24 patients admitted. The facility is able to do smaller operations and have x-ray facilities. They provide emergency obstetric care. In 2014 they had 218 deliveries. Around 10 cesareans are performed per month. According to the staff, a local CBO provide micro credits to pregnant women and since women are able to get twice as big a

loan if they undergo a cesarean, cesareans have become popular with the local women. Most abortions occurring in the area are due to hard work – few are induced voluntarily. Injectables are the most popular family planning method.

Common diseases treated are chest infections, skin infections, diarrhea and dysentery. The most common health problems for the older generations are hypertension and stroke. The younger generations' health problems are mainly related to gastritis, urinary tract infections and alcoholism. There is also a high incidence of traffic accidents. There are only 3 PLHIV in Pway Hla that are on ARVs.

The Pindaya Township hospital is in very good shape, well equipped and relatively well staffed. The hospital has seen a significant improvement in facilities, quality of care and number of patients since 2011. It was previously a 25 bedded hospital but is now a 90 bedded hospital. In addition to the Township Medical Officer, there are two assistant doctors. Medication and other medical supplies are provided from the state level. However, the quota received is only that of a 50 bedded hospital, which means that there are occasional stock-outs and cases where patients have to buy medicine elsewhere. In 2014 there were 27,053 out-patients and 4,640 in-patients. There were 970 deliveries and 90 abortions. There were a total of 70 deaths.

However, there is a need for additional resources as the better service has meant that more patients including patients from outside the Township are coming to the hospital for treatment. According to the TMO, Dr Dr Than Min Htut the hospital ought to be upgraded and it is in need of more doctors and nurses to deal with the increased work load. Two more doctors are apparently planned to be assigned to Pindaya Township, but no dates have been fixed yet.

The work at the hospital includes traveling to surrounding villages to provides health services including health information, education and curative services as well as to support health volunteers including a total of 89 auxiliary nurses. 89 young women have been trained as auxiliary nurses at a rate of approximately 27 per year. They are trained in first aid, basic TB case finding (bringing suspected cases to diagnosis facilities), and basic midwifery. They have mobile phones that enable them to contact the Township medical facilities by phone to ask for assistance or advice and in serious cases ask for assistance for evacuation of patients to health facilities including pregnant women with complications. The auxiliary nurses receive no salary and are only equipped with a mid-wife kit and some basic medication.

Transportation of patients is a challenge in Pindaya Township. However, a community organisation is providing opportunities for transportation of severe cases by car from the rural areas to the nearby health facilities including the Township Hospital. The CBO has been set-up by the TMP in collaboration with non-health staff. Part of the funds are apparently generated from the writing and public speaking activities of the TMO.

The hospital collaborates with a chief consultant at the 700 bedded military hospital located close to Kalaw in order to get assistance once a week in performing and interpreting ultrasounds scans.

Some of the health education sessions given by the doctors in the area include more long term and sustainability issues such as access to clean water, sanitation and deforestation. The important links to public health are crucial for long term and sustainable solutions in the local area.

As doctors in public health facilities are stationed on a rotation basis, there are concerns locally for the sustainability of the many improvements introduced in the last couple of years by the TMO.

Main Findings

- While the Pindaya Township hospital is in good shape, well equipped and relatively well staffed, it can still benefit from additional qualified staff.
- The station hospital, RHCs and sub-centres in Pindaya Township are also in need of additional staff not least mid-wives.
- The TMO, Dr Dr Than Min Htut has an extraordinary track record in integrated services. Curative services are combined with outreach, health education and links to supply of clean water.
- The TMO has been innovative and resourceful in mobilizing funds for the health sector, which has been crucial in improving facilities and quality of care.
- Access to clean water and sanitation is limited in the area and well digging is complicated by the mountainous area and the depth in which one finds clean water. However, the efforts to address sustainable solutions to long term public health problems by providing education on tree planting, deforestation, sanitation, and access to clean water is recommendable.
- 89 auxiliary nurses appear to be doing important work but receive no salary or incentives and are only equipped with a mid-wife kit and some basic medication. Finding ways to providing a small salary or stipend would be commendable.
- The integration and collaboration with communities are one of the keys to the success of the TMO and the Pindaya Township Hospital.
- Pindaya Township Hospital is a good example of useful collaboration with military health facilities.

Wednesday, 25 February 2015

Myin Ma Hti Village, La Mine Sub-RHC, Nan Tine RHC, Kalaw Township

Focal Point: Dr Khin Moh Moh, Township Medical Officer, Kalaw

The village was one of the many sites of the National Measles Rubella (MR) Vaccination Campaign – 2015, which links to the higher level commitment at both regional and global level. Tremendous progress has been made globally to reduce the contribution of measles to childhood deaths and measles cases have decreased dramatically. As a result the Global Vaccine Action Plan, endorsed by the World Health Assembly, has targeted measles elimination in at least five of the six World Health Organization Regions by 2020.

This is an ambitious goal, since measles control requires the highest immunization coverage of any vaccine preventable disease, which means that the health system must be able to reach every community. Persons with measles can transmit infection to children who are too young to be vaccinated yet are still susceptible. Because of its high level of contagiousness, measles is the indicator disease for weaknesses of an immunization program.

In order to meet the goal of Measles Elimination and Rubella Control, Myanmar conducted successfully a National MR Vaccination campaign in January and February 2015. The target was to vaccinate around 17.4 million children in the age group of 9 months to 15 years.

Four weeks prior to the immunization campaign, house to house visits were made by teams composed of ward and village administrators, volunteers and basic health workers, and members of social organizations. recorded the children eligible for immunization and entered their names into a

grand master list. All household with eligible children received a convocation to go to the vaccination site at a given time and date.

The campaign was supported among others by WHO, UNICEF, GAVI and a broad range of government institutions.

Main Findings

- The vaccination site at Myin Ma Hti Village was very well managed. Children and parents were lined up and various areas where correctly designated to help manage the flow of children to be vaccinated.
- Records seemed well kept and the location was sufficiently staffed. The staff and volunteers interviewed had received prior MR campaign training.
- The cold chain and storage of the vaccine was kept according to guidelines and syringes and needles were disposed of correctly.
- The vaccinated children were marked on the left little finger and monitored for adverse reactions for 30 minutes.

Annex 1

Participants

	Name	Organization, Title
1.	Dr Htun Nyunt Oo	MoH, Assistant Director, NAP
2.	Dr Khin Maung Yin	MoH, District Medical Officer, Taunggyi District
3.	Dr Htet Myat Win Maung	MoH, Team Leader, NTP
4.	Dr Zaw Myo Aung	MoH, Medical Officer, Child Health Department
5.	Mr. William Slater	USAID, Director of Office of Public Health
6.	Mr. Eamonn Murphy	UNAIDS, Country Director
7.	Dr. Sid Naing	MSI, Country Director
8.	Daw Nwe Zin Win	PGK, Executive Director
9	Mr. Ole Schack Hansen	M-HSCC Secretariat, Senior Project Officer
10.	Dr Aung Nay Oo	M-HSCC Secretariat, Liaison Officer
11.	U Myat Thu Rein	M-HSCC Secretariat, Information Officer

Mission Programme

Monday, 23 February 2015

Place	Time	Description	Remark
	6:45-9:15	Flight from Yangon to Heho Airport (by 3 groups)	Flight number K7 266 – 8:00 am K7 242 – 7:00 am YJ 881 – 6:45 am
	9:30-10:15	Heho Airport to Kalaw by mini bus Distance: 22 miles	24 seater mini-bus will wait at the airport
vKalaw	10:15	Arrive Ramona Hotel	
	10:30-12:00	Courtesy Meeting DMO/TMO at Kalaw Township Health Office (Meet with ROs/focal persons for HIV, TB, Malaria, MCH activities) - Dr Khin Maung Yin, District Medical Officer, Taunggyi District - Dr Khin Moh Moh, Township Medical Officer, Kalaw - Dr Zaw Myint, Regional Officer, National TB Programme, Taunggyi	

		- Dr Ye Nyunt, Team Leader, National AIDS Programme, Taunggyi - Dr Aung Aung Myo, Team Leader, National Malaria Control programme, Taunggyi Visit Maternal and Child Health Clinic - Dr Khin Moh Moh, Township Medical Officer, Kalaw	UNFPA and MOH
	12:00-13:00	Lunch	
	13:30-15:30	Visit General Hospital, Kalaw UNION-NAP, ART clinic NAP, PMCT activities NTP, TB prevention and control activities - Dr Khin Moh Moh, Township Medical Officer, Kalaw	GFATM (UNOPS-PR and SR UNION and MoH)
	15:30-16:30	Meet with UNION TB ACF project CHWs at UNION ART Clinic, Kalaw - Dr Thet Ko Aung, UNION	3MDG/UNION
Aung Ban	16:30-17:30	Visit PSI-SUN Clinic - Dr. Shwe Khaing	UNFPA, GFATM (STC-PR and SR PSI)
	6:00	Back at Ramona Hotel	

Tuesday, 24 February 2015

Place	Time	Description	Remark
Aung Ban	8:00-8:30	Depart Kalaw to Aung Ban Distance: 8 miles	
	8:30-10:00	Visit PGK Office - Daw Aye Aye Latt Field Manager, PGK office	GFATM (UNOPS-PR and SR PGK)
Kyone Village	10:00-10:30	Depart Aung Ban to 'Kyone' Village Distance: 12 miles	
	10:30-11:15	Visit 'Kyone' Sub-RHC for NMCP malaria activities (Routine activities of malaria prevention and control) - U Bo Bo Htun, PHS-II, Kyone Sub-RHC - U Myint Nyein, Malaria Assistant	GFATM (UNOPS-PR and SR NMCP, MoH)
Pway Hla Village	11:15-11:40	Depart 'Kyone' Village to 'Pway Hla' Village Distance: 6 miles	
	11:40-12:30	Visit 'Pway Hla' Station Health Unit (Structure of Station Health Unit and Rural Health Centre) Pway Hla Station Hospital - Dr Ye Win Htun, Station Medical Officer	MoH
	12:30-1:00	Depart 'Pway Hla' Village to Pindaya Distance: 6 miles	
Pindaya	1:00-2:00	Lunch in Pindaya	
	2:00	Arrive Pindaya Hotel	
	2:30-3:30	Visit Pindaya Township Health Centre and Township Hospital Pindaya Township Hospital - Dr Than Min Htut, Township Medical Officer	MoH

	4:00-5:00	Community Meeting at Township Health Centre	MoH and Community representatives
	6:00	Back at Pindaya Hotel	

Wednesday, 25 February 2015

Pindaya	9:00-10:00	Depart Pindaya to Aung Ban Distance: 24 miles	
	10:00-11:00	Depart Aung Ban to Myin Ma Hti Village Distance: about 15 miles (Kalaw TMO will join the team at Aung Ban)	
Myin Ma Hti Village	11:00-12:00	Visit 'Myin Ma Hti' village under 'La Mine' Sub-RHC, 'Nan Tine' RHC for MR campaign - Dr Khin Moh Moh, Township Medical Officer, Kalaw	MoH
	12:00-1:00	Depart Myin Ma Hti village to Aung Ban	
	1:00-2:00	Lunch in Aung Ban	
	2:00-2:45	Aung Ban to Heho Airport by mini-bus Distance: 15 miles	
	3:55-6:10	Flight from Heho Airport to Yangon	